A. TITLE PAGE

RFP Subject: Medicaid Management Information System (MMIS) Re-procurement

RFP Number: MED12011

Name of Vendor: Client Network Services, Inc. (dba "CNSI")

Vendor's Business Address: 15800 Gaither Drive, Gaithersburg, MD 20877

Vendor's Telephone Number: 301-634-4600

Name of Authorized Contact Person: Adnan Ahmed

February 10, 2012

Signature of Authorized Individual* **Date**

Adnan Ahmed, President

Name and Title

**Evidence of authorization attached*

INFORMAL WRITTEN ACTION
IN LIEU OF A SPECIAL MEETING OF DIRECTORS
OF CLIENT NETWORK SERVICES, INC.

The undersigned, being all the Directors of Client Network Services, Inc., a Maryland corporation (hereinafter referred to as the "Corporation"), in accordance with Sections 2-408(c) of the Corporations and Associations Articles of the Annotated Code of Maryland, do hereby take the actions below set forth in lieu of holding a special meeting of Directors, and to evidence their waiver of any right to dissent from such actions, do hereby consent, effective March 3, 2011, as follows:

WHEREAS, the Directors wish to appoint the below individuals to serve as the officers of the Corporation as indicated below:

Bishwajeet Chatterjee	Chief Executive Officer
Inderpal ("Jaytee") Kanwal	Chief Operating Officer, Secretary & Treasurer
Reet Singh	Chief Administrative Officer
Adnan Ahmed	President

RESOLVED, that the above individuals are hereby confirmed and appointed as the above referenced officers of the Corporation and that any actions they have taken in such capacity are hereby ratified and confirmed.

This Informal Written Action may be executed in counterparts.

WITNESS our hands and seals effective as of March 3, 2011.

READ AND APPROVED:

_____ (SEAL)
Reet M. Singh, Director

_____ (SEAL)
Inderpal ("Jaytee") Kanwal, Director

_____ (SEAL)
Adnan Ahmed, Director

_____ (SEAL)
Bishwajeet Chatterjee, Director

CNSI
WWW.CNS-INC.COM

February 10, 2012

WV Department of Health and Human Resources
Office of Purchasing
Attn: Donna Smith
One Davis Square, Suite 100
Charleston, WV 25301

RE: Request for Proposal (RFP) MED12011
Medicaid Management Information System (MMIS) Re-procurement

Subject: Transmittal Letter

Dear Ms. Smith:

Client Network Services Inc. (dba "CNSI") is pleased to submit its response to the West Virginia Bureau for Medical Services (BMS) for the Medicaid Management Information System (MMIS) Re-procurement solicitation.

CNSI accepts the RFP terms as stated, and certifies that the price was arrived at without any conflict of interest.

In accordance with the requirements of the RFP, our submission includes the following:

- One (1) original and twenty (20) convenience copies AND one (1) copy on CD of the Technical Proposal
- One (1) original and twenty (20) convenience copies AND one (1) copy on CD of the Cost Proposal

In addition, CNSI has submitted an electronic copy omitting any proprietary language for publishing to the Department of Health and Human Resources (DHHR) web site.

In addition, please note that CNSI's Technical Proposal is submitted in multiple binders, with one part comprised of the 300-page response and a second part comprised of the required components outside of the page constrained section. These components, as required in Section 4.1 of the RFP, are separately tabbed within the two binders labeled *Attachments*.

In accordance with the instructions for submission, the cost portion is sealed in a separate envelope, clearly marked and identified from the technical portion, which is also marked and clearly identified. Both the Cost Proposal and the Technical Proposal are submitted in a single sealed package.

For this effort, Team CNSI – comprised of CNSI, the prime, and subcontractors Noridian Administrative Services, LLC (Noridian); Magellan Medicaid Administration, Inc. (MMA, Inc.); and IBM – is taking a best-of-breed approach to meet the West Virginia MMIS Re-procurement RFP requirements and deliver a leading-edge health care organization, coupled with a business process solution that includes a total of 125 years of combined health care experience. Team CNSI offers the only next-generation, CMS certified, Web-centric MMIS in production today. This unique combination of a state-of-the-art solution and highly experienced health care organizations, in conjunction with industry leading project management expertise, will deliver a proven 21st Century health care platform to meet BMS' current and future needs.

As the lead member of Team CNSI, CNSI is fully committed to the success of the WV MMIS Re-procurement project and helping the state achieve its goals. BMS has the full support of CNSI's executive management team, and my personal commitment to providing the resources, skill sets, and technology to ensure that the new MMIS delivers a modern solution aligned with MITA and easily adaptable to the ever-changing regulations and CMS requirements.

We thank you for this opportunity, and we look forward to a mutually beneficial relationship with BMS. Please contact me at 301-634-4588, or via my mobile number at 301-873-8600 or e-mail at adnan.ahmed@cns-inc.com, should you have any questions or comments regarding this submission.

Sincerely,

Adnan Ahmed
President

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D. EXECUTIVE SUMMARY

Team CNSI is pleased to submit this proposal to the State of West Virginia in response to the Request for Proposal (RFP) MED12011 for a replacement Medicaid Management Information System (MMIS) and fiscal agent operations. We are committed to bringing our proven, Medicaid-focused project team, project management processes, and best-of-breed products and solutions to satisfy the goals outlined in the RFP and fulfill each mandatory requirement in Parts 3.1.1 through 3.1.46.

The West Virginia Bureau for Medical Services (BMS) is replacing the current MMIS to achieve their business objectives; including improved services to its provider and member communities, increased functionality to support business capability goals, enhanced access to data for members and providers to improve health outcomes, and reduced program administrative costs. BMS' next-generation MMIS platform must meet the Centers for Medicare and Medicaid Services (CMS) requirements and provide the flexibility to deliver future functions and programs without expensive and time-consuming system changes.

Team CNSI offers industry-leading products and people, combined with a proven project management methodology demonstrated by documented successes. We are offering eCAMS, our CMS-certified Web-based MMIS platform, to meet BMS' requirements. The fundamental design of eCAMS, combined with our Medicaid-centric experience, is proven to address changing business needs quickly through a flexible system that can easily evolve. To meet the POS and drug rebate requirements, we have partnered with Magellan Medicaid Administration (MMA) bringing their CMS-certified FirstRX and eRebate solutions. We use our iVision360 software development life-cycle (SDLC) to build MMIS solutions - mapping every activity and artifact necessary to traverse the life-cycle, from initial planning to successful CMS certification. Our proven solution, coupled with our demonstrated project management and CMS certification approach, provides the most adaptable, best value solution for West Virginia both now and in the long term. Team CNSI will approach this effort in partnership with BMS for successful project execution. Should you choose to undertake a site visit, our project teams and customers in both Michigan and Washington will welcome the opportunity to host BMS. An overview of the challenges and opportunities facing West Virginia today, as well as the key elements of our solution and benefits to BMS is shown in Figure 1.

E. VENDOR'S ORGANIZATION

RFP Section 4.1.5

All of the information required by the RFP for this Section is included in the separately labeled *Attachments* binder in a document titled "Business Organization" in accordance with the RFP instructions.

In addition, CNSI has provided its financial information, which includes its annual audited financial reports, in this document as a separate file, "Annual Audited Financial Reports."

F. LOCATION

RFP Section 4.1.6

Throughout all of the WV MMIS Re-procurement project phases, it is critically important that Team CNSI and the Bureau for Medical Services (BMS) have a close working relationship. We believe that such a relationship is facilitated when we are in a location convenient to BMS' offices. Our selection of an office location is predicated on key factors, such as convenient access, adequate parking, well thought out work space for the staff, and a building that will allow for expansion.

Team CNSI has years of experience in setting up State and Federal project locations across the United States. This experience has allowed our facilities management team to meet the unique requirements of each project by addressing the broad spectrum of services required to assure the facility environment will perform the functions for which it was selected. Our facilities management team starts with addressing the RFP requirements and then bridges the gap by addressing other factors that promote a safe and functional work environment. Factors that are taken into consideration include seamless expansion of the site to meet the entire duration of the project, addressing and implementing proper building technology, planning and executing a layered security platform, and implementing and maintaining a safety focused environment for the staff. Our primary office location for the WV MMIS Re-procurement project and the three phases of the contract will be in Charleston, WV, as shown in Figure F-1.

Figure F-1. For the WV Project Site, Team CNSI has chosen a location with 32,629 square feet of available space to accommodate the WV MMIS Re-procurement project team staff, meetings, work sessions, conference space, office for BMS staff, reserved parking, and ample visitor parking.

Team CNSI conducted a review of available space within a five-mile radius of 350 Capitol Street in Charleston, and found a suitable building located at 4700 MacCorkle Avenue, SE – only 4.2 miles and an 8-minute car ride from BMS' offices. This facility provides sufficient space for project team meetings and work sessions, as well as office space for all identified key staff and one BMS staff member. Additionally, the location has abundant parking that can easily accommodate BMS' requirement for one reserved parking space and six general visitor parking spaces.

Our facilities management team understands that a productive project location requires an ergonomic workplace that promotes effective interaction among people, technology and the environment in which both must operate. Such a

facility will not only promote safety, security, and human factors such as the need for natural light, privacy and comfort but will also accommodate BMS' requirement to have a fully furnished site, to include furniture, telephone service, personal computers with necessary hardware and software configurations (e.g., Microsoft Office Suite), network and Internet service to access the new MMIS, and printer and copier.

The spatial requirements of the project can easily be met due to the current open floor plan of this building, as shown in Figure F-2 and Figure F-3.

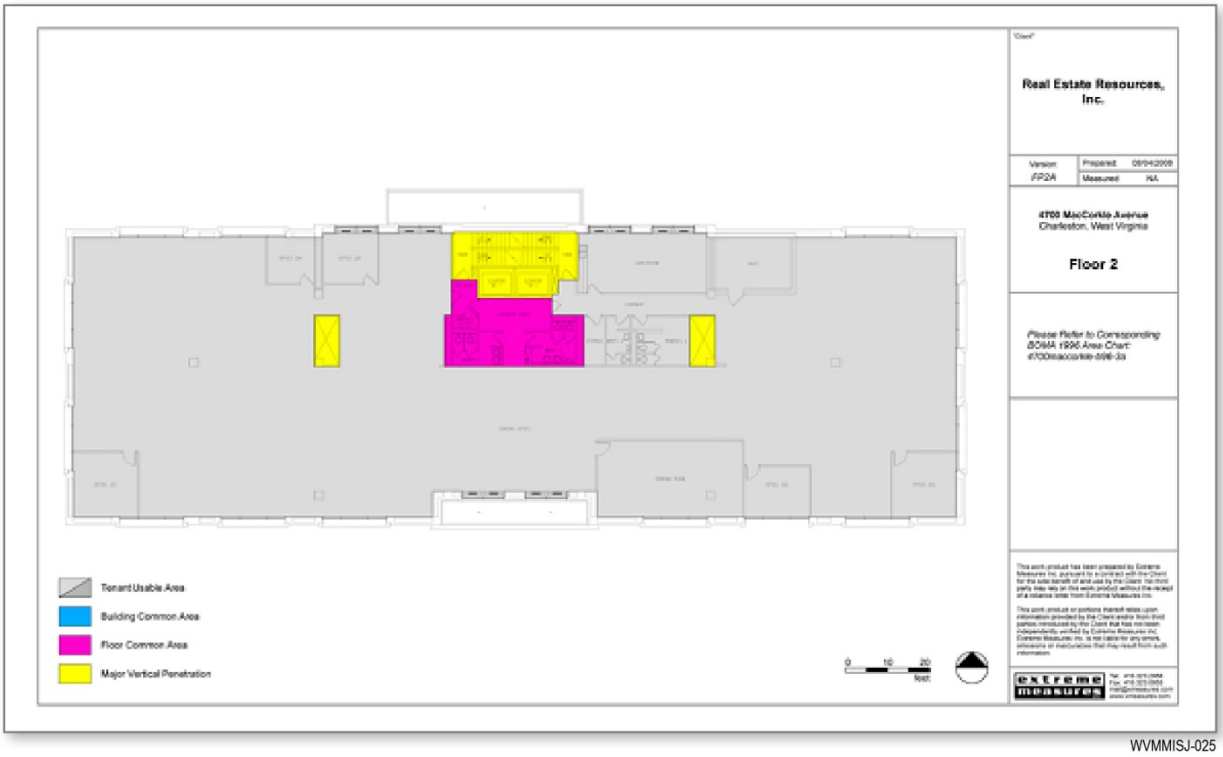

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Figure F-2. Team CNSI's Office Floor Plan. Team CNSI has chosen a location which provides a floor plan that is well-suited to support the WV MMIS Re-procurement project.

Following contract award, but prior to project start-up, Team CNSI's facility management team will have a fully functioning site in accordance with the mandatory requirements. The floor plan allows us to provide BMS individually lockable office space, as well as a conference room that can adequately accommodate 10 or more participants. The conference room will be fully functional, capable of providing video conferencing, a high-quality speakerphone for audio conferences, a computer, and a ceiling-mounted projector for presentations.

All MMIS have a level of sensitivity and require protection as part of good facilities management. We view security inherent to all such projects and the WV MMIS Re-procurement project is no different. Team CNSI manages risk to security through a layered approach. We ensure safety to our systems and environment, by building multiple "walls" to keep out would-be intruders and deter "home-grown" security breaches and manage physical access to building controls, such as the power and heating and ventilation system as well as to staff work space. A further layer of security will be incorporated to include the security policies and procedures of DHHR, BMS and the WV Office of Technology into this project. Refer to the draft Security, Privacy, and Confidentiality Plan in a separately tabbed section in the *Attachments* binder.

Our primary office location has 12 floors, of which 32,629 SF of available space will easily accommodate all phases of the

WVMMISF-001

Figure F-3. Team CNSI's Office Floor View. Team CNSI has chosen a location which provides a floor plan that is well-suited for designing an ergonomically friendly office layout.

project. By having a clear understanding of the functional and physical requirements of the project, along with the features of the proposed building, we will ensure successful delivery of all phase activities to be performed at the 4700 MacCorkle Avenue, SE, location. Team CNSI envisions conducting all of the following functions from the 4700 MacCorkle Avenue office locations: business operations; claims receipt (hard copy) and pre-screening; mail room (including the print fulfillment functions such as, printing, sorting, inserting and mailing); data entry (paper claims); imaging operations; exception claims processing; all call center operations, excluding the POS Pharmacy (Provider) Help Desk operations; provider enrollment and re-enrollment; provider relations; member relations; account management; quality assurance; designated system modification and enhancement activities including staffing requirements; and financial management. Refer to the draft Facility Plan in a separately tabbed section of the *Attachments* binder.

Figure F-4 provides a visual representation of facilities and functions.

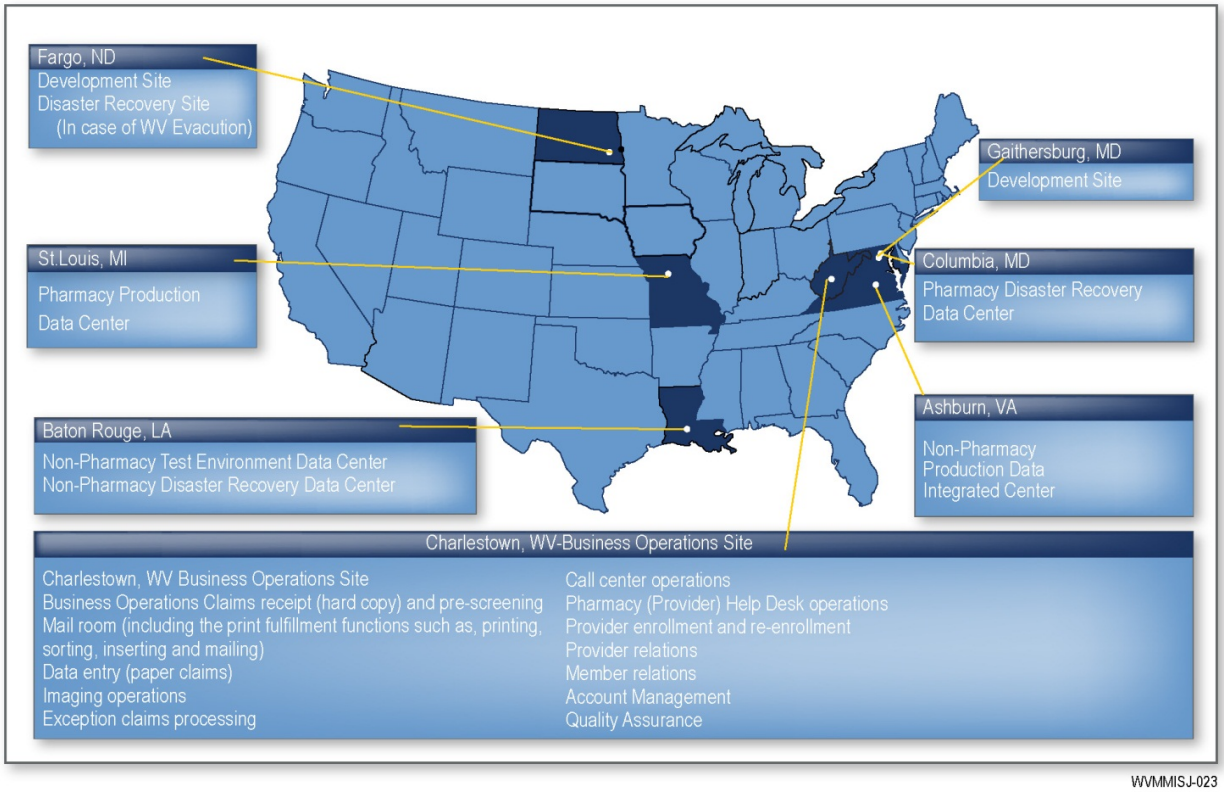

Figure F-4. Team CNSI Locations. An overview of all of our facilities and the business functions that we plan to execute from these locations.

G. VENDOR CAPACITY, QUALIFICATIONS, REFERENCES, AND EXPERIENCE

RFP Section 4.1.7

This section provides a comprehensive overview of Team CNSI, including a profile of the prime, CNSI, its team members, and the value the team as a whole brings to the West Virginia Medicaid Management Information System (WV MMIS) Re-procurement project. Additionally, CNSI provides three business references that demonstrate CNSI's prior experience in the Medicaid program. Through this discussion, CNSI will demonstrate how the team represents the lowest cost, least risk, and most advanced technology solution, while also ensuring CMS certification that will be available retroactive to the first day of operations of the new MMIS to ensure full Federal Financial Participation (FFP).

The Team CNSI Advantage

Team CNSI offers BMS a 21st Century solution driven by the most innovative technology and grounded in nearly 200 years of combined experience in information technology, health care and Medicaid, and fiscal agent services.

- Led by an innovative solutions provider that offers the only Web-centric, CMS-certified, MITA-aligned, fully scalable, and rules-engine based MMIS, backed by solid project management experience for large-scale health care implementations
- Partnered with a premier fiscal agent contractor with decades of relevant experience with health care claims processing operations and systems
- Aligned with one of the country's leading providers of integrated clinical management services for public sector health care clients, with more than 35 years experience as a pharmacy benefit administrator
- Supported by the largest business and information technology services organization in the world, a market leader in the creation, development, and manufacturing of the industry's most advanced information technologies

WVMMISG-003

Team CNSI will use a best-of-breed approach to fulfill the WV MMIS Re-procurement RFP requirements, and deliver a leading-edge health care processing organization to the West Virginia Bureau for Medical Services (BMS). Team CNSI has the unique ability to offer the only next-generation, CMS-certified, Web-centric MMIS in production today, and a business process solution based on more than 125 combined years of health care experience. This combination of highly-experienced Medicaid organizations, in conjunction with industry-leading project management expertise, will deliver a proven 21st century health care platform to meet BMS' current and future needs. Critical to this success is our proven approach of working as a partner to the state, focusing on the state's needs, as well as those of its citizens. CNSI, as the prime, will lead the team with this objective in mind. Our mature management practices are aligned with those of large corporations, without the delays and roadblocks inherent in the bureaucracy of a large corporation. Rather, our size and structure promotes a more nimble and proactive responsiveness, engaging the customer as we work towards the common goal. Ultimately, Team CNSI's goal is BMS' goal – increase efficiencies, meet specific needs of the Medicaid population, deliver improved and coordinated care, and provide overall incentive to maintain and improve health within the community.

> "Throughout the project CNSI staff have worked with us as partners in development of CHAMPS. We have been a team united in pursuit of our common goal. This level of collegiality and cooperation is, in my experience, unprec-edented in large systems projects. This has made the degree of success we have achieved possible."
>
> *Jay Slaughter, Director, Medicaid Payments Division*
> *September 29, 2009*

WVMMISG-004

For this reason, CNSI has carefully selected a team comprised of leading members of their industries to form Team CNSI. Each organization has a clearly-defined role in the execution and delivery of the WV MMIS Re-procurement project that leverages their proven strengths, as shown in Figure G-1.

Team Member	Core Competency	Project Role	Benefit to West Virginia
CNSI WWW.CNS-INC.COM	Medicaid-centric project management experience and innovative design, development and implementation of Web-based and SOA-based MMIS architectures	Prime contractor and single point of contact for the new MMIS DDI, FA Services, Operations, and Support	✓ Proven low-risk/low-cost solution based on the latest technology to introduce a true 21st century platform that will ensure improved claims processing, increased efficiencies, CMS certification, and alignment with MITA and optional/future services

Team Member	Core Competency	Project Role	Benefit to West Virginia
NORIDIAN® Administrative Services LLC	Large health care fiscal agent and services provider	FA Services, MMIS Operations, and Support	✓ Proven fiscal agent provider with more than 70 years of experience in Medicaid and Medicare to bring best practices, inherent efficiencies, and sound medical policy and health care administrative practices
MAGELLAN MEDICAID ADMINISTRATION®	The largest Medicaid Pharmacy Benefit Management (PBM) company in the U.S.	Pharmacy System Replacement, Pharmacy Operations, and Support	✓ Proven solutions and operational excellence in Pharmacy POS, Preferred Drug List, rebate operations, and health care analytics with more than 40 years of experience to bring cost containment and quality health care for prescription benefits
IBM®	The world's largest information technology services company, a leader in the creation, development, and manufacturing of the industry's most advanced information technologies	Project Management Office (PMO) Support, Periodic Audits, Testing, and Hardware	✓ Proven leader in the creation, development, and manufacturing of the industry's most advanced information technologies with more than 100 years of experience to bring the most advanced hardware platform for optimized performance, as well as testing, auditing, and PMO support to deliver on-time and within budget

Figure G-1. Leading-edge health care organizations comprising Team CNSI and their project responsibilities.

Client Network Services Inc. (CNSI), an innovative solutions provider, is leading Team CNSI as the prime contractor. CNSI has been supporting federal, state, and local government and commercial customers for more than 17 years. CNSI has ties to West Virginia through its 25 Martinsburg-based employees that provide data center and call center support to the Department of Housing and Urban Development (HUD). CNSI's Health and Human Services (HHS) business unit has been focused on the health care industry and state agencies for more than a decade. With over 12 years of state Medicaid project management experience, CNSI will leverage the innovative electronic Claims Administration Management System (eCAMS) solution that was developed specifically to support Medicaid programs, and is completely aligned with Medicaid Information Technology Architecture (MITA) and service oriented architecture (SOA) principles. eCAMS was first introduced in Maine in 2005 and has been significantly enhanced over the last six years. The current version, 2.1, includes a new richness of the user interface and additional business processes. The recent successful implementations of eCAMS in the states of Michigan (2009) and Washington (2010) highlight the maturity of this platform, as does certification by CMS in both of those states. With 87 percent of the West Virginia functional and technical requirements being met with minimal to no custom configuration, 50 percent of the optional services supported by eCAMS functionality already in production in other states or agencies, and another 25 percent in an upcoming release, our eCAMS-based solution provides BMS with a complete lifecycle, low cost, and low risk implementation, certification, and operations. CNSI has also gained significant experience with operating, maintaining and modifying eCAMS in a production environment in both Washington and Michigan. This proven 21st century MMIS solution will enhance current operations, consolidate business functions, provide seamless services for management oversight, and allow for real-time system updates.

Team CNSI's solution is MITA 2.0 aligned today and we have mapped our system capabilities to the draft MITA 3.0 specifications – enabling the West Virginia Medicaid enterprise to be ready for future changes.

Noridian Administrative Services, LLC (Noridian), is a subsidiary of Noridian Mutual Insurance Company (Blue Cross Blue Shield of North Dakota). Noridian has been a premier fiscal agent contractor for federal, state, and commercial health care industries for more than 70 years. Noridian consistently receives high performance marks from its clients across all areas of performance criteria including contract administration, customer service, financial management, and innovation. Noridian's infrastructure and operations skills span the entire fiscal intermediary and fiscal agent spectrum.

Today Noridian's health care administration operation serves 15.5 million lives, 190,000 providers, and processes 102 million claims per year. Noridian's experience in Medicaid rests on a solid corporate foundation of excellent

administrative service to the Centers for Medicare & Medicaid (CMS), an agency of the Department of Health and Human Services. After administering the Medicare Part A and B programs in multiple states for decades, Noridian was awarded the first ever A/B Medicare Administrative Contractor (MAC) contract. Around that same time, CMS also awarded Noridian the first ever MAC contract for durable medical equipment (DME), for which its responsibilities include mailroom activities for processing DME claims-related documents; scanning activities for converting DME paperwork to an electronic format; optical character recognition activities for converting paper claims to electronic data; front-end and back-end electronic data interchange activities including supplier enrollment, claims collection, translation, and phone customer service; claim adjudication; appeals; utilization review; and supplier customer service support. Either one of those awards alone is a huge testament to CMS' confidence in Noridian's ability to administer a program through an unprecedented re-organization. The fact that CMS chose Noridian as the first to implement two new organizations, at essentially the same time, speaks volumes about CMS' respect for Noridian's fiscal agent capabilities. CNSI selected Noridian – its fiscal agent experience and leading-edge operational capabilities – to bring that same level of confidence to West Virginia's program, introducing operations innovations to reduce overall related Medicaid costs for BMS.

Magellan Medicaid Administration, Inc. (MMA, Inc.), a subsidiary of Magellan Health Services, is one of the country's leading providers of integrated clinical management services for public sector health care clients. With unparalleled experience in the Medicaid arena in support of state-sponsored prescription benefits, MMA brings proven solutions and operational excellence in Pharmacy POS, Preferred Drug List, rebate operations, Drug Utilization Review (DUR), and healthcare analytics. MMA will bring value to the West Virginia program to contain costs, while ensuring quality health care for WV Medicaid recipients.

MMA, an organization known for its innovative and industry-leading approach to Medicaid fee-for-service and managed care, is a nationally recognized expert in Medicaid pharmacy benefit management, serving 26 states and DC. For the last 40 years, MMA has focused on serving Medicaid clients. In doing so, they have developed an inherent understanding of the population these programs serve, the state and federal rules under which they operate, and the benefit designs, clinical policies, and programs allowable within the constraints of regulations that have proven effective in providing and preserving access to clinically appropriate care in a cost-effective manner. CNSI has chosen MMA, Inc., in recognition of its proven rebate solutions and suite of innovative pharmacy products that complement eCAMS, as has been evident in Michigan, where, under a separate contract, they provide Point-of-Sale (POS) system, eligibility, Drug Utilization Review (DUR), CMS/Supplemental Rebate, invoicing, disease management, provider services, pharmacy audits, Preferred Drug List (PDL)/Supplemental Rebate negotiation, and SMAC list.

Significantly, CNSI, Noridian, and MMA, Inc. have been working together in multiple initiatives over the last six years, with our partnership strengthening with the recent award of the MMIS Replacement and Fiscal Intermediary Services contract in Louisiana. This well-established relationship provides assurance to BMS that our team will be able to avoid the common pitfalls encountered by proposed teams that seem credible as proposed, but lose cohesiveness and are unable to deliver upon contract award. Team CNSI has proven that our common goal of bringing technology to our customers to help them improve and transform their business processes has enabled us to overcome those challenges and deliver the best solution to our customer.

Rounding out this team is **IBM**, a company that has been in business for more than 100 years. As the world's largest information technology services company, IBM is known as a leader in the creation, development, and manufacturing of the industry's most advanced information technologies, including computer systems, software, networking systems, storage devices, and microelectronics. The IBM Global Services Division is the largest business and information technology services organization in the world, generating $107 billion of revenue in 2011, and employing more than 400,000 professionals in 170 countries. IBM brings a long history in providing products and professional services critical to the health care industry. This long term focus has been within both the Public Sector and Commercial Industry, as demonstrated by IBM's clients, which include 8 of the top 13 hospitals in the nation, covering 9 million patients; all of the top 13 US insurance companies; all of the top 30 pharmaceutical companies, and 18 of the top 20 US biotech companies. This is a key component within IBM's strategic vision, where IBM generates more than $4 billion in health care services annually. IBM currently has more than 8,000 employees providing services to this industry and invests more than $110 million annually in health care solution development. All of this makes IBM the largest services provider to the health care industry. IBM will be bringing these products and services to help ensure West Virginia success. As a market leader, IBM offers the team and BMS sustained value and financial stability as demonstrated through its PMO, testing, and auditing support, and hardware to support optimal performance and maximum claims processing.

IBM will help Team CNSI deliver optimal performance - based on recent benchmark tests using IBM s390x servers, eCAMS achieved a maximum processing throughput of 100,000 claims per hour.

CNSI, as part of the team, has also developed a partnership with George Washington University's Department of Public Health Policy. This strategic relationship gives Team CNSI a true understanding of the changing public health care landscape and the demand these policies place on individual states. Team CNSI will not only provide health care processing services, but also up-to-date health care policy thought leadership and vision to ensure that BMS is prepared for all future policy changes and mandates.

G.1 Comprehensive Profile of Organization

Incorporated in 1994 and headquartered in Gaithersburg, MD, CNSI is a privately owned company that is a leading provider of Information Technology (IT)-based business transformation services to federal, state and local governments, and commercial entities. CNSI has received recognition through formal industry and customer awards, including repeated listings in *Inc. 500*, *VARBusiness 500*, *Regional Fast 50*, and *Fast 500*. Recently, *Healthcare Informatics* recognized CNSI as being among the “Top 10 Health Care Consulting Companies" in the United States. CNSI has a strong and streamlined foundation of more than 500 employees located in 8 regional offices across the country that provide support to more than a hundred project locations.

CNSI has a mature executive management team with more than 60 years of combined corporate management experience. The executive management team consists of a chief executive officer (CEO), president, chief operating officer (COO), chief administrative officer (CAO), and chief financial officer (CFO). The corporation consists of two primary business units, Federal and HHS. The WV MMIS Re-procurement account will reside within CNSI's HHS Strategic Business Unit (SBU) for the life of the contract. The organization structure is presented in Figure G-2.

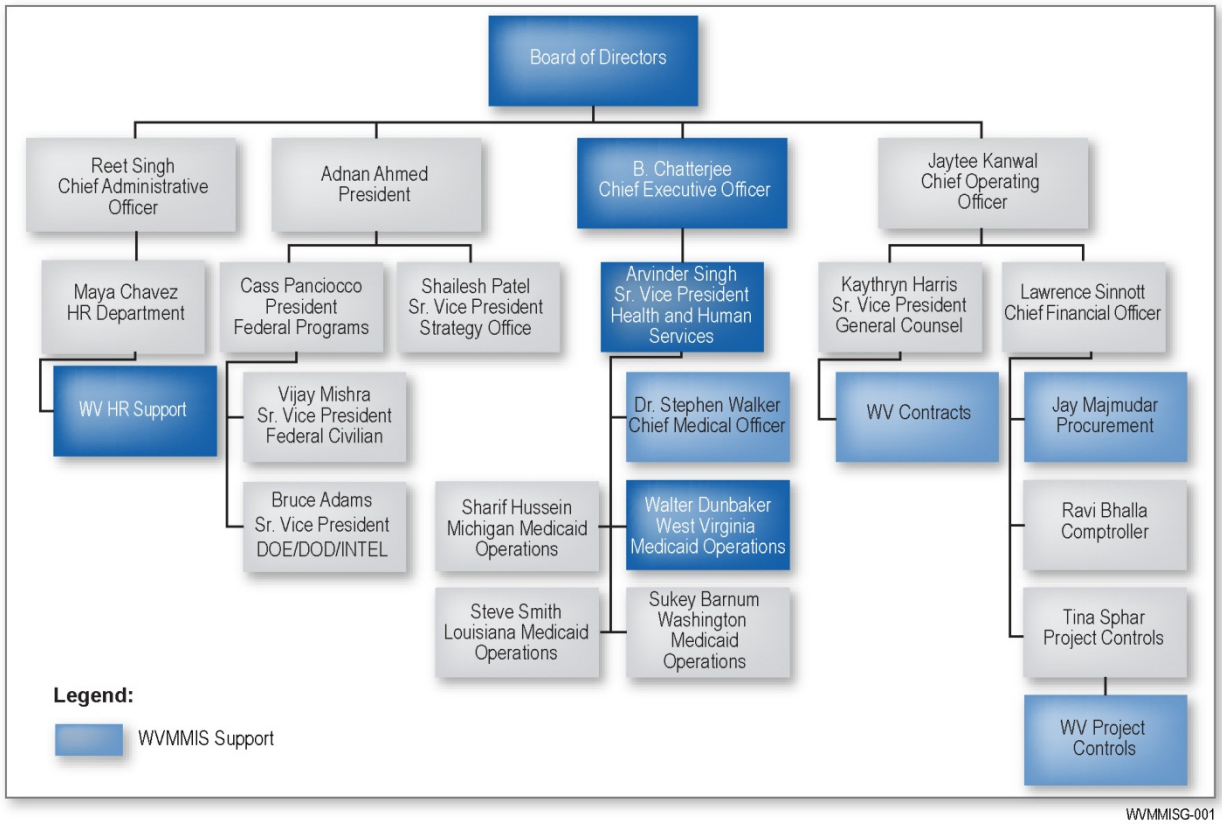

Figure G-2. CNSI’s organizational structure that facilitates high level performance and accountability.

The WV MMIS Re-procurement project will be led by CNSI’s MMIS account manager, Mr. Walter “Walt” Dunbaker who will be responsible for day-to-day operations and program management functions. Mr. Dunbaker will be BMS’ point of contact for all WV MMIS Re-procurement project activities, from Phase 1, MMIS Replacement DDI & CMS Certification Planning, through Phase 2, Fiscal Agent Operations, and finally Phase 3, Turnover and Closeout. Mr. Dunbaker will coordinate communications with the CNSI executive management team. Along with his bachelors and masters degrees and a project/program manager certification, Mr. Dunbaker brings more than 30 years of practical management experience, 15 years of involvement in health insurance operations, and more than 15 years managing government, insurance, and banking contracts. Most recently, Mr. Dunbaker served as the project

manager for the South Carolina MMIS Replacement project, a $300 million effort to replace the existing Medicaid claims system and Medicaid Eligibility Determination System (MEDS) – a project very similar to West Virginia's MMIS Re-procurement project in size and scope. As one of the three project managers leading the project implementation team, Mr. Dunbaker was responsible for project and resource planning, management, staffing, scheduling, risk and change management, and communications. Additional details regarding Mr. Dunbaker may be found in Section H, along with his resume in the tabbed section of the *Attachments* binder.

Mr. Dunbaker will report directly to CNSI's HHS SBU head, Mr. Arvinder Singh, ensuring that there is a direct communication channel between BMS and CNSI. Mr. Singh architected CNSI's first claims management system, the genesis of the eCAMS product and the core of every one of CNSI's certified MMIS solutions in production today. His expertise in the core product and Medicaid industry provides invaluable guidance to help ensure project success. In turn, Mr. Singh reports directly to CNSI CEO Mr. B. Chatterjee, who has long championed the company's growth in the Medicaid and health care industries. He stands committed to the strategic vision and WV MMIS Re-procurement project success.

In addition, as shown in Figure G-2, Mr. Dunbaker will have access to all members of the executive management team to ensure immediate problem escalation and resolution. Mr. Dunbaker will draw upon the more than 20 years of business operations and financial management experience of the COO, Mr. Jaytee Kanwal, who is responsible for the management of CNSI's overall operations, including compliance with accepted standards and regulatory requirements, tax and audit, and legal and contractual. Mr. Dunbaker will also leverage the expertise of Mr. Reet Singh, CAO, who oversees a number of key internal functions, including governance and controls, infrastructure services, operations, human resources, and talent management, ensuring that Mr. Dunbaker has the necessary resources and skill sets for a successful project. Providing oversight to the entire organization is CEO Mr. B. Chatterjee, who has 17 years of senior executive experience and access to all necessary corporate resources. He is the visionary behind CNSI's proven system development and deployment methodology that is now used across the company. He also led the development of CNSI's groundbreaking payer solution and the company's entry into the Medicaid market.

With the recent addition of chief medical officer (CMO), Dr. Stephen Walker, CNSI is further demonstrating its commitment to health IT and bringing those benefits to the states and the health care community. Dr. Walker has more than 27 years of experience in medicine, starting with his own urgent care medical center and most recently serving as medical director, clinical affairs, for Blue Cross Blue Shield of Louisiana before joining CNSI. For CNSI, Dr. Walker is responsible for clinical leadership in health care, social services, and federal health consulting, while also leading the development of new service offerings and the strategic development of new accounts in Veterans Administration (VA), CMS, and Military Health. As with all of our state projects, Dr. Walker will be responsible for advising and guiding our WV personnel on medical policy and addressing impacts of ongoing changes in the health care delivery model.

CNSI's executive management team is dedicated to the successful design, development, implementation, certification, and fiscal operations of the WV MMIS Re-procurement project.

G.2 Business References

CNSI has successfully designed, developed, and implemented its MMIS solution, based on eCAMS at its core, for three states – Maine, Washington, and Michigan. In addition, as the prime contractor, CNSI was awarded the Louisiana MMIS Replacement and Fiscal Intermediary Services contract in 2011. By early 2012, as a key subcontractor, CNSI received the award to design, develop, and implement the MMIS solution for the Maryland Medicaid Enterprise Restructuring Project (MERP). While acknowledging eCAMS' capabilities for the states through the certification process, CMS also experienced and benefitted from the product's features following the recent award of its new Encounter Data Processing System (EDPS) contract, for which CNSI was also a subcontractor. This experience in the public health care sector, and specifically in Medicaid, that CNSI brings to this project provides several advantages to BMS. As a mature health care business technology company, CNSI offers a thorough understanding of the requirements under federally mandated standards, such as HIPAA and MITA, as well as the key technical and business-related areas that must be addressed for a successful deployment. CNSI's pioneering web-centric eCAMS evolved out of the Maine Bureau of Medical Services MMIS implementation and is the core of all of CNSI's MMIS solutions, including those in production in the states of Washington and Michigan. The systems in the states of Washington and Michigan received CMS certification (in July 2011 and August 2011, respectively) – both using the new toolkit. eCAMS is the only CMS-certified, Web-centric, component-based MMIS in production and, because it has been in production since 2005, it has the product maturity, scalability, and stability required for production environments. BMS can be assured that it is procuring the most modern and effective MMIS solution in the country, with approximately 87% of the requirements met with through configuration – not customization, and many of the optional services already part of the eCAMS suite. Not only does this translate to a technologically advanced system, but also a low risk solution to implement and evolve over the life of the project.

The true measurement of an MMIS' value is not just whether it meets known requirements, but whether it has the flexibility to adapt to the unexpected. Many states operate their MMIS solutions using outdated technology that ties them to obsolete tools and single-vendor support. These states are unable to take full advantage of the recent advances that technology has brought to software development, leaving them with inefficient, ineffective, and costly systems to operate and maintain. CNSI's eCAMS solution provides states with the opportunity to use technology to achieve more efficient and cost-effective outcomes. CNSI brought its innovative thinking to MMIS implementations to the states of Maine, Washington, and Michigan, learning valuable lessons along the way and developing the expertise to produce the most technologically advanced MMIS solutions available today. eCAMS aligns with the CMS MITA requirements, and its architecture has the flexibility to be compliant with future generations.

> "CHAMPS serves as a shining example of how technology can reshape and improve the way government works. Through a strong partnership with the Department of Community Health, we've been able to deliver on the promise of a better processing system for Medicaid."
>
> *David Behen, Chief Information Officer*
> *State of Michigan, September 1, 2011*

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eCAMS' success is attributable to the robust flexibility of its system design that handles the constantly morphing health care delivery management paradigms and skyrocketing cost growth experienced by states' Medicaid systems. Its use of Web technology and common, modern usability features results in easier support and maintenance, training, and end user connectivity. CNSI's rules engine-based claims adjudication process facilitates rapid change to business rules/edits and reduces the burden for accommodating program changes. CNSI's rules engine – the only Java-enabled rules engine in production today – allows changes to be made to business rules in the English (natural) language without rewriting software code, which means the changes do not have to be made by a programmer, thereby saving time and money. This feature has a significant impact on the ability to address Medicaid reform, enabling states to make changes without impacting claims processing or overall system performance, providing greater program adaptability and ease of business rules management. As evidence of these tangible benefits, the eCAMS-based MMIS has brought significant cost savings to the states of Michigan and Washington since the systems went into production in September 2009 and May 2010, respectively. CNSI's implementation in Washington has demonstrated annual savings of more than $40 million. In Michigan, the eCAMS-based CHAMPS MMIS implementation has saved the state $95 million, with ongoing annual savings of nearly $50 million. These costs savings are a direct result of operational efficiencies, policy enforcement and prevention of misuse, and direct labor reduction.

Today, the success of an MMIS is not only measured in claims throughput and accuracy, but also by the ability of the system to support initiatives to meet evolving Medicaid program needs. In order to ensure the sustainability of the program while continuing to meet the needs of the Medicaid population, Team CNSI offers a solution that takes into account the state's concerns related to eligibility, available benefits, cost sharing, the role of personal responsibility, and potential alternatives to Medicaid for some portions of the population currently receiving benefits. Team CNSI understands that each of these areas may drive programmatic changes that need to be implemented in the replacement system. Team CNSI's solution provides BMS with an MMIS that not only accurately pays claims, but also provides the flexibility to create and administer new programs, and offers a solid foundation to support reform initiatives.

[redacted]

WVMMISG-010

[redacted]

[redacted]

G.2.1 State of Washington MMIS

ProviderOne, State of Washington Medicaid Management Information System (MMIS)	
Client Organization/Address	**Washington Health Care Authority (formerly Department of Social and Health Services) 805 Plum Street, Olympia, WA 98501**
Project Administrator (PA)/ Contact Name	**Rich Campbell, CIO**
PA/ Contact Address, Telephone Number and Email Address	**805 Plum Street, Olympia, WA 98501; Telephone: 360-725-1146; E-mail: campbrk@hca.wa.gov**

The population of the state of Washington is greater than that of West Virginia, with the state having more than 55,000 enrolled providers and 1.5M eligible members. These numbers demonstrate the scalability of the system and assurance to BMS that our solution can meet the needs of West Virginia.

In January 2005, CNSI was awarded a contract by the Washington Health Care Authority to design, develop, and implement an MMIS, replacing a legacy system that had been in operation for nearly 27 years. CNSI is responsible for DDI and maintenance of a modern MMIS, with eCAMS at its core. This solution, which is currently valued at more than $214M, includes member, provider, reference, prior authorization, claims processing, managed care, coordination of benefits (COB)/TPL, financial and drug rebate components, and fully functional pharmacy point of sale (POS) components. Provider and staff training, cultural and business process change management, risk mitigation, certification support, and system documentation are also included. Other functionality includes DDI of a separate data warehouse, including decision support system (DSS), management and administrative reporting (MAR), and surveillance and utilization review (SUR), as well as a state-of-the-art contact management system, electronic swipe card functionality supporting member eligibility, integrated voice response (IVR) component, and imaging and document management services. Post-implementation services include ongoing system maintenance, data center operations, and facilities management services. The system went live on May 9, 2010, and received CMS Certification in July 2011 - the first MMIS to receive certification with "no findings" based on the new Medicaid Enterprise Certification Toolkit. CNSI upgraded ProviderOne to accommodate the HIPAA 5010 transaction going into production on January 1, 2012.

Since go-live in May 2010, approximately 77,000 claims have been adjudicated per day. These claims have been submitted via EDI, paper, and direct data entry (DDE). ProviderOne uses CNSI's rules engine, RuleIT, for adjudication, which consists of approximately 1,000 distinct business rules written in language understandable to readers of English. ProviderOne currently executes a weekly payment cycle. Each week the system issues approximately $60 million in payments to Washington's Medicaid providers and managed care plans. Weekly totals vary, but in general, approximately $10 million is paid to the state's contracted managed care plans and $50 million is paid to providers. With the implementation of this system, zero accounting errors have occurred for the first time in 20 years.

> "This is the most advanced and demanding information technology project in the history of Washington State, and it works. . . The federal government has told us that ProviderOne (WA MMIS implementation) employed many best practices necessary to successfully launch this kind of project and carry it through. Our experience in these first weeks has consistently exceeded expectations."
>
> *Susan Dreyfus, Department Secretary*
> *Washington DSHS, September 29, 2009*

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In addition to the MMIS and POS, CNSI also provides an extensive Disaster Recovery architecture. As required by our contract, CNSI provides a production and hot DR site to meet an SLA to resume production processing within 24 hours of a disaster. CNSI uses Oracle DataGuard replication and our enterprise storage network capabilities at each facility to provide centralized data management, secure data handling, and data replication. With data centers 3,000 miles apart, CNSI deploys a WAN optimization device at each site to minimize network latency and ensure high degree of performance for data synchronization and end user performance.

CNSI's interactive voice response (IVR) system has received 340,000 calls to date, with less than 25 percent of the calls transferred to agents. The ProviderOne Contact Center supports 160 agents with real-time inquiry against an online system using SOA services. CNSI agents have created approximately 4,000 service request tickets, resulting in approximately 100,000 activities to date.

For day-to-day operations, approximately 150 servers are managed on a daily basis, with infrastructure hardware being maintained by CNSI's Network Operations Center (NOC) in Gaithersburg, MD. CNSI monitors almost 600,000 navigation operations per day, with approximately 1,000 active users throughout the day, consisting of 200 state users and 800 providers. In addition, CNSI must meet the following system response time performance standards for up to 600 concurrent internal state users: record search and/or retrieval time must not exceed 4 seconds for 95 percent of all record searches/retrievals; screen edit time must not exceed 2 seconds 95 percent of the time; and next screen page time must not exceed 2 seconds 95 percent of the time.

CNSI will bring the same innovative thinking, collaborative development approach, and mature processes to BMS ensure equal project success for the WV MMIS Re-procurement effort.

G.2.2 State of Michigan MMIS

Community Health Automated Medicaid Payment System (CHAMPS), State of Michigan MMIS	
Client Organization/Address	**Michigan Department of Community Health, 320 S. Walnut, Lansing, MI 48933**
Project Administrator (PA)/ Contact Name	**Barbara Spadafore, Project Manager**
PA/ Contract Address, Telephone Number and Email Address	**320 S. Walnut, Lansing, MI 48933; Telephone: 734-276-5433; E-mail: spadaforeb@michigan.gov**

In April 2006, CNSI was awarded a contract by the Michigan Department of Community Health (DCH) to design, develop, and implement CHAMPS for processing state Medicaid claims. Valued at more than $135M and supporting a population of approximately 9.9M people, the CHAMPS requirements and scope of services for the DDI component exceed those for the WV MMIS Re-procurement project and demonstrate our ability to meet BMS' claims processing needs.

CNSI transitioned CHAMPS (eCAMS) in components, with go-live in September 2009. Annually, the system processes an estimated 21 million claims and 26 million encounters, for a total estimated volume of 40 million to 46 million – exceeding the number of annual encounters for West Virginia, which is estimated at 2 million. The CHAMPS system handles a peak user load that varies from 2,100 to 3,000 daily. The system handles 115 interfaces and maintains a 4.5 TB production database. One of Michigan's most mission-critical systems, the MMIS manages the expenditure of 25 percent of the state's annual general funds appropriation, paying nearly $8.5 billion a year in provider payments for healthcare services and supporting approximately 59,000 providers, who serve approximately 1.9 million members. A full legacy system replacement, CHAMPS, with eCAMS at its foundation, includes member, provider, reference, prior authorization, claims processing, managed care, and financial. Other functionality includes a state-of-the-art Contact Center management system including case management and tracking, and imaging/document management services for paper claims and attachments. Risk mitigation, certification support, and system documentation are included, as well as support for Medicaid document storage, indexing, and retrieval services. Although various components, such as provider enrollment, have been in production since 2008, the system went live in September 2009, and received CMS certification in August 2011. CNSI is now providing operations and maintenance (O&M) support, as well as implementation services and server monitoring, for state requested enhancements. CNSI upgraded CHAMPS to accommodate the HIPAA 5010 transaction going into production on January 1, 2012. We currently support both the 4010 and 5010 transaction sets.

HIPAA-compliant, CHAMPS is an open standards system that is scalable with a flexible architecture, enabling it to comply with all current federal and state privacy and security requirements and adapt to future regulations. This is further achieved through the business rules engine, RuleIT, which ensures ease of implementing future regulatory changes. CNSI's CHAMPS has extensive online capabilities to submit claims, and its Web portal, integrated with IVR and CRM, supports dynamic provider access to status, billing information, and online help, thereby reducing administrative costs. New fraud patterns can be added to RuleIT, and claims that show those patterns will be automatically suspended for manual review, thus reducing fraud and incorrect payments. In addition, eCAMS provides extensive query and analytics capabilities as a result of normalized data structures, reducing "pay and chase." Moreover, eCAMS has reduced the quantity of paper-based claims significantly by providing the option of Direct Data Entry claim submissions.

An Integrated Project Management Office (IPMO) combines the leadership of CNSI and the state of Michigan into a single entity for a highly collaborative work environment and effective and expeditious resolution of project issues. In January 2009, the Governor awarded the Michigan Medicaid Program Office the Director's Best Choice Award for most successfully run project in the state.

H. STAFF CAPACITY, QUALIFICATIONS, AND EXPERIENCE

RFP Section 4.1.8

Team CNSI consists of a project team that brings Medicaid, public health care policy, technology, project management discipline, and experience implementing and managing complex government contracts − and above all − Medicaid Management Information System (MMIS) contracts. Team CNSI's proposed management team provides leadership to deliver the lowest risk solution for uninterrupted, quality service for the Bureau for Medical Services (BMS) as well as for the provider and member communities. CNSI's West Virginia (WV) MMIS Re-procurement project organization is structured to provide BMS with experienced personnel who are dedicated to continuity of service, customer service, and open communications that are essential to the success of the project.

H.1 Our Proposal for Providing All Necessary Resources

RFP Section 4.1.8, Bullet 1; RFP Section 3.2.3

CNSI as an organization is dedicated and committed to the Medicaid market. Unlike our competitors, healthcare is the single largest segment of our entire business. This means we focus on customer service, innovation, and fiscal agent business excellence; it is how we became known as a change agent in this industry. Given this commitment and focus, we seek the best talent through a continuous and proactive recruitment strategy. We know what skills are necessary to implement and operate excellent MMIS solutions. Our recruiting, current project staff, and corporate staff are chartered to meet these goals. CNSI participates in many industry organizations such as Healthcare Information and Management Systems Society (HIMSS), not only to demonstrate thought leadership but also to find new resources that are involved with the latest in health information technologies.

Our draft Staffing Plan provides a detailed and comprehensive description of our project team and our capacity as an organization to staff the project. This includes our methods to hire and retain the staff required to meet the RFP requirements. The draft Staffing Plan also includes details of how Team CNSI will work with BMS and the incumbent contractor to plan for the transition of the new MMIS human resources in a timely and effective manner prior to assumption of operations without negatively impacting the program. Our goal is to maximize the use of local staff. In fact, our team will consist of approximately 115 resources during Phase 1 and approximately 110 during Phase 2 in our Charleston, WV office.

The draft Staffing Plan is included in a separately tabbed section in the *Attachments* binder. Key highlights of our draft Staffing Plan include:

- Continuous recruiting strategy
- Approach to staff retention
- Staff training approach
- Staff performance monitoring
- Succession planning
- Procedures to obtain additional staffing
- Process to transition essential knowledge to BMS' technical staff

CNSI implemented our staffing process to find the best qualified personnel for this project. We began by analyzing the requirements in the request for proposal (RFP) MED12011. In addition, we conversed with individuals who have specific experience working with BMS. We also sought to gain insight into the provider community by attending the West Virginia State Medical Association Conference. This analysis helped us to secure the skills, knowledge, and experience of the key staff named in this proposal. Our staffing model is an ***integrated*** team from all Team CNSI member companies: CNSI, Noridian Administrative Services, LLC (Noridian), Magellan Medicaid Administration, Inc. (MMA), and IBM. The personnel and labor category definitions necessary to complete all phases of the project are the results of our staffing process.

Team CNSI proposes a knowledgeable, well-organized, effective team of specialists in Medicaid business, implementation, and operations. Two of our key managers for implementation and operations are: Mr. Walt Dunbaker, MMIS Account Manager, and Ms. Christy Thomas, Medical/Dental Deputy Account Manager/Operations Manager. Mr. Dunbaker has over 30 years of management experience with extensive experience with MMIS business processes, Medicaid Enterprise Certification Toolkit requirements, health insurance reform, and Medicaid operations. In addition, Mr. Dunbaker's professional experience includes both vendor and client engagements, giving him the necessary perspective to achieve success on this project. Ms. Christy Thomas brings more than 20 years of demonstrated health care operations experience, six of which are specific to the current WV Medicaid project. Her expertise is comprised of a direct, hands-on approach to every aspect of day-to-day fiscal agent operations. With her

I. PROJECT APPROACH AND SOLUTION

RFP Section 4.1.9

I.1 Statement of Understanding

RFP Section 4.1.9, Bullet 1

This section provides Team CNSI's understanding of the work requested for each phase of the contract. We also present our overall philosophy in approaching the work and how we continually align our efforts to achieve BMS goals and objectives.

A key tenet of our approach to each phase is "starting with the end in mind." Truly understanding what it takes to cross the finish line for each milestone of the project enables our highly experienced project team to develop detailed plans to guide our project organization. Collaboration with BMS is engrained in our approach to promote teamwork and a sense of common goals. Our plans are based on the anticipated scope and detailed gap analysis of RFP requirements with our proposed eCAMS platform and solution components.

The Team CNSI Advantage

Team CNSI plans-driven methodology will result in successful implementation of all phases of the project.

- Our **rules-driven**, web-centric solution enables Team CNSI to rapidly configure the system to suit BMS needs
- Proven **CMS Certification** preparation and planning will enable BMS to achieve certification within one year or less after go-live
- Migration from DDI to operations is **seamless** based on our ITIL-based processes and commitment to continuity of staff
- Fiscal agent operations will highlight **efficiency and transparency** through the proven experience of Team CNSI partners Noridian and Magellan
- Turnover planning and execution will be conducted in a highly **collaborative** manner to ensure the success of the incoming contractor – our goal is success of the West Virginia Medicaid enterprise

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Team CNSI's approach focuses on, and aligns with, the BMS goals and objectives identified in the RFP for each phase. Our solution enables BMS and our fiscal agent staff to ***streamline administration*** of the West Virginia (WV) Medicaid enterprise through features such as powerful workflow capability, integrated rules engine, and intuitive user interfaces -- this is proven in Washington and Michigan where we have demonstrated an annual savings of $60M. Our solution also enables BMS to ***tailor services to meet the needs of enrolled populations*** through easy to administer benefit plans and programs. Integrated case management and our proposed pharmacy solution provide the tools to better manage drug programs by improving quality of care, reducing medication errors, and minimizing inappropriate drug utilization to support ***coordinated care, especially for those with chronic conditions***. Our proposed solution and optional services will ***provide members with the opportunity and incentives to maintain and improve their health.***

Our integrated work breakdown structure (WBS), as described in Figure I-1, and project schedule demonstrate our understanding of the work requested by BMS. Success on this project necessitates a focused and disciplined industry standards-based project management framework to monitor, control, execute, and close each phase and task. A plans-driven project management approach will ensure a common understanding of the outcomes prior to starting a phase or task. Project staff must have the necessary experience in implementing healthcare systems, must exercise leadership, and bring industry experience to enable BMS to achieve stated goals and objectives. Lastly, the project organization must be designed to support the establishment of secure facilities with focus on HIPAA security guidelines. Our WBS organizes our work and provides a source for traceability for every element of work in our project management approach. It is a feature that BMS will find throughout the entire proposal – we clearly define the work, start with the "end in mind," and provide traceability and transparency.

Phase 1 - MMIS Replacement DDI and CMS Certification Planning – In Phase 1, BMS needs a vendor who can develop and implement a CMS certifiable system that meets the business and technical needs of the WV Medicaid program. BMS requires a vendor with a solid project management approach to ensure quality, timely delivery. The scope of the required solution includes MMIS, Pharmacy POS, and drug rebate program. The foundation for successful CMS Certification during operations will be established as a result of certification planning and preparation work conducted in parallel with other design, development, and implementation (DDI) activities. Experienced key personnel and other staff will engage on the project within the first 30 days (most will begin prior to this start date to participate in Team CNSI's boot camp process that will be presented later in the proposal). The Start-Up phase not only establishes the plans that will drive Phase 1, but will also set the tone and tempo for the project. Hence, stakeholder analysis and project communications processes will be critical to BMS' and Team CNSI's project governance. A Project Management Office (PMO) that is consistent with and conforms to standards established by the current Enterprise PMO (EPMO) will be formed.

Given the milestone-driven approach outlined in the RFP, we will review and establish clear entry and exit criteria for each milestone as the schedule, staffing, and plans are finalized. Since legacy system operations will be conducted in

parallel by BMS, a balance will be achieved in BMS staff involvement. Team CNSI will be prepared to be accountable, own the work, and exercise leadership to minimize the need − but not the opportunity − for BMS staff involvement. We will conduct milestone reviews, deliverable walk-throughs, and demonstrations to provide BMS insight and visibility into the progress and system capability. Throughout *Analysis and Design*, we will leverage a systematic process where BMS stakeholders are strategically involved with Team CNSI teams to fully understand how RFP requirements map to our proposed solution, plans, and processes. Requirements and system use case mapping will be performed with MITA business processes to eventually increase the MITA maturity level of the WV Medicaid enterprise. Requirements Specification and Detailed System Design documents will be developed in a traceable manner using a Requirements Management and Tracking System – Team CNSI's ReqTraceWeb and ReqCertify. Gap analysis effort has already begun as part of the proposal process; however, finalized Gap Analysis Design documents will be developed to chart the course and establish the work necessary for a fully compliant solution. Business process mapping documents will need to be developed to ensure the system and business processes are fully aligned and are supportive of each other.

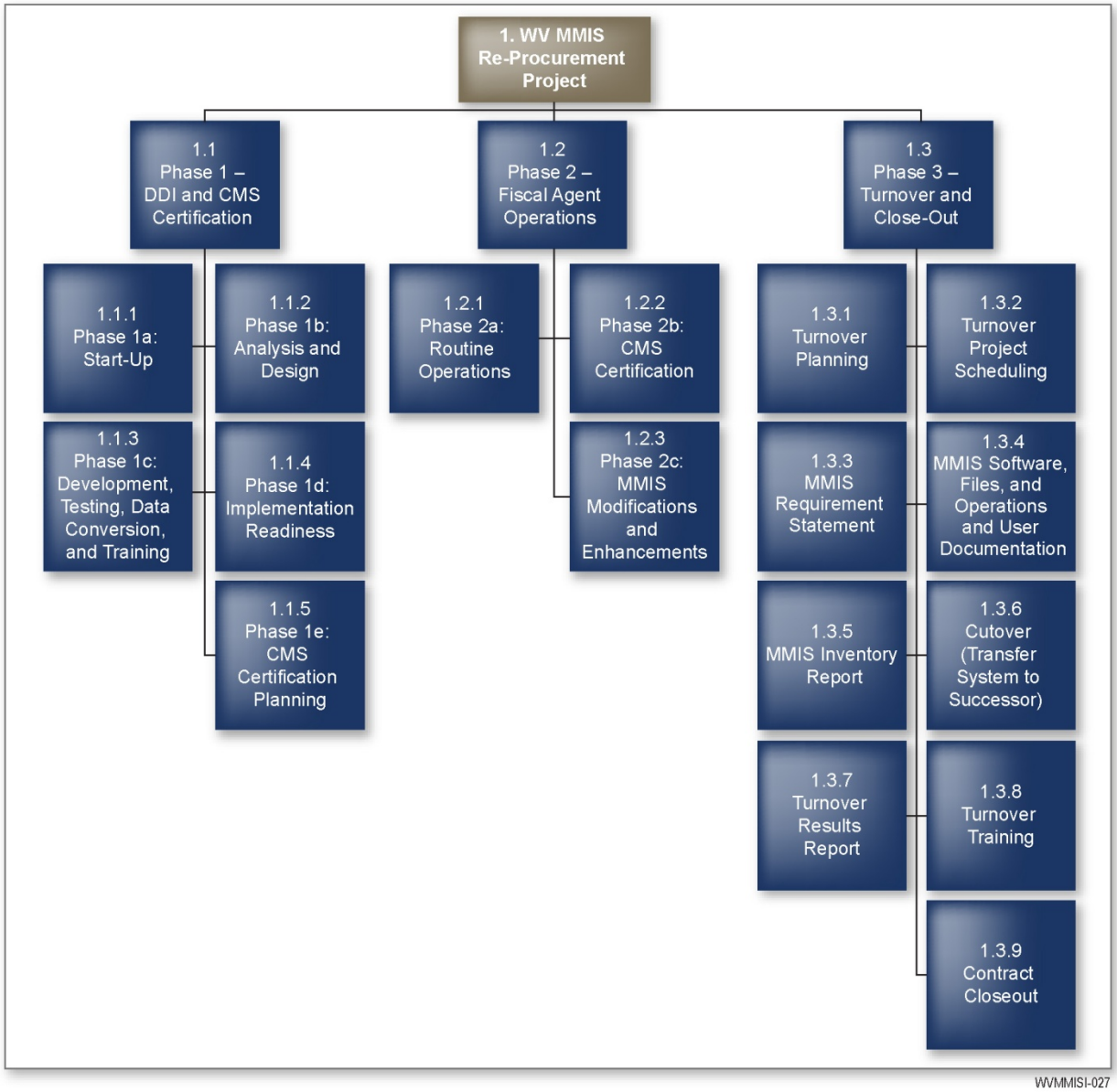

Figure I-1. Top-level Work Breakdown Structure (WBS) for the WV MMIS Re-procurement Project. Team CNSI establishes the foundation for project success by thoroughly understanding, analyzing, and documenting the full scope of work.

Development, Testing, Data Conversion and Training will result in the system ready for implementation after successful user acceptance testing (UAT) of both the system and converted data. Training materials, system documentation, user manuals, and other work products will form the baseline for implementation. The activities of the four major task groups – development, testing, data conversion, and training – are interrelated and will have synchronization points and interaction throughout the phase. Conversion planning and activities begin early to ensure that data are available as early as possible to support test activities. Interfaces to ancillary systems such as RAPIDS will need to be designed, developed and tested. The use of technologies such as enterprise service bus and master data management will avoid brittle, point-to-point interfaces. The system software, hardware, and environments are planned, procured, and configured to support development, testing, and training. System capability demonstrations are performed at key points in the phase to demonstrate that requirements are met and the system meets the needs for MITA-aligned fiscal agent operations. Significant effort needs to be expended in rigorous and systematic testing to ensure effective operations from day one. UAT will be conducted by Team CNSI with BMS support, oversight, and monitoring.

Implementation Readiness and Certification Planning activities result in the production implementation of the Provider Enrollment system to support provider re-enrollment and eventually implementation of the MMIS and Pharmacy POS systems. A checklist-oriented implementation process will provide gate reviews at critical milestones to assess readiness and build confidence in the production implementation decision. The traceability of Medicaid Enterprise Certification Toolkit checklist System Review Criteria and RFP requirements to system use cases and test cases will be reviewed and finalized to confirm Certification readiness. Final production data conversion and cutover activities will be performed after the final implementation checklist review. Lastly, readiness for business operations will be conducted using a well thought out transition plan. Coordination with BMS staff will be necessary to verify BMS staff readiness during the transition to fiscal agent operations. Transition to fiscal agent operations in Phase 2 is a critical set of activities for which objective measures of readiness must be defined early to ensure the following are ready: (1) the system; (2) fiscal agent staff; (3) BMS organization; (4) ancillary systems; and (5) providers.

Phase 2 - Fiscal Agent Operations – In Phase 2, BMS requires the vendor to successfully transition to fiscal agent operations, achieve CMS Certification, conduct system operations and perform modifications and enhancements. While technology is critical as an enabler, successful fiscal agent operations will necessitate that Team CNSI leverage the technology to deliver world-class services to WV providers and members. Transparency and visibility will be critical to ensure BMS has the tools necessary to monitor performance and implement programs to serve WV members. Proactive monitoring and oversight will need to be conducted by Team CNSI to measure compliance with SLAs and performance standards. MITA-aligned fiscal agent operations will be conducted using state-of-the-art workflow capability. CMS Certification data collection and preparation activities are performed to prepare the certification folders, documentation, reports, and other materials to support the CMS on-site Certification review. Team CNSI's certification lead will update the Certification Readiness Plan and develop the Request for CMS Certification Review deliverable. CMS Certification will be achieved within one year of production implementation assuming CMS timeliness within this period of supporting the review. MMIS modifications and enhancements will be performed using processes similar and consistent with Phase 1 processes. The project management discipline and SDLC maturity established during Phase 1 must continue through Phase 2 to ensure that modifications and enhancements are implemented in a timely manner as defined by BMS. Modifications may involve routine maintenance to install the latest patches, operating systems, and updates; correct defects; and update reference data (i.e., fee schedules, procedure codes). All activities will be conducted using approved change management processes and the annual labor and materials budgets established by BMS.

Phase 3 - Turnover and Close-Out – In Phase 3, BMS needs the vendor to systematically turnover operations to a successor vendor. Long-term success of the WV Medicaid enterprise necessitates that proactive collaboration and communications occur during turnover and closeout of Team CNSI's contract. This process will be initiated 18 months prior to the end of the contract period. The goal will be to orderly transition the systems, tools, processes, and documentation to BMS and the new fiscal agent contractor while minimizing disruption to members, providers, and operational users of the system.

Optional Services

BMS has identified 12 optional services to enable vendors to propose solutions to expand the breadth and depth of the Medicaid program in a variety of areas such as consumer/member engagement. Team CNSI fully understands the optional services enhancements and our proposed solutions are functionally and technically aligned to readily support these initiatives. Many of the enhancements are in existence in Team CNSI's health care solution portfolio and are based on Federal standards and federally-promoted open source components. For example, Electronic Health Records Incentives program management, health information exchange models, permanent member cards, real-time member eligibility, and interfaces with external data stores (e.g., daily extract to a personal health record data warehouse) are all capabilities in which we have experience and are part of our solution portfolio.

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I.2 Proposed Project Approach and Solution

RFP Section 4.1.9, Bullet 2

In this section, Team CNSI provides its detailed proposal for providing the following services as required by the RFP:

- **Project Management.** Section I.2.1 of our proposal describes the discipline and maturity we will deliver to plan, organize, manage, monitor, control, and execute all phases of the contract. Team CNSI describes its plan-driven methodology and a practical application of Project Management Institute's (PMI's) Project Management Body of Knowledge (PMBOK) based processes. Team CNSI will form a project management office (PMO) to provide leadership, guidance, tools, methodology, templates, and other artifacts to ensure that the project team has the necessary tools and techniques to successfully deliver on its commitments. We also describe our Quality Monitoring and Control Unit to build quality into our work products and to measure our adherence to PMBOK published standards and methodologies.
- **Phase 2: Fiscal Agent Operations.** In section I.2.2 of our proposal, we demonstrate our approach to leveraging more than 125 total years of health care administration experience to bring fiscal agent operations to a new level of customer service. Team CNSI addresses how it aligns its services and solutions to meet BMS goals and its focus on industry standards and best practices. Within Section I.2.2, Team CNSI also addresses its approach to achieving the critical milestone of CMS certification leveraging the planning, preparation, and the CMS Medicaid Enterprise Certification Toolkit (MECT) process mapping during Phase 1. We also describe our information technology infrastructure library (ITIL) based approach to system operations, modifications, and enhancements over the life of the contract.
- **Phase 3: Turnover and Close-Out.** Section I.2.3 describes Team CNSI's process-driven and collaborative approach to turning over fiscal agent operations to a new contractor.
- **Drug Rebate Solution.** Section I.2.4 provides a detailed description of our drug rebate solution. We present how our solution adheres to CMS' Medicaid Drug Rebate Program and how the solution integrates with Team CNSI's eCAMS-based MMIS solution.

While these services are individually described in the referenced sections, Team CNSI establishes an overarching and complete framework for the management of all services under the WV MMIS Re-procurement project. Project management discipline is integrated into each element of our work through leadership, guidance, and governance. Figure I-2 provides a high level depiction of this framework. Figure I.2-1 also includes Phase 1 services for completeness. Additionally, we show the drug rebate solution separately in this figure; however, the scope of work in the RFP related to the drug rebate system is part of our Phase 1 and Phase 2 services.

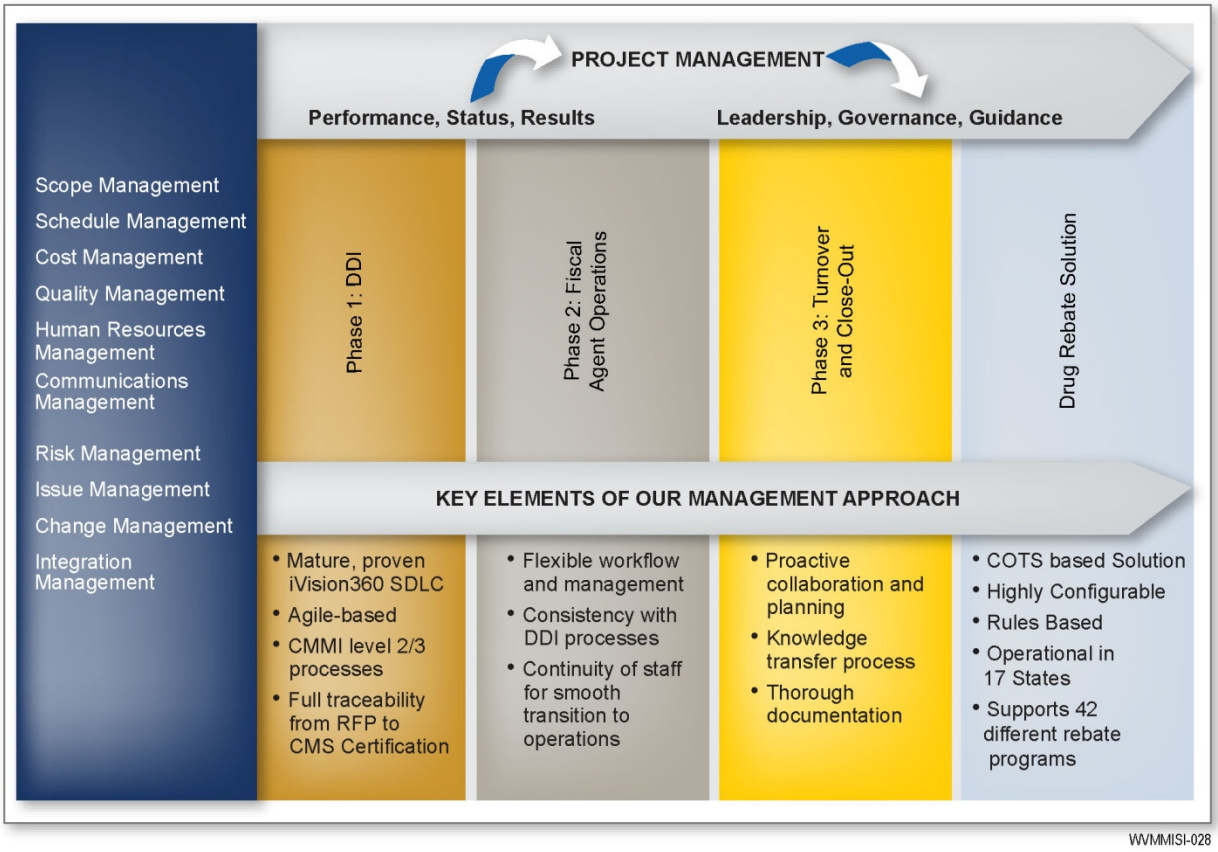

Figure I-2. Team CNSI's Overall Procurement Management Services Framework. Team CNSI brings cross-cutting management processes to control, monitor, communicate, and close all phases, tasks, and milestones.

PMO Process Area	Main Activities
SDLC Methodology	The PMO assures that the standard project SDLC, iVision360, is followed for all development projects.
Document Management	The PMO includes training and documentation specialists to support document management processes throughout the contract. This includes formatting, editing, deliverable management, and delivery and distribution of deliverables.

Figure I-5. PMO Key Activities. Team CNSI has thoroughly planned our project management methodology with the implementation of our PMO.

Team CNSI understands that the Re-procurement Project Manager develops and maintains an MMIS Re-procurement Project Schedule and it will include Team CNSI's project schedule at the deliverable and milestone level. Team CNSI will work with the Re-procurement Project Manager and BMS team, consistent with our planning processes during the Start-up Phase, to baseline the schedules. This planning activity will result in an integrated MMIS Re-procurement Project Schedule with planned updates based on details tracked in Team CNSI's project schedule.

I.2.1.2 Controls, Tasks, Procedures, and Communication Mechanisms for Task Management and Approach to Project Management Discipline

RFP Section 3.2.2.1, Paragraph 2

While Section I.2.1.1 describes our overall project management methodology via the formation of our PMO, this section describes specific controls, tasks, procedures, and communication mechanisms for task management. The controls, tasks, procedures, and communications mechanisms are presented in Figure I-6. In addition, we discuss specific communications protocols, vehicles, and mechanisms in our proposed Communications Management Plan.

Tasks	Procedures	Controls	Communications Mechanisms
Scope Management	▪ Collect and manage requirements ▪ Define, verify, and control scope ▪ Create WBS	▪ Review traceability reports ▪ Review change requests through an approved process ▪ Review traceability of WBS elements ▪ Establish deliverable dictionary	▪ Maintain change request status in Project Portal ▪ Publish traceability reports
Schedule Management	▪ Develop and maintain project schedule ▪ Control project schedule	▪ Develop entry and exit criteria for each milestone during start-up ▪ Review deliverables and milestone planned and actual dates	▪ Provide schedule updates at status meetings ▪ Publish latest schedule on Project Portal
Cost Management	▪ Conduct cost planning ▪ Conduct cost tracking ▪ Conduct cost control and manage change orders	▪ Review invoices for consistent accuracy ▪ Monitor actual versus planned costs ▪ Conduct CNSI internal monthly project status reviews ▪ Track bill of materials	▪ Publish change orders and expected outcomes on Project Portal
Quality Management	▪ Conduct quality assurance activities ▪ Conduct peer reviews	▪ Conduct scheduled and unscheduled audits and assessments ▪ Define and publish milestone checklists	▪ Publish quality assurance reports and audit results
Human Resources Management	▪ Manage staff succession process ▪ Conduct staff performance reviews	▪ Monitor results of performance reviews ▪ Review succession plans ▪ Monitor onboarding process and orientation	▪ Coordinate with staff management processes ▪ Present personnel recognitions and awards ▪ Review trends of exit interviews in a non-identifiable manner
Communications Management	▪ Identify roles and respons bilities of all involved stakeholders for communicating ▪ Determine internal stakeholders and their needs	▪ Monitor effectiveness of project communications activities ▪ Assess customer satisfaction	▪ Publish key project activities and results on Project Portal ▪ Publish external project communications on

Tasks	Procedures	Controls	Communications Mechanisms
	▪ Identify and describe the methods for communicating information on the project ▪ Describe Team CNSI's approach to meetings ▪ Describe methods for communication with remote staff, including subcontractors ▪ Describe methods for tracking deliverables and milestones ▪ Describe communication with external stakeholders ▪ Describe risk mitigation activities ▪ Develop internal communication matrices specific to each phase		Medicaid Portal once it is released
Risk Management	▪ Conduct ongoing risk identification ▪ Perform risk analysis ▪ Document risk treatment ▪ Perform risk monitoring	▪ Review risk exposure charts ▪ Provide management focus on highly rated risks ▪ Assign action items to close risk items ▪ Focus on risk avoidance	▪ Publish and maintain risk register on Project Portal
Issue Management	▪ Identify, and record issue or problem in the issue list ▪ Evaluate and categorize issues, exceptions, and problems ▪ Determine appropriate corrective actions ▪ Issue change requests and work orders, as needed ▪ Resolve and close out issue	▪ Assess issue closure rate	▪ Publish and maintain issues on Project Portal
Change Management	▪ Create and submit CRs as needed ▪ Record and review the CR information ▪ Assess and evaluate the CR ▪ Authorize the change through a Change Control Board (CCB) ▪ Update plans and other documents based on the impact analysis ▪ Implement the CR and coordinate with impact organizations ▪ Review and close the CR	▪ Monitor CR process ▪ Track implementation status of approved CRs	▪ Publish results of change management process on Project Portal ▪ Maintain change request status in Project Portal
Integration Management	▪ Develop and publish project charter ▪ Develop and maintain project management plans ▪ Direct and manage project execution ▪ Monitor and control project work ▪ Perform integrated change management and control ▪ Close project phases and milestones in a systematic manner	▪ Monitor project metrics ▪ Review milestone checklists and assessments ▪ Monitor use case completion ▪ Monitor development iteration performance and trends ▪ Monitor test case development and traceability ▪ Analyze test coverage ▪ Assess defect closure rate ▪ Survey training evaluation data ▪ Monitor training sessions	▪ Train project team on project management plans, approaches, and methodologies ▪ Ensure training is provided on tools and techniques ▪ Publish deliverable and milestone performance on Project Portal
Staff Management	▪ Monitor staff levels ▪ Monitor staff skills gap and develop training plans	▪ Monitor actual versus planned staff hours	▪ Publish staffing plans
Manage Subcontractors	▪ Establish supplier agreements and statements of work ▪ Conduct integrated quality management across entire team ▪ Perform training on subcontracts	▪ Establish "traffic light" rating system of red, yellow, and green ratings	▪ Monthly status report will include subcontractor performance reports

Tasks	Procedures	Controls	Communications Mechanisms
	management ▪ Prepare monthly subcontractor partner performance reports providing assessment of overall performance, schedule, quality of deliverables, resources, responsiveness, customer satisfaction, and commitment at the corporate and project level		

Figure I-6. Team CNSI's Controls, Tasks, Procedures, and Communication Mechanisms for Task Management. Our management discipline and experience enables Team CNSI to establish "guard rails" to effectively control and execute project processes.

Approach to Practicing Project Management Disciplines

Figure I-7 provides an overview of our project management process. Each task and activity performed by Team CNSI follows a general process of initiating and planning, executing, monitoring and controlling, and reporting.

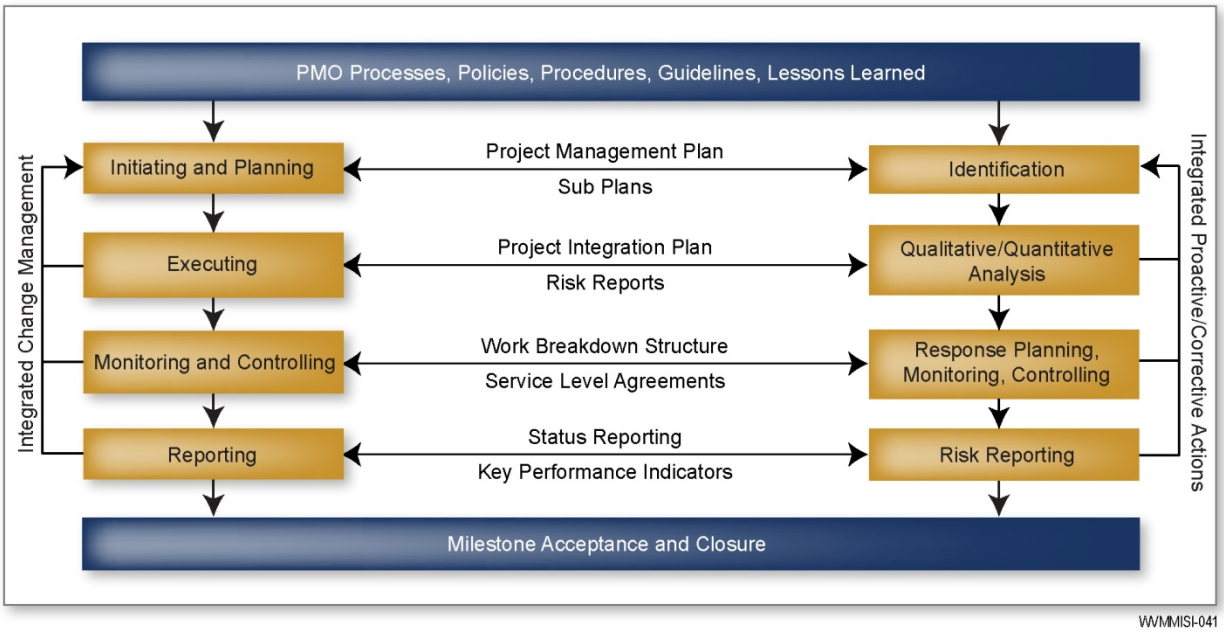

Figure I-7. Team CNSI Project Management Process. Team CNSI integrates project management discipline in a systematic manner across the entire contract.

Initiating and Planning

The PMBOK specifies two initiating processes. As shown in Figure I-8, both are part of the Integration Knowledge Area:

Knowledge Area	Process
Integration	▪ Develop Project Charter ▪ Develop Preliminary Scope Statement

Figure I-8. PMBOK Initiating Processes. Team CNSI includes all knowledge areas of the PMBOK in our project management discipline.

Because we are responding to an RFP, we assume that these two processes have already been performed to some degree by BMS. Our proposed initiating processes consist primarily of examining the RFP and making sure we understand the information it contains.

- Project Charter – while the RFP does not specifically include a project charter, it does include the majority of the information one would expect it to contain, such as success objectives, major resources and constraints, a

timeline, and a set of overall responsibilities for the stakeholders. We have included activities to develop and finalize a formal project charter as a part of the Start-up Phase.

- Preliminary Scope Statement – the RFP explicitly describes the project's overall scope and will act as the scope baseline.

In those areas where we are not clear on BMS' intent, we ask questions or hold internal discussions to improve our understanding. Once the contract is awarded, we formally conduct a review of the related documentation to ensure a consistent understanding between Team CNSI and BMS.

The PMBOK specifies planning processes covering all nine knowledge areas, as detailed in Figure I-9.

Knowledge Area	Process
Quality Management	Quality Planning
Scope Management	Scope Planning Scope Definition Create WBS
Schedule Management	Activity Definition Activity Sequencing Activity Resource Estimating Activity Duration Estimating Schedule Development
Human Resource Management	Human Resource Planning
Cost Management	Cost Estimating Cost Budgeting
Risk Management	Risk Management Planning Risk Identification Qualitative Risk Analysis Quantitative Risk Analysis Risk Response Planning
Communication Management	Communications Planning
Procurement Management	Plan Purchases and Acquisitions Plan Contracting
Integration Management	Develop Project Management Plan

Figure I-9. PMBOK Planning Processes. Team CNSI includes all knowledge areas of the PMBOK in our project management discipline.

Because there are so many processes that must be integrated, Team CNSI reorders them into three groups based upon the goal of the planning being performed, as shown in Figure I-10. We have found this simplifies the overall project management plan. Completion of the first six planning processes results in a basic definition of the work to be performed on the project. The next six extend the definition of the work itself, while the final nine focus on creating an environment that promotes success.

Planning Goal	PMBOK Planning Process
Basic Work Definition - Completed as part of tailoring CNSI's standard DDI methodology	Quality Planning Scope Planning Scope Definition Create WBS Activity Definition Activity Sequencing

Planning Goal	PMBOK Planning Process
Extended Work Definition and Resource Allocation - Apply resources and iteratively refine the work to optimize the intended result	Activity Resource Estimating Activity Duration Estimating Schedule Development Human Resource Planning Cost Estimating Cost Budgeting
Work Control - Create an environment that promotes success	Risk Management Planning Risk Identification Qualitative Risk Analysis Quantitative Risk Analysis Risk Response Planning Communications Planning Plan Purchases and Acquisitions Plan Contracting Develop Project Management Plan

Figure I-10. Grouping PMBOK Planning Processes by Planning Goal for Team CNSI Project Management Approach. Team CNSI has a deep understanding and experience in implementing PMBOK project management practices on MMIS and POS implementation and operations projects.

Executing Processes

The PMBOK specifies seven executing processes covering five knowledge areas, as shown in Figure I-11.

Knowledge Area	Process
Quality Management	Quality Assurance
Human Resources Management	Acquire Project Team Develop Project Team
Communication Management	Distr bute Information
Procurement	Request Seller Responses Select Seller
Integration Management	Direct and Manage Project Execution

Figure I-11. PMBOK Executing Processes. Team CNSI includes all knowledge areas of the PMBOK in our project management discipline.

Each of the executing processes builds upon the planning work for the corresponding knowledge area.

- Quality Management – Quality assurance consists of those activities required to provide assurance that the management processes are operating properly and that they are effective at meeting BMS' requirements. Because formal quality assurance is embedded so deeply into our approach, the operation is, to a large extent, self-checking. Deliverable acceptance by BMS indicates that the deliverables satisfy their requirements, so the progression of deliverables constitutes tangible evidence of system operation and effectiveness. CNSI's quality assurance process consists primarily of independent quality audits that examine and report the effectiveness of the management system, as well as provide recommendations for process improvement. Quality assurance also includes preparation of "Lessons Learned" reports at major progress points in the project to further enhance project performance. We describe our approach to quality management in detail in the draft Quality Management Plan provided as a part of our proposal.
- Human Resources (Staff) Management – Acquire Project Team and Develop Project Team are listed as execution processes, but for Team CNSI, they usually start long before contract award. We have identified key personnel across the entire project. Many of these lead personnel have been heavily involved in proposal preparation and project planning to ensure they are cognizant of, and acceptable to, the commitments and constraints of the proposal. After notification of award, acquiring and developing the team follows a standard

process that leverages Team CNSI's boot camp process, as well as the capabilities of our corporate recruiting and training organizations, to find, orient, and deploy the appropriate staff to the project. The graphics, templates, and standardized work processes of our project management approach contribute greatly to project team development because they build materials and even skill sets that are reusable from project to project. While project team orientation materials are tailored specifically for the individual project, there is a large body of material that is based upon our experience and therefore reusable. Furthermore, personnel experienced with activities on one project, though different in project specifics, generally follow the same management processes and are therefore more readily adaptable.

- Communication Management – Distribute Information, the execution of the Communication Management Plan, is straightforward in that it consists primarily of operating the processes that collect information on the project, create the communication vehicles, and distribute those vehicles to stakeholders. We describe this process in more detail in our draft Communications Management Plan provided with our proposal. We intend to bring and leverage proven approaches.
- Integration Management – The final process, Direct and Manage Project Execution, is performing the work in the schedule. We schedule the work based upon tailored processes designed to ensure success; deploy the appropriate team; execute the schedule; and continually monitor deliverable quality and improve delivery processes—all using defined, transparent processes that BMS can monitor and participate in to the extent it believes appropriate.

Monitoring and Controlling Processes

The PMBOK specifies 12 monitoring and controlling processes, as shown in Figure I-12, covering all nine knowledge areas:

Knowledge Area	Monitoring and Controlling Process
Quality Management	Quality Control
Scope Management	Scope Verification Scope Control
Schedule Management	Schedule Control
Human Resources Management	Manage Project Team
Cost Management	Cost Control
Risk Management	Monitor and Control Risk
Communication Management	Performance Reporting Manage Stakeholders
Procurement	Contract Administration
Integration Management	Monitor and Control Project Work Integrated Change Control

Figure I-12. PMBOK Monitoring and Controlling Processes

- Quality Management – Because it is built on a quality management foundation, each of Team CNSI's processes contains a built-in measurement and feedback loop used for quality control (QC). As can be seen in the Project Schedule, the activities to produce each Team CNSI project deliverable include a peer review internal QC gateway and milestone review external QC gateway. These reviews are part of the standard production process mandated by the quality management aspects of our management system and time for every review has been included in the Project Schedule.
- Scope Management – Scope verification consists of obtaining BMS approval that a particular portion of the work has been satisfactorily completed. Team CNSI's project management approach is built upon an activity chain of prior mutual agreement (in the deliverable expectation document – discussed later), collaborative production, explicit review, and formal acceptance.
- Schedule Management – The definition of work, the Project Schedule, and scope definition occur within the context of a single framework: the project WBS. Scope control, therefore, consists primarily of diligent application of the management system using the WBS:

- Ensuring the deliverable expectation document includes the complete definition of BMS' requirements for a particular work scope and that both parties agree it accurately describes their intent;
- Ensuring the Project Schedule includes all (but only) the work in the WBS and that there are no activities that are contemplated except those on the Project Schedule; and
- Ensuring each QC includes an explicit check that the deliverable includes all (but only) the work in the approved specification.

A final aspect of scope control that Team CNSI employs is the use of the integrated change management process described later in this subsection. Schedule control consists of a sophisticated methodology for schedule numbering, production, and control. Each schedule update is uniquely numbered to ensure traceability and every schedule is checked into the Project Portal to ensure security and version control. Only the PMO has the authority to change the project schedule. Furthermore, the milestone dates from each schedule version are published in every Monthly Status Report, along with a narrative of project progress and examination of objective progress metrics. As described above, the entire project is broken down into a deliverable-based WBS such that all work ultimately rolls up into a work package. The Project Schedule uses this same WBS as its basic unit of organization. All project activities are tied to deliverables in the WBS and planned resources are assigned to those activities.

- Human Resources (Staff) Management – Manage Project Team involves a large set of personnel management activities and centers primarily upon maintaining the project organization. Recruiting, training, and other personnel tasks are generally part of other Human Resource Management processes described in other sections. As a consequence of our Schedule Control activities described above, we are able to closely monitor progress against the Project Schedule and make adjustments to the number and skill level of project personnel in order to accomplish the planned work. Our quality assurance and quality control processes also generate information about the appropriateness of the resource mix in our project team and we continually make adjustments as required. A final aspect of our team management process is incorporation of team feedback into project planning and management. Our project team is one of the best sources of feedback on how the project processes are operating and can be improved. We continually gather and incorporate information and feedback from team members to ensure we are focused on BMS satisfaction as well as efficient project operation.
- Cost Management – As this project is primarily comprised of set fixed-price tasks, Team CNSI's cost management activities are primarily internal. Cost management between Team CNSI and BMS on this project will primarily involve invoice and payment management, which Team CNSI tracks on the Monthly Project Status Report. Cost management is closely related to scope management to ensure that "project creep" is avoided.
- Risk Management – For Team CNSI, Monitor and Control Risk is a continuous process of performing the five risk management planning activities of the planning processes discussion above. As part of producing the Weekly and Monthly Status Reports, we examine and formally report on each of the nine PMBOK areas. With each iteration, we identify and analyze the project risks and report the three risks that, in our opinion, represent the greatest threat to successful project completion. While we do not necessarily produce a formal project risk assessment for each Status Report, we do perform the risk assessment activities and update our response planning. The result is a constantly up-to-date examination of the top three project risks, as well as a plan for dealing with them.
- Communication Management – Under the PMBOK, the Performance Reporting process involves collecting information on the nine management areas, analyzing that information, comparing it to plans, and reporting the results to stakeholders. At Team CNSI, we use four primary vehicles for performance reporting as follows:

  - The Project Schedule is used to report work progress. As mentioned in the planning processes above, project planning is integrated such that the entire project scope is contained within the Project Schedule and the Project Schedule represents the entire project scope. We continually update the Project Schedule to reflect progress and continually make adjustments to the project plans, teams, and management activities based upon that progress. We publish the Project Schedule at least every two weeks as a primary communication vehicle of progress that has been achieved and as a target of the work that must be accomplished in the near term. The Project Schedule is also maintained on the Project Portal so project staff has easy access to the latest schedule.
  - The Weekly Status Report is used to report performance across all nine of the project management areas. The PMBOK recognizes that schedule management is only one activity required for project success and there are other equally important aspects that must be managed and reported upon as well. Team CNSI, therefore, produces a Project Status Report that integrates and reports upon all nine PMBOK Knowledge Areas. By requiring the project team to continually define and assess progress against all nine areas, Team CNSI ensures that we continually assess and re-align with the international standard for best practices in project management.
  - Weekly Project Status Reviews are conducted to review and, if necessary, update the Project Schedule and discuss any problems preventing completion of schedule activities. Most (if not all) of the Project Team typically

attends this meeting and it provides an extremely detailed view of project progress, performance, and expectations.

- A Status Meeting is held with BMS on a monthly basis. Even though the Weekly Status Report is delivered weekly as a formal communication of project status, our experience indicates that a formal executive status meeting held monthly reinforces that status in sponsor-level stakeholders. It also provides a necessary forum for the executive-level discussion that is critical for continued project support and progress toward key objectives.

- Procurement Management – Contract Administration is generally an internal process for which Team CNSI has detailed operating procedures that ensure a successful subcontracting and purchasing function. Team CNSI operates subcontractors in an integrated team concept and our approach is to present a seamless team to BMS.
- Integration Management – The Monitor and Control project work process is essentially the integrated operation of the monitoring and control activities in the other PMBOK knowledge areas. PMO oversight of the full suite of project governance and reporting processes/disciplines will address the Integration Management knowledge area. The Integrated Change Control process under the PMBOK is a formal process for changing the work scope, quality requirements, schedule parameters, or other primary variables upon which the original project is based. The PMBOK recognizes that changes are an inherent part of a project, particularly in large projects requiring months or years to complete. Rather than attempt to avoid these changes, the PMBOK prescribes a process for identifying, evaluating, and disposing of potential changes. Team CNSI evaluates each change request according to the nine PMBOK knowledge areas. Evaluation across all nine areas is required since a change to one area (project scope, for example), will necessitate changes in a number of other areas in order to ensure success. Team CNSI also works with the customer to establish a review committee for project change requests to not only ensure they include the appropriate analysis across the nine knowledge areas, but also consider the needs of the appropriate stakeholder groups. The change management process itself consists of identification of a change request by either Team CNSI or BMS, followed by a Team CNSI analysis of the request in each of the knowledge areas (e.g., scope, schedule, staff, and risk). The result is a recommended course of action and accompanying statement of impacts. This result is forwarded to the review committee for evaluation and recommendation, with the final result forwarded to BMS for disposition. Change requests are stored within the electronic project repository to facilitate transparency of the process and tracked as a reporting item in the Monthly Status Report.

I.2.1.3 Interaction with Overarching BMS Project Plan

RFP Section 3.2.2.1, Paragraph 3

Team CNSI is committed to effective collaboration and communications across the entire project. Team CNSI's methodology and approach will interact effectively with the overarching BMS Project Plan. While we have proposed a draft Project Management Plan and sub-plans as required by the RFP, our goal is to tailor them, if necessary, to be consistent with and integrated with the overarching BMS Project Plan and PMO.

I.2.1.4 Deliverable Acceptance Process

RFP Section 3.2.2.1, Paragraph 4

Team CNSI embraces the philosophy of "keep the end in mind." What this means is that our deliverable processes begin with the development of a Deliverable Expectation Document (DXD). The DXD defines the "end state" of the document to set the expectations for each deliverable. The DXD sets forth the expectations for delivery and the acceptance criteria used by BMS. The DXD and associated measurable acceptance criteria are developed collaboratively between Team CNSI and BMS prior to work beginning on the respective deliverable. The purpose of the DXD is to identify and verify the author(s) and deliverable reviewers at each stage, establish the scheduled start and stop dates/significant milestones, identify the agreed-upon template, establish the contract deliverable number, define the deliverable's scope/purpose, and delineate the acceptance criteria for the document. The DXD process is further described in our draft Documentation Management Plan provided in the *Attachments* binder of our proposal. Note that the DXD process will not apply to the draft plans provided with the proposal. For these plans, Team CNSI and BMS will conduct an initial joint review/walk-through of the proposal draft. During this review, the document template, initial content, and acceptance criteria will be discussed. The scheduled delivery milestone, with intermediate review dates, will be revised and verified against the project schedule. Figure I-13 provides sample acceptance criteria for what is developed as a part of each DXD.

Criteria	Description
Criterion #1 Requirements	Complies with stated requirements in the RFP, as agreed to and listed in Section 2, Cross-References, of the DXD.

Criteria	Description
Criterion #2 Proposal Alignment	Complies with stated proposal responses to the RFP, as agreed to and listed in Section 2, Cross-References, of the DXD.
Criterion #3 Outline	The document outline and structure is in accordance with that published in the approved DXD, Appendix A.
Criterion #4 Delivery	Delivery of this document complies with the delivery instructions published in the approved DXD. This includes: ▪ Delivery media (hard copy and project portal) ▪ The document contains the required CNSI approval and submission signatures ▪ The document has been placed under configuration control ▪ Coordination of the draft versions with the State's point of contact (POC) has been accomplished
Criterion #5 Consistency	The deliverable is consistent with related deliverables, as cited in the DXD, Section 1.5, Prerequisites and Section 1.6, Deliverables Affected.

Figure I-13. Sample Acceptance Criteria for a Deliverable. Team CNSI develops detailed acceptance criteria for each deliverable to clearly communicate when a deliverable is considered "done."

Once the deliverable has been completed, our team will follow the process outlined in Figure I-14 from initial delivery through document acceptance to BMS. The measurable acceptance criteria are published to the project team responsible for completion of the deliverable. Our quality monitoring and control unit will conduct check points to measure progress towards achieving the acceptance criteria. Each deliverable will include a checklist demonstrating that acceptance criteria have been met. This checklist will provide a mechanism for BMS to review and validate conformance to the acceptance criteria.

Figure I-15 shows the representative timeline for review and approval. Actual times will vary depending upon document size, complexity, and scope, and per agreement between Team CNSI and BMS to the review schedule.

The following provides a brief description of each step of our proposed deliverable acceptance process. A more thorough and detailed description is provided in our draft Documentation Management Plan provided in the *Attachments* binder.

- ***Step 1: Conduct Walk-through –*** During the walk-through session, the deliverable overview is presented to BMS. This introduction may consist of the outline, content, and milestone overview. Different than the peer review, comments and suggestions will not be solicited from BMS during the walk-through. Following the walk-through with BMS, the deliverable proceeds to the next step.
- ***Step 2: State Review –*** Upon receiving the delivery, BMS may request a detailed walk-through of each section of the deliverable before conducting its own internal review process. Upon completion of the BMS review process, the BMS PM or designee gathers all comments from the reviewers and consolidates (including de-duplication) them into one deliverable comments form. BMS will generally have 10 business days to review deliverables including completion of the deliverable comments form – the project schedule defines specific durations for each deliverable. After all of the comments are consolidated, and at least one day prior to review deadline, the BMS PM or designee notifies the Team CNSI's PMO that the comments have been consolidated into one consolidated deliverable comments form, uploaded into the Project Portal under the document supporting materials, and are ready for review. Upon receiving the notification from BMS, the PMO schedules an event in Project Portal within 24 hours to review the comments. This event will include the author/owner, team lead, documentation management, technical writer, medical/dental quality manager, the medical/dental deputy account manager/operations manager or designee, and BMS. During the session, the members review the validity of the comments and/or suggestions relative to the acceptance criteria. The primary objective of the event is to get consensus on the comments that will be addressed and how to gain approval. Should a deliverable require multiple correction cycles, BMS' review of corrected deliverables are limited to those portions previously rejected.
- ***Step 3: Produce the Final Draft –*** The final draft incorporates agreed-upon comments and suggestions from BMS. Once all of the applicable BMS comments and suggestions have been incorporated, the author checks in the new version of the deliverable into Project Portal and notifies the technical writer and medical/dental quality manager that the draft is ready to be prepared for final delivery.

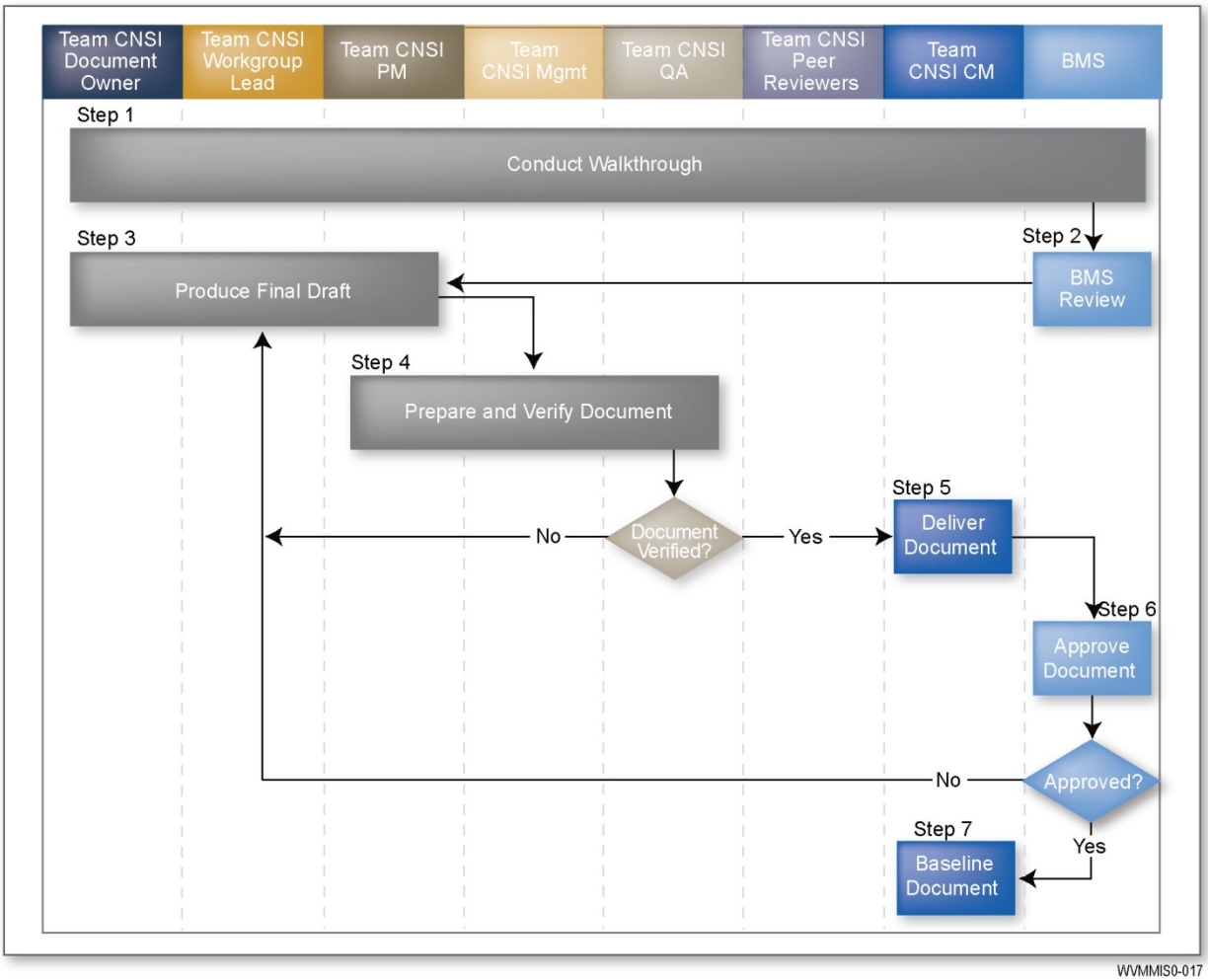

Figure I-14. Deliverable Acceptance Process. Team CNSI implements proven deliverable acceptance processes based on our extensive DDI experience in multiple states.

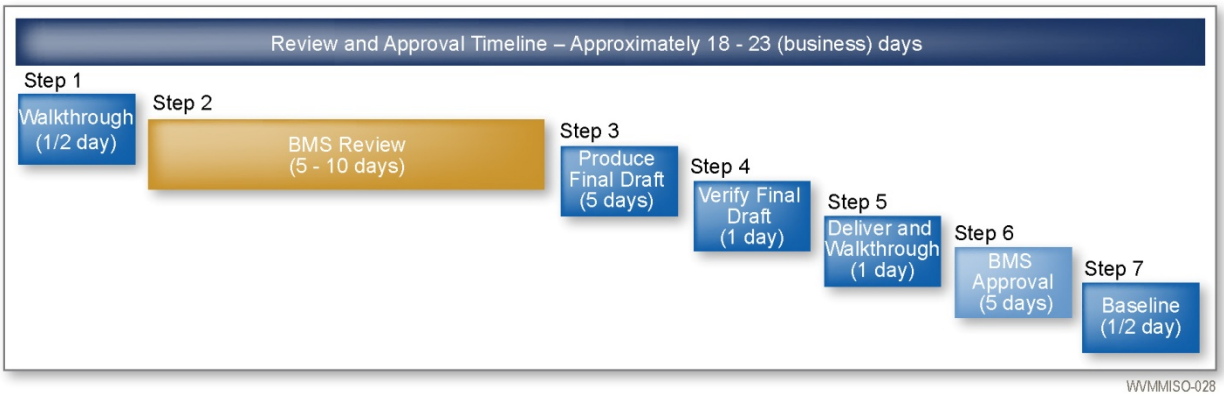

Figure I-15.Approximate Workflow Timeline (all times are in business days). Team CNSI has planned each step of the project in detail – further schedule details are provided in our initial project schedule.

- ***Step 4: Prepare and Verify the Document –*** Team CNSI reviews the incorporated comments, performs a final review of the entire deliverable, posts the final deliverable to the Project Portal, and notifies the medical/dental quality manager or quality assurance analyst that the deliverable is ready for QA verification. When the deliverable is approved by the medical/dental quality manager or quality assurance analyst, the medical/dental deputy account manager/operations manager or designee will be notified that the document is ready for final approval. After receiving notification from the medical/dental quality manager or quality assurance analyst, the

medical/dental deputy account manager/operations manager or designee retrieves the current version of the deliverable from the Project Portal and reviews the deliverable before it is delivered. If the medical/dental deputy account manager/operations manager or designee rejects the deliverable, the owner is notified via email (by the medical/dental deputy account manager/operations manager or designee) to make the necessary changes. If the medical/dental deputy account manager/operations manager or designee approves the deliverable, they then contact the Team CNSI PMO via email to proceed with client delivery.

- ***Step 5: Deliver the Final Deliverable –*** Upon receiving the approval, the PMO confirms that the correct version of the deliverable, the delivery letter, and all applicable deliverable attachments have been uploaded to the Project Portal. The PMO then delivers the package via the Project Portal to the BMS-deliverable owner defined in the plan. The final deliverable is a formal deliverable to BMS.
- ***Step 6: Approve the Deliverable –*** BMS reviews and approves the deliverable following the agreed upon acceptance guideline in the deliverable acceptance criteria. BMS verifies that all agreed-upon comments and suggestions have been incorporated into the final draft. Each deliverable will include a signature page as described in Figure I-16. Lengthy review and approval cycles can have a detrimental impact to the overall project schedule and activities later in the project lifecycle. Team CNSI commits to producing quality deliverables that meet expectations as defined in the deliverable DXD. We also assume BMS reviews will be conducted within the approved project schedule duration for that deliverable. In the event BMS does not notify Team CNSI of acceptance or rejection within the schedule defined in the project schedule, the deliverable will be deemed accepted.
- ***Step 7: Baseline the Deliverable –*** The baseline is a formal deliverable signed by BMS, signifying acceptance of the deliverable according to contractual criteria. A key element of Team CNSI's deliverable management process is the concept of progressive elaboration. An approved baseline builds the foundation for downstream activities. For example, the requirements baseline forms the foundation for design. At that point in the project lifecycle the Requirements Specification Document is the complete definition of what should be designed. In the event of a contradiction, conflict, ambiguity or inconsistency in or between deliverables any such contradiction, conflict, ambiguity or inconsistency will be resolved in favor of the latest BMS-approved deliverable.

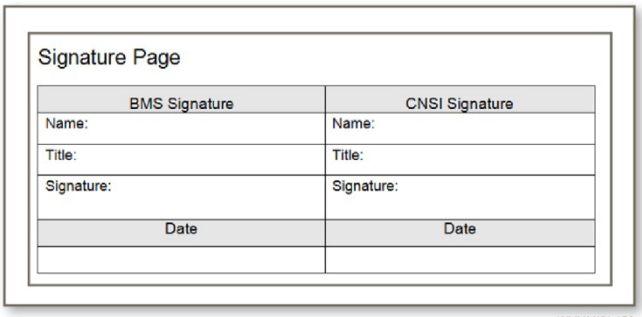

Figure I-16. Team CNSI Proposed Deliverable Signature Page. Deliverable process will conclude with formal BMS signatory approval.

Delivery of documents to BMS will be accomplished electronically through download from the Project Portal. Team CNSI will send an e-mail to the BMS document owner with notification that the document is loaded into the Project Portal and the link to the document.

I.2.1.5 Sample Reports, Forms, and Deliverable Formats

RFP Section 3.2.2.1, paragraph 5

Team CNSI provides samples of reports, forms, and deliverable formats in the separately tabbed section in the *Attachments* binder. These samples are described in Figure I-17.

Sample Item	Description	Cross Reference to Sample Reports, Forms, and Deliverables Formats
Weekly Status Report	▪ ProviderOne Weekly Status Report ▪ CHAMPS Bi-Weekly IPMO Report ▪ CHAMPS Weekly Deliverable Management Report ▪ Louisiana MMIS Weekly Status Report	Submitted in *Attachments* binder, Sample Reports, Forms, and Deliverable Formats – "Sample Weekly Status Report" ▪ ProviderOne DDI Weekly Status Report ▪ CHAMPS Bi-Weekly IPMO Meeting Minutes ▪ CHAMPS Weekly Delivery Management Status ▪ LMMIS Weekly Status Report Template
Monthly Status Report	▪ ProviderOne Monthly Status Report for Major Release 6	Submitted in *Attachments* binder, Sample Reports, Forms, and Deliverable Formats – "Sample Monthly Status Report" ▪ ProviderOne Monthly Status Report (Release 6)
Meeting Agenda	▪ CHAMPS Change Control Board Meeting Agenda	Submitted in *Attachments* binder, Sample Reports, Forms, and Deliverable Formats – "Sample Meeting Agenda" ▪ CHAMPS Production CCB Meeting Agenda

Sample Item	Description	Cross Reference to Sample Reports, Forms, and Deliverables Formats
Deliverable Expectation Document Format	▪ Louisiana MMIS Deliverable Expectation Document Template	Submitted in *Attachments* binder, Sample Reports, Forms, and Deliverable Formats – "Sample Deliverable Expectation Document Format" ▪ LMMIS DXD Template
Service Level Agreement Report	▪ Provider One Network Operations Center SLA Report ▪ ProviderOne Performance Dashboard ▪ ProviderOne Monthly Operations Report	Submitted in *Attachments* binder, Sample Reports, Forms, and Deliverable Formats – "Sample Service Level Agreement Report" ▪ ProviderOne NOC Monitoring-Daily Report ▪ ProviderOne Performance Dashboard ▪ ProviderOne Operations Overview
Business Operations Report	▪ Noridian business operations weekly report	Submitted in *Attachments* binder, Sample Reports, Forms, and Deliverable Formats – "Sample Business Operations Report" ▪ Noridian Weekly Status Report – Business Operations

Figure I-17. Sample Reports, Forms, and Deliverable Formats. Team CNSI has extensive DDI and fiscal agent operations experience as demonstrated by the samples described.

I.2.1.6 Initial Draft Deliverable Project Management Plan

RFP Section 3.2.2.1, Paragraph 6

Team CNSI's Project Management Plan describes our approach and defines, reconciles, and applies industry standards and best practices to the WV MMIS Re-procurement Project. We have tailored this approach to meet the project management requirements of the RFP to accomplish the following:

- Align with the PMI's PMBOK and cover its key processes
- Align with CMMI for the SDLC
- Produce documentation and plans that are consistent with applicable IEEE standards
- Provide a service delivery model based on Information Technology Infrastructure Library (ITIL)

Our project management system contributes to our success by providing a control structure that governs how we will plan, execute, control, track, and close out the work described in the RFP. The associated processes and structure are presented in our Draft Project Management Plan sub-plans. The following sections describe each of the sections of our proposed Project Management Plan.

I.2.1.6.1 Work Breakdown Structure and Deliverables Dictionary

RFP Section 3.2.2.1, paragraph 6, item 1

The Work Breakdown Structure and Deliverables Dictionary are provided as separately tabbed documents in the *Attachments* binder included with the submission of our proposal.

I.2.1.6.2 Project Schedule

RFP Section 3.2.2.1, paragraph 6, item 2

The Project Schedule is included as a separately tabbed document in the binder labeled *Attachments*.

I.2.1.6.3 Staffing Plan

RFP Section 3.2.2.1, paragraph 6, item 3

Team CNSI has submitted a draft Staffing Plan with this proposal that reflects our experience in managing staff on large-scale health care, and specifically Medicaid, system implementations and our understanding of the requirements in this RFP. Figure I-18 provides a mapping from RFP requirements to our proposed draft Staffing Plan, provided as a separately tabbed document in the *Attachments* binder of our proposal.

BMS Requirement	Section in Draft Staffing Plan
3.2.3.5, Item 1. Organization Chart	Section 3.1 - Organization Chart for Each Project Phase
3.2.3.5, Item 2. Roles, Responsibilities, and Skill Sets	Section 3.2 - Roles, Responsibilities, and Skill Sets
3.2.3.5, Item 3. Summary Description of Key Staff Roles,	Section 3.3 - Brief Summary Description of Roles and Responsibilities

BMS Requirement	Section in Draft Staffing Plan
Respons bilities, and Experience	of Each Key Staff Member and Qualifying Experience
3.2.3.5, Item 4. Staff Matrix	Section 3.4 - Attachment III: Staff Matrix
3.2.3.5, Item 5. Staff Retention	Section 3.5 - Approach to Staff Retention and Ensuring Continuity of Staff Among Key Project Phases
3.2.3.5, Item 6. Personnel Management	Section 3.6 - Approach to Personnel Management
3.2.3.5, Item 7. Process for transitioning essential knowledge to BMS' technical staff	Section 3.7 - Process for Transitioning Essential Knowledge to BMS' Technical Staff

Figure I-18. Draft Staffing Plan Outline. Team CNSI's draft Staffing Plan describes the organizational charts, staffing roles and responsibilities, and personnel management for the entire project.

I.2.1.6.4 Facility Plan

RFP Section 3.2.2.1, paragraph 6, item 4

Team CNSI has submitted a draft Facility Plan with this proposal that reflects our experience in establishing and managing facilities on large-scale health care, and specifically Medicaid, system implementations and our understanding of the requirements in this RFP. Figure I-19 provides a mapping from RFP requirements to our proposed draft Facility Plan provided in a separately tabbed document in the *Attachments* binder of our proposal.

BMS Requirement	Section in Draft Facility Plan
3.2.4.1, Item 1. Description of the work site(s) proposed, inclusive of offsite facilities	Section 3.1 - Work Site(s) Proposed
3.2.4.1, Item 2. Description of any work to be performed off site	Section 3.2 - Work Performed Off-site

Figure I-19. Draft Facility Plan. Team CNSI's draft Facility Plan provides details of each of our work sites and describes the work that will be performed off-site.

I.2.1.6.5 Documentation Management Plan

RFP Section 3.2.2.1, paragraph 6, item 5

Team CNSI has submitted a draft Documentation Management Plan with this proposal that reflects our experience managing deliverables on large implementation projects and our understanding of the requirements in this RFP. Figure I-20 provides the outline of the draft Documentation Management Plan provided in a separate tab of the *Attachments* binder.

Draft Documentation Management Plan Section	Brief Description of Section
Documentation Management Plan Overview	Describes the plan's purpose, scope, relationship with other plans, intended audience and use, references, standards, and abbreviations and acronyms.
Organization, Staffing, Roles, and Responsibilities	Describes the Team CNSI organizational component and staff involved with the plan. This section also provides roles and respons bilities related to the plan.
Documentation Management Plan Details	Provides the primary details of the documentation management plan. Processes for deliverable creation, review, and acceptance are provided.
Documentation Management Tools and Methods/Technologies	Describes the tools, methods, and technologies necessary to accomplish the processes described in the plan.
Supporting Material	Describes supporting processes for communications management, orientation and training, change and configuration management, records management, process evaluation, and documentation maintenance and updates.

Draft Documentation Management Plan Section	Brief Description of Section
Appendices	Provides additional information, if necessary, to execute the processes described in the plan.

Figure I-20. Draft Documentation Management Plan Outline. Team CNSI's draft Documentation Management Plan establishes our proposed approach to completing deliverables for each phase of the project.

I.2.1.6.6 Training Plan

RFP Section 3.2.2.1, paragraph 6, item 6

Team CNSI has submitted a draft Training Plan with this proposal that reflects our experience in implementing training programs on large-scale health care, and specifically Medicaid, system implementations and our understanding of the requirements in this RFP. Figure I-21 provides the outline of the draft Training Plan provided in a separately tabbed section of the *Attachments* binder submitted with our proposal.

Draft Training Plan Section	Brief Description of Section
Training Plan Overview	Descr bes the plan's purpose, scope, relationship with other plans, intended audience and use, references, standards, and abbreviations and acronyms.
Organization, Staffing, Roles, and Responsibilities	Descr bes the Team CNSI organizational component and staff involved with the plan. This section also provides roles and responsibilities related to the plan.
Training Plan Details	Provides the primary details of the training plan.
Training Plan Tools and Methods/Technologies	Descr bes the tools, methods, and technologies necessary to accomplish the processes described in the plan.
Supporting Material	Descr bes supporting processes for communications management, orientation and training, change and configuration management, records management, process evaluation, and documentation maintenance and updates.
Appendices	Provides additional information, if necessary, to execute the processes described in the plan.

Figure I-21. Training Plan Outline. Team CNSI's draft Training Plan describes our proposed training program for initial and ongoing training of BMS, fiscal agent staff, providers, and members.

I.2.1.6.7 Testing Plan

RFP Section 3.2.2.1, paragraph 6, item 7

Team CNSI has submitted a draft Testing Plan with this proposal that reflects our extensive test planning, management, and execution experience on large-scale health care, and specifically Medicaid, system implementations and our understanding of the requirements in this RFP. Figure I-22 provides the outline of the draft Testing Plan provided as a separately tabbed document in the *Attachments* binder of our proposal.

Draft Testing Plan Section	Brief Description of Section
Testing Plan Overview	Descr bes the plan's purpose, scope, relationship with other plans, intended audience and use, references, standards, and abbreviations and acronyms.
Organization, Staffing, Roles, and Responsibilities	Descr bes the Team CNSI organizational component and staff involved with the plan. This section also provides roles and responsibilities related to the plan.
Testing Plan Details	Provides the primary details of the test plan. This section contains the following information: ▪ Test Environment ▪ Collaboration with BMS MMIS Re-procurement Team ▪ Test Risk Identification and Contingency Plan ▪ Approach to Testing ▪ Testing Methodology ▪ UAT Support

Draft Testing Plan Section	Brief Description of Section
Testing Plan Tools and Methods/Technologies	Descr bes the tools, methods, and technologies necessary to accomplish the processes described in the plan.
Supporting Material	Descr bes supporting processes for communications management, orientation and training, change and configuration management, records management, process evaluation, and documentation maintenance and updates.
Appendices	Provides additional information, if necessary, to execute the processes described in the plan.

Figure I-22. Testing Plan Outline. Team CNSI's draft Testing Plan is based on hundreds of thousands of man hours in conducting testing on large implementation projects.

I.2.1.6.8 Project Management Sub-plans

RFP Section 3.2.2.1, paragraph 6, item 8

Figure I-23 provides the outline of the draft Project Management sub-plans provided in a separately tabbed document of our *Attachments* binder of our proposal. A separate draft plan is provided for each of the following plans:

- Scope Management Plan
- Schedule Management Plan
- Cost Management Plan
- Quality Management Plan
- Human Resources Management Plan
- Communications Management Plan
- Risk Management Plan
- Issue Management Plan
- Change Management Plan
- Integration Management Plan

Draft Project Management Plan Sub-Plan Section	Brief Description of Section
[Sub-Plan Name] Overview	Descr bes the plan's purpose, scope, relationship with other plans, intended audience and use, references, standards, and abbreviations and acronyms.
Organization, Staffing, Roles, and Responsibilities	Descr bes the Team CNSI organizational component and staff involved with the plan. This section also provides roles and responsibilities related to the plan.
[Sub-Plan Name] Details	Provides the primary details of the management plan.
[Sub-Plan Name] Details Tools and Methods/Technologies	Descr bes the tools, methods, and technologies necessary to accomplish the processes described in the plan.
Supporting Material	Descr bes supporting processes for communications management, orientation and training, change and configuration management, records management, process evaluation, and documentation maintenance and updates.
Appendices	Provides additional information, if necessary, to execute the processes described in the plan.

Figure I-23. Draft Project Management Sub-Plans Outline. Team CNSI's management processes are based on industry standard PMBOK processes.

I.2.1.6.9 Workflow Management Plan

RFP Section 3.2.2.1, paragraph 6, item 9

Team CNSI has submitted a draft Workflow Management Plan with this proposal. This document is one of the components of our overall project management methodology. Figure I-24 provides the outline of the draft Workflow Management Plan provided in a separately tabbed document of the *Attachments* binder of our proposal.

Draft Workflow Management Plan Section	Brief Description of Section
Workflow Management Plan Overview	Describes the plan’s purpose, scope, relationship with other plans, intended audience and use, references, standards, and abbreviations and acronyms.

Draft Workflow Management Plan Section	Brief Description of Section
Organization, Staffing, Roles, and Responsibilities	Describes the Team CNSI organizational component and staff involved with the plan. This section also provides roles and responsibilities related to the plan.
Workflow Management Plan Details	Provides the primary details of the workflow management plan.
Workflow Management Tools and Methods/Technologies	Describes the tools, methods, and technologies necessary to accomplish the processes described in the plan.
Supporting Material	Describes supporting processes for communications management, orientation and training, change and configuration management, records management, process evaluation, and documentation maintenance and updates.
Appendices	Provides additional information, if necessary, to execute the processes descr bed in the plan.

Figure I-24. Draft Workflow Management Plan Outline. Team CNSI's workflow management plan is derived from our experience in design, implementing, and managing workflow in for MMIS and health care claims operations.

I.2.1.6.10 Problem Management Plan

RFP Section 3.2.2.1, paragraph 6, item 10

Team CNSI has submitted a draft Problem Management Plan with this proposal. This document is one of the components of our overall project management methodology. Figure I-25 provides the outline of the draft Problem Management Plan provided in a separately tabbed document of the *Attachments* binder of our proposal.

Draft Problem Management Plan Section	Brief Description of Section
Problem Management Plan Overview	Descr bes the plan's purpose, scope, relationship with other plans, intended audience and use, references, standards, and abbreviations and acronyms.
Organization, Staffing, Roles, and Responsibilities	Descr bes the Team CNSI organizational component and staff involved with the plan. This section also provides roles and responsibilities related to the plan.
Problem Management Plan Details	Provides the primary details of the problem management plan.
Problem Management Tools and Methods/Technologies	Descr bes the tools, methods, and technologies necessary to accomplish the processes described in the plan.
Supporting Material	Descr bes supporting processes for communications management, orientation and training, change and configuration management, records management, process evaluation, and documentation maintenance and updates.
Appendices	Provides additional information, if necessary, to execute the processes described in the plan.

Figure I-25. Draft Problem Management Plan Outline. Team CNSI's problem management plan defines our ITIL-based processes for incident, event, and problem resolution during system operation.

I.2.1.6.11 Transition Plan

RFP Section 3.2.2.1, paragraph 6, item 11

Team CNSI has submitted a draft Transition Management Plan with this proposal that describes our approach to outgoing transition of the MMIS, fiscal agent operations, and documentation to a new fiscal agent contractor. Figure I-26 provides the outline of the draft Transition Plan provided in a separately tabbed document of the *Attachments* binder.

Draft Transition Management Plan Section	Brief Description of Section
Transition Management Plan Overview	Descr bes the plan's purpose, scope, relationship with other plans, intended audience and use, references, standards, and abbreviations and acronyms.
Organization, Staffing, Roles, and Responsibilities	Descr bes the Team CNSI organizational component and staff involved with the plan. This section also provides roles and responsibilities to the plan.

Draft Transition Management Plan Section	Brief Description of Section
Transition Plan Details	Provides the primary details of the transition plan.
Transition Tools and Methods/Technologies	Descr bes the tools, methods, and technologies necessary to accomplish the processes described in the plan.
Supporting Material	Descr bes supporting processes for communications management, orientation and training, change and configuration management, records management, process evaluation, and documentation maintenance and updates.
Appendices	Provides additional information, if necessary, to execute the processes described in the plan.

Figure I-26. Draft Transition Plan Outline. Team CNSI's transition plan defines our collaborative and proactive approach to outgoing transition to a new fiscal agent contractor.

I.2.1.6.12 Weekly Status Report Template

RFP Section 3.2.2.1, paragraph 6, item 12

Team CNSI's project status reporting is integrated such that the results of our progress and other information, such as risk and issues, are presented in a concise report. Team CNSI will prepare and submit weekly project status reports to support the project communications processes and plans. During project Start-up Phase, Team CNSI will work with BMS and seek approval of the format, media, and schedule of weekly project status reports. Status reports are one of the primary vehicles of communications for the project and they are a critical part of Team CNSI's project management control and reporting system. Weekly project status reports include the following items:

- Team CNSI leadership contact information
- Top five issues
- Milestone performance (e.g., actual versus planned dates and % complete)
- Milestones/deliverables completed during the period
- Milestones/deliverables planned for next week
- Top risk items
- Action items and decisions made at the previous weekly project status review

A template of our proposed Weekly Project Status Report is provided in a separately tabbed document in the *Attachments* binder of our proposal.

I.2.1.6.13 Monthly Status Report Template

RFP Section 3.2.2.1, paragraph 6, item 13

Team CNSI's project status reporting is integrated to include the results of our progress and other information, such as risk and issues. Team CNSI will prepare and submit monthly status reports in addition to the monthly status meeting to support the project communications processes and plans. During project Start-up Phase, Team CNSI will work with BMS and seek approval of the format, media, and schedule of monthly status reports. Status reports are one of the primary vehicles of communications for the project and they are a critical part of Team CNSI's project management control and reporting system. Monthly status reports include the following items:

- Executive summaries for executive presentation
- Significant accomplishments
- Challenges
- Upcoming activities
- Deliverables and milestones schedule
- Critical path tasks analysis
- BMS resources required for upcoming period
- Service level agreement performance data and rationale for any deviations greater than our established management threshold
- Invoice and payment status

A template of our proposed Monthly Project Status Report is provided in a separately tabbed document in the *Attachments* binder.

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I.2.2 Project Facilities

RFP Section 4.1.9; Section 3.2.4

I.2.2.1 Proposed Work Site(s)

RFP Section 3.2.4.1, Bullet 1

Throughout all of the WV MMIS Re-procurement project phases, it is critically important that Team CNSI and the Bureau for Medical Services (BMS) have a close working relationship. We believe that such a relationship is facilitated when we are in a location convenient to the BMS offices. Recognizing the importance of convenient access, adequate available parking, staff offices, and work cubicles we have selected our work location accordingly. In Section F, Location, of our proposal response, we have outlined the description of our work sites.

Figure I-27 provides a visual representation of facilities and functions.

The Team CNSI Advantage

Team CNSI has successfully designed, customized, and deployed intricate MMIS systems for mutliple states, ensuring a robust and diverse functionality and seamless implementation.

- Team CNSI maintains over 675,000 square feet of facilities worldwide
- Team CNSI proposed data centers and facilities specific to WV will comprise over an additional 20,000 square feet
- Team CNSI provides a network of support for more than 2800 global employees
- Team CNSI's current data centers support multiple mainframes, 1500 servers, and 15,000 systems, applications, and programs
- Team CNSI's IT Department provides support for over 2500 computers operating in a Windows environment

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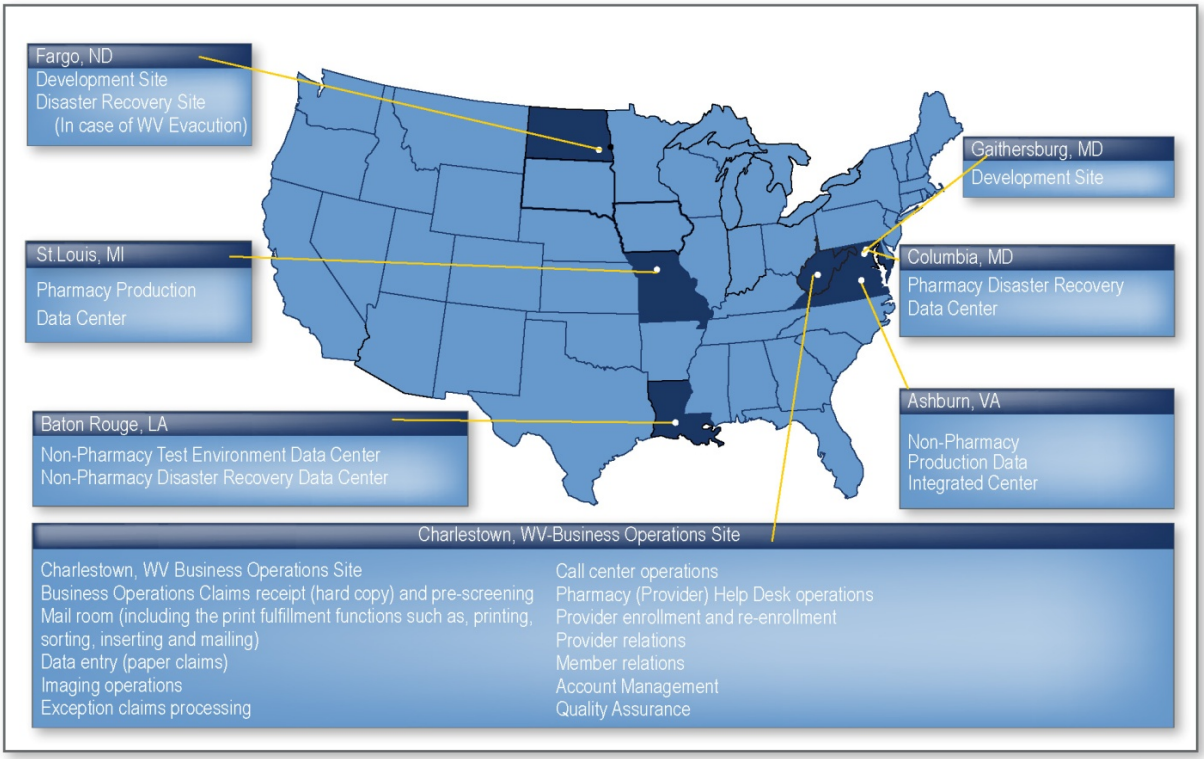

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Figure I-27. Team CNSI Locations. An overview of all of our facilities and the business functions that we plan to execute from these locations.

As required in the RFP, the Team CNSI facility in Charlestown, WV will host all the different business functions and services. Team CNSI will provide BMS (or designee) access to our systems and facilities to conduct audits and inspections. Any access will be managed by the Facility Manager in accordance with the processes established in our Facility Plan.

I.2.2.1.1 Work Sites for Phase 1: MMIS Replacement DDI and CMS Certification Planning

Team CNSI will use 4700 MacCorkle Avenue, SE, Charleston, WV as the primary location for delivering all of the work associated with Phase 1: MMIS Replacement DDI and CMS Certification, including all sub-phases: Phase 1a:

Start-up; Phase1b: Analysis and Design; Phase 1c: Development, Testing, Data Conversion, and Training; Phase 1d: Implementation; and Phase 1e: CMS Certification Planning. Figure I-28 provides a listing of various facilities used during Phase 1, and the functions performed at each location.

Function	Phase I DDI and CMS Certification Work Site
Fiscal Agent local facility	4700 MacCorkle Avenue, SE, Charleston, WV
Key personnel	4700 MacCorkle Avenue, SE, Charleston, WV
Project Management Office (PMO)	4700 MacCorkle Avenue, SE, Charleston, WV
Integrated Test Environment Data Center	7127 Florida Blvd, Baton Rouge, LA; 6940 Columbia Gateway, Columbia, MD (Pharmacy)
UAT Testing	4700 MacCorkle Avenue, SE, Charleston, WV
Data Conversion	15800 Gaither Drive, Gaithersburg, MD
Software Development and Unit / System Testing	15800 Gaither Drive, Gaithersburg, MD; 900 42 street south, Fargo, ND (Document Management and Imaging); 4300 Cox Rod, Glen Allen, VA (Pharmacy)
Training Development	4700 MacCorkle Avenue, SE, Charleston, WV
Implementation	4700 MacCorkle Avenue, SE, Charleston, WV
CMS Certification Planning	4700 MacCorkle Avenue, SE, Charleston, WV

Figure I-28. Listing of Facilities and Functions Performed During Phase 1.

I.2.2.1.2 Work Sites for Phase 2: Fiscal Agent Operations

Team CNSI will support Phase 2: Fiscal Agent Operations from the Charleston facility. The sub-phases that will be supported are: Phase 2a: Routine Operations; Phase 2b: CMS Certification; and Phase 2c: MMIS Modifications and Enhancements. Figure I-29 provides a listing of various facilities used during Phase 1 and the function performed at those locations.

Function	Phase I Fiscal Agent Operations Work Sites
Business Operations	4700 MacCorkle Avenue, SE, Charleston, WV
Key personnel	4700 MacCorkle Avenue, SE, Charleston, WV
Project Management Office (PMO)	4700 MacCorkle Avenue, SE, Charleston, WV
Production Data Center	21635 Red Rum Drive, Ashburn, VA; 14100 Magellan Plaza, Maryland Heights, MO (Pharmacy)
Disaster Recovery Data Center	7127 Florida Blvd, Baton Rouge, LA; 6940 Columbia Gateway, Columbia, MD (Pharmacy)
Software Maintenance	15800 Gaither Drive, Gaithersburg, MD; 900 42 street south, Fargo, ND (Document Management and Imaging); 4300 Cox Rod, Glen Allen, VA (Pharmacy)
Claims Receipt	4700 MacCorkle Avenue, SE, Charleston, WV
Mail room	4700 MacCorkle Avenue, SE, Charleston, WV
Data Entry for Paper Claims	4700 MacCorkle Avenue, SE, Charleston, WV
Imaging	4700 MacCorkle Avenue, SE, Charleston, WV
Exceptions Claims Processing	4700 MacCorkle Avenue, SE, Charleston, WV

Function	Phase I Fiscal Agent Operations Work Sites
Call Center	4700 MacCorkle Avenue, SE, Charleston, WV
Provider enrollment and re-enrollment	4700 MacCorkle Avenue, SE, Charleston, WV
Provider Relations	4700 MacCorkle Avenue, SE, Charleston, WV
Member Relations	4700 MacCorkle Avenue, SE, Charleston, WV
Account Management	4700 MacCorkle Avenue, SE, Charleston, WV
Quality Assurance	4700 MacCorkle Avenue, SE, Charleston, WV
Designated systems modification and enhancement activities (per Section 3.2.7.3)	4700 MacCorkle Avenue, SE, Charleston, WV
Financial Management	4700 MacCorkle Avenue, SE, Charleston, WV
Pharmacy Provider Help Desk	4700 MacCorkle Avenue, SE, Charleston, WV

Figure I-29. Listing of Facilities and Functions Performed During Phase 2.

I.2.2.1.3 Work Site(s) for Phase 3: Turnover and Close-out

Work related to Phase 3: Turnover and Close-Out will be conducted from the Charleston facility.

I.2.2.2 Work to be Performed Off-site

RFP Section 3.2.4.1, Bullet 2

Team CNSI will use CNSI's Gaithersburg, Maryland, Noridian's Fargo, North Dakota, and MMA's Phoenix, Arizona facilities to minimize total cost of ownership (TCO) by performing the following work:

- Software design and development activities during DDI
- Software design and development activities during operations
- Hosting of the development environment
- 24x7 monitoring of the software applications deployed

Team CNSI will use four data centers to support BMS:

- Venyu: Located in Baton Rouge, Louisiana, the Venyu facility will support the new MMIS DDI, including the system testing, user acceptance testing (UAT), regression testing, parallel testing, and training environments. During the operations phase, this location will continue to support these environments and will serve as the disaster recovery site for the production system. To provide the most cost efficient solution, Team CNSI will host the production environments for the early release of provider enrollment at this facility.
- Latisys: Located in Ashburn, Virginia the Latisys data center will be used to host the production system for the new WV MMIS.
- POS Primary Data Center: Team CNSI will also use the MMA Phoenix, Arizona data center to host the pharmacy production and test environments. The Phoenix data center currently hosts pharmacy production environments for numerous states.
- POS Disaster Recovery Data Center: Team CNSI will leverage MMA's pharmacy disaster recovery data center located in Columbia, Maryland.

Team CNSI will use its quality management processes to ensure off site work is performed at a high level. Team CNSI's iVision 360 software development life cycle has processes to ensure quality. Team CNSI conducts code reviews, regular status meetings, and performs auditing to ensure a high level of quality is delivered to its customers. The project management office (PMO) tracks status of all deliverables and timeframes. The PMO schedules internal meetings to ensure timelines are being met for deliverables that are created at offsite facilities. Our organization structure provides management and lead positions with proper roles and responsibilities to ensure teams are performing to the highest level of quality in a timely manner.

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I.2.3 Phase 2: Fiscal Agent Operations

RFP Section 3.2.7

The West Virginia Bureau for Medical Services (BMS) has established goals and objectives, which must be accomplished through the procurement of the new West Virginia Medicaid Management Information System (MMIS) and associated fiscal agent operations. As specified in this request for proposal (RFP) and BMS' advance planning document (APD), these goals clearly demonstrate BMS' desire to not only implement progressive technology, but to also engage a contractor capable of leveraging that technology to deliver stellar service to West Virginia Medicaid providers and members.

The Team CNSI Advantage

Team CNSI brings an enviable team with a proven solution to West Virginia fiscal agent operations.

- More than 125 combined years of healthcare administration experience provides excellence in fiscal agent operations
- Award winning customer service results in increased provider and member satisfaction
- MITA-aligned system and automated workflows provide for streamlined administration and efficient business processes
- Proven, already certified, MMIS provides low-risk solution
- Use of industry standards to govern enhancements, maintenance, and change management helps ensure consistent, predictable, and measurable results

WVMMISI-069

Team CNSI's enterprise solution incorporates the advanced technological and functional capabilities necessary to support an integrated, Medicaid Information Technology Architecture (MITA) aligned MMIS, while also providing the flexible business architecture to support rapid adaptation to future changes in legislation, policy, and the business environment. Our efficient business processes and automated workflow innovations will transform fiscal agent business operations, improving service delivery and enabling BMS to expand the focus on health care outcomes, quality in member care, and providing incentives to members to stay healthy. Team CNSI provides BMS with an enviable team to deliver fiscal agent operations that include routine operations, Centers for Medicare & Medicaid Services (CMS) certification, and MMIS modifications and enhancements.

Team CNSI's Staffing Plan ensures a smooth transition from Phase 1 to Phase 2a, Routine Operations by bringing on both key and critical operations staff during design, development, and implementation (DDI) to work on DDI activities, including requirements analysis, design, training, user acceptance test, and continuing to work through the implementation and then operations. We begin operations in an orderly and careful fashion by first implementing the provider enrollment functionality which helps us hone out issues and problems and prepare our processes for the major MMIS/point-of-sale (POS) release.

As the prime contractor, CNSI serves as the leader of Team CNSI and is accountable for all operations related activities. CNSI is responsible for the quality performance of all of its partners, providing BMS with a single point of contact. CNSI will be responsible for final delivery of the new MMIS and smooth ongoing operations. Through our project management office (PMO) and established systems development life cycle (SDLC), we bring the quality assurance processes and necessary governance to ensure successful delivery and excellent fiscal agent services.

CNSI's chosen fiscal agent, Noridian Administrative Services, LLC (Noridian), is a successful fiscal intermediary, fiscal agent, and contractor in federal, state, and commercial health care industries. As a health care-focused company, Noridian brings more than 45 years of experience as a health care fiscal agent, including Medicare, Medicaid, and Blue Cross Blue Shield (BCBS) plans; Noridian has repeatedly demonstrated exceptional competence with operational performance. Today, Noridian covers nearly 13.9 million lives across 189,000 providers, and processes 114 million claims per year (230 million claim lines), bringing extensive health care knowledge and experience.

Magellan Medicaid Administration, Inc. (MMA), who will manage the POS business functions, is currently ranked among the top 10 prescription benefit administrators in the country based on claims volume. Together with its parent company, MMA positively impacts more than 56 percent of the national Medicaid population. MMA will provide West Virginia with the tools it needs to better manage its drug programs by improving quality of care, reducing medication errors, and minimizing inappropriate drug utilization.

IBM, CNSI's other major subcontractor is the world's largest information technology services company; a leader in the creation, development, and manufacturing of the industry's most advanced information technologies. IBM is a recognized expert in implementation of enterprise-level PMOs for federal, state and local governments throughout the United States. CNSI will use this extensive knowledge to augment the Team CNSI PMO. As shown in Figure I-30, together as Team CNSI, these seasoned organizations will provide BMS with the experience, knowledge, and tools necessary to meet the goals and vision for this new MMIS.

One of the most important aspects of every MMIS implementation is achieving system certification without any findings as soon as possible after implementation (retroactive to day one of operations). Phase 2b, Certification, is the activity that formally establishes that an MMIS implementation meets all the goals identified by CMS and the state of West Virginia for the operation of the system. Certification by CMS also guarantees the maximum federal financial participation (FFP) towards the cost of fiscal agent operations. Team CNSI builds the certification process into the project from the very beginning to ensure that the new MMIS will meet all Medicaid Enterprise Certification Toolkit (MECT) criteria, and that it has generated and fully tested all system components that establish full certification beginning with the first day of operations.

To meet the requirements for Phase 2c, MMIS Modifications and Enhancements, Team CNSI offers an information technology infrastructure library (ITIL) framework to govern change management, release management, and incident

management. The iVision360 SDLC techniques we applied to Phase 1 of the project will be applied to new changes that come through the change management process. More importantly, we offer a system that greatly decreases reliance on a large team of expensive and specialized technical staff to perform system changes—a system that is, to a great extent, configurable by business analysts who do not require years or months of technical training to gain the skills needed to modify or develop new complex edits. This will result in streamlined system maintenance, administration efficiencies, and reduced costs over the entire contract period.

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Code Set	Available From	Code Set	Available From
HCPCS	CMS	Patient Status Code	NUBC
ICD-9-CM	U.S. National Center for Health Statistics	National Drug Code by Format	Federal Drug Listing Branch HFN-315
NUBC Codes	NUBC	Treatment Codes	CMS
CPT Codes	Order Department (AMA)	Remittance Remark Codes	Washington Publishing Company
National Drug Code	U.S. FDA	CLIA Number	CMS
American Dental Assn. Codes (CDT-4)	American Dental Assn.	NUBC Condition Codes	NUBC
Claim Adjustment Reason Codes	Washington Publishing Company	NUBC Occurrence Codes	NUBC
HCFA - Code Lists	CMS	NUBC Occurrence Span Codes	NUBC
Diagnosis Related Group Number (DRG)	Superintendent of Documents - U.S. GPO	NUBC Value Codes	NUBC
Admission Source Code	NUBC	UB92 Bill Type Code	NUBC
Admission Type Code	NUBC	UB92 Facility Type Code (Two Digits)	NUBC
Claim Frequency Code	NUBC	UB92 Revenue Codes	NUBC
Uniform Billing Claim Form Bill Type	NUBC	Provider Taxonomy Codes	Washington Publishing Company
Place of Service	CMS	Logical Observation Identifier Names and Codes (LOINC)	Regenstrief Institute for Healthcare

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Figure I-32. Primary List of Reference Data Sets.

eCAMS stores all the reference data sets required for claims processing. Reference data management supports intake from the source feeds on data sets and is orchestrated through the eCAMS interface framework. All data sets in eCAMS are date-sensitive, and are complete for auditing needs. eCAMS stores the effective dates for each reference record, providing assurance that accurate information is always applied in claims processing per the date of services. Mass updates are handled through both online screens and through automated interfaces. Online mass updates such as rate updates are handled through Excel rate sheet upload functionality and are available on the rate list screens. All updated code sets go through a review process where a certified coder reviews and approves the code set, which ensures that accurate information is available for claims processing.

Online View and Update of Reference Files

Appendix F, Section VII, Requirements 2, 3, & 6

Team CNSI's operational process supports online web-based view and update functionality for reference data maintenance. Our operations team leverages the real-time data filtering capabilities in eCAMS to view and update the reference data sets. The update process includes a structured gate review that determines an approval or rejection of the code change. The gate review process involves both the certified coder and a representative from BMS for code and rate update approval. BMS or its authorized representative may request additional review, as required, to be scheduled or included. Team CNSI will work with BMS to schedule this review, with minimal interruption to operations. All changes are recorded in the system with created by, created date, modified by and modified date for audit and accurate claims processing needs.

Reporting Reference Data Sets and Fee Schedules

Appendix F, Section VII, Requirements 5 & 7

Team CNSI's operational reporting capabilities for reference data sets are achieved in two distinct ways:

1. Real-time reference data sets are available through online screens and can be exported to an Excel sheet using the "export to Excel" button. This export to Excel feature is available on all code sets and data can be extracted

findings of all security related audits/tests to internal leadership and BMS. Using the results of these findings, Team CNSI will maintain and enhance both logical and physical security and confidentiality capabilities throughout the contract period.

Security and Privacy – Inaccurate Processing Results

RFP Appendix F, Section XVIII, Requirement 22

Internal audits of processing results are conducted by a review team independent of operations management. Results of these audits are reported to management; records of the findings are maintained. Corrective action is taken as needed based on audit findings or recommendations. Audit trails for all data changes include a record of the individual making the change, the date the change was made, as well as the reason for the change, all of which is available for reporting purposes.

I.2.3.1.1.2 Maintaining Adequate Staff and Infrastructure

RFP Section 3.2.7.1.1, Item 1.b.

Team CNSI will bring BMS not only the most advanced, next generation system, but also the necessary expertise and experience to match the capabilities offered by that system. We have developed an operational organizational structure that fosters oversight and direct communication within each functional unit, as well as a reporting structure and communication path to individuals responsible for overall project oversight. We have defined specific roles and responsibilities of each individual supporting the new MMIS operation. We will ensure that appropriate levels of qualified staff and management are hired and trained to meet the requirements for the Fiscal Agent Operations Phase of the new MMIS project. To accomplish this critical segment of the overall management plan, we will follow established processes currently in place and used successfully with many other health care customers. Our staff planning, recruiting, hiring processes, organization charts, and responsibilities are fully described in Tab H and in the Staffing Plan in the *Attachments* binder.

The Team CNSI Advantage

We will utilize established staffing methods and plans that have proven successful on similar health care projects.

- MME evaluation system provides an objective and effective approach to addressing employee performance issues
- Proactive methods for monitoring and mitigating staff workload issues using eCAMS HealthBeat dashboards
- Ability to respond to unanticipated workload peaks
- Retention rate that is above the industry average
- The organizations that make up Team CNSI have all worked together successfully on similar projects, providing a cohesive team with similar work ethics

WVMMISI-070

On an ongoing basis, Team CNSI uses a performance program we call MME (previously described in Section 1.2.3.1.1.1.1). This is used to evaluate and support employee work performance throughout employment with us. The MME process monitors and measures four elements: production, quality, time and attendance, as well as values and behaviors, and provides a proactive and effective approach to addressing employee performance issues. Through this structure, Team CNSI has experienced improved employee retention and strengthened employee performance, resulting in lower turnover rates.

All operational leads and their respective managers review the eCAMS HealthBeat performance dashboard on a daily basis. Through this review, management identifies and addresses workload performance issues early. In addition to monitoring workloads, leads, managers, executive management, and PMO leadership continuously monitor performance against project standards and provide necessary intervention and corrective action to resolve performance issues in the normal course of operations. Our proactive methods for monitoring and mitigating workload and performance issues ensure that BMS' key performance indicators will be achieved despite adverse situations.

In Tab H and our Staffing Plan located in the *Attachments* binder, Team CNSI has addressed anticipated peak staffing requirements and timelines to ensure there is adequate coverage to respond to additional ad hoc requests, special projects, and additional workload. We will respond to unanticipated workload peaks through appropriate use of overtime, cross-training, using underused resources from other areas of the project, temporarily reassigning Team CNSI resources from outside the WV MMIS Re-procurement project, and using temporary staff. In the event we experience any spikes that require further action, we will immediately discuss staffing contingencies with BMS. Team CNSI provides a total competitive compensation and benefit package that attracts excellent employees and rewards above-average performance. Team CNSI also has other programs, policies, and practices in place to retain and motivate productive employees. We encourage an environment where every employee can pursue and be recognized for outstanding individual and team performance, with diverse opportunities for personal growth. Team CNSI offers employees a dynamic, fast-growing, team-based environment where a can-do spirit is valued and rewarded. As a result, Team CNSI has experienced a retention rate that is above the industry average.

proven training approaches and innovative training materials, our methodology will equip staff – whether they are new staff, staff that change positions, or experienced staff – with the knowledge, skills, and tools needed to perform job functions efficiently and accurately within the new MMIS environment.

The Team CNSI Advantage

We have deep expertise in training people to use MMIS systems. Our ongoing training program:

- Is driven by training needs, which works hand-in-hand with quality assurance initiatives
- Has been applied and proven effective for more than 3,500 employees
- Uses innovative methods and techniques and leverages an extensive library of materials currently in use on other MMIS projects

WVMMISI-066

Team CNSI follows an established and proven process for developing training plans and materials and conducting training for staff, BMS, providers, and other stakeholders. As shown in Figure I-43, we use the five-step Analyze Design Develop Implement Evaluate (ADDIE) training methodology to provide a systematic approach to the design, implementation, and evaluation of all training components. Because our training program is guided by best practices and quality monitoring, we offer BMS a worry-free training solution that will prepare all training audiences to confidently and accurately complete their work responsibilities.

Team CNSI training for new staff, or staff who change positions, involves a combination of classroom and "on-the-floor" time blended with self-led computer based training (CBT) courses. Through a structured combination of presentation, hands-on, observation, testing, role-playing, and practice, the staff members learns the information and skills to perform their role with confidence, excellence, and knowledge. During the latter part of training, trainees sit with experienced team members, both observing and being observed. They do not begin independent work until the team lead or manager is confident they are fully prepared. Each unit has an established training schedule, with more time allowed for new hires than for staff that change positions as a new hire has to learn foundational knowledge while staff that change positions have a narrower scope of learning.

Training delivery methods are coupled with Brainshark, our CBT and learning management system (LMS) tool. Brainshark provides the ability to strategically plan, deliver, and manage all training initiatives. Value-added characteristics of Brainshark include:

- Online course calendar
- Learning messaging and notification
- Online course enrollment and tracking
- Web-based delivery
- Assessment/testing capabilities

During the operations and maintenance phase, replacement staff, performance results, and staff requests for training trigger specific related training activities. Likewise, system changes will trigger the need for training. Each business unit develops its own training curriculum to meet its own specific needs. The training curriculum includes user manuals that explain the basic functionality of the systems they use, operational procedures explaining how to use the systems to accomplish specific job tasks, and training courses that build confidence in using the systems and completing those tasks. All of these materials are developed leveraging materials used in our current MMIS implementations, which will be modified for the WV MMIS Re-procurement project as needed during Phase 1. Training materials are version controlled and available online through the Project Portal and in Brainshark. All training materials are developed using the standards and processes outlined in Team CNSI's Documentation Management Plan and subject to internal quality assurance review and BMS approval before they are used for training.

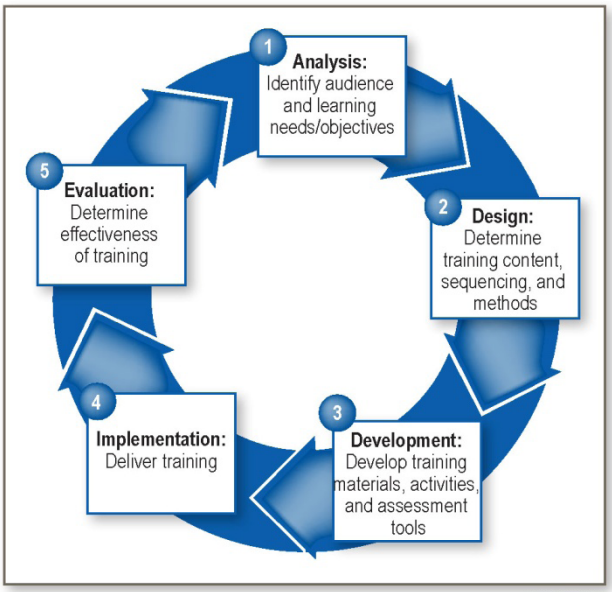

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Figure I-43. Team CNSI Training Life Cycle. Our training program is driven by the continuous assessment of training needs.

Evaluating training courses, materials, and delivery is an important component of managing ongoing training efforts. We evaluate our training efforts through (1) course evaluations, (2) proficiency tests, (3) performance monitoring, and

(4) quality assurance audits. We review evaluation results, comments, and suggestions, as well as assessment and performance results to identify opportunities to strengthen and improve training.

The above is meant to provide a brief overview of our approach to ongoing staff training during the operations and maintenance period. Please refer to the Training Plan in the *Attachments* binder for a full, in-depth discussion of Team CNSI's training methods, approaches, and schedules for training staff, providers, BMS, and other stakeholders.

I.2.3.1.2 Post Implementation Monitoring and Quality Control

RFP Section 3.2.7.1.1, Item 2

Immediately following implementation, Team CNSI will transition to performing monitoring and quality control in an operations and maintenance environment. This includes certification planning and certification activities. We understand that the primary objective of this phase is to provide fiscal operations with timely and successful identification and resolution of production problems; and provide planned upgrades to the system.

The Team CNSI Advantage

Team CNSI has well established, mature processes for performing post implementation monitoring and quality control.

- Establish QA surveillance activities to monitor and assess operations against agreed upon performance metrics
- Create quality assurance surveillance matrix for each requirement and performance objective to better measure expected outcome
- Schedule regular reviews of quality control plan and QA processes to ensure overall project performance achieved

WVMMISI-154

Prior to implementation, Team CNSI will update the Quality Management Plan and submit it to BMS for approval. It will focus on monitoring system operations and performance; monitoring the services provided to users and customers; and monitoring the management processes governing fiscal agent operations. This will include the set of QA surveillance activities to monitor and assess operations against the set of agreed upon operational performance measures for the following areas:

- Fiscal agent operations (e.g., claims paid, suspended, denied rate, eligibility inquiry, claims loading, amount paid every pay cycle)
- MMIS IT operations and performance
- Service management (e.g., service delivery, help desk, incident and problem response, customer satisfaction)
- System upgrades and releases (the monitoring will be similar to that performed for DDI phases; however, emphasis will be on defect rates per release)

Team CNSI will create a quality assurance surveillance matrix for each requirement and performance objective. The matrix will contain the following fields:

- ***The performance objective/requirement*** – for example: respond to all incoming telephone inquiries during the operating hours within the standard load call.
- ***The specific task*** – for example: calls placed to the help desk are answered within 20 seconds of the call
- ***The performance standard/acceptable level of performance*** – for example: 95% of calls are answered in 20 seconds or less
- ***The responsible individual*** – for example: project manager
- ***The frequency measured/monitored*** – for example: all incoming calls for one week
- ***The surveillance process/method*** – for example: review of automated call records
- ***Applicable performance incentive or disincentive*** – for example: if level of performance falls below 90%, the vendor does not receive any performance award

Team CNSI's quality monitoring and control unit will work closely with the medical/dental deputy account manager, the PMO, and BMS to monitor and report on system performance following implementation. QA will continue to review and audit project processes and deliverables during each phase of a release. QA will submit weekly and monthly status and performance reports on each release to ensure all systems and activities are functioning properly including our approach to:

- Monitoring for quality control and verification that activities function properly
- Expeditious repair or remedy of any function requiring correction
- Weekly reporting of any risk, issue, or problem identified
- Conducting a post-implementation evaluation to validate customer service satisfaction
- Archiving all first-run federally required reports needed for certification
- Producing a Post Implementation Report

Project	Report Name	Frequency
	ProviderOne SLA Report	Daily
	ProviderOne Work management Interim report	Daily
	Claim Adjudication Report (5AM-5AM)	Daily
	Medispan Weekly report	Weekly
	ETL response and error reports	Daily
	Cognos Monitoring Report (Monitored hourly)	Daily
	Automated RA Process report	Weekly
	834 Member Elig bility Report	Daily, Weekly
	Claim Adjudication Dashboard Report	Daily
	WAD and WAP Server performance report from MSP	Weekly
	Main Prod Servers Back up log	Weekly
CHAMPS	CHAMPS production Performance Report	Daily
	CPU and Memory utilization on WPW servers Report	Daily
	270-271 Report (Every 4 hours)	Daily
	Apps Server Report	Daily
	270-271 Counts Report	Daily
	BP Roster Report	Daily
	Claims Adjudication Report	Daily
	Edit Counts (Encounters Report)	Daily
	ETRR Error count Report	Daily
	Daily Interfaces report	Daily
	Daily Dashboard report	Daily
	Daily 834 Member Elig bility report	Daily
	Automated RA process	Weekly
	Pay Cycle Summary report	Weekly

Figure I-44. Washington MMIS (ProviderOne) and Michigan MMIS (CHAMPS) monitoring reports generated and managed by Team CNSI NOC

Team CNSI will validate performance measures reported as part of its regular quality assurance processes. As a key component of our quality management approach, Team CNSI operational managers will use these reports in day-to-day operational management to assess performance at individual and unit level. Additionally, Team CNSI will use performance measures as a key component in its ongoing efforts to achieve continual process improvements.

eCAMS HealthBeat and reports identified during DDI will provide BMS management visibility of data needed to monitor contract performance. It enables Team CNSI and BMS to be proactive and will easily support new systems and processes, integrating their performance indicators and data into its bundle of services. eCAMS HealthBeat will be integrated with internal systems such as print or mail, EDI, imaging, workflow, call center systems, and other

administrative services. The ability to collect and aggregate data from other systems through these internal and external interfaces makes a rich variety of performance measures available to management to proactively address any implementation performance issues. It provides a mechanism to reduce operational cost by identifying internal inefficiencies with minimal impact to the business by providing operational performance data that is timely, accurate, usable, and easily accessible. All eCAMS HealthBeat reports and other network, workload, and system monitoring mechanisms will be reviewed daily once the different components of the new MMIS are in production and any deficiencies will be addressed immediately.

Business Process Reviews

As part of its quality management program, Team CNSI reviews all work processes and operational areas on a regular basis (this process differs from the internal audit process described later which is conducted independently of the operational area). This helps ensure the quality of work is meeting or exceeding the acceptable level and the defined operational procedures are followed. Reviews of business processes are essential to uncover deficiencies, process improvement opportunities, and training needs. These are especially important when business processes are first implemented.

The highest level of review is an overall management review which continues the project monitoring efforts begun during the start-up and implementation phase of the project. This monitoring focuses on the schedule of various operational efforts, budget, deliverables, and level of quality. Regular status meetings are normally the vehicle for monitoring the project and assuring it is on course. The PMO and MMIS Account Manager, with input from the other managers are responsible for these regular reviews of the overall project. The purpose of these overall management reviews is to determine if:

- Specific project management processes are being performed in accordance with documented plans and the Project Schedule
- The project is within budget, or reasons why it is not have been fully documented and agreed upon
- Any new development or enhancement projects are on the schedule, and the schedule has been updated and agreed upon
- Deliverables such as status reports and performance measurements are being delivered on time and in the agreed upon format
- Staffing is adequate to perform the necessary job functions
- Risks are being properly tracked
- Issues are being tracked and resolved according to the documented processes

Managers, leads, and quality assurance analysts perform another level of review – specific job function process reviews – on a regular basis. At least one formal review must be conducted when any new process or function is due to be implemented and a review must be conducted when any process changes significantly. After that, business processes are subject to informal and formal reviews.

Formal reviews consist of meetings and walkthroughs with the relevant stakeholders, while informal reviews may be one-on-one meetings or the observation of work in process. Formal reviews are scheduled while informal reviews may be scheduled or conducted randomly. When an audit or review requires a follow-up audit or review, we conduct this as soon as possible after the deficiency has been corrected. Team CNSI will schedule formal reviews of all business processes upon implementation and will continuously monitor these processes through informal reviews throughout the post-implementation period.

We document the findings from process reviews and conduct meetings with the affected area's team members and management. When necessary, the affected manager or lead, with other assistance as needed, develops a Corrective Action Plan (CAP) to correct the deficiency. When this occurs, we will provide BMS with the CAP for their review and approval. We will discuss and develop a timeline for the plan to be implemented. If it results in system changes, we will execute the CAP using our established SDLC methodology and change management procedures. The plan could also involve other changes or actions such as new training initiatives, updates to operational procedures, increased employee monitoring, or disciplinary action depending on the circumstances. For any of these CAPs, we track and provide updates through to completion and will immediately notify BMS of any problems with its implementation.

Internal Operational Audits

A key component of our internal quality management program is the performance of internal operational audits. CNSI, the prime contractor, has a designated team within our corporate organization responsible for conducting independent audits of all operational areas on a regular basis. This operations review team, comprised of knowledgeable internal auditors, conducts these reviews. The audits provide an outside-of-the-operational-area verification that operations are meeting contract performance requirements, including requirements associated with

accuracy, timeliness, and quality. In addition, the reviews provide assurance that proper internal controls are in place and reporting is accurate. We will continue this practice for the WV MMIS Re-procurement project.

The operations review team follows a documented standard audit process of planning, scheduling, conducting, reporting results, and maintaining records of internal audits. Internal auditors are trained on the audit standards and contract performance requirements. The audit standards are available to the auditors online for reference.

A periodic review occurs for each operational area, along with any subcontractors working within the operational area. The selection of the areas for review is prioritized based on risk assessments. The risk assessment identifies business functions associated with the contract and evaluates each business function based on a series of risk factors. These weighted risk factors identify areas at greatest risk of failing to meet contractual performance requirements. Operational areas identified as higher risk are audited earlier and more frequently than areas identified as lower risk.

To ensure all system and business processes are functioning properly, Team CNSI will schedule formal operational audits for each unit within the first year of operations.

Reporting

Team CNSI will regularly provide status, progress, and performance measurement information to BMS through written status reports that will provide all quality management information, activities, and statistics. Team CNSI will work with BMS to determine the content, format, and frequency of these reports. In addition to the written reports, Team CNSI will also provide our eCAMS HealthBeat performance dashboard, which will we will use to present metrics in a centralized location to BMS. All reports will be available electronically through the Project Portal.

I.2.3.1.2.2 Expeditious Repair or Remedy

RFP Section 3.2.7.1.1, Item 2.b.

Team CNSI uses an ITIL framework to define the processes to manage and perform system changes. Team CNSI will utilize the ITIL-based processes defined in the operations and maintenance approach for our MMIS solutions in the states of Washington and Michigan as the starting point. Prior to go-live, Team CNSI will finalize new MMIS operational processes. A key part of ITIL involves designing processes or “services” so that changes are introduced into an operations environment in a controlled and systematic manner. ITIL services represent a comprehensive set of practices, policies, procedures, and processes that will enable us to focus on business value by providing consistent, predictable, and measurable results. SLA reporting and management are integrated in the ITIL framework core to ensure that Team CNSI and BMS have the necessary visibility to monitor performance and to provide course correction when necessary.

During DDI, all repairs or remedy required to fix functionality goes through a robust SDLC. There are numerous testing phases to ensure we capture all defects of system functionality that do not meet standards defined in system definition. These defects go through an efficient set of processes that ensure that they are resolved and the fixes implemented. During the operations phase, Team CNSI treats any system issue as an incident. Incidents are logged into the Open Source Ticket Request System (OTRS) ticketing system. Team CNSI NOC is watching for OTRS tickets 24x7x365 during operations. Based on the priority level and SLA guidelines for the incident, the NOC follows appropriate processes that are well documented. As an example, Priority 1 and 2 incidents that result in the system being unavailable or severely impacted are triaged and immediately escalated to management by the NOC. All stakeholders are immediately gathered on a conference call and the incident is evaluated and analyzed, and appropriate actions identified. If the team identifies that a change is required, there is an expedited process to implement a "hot fix" and rollout to the production environment. For Priority 3 incidents where the system is available and there are workarounds to the issue identified, there are different processes and guidelines. All of the processes for the NOC are defined before the new MMIS is placed into operations.

The implementation phase will leverage the standard project management processes managed by the Project Management Office (PMO) for issue resolution and risk management; an additional step will be taken to track required corrective actions. If the success criterion was not met on a specific requirement item and further investigation is needed, then corrective action reports (CARs) with corrective action plans (CAPs) are implemented for each item. The individual reports and plans roll up into an overall CAP, which contains similar content as the individual reports, but evaluated at a more global holistic level. The final CAP will be provided to BMS after having had at least one walk-through of the overall plan, and while having provided full transparency into the individual reports and associated plans. A CAR will be issued for all items requiring corrective action.

The CAR captures the problem description (who, what, why, how many, where, when, under what conditions, and an assessment of the severity). It also identifies the team and lead assigned to correct the problem, the interim solution, the root cause, the CAP, the Implementation Plan and validation of the implementation, recurrence prevention, and team debrief (which could include recognition, training, or disciplinary actions).

Team CNSI will be prepared and staffed to address any function that does not meet requirements and standards defined during the system definition period. We will address issues on a priority basis as defined in the risk plans and accessed by the PMO, BMS, and other stakeholders.

I.2.3.1.2.3 Weekly Reporting of Any Problem Identified

RFP Section 3.2.7.1.1, item 2.c.

Team CNSI will provide a weekly report that contains:

- Description of each problem
- Proposed remedy and impact - for system impacts, the Detailed System Design and the Requirements Traceability Matrix (RTM) are examined to identify the potential impact of the change on these components. Our requirements database is used to support this impact analysis. For external impacts, the external system interface specifications and RTM entries are examined to identify the interfaces (and hence, other systems) that may be impacted so that they may be examined to determine potential impact of the change on these systems.
- Final remedy (once approved by BMS)
- Proposed schedule for implementation
- Final schedule for implementation (once approved)
- All related change requests (CRs)
- Weekly status of the CAP
- Additional actions needed if CAP is not on schedule

In conjunction with the above, the PMO will review CR status at the start of each week to identify new CRs, closed CRs, and those CRs requiring action during the current week, updating those CRs with their current status and any status notes or comments in free-form text fields. The PMO will provide a weekly summary report to all stakeholders. The weekly summary report and other real-time CR reports will be available through the change request management system on the Project Portal. Reports include new CRs, closed CRs, and, for each open and deferred CR, all associated information and status changes. The change request management system allows for automated notifications to be sent to stakeholders and affected parties in the event changes are made to a CR. Affected parties, such as the submitter and current assignee will automatically be provided the details regarding the CR using the notification process. They will also be provided with all changes to the status and disposition of the CR throughout the CR's life cycle.

I.2.3.1.2.4 Vendor Resources to Conduct Post-Implementation Evaluation

RFP Section 3.2.7.1.1, Item 2.d.

Customer service satisfaction for the new MMIS stakeholders will be a key performance measurement for Team CNSI during the implementation phase and throughout the contract period. We will work with BMS during the system definition period to define the post-implementation evaluation process, and determine the stakeholders that are required to be included. At a minimum our evaluation will include the primary stakeholders; providers, members, and BMS staff.

Our Call Center, under the direction of the provider/member services manager, will play a major role in the post-implementation evaluation process as the primary point of contact for both providers and members. We will use a combination of formal and informal surveys, which will be available on the Web, through the IVR, and via a live call center agent.

In addition to provider and member feedback, the quality monitoring and control unit will use quality assurance analysts (QAAs) to solicit and interpret feedback from operational areas, BMS staff, and other stakeholders. These analysts will also be responsible going forward for proactive analysis of business unit processes to identify strengths that can be built upon as well as areas of potential improvement throughout the contract period. All of the information gathered during the post-implementation evaluation will be compiled into a report and presented to BMS staff through the normal Project Management Office meetings.

I.2.3.1.2.5 Archived First-run Federally Required Reports

RFP Section 3.2.7.1.1, item 2.e.

Team CNSI brings proven technology to implement a federal reporting business process area that fulfills BMS goals and objectives. The reporting solution is based on our state-of-the-art, proven eCAMS technology currently in use by the states of Washington and Michigan.

Comprehensive federal and state reporting functionalities supported by Team CNSI's proposed analytical and reporting framework will enable BMS to analyze, report, and target for progressively achieving higher levels of MITA maturity and CMS Certification compliance. At a minimum, the proposed framework of federal reports will support various functional areas including the following:

- Generation of various federal reports
- Federally required Medicaid Statistical Information System (MSIS)
- Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) and CMS Reports
- Audit trail reporting
- Standard measures
- Expenditure reports

To meet these reporting requirements, we will use the industry-leading enterprise-level Web-based reporting tool, the Cognos Reporting Services suite, to generate reporting outputs on a predefined schedule and on-demand. The reports generated using Cognos tools are archived and made available through the new MMIS Report Access Portal (RAP). This includes all the first-run federally required reports for inclusion in the documentation for CMS Certification.

Team CNSI will coordinate the collection of all the necessary evidence as required by the certification requirements. For example, if a requirement is met by running a weekly report, Team CNSI 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.

Team CNSI brings a mature set of proven and repeatable processes and tools to the certification task. Our methodologies for certification have been proven with our recent successes in Michigan and Washington. We will update our 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 the ACA.

I.2.3.1.2.6 Post Implementation Report

RFP Section 3.2.7.1.1, item 2.f.

Team CNSI will develop, deliver, maintain, and execute an Implementation Plan, which identifies key milestones, methods, processes, equipment requirements, staffing, roles and responsibilities, deliverables, and success criteria that are necessary to successfully implement the system. The Implementation Plan will include tasks to be performed by Team CNSI, BMS, and other stakeholders. During the implementation phase, Team CNSI will develop and publish status reports describing the progress of implementation activities and post-implementation results. Status reports will include the following areas:

- Environments
- Facilities
- System configuration
- Development and testing
- Business operations
- Outreach

Team CNSI realizes that the implementation phase will require a rigorous management approach, as there will be steps that need to be executed exactly as planned, to enable an on-time go-live of new MMIS operations. Our experience has lead us to use specialized checklists, including 90-day and 14-day lists, that help to ensure particular activities are monitored and completed on schedule.

Team CNSI's status reporting for the implementation phase will include additional steps to ensure Team CNSI, BMS, and other stakeholders are in a position to manage to the level of intensity required for a successful implementation and early operations. Team CNSI will produce internal implementation status reports on a weekly basis for the PMO review. The internal status reports will contain a detailed set of data points, metrics, and checklist statuses at the appropriate level of detail required to diligently manage the effort. The following is a representative example of some of the items that Team CNSI will be reporting status on during the implementation phase:

- Weekly line-by-line updates on operational readiness and implementation checklists
- Hardware configuration preparedness
- Software accessibility roles and security
- Weekly progress against planned verses actual from Microsoft Project
- Weekly risks and mitigation strategies; issues and resolution plans
- Weekly progress on staffing requirements related to go-live and post-implementation

In addition to the detailed weekly reports, Team CNSI will conduct stand-up meetings as appropriate, where the intent is to identify any actions that require cross-project coordination, any problems that have become hurdles, and report if each area is on track.

In the event that any cross-project coordination is required to get through that day, any hurdles are identified, or any area needs help getting back on track, separate one-on-one meetings will occur directly after the stand-up to address those items. At the completion of the implementation phase, Team CNSI will create a final summary report outlining the results of the implementation and any corrective actions taken.

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I.2.3.2 Phase 2b: CMS Certification

RFP Section 3.2.7.2

Team CNSI's proven, successful certification approach supports all activities required to prepare the evidence necessary for CMS certification Team CNSI warrants that the proposed and implemented MMIS will meet CMS certification requires and that BMS will be able obtain enhanced operational funding retroactive to the first day of operations of the new MMIS to ensure full Federal Participation.

The Team CNSI Advantage

Team CNSI's new MMIS solution has been certified and can achieve CMS certification in the fastest possible time frame.

- eCAMS certified on new toolkit in WA and MI with no findings
- FirstRx certified on new toolkit in FL
- Our approach to certification leverages iterative and collaborative process throughout the project life cycle
- Team CNSI brings extensive experience with current certification processes, ensuring a positive CMS certification outcome – at the earliest possible date

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Certification of a new or enhanced MMIS is not an activity that only occurs after the start of operations or right before the system goes live. Planning for certification from the beginning of Phase 1 instills confidence that certification will be obtained and that BMS will received enhanced funding retroactive to the first day of operations with minimal risk. Team CNSI's plan includes certification activities throughout Phase 1, including planning, analysis, design and development, testing, implementation, and operations. Team CNSI's approach takes the CMS certification process to a new level with systematic planning processes, integrated preparation during Phase 1, and full traceability of requirements and standards to the CMS Medicaid Enterprise Certification Toolkit (MECT). A description of Team CNSI's certification planning and methodology during Phase 1 can be found in Section J.1.2.5 Phase 1e: CMS Certification Planning of our proposal response.

These same processes have achieved certification of the new MMIS using the new MECT in the states of Washington and Michigan. MMA's FirstRx system is also certified in multiple states, including Florida where they are certified on the new toolkit; MMA is also in the final stages of certification in both South Carolina and Idaho. This experience, combined with a sound, logical approach will give BMS the confidence that Team CNSI will obtain certification quickly, with minimal findings and enhanced operational funding retroactive to the first day of new MMIS operations. Team CNSI acknowledges that we will be responsible for lost enhanced Federal Medical Assistance Percentages (FMAP) for delayed certification due to system deficiencies or deficiencies noted during the certification process that extend beyond the claiming window.

I.2.3.2.1 Phase 2b Deliverables and Milestones

RFP Section 3.2.7.2.1, Item 1

Team CNSI's approach to completion of Phase 2b deliverables will leverage the standard project management processes managed by the project management office (PMO) for all previous phases. Team CNSI will use the structures put in place to govern the execution of the certification steps documented in the Certification Readiness Plan. Figure I-45 details where Team CNSI describes the approach to performing the certification deliverables and milestones.

Deliverable and Milestone	WBS#	Proposal Reference
Updated CMS Certification Readiness Plan	1.2.2.1	I.2.2.2.3.1
Completed Certification Protocols and Checklists	1.2.2.3	I.2.2.2.3.1
CMS Certification Documentation and Operational Examples	1.2.2.4	I.2.2.2.3.1, I.2.2.2.4.1
Shared Electronic Document Storage for Certification Artifacts	1.2.2.5	I.2.2.2.4.2
System Remediation	1.2.2.8	I.2.2.2.3.2
Completion and BMS Approval of Certification Readiness Planning Meetings	1.2.2.9	I.2.2.2.2
Pre-Certification Meeting and/or CMS Call	1.2.2.6	I.2.2.2.4.1
CMS Certification	1.2.2.10	I.2.2.2.4.1

Figure I-45. Certification Deliverables and Milestones. This table maps the deliverables and milestones to the location in this section of our proposal response that describes our approach to completing it.

All deliverables will be maintained under configuration control in accordance with the Configuration Management Plan. All change requests to update controlled deliverables will be submitted to the change control board in accordance with the procedures contained in the Change Management Plan. The current document version will be stored in the Project Portal. All prior versions will be archived according to the procedures contained in the Change Management Plan. The draft documents will also be stored in the Project Portal.

I.2.3.2.2 BMS Approval of Phase 2b Completion

RFP Section 3.2.7.2.1, Item 2

Team CNSI's approach to certification is a collaborative process between BMS and Team CNSI. There are points during certification in which it is necessary for BMS to provide relevant information to Team CNSI, to review and approval deliverables and milestones, and to prepare for demonstrations. While it is Team CNSI's responsibility to coordinate the certification process, we acknowledge that BMS will be the prime interface with CMS. Figure I-46 provides the milestones related to this task and proposed acceptance criteria.

#	Type	Deliverable and Milestone	Acceptance Criteria
131	Deliverable	Updated CMS Certification Readiness Plan	▪ Plan updated to reflect as-built system design ▪ Plan updated to reflect production system and user processes ▪ Plan includes the process to identify and address system remediation in the event gaps are identified
132	Deliverable	Completed Certification Protocols and Checklists	▪ Checklists include all steps and processes necessary to complete certification ▪ Quality assurance resources have reviewed plan, and findings have been addressed
133	Deliverable	CMS Certification Documentation and Operational Examples	▪ Evidence has been provided for all requirements
134	Deliverable	Shared Electronic Document Storage for Certification Artifacts	▪ The certification tool, ReqCertify, has been installed and contains all requirements ▪ Project Portal folders are created to collect evidence
135	Deliverable	System Remediation	▪ The system remediation plans required to cover gaps have been prepared ▪ All required remediation plan(s) have been completed
136	Milestone	Completion and BMS Approval of Certification Readiness Planning Meetings	▪ Completion of Certification Readiness Plan ▪ Approved Certification Readiness Documentation ▪ Approved Certification Folders
137	Milestone	Pre-Certification Meeting and/or CMS Call	▪ BMS approval to schedule CMS Pre-Certification Meeting ▪ Conduct CMS site visit and/or certification call
138	Milestone	CMS Certification	▪ Conduct certification review ▪ Approve corrective action plan (if required) ▪ Official CMS certification received

Figure I-46. CMS Certification Milestone and Acceptance Criteria. Team CNSI has proposed approval/acceptance criteria for the Phase 2b deliverables and milestones.

I.2.3.2.3 Methodology and Approach

RFP Section 3.2.7.2.1, Item 3

During the implementation task, Team CNSI will work collaboratively with BMS 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; once these are approved by BMS, the folders would become the base documentation for the CMS certification review. The certification team will continue to work with BMS until the system is certified.

Team CNSI will identify the certification lead position during Phase 1. The certification lead will be responsible for reviewing the updated CMS certification checklists, creating and monitoring execution of the plan, and creating the plans and processes required to support the onsite certification visit by the CMS team. Team CNSI will take the lead role in preparing for the review by:

- Review preparation: providing materials and information to BMS staff who would need to present the solution to CMS, establishing the triage process to handle ad hoc requests from CMS

- Reviews: making presentations, attending presentations in support for BMS, and assisting in responding to CMS requests for information and data
- Post-review activities: follow-up related to the review to address remediation actions, if any

I.2.3.2.3.1 Approach to Completing Certification

RFP Section 3.2.7.2.1, Item 3.a

Update the Certification Readiness Plan

Team CNSI will develop, deliver, maintain, and execute the Certification Readiness Plan, which identifies key milestones, methods, processes, roles and responsibilities, deliverables, and success criteria that are necessary to successfully complete CMS certification. The plan will include tasks to be performed by Team CNSI, BMS, and other stakeholders.

Team CNSI will also create certification checklists to document the specific requirements to be met and evidence to be provided to obtain certification. Team CNSI uses its certification tool, ReqCertify, and the Project Portal as the evidence repository and to maintain traceability between requirements and certification documentation or evidence.

Identify and Track Documentation and Evidence

During Phase 1, the certification team will identify the evidence, such as reports, system documentation, and screen shots, needed to prove that the system meets the review criteria used for certification. Some evidence may be gathered during Phase 1, but many items will need to be produced in Phase 2 using production systems and reports. The plan will be based on the CMS Certification Readiness Protocol.

Team CNSI will work with the appropriate BMS certification team to maintain and update the MECT checklists to accurately reflect federal and state requirements. For this project, all 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 defined change control process.

I.2.3.2.3.2 System Remediation

RFP Section 3.2.7.2.1, Item 3.b

As stated before, Team CNSI's solution for the new MMIS is based on eCAMS system that has been successfully implemented and certified under the MECT in the states of Michigan and Washington, and the FirstRx pharmacy system that has been certified in multiple states. The new MMIS is closely aligned with the guiding principles of MITA and the "Seven Conditions and Standards" proposed under the Affordable Care Act, which is key to the final rule for enhanced federal financial participation (FFP) going forward; it is the most technologically advanced MMIS platform available in the country.

Team CNSI realizes that the certification phase will require a rigorous management approach, which includes risk management and contingency planning to ensure an on-time completion of the phase. We will leverage established PMO processes and procedures and our certification experiences in planning for possible system or business process defect contingencies.

Having recently participated in the new certification process, Team CNSI knows there are numerous risks associated with the WV MMIS implementation. Team CNSI has identified contingencies for each of the identified risks, which will be updated as the project progresses. Each major risk will have a contingency plan developed and in place, ready for execution, prior to implementation. These contingency plans will be ready to execute should any risk be realized during the certification process.

Because Team CNSI follows a standard process to manage system changes, any system remediation will include any related documentation and training changes as well. These changes will be made in accordance with the change management process set up for the project and the specified time frames in the project schedule for certification.

I.2.3.2.3.3 Maintaining Resource Levels

RFP Section 3.2.7.2.1, Item 3.c

Team CNSI acknowledges the fiscal importance of completing certification in a timely manner. We have demonstrated success achieving certification rapidly with zero negative findings. This has been accomplished through a combination of rigorous planning, implementation of a certified MMIS and pharmacy solution, application of effective tools like ReqCertify, and applying the proper resources throughout the project.

The Staffing Plan includes identification of the proper resources and training to accomplish certification for both Phase 1 and Phase 2 certification activities. Team CNSI's approach to creating the certification 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 Michigan to include personnel such as the claims business area and the member business area leads and subject matter experts (SMEs) in the on-site certification support team. As with all phases of the project, certification will be governed by our effective PMO procedures, with full transparency to BMS.

I.2.3.2.4 Certification Support

RFP Section 3.2.7.2.1, Item 4

Team CNSI will work collaboratively with BMS to prepare for the CMS certification review. Team CNSI understands that it is responsible for coordinating and providing technical support and assistance for certification activities. The processes used to support the certification effort are detailed in this section and in Section J.1.2.5 Phase 2e: CMS Certification Planning. Team CNSI is committed to meeting the following certification objectives:

- BMS achieves the maximum FFP
- The WV MMIS program experiences no disruption in services or payments

In addition, Team CNSI's successful certification experience provides deep reach-back into the organization for certification support. Team CNSI will use conference calls and other collaboration methods to leverage the experience of Team CNSI staff that participated in other successful certifications on the new MECT.

I.2.3.2.4.1 Request for CMS Certification and Documentation and Operational Examples

RFP Section 3.2.7.2.1, Items 4.a and 4.b

Team CNSI is responsible for preparing the reports, letters, and data necessary for submission of the preliminary letter to CMS. This includes:

- A copy of the letter accepting the system as operational, including the date of acceptance
- Certification that requirements are met
- Certification that Explanation of Benefits (EOBs) have been issued within required timelines
- A system diagram defining the overall logic flow, system functions, and data files
- A narrative description of the functionality for each business area
- A list of all error codes with definitions and procedures for correction
- A list of all reports by business area
- A sample of identified reports
- The User Acceptance Test Plan and User Acceptance Test results

Team CNSI's supporting data will include the CMS checklist reports updated for the new MMIS and finalized as part of the collaborative certification process. In addition, Team CNSI completes the system administrative and operational tasks needed for certification; performs the necessary data collection activities; and completes and assembles the required documentation to satisfy the following three certification phases:

- Certification preparation
- CMS Certification Review Team's on-site visit
- CMS post-review analysis and BMS' follow-up

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 documentation.

Team CNSI will start the process of evidence (certification documentation) collection based on the CMS Certification Readiness Protocol by creating checklists for data collection prior to the beginning of operations to ensure that starting day one, appropriate data collection and storage begins.

The plan and checklists will be refined and updated when test cases pass testing prior to commencement of operations. The plan and checklists 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 folders that will be set up for collecting evidence for each of the requirements. The folders 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.

Team CNSI will provide training to the MMIS certification team and other stakeholders. Our training focuses on the federal and state requirements for certification and the MECT, business area checklists, and protocols. Our primary goal in conducting this training is to ensure that both BMS and Team CNSI have the level of understanding required to support certification.

I.2.3.2.4.2 Shared Electronic Document Storage

RFP Section 3.2.7.2.1, Item 4.c

Team CNSI brings a proven technology and approach that fulfills BMS' goals and objectives for the storage and access of certification documentation. The certification requirements will be tracked in Team CNSI's ReqCertify tool with version control so that only the most current set of requirements is taken into consideration.

ReqCertify will be the central repository for tracking all certification related requirements. By maintaining the documentation in ReqCertify, Team CNSI 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 I-47 shows how ReqCertify captures requirements and key certification related attributes. Additional project-based documentation and evidence will be maintained and accessed through the Project Portal.

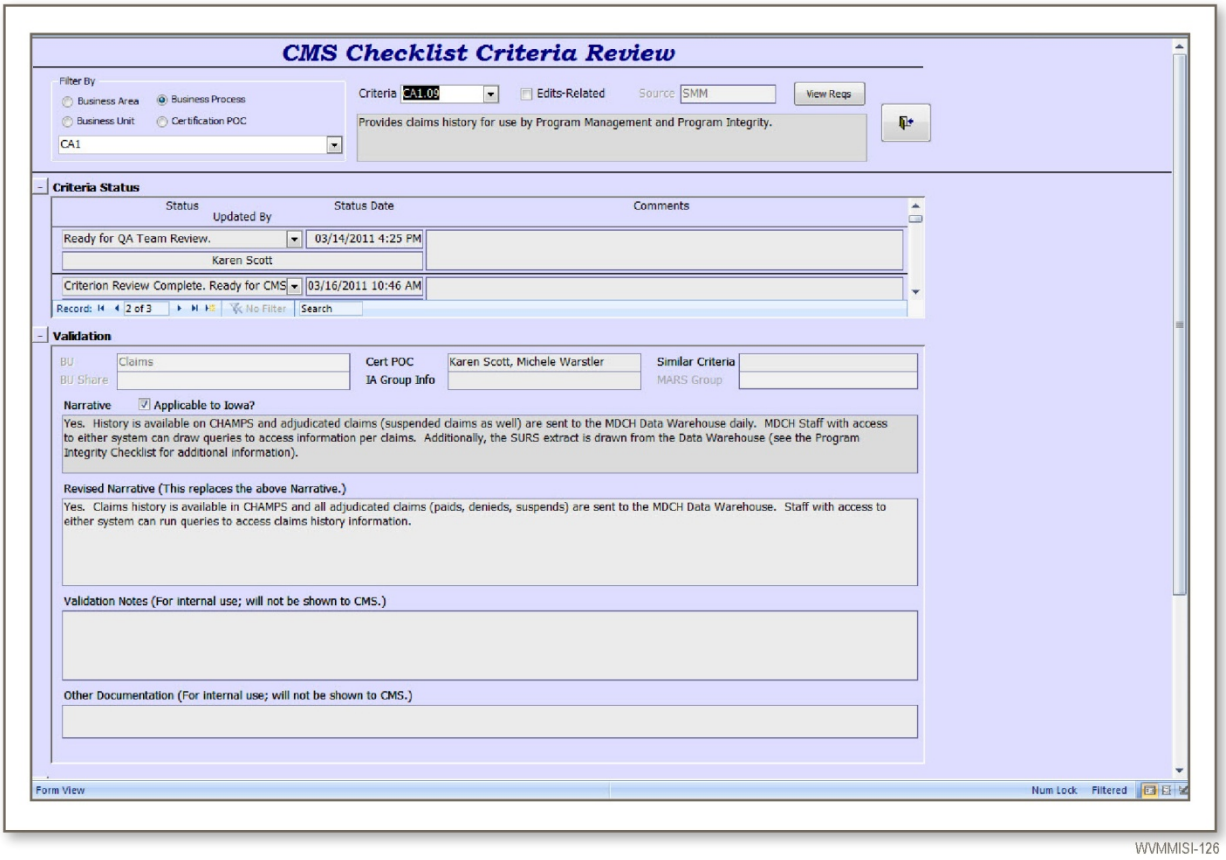

Figure I-47. System Review Criteria for Claims Adjudication Captured in ReqCertify. Team CNSI's ReqCertify tool ensures proper tracking of all certification requirements.

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I.2.3.3 Phase 2c: MMIS Modifications and Enhancements

RFP Section 3.2.7.3

This section will address Team CNSI's approach to managing changes to the new MMIS during operations. Team CNSI acknowledges and understands that BMS defines modifications and enhancements in the following way:

- Modification. Change arising from normal business operations including, but not limited to, system maintenance, changes in rate or fee schedules, changes required to remain compliant with Federal regulations and standards, and correction of system deficiencies. To occur on an ongoing basis throughout Routine Operations, implemented at BMS approval.
- Enhancement. Change initiated by BMS to achieve strategic objectives, implement new programs, and mature business capabilities. Enhancements will occur following Phase 2b: CMS Certification, implemented at BMS' approval.

The Team CNSI Advantage

Team CNSI continues to successfully use the proposed solution to manage modifications enhancements on multiple MMIS projects.

- Blend of CMMI level 3 processes from Phase 1 and ITIL service management establishes a well-managed and controlled project environment
- Automated regression test processes promote quality and reduce risk of unintended consequences
- Rules engine, configurable design of proposed solution, and data management tools enable faster time-to-production for modifications

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Team CNSI's approach will also include processes to track the 25,000 hours and $50,000 available for modifications and enhancements yearly.

I.2.3.3.1 Methodology and Approach

RFP Section 3.2.7.3.1, Item 1

Team CNSI's proposed solution incorporates the advanced technological and functional capabilities necessary to support an integrated, MITA-aligned new MMIS, while also providing the flexible business architecture to support rapid adaptation to future changes in legislation, policy, and the business environment. Our efficient business process and automated workflow innovations will transform new MMIS business operations, improving service delivery and enabling BMS to focus on health care outcomes and quality in member care.

Changes are a natural part of operations. Team CNSI proposes processes that not only anticipate changes, but also address them on a timely and proactive basis. The draft Change Management Plan describes the policies, processes, and procedures for managing change requests, whether they are modifications or enhancements. These requests may result from other processes, including issue management, problem management, or quality assurance. The change management process will govern any change to the project scope, schedule or cost. This involves processes and steps required for submitting change requests, reviewing requests, assignments, through service requests, as well as the roles responsible for each part of the process.

Team CNSI uses the Information Technology Infrastructure Library (ITIL) framework to define the processes to manage and perform system changes. A key tenet of ITIL involves designing processes or “services” so that changes are introduced into an operations environment in a controlled and systematic manner. ITIL services represent a comprehensive set of practices, policies, procedures, and processes that will enable us to focus on business value by providing consistent, predictable, and measurable results. Service level agreement management and reporting is integrated in the ITIL framework core to ensure that Team CNSI and BMS have the necessary visibility to monitor performance and to provide course correction when necessary.

I.2.3.3.1.1 Change Request Process

RFP Section 3.2.7.3.1, Item 1.a.

We will implement a change management process upon project initiation that will govern the handling of project changes during Phase 1. Before Phase 2 begins, Team CNSI will update the Change Management Plan to address changes in Phase 2 and Phase 3 of the project. In addition, Team CNSI will develop the System Modification and Enhancement Plan to describe the detailed processes and procedures governing changes to the production environment.

The Change Management Plan will address how changes are identified, reviewed, prioritized, approved and monitored. The System Modification and Enhancement Plan will address how these changes are implemented, utilizing the ITIL service management model to perform maintenance, operations, and enhancements.

One of the key functions for change management will be the establishment of a change control board (CCB) to oversee and approve all changes to the new MMIS-identified configuration items, services, and contract (i.e., baseline scope and requirements, cost, and schedule). CCB members, supporting configuration and change management individuals, and other project personnel from both Team CNSI and BMS will be trained on the processes to be used for change management.

At the heart of our change management system is the identification of the items for modification or enhancements, and the implementation of a robust configuration and version control process to verify quality and accuracy by analyzing and reviewing each proposed change before it is implemented and released. Our process will allow only authorized changes to be made to configuration items. Our approach also emphasizes close collaboration with BMS to ensure appropriate reviews and approvals take place.

Detailed information regarding Team CNSI's change management processes is provided in the Draft Change Management Plan in the *Attachments* tab of this proposal.

I.2.3.3.1.2 Management of Development and Implementation of Modifications and Enhancements

RFP Section 3.2.7.3.1, Item 1.b.

Team CNSI will have implemented our iVision360 Software Development Life Cycle (SDLC) methodology during Phase 1. Our iVision360 methodology is based on Software Engineering Institute's (SEI) Capability Maturity Model Integration (CMMI) processes. The detailed SDLC processes and procedures will be reviewed and revised (if necessary) before the start of Phase 2 based on specific operations needs and lessons learned in Phase 1. Because Team CNSI uses a unique blend of the waterfall methodology, iterative agile development, and rapid prototyping, it is well suited to not only a DDI effort, but also for ongoing change requests and system maintenance associated with operational contract support.

Continued use of the iVision360 SDLC avoids the pitfalls of rigid waterfall development and test methods which leave, for example, test case refinement and execution until the full completion of development. While this is an advantage during Phase 1, it is also an advantage during Phase 2. This approach allows Team CNSI the flexibility to perform small incremental releases of targeted modifications and enhancements instead of large, rigid system upgrades that require lengthy development and testing, cannot accommodate high priority changes once defined, and impact many parts of the system.

Because the new MMIS has numerous configurable components, including those that form the majority of production modifications such as pricing rules, Team CNSI is able to use the configuration management process to address configuration changes without development. These changes are managed by the same change control processes, but can be implemented, tested and verified by quality assurance processes in a shorter time than traditional code releases.

Key interfaces between the change management workflow to configuration management are shown in Figure I-48. Please refer to the Draft Configuration Management Plan in the *Attachments* tab of this proposal for more information.

Similarly to Phase 1, all changes to the production system go through a design and development, testing and production readiness review cycle using a controlled promotion model, where the change must be approved for release to the next phase in the cycle. Team CNSI maintains up-to-date testing environments throughout Phase 2 which are periodically refreshed with production data.

Team CNSI's PMO oversees the release scheduling and management process. The release planning process reflects Team CNSI's ability to make more frequent, agile releases of changes. To augment this agility and reduce risk, Team CNSI plans releases based on these parameters:

- Legislative or policy mandated change effective dates – this parameter dictates when a change must be in the production system
- Priority of change – this parameter lets Team CNSI validate that higher priority changes are made before lower ones when feasible
- Grouping of modifications and enhancements with defects in similar functionality – if defect fixes are scheduled for the same release, it may be possible to schedule modifications or enhancements to the same functionality to leverage streamlined testing, documentation and training updates
- Grouping of modifications and enhancements with like changes – once changes have been identified for a release, it may be possible to schedule other modifications or enhancements to the same functionality to leverage streamlined testing, documentation and training updates

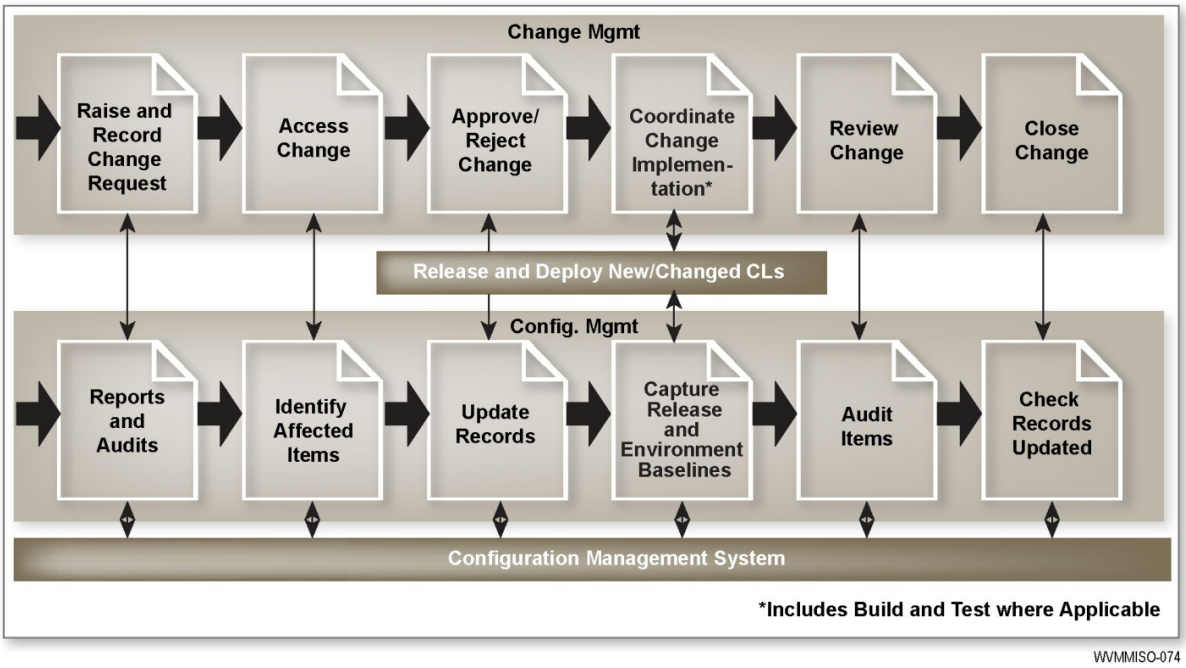

Figure I-48. Key Change and Configuration Management Interfaces.

The release management process also includes a "short circuit" process where the PMO can be requested to review a new high priority change and evaluate restructuring an upcoming release to include an urgent change.

As described in Section J.1.2.3.2.5.3 and the Draft Testing Plan in the *Attachments* binder submitted with this proposal, Team CNSI will develop a library of automated test cases during Phase 1. The regression test environment established during Phase 1 will be leveraged for Phase 2. This test bed will continue to be used and updated in Phase 2 when enhancements and modifications are made to the system. This automated testing functionality speeds up the testing of new releases while also reducing risk by ensuring that a complete set of tests related to the functionality being modified are performed.

I.2.3.3.1.3 Modifications and Enhancements with Minimal User Disruption

RFP Section 3.2.7.3.1, Item 1.c.

The proposed architecture and infrastructure design does not require any special hardware to be installed for use by the BMS staff on their desktop. BMS staff will access the eCAMS application using their existing hardware, such as desktops and laptops, and will require only a browser. It is Team CNSI's priority that all modifications will be made with minimal user disruption as possible. Planning for changes will be a collaborative effort between BMS, stakeholders, and Team CNSI and will be prioritized and scheduled with all system and user considerations taken into account. Operationally, these minor releases are promoted/released over weekends and at night to avoid any disruption to BMS users, and to minimize disruptions for providers. This planning and scheduling is paramount to our change management methodology and processes.

Assessments of the impact of a modification or enhancement to documentation and training are required steps in Team CNSI's change management process. This means that a system change will not be implemented without the associated documentation or training changes, if required.

I.2.3.3.1.4 Monitoring and Reporting on Enhancements or Modifications

RFP Section 3.2.7.3.1, Item 1.d and e

Team CNSI provides for full monitoring and reporting of change requests in the queue under the oversight of the PMO. The PMO provides weekly project status reports on all requests and their status. For requests that have been approved and are in the configuration or development process, the Team CNSI medical/dental systems manager provides status reporting on enhancements or modifications that are in process. The reporting is provided in a combination of status meetings and published reports. In addition, all change requests are tracked through the Project Portal, providing all users immediate access to the current status of all changes, whether new, approved, in development or implemented.

The PMO will also track the resource hours or costs associated with each approved, scheduled CR, and the utilization of the CR hours and funds buckets. CR utilization information will be provided to BMS as part of the weekly status report.

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I.2.4 Phase 3: Turnover and Close-Out

RFP Section 3.2.8

Team CNSI values its long-term relationships with current and former customers. Those relationships are built on quality performance and have persisted even when we no longer have a direct business responsibility to them. Because every customer and every project is important to us, we have strived to build and sustain a reputation as a contractor fully supportive of our customers, regardless of the contract phase we are performing.

Team CNSI sees its turnover responsibilities as no less important than those in Phase 1 or Phase 2 of the project. We understand that BMS is relying on the outgoing contractor to continue to fully support its programs and stakeholders by meeting operations performance requirements, while collaborating with the successor contractor to provide a successful transition of services. Our turnover goal is the same as that of BMS: perform a seamless turnover with no impact on continuing operations, payments, and services.

The Team CNSI Advantage

Team CNSI's key to a successful closeout is our committment to fully support BMS in a turnover to a new contractor while maintaining performance requirements.

- Team CNSI views the turnover process as a basic obligation to be undertaken in a true spirit of cooperation and collaboration
- Team CNSI's online repository and processes virtually eliminate obsolete and inaccurate, paper-intensive documentation, making it a key element of a successful turnover
- Team CNSI's management approach is integrated into every element of work on the project
- The workgroup structure ensures completion of turnover successfully without impacting current operations

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We will perform turnover activities with the same careful attention, planning, and execution that BMS will have come to expect based on our performance in Phases 1 and 2. We fully support BMS' requirement to turn over complete and up-to-date systems, documentation, fiscal agent responsibilities, and materials; to provide training 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 transition is completed in a timely manner, with no adverse impact on the provider and member communities and other key stakeholders. BMS will find that Team CNSI is fully cooperative, responsive, and compliant at all levels with BMS' requests, as expressed in the RFP, to ensure that BMS' goals are achieved. Team CNSI's approach to turnover planning provides a well-organized, comprehensive, technically sound, and logistically attainable solution that demonstrates our understanding of the requirements of the turnover period and real-life challenges in performing a successful transition. Our commitment to BMS' goals and objectives will carry over into our performance of turnover activities.

I.2.4.1 Phase 3 Deliverables and Milestones

RFP Section 3.2.8.1, Item 1

Figure I-49 details where Team CNSI describes the approach to performing the turnover deliverables and milestones.

Deliverable and Milestone	WBS#	Proposal Reference
Turnover Plan	1.3.1	I.2.4.3
Turnover Project Schedule	1.3.2	I.2.4.3
MMIS Requirement Statement	1.3.3	I.2.4.3
MMIS Software, Files, and Operations and User Documentation	1.3.4	I.2.4.3.1
MMIS Inventory Report	1.3.5	I.2.4.3.1
Turnover Results Report	1.3.7	I.2.4.3.1
Completion and BMS Approval of Turnover Training	1.3.8	I.2.4.3
Completion and BMS Approval of Turnover and Contract Closeout	1.3.9	I.2.4.2

Figure I-49.Turnover Deliverables and Milestones. This table maps the deliverables and milestones to the location in Team CNSI's proposal which describes our approach to completing it.

I.2.4.2 BMS Approval of Phase 3 Completion

RFP Section 3.2.8.1, Item 2

Figure I-50 provides details regarding Team CNSI's proposed acceptance criteria for turnover deliverables and milestones. The proposed acceptance criteria will allow BMS to verify that turnover is performed seamlessly and successfully.

#	Type	Deliverable and Milestone	Proposed Acceptance Criteria
139	Deliverable	Turnover Plan	▪ Completeness of deliverable ▪ Accuracy of deliverable ▪ Timelines and activities in plan are understandable ▪ Plan will achieve BMS' goals and objectives
140	Deliverable	Turnover Project Schedule	▪ Completeness of deliverable ▪ Accuracy of deliverable ▪ Timelines and activities in schedule are understandable ▪ Dates with dependencies on BMS or successor contractor can be met ▪ Milestones are clearly defined
141	Deliverable	MMIS Requirement Statement	▪ Completeness of deliverable ▪ Accuracy of deliverable
142	Deliverable	MMIS Software, Files, and Operations and User Documentation	▪ All software, files, and documentation identified in the Turnover Plan checklists have been turned over to BMS ▪ Turnover sheets have been submitted with signatures of receipt
143	Deliverable	MMIS Inventory Report	▪ All inventory identified in the Turnover Plan checklists have been turned over to BMS ▪ Turnover sheets have been submitted with signatures of receipt
144	Deliverable	Turnover Results Report	▪ Completeness of deliverable ▪ Accuracy of deliverable ▪ Turnover checklist information is complete ▪ Reconciliation of vendor invoices and receivables report provided ▪ Reconciliation and statement of release of any retainage provided
145	MILESTONE	Completion and BMS Approval of Turnover Training	▪ Training checklist is complete ▪ All training scheduled in the training checklist has been completed or canceled at BMS' request ▪ Training attendance/completion logs provided
146	MILESTONE	Completion and BMS Approval of Turnover and Contract Closeout	▪ Completion of deliverables 139-144 ▪ Completion of milestone 145

Figure I-50.Proposed Acceptance Criteria for Turnover Deliverables and Milestones. Team CNSI's proposed acceptance criteria will promote a smooth and seamless turnover.

I.2.4.3 Methodology and Approach

RFP Section 3.2.8.1, Item 3

Figure I-51 provides an overview of our approach to Phase 3 for the WV MMIS Re-procurement project.

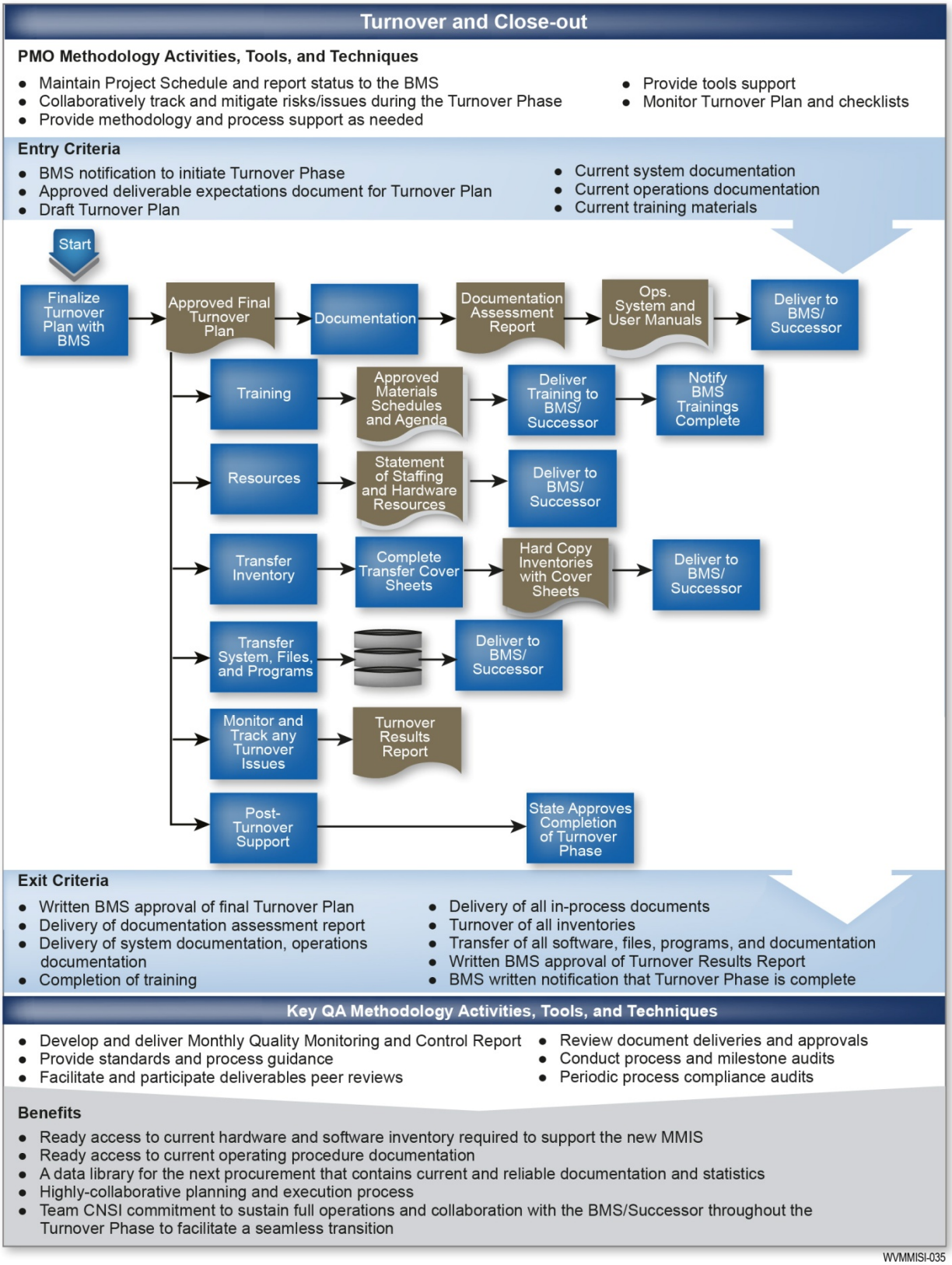

Figure I-51.Turnover and Closeout Diagram. The Turnover process diagram outlines critical information about that task and is used as a "cue card" to quickly understand the task's key concepts.

Project Management Office (PMO)

Team CNSI's Project Management Office (PMO) supports all phases of the new MMIS contract, beginning on the contract effective date and extending through completion of Phase 3. The PMO is Team CNSI's management control center for each phase of the contract engagement and ensures that contract, development, quality, and business process operations are performing to the service levels stipulated in the contract. The PMO effectively manages changes to the infrastructure, processes, and contract obligations during its life cycle. Team CNSI's PMO maintains and owns the methodology and related processes. The PMO also provides training and methodology expertise as needed during Phase 3.

Turnover Entry Criteria

The entry criterion for Phase 3 is a formal notification from BMS to initiate turnover activities, or delivery of the draft Turnover Plan 18 months before the end of the current contract term, whichever occurs first. However, activities that support turnover occur throughout the project by the systematic maintenance and verification of the new MMIS files, data, and documentation.

Turnover Planning

Approximately 18 months prior to the expected receipt of BMS' notification, Team CNSI will formalize staff assignments for Phase 3 activities. The medical/dental program manager will appoint a turnover project manager (TPM), who will, in turn, select team leads to perform the turnover efforts within their respective business areas. At this time, Team CNSI will prepare the draft Turnover Plan. We perform this activity before the actual start of Phase 3 to ensure that Team CNSI and BMS have a common understanding and expectations for the deliverable before the work actually begins. Adding this step helps eliminate surprises when the actual deliverable is submitted.

The TPM, with assistance from each business area, will prepare the draft Turnover Plan using baseline elements from this proposal and similar documents from prior projects. When the draft plan is complete, Team CNSI will conduct internal peer reviews of each element of the plan, concentrating on relevancy to the new MMIS environment to ensure that nothing has been overlooked. The turnover schedule, for example, must not only cover tasks associated with training, change management during turnover, file transfers, and inventory preparation, but also such details as the physical arrangements for delivery of the inventory to the new contractor.

Team CNSI will conduct a final internal review of the draft Turnover Plan and make any necessary updates based on feedback from BMS' review of the plan. The draft Turnover Plan document consists of a detailed breakdown of tasks and schedules, our software and documentation update procedures during turnover, detailed system operating procedures, current staffing requirements, equipment and facility requirements, workloads, and fiscal intermediary operations procedures, and any other essential information. Team CNSI will then schedule a walk-through of the draft Turnover Plan with BMS and other key stakeholders.

Execution of the Turnover Plan

Transfer Documentation

Effective, current, and readily available documentation is vital to our ability to sustain required service levels throughout the WV MMIS Re-procurement project. It is also a key feature that allows a smooth transition to the new contractor. As the incumbent contractor, we will accept the obligation to maintain procedural and system documentation in a current, complete, and accurate state throughout the contract. During earlier phases of the project, we will subject documentation to rigorous reviews to ensure it conforms to the approved requirements for format and content defined for the contract. Having this documentation in a current state means we can provide BMS or the new contractor with accurate and timely documentation when required. We will not require a lengthy update process to bring documentation into compliance with actual tasks performed or introduce risk into the transition with inaccurate or out-of-date information.

Team CNSI maintains all system documentation, including detailed system design, user manuals, operating procedures, and provider manuals, for access by all appropriate users to assist in the performance of their tasks. The online documentation is routinely audited for accuracy, completeness, and timeliness by both the appropriate business area leads and Team CNSI's quality monitoring and control unit. Validated documentation is maintained on the Project Portal, where it is accessible to all authorized users as a single version.

Upon initiation of Phase 3, Team CNSI will finalize and deliver the documentation assessment report to the BMS, which is part of the MMIS inventory report. We will also create the Project Portal access to publish all system and operations documentation for designated BMS and new contractor staff. From that point forward, documentation will be updated on the Project Portal in accordance with approved change management processes.

In addition, Team CNSI will complete the MMIS Requirements Statement to map all existing MMIS requirements to existing system or operational functionality.

Transfer Resources and Inventory

Team CNSI will use N-Able to track inventories and will be able to provide accurate inventory information to BMS to support turnover planning and execution. Team CNSI uses checklists to manage the transition of all inventory, systems, programs, files, and documents to BMS or the successor contractor. These checklists are documented as appendices to the Turnover Plan and maintained in the Project Portal.

Transfer Systems, Files and Programs

Team CNSI uses Subversion for management of software and code. By implementing and maintaining strong version control processes and tools, Team CNSI can ensure that the programs and files delivered to BMS are the expected version.

Monitor and Track Turnover Issues, and Post Success Support

Team CNSI will maintain a stable operation of the new MMIS throughout the turnover period. To accomplish this, Team CNSI's detailed Turnover Plan, checklists, and Project Schedule will be used to coordinate contract functions, while providing the support necessary to ensure a smooth new MMIS turnover with no perceptible disruption to ongoing services to our customers. The TPM will have the authority necessary to implement and manage the turnover team members and support staff to execute the Turnover Plan and escalate issues as needed using the project risk and issue management processes and change management process.

Turnover Training

Similar to the process used to maintain the new MMIS user and operations documentation, Team CNSI maintains a comprehensive library of training materials to provide training in the use, operation, and maintenance of the new MMIS for our own employees and designated BMS employees. We will have developed the materials and obtained BMS approval for their presentation and contents prior to launching Phase 2 of the WV MMIS Re-procurement project. It is vital that we continue to maintain this material throughout operations and into succession to deal with the inevitable staff turnover that arises over time. All training will be managed using our Learning Management System (LMS), Brainshark.

This means we will have on hand BMS-approved training materials for use in training during Phase 3. Upon initiation of Phase 3, Team CNSI will assign appropriate business area resources to conduct a review of all in-house training materials to ensure accuracy, timeliness, and relevancy for BMS and the new contractor. At the same time, we will submit a draft agenda for each proposed training session, and a draft schedule that will allow new contractor staff training to be completed by the deadline for the successor contractor's start of operations. Each submission will allow time for BMS to review and comment, and provide time for any necessary corrections/changes, while still accommodating the overall training and succession schedules.

QM Methodology Activities, Tools, and Techniques

The quality monitoring and control unit plays an important role during turnover planning to verify and validate materials and processes to reduce risk of transition to a new contractor. In addition to the standard QM audit, review, and test processes, QM will actively participate in the review of existing documentation and training materials to validate their correctness and completeness before the handoff to BMS.

Exit Criteria

Exit criteria for Phase 3 include completion of turnover activities and the successful transition to the incoming contractor, as shown previously in Figure I-51.

I.2.4.3.1 Turnover and Closeout Management

RFP Section 3.2.8.1, Item 3.a.

Team CNSI's approach to managing turnover and closeout activities is based on the need to leverage experienced project staff while not impacting day-to-day operations or the implementation schedule of the successor. To this end, Team CNSI's PMO will be heavily involved in the management of turnover and closeout activities, and will be responsible for monitoring and reporting on status.

Team CNSI understands that the essential elements for a successful turnover start in Phase 1, not the scheduled start of turnover activities. As we discussed above, we consider documentation to be key to a successful turnover – so important that we have created or acquired automated support tools and implemented processes to ensure that we know what we have with regard to hardware and software, and quality processes to validate that system and procedural documentation is current and useful.

During start-up, Team CNSI will deploy N-Able for asset management of the WV MMIS Re-procurement project. With N-Able, we have proactive control and greater visibility into new MMIS assets throughout their operational life cycles.

We will always have an up-to-date complete inventory of hardware, supporting software, and their status. This inventory is maintained throughout all phases of the contract. During turnover, we can quickly and easily provide BMS and the successor contractor hardware and software inventory and status information without resorting to hand-maintained spreadsheets, which are often incomplete, erroneous, and out of date in the real world.

It sounds simple, but documentation, whether system or procedural, is useful only if it is accurate and current. Waiting until the start of the turnover period to begin looking at documentation prior to delivery to BMS or an incoming contractor is an injustice to all parties and demonstrates a customer disregard that Team CNSI finds unacceptable. We have processes in place to ensure that our resources are one click away from up-to-date and accurate documentation to guide them in the performance of their duties. During Phase 2, updates will continue to be made using the same rigorous standards. Team CNSI integrates documentation and manual updates into the change management and software update plans used during Phase 2.

At the completion of turnover activities, Team CNSI will submit the Turnover Results Report to BMS. This report will be a comprehensive review of the turnover activities detailed in the Turnover Plan and the turnover checklists. The Turnover Results Report will demonstrate that Team CNSI has successfully performed turnover for all areas including documentation, systems, resources, inventories, and training. It will also document the status at the time of turnover of any open invoices, accounts receivables, and retainage balances tied to the contract payment plan.

Team CNSI's approach to managing and executing Phase 3 is described in detail in section I.2.4.3.

I.2.4.3.2 Working Successfully with Successor Fiscal Agent

RFP Section 3.2.8.1, Item 3.b.

Team CNSI's Turnover Plan identifies, codifies, and communicates the processes, tools, and methods used to complete turnover and closeout activities. This plan, combined with training materials, inventories, and reports, creates the encyclopedia of turnover-related information which BMS, the successor, and other stakeholders use to understand, perform, and assess turnover activities. In addition, Team CNSI's turnover organization and staffing approach provides clear channels of communication, consistent application of communications, risk, change, issue, problem and quality management to provide understandable processes and clear communications with the successor vendor and other stakeholders of the WV MMIS Re-procurement project.

We will transfer all unprocessed online and paper documents with transmittal sheets indicating contents, the exact status of each document, and the remaining activities for completion within five calendar days after receiving a request from BMS. Physical delivery requirements (e.g., method of transport, delivery site, transfer of mail boxes) will be coordinated with the successor contractor and BMS to ensure the mutual satisfaction of all parties. Using N-Able, we can quickly and easily provide BMS and the successor contractor all hardware and software inventory and status information.

We will transfer all software, files, programs, and documentation to the successor contractor within five calendar days of receiving a request from BMS. All applicable licenses will be assigned to the State. We use Subversion for version control to ensure current files and programs are available to BMS. We also use the Project Portal to control documentation and ensure the correct version of documentation is available.

I.2.4.3.3 Resources for Smooth Turnover

RFP Section 3.2.8.1, Item 3.c.

Team CNSI's overall organization chart for Phase 3 is provided in Figure I-52. Turnover involves using a combination of dedicated and matrixed resources from the existing business areas. To organize and coordinate activities, Team CNSI uses a workgroup approach.

Team CNSI has found that establishing workgroups for turnover activities allows us to continue providing full operations services, while simultaneously devoting full attention to turnover and its many activities. The workgroup technique, like the documentation process described in Section I.2.4.3.1, starts during implementation of the new MMIS. Workgroups allow us to concentrate appropriate resources on specific areas to drive process improvements, address problems, and develop resolutions that sometimes are derived from similar situations on other contracts, or to take on tasks that fall outside the normal responsibilities of production staff (such as CMS certification). Workgroups are an effective means of accomplishing essential tasks without impinging on the productivity of production resources.

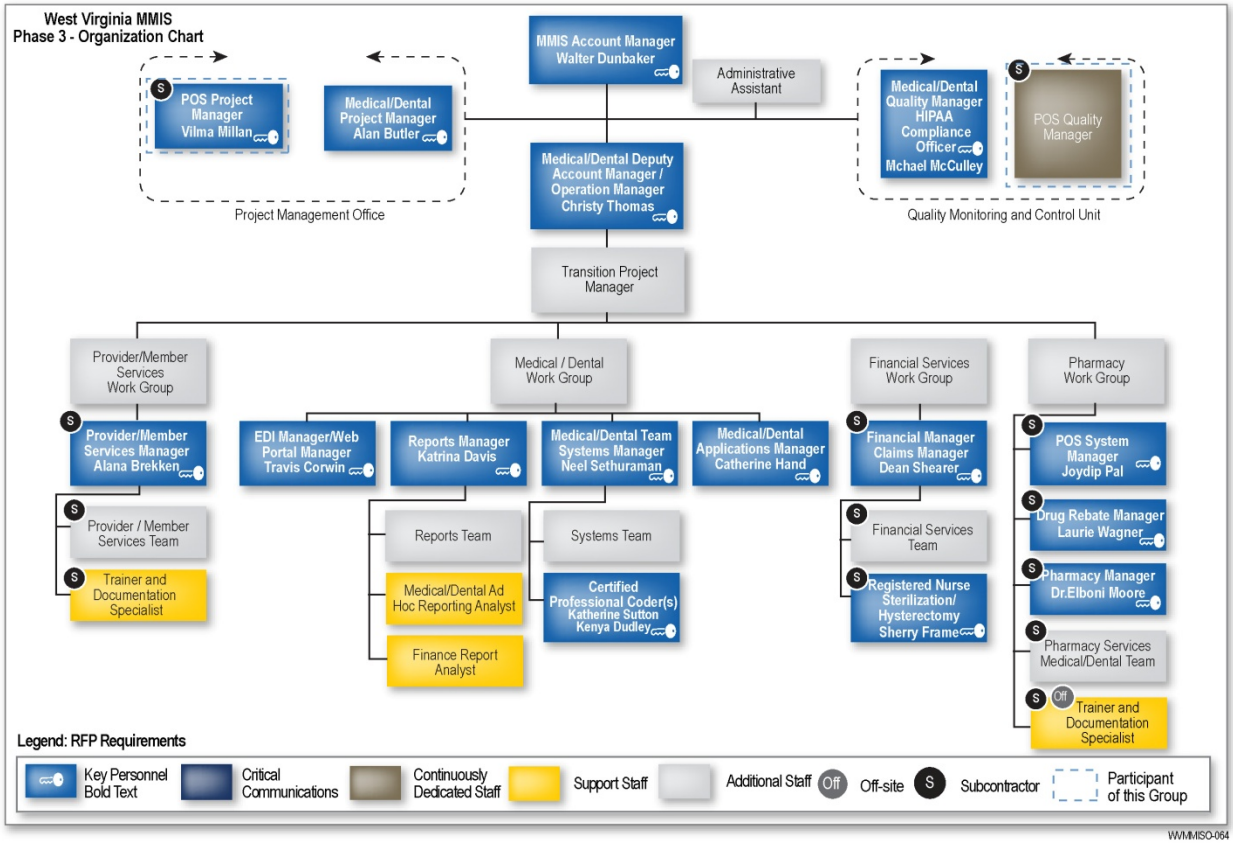

Figure I-52. Phase 3 Turnover Organization Chart. Team CNSI has developed the organization model and staffing plan to address the Phase 3 turnover requirements while maintaining operations.

Team CNSI also uses the PMO and Quality Control and Monitoring unit to oversee turnover activities, track progress, and validate and verify deliverables and activities. The PMO also acts as the escalation point for cross-team turnover issues, and is responsible for monitoring and maintaining service levels as Team CNSI performs both Phase 2 and Phase 3 activities.

During turnover planning, Team CNSI will develop the Transition Staffing Plan, as described in the Draft Staffing Plan in the *Attachments* binder of this proposal. The Transition Staffing Plan will identify both dedicated and supporting turnover and closeout resources.

We will maintain sufficient staffing levels throughout the entire succession process to meet all contractual service level agreements (SLAs), including those related to succession. When necessary, we will promote from within to fill any vacancies, and backfill with qualified temporary or part-time help.

I.2.4.4 Approach to Contract Closeout Financial Reconciliation

RFP Section 3.2.8.1, Item 4

Team CNSI uses the inventories described in Section I.2.4.3 to monitor and reconcile the transition of materials, software, files, and other items to the successor contractor.

CNSI, as the prime vendor, uses the Deltek financial suite for accounting and financial oversight of the new MMIS. As part of the closeout, the CNSI accounting department will reconcile all receivables against the contract payment schedule. CNSI will communicate to BMS any open receivables and future invoices as part of the close out activities.

Throughout the project CNSI, as the prime, routinely reviews the project invoice schedule and accounts receivable. During closeout, the project controls specialist will re-audit the open and closed accounts receivable for the project and report any discrepancies to BMS.

When requested by a client to close out a contract, CNSI initiates the internal closeout process as required to address closeout items identified by the client.

The first step in the process is to determine if the contract has, in fact, expired or if additional services or period of performance is anticipated. CNSI Legal and Contracts reviews the contract to determine the expiration date of the contract. Both the MMIS account manager and the project control specialist are contacted to assist with this determination and to ensure that all required deliverables and services have been delivered and performed. If any additional services or period of performance is anticipated that would require an extension in the expiration date of the contract, Legal and Contracts notifies the appropriate client contract administrator.

Simultaneously with this determination, Legal and Contracts sends a request to CNSI's Finance and Accounting department to determine if all required payments have been made to CNSI by the client and if there are any open items. Should there be any open items, Legal and Contracts would also address these items with the client contract administrator. In those situations where CNSI has received client-furnished equipment, Legal and Contracts also contacts the Account Manager to determine if all client equipment has been returned to the client. Legal and Contracts also addresses any additional closeout items that may be identified by the client.

At commencement of turnover activities, CNSI will provide a final invoice schedule to BMS. CNSI plans to invoice all remaining deliverables and milestones within 90 days of project completion. CNSI will also provide a final reconciliation of all retainage and damages to CMS for review. All final retainage will be invoiced for release within 90 days of project closeout. Team CNSI will work with BMS to identify and respond to any assessments of damages from the contract within 90 days of project closeout.

I.3 Timeline for Required Activities and Planned Milestones

RFP Section 4.1.9, Bullet 3

Team CNSI's Project Schedule and plans are rooted in experience and are the result of our detailed review of the request for proposal (RFP) requirements and associated planning activities. Our perspective is that the planning process has already started and our goal is to be ready to execute the processes herein when approved to start.

The Team CNSI Advantage

Team CNSI provides a low-risk implementation leveraging standard processes and phased releases to build momentum.

- Record of 46 system implementations, including 2 in the past year where phased releases were successfully used
- Highly-collaborative process that provides frequent interactions points, a proven technique in successful software projects
- Detailed planning process born out of the discipline and maturity achieved from multiple MMIS projects forms the foundation for the comprehensive Project Schedule

WVMMISI-046

Project Schedule

This section provides a description and introduction to Team CNSI's approach to creating the Project Schedule and the resulting timeline and Gantt chart. We present the key tenets and the philosophy of our approach to developing a schedule that supports the scope of work, and is within a framework of our Project Management Office (PMO) processes and quality management methodology. Much of the content within this section and in the Project Schedule is a result of detailed planning born out of the discipline and maturity we have achieved from many similar projects and contracts, such as the MMIS projects in Washington and Michigan. A central theme throughout our approach is our highly collaborative delivery model. The Bureau for Medical Services (BMS) and stakeholder involvement is a vital element of our approach and we strive to involve stakeholders in a meaningful manner. It will ensure that we are "right the first time" and will result in end user satisfaction. We deliver on this promise with our interactive approach to establishing the plans and conducting detailed design and construction in an iterative, "agile-like" manner.

The Project Schedule is constructed in Microsoft Project and includes:

- Task and schedules in a Gantt chart
- A critical path diagram showing all significant tasks and interdependencies
- Task start and completion dates and the planned dates for initial submission, initial review, and return to proposer for revision, deliverable review meeting, revision process, second level review, revision process, and acceptance of each deliverable

Creation of the Project Schedule and Gantt Chart

Team CNSI's approach for the creation of the Project Schedule focused on the review of the RFP requirements and from the lessons we have learned in implementing projects similar to the new MMIS in other states. Our iterative and phased-implementation methodology, for example, is proven on our State of Michigan and State of Washington MMIS projects. Our Washington ProviderOne project successfully deployed the pharmacy point of sale in October 2008 followed by the MMIS in May 2010. Our Michigan CHAMPS project released the provider functionality in March 2008, the MMIS in August 2010, and the electronic Medicaid Incentives Payment Program (eMIPP) in January 2011.

By integrating our experience with these other projects and the RFP requirements, Team CNSI's approach is thorough and comprehensive. Our analysis is focused and includes the following planning processes:

- Top-down definition. Team CNSI begins our estimating process by looking at the entire scope of the WV MMIS Re-procurement project defined in the RFP and iteratively refining our examination to include a progressively more detailed context. This "drill down" approach allows us to consider only the material that is relevant to the particular context in which we are working. At the highest level, for example, the context includes only the major software components and the interfaces between them. Anything that happens entirely within a particular part of the system is encapsulated within a single component representing that part of the system. At each succeeding level, we define the details of what happens within the components as well as what information is contained in the interfaces.
- Bottom-up analysis. Team CNSI also completes a bottom-up analysis based on the business areas and RFP requirements. We decompose and organize the business requirements of the RFP and assign them to the estimating team for each business area. During the bottom-up analysis we ask standard questions of each team lead developing the solution for each business area. These questions are designed to uncover major scope areas and to establish activity durations estimates based on our analogy to previous systems we have built. Here are the questions of the estimating survey we conducted:

- How many requirements are provided for each business area?
- What effort is needed to configure the COTS products?
- How many Unified Modeling Language (UML) use cases are necessary to support each business area?
- How many system components will be modified?
- How many system components are new? Provide a level of complexity for each screen (high, medium, low).
- How many reports are needed to support each business area? Provide a level of complexity for each report (high, medium, low).
- How many correspondences are needed to support each business area? Provide a level of complexity for each correspondence (high, medium, low).
- How many interfaces are needed to support each business area? Identify mode. (i.e., input or output) and level of complexity for each interface (high, medium, low).
- What is the expected level of change to the data models? On a scale of 1 to 10 with 10 being the most complex, what is the level of complexity of the change?
- Are there any unique challenges with respect to data conversion in each business area?
- What are the documented assumptions for each business area?
- What are the risks pertaining to each business area?

- Knowledge from previous projects. Team CNSI has specific experience in conducting similar tasks for four large MMIS projects and a multitude of Medicare and commercial systems. This experience allows us to develop detailed estimates based on actual results. As an example, we have data on the durations required to conduct System Design, Detailed System Design, Development and Testing, User Acceptance Testing, Implementation, and CMS Certification. Our estimating approach includes reviewing this data and comparing the experience with the expected effort for the new MMIS.

Team CNSI implements schedule management processes to effectively develop, control, and manage the new MMIS tasks and activities. Using our processes we have developed a Project Schedule, albeit without the benefit of collaboration with the BMS that provides step-by-step tasks and activities to successfully implement and operate the new MMIS. Our work breakdown structure (WBS) that is incorporated into the Project Schedule is the basis from which to measure actual progress as compared to planned progress on a timely and regular basis and to take necessary corrective action immediately. Our schedule management process involves regularly gathering data on project performance and comparing it with the planned performance. This process will occur throughout the project. Schedule management is also closely integrated with Team CNSI's cost management, issue management, status reporting, risk management, and other project governance processes.

Team CNSI's approach to planning and executing the project is compliant with the Project Management Institute's Project Management Body of Knowledge (PMI PMBOK). This standard specifies an integrated planning exercise covering the nine Knowledge Areas of project management as a best practice for ensuring project success. More details of our project management planning are in the project management plan deliverables submitted with this proposal.

Planned Release Schedule

Team CNSI has provided the Project Schedule, developed in Microsoft Project, as a separately tabbed section in the *Attachments* binder of our proposal. Figure I-54 provides a high level overview of the two proposed releases.

It highlights our strategy for developing a release early to build momentum. As part of the overall planning of the early implementation, Team CNSI works collaboratively with BMS to define in detail the transition to operations such that there is no duplicative work effort on the part of the BMS or the operations staff. Our management plans and the Project Schedule uses the term "Release" for each component of software that is placed into production. Each early

implementation of functionality is a release. Hence, we have defined Provider Enrollment Release and new WV MMIS Release.

We have aligned our organization structure and schedule to support the implementation of each of these releases in a systematic and disciplined manner. We conduct detailed planning to orchestrate all of the planned activities since at any given point in time we will be developing new functionality, transitioning new functionality into production, and supporting new components that have been already placed into production. The following provides a summary of the key tenets of our early implementation and phased roll out approach:

- Each release is led by a dedicated resource
- Each release is comprised of multi-disciplinary resources
- Integration resources (e.g., programmers and business analysts) are assigned to orchestrate and coordinate the effort such that cross team issues are addressed and resolved on a timely basis
- We focus on the development of implementation checklists to ensure the technical aspects readiness are assessed proactively and thoroughly
- We develop business dependency checklists to assess the impact of the release to stakeholders (i.e., BMS, providers, and other stakeholders)

Organization of the Project Schedule

This section explains how Team CNSI has organized the Project Schedule and how we intend to conduct the work for the WV MMIS Re-procurement project. After thoroughly analyzing the RFP, Team CNSI developed a WBS and a Project Schedule using Microsoft Project. We have organized the Project Schedule in a logical manner to outline all of the tasks, activities, deliverables, and milestones necessary to manage the work. As described in the previous subsection, we have developed a WBS containing the project phases identified in the RFP as indicated in Figure I-55.

Project Phase	RFP Reference	Focus
1: Phase 1 MMIS Replacement DDI and CMS Certification Planning	3.2.6	▪ Initiating the project, including updating project management plans and establishing project facilities ▪ Validating requirements and completing system design documentation ▪ Configuring and developing the system to meet requirements and the approved design ▪ Completing comprehensive testing to ensure system readiness for operations ▪ Ensuring all users and stakeholders receive training and are ready to support operations ▪ Planning for CMS certification, including finalizing the CMS Certification Readiness Plan ▪ Implementing the new MMIS, including completing the implementation checklists and deploying the system functionality
2: Phase 2 Fiscal Agent Operations	3.2.7	▪ Operating the new MMIS that meets requirements ▪ Ensuring service levels are met or exceeded ▪ Securing CMS certification at the earliest possible date
3. Phase 3 Turnover and Close-Out	3.2.8	▪ Supporting turnover and closeout activities

Figure I-55. Project Schedule Phases: Team CNSI's Project Schedule describes all of the tasks, subtasks, deliverables, milestones, and resources required to complete each activity ensuring a smooth implementation of the new MMIS.

Team CNSI's WBS reflects each of these phases and the appropriate tasks and the subtasks to plan, execute, and manage the activities required to successfully deploy and transition functionality for the two proposed releases. Figure I-56 presents an overview of the tasks and subtasks included in the WBS.

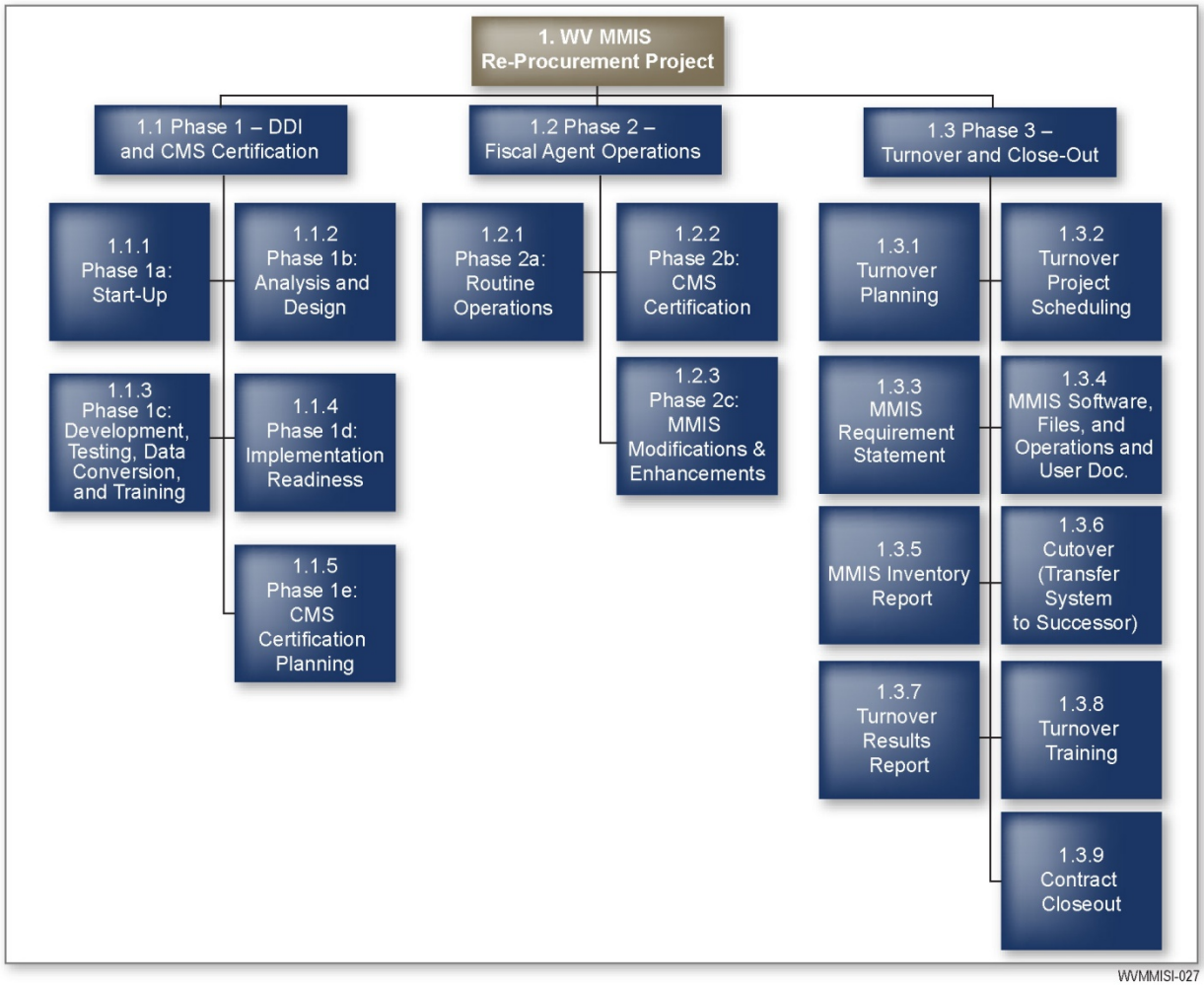

Figure I-56. Project WBS: Team CNSI's WBS includes all of the tasks, sub-tasks, deliverables, and milestones required to ensure a smooth implementation of the new MMIS.

As shown Figure I-56, the WBS consists of 17 subtasks. These subtasks were identified by Team CNSI based on our analysis of the RFP requirements and experience with the iterative and phased implementation methodology and are as follows:

- WBS1.1: DDI and CMS Certification Planning
  - WBS 1.11: Phase 1a: Start-Up - Consists of the activities related to the start-up of the project, including updating the project management plans and facilities set-up.
  - WBS 1.1.2: Phase 1b: Analysis and Design - Consists of the collaborative sessions required to define, finalize, and document the requirements and system design which is the baseline for development to begin and includes submission and approval of the Detailed System Design.
  - WBS 1.1.3: Phase 1c: Development, Testing, Data Conversion, and Training - Consists of the iterative development cycles for each of the business areas, and data conversion and comprehensive system testing and user training to ensure readiness for implementation.
  - WBS 1.1.4: Phase 1d: Implementation - Consists of the required activities to plan and execute the required tasks allowing for successful deployment of the new MMIS including BMS review and approval of the Implementation Plan.
  - WBS 1.1.5: Phase 1e: CMS Certification Planning - Consists of the tasks to prepare and plan for certification activities including developing an overall plan that defines the expectations and process to support certification throughout the project.
- WBS 1.2: Fiscal Agent Operations

- WBS 1.2.1: Phase 2a: Routine Operations - Consists of the activities to support day-to-day operations of the new MMIS and ensure claims are processed and payments distributed based on the agreed upon service levels.
- WBS 1.3.1: Phase 2b: CMS Certification - Consists of the activities to prepare and support the CMS reviews and create the documentation to support and obtain CMS certification.
- WBS 1.3.2: Phase 2c: MMIS Modifications and Enhancements - Consists of the activities to develop and implement MMIS system modifications and enhancements.

- WBS 1.3: Phase 3 Turnover and Close-Out
  - WBS 1.3.1: Turnover Plan - Consists of the activities to create the turnover plan, including BMS review and approval.
  - WBS 1.3.2: Turnover Project Schedule - Consists of the activities to develop the detailed schedule for the turnover phase, including BMS review and approval.
  - WBS 1.3.3: MMIS Requirement Statement - Consists of the activities to document the MMIS requirement statement, including BMS review and approval.
  - WBS 1.3.4: MMIS Software, Files, and Operations and User Documentation - Consists of the activities required to update and provide the new MMIS software and documentation, including BMS review and approval.
  - WBS 1.3.5: MMIS Inventory Report - Consists of the activities to create and provide the new MMIS inventory report, including BMS review and approval.
  - WBS 1.3.6: Cutover (Transfer System to Successor) - Consists of the activities to execute the transition of the system to the selected successor.
  - WBS 1.3.7: Turnover Results Report - Consists of the activities to summarize and provide the Turnover Results Report, including BMS review and approval.
  - WBS 1.3.8: Completion and BMS Approval of Turnover Training - Consists of the activities to ensure turnover training is complete and documented for the milestone review with BMS.
  - WBS 1.3.9: Completion and BMS Approval of Turnover and Contract Close-Out - Consists of the activities to ensure all turnover activities are complete and documented for the milestone review with BMS.

The Project Schedule is organized to follow this WBS structure with further details providing tasks, subtasks, activities, and milestones. As shown in Figure I-57 and Figure I-58, the Project Schedule was developed using a consistent and logical layout and format. Figure I-57 provides a sample of the actual schedule with indicators, to identify the Field Name columns shown in Figure I-58.

1	2	3	4	5	6	7	8
WBS	Participating Partner	Deliverables or Milestones	Task Name	Duration	Start	Finish	Predecessors
1			WVMMIS	2528 days	Mon 7/9/12	Tue 9/13/22	
1.1			Phase 1 MMIS Replacement DDI and CMS Certification Planning	574 days	Mon 7/9/12	Mon 10/27/14	
1.1.1	CNSI, Noridian, MMA, IBM		Phase 1 a: Start-up	51 days	Mon 7/9/12	Tue 9/18/12	
1.1.1.1		Milestone	Execute Contract	1 day	Mon 7/9/12	Mon 7/9/12	
1.1.1.38			Milestone Review Meeting	2 days	Tue 7/9/12	Wed 7/11/12	4
1.1.1.2			Assign Project Team	2 days	Tue 7/9/12	Wed 7/11/12	4

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Figure I-57. Schedule Excerpt. The Project Schedule was developed using a consistent layout.

Column	Field Name	Field Description	Comments/Notes
1	WBS	Team CNSI's assigned Work Breakdown Structure (WBS) Number	The WBS is a sequential number that uniquely identifies tasks in the Project Schedule.
2	Participating Partner	Name of Participating partner(s) for the task	Provides list of the partners participating in the named tasks.

Column	Field Name	Field Description	Comments/Notes
3	Deliverable or Milestone	Indicator that identifies Deliverables or Milestones	Identifies the Deliverables and Milestones defined in the RFP.
4	Task Name	Assigned task name	Description of the task.
5	Duration	Number of days	The projected number of work days needed to perform the activity.
6	Start	Estimated start date of the task	Estimated start date of the task.
7	Finish	Estimated end date of the task	Estimated end date of the task.
8	Predecessors	Any applicable predecessor tasks	Tasks which must be completed before the subject task is begun.

Figure I-58. Team CNSI Project Schedule Microsoft Project Columns. Team CNSI's Project Schedule leverages the WBS and a consistent format to clearly define the work required to deliver the new WV MMIS.

Critical Path

Figure I-59 provides the critical path diagram for the DDI and CMS certification planning tasks including in Phase 1 of the project. This diagram represents our current analysis of the critical path. The critical path will be revised, if needed, after we have reviewed the Project Schedule with BMS. Team CNSI will also conduct on-going critical path analysis as a part of the routine updates to the schedule throughout all the phases of the project.

[redacted]

Risks and Contingencies

Team CNSI's management approach emphasizes proactive monitoring activities to ensure milestones and deliverables are met and risks are identified early to allow corrective actions to be implemented. Team CNSI has built entrance criteria and approval steps into our Project Schedule which shows how we measure the completion of deliverables and tasks.

The Project Schedule is constantly monitored through oversight activities by the Team CNSI management team, the quality monitoring and control unit, and the PMO. Figure I-60 presents the risks and mitigation strategies Team CNSI identified during the creation of the Project Schedule.

[redacted]

To ensure that risks and issues identified during the monitoring activities are addressed, Team CNSI leverages a consistent approach to contingency planning. Team CNSI's methodology for contingency planning is twofold: (1) avoiding problems or issues and (2) responding to contingencies. The ideal situation is to avoid problems and issues so that contingencies are not required to be executed. We believe that issues may be avoided with (1) well thought through plans, (2) clear roles and responsibilities, and (3) effective communications with stakeholders. All three of these areas were considered in significant depth as we developed the Project Schedule as follows:

- Well Thought Through Plans: Issues are sometimes the result of inadequate planning on the effort, resources, or scope for the implementation. Team CNSI developed detailed analysis and involved the key members of our team representing software engineering, configuration management, project management, quality assurance, and functional subject matter experts in developing the Project Schedule.
- Clear Roles and Responsibilities: Issues are sometimes the result of a misunderstanding of roles and responsibilities. Team CNSI dedicated significant management time to developing clear position descriptions and ensuring that our personnel understand their individual roles and responsibilities, and the roles and responsibilities of others. This forms the foundation for the project team to execute.
- Effective Communication: Issues are sometimes a result of poor communication. Our Communication Management Plan documents our approach to ensuring that each stakeholder has the right information at the right time. Informed stakeholders help projects succeed. We strive to ensure that everyone is aware of status and our methodologies and strategies. We will implement a complete communications campaign during the project lifecycle to inform, set the tempo, and present our status.

Despite these efforts, it is expected that in a large project with many resources that not all issues or problems can be avoided. Therefore, Team CNSI has a standard approach to developing and implementing contingency plans. Contingency plans are developed by integrating contingencies into our risk management processes. Team CNSI conducts risk assessments which looks at all operational areas, in addition to general project-wide possible risks, which, in theory, are inherent in any complex, large-scale project. Identified issues or risks will have mitigation plans and contingency plans. These plans include specific strategies and actions to deal with specific issues or risks identified. They include a monitoring process and “triggers” for initiating planned actions. They help recover from serious incidents in the minimum time with minimal cost and disruption. Team CNSI’s developed Risk Management and Issues Management Plans proactively identify possible issues, risks, mitigation actions, and provides contingency plans.

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I.4 Attachment II – Requirements Checklist

RFP Section 4.1.9, bullet 4; Attachment II

In accordance with the RFP, Team CNSI has provided its completed Attachment II – Requirements Checklist in the Attachments binder in a separately tabbed section. Through this document, Team CNSI crosswalks each RFP requirement to where it is addressed in the Vendor's proposal.

J. SOLUTION ALIGNMENT WITH BMS' BUSINESS AND TECHNICAL NEEDS

RFP Section 4.1.10

Team CNSI has a clear understanding of the needs of the West Virginia (WV) Medicaid Management Information System (MMIS) Re-procurement project and the vision of the Bureau for Medical Services (BMS) towards health care delivery, operations efficiency, and business process maturities. Team CNSI is proposing our highly configurable, Web-centric Electronic Claims Administration and Management System (eCAMS) platform along with previously integrated COTS components such as the FirstRx pharmacy solution. The eCAMS platform is CMS certified in two states using the CMS Medicaid Enterprise Certification Toolkit (MECT), thus reducing the implementation risk for BMS. It also furthers BMS' vision towards enablement of MITA-matured processes.

The Team CNSI Advantage

Team CNSI's solution is honed for operational effectiveness and cost containment while positioning BMS for the future.

- eCAMS a proven modern CMS MECT certified Medicaid Enterprise platform for greater business process maturity, increased agility and improved interoperability
- Unified online MMIS gateway provides rich self-service options to providers, members, fiscal team and BMS administrators
- Matured solution with zero findings during CMS Certification, reduces implementation and certification risks for BMS
- A comprehensive proven solution exceeding the volumetric needs of the new MMIS
- A smooth transition through refined, optimized and configurable MITA aligned operational business process enabled through technical innovation
- eCAMS HealthBeat enables operations visibility to ease BMS fiscal governance activities and to facilitate continuous business process improvements
- Foundation platform for BMS to support a connected Medicaid infrastructure platform to enable HIE and to promote Medicaid Personal Health Records

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The new MMIS, based on the eCAMS foundation, will allow BMS to eliminate the need for costly and time-consuming system modifications, ensure faster compliance with changing federal standards, issue accurate payments to providers in a timely fashion, and help improve the overall quality of health care provided to its members. eCAMS certified implementations in multiple states has allowed us to shape a best-of-breed MMIS solution for BMS. Leveraging our team's knowledge base of over 125 years of healthcare experience, and drawing from our 12 years of experience with the existing modern MMIS, we will help BMS drive forward using innovative technology to greatly enhance its business processes using the solid, proven eCAMS platform.

Our vision for eCAMS is to be the industry benchmark for operational efficiency, stakeholder satisfaction, and to present Medicaid data for improving health outcome initiatives. eCAMS provides business process-centric services, standards-based data repositories, enhanced decision support and analytical capabilities, and efficient and secure sharing of information across system platforms for all stakeholders. Our eCAMS solution has revolutionized the health care information technology market and has set a new industry standard for future MMIS implementations; it is aligned to both MITA and to CMS' Seven Conditions and Standards. From the differentiating health care-focused RuleIT rules engine governing the system, to the real-time dashboards monitoring and tracking the overall health of BMS' Medicaid program, eCAMS is truly designed to be transparent and support continuous improvement of business operations and business processes.

In the following sections we describe the proposed new MMIS solution, alignment with business and technical/architecture needs, proposed project environments and facilities; and provide a response to the requirements for Phase 1: MMIS Replacement DDI and CMS Certification Planning that demonstrates our ability to meet these requirements and achieve the service levels of the contract.

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K. SUBCONTRACTING

RFP Section 4.1.11

CNSI will be subcontracting with the following companies to deliver a proven Medicaid team and solution to the state of West Virginia to help realize cost efficiencies through its 21st Century Medicaid solution.

Noridian Administrative Services, LLC (Noridian)

A subsidiary of Noridian Mutual Insurance Company (dba Blue Cross Blue Shield of North Dakota), Noridian is a successful contractor in federal, state, and commercial health care industries.

WV MMIS Role: Noridian was selected by CNSI as the fiscal agent on the WV MMIS re-procurement effort because of the company's long and successful history of managing workload transitions and system takeovers involving the start-up of new operations, and taking on additional operations. With more than 18 successful and on-time takeovers in the past 16 years, Noridian not only brings extensive practical transition experience, but also a thorough understanding of operational challenges to be anticipated and addressed. The transitions completed by Noridian have included both operations and systems. System transitions have involved multiple states (the Jurisdiction 3 transition involved six states - Arizona, Utah, Montana, North Dakota, South Dakota, and Wyoming), and the Medicare Part A and Part B (A/B) MAC transitions require the transition of two systems for each state. Noridian's Medicare transitions have involved numerous stakeholders, including CMS, providers, and members, along with collaboration with outgoing contractors, data centers, system maintainers, specialty contractors (beneficiary call centers, Medicare Secondary Payor contractors, and program safeguard contractors), providers, hospitals, EDI submitters, and clearinghouses. Since the first workload transition 15 years ago, Noridian has a 100 percent record of timely workload takeovers and operational implementations. The Iowa Medicaid Core contract was implemented in 12 months, which involved more than 60 enhancements to the MMIS. At the same time, Noridian also implemented an electronic document management system (EDMS) and automated workflow for all Iowa Medicaid units. This successful implementation resulted in no interruption to providers or Medicaid members, with Noridian being able to pay providers on day one. Noridian also completed the CMS certification process for the Iowa Medicaid Enterprise (IME) MMIS with zero findings and on schedule.

Benefit to West Virginia: In addition to providing the full range of fiscal agent and health care administration operations, Noridian strives for continued performance improvement. The company is committed to enhancing and automating fiscal agent functions and processes through business and technological innovations that will provide efficiencies and cost savings to the West Virginia Medicaid program, as they do for their current lines of business. For example, by supplementing the design of their EDMS with more than 50 automated workflow processes, Noridian realized more than a 15 percent reduction in the number of tasks and overall process time involved in key business functions for legacy Medicare operations in 2006. The initial application of these workflow changes resulted in more than a 3.5 percent reduction in administrative costs in the first year. Similarly, Noridian implemented automated workflows for the IME during that transition. The workflows encompassed and connected all of the nine separate IME vendors' business functions. This innovative approach to workload management and communication across multiple processing entities has proven to be critical to uniform and cost-effective program administration at the IME.

Magellan Medicaid Administration, Inc. (MMA, Inc.)

One of the largest stand-alone pharmacy benefits administrators in the nation, MMA, Inc. offers a full line of pharmacy services to state Medicaid and senior drug programs.

WV MMIS Role: Selected by CNSI to provide Pharmacy Benefit Management (PBM) services on WV MMIS, MMA, Inc. will provide West Virginia with the tools the BMS needs to better manage its drug programs by improving quality of care, reducing medication errors, and minimizing inappropriate drug utilization. A subsidiary of Magellan Health Services, MMA, Inc. is one of the country's leading providers of integrated clinical management services for public sector health care clients. MMA, Inc. has a wealth of experience, with a presence in 30 states and the District of Columbia, and provides a full array of pharmacy benefits management services, including POS claims processing; clinical management services; benefit design and management; Drug Utilization Review; provider and member outreach and education; formulary development and management; pharmacy discount card programs for the uninsured; provider payment; PDL and rebate administration; program administration and reporting; and cost containment strategies and implementation.

Benefit to West Virginia: With a history of nearly 40 years of successfully partnering with state Medicaid programs, MMA, Inc. understands the special needs and complexities of state governments and the populations served by government health care agencies. MMA, Inc. will leverage this experience and capability to deliver best-of-class solutions for meeting West Virginia's PBM needs. Their solution, including Provider Synergies, brings a proven business component to the BMS.

IBM

In business for more than 100 years, IBM was organized to do business in Endicott, New York on June 16, 1911. IBM brings a long history in providing products and professional services critical to the health care industry. This long term focus has been within both the public sector and commercial industry, and a key component within IBM's strategic vision, where IBM generates more than $4 billion in healthcare services annually. IBM currently has more than 8,000 employees providing services to this industry and invests more than $110 million annually in health care solution development. All of this makes IBM the largest services provider to the health care industry. IBM will bring these products and services to the team to help ensure West Virginia success.

WV MMIS Role: IBM was chosen by CNSI to provide the industry-standard hardware, software, and testing processes that will ensure that the installed eCAMS platform has a robust foundation to meet the scale and complexity of the Medicaid Enterprise and to ensure appropriate bandwidth and technological capability is present to accommodate future changes. It is well documented that IBM hardware and software maximize system availability and minimize outages, another critical risk that is mitigated by the Team CNSI approach. IBM will also supply key technology and staff for multiple aspects of the project, including project management office (PMO) support and periodic audits to ensure accountability and compliance.

Benefit to West Virginia: By adding IBM to our team, we are bringing a partner that offers many years of working experience in healthcare, including with the WV MMIS program, giving cultural knowledge of the customer and reduced risk of implementation, while also bringing cost-effectiveness to the overall solution. In addition, IBM offers BMS its leading-edge technology hardware and software platforms to support and enhance eCAMS operations. With IBM as part of the team, the BMS is assured of a strong, financially stable, reliable, and steadfast team.

L. SPECIAL TERMS AND CONDITIONS

RFP Section 4.1.12

CNSI agrees to be bound by the terms and conditions in Section 1.21 of the RFP. In addition, CNSI requests BMS consider the following items for inclusion in the contract, with the specific terms to be addressed as a part of the contract negotiations.

L.1 Assignment

Supplement to Paragraph 5 of Section 1.21.4: Contractor shall have to right to assign or transfer this Agreement or any of its rights under this Agreement to a financial institution upon proper written notice to BMS.

L.2 Incorporation of Project Documentation

CNSI has proposed specific project processes as required by the RFP, including but not limited to a defined Deliverable Approval Process, MMIS Re-procurement Project Schedule, and Change Management Plan, which will be adopted following approval by BMS. To ensure that key Project Governance structures are clearly defined/captured in the parties' Contract, CNSI recommends that the approved process and procedure documents be incorporated by reference in the Contract.

L.3 BMS Approved Deliverables - Interpretation

Consistent with the Deliverable Approval Process, and to define the effect of all BMS-approved Deliverables, CNSI requests that the Contract include clarification that in cases of ambiguity or inconsistency between a BMS-approved Deliverable and the other Contract documents pertaining to the requirements in that Deliverable, the inconsistency or ambiguity shall be resolved in favor of the BMS-approved Deliverable.

L.4 IP Ownership of and Licenses for System Software and Documentation – Subscription-Based Solutions

To address ASP or SaaS-based solutions to be implemented into the new MMIS, as a supplement to Section 3.2.34 of the RFP, CNSI suggests the Contract include language that clarifies the parties' respective rights in such subscription based or hosted products/solutions be incorporated in the Deliverables or otherwise delivered to BMS during the term of the Contract. An example of such terms includes, but is not limited to:

- For subscription based or hosted COTS products and services that are incorporated in or made part of the MMIS system, Contractor shall provide continued access to such services for the operation of the MMIS system subject to the terms of the applicable subscription service agreements. The terms of the subscription service agreement shall govern the rights of the parties with respect to use of such software and services.

L. 5 Notices

As a supplement to Section 1.21.12, CNSI requests that notices required to be given under the Contract relating to Contractor's performance provide details on the specific performance inadequacies and specify a reasonable cure period, but no less than thirty (30) days, to correct or otherwise address the concern identified in such notice.

L.6 Limitation of Liability

CNSI requests BMS consider inclusion of a limitation of liability provision consistent with the contract terms in the RFP, that excludes Contactor's liability for indirect, special or consequential and punitive damage, and for any loss, damage or liabilities in contact, tort or otherwise.

L.7 Dispute Resolution

An agreed process for the escalation and resolution of project disputes under the Contract enables the parties' to ensure that issues are escalated to the right project stakeholders in a timely fashion. CNSI requests that BMS consider inclusion of a dispute resolution process that incorporates the following concepts:

- First level escalation: project-level staff will work in good faith to promptly resolve any dispute relating to performance under the Contract as such issues arise
- Second level escalation: if project staff are unable to resolve a dispute within [XX] days, then the matter is escalated to BMS Project director and Contractor MMIS Account Manager, or their designees for discussion and resolution
- Third level escalation: if the BMS Project director and Contractor MMIS Account Manager, or their designees are unable to resolve a dispute within [XX] days, and resolution of the dispute is necessary to avoid project delay or involves a matter of significance to the project, the parties will seek mediation of the dispute using an independent third party mediator mutually acceptable to Vendor and BMS
- Should the mediation not be successful, then either party may pursue its available legal and equitable remedies; provided that the parties will agree to continue without delay to carry out all their respective responsibilities under this Agreement that are not affected by the dispute

L.8 Force Majeure

CNSI requests BMS consider inclusion of a Force Majeure provision that excuses Contractor from liability, including delays in performance or to the project schedule, resulting from causes beyond Contractor's control that prevented Contractor from performing in accordance with the Contract.

L.9 Definitions

CNSI recommends insertion of definitions for key concepts and terms to assist in clarity and consistency in the agreement. Some key provisions for which definitions should be considered include but are not limited to:

"Acceptance"

"Acceptance Criteria"

"Acceptance Tests"

"COTS"

"Custom Software"

"Deliverable"

"Official Project Management Plan"

"Specifications"

M. SIGNED FORMS

RFP Section 4.1.13

In accordance with the RFP requirements in Section 4.1 and 4.1.13, CNSI has included the following forms in a separately tabbed section, "Signed Forms, Addenda, and Transmittal Letters," in the *Attachments* binder.

- MED-96 Form (signed)
- Purchasing Affidavit Form (signed)
- HIPAA Business Associate Addendum

Please note that we have not included the Resident Vendor Preference Certificate because it is not applicable.

In addition, per the instructions of Appendix L – Special Terms and Conditions, CNSI has provided the information "in a separately labeled attachment within the proposal," within the "Signed Forms, Addenda, and Transmittal Letters" tab in the *Attachments* binder. CNSI also understands that it "will not count in previously defined page limitations."

J.2 Completed Checklist Appendix E, Business and Technical Requirements

RFP Section 4.1.10, Bullet 2

The proven, certified and highly-configurable solution utilizing eCAMS and POS as the basis for the new WV Medicaid Enterprise empowers BMS with the ability to respond to the needs of its members, providers, and other stakeholders quickly and efficiently for existing requirements or whenever there are new or rapidly changing Medicaid program requirements.

Team CNSI reviewed each of the requirements in Appendix E of the RFP and compared them to the functionality in eCAMS version 2.1. We categorized each requirement according to the State's direction as either included in the system without customization or included in the system but functionality needs to be extended by code customization. There were no requirements which Team CNSI classifies in the "Unable to Provide" category.

In summary, 87% percent of the BMS requirements are currently included in the proposed solution, and can be accommodated via configuration. The rest can be accommodated via moderate modifications of existing functionality. Again, ALL requirements can be met with the proposed system solution.

This very high level of readiness and configurability of the Team CNSI solution reduces DDI risk and ensures a fully-functional and operational MMIS platform for BMS. Also, as a platform, this readiness and configurability is applicable and adaptable to all future needs and will provide BMS constituents with an extremely rapid response to new requirements at a minimized implementation time and cost. This frees up valuable BMS time and money for other initiatives.

Per the RFP instructions, Appendix E has been attached with updated column information for each requirement while preserving the table format, header, and requirements text.

1. Member Management (ME)				
Req #	**Description of Requirement**	**YES** without custom-ization	**YES** with custom-ization	**NO** unable to provide
ME.1	**1. Determine Eligibility**			
ME.2	Ability to provide role-based (inquiry vs. update) access to the Member eligibility information using a variety of secure methods, including:	YES		
ME.3	Web portal	YES		
ME.4	By telephone to the Provider Help Desk	YES		
ME.5	Automated Voice Response System (AVRS)	YES		
ME.6	Electronic inquiry through a 270 transaction	YES		
ME.7	Other as identified by BMS during DDI and accepted via formal change control	YES		
ME.8	The Vendor is expected to accept eligibility information from a state-maintained sponsor system. Currently, this system receives eligibility information from Recipient Automated Payment and Information Data System (RAPIDS), and Families and Children Tracking System (FACTS).	YES		
ME.9	The Vendor is required to on a daily basis, process Member eligibility, including Pharmacy, update information received from eligibility sponsor systems (in the sequence in which they were created) for use in claims processing, and generate all applicable update reports according to an agreed-upon processing schedule.	YES		
ME.10	The Vendor is expected to verify that Medical/Dental and Pharmacy POS Member eligibility data match on, at a minimum, a monthly basis. If the two eligibility sources are not in the same database they should be synchronized and reconciled on a schedule that ensures that eligibility data used for all claims adjudication matches between both systems.		YES	
ME.11	The Vendor is expected to transmit an interface file to RAPIDS and FACTS so that required Mountain Health Trust (HMO and PAAS), LTC rates, MHC (Mountain Health Choices), other insurance or Third Party Liability (TPL) and lock in information so that some of this information can be printed on the Medicaid ID cards.	YES		
ME.12	Ability to support flexible rules-based logic (as specified by BMS and Federal guidelines) to determine Member benefit plans.	YES		
ME.13	Ability to identify potential or actual overlaps in program eligibility periods (such as when a client switches from/to Medicaid, State-funded, or any other programs).	YES		

1. Member Management (ME)				
Req #	**Description of Requirement**	**YES** without custom-ization	**YES** with custom-ization	**NO** unable to provide
ME.14	The system is expected to accept conflicting or overlapping eligibility segments, and should apply a hierarchy of business rules to determine which one takes precedence.	YES		
ME.15	The MMIS is expected to accept the Medicaid ID assigned by the eligibility source or through the Master Data Management (MDM) solution.	YES		
ME.16	Ability to accept and maintain eligibility to pay for services provided for Members who are not Title XIX or Title XXI Members.	YES		
ME.17	The system should allow authorized users to manually enter Member eligibility information.	YES		
ME.18	Ability to automatically apply data validation edits during manual entry of Member eligibility information.	YES		
ME.19	**2. Enroll/Disenroll Member**			
ME.20	Capture, retain and report in a roster enrollee choice of provider. It can be either the MCO or the PAAS PCP.	YES		
ME.21	Enrollment broker is to have direct (role-based) user-access to the MMIS. (The enrollment broker enters PCP information for the Health Maintenance Organization (HMO) and the Primary Care Case Management (PCCM) program).	YES		
ME.22	The Vendor is to maintain appropriate benefits package for services for enrolled Member.	YES		
ME.23	Ability to support flexible administration of benefits from multiple programs so that a Member may receive a customized set of services.	YES		
ME.24	Ability to report on duplicate Member records using multiple criteria (e.g., name, SSN) in order to reconcile duplicate enrollment records.	YES		
ME.25	Ability to capture and display from eligibility source head-of-household name. (These pieces of information are currently stored in the member record and do not vary by benefit plan or payor).	YES		
ME.26	Capture and display case number in each individual Member record.	YES		
ME.27	Ability to track and display on one screen: all Members in the case, including individual Members name under that case number; Medicaid ID number; date of birth; PCP/HMO name; and benefit program.	YES		

1. Member Management (ME)				
Req #	**Description of Requirement**	**YES** without customization	**YES** with customization	**NO** unable to provide
ME.28	Ability to store, track and display eligibility source data including but not limited to eligibility codes, termination reason codes, termination dates, etc.	YES		
ME.29	Generate monthly PAAS rosters to be submitted to the PAAS providers monthly.	YES		
ME.30	**3. Manage Member Information**			
ME.31	Capture the Health Improvement Plan (HIP) from the enrollment broker. Generate monthly file to all parties as necessary (e.g., MCO Admin Vendor and MCOs). (The Health Improvement Plan (HIP) is a plan the member must complete with their physician and agree to complete specific health related activities in order to earn healthy rewards. This information is currently sent on a file to the MMIS vendor and loaded into the system).	YES		
ME.32	Ability to accept electronic updates of the Member eligibility data (including updates to existing Member data and creation of new Member records) on a daily basis via batch file from the following or equivalent external systems:	YES		
ME.33	RAPIDS (Recipient Automated Payment and Information Data System).	YES		
ME.34	FACTS (Families and Children Tracking System).	YES		
ME.35	TPL vendor/s as specified by BMS (the Bureau currently only receives TPL information from one vendor).	YES		
ME.36	Enrollment broker/s as specified by BMS.	YES		
ME.37	Other systems as specified by the BMS during DDI.	YES		
ME.38	Ability to support the following functionality in regards to processing updates to the Member data set:	YES		
ME.39	Automatically edit fields for reasonableness, validity, format and consistency with other data present in update transaction.	YES		
ME.40	Transaction reconciliation reporting for file/data reconciliation with external data sources (e.g., totals and detail information, difference reports, change reports). (This requirement applies to reporting only).	YES		
ME.41	Maintains record/audit trail of updates (including time/date, source, type, status of request). Reject files with fatal errors should be returned to source.	YES		
ME.42	Online display of audit trail should include Member add and termination dates, PCP add and termination dates, and user who made the change.	YES		

1. Member Management (ME)				
Req #	**Description of Requirement**	**YES** without custom-ization	**YES** with custom-ization	**NO** unable to provide
ME.43	Error correction/synchronization error reporting – report all failed synchronization.	YES		
ME.44	Ability to perform the following functions:	YES		
ME.45	Maintain identification of all applicants eligible for Medicaid benefits.	YES		
ME.46	Allow for timely updating of the database to include new Members and all changes to existing Member records.	YES		
ME.47	Maintain positive (active, as opposed to passive) control over all data pertaining to Medicaid Member eligibility. (Maintain the data in a safe and secure environment including, but not limited to, appropriate access controls, change management, auditing functionality, and security).	YES		
ME.48	Build and maintain a computer file of Member data to be used for claims processing, administrative reporting, and surveillance and utilization review.	YES		
ME.49	Able to distribute eligibility data to other processing agencies. (This currently includes the three Medicaid Eligibility Verification Systems (MEVS) vendors and the State's eligibility vendors, which are RAPIDS and FACTS. For State eligibility vendors, we provide a monthly reconciliation file).	YES		
ME.50	Provide file space for, and record whenever available, the Social Security Number of each eligible Member.	YES		
ME.51	Contain and use the data necessary to support Third Party Liability recovery activities.	YES		
ME.52	Role-based security providing confidential access for individuals or groups.	YES		
ME.53	Ability to provide external eligibility sources daily access to approved Member eligibility data. (The vendor should propose their preferred method of accommodating this access. This could be through the MEVS vendor, online/portal access by other agency personnel, etc.).	YES		
ME.54	Ability to support online data presence, validity, format, and relationship edits for manually entered updates.	YES		
ME.55	Ability to maintain an audit trail of changes to Member data at the field or line level rather than at a higher tracking level of last change to screen or file.	YES		

1. Member Management (ME)				
Req #	**Description of Requirement**	**YES** without custom-ization	**YES** with custom-ization	**NO** unable to provide
ME.56	Ability to identify recipients with multiple ID numbers for cross referencing, and for unduplicated counts of recipients for reporting purposes.	YES		
ME.57	Ability to automatically or manually populate, maintain and display multiple (at a minimum 15) indicators at the Member level (e.g., disease state management, TBI, MRDD).	YES		
ME.58	Enrollment broker can automate or be able to directly enter information that would be maintained in the Member record.	YES		
ME.59	Ability to allow enrollment brokers to enter Member choice (PCP or HMO) directly into the MMIS.	YES		
ME.60	Ability to allow enrollment brokers to enter notes, comments, etc., into MMIS.	YES		
ME.61	The Vendor is expected to provide RAPIDS an interface containing HMO/PAAS assignments, TPL, and lock-in information 2-3 days prior to the cut-off date to print on the Medicaid ID cards.	YES		
ME.62	Ability to automatically update and edit eligibility information based on information received in Vital Statistics file.	YES		
ME.63	Ability to interface with the Department of Corrections to receive incarceration file.	YES		
ME.64	Send data to RAPIDS for review of Member termination.	YES		
ME.65	Provide an automated link to claims for the Member under current and historical names and ID numbers and display the data.	YES		
ME.66	Ability to track and display all Member current and historical names and ID numbers.	YES		
ME.67	Provide update capability for all Member data for designated BMS staff and make update separate from inquiry.	YES		
ME.68	Allow the user to inquire on Member benefit availability, service limitations, monetary limits, service utilization, and out-of-pocket contributions such as co-pay, deductible, and coinsurance.	YES		
ME.69	Allow direct navigation access to a Member's historical claims, PAs, referrals, and case histories.	YES		
ME.70	Ability to maintain current and historical eligibility data to support the following:	YES		
ME.71	Basic program eligibility verification	YES		
ME.72	Special program eligibility verification	YES		

1. Member Management (ME)				
Req #	**Description of Requirement**	**YES** without custom-ization	**YES** with custom-ization	**NO** unable to provide
ME.73	ID card production (currently the Fiscal Agent provides an interface file that goes to RAPIDS and FACTS which contains Mountain Health Trust, Mountain Health Choices, TPL, and LTC information).	YES		
ME.74	Claims processing	YES		
ME.75	Premium processing	YES		
ME.76	Prior authorization processing	YES		
ME.77	Reporting	YES		
ME.78	Other activities as specified by the BMS during the DDI phase	YES		
ME.79	Ability to maintain a Member data set that contains all data elements, including (but not limited to): (FACTS currently sends different ID numbers for Foster Children vs. State Covered Entities. These numbers are different from the Medicaid ID numbers. Some member IDs are manually entered and are different from RAPIDS and FACTS ID numbers. In the future, the Master Data Management Solution may use different numbering schemes that the MMIS would need to be able to accommodate).	YES		
ME.80	Name	YES		
ME.81	Residence and mailing address(es)	YES		
ME.82	Phone numbers (home, cell, etc.)	YES		
ME.83	E-mail address	YES		
ME.84	Gender	YES		
ME.85	Date of Birth (DOB)	YES		
ME.86	DHHR County Office ID	YES		
ME.87	Member ID number	YES		
ME.88	Unique and/or universal Member identifiers from the eligibility systems	YES		
ME.89	Social Security Number (SSN)	YES		
ME.90	Medical Health Insurance Claim (HIC) Number (Medicare Number)	YES		
ME.91	Race	YES		
ME.92	Ethnicity	YES		
ME.93	Head of household detail (including but not limited to name, Member ID, SSN)	YES		

1. Member Management (ME)				
Req #	**Description of Requirement**	**YES** without custom-ization	**YES** with custom-ization	**NO** unable to provide
ME.94	Rate code or MAS/BOE ("aid category")	YES		
ME.95	Long Term Care	YES		
ME.96	Nursing Home name and Provider ID the Member resides in	YES		
ME.97	Effective/Term dates for stay	YES		
ME.98	Resource amounts (patient responsibility amount)	YES		
ME.99	Resource amounts effective and term dates (patient responsibility amount)	YES		
ME.100	Other as identified by BMS during DDI and accepted via formal change control	YES		
ME.101	Ability to establish unique, date-specific benefit packages for each program applicable to a Member to ensure correct benefit application.	YES		
ME.102	Ability to maintain periods of Medicare eligibility with flexible segments. (Maintaining separate segments for Part A, Part B, and Part D).	YES		
ME.103	Ability to maintain client (member) identification numbers to twelve (12) or more digits.	YES		
ME.104	Ability to cross-reference current and historical Member identification numbers for all eligibility sources.	YES		
ME.105	Maintain and cross-reference Member name changes, including name change date and effective date (the date at which the name change becomes effective).	YES		
ME.106	Ability to maintain accurate, date-sensitive SSN information for foster and adopted children whose SSNs are changed by SSA while protecting confidential client information. (This is date-sensitive SSN information regarding Foster and Adopted Children. Fiscal Agent should be able to maintain all claim history for a member even if his SSN is changed).	YES		
ME.107	Ability to capture and restrict user access to the actual residential address information, including Zip Codes, for protected populations, in addition to publicly disclosed residential addresses.	YES		
ME.108	Ability to maintain and report Member and other data in order to respond to a request from a Member for an accounting of disclosures of his/her Protected Health Information (PHI), in accordance with HIPAA guidelines.	YES		

1. Member Management (ME)				
Req #	**Description of Requirement**	**YES** without custom-ization	**YES** with custom-ization	**NO** unable to provide
ME.109	**4. Inquire Member Eligibility**			
ME.110	The Vendor is expected to maintain a Medicaid Eligibility Verification System (MEVS).	YES		
ME.111	The Vendor is expected to provide each Medicaid Eligibility Verification System (MEVS) vendor daily access to approved Member eligibility data.	YES		
ME.112	The Vendor is expected to provide an Automated Voice Response System (AVRS) which accesses the MEVS information.	YES		
ME.113	The system is expected to provide web portal eligibility verification with at least the same functionality as that which is available via AVRS.	YES		
ME.114	Ability to electronically generate eligibility verification reports based on supplied list (there may be an associated cost to the provider).	YES		
ME.115	The system should maintain a log of all telephone and electronic inquiries to eligibility inquiry systems.	YES		
ME.116	**5. Perform Population & Member Outreach**			
ME.117	Ability to track Member outreach communications detail, including:		YES	
ME.118	Target population		YES	
ME.119	Quality measure/s addressed		YES	
ME.120	Purpose (e.g., implement programs like enrollment campaigns for waiver programs or other plan/benefits change, privacy notice)		YES	
ME.121	Date/s of distribution		YES	
ME.122	Method/s of distribution		YES	
ME.123	Other as identified by BMS during DDI and accepted via formal change control		YES	
ME.124	**6. Manage Applicant & Member Communication**			
ME.125	Ability to generate and distribute Member-related correspondence, reports and associated documents.	YES		
ME.126	Ability to attach Member-related correspondence documents to the Member record.	YES		
ME.127	Periodically generates Member satisfaction surveys.		YES	

1. Member Management (ME)				
Req #	**Description of Requirement**	**YES** without customization	**YES** with customization	**NO** unable to provide
ME.128	The system is expected to receive and track summary level mailing data from the enrollment broker for reporting purposes.	YES		
ME.129	**7. Manage Member Grievance & Appeal**			
ME.130	Ability to track PA denials in MMIS.	YES		
ME.131	Provide the ability for BMS to manually flag denied prior authorizations under appeal.	YES		
ME.132	Provide the ability for BMS to run a report of all denied prior authorizations flagged as under appeal.	YES		
ME.133	Provide the ability for BMS to display a report of all denied prior authorizations flagged as under appeal.	YES		
ME.134	The system should support workflow for the appeals and grievances processes.	YES		
ME.135	The system should employ the use of a control mechanism which automatically assigns unique control numbers to monitor, track, and maintain control over all consumer review cases.	YES		

2. Provider Management (PM)

Req #	Description of Requirement	YES without custom-ization	YES with custom-ization	NO unable to provide
PM.1	**1. Enroll Provider**			
PM.2	Ability to enroll Providers eligible to provide Medicaid services.	YES		
PM.3	Ability to enroll non-traditional Medicaid Providers to support payment of services in the MMIS. For example, taxi/transportation and respite.	YES		
PM.4	Ability to enroll non-Medicaid Providers on behalf of different program or different agency or others as defined by BMS and accepted via formal change control. (No other entities identified at this time, but the Vendor's system is expected to be flexible, scalable, and capable of supporting others).	YES		
PM.5	The Vendor is expected to maintain control over all data pertaining to Provider enrollment (including paper batches and electronic data).	YES		
PM.6	Ability to generate unique tracking numbers for Provider enrollment applications and updates.	YES		
PM.7	Ability to give Providers secure temporary access to the enrollment process and once approved for enrollment, permanent access to the online system.	YES		
PM.8	The system should allow Providers the ability to complete and submit enrollment applications and updates in a secure online environment.	YES		
PM.9	Ability to automatically assign Providers a temporary username/password for the online enrollment process.	YES		
PM.10	Ability to automatically generate to the submitter a receipt notification with a tracking number when an online application and/or update are submitted for review.	YES		
PM.11	Ability to notify Provider that an online update has been received, but requires validation before it becomes effective. (Any update provider would submit. Addition of Medicare number, new address, new certification, etc.).	YES		
PM.12	Ability to allow Providers to access their own information and group owners to access information for all Providers in the group.	YES		
PM.13	Ability to allow Providers access (with appropriate level of security) to retrieve the status of online applications and updates using their application tracking number.	YES		
PM.14	Online screens should provide alternative contact information (e.g., telephone access number, help desk number) for use in case of questions or technical issues.	YES		

2. Provider Management (PM)				
Req #	**Description of Requirement**	**YES** without custom-ization	**YES** with custom-ization	**NO** unable to provide
PM.15	Ability to allow Providers to view online alerts and notifications generated by BMS or Vendor staff.	YES		
PM.16	The Vendor is to notify Providers of acceptance/rejection as a West Virginia Medicaid Provider (per BMS specifications regarding notification medium and content).	YES		
PM.17	Ability to route online applications and updates to the appropriate staff to work. Configuration of workflow to be defined by BMS during DDI.	YES		
PM.18	Ability to alert appropriate staff that a Provider enrollment application has pended for a certain amount of days as defined by BMS.	YES		
PM.19	Ability to provide forms online and in downloadable format. Specific forms to be defined by BMS during DDI (e.g., applications, addendums, Provider agreements, W-9 form, EFT, change of address, CLIA forms).	YES		
PM.20	Ability to maintain hard and soft (electronic) copies of required Provider enrollment documentation, as defined by the BMS.	YES		
PM.21	The Vendor is to maintain a file of all electronic enrollments, including approved and denied Providers. The specifications of the file (including contents and medium) are to be defined by the BMS.	YES		
PM.22	Ability to purge enrollment tracking data based on parameters defined by the BMS.	YES		
PM.23	Ability to enroll only those Providers who agree to abide by the rules and regulations of the State Medicaid program.	YES		
PM.24	Ability to identify and assign Provider applications and updates by Provider types, as defined by BMS.	YES		
PM.25	Ability to identify and assign Provider enrollment application status, as defined by BMS (e.g., Initial/New, Resubmitted with Modifications, Cancellation).	YES		
PM.26	Ability to identify and display the applicant type, as defined by BMS (e.g., Rendering Provider, Billing Agent, Pay to Affiliations).	YES		
PM.27	Ability to track the date enrollment forms are received for each Provider application.	YES		
PM.28	Ability to automatically identify and terminate a duplicate enrollment request or update, and give the Provider a meaningful error message.	YES		

2. Provider Management (PM)				
Req #	**Description of Requirement**	**YES** without custom-ization	**YES** with custom-ization	**NO** unable to provide
PM.29	Ability to save partially completed Provider enrollments for a given number of days (to be defined by BMS).	YES		
PM.30	Ability to notify applicants of partially submitted applications.	YES		
PM.31	Ability to conduct re-verification of currently enrolled Provider, based on BMS-specified conditions. (Specified conditions will be determined during DDI).		YES	
PM.32	Ability to use a single online Provider enrollment application with required fields or forms that are dynamically driven by Provider or application characteristic/s (as defined by BMS), including:	YES		
PM.33	Applicant type	YES		
PM.34	Provider type	YES		
PM.35	Other as identified by BMS during DDI and accepted via formal change control		YES	
PM.36	Ability to incorporate edits into the dynamic (online) application process to ensure that required fields (as defined by BMS) are completed properly before the application may be submitted.	YES		
PM.37	Ability to verify required licenses and certifications at the time of Provider enrollment, and thereafter, at the time of renewal, and maintain all related information.	YES		
PM.38	Ability to hold application in pending status until pre-approving entity gives authorization to proceed.	YES		
PM.39	Ability to cross-reference license and sanction information with other State and/or Federal agencies. (BMS currently received a monthly file from OIG. A State equivalent is being developed for national use).		YES	
PM.40	Ability to verify certification in other states for participating out-of-state Providers.		YES	
PM.41	Ability to track, display, and maintain verification of enrollment application/record information, including:	YES		
PM.42	Provider Identifiers (e.g., NPI, SSN, EIN)	YES		
PM.43	Sanction status (e.g., HIPDB, NPDB, boards, criminal background checks)	YES		
PM.44	Credentials (e.g., licensure specialty boards, school, affiliations)	YES		
PM.45	Other as identified by BMS during DDI and accepted via formal change control	YES		

2. Provider Management (PM)				
Req #	**Description of Requirement**	**YES** without custom-ization	**YES** with custom-ization	**NO** unable to provide
PM.46	Ability to use an expedited enrollment process to enroll Out of Network Providers for a limited period of time.		YES	
PM.47	Ability to allow approved users to manually reactivate inactive Providers.	YES		
PM.48	Ability to automatically reactivate inactive Providers, according to criteria defined by BMS.		YES	
PM.49	Ability to track and report a Provider's enrollment activity from receipt of application to final disposition.	YES		
PM.50	Ability to assign unique Provider number when enrollment is approved.	YES		
PM.51	Ability to track and support BMS-established review schedule to ensure Providers continue to meet program eligibility requirements.		YES	
PM.52	Ability to maintain and display history and audit trails for online changes and updates.	YES		
PM.53	Ability to report and maintain enrollment and update activity statistics (as defined by the BMS). For example: number of enrollment applications/updates received hourly, daily, etc.; number of applications/updates pending.	YES		
PM.54	**2. Provider Contracts**			
PM.55	Ability to define procedures and diagnoses a Provider is allowed to render under a Provider's license.	YES		
PM.56	Ability to define types of Provider contracts.	YES		
PM.57	Ability to support flexible rules-based logic (as specified by BMS and Federal guidelines) to define Provider contracting parameters.	YES		
PM.58	Ability to define and easily update (per BMS) the procedures or services a Provider is allowed to provide under a contract.	YES		
PM.59	Ability to define and easily update (per BMS) the procedures or services a Provider is allowed to provide based on a Provider grouping.	YES		
PM.60	Ability to 'model' or create a new contract from an existing contract.		YES	
PM.61	Ability to track and support BMS-established review schedule to ensure Providers continue to meet program eligibility requirements.		YES	
PM.62	Ability to maintain and display history and audit trails for online changes and updates.	YES		

2. Provider Management (PM)				
Req #	**Description of Requirement**	**YES** without custom-ization	**YES** with custom-ization	**NO** unable to provide
PM.63	Ability to report and maintain enrollment and update activity statistics (as defined by the BMS). For example: number of enrollment applications/updates received hourly, daily, etc.; number of applications/updates pending.	YES		
PM.64	**3. Disenroll Provider**			
PM.65	Ability to allow Providers to submit online request for termination of their Provider agreement.	YES		
PM.66	Ability to identify Provider disenrollment request status, as defined by BMS (e.g., initial, duplicate, resubmitted with modifications).	YES		
PM.67	Ability to validate that disenrollment meets State rules, as defined by the BMS.		YES	
PM.68	Ability to allow users with appropriate authorization to terminate providers.	YES		
PM.69	Ability to process disenrollment requests for the full range of Provider types, organizations, specialties, types of applicants (e.g., primary Provider, billing agent, pay-to entity).	YES		
PM.70	Ability to process disenrollment requests for all application status types (e.g., Initial/New, Modification, Cancellation, Update).	YES		
PM.71	Ability to disenroll Providers after a certain period of inactivity (to be defined by BMS).	YES		
PM.72	Ability to distribute notifications of disenrollment due to sanctions or disciplinary actions to the WV Office of the Inspector General (OIG) and other states.		YES	
PM.73	**4. Inquire Provider Information**			
PM.74	The Vendor is expected to accommodate Provider enrollment verification requests via phone, fax, portal, and other methods (as specified by BMS during DDI and accepted via formal change control).	YES		
PM.75	Ability to log and track all Provider information requests, including:	YES		
PM.76	Name of requesting party	YES		
PM.77	Date of inquiry	YES		
PM.78	Parameters used in system query	YES		
PM.79	User name (of user querying system)	YES		
PM.80	Validation of Authorization detail	YES		

2. Provider Management (PM)				
Req #	**Description of Requirement**	**YES** without custom-ization	**YES** with custom-ization	**NO** unable to provide
PM.81	Date/time information queried in system	YES		
PM.82	Date/time information sent to requester	YES		
PM.83	Other as identified by BMS during DDI and accepted via formal change control	YES		
PM.84	Ability to support entry of free-form text field that allows narratives (of a length defined by the BMS) for each Provider information inquiry. Each entry is expected to include identification of user and date/time entered.	YES		
PM.85	Ability to display free-form narrative in chronological or reverse chronological sequence.		YES	
PM.86	**5. Manage Provider Communication**			
PM.87	Ability to generate and distribute Provider-related correspondence, information requests, and notifications, including:	YES		
PM.88	Enrollment applications	YES		
PM.89	Enrollment rejection notifications	YES		
PM.90	Billing instructions	YES		
PM.91	Relevant State policy information	YES		
PM.92	Request for information to support enrollment/contracting process	YES		
PM.93	Mailing labels		YES	
PM.94	Program memorandum	YES		
PM.95	Notifications of pending expired Provider eligibility	YES		
PM.96	Other as identified by BMS during DDI and accepted via formal change control		YES	
PM.97	Ability to maintain a record (including an audit trail) of all communication sent to Providers.	YES		
PM.98	Ability to maintain a record (including an audit trail) of all communication received from Providers.	YES		
PM.99	Ability to maintain an Inquiry Log which identifies each Provider inquiry (electronic, written or telephone) by name, date, nature of the inquiry, and outcome.	YES		
PM.100	Ability to track and maintain working files of historical Provider inquiries. Common inquiries (e.g., eligibility, payment status, and billing questions) are to be logged and documented in these files.	YES		

2. Provider Management (PM)

Req #	Description of Requirement	YES without customization	YES with customization	NO unable to provide
PM.101	The BMS is to have the ability to view and update the Provider Inquiry Log.	YES		
PM.102	Ability to track and report Provider inquiries regarding billing and submission practices.	YES		
PM.103	Ability to allow Provider correspondence to be generated or suppressed according to BMS defined parameters.		YES	
PM.104	Ability to allow users to choose between standard/routine Provider correspondence, or to develop customized correspondence.	YES		
PM.105	Ability to track and notify Providers of date-dependent events, as defined by BMS (e.g., review dates).	YES		
PM.106	Ability to refer Providers to appropriate licensing board (according to criteria defined by BMS).		YES	
PM.107	Ability to allow users to view Provider labels, letters, and listings online or on paper.	YES		
PM.108	Ability to suppress Provider's ID number from labels, envelopes and other correspondence, as required.	YES		
PM.109	Ability to suppress Member's ID number from labels, envelopes and other correspondence, as required.	YES		
PM.110	Provider notifications should be linked to related documentation in the system.	YES		
PM.111	**6. Manage Provider Appeal**			
PM.112	Ability to support appeals for prospective and current Providers.	YES		
PM.113	Ability to track Provider appeal detail, including:	YES		
PM.114	Issue detail	YES		
PM.115	Filing party	YES		
PM.116	Reviewer/s	YES		
PM.117	Process status (initial, second, expedited, withdrawn, disposed)	YES		
PM.118	Review/hearing date/time	YES		
PM.119	Hearing ruling	YES		
PM.120	Disposition	YES		
PM.121	Other as identified by BMS during DDI and accepted via formal change control		YES	

2. Provider Management (PM)				
Req #	**Description of Requirement**	**YES** without custom-ization	**YES** with custom-ization	**NO** unable to provide
PM.122	Ability to support entry of free-form text field that allows narratives (length to be defined by BMS) for each Provider grievance/appeal that identifies user and date/time entered.	YES		
PM.123	Ability to display free-form narrative in chronological or reverse chronological sequence.		YES	
PM.124	Vendor should filter Provider correspondence to verify that it meets the criteria (as defined by BMS) to qualify as a grievance prior to submitting to the BMS.	YES		
PM.125	Ability to support grievance/appeals process work flow, including automatic notification to appropriate parties (as defined by the BMS).	YES		
PM.126	**7. Manage Provider Information**			
PM.127	Ability to perform data exchanges to obtain Provider data from licensing boards, CMS, DEA, the NPI enumeration contractor, and other BMS specified sources.	YES		
PM.128	Ability to identify and display the source of any data that is obtained from an external source.	YES		
PM.129	Ability to generate automatic notification to the Provider when information is received from external sources to update Provider records (as defined by BMS).	YES		
PM.130	Ability to provide role-based access to authorized users to perform mass updates to Provider data, based on flexible selection criteria.		YES	
PM.131	Ability to provide role-based access to authorized users, allowing online update and inquiry capabilities of the Provider information files.	YES		
PM.132	Ability to provide online, real-time, role-based access to the Provider information using a variety of secure methods, including:	YES		
PM.133	Web	YES		
PM.134	WAN/LAN	YES		
PM.135	Point-of-service devices		YES	
PM.136	Other as identified by BMS during DDI and accepted via formal change control		YES	
PM.137	Ability to integrate with the following systems to allow users to access and/or enter/edit Provider data:	YES		
PM.138	Medicaid Provider Web Portal	YES		
PM.139	Automated Voice Response System (AVRS)	YES		

2. Provider Management (PM)

Req #	Description of Requirement	YES without customization	YES with customization	NO unable to provide
PM.140	Electronic Document Management System (EDMS)	YES		
PM.141	Other systems as specified by the BMS during DDI		YES	
PM.142	Ability to maintain and display an audit trail of all changes to Provider attributes, including date/time and username/source of change (for an amount of time to be defined by BMS).	YES		
PM.143	Ability to identify the NPIs of prescribers for Pharmacy purposes.	YES		
PM.144	Ability to identify crossover-only Providers.	YES		
PM.145	The Vendor should update Provider information as follows:	YES		
PM.146	Perform authorized updates on a daily (or otherwise specified) basis with online updates.	YES		
PM.147	Perform updates using full transaction files received.	YES		
PM.148	Perform mass Provider updates as directed by BMS.		YES	
PM.149	Ability to provide authorized users access to current Provider information (e.g., PAs and referrals, Claims, correspondence).	YES		
PM.150	Ability to provide online inquiry or look-up of historical Provider information (including enrollment records of terminated Providers), searchable by entering complete or partial identifying information, including:	YES		
PM.151	Medicaid Provider ID	YES		
PM.152	Provider name	YES		
PM.153	National Provider Identifier (NPI)	YES		
PM.154	Medicare number	YES		
PM.155	Social Security Number (SSN)	YES		
PM.156	Phone number	YES		
PM.157	Employer Identification Number (EIN)/Taxpayer Identification Number (TIN)	YES		
PM.158	Federal Drug Enforcement Agency (DEA) number	YES		
PM.159	Previous Identifier(s) (so that all data is historically maintained)	YES		
PM.160	Phonetic search	YES		
PM.161	Other identifiers used by the BMS		YES	
PM.162	Ability to provide authorized users limited role-based access to archived Provider data.		YES	

2. Provider Management (PM)				
Req #	**Description of Requirement**	**YES** without custom-ization	**YES** with custom-ization	**NO** unable to provide
PM.163	Ability to uniquely identify each Provider, allowing for the association of multiple standardized and user-defined identifiers and qualifiers, including:	YES		
PM.164	National Provider Identifier (NPI)	YES		
PM.165	Former Medicaid ID number	YES		
PM.166	Federal Drug Enforcement Agency (DEA) number	YES		
PM.167	National Council of Prescription Drug Programs (NCPDP) number	YES		
PM.168	Other as identified and/or defined by BMS during DDI and accepted via formal change control		YES	
PM.169	Ability to maintain an online cross-reference of BMS-assigned identifier to all other identifiers maintained for a Provider.	YES		
PM.170	Ability to maintain an online cross-reference of a Provider's Tax ID number(s) in the event that a new ID is issued to an existing Provider.	YES		
PM.171	Ability to identify when multiple BMS-assigned Provider numbers are assigned to a single Provider.	YES		
PM.172	Ability to maintain CLIA information.	YES		
PM.173	The system should have an automated process that verifies CLIA numbers (e.g., interface with CMS, Health and Human Services (HHS) and Centers for Disease Control (CDC) that monitors CLIA).	YES		
PM.174	Ability to use consistent Provider naming conventions to differentiate between first names, last names, and business or corporate names or DBA (Doing Business As) names and to allow flexible searches based on Provider name.	YES		
PM.175	Ability to display claims summary information by Provider, including total number of claims submitted, pended, denied, paid and the total dollar amounts (billed and paid amounts) of each category. Reporting periods to be determined by BMS (e.g., calendar month-to-date, Medicaid processing month-to-date, calendar year, Provider fiscal year, Federal/State fiscal year).	YES		
PM.176	Ability to identify the Provider Program(s) the Provider is participating in, including but not limited to:	YES		
PM.177	State Plan Medicaid	YES		
PM.178	Ryan White Program	YES		
PM.179	Juvenile Services Benefit Plan	YES		

2. Provider Management (PM)				
Req #	**Description of Requirement**	**YES** without custom-ization	**YES** with custom-ization	**NO** unable to provide
PM.180	Tiger Morton Benefit Plan	YES		
PM.181	Mental Retardation/Developmentally Disabled (MRDD) waiver	YES		
PM.182	Aged Disabled waiver	YES		
PM.183	Children's Health Insurance Plan (CHIP)	YES		
PM.184	Breast and Cervical Cancer Program	YES		
PM.185	Birth to Three Benefit	YES		
PM.186	Other as identified by BMS and accepted via formal change control		YES	
PM.187	Ability to associate multiple service locations to the same Provider base identifier. (Service locations are not currently used in claims billing or claims processing and are not captured in the service location claim field).	YES		
PM.188	Ability to identify multiple practice locations for a single Provider and associate all relevant data items with the location, such as address and CLIA certification.	YES		
PM.189	Ability to maintain group affiliations and managed care enrollment.	YES		
PM.190	Ability to affiliate individual Providers to their group(s) (i.e., program(s)).	YES		
PM.191	Ability to associate a group with all individual Providers.	YES		
PM.192	Ability to associate an unlimited number of Providers with a single group.	YES		
PM.193	Ability to define Providers and Provider groups that share common ownership.	YES		
PM.194	Ability to identify the type of Provider ownership arrangement.	YES		
PM.195	Ability to transfer Provider ownership without re-entry of duplicate information.	YES		
PM.196	Ability to identify, cross reference, and link one Provider owner to many rendering Providers and one rendering Provider to many owners.	YES		
PM.197	Ability to process changes in Provider ownership in which a new owner assumes liability for all activity performed by the Provider prior to the ownership change.	YES		
PM.198	Ability to establish Provider pay-to affiliations in a way that accommodates actual practicing locations and Federal and State tax requirements (one 1099 per taxable entity).	YES		

2. Provider Management (PM)				
Req #	**Description of Requirement**	**YES** without custom-ization	**YES** with custom-ization	**NO** unable to provide
PM.199	Ability to identify the affiliation a physician may have with a hospital or multiple hospitals and indicates what types of privileges they have.	YES		
PM.200	Ability to maintain corporate names with a naming structure for corporations that do not have first and last names.	YES		
PM.201	Ability to track and maintain licensing, credentialing, sanction and certification information that includes:	YES		
PM.202	Type, specialty, and sub-specialty	YES		
PM.203	Taxonomy	YES		
PM.204	Certification begin and end dates	YES		
PM.205	Certification type code	YES		
PM.206	Certifying agency	YES		
PM.207	Certifying state	YES		
PM.208	Verification type	YES		
PM.209	Verification date	YES		
PM.210	Verification due date	YES		
PM.211	License ID	YES		
PM.212	Sanctioning agency	YES		
PM.213	Sanctioning state	YES		
PM.214	Sanction begin and end dates	YES		
PM.215	Other as identified by BMS during DDI and accepted via formal change control		YES	
PM.216	The system should support automatic re-verification of credentials on a periodic basis by program and Provider type, by identifying and notifying when Provider credentials are expiring (notification may include e-mail and/or letters).	YES		
PM.217	Provider enrollment/screening should be conducted in compliance with PPACA rules and regulations (e.g., ownership and ownership exclusions are to be screened as directed under PPACA).		YES	
PM.218	Ability to enter, store, display and access Provider data, including:	YES		
PM.219	Provider Number	YES		
PM.220	Provider name	YES		
PM.221	Facility name	YES		

2. Provider Management (PM)				
Req #	**Description of Requirement**	**YES** without custom-ization	**YES** with custom-ization	**NO** unable to provide
PM.222	Billing name	YES		
PM.223	Provider license number	YES		
PM.224	IRS name	YES		
PM.225	Provider type - with the flexibility to accommodate and maintain non-medical Providers on the Provider master and affiliates.	YES		
PM.226	Provider title	YES		
PM.227	Multiple mailing addresses	YES		
PM.228	Multiple practice addresses	YES		
PM.229	Ownership information	YES		
PM.230	Change in ownership information	YES		
PM.231	Long-term care facility data, including:	YES		
PM.232	Number of beds by licensed level of care	YES		
PM.233	WV DHHR Office of Health Facility Licensure and Certification (OHFLAC) certification/re-certification		YES	
PM.234	Physical address and contact information of the facility	YES		
PM.235	Other as identified by BMS during DDI and accepted via formal change control		YES	
PM.236	Payment address	YES		
PM.237	County number	YES		
PM.238	Multiple phone numbers	YES		
PM.239	Fax number	YES		
PM.240	Multiple e-mail addresses	YES		
PM.241	Web site url	YES		
PM.242	Drug Enforcement Agency (DEA) number - including historic data with effective and end dates	YES		
PM.243	National Council for Prescription Drug Programs (NCPDP) number - including historic data with effective and end dates	YES		
PM.244	Employer Identification Number (EIN)/Taxpayer Identification Number (TIN) and effective and term dates	YES		
PM.245	Social Security Number (SSN)	YES		
PM.246	Provider CLIA (Clinical Laboratory Improvement Amendments) number and related address	YES		

2. Provider Management (PM)

Req #	Description of Requirement	YES without customization	YES with customization	NO unable to provide
PM.247	Medicare numbers	YES		
PM.248	Managed Care Organization (MCO) affiliations	YES		
PM.249	Group number	YES		
PM.250	Specialty/sub-specialty data	YES		
PM.251	License and certification data	YES		
PM.252	Date of birth	YES		
PM.253	Date of death	YES		
PM.254	Gender	YES		
PM.255	Language	YES		
PM.256	Additional training or certification indicator	YES		
PM.257	Restrictions on dispensing of specific drugs	YES		
PM.258	Provider enrollment status codes with associated effective and end dates	YES		
PM.259	Provider program eligibility with associated effective and end dates	YES		
PM.260	Contractual terms, including:	YES		
PM.261	Services contracted to provide	YES		
PM.262	Performance measures (service level agreements and KPIs)		YES	
PM.263	Reimbursement rates	YES		
PM.264	Summary level payment data which is automatically updated after each claims processing payment cycle by the following:	YES		
PM.265	Calendar week-to-date	YES		
PM.266	Calendar month-to-date	YES		
PM.267	Calendar year-to-date	YES		
PM.268	State fiscal year-to-date	YES		
PM.269	Federal fiscal year-to-date	YES		
PM.270	1099 reported amount (current and prior year)	YES		
PM.271	Ownership date	YES		
PM.272	Physician Assured Access System (PAAS) indicator	YES		
PM.273	Fee-for-service (FFS) indicator	YES		
PM.274	Crossover indicator	YES		

2. Provider Management (PM)				
Req #	**Description of Requirement**	**YES** without custom-ization	**YES** with custom-ization	**NO** unable to provide
PM.275	Suspended/Suspension indicator	YES		
PM.276	Suspended/Suspension effective and terminated dates	YES		
PM.277	Primary Care Case Management (PCCM) indicator	YES		
PM.278	Out-of-state Provider indicator	YES		
PM.279	Rural, urban, or teaching hospital indicator	YES		
PM.280	Electronic Funds Transfer (EFT) information	YES		
PM.281	Electronic Claims Management (ECM) data	YES		
PM.282	Billing restriction data, with applicable begin and end dates	YES		
PM.283	Medical degree information.	YES		
PM.284	Providers PCP panel information including:		YES	
PM.285	Accepting new patient indicator		YES	
PM.286	Age range		YES	
PM.287	Gender		YES	
PM.288	Authorized enrollment		YES	
PM.289	Current enrollment/maximum enrollment and number left		YES	
PM.290	Other as identified by BMS during DDI and accepted via formal change control		YES	
PM.291	Ability to identify Provider 'on call' information to capture 'covering for' and 'covered by' Providers.		YES	
PM.292	Ability to provide an free-form text narrative (length to be determined by BMS) at the base-Provider level that:	YES		
PM.293	Identifies the user, date, and time entered.	YES		
PM.294	Provides the capability to display free form narrative in chronological or reverse chronological sequence.	YES		
PM.295	Includes an associated user-defined special condition code/flag (for classification/reporting purposes).	YES		
PM.296	Ability to report on the special condition code/flag.	YES		
PM.297	Ability to define the relationship between a Provider and an EDI submitter as well as billing agent.	YES		
PM.298	**8. Perform Provider Outreach**			
PM.299	Ability to track Provider outreach communications detail, including:		YES	

2. Provider Management (PM)				
Req #	**Description of Requirement**	**YES** without custom-ization	**YES** with custom-ization	**NO** unable to provide
PM.300	Target population		YES	
PM.301	Issues or measure/s addressed (e.g., new immigrant population in need of language compatible Providers)		YES	
PM.302	Purpose (e.g., corrections to billing practice, public health alerts, public service announcement)		YES	
PM.303	Date/s of distribution		YES	
PM.304	Method/s of distribution		YES	
PM.305	Other as identified by BMS during DDI and accepted via formal change control		YES	
PM.306	Ability to perform Provider outreach to both prospective and current Providers.		YES	

3. Operations Management
OM1. Service Authorization

Req #	Description of Requirement	YES without customization	YES with customization	NO unable to provide
OM1.1	**1. Authorize Referral**			
OM1.2	Ability to adjudicate claims for PAAS Member service referrals from the Member's PCP to another Provider, using the standard fee-for-service claims processing rules.		YES	
OM1.3	Ability to verify Member eligibility and PAAS participation during referral claim processing.		YES	
OM1.4	Ability to verify PAAS referral during claim processing.		YES	
OM1.5	Ability to conduct claims edits/audits for referral claims according to BMS business rules.		YES	
OM1.6	**2. Authorize Services**			
OM1.7	The Prior Authorization component of the system should integrate with the Claims component.	YES		
OM1.8	Claim processing performs Prior Authorization validation.	YES		
OM1.9	The Prior Authorization component should be integrated with the web portal, AVRS, EDI and EDMS components.	YES		
OM1.10	Ability to access (or extract) data in other BMS system files to obtain reference information, including service limitations, to update PA records. The prior authorization file should interface with, as a minimum, Claim Processing, Provider Management Data Store, Member Management Data Store, and reference systems.	YES		
OM1.11	Ability to interface with MMIS to identify procedure codes that require PA (medical utilization requirements).	YES		
OM1.12	Ability to accommodate additions and updates of prior authorizations by interface.	YES		
OM1.13	The Vendor is expected to support on-line entry and interface entry of prior authorization data with other prior authorization vendors.	YES		
OM1.14	The system is expected to provide real-time access via various methods (e.g., Web, AVRS, WAN/LAN workstations) for PA status inquiries.	YES		
OM1.15	Ability to support submission of prior authorizations by other State agencies, other vendors, and BMS. (The Vendor is expected to be responsible for providing the prior authorization part of the MMIS system. In some cases the vendor will be expected to key PAs into the system. Prior Authorization review is to be performed by BMS or by the prior authorization vendor).		YES	

3. Operations Management
OM1. Service Authorization

Req #	Description of Requirement	YES without customization	YES with customization	NO unable to provide
OM1.16	Ability to allow users to submit a PA request on the Provider's behalf.	YES		
OM1.17	Ability to accept and create PAs from MDS data for nursing facilities. (MDS is the Minimum Data Set which is a federally mandated assessment to be completed for all nursing home residents that reside in Medicare and Medicaid certified beds).		YES	
OM1.18	Ability to accommodate future versions of the HIPAA electronic PA transactions.		YES	
OM1.19	Ability to ensure all known and emerging BMS and Federal policy changes are reflected in the maintenance of the PA data repository.		YES	
OM1.20	Ability to maintain and easily retrieve Provider-specific and Member-specific PA history.	YES		
OM1.21	Ability to accept on-line, real-time inquiry, entry and update of PA requests, including initial entry of PA requests pending determination.	YES		
OM1.22	Ability to allow Providers to submit PA requests electronically or through the web portal.	YES		
OM1.23	Ability to provide an on-line tutorial for PA application to guide users through the screens necessary to complete to request a PA.	YES		
OM1.24	Ability to allow for electronic submission of PA request attachments (e.g., EDI 275, HL7).		YES	
OM1.25	Ability to allow PA request forms to be available online for download by users.	YES		
OM1.26	Ability to automatically generate and distribute the necessary (i.e., specific to the situation / PA requirements) BMS-approved PA request forms and attachments to Providers.		YES	
OM1.27	Ability to integrate prior authorization-related correspondence, reports and associated documents with the EDMS component.	YES		
OM1.28	Ability to support PA entries for medical services such as (but not limited to) the following:	YES		
OM1.29	Vision	YES		
OM1.30	Dental	YES		
OM1.31	Durable Medical Equipment (DME)	YES		

3. Operations Management
OM1. Service Authorization

Req #	Description of Requirement	YES without custom-ization	YES with custom-ization	NO unable to provide
OM1.32	Surgical procedures	YES		
OM1.33	Other as identified by BMS during DDI and accepted via formal change control	YES		
OM1.34	Ability to process PA requests for covered services excluded from the long-term care all-inclusive rate (e.g., Physician services, Hospital, etc.) or an indicator that serves to deny their services for purposes of reporting.		YES	
OM1.35	Ability to automatically provide PA staff (during PA process) with information when Member is a LTC facility resident/inpatient. Information should include:	YES		
OM1.36	Level of Care (LOC)	YES		
OM1.37	LOC effective dates	YES		
OM1.38	Name of facility	YES		
OM1.39	Medicaid Provider Number	YES		
OM1.40	LTC facility date spans	YES		
OM1.41	Spend-down amount	YES		
OM1.42	Patient Liability Amount (PLA)	YES		
OM1.43	PLA effective dates	YES		
OM1.44	Ability to submit and approve retrospective authorizations.	YES		
OM1.45	Ability to interface with MMIS and populate PA screens with PA information to be determined during design.		YES	
OM1.46	Ability to generate a unique tracking number for PA requests.	YES		
OM1.47	Ability to automatically notify submitter of successful submission and display the tracking number.	YES		
OM1.48	Ability to assign a unique PA number as soon as the submitted request is approved.	YES		
OM1.49	Ability to accept and retain the PA number submitted by the PA vendor.	YES		
OM1.50	Ability to use tracking number to link attachments submitted by mail to electronic PA request.	YES		
OM1.51	Ability to use tracking number to link attachments submitted electronically to electronic PA request.	YES		
OM1.52	Ability to recognize both the NPI and former Medicaid ID number.	YES		

3. Operations Management
OM1. Service Authorization

Req #	Description of Requirement	YES without custom-ization	YES with custom-ization	NO unable to provide
OM1.53	The system should have the ability to capture and display PA data which includes, at minimum, the following:	YES		
OM1.54	PA number	YES		
OM1.55	Member ID	YES		
OM1.56	Service code/s	YES		
OM1.57	Procedure/NDC code	YES		
OM1.58	Modifier codes	YES		
OM1.59	Billing, rendering, and referring Provider information, including name, and Provider ID/NPI	YES		
OM1.60	Dates of service	YES		
OM1.61	Effective and term date of PA	YES		
OM1.62	Requested effective date of PA	YES		
OM1.63	Units of service expressed as days, quantity per day, number of services, dollars, tooth number/letter, tooth surface	YES		
OM1.64	Quantity used	YES		
OM1.65	Miscellaneous codes w/ notes field (for contractors)		YES	
OM1.66	Rates	YES		
OM1.67	Member Rate code		YES	
OM1.68	Dollar cap	YES		
OM1.69	Local Provider information	YES		
OM1.70	Limits (including calendar month limits)	YES		
OM1.71	Room and board		YES	
OM1.72	Waiver start date		YES	
OM1.73	Manufacturer product number		YES	
OM1.74	Status of the PA request (including pending, denied, approved, and modified)	YES		
OM1.75	Date approved	YES		
OM1.76	History of all actions taken on PA request, including amendments	YES		
OM1.77	Date of last change, ID of person changing, and information changed for each PA record	YES		
OM1.78	ID of authorizing person	YES		

3. Operations Management
OM1. Service Authorization

Req #	Description of Requirement	YES without custom-ization	YES with custom-ization	NO unable to provide
OM1.79	Other as identified by BMS during DDI and accepted via formal change control	YES		
OM1.80	Ability to allow the identification of the principal procedure and date, and the inclusion of five additional procedures and dates.	YES		
OM1.81	Ability to include descriptions of codes in the PA request.	YES		
OM1.82	Ability to allow for expansion and addition of fields to the on-line PA request form.		YES	
OM1.83	Ability to provide a free-form text narrative (length to be approved by BMS) at the base PA level and at functional levels that:	YES		
OM1.84	Identifies and displays the user, date, and time entered	YES		
OM1.85	Provides the capability to display free form narrative in chronological or reverse chronological sequence	YES		
OM1.86	Ability to accommodate flexible time span dates for PA (by calendar month, calendar year, rolling month, and other as defined by BMS).	YES		
OM1.87	Ability to apply the method and hierarchy of PA processing criteria as defined by BMS.	YES		
OM1.88	Ability to automatically approve certain PA requests based on information entered (as identified by BMS).	YES		
OM1.89	Ability to perform comprehensive on-line and batch edits to ensure the integrity of prior authorization data.		YES	
OM1.90	Ability to run edits on submitted PA requests, such as the following:	YES		
OM1.91	Relationship edits	YES		
OM1.92	Field length/type	YES		
OM1.93	Character type	YES		
OM1.94	Ability to edit PAs on-line for the presence of required data to include:	YES		
OM1.95	Valid Provider ID and eligibility	YES		
OM1.96	Valid procedure and diagnosis codes	YES		
OM1.97	Presence of required claim type-specific data on the PA	YES		
OM1.98	Covered service	YES		
OM1.99	Allowed dollar amounts/unit	YES		

3. Operations Management
OM1. Service Authorization

Req #	Description of Requirement	YES without customization	YES with customization	NO unable to provide
OM1.100	Other as identified by BMS during DDI and accepted via formal change control	YES		
OM1.101	Ability to automatically alert Providers of the need for additional information (e.g., HIPAA 278 transaction, pdfs), providing return messages that clearly describe necessary action.	YES		
OM1.102	Ability to reject PA request if it does not pass all edits.	YES		
OM1.103	Ability to automatically notify the submitter of failed PA submission and identify which field(s) did not pass edits.	YES		
OM1.104	Ability to automatically generate Provider alerts and notifications, to include:	YES		
OM1.105	The need for additional information on an already submitted PA request	YES		
OM1.106	Reminders of missing information	YES		
OM1.107	System updates/policy changes	YES		
OM1.108	Duplicate or possible duplicate requests	YES		
OM1.109	Ability to automatically notify users of duplicate or possible duplicate PA requests for on-line PAs as well as PAs submitted via the interface files.	YES		
OM1.110	Ability to identify and reject duplicate PAs across all PA types based on user configurable criteria including:	YES		
OM1.111	Client identifier	YES		
OM1.112	Rendering Provider identifier	YES		
OM1.113	Service from and through dates	YES		
OM1.114	Diagnosis code(s)	YES		
OM1.115	Procedure code(s), revenue code(s)	YES		
OM1.116	Other as identified by BMS during DDI and accepted via formal change control	YES		
OM1.117	Ability to allow Providers access to pended PAs for near real-time corrections, but only have access to certain data fields (those fields that need to be corrected).		YES	
OM1.118	Ability to alert/notify specified staff when an on-line PA request pends. Notification should identify and briefly describe the edit that caused the PA request to pend/suspend.		YES	
OM1.119	Ability to retain incomplete PA request submissions for a		YES	

3. Operations Management
OM1. Service Authorization

Req #	Description of Requirement	YES without customization	YES with customization	NO unable to provide
	minimum number of days, to be defined by BMS, before deleting the record.			
OM1.120	When a Member record is not on file, an electronic PA should be re-cycled (i.e., resubmitted for processing) for 30 days before being included in the PA rejection file.		YES	
OM1.121	Ability to notify the Provider following the approval or denial of a PA.	YES		
OM1.122	Ability to automatically generate approval or denial notices as soon as the determination has been made.	YES		
OM1.123	Ability to support role-based override capabilities for individual edits by authorized user.	YES		
OM1.124	Ability to identify those individuals who authorized and performed an override.	YES		
OM1.125	Ability to accept PAs for a terminated Member for eligible dates of services.	YES		
OM1.126	Ability to maintain PA active status when Member loses eligibility.	YES		
OM1.127	Ability to allow staff to suspend PA requests, based on BMS rules, and identify the PA suspense status. Notify Provider electronically or in a written format (e.g., mail) with results of PA clerical and/or clinical reviews and request additional information that is required from the Provider.	YES		
OM1.128	Ability to allow staff to select the reason codes explaining the disposition of the request when a PA denies/approves.	YES		
OM1.129	Ability to allow staff to query PA history on-line, and filter and sort results based on select criteria defined by BMS (e.g., Member, Provider, procedure code).	YES		
OM1.130	Ability to link to eligibility data when reviewing the PA request.	YES		
OM1.131	Provide authorized PA staff information about the Member's participation or enrollment in other programs that would affect the disposition of the PA without having to move to another application or environment.	YES		
OM1.132	Ability to auto-populate the PA number at the claim line level regardless of Provider submission.	YES		
OM1.133	The system should allow Providers to view remaining/unused units authorized.	YES		
OM1.134	Ability to make authorization data available to BMS staff, if other vendors or organizations perform authorizations, to		YES	

3. Operations Management
OM1. Service Authorization

Req #	Description of Requirement	YES without customization	YES with customization	NO unable to provide
	the same extent the information would be available if BMS performed the PA function.			
OM1.135	Ability to provide PA search options, including search by PA number.	YES		
OM1.136	Ability to return multiple PAs if more than one match is found.	YES		
OM1.137	Ability to provide multiple users with simultaneous, on-line, role-based access to a PA request, but build in features that would preclude simultaneous edits by multiple users.	YES		
OM1.138	Ability to allow users to amend a PA record multiple times and display the history on-line.	YES		
OM1.139	Ability to provide PA audit trail capability to:	YES		
OM1.140	Track and report all PA related changes	YES		
OM1.141	Identify the individual who modified the system data	YES		
OM1.142	Record the date that the modification occurred	YES		
OM1.143	Display an audit trail of all PA processing steps	YES		
OM1.144	View on-line all PA audit trail information	YES		
OM1.145	Other as identified by BMS during DDI and accepted via formal change control	YES		
OM1.146	Ability to process the PA and limit the price for a service to the amount authorized on the PA.	YES		
OM1.147	Ability to maintain the authorized PA price.	YES		
OM1.148	Ability to develop business rules which dictate whether the rate established under the PA approval takes precedence over other payment rules (e.g., lesser of billed charges cannot exceed the maximum fee scheduled) or vice versa. Assure that, if non-PA pricing rules take precedence, pre-determined override procedures and business rules are followed to make special pricing exceptions requiring that special documentation be completed for the override to work.	YES		
OM1.149	Ability to provide flexibility to allow waiver PAs to be capped at a dollar amount at the consumer level, at the service level, at the Provider level or any combination that can be controlled and/or measured through available claim/PA file data (as determined by business rules approved by BMS).		YES	
OM1.150	Ability to approve service authorization requests for waiver	YES		

3. Operations Management
OM1. Service Authorization

Req #	Description of Requirement	YES without customization	YES with customization	NO unable to provide
	services up to a specific dollar amount.			
OM1.151	Ability to prohibit PA approval from occurring (i.e., PA should not force the claim to pay) if BMS business rules prohibit coverage of the service.	YES		
OM1.152	Ability to assure that, when an overall service requiring PA results in the submission of multiple claim types from a variety of Provider types, the disposition of all PA requests are consistent with one another (if the methodology requires a separate PA request for each claim to be submitted). The system should link or bundle all related PAs so that the disposition is the same across all Providers. (For example, if gastric-bypass surgery requires PA, the disposition for the hospital facility payment, the surgeon's payment, and the anesthesiologist's payment should be consistent (e.g., approved, denied, deferred, etc.).		YES	
OM1.153	The system should allow users to call up PA requests with a linked or bundled relationship as a complete service package.		YES	
OM1.154	Ability to handle HCPCS codes with a minimum of four (4) modifiers. When processing prior authorized claims, the system should match the PA-required procedure codes submitted on the claim against the approved PA request at the modifier, or if applicable, at the multiple modifier level.	YES		
OM1.155	Ability to automatically link the paid claim record with the PA record.	YES		
OM1.156	Ability to update PA records based on claims processing to indicate that the authorized service has been used or partially used, including units and/or dollars, during each PA request period. This information should be captured and displayed with PA history.	YES		
OM1.157	Ability to provide dual limitation (e.g., total units/year with a monthly limit) controlling the dispensing of services over a long period of time.		YES	
OM1.158	Ability to identify service categories that are subject to the same limitation and accumulate the same combination of services. Use combined services to compare to service authorization limit.		YES	
OM1.159	Ability to allow for modification to the scope of services authorized and extend or limit the effective dates of authorization.	YES		

3. Operations Management
OM1. Service Authorization

Req #	Description of Requirement	YES without customization	YES with customization	NO unable to provide
OM1.160	Ability to update PA records based on claims processing to restore reversed units to the PA, during each PA request period.	YES		
OM1.161	Ability to amend authorizations past the end date.	YES		
OM1.162	Ability to identify and review PA requests for which an appeal has been submitted (including those that are approved and on appeal), indicate the outcome of such reviews, and identify PAs for which an appeal has been filed.		YES	
OM1.163	Ability to automatically identify active or pended PA records when a reference file has been updated (e.g., procedure code, Provider ID), generate a report and request an update as necessary.		YES	
OM1.164	The system should provide statistical and operational reporting capabilities.	YES		
OM1.165	Ability to report and maintain web portal PA activity statistics.	YES		
OM1.166	Ability to automatically generate a letter to the Provider for BMS entered authorizations. The letter is to include the PA number.	YES		
OM1.167	Ability to provide PA-related correspondence functions to include the following:	YES		
OM1.168	Template development and the ability for users to select desired correspondence from a list of available templates	YES		
OM1.169	Display, print, and save PA-related correspondence via the EDMS component of the MMIS	YES		
OM1.170	Regenerate correspondence	YES		
OM1.171	Allow users to suppress or allow auto generation of correspondence based on user configurable event-driven criteria		YES	
OM1.172	Allow users to insert and override address information on correspondence	YES		
OM1.173	Allow users to add free form text to individual or groups of PA correspondence	YES		
OM1.174	Other as identified by BMS during DDI and accepted via formal change control	YES		
OM1.175	Ability to automatically alert staff via email that		YES	

3. Operations Management OM1. Service Authorization				
Req #	**Description of Requirement**	**YES** without custom-ization	**YES** with custom-ization	**NO** unable to provide
	letters/notifications have been generated.			

3. Operations Management
OM2. Payment Management, Claims/Encounter Adjudication

Req #	Description of Requirement	YES without custom-ization	YES with custom-ization	NO unable to provide
OM2.1	**1. Claims Processing**			
OM2.2	Ability to provide and maintain a claims processing component with the capability to process electronic and paper transactions.	YES		
OM2.3	Ability to perform real-time adjudication of claims.	YES		
OM2.4	Ability to process all standard claim types, including:	YES		
OM2.5	Institutional (UB-04, 837-I)	YES		
OM2.6	Professional (CMS-1500, 837-P)	YES		
OM2.7	Dental (ADA, 837-D)	YES		
OM2.8	Pharmacy (NCPDP current and future versions (electronic) or Universal claim form (paper))	YES		
OM2.9	Ability to provide a Claims Processing component that offers the following functionality:	YES		
OM2.10	Claim Entry and Editing	YES		
OM2.11	Claim Auditing	YES		
OM2.12	Claims Inquiry	YES		
OM2.13	Claims Tracking	YES		
OM2.14	Batch Control (Batch Control is used for paper claims. Currently these are batches of 50 claims. A report is also produced as these claims are sent to a keying organization. The Batch Control report verifies that all claims in a batch are accounted for).	YES		
OM2.15	Quality Control	YES		
OM2.16	Pricing	YES		
OM2.17	Claim Output (Claim Output would be used in interface files or in reporting. The formats of Claim Output would be discussed in DDI).	YES		
OM2.18	Suspense (pend) Correction	YES		
OM2.19	Interface with POS system	YES		
OM2.20	Third Party Liability	YES		
OM2.21	Month-End Processing	YES		
OM2.22	1099 Adjustments	YES		

3. Operations Management
OM2. Payment Management, Claims/Encounter Adjudication

Req #	Description of Requirement	YES without customization	YES with customization	NO unable to provide
OM2.23	Claims History File	YES		
OM2.24	Attachments	YES		
OM2.25	Claim Forms	YES		
OM2.26	Automated procedure code editing which allows acceptance of nationally recognized modifiers	YES		
OM2.27	Claim Disposition (for all claim types, according to BMS and Federal processing rules)	YES		
OM2.28	Electronic Media Claims	YES		
OM2.29	Claim Payment	YES		
OM2.30	Accounts Payable Management	YES		
OM2.31	Accounts Receivable Management	YES		
OM2.32	Provider Credits and Adjustments Processing	YES		
OM2.33	Explanation of Medical Benefits (EOMB) Processing	YES		
OM2.34	Diagnosis Related Group (DRG) Processing	YES		
OM2.35	Resource Based Relative Value Scale (RBRVS) Processing		YES	
OM2.36	APC (Ambulatory Patient Classification) Processing (OPPS, out-patient prospective processing system)	YES		
OM2.37	Prior Authorization (PA) Processing	YES		
OM2.38	Refund Function at Header and Line Level (for all medical, dental and pharmacy claims)	YES		
OM2.39	Gross payment for Med/Dent and Pharmacy POS	YES		
OM2.40	Adpay for Med/Dent and Pharmacy POS (an adpay is a financial, non-member specific transaction/claim created to issue certain types of payments such as DSH to providers).		YES	
OM2.41	Manage Member Incentive Programs		YES	
OM2.42	Produce Check Files		YES	
OM2.43	Produce Remittance Advice	YES		
OM2.44	Other as identified by BMS during DDI and accepted via formal change control	YES		
OM2.45	Ability to accept all HIPAA formatted electronic claims submissions.	YES		

3. Operations Management
OM2. Payment Management, Claims/Encounter Adjudication

Req #	Description of Requirement	YES without custom-ization	YES with custom-ization	NO unable to provide
OM2.46	The system should not accept non-HIPAA compliant codes or characters into the system.	YES		
OM2.47	Ability to identify Members with other insurance (including, but not limited to, Medicare Part A, B, and D).	YES		
OM2.48	Ability to collaborate with Medicare intermediaries, Part A, B and D, on an ongoing basis to receive and process cross-over claims through the Medicare electronic data submission system.		YES	
OM2.49	Ability to identify and process pay-and-chase claims (including subrogation). Capture other insurance allowed and payable amounts.	YES		
OM2.50	Ability to identify TPL and assure that the Title XIX program is the payer of last resort in accordance with the State plan.	YES		
OM2.51	Ability to process claims for populations that are not Title XIX.	YES		
OM2.52	The claims processing component is expected to integrate with all other functional areas of the MMIS, including Member, Provider, Benefit Plans, Prior Authorizations, Contracts, Pharmacy, Referrals, Reference (including Correct Coding Initiative, editing), enhanced claim editing, other insurance, and Financial.	YES		
OM2.53	Adjudicated claims cannot be changed outside an approved adjustment process. Once a claim is adjudicated and in a final status, the information is to remain static while it is displayed (e.g., users may not cut claim information from claim lines/data).	YES		
OM2.54	Ability to provide a free-form text narrative (length/number of characters to be approved by BMS) on the claim record that:	YES		
OM2.55	Identifies the user, date, and time entered	YES		
OM2.56	Provides the capability to display free form narrative in chronological or reverse chronological sequence	YES		
OM2.57	Includes an associated user-defined special condition code/flag	YES		
OM2.58	Ability to report on the special condition code/flag.	YES		
OM2.59	Other as identified by BMS during DDI and accepted via formal change control		YES	

3. Operations Management OM2. Payment Management, Claims/Encounter Adjudication				
Req #	**Description of Requirement**	**YES** without customization	**YES** with customization	**NO** unable to provide
OM2.60	**2. Claims History File**			
OM2.61	Ability to maintain a full historical record, which includes edit, audit, and resolution information, from initial receipt to paid status.	YES		
OM2.62	Ability to capture and store adjudication details to include payments, contracts, discount adjustments, and patient liability.	YES		
OM2.63	Ability to capture and store the data that is derived during claims processing functions.	YES		
OM2.64	Ability to use historical records of client eligibility for claims processing functions.	YES		
OM2.65	**3. Claims Management/Claims Capture and Controls**			
OM2.66	The system is expected to capture and control claims data from the time of initial receipt through the final disposition, payment and archiving on claims history files.	YES		
OM2.67	Ability to employ the use of a claims control mechanism which automatically assigns unique control numbers to monitor, track, and maintain control over claims, adjustments and financial transactions.	YES		
OM2.68	Ability to maintain accurate and complete registers and audit trails of all processing.	YES		
OM2.69	Ability to provide claims audit trail capability to:	YES		
OM2.70	Track and report all claim related changes	YES		
OM2.71	Identify the individual who modified the claim data	YES		
OM2.72	Record the date that the modification occurred	YES		
OM2.73	Display an audit trail of all processing steps	YES		
OM2.74	View on-line all claims audit trail information	YES		
OM2.75	Other as identified by BMS during DDI and accepted via formal change control	YES		
OM2.76	Records and edits that all required attachments, per the reference records or edits, have been received and maintained for audit purposes.	YES		
OM2.77	Ability to retain and display as part of the claim record the billing agent submitter/ID number.		YES	
OM2.78	**4. Claims Inquiry**			

3. Operations Management
OM2. Payment Management, Claims/Encounter Adjudication

Req #	Description of Requirement	YES without customization	YES with customization	NO unable to provide
OM2.79	Ability to respond to queries concerning Member eligibility and benefit status.	YES		
OM2.80	Ability to verify that Member is eligible for the type of service at the time the service was rendered, plus a hierarchy algorithm for dual eligibles.	YES		
OM2.81	Ability to provide online, real-time claims inquiry by search criteria including:	YES		
OM2.82	Member ID and/or name	YES		
OM2.83	Rendering Provider ID and/or name, including NPI	YES		
OM2.84	Billing Provider ID and/or name	YES		
OM2.85	PA or referral	YES		
OM2.86	Dates of service, paid, denied, pended	YES		
OM2.87	HCPCs, CPT, DRG, revenue, and/or NDC codes	YES		
OM2.88	Combination of any of the above	YES		
OM2.89	Other inquiry criteria as determined by the BMS during DDI		YES	
OM2.90	**5. Prior Authorization**			
OM2.91	Ability to automatically identify and link the correct PA based on matching data between the claim and the PA, driven by BMS-defined user configurable criteria such as Client ID, Rendering Physician ID, Date of Service, diagnosis code, and procedure code, and payment amount.	YES		
OM2.92	Ability to provide a selection screen when multiple PAs match the auto assignment criteria.		YES	
OM2.93	Ability to link PAs to claims based on PA identifiers submitted with the claim.	YES		
OM2.94	Ability to allow multiple PAs to be linked to a specific claim.	YES		
OM2.95	Ability to provide a claims screen that displays all PAs linked to a specific claim.	YES		
OM2.96	Ability to update PA data during the adjudication process to reflect utilization of services including:	YES		
OM2.97	Authorized unit, visit, and dollar amounts used	YES		
OM2.98	Authorized unit, visit, and dollar amounts remaining	YES		
OM2.99	Accumulators reset for claims reversals	YES		

3. Operations Management
OM2. Payment Management, Claims/Encounter Adjudication

Req #	Description of Requirement	YES without customization	YES with customization	NO unable to provide
OM2.100	Other as identified by BMS during DDI and accepted via formal change control		YES	
OM2.101	**6. Business Rules**			
OM2.102	Ability to maintain information that allows procedures to be automatically priced according to BMS–defined business rules, rates and effective dates.	YES		
OM2.103	Ability to manage audits/edits to avoid hard-coding that is not accessible to the user.	YES		
OM2.104	Ability for the user to define and update business rules real-time.	YES		
OM2.105	Ability to maintain and view business rule change history on-line.	YES		
OM2.106	Ability to maintain status of business rules (development, testing, production).	YES		
OM2.107	Ability to retain in and display as part of the claim record all business rules that were applied to the claim for adjudication and pricing.		YES	
OM2.108	Ability to execute impact analysis testing of any proposed business rule change.		YES	
OM2.109	**7. Edits/Audits**			
OM2.110	Ability to process claims according to a Member's program benefits.	YES		
OM2.111	Ability to provide claim editing processes necessary to detect and correct (when possible and appropriate) erroneous data. The system should include:	YES		
OM2.112	Real-time integration to MMIS claims adjudication processes	YES		
OM2.113	User configurable functions	YES		
OM2.114	Report generation features	YES		
OM2.115	Up-to-date code sets and edit criteria	YES		
OM2.116	Other as identified by BMS during DDI and accepted via formal change control		YES	
OM2.117	The system is expected to incorporate the BMS's existing edits and audits.		YES	
OM2.118	Ability to apply any defined audit/edit specific to any procedure code when billed on any claim form type, as defined by the user.	YES		

3. Operations Management
OM2. Payment Management, Claims/Encounter Adjudication

Req #	Description of Requirement	YES without customization	YES with customization	NO unable to provide
OM2.119	Ability to apply Medicare Correct Coding Initiative (CCI) edits to defined claim line items.	YES		
OM2.120	Ability to edit Third Party Liability (TPL) claims to adhere to the cost avoidance adjudication rules specified in the Federal Regulations.	YES		
OM2.121	Ability to establish edits specific to a TPL insurance policy.	YES		
OM2.122	Ability to allow authorized users (per BMS approval) to set criteria allowing claims to bypass the enhanced claim editing component based on a variety of factors to include:	YES		
OM2.123	Dollar thresholds	YES		
OM2.124	Member or Provider specific criteria	YES		
OM2.125	Medical coding		YES	
OM2.126	Other as identified by BMS during DDI and accepted via formal change control		YES	
OM2.127	Ability to apply any claims processing function based on characteristics of the Provider (e.g., type, specialty, and individual or group enrollment).	YES		
OM2.128	Ability to perform pre-payment claims audits using criteria that includes:	YES		
OM2.129	Comparison of diagnosis codes against billed services	YES		
OM2.130	Unbundling of procedure codes, when bundling is more appropriate and vice versa	YES		
OM2.131	Mutually exclusive procedures	YES		
OM2.132	Duplicate or near duplicate payments	YES		
OM2.133	Duplicate services	YES		
OM2.134	Service limits	YES		
OM2.135	Age and gender appropriate services	YES		
OM2.136	Duplicate Medicare cross-over claims	YES		
OM2.137	Consistent payment across various Provider types for the same services	YES		
OM2.138	Breakdowns of savings based on changes to clinical rules		YES	
OM2.139	Trends in historical data	YES		
OM2.140	Rules review	YES		

3. Operations Management OM2. Payment Management, Claims/Encounter Adjudication				
Req #	**Description of Requirement**	**YES** without customization	**YES** with customization	**NO** unable to provide
OM2.141	New visit frequency	YES		
OM2.142	Incidental surgical procedures	YES		
OM2.143	Pricing of multiple surgeries and multiple modifiers	YES		
OM2.144	Add-on codes from multiple surgery editing	YES		
OM2.145	Application of AMA guidelines as defined in the CPT for asterisked procedures	YES		
OM2.146	Appropriate use of modifiers	YES		
OM2.147	An automated clinical review process		YES	
OM2.148	Other as identified by BMS during DDI and accepted via formal change control	YES		
OM2.149	Ability to use data in any field on a claim to apply an audit.	YES		
OM2.150	Ability to verify that all Providers submitting input are properly enrolled.	YES		
OM2.151	Ability to pay for services, Members or Providers who are normally not paid through the MMIS (where applicable), when required for exception claim processing. (Note - Provider is to be enrolled to receive payment.)	YES		
OM2.152	Ability to process mathematical calculations on the current claim and associated claims in history to limit payments to global (i.e., bundled, controlling) procedures.	YES		
OM2.153	Ability to define date parameters to support adjudication of services.	YES		
OM2.154	**8. Suspensions (Pends) and Exceptions**			
OM2.155	The Vendor is expected to perform online pended claims resolution.	YES		
OM2.156	Ability to automatically suspend all transactions in error until corrections are made.	YES		
OM2.157	Ability to perform exception control (desktop procedures).	YES		
OM2.158	Ability to allow authorized users to override any edits/audits to manually adjudicate a claim when required for exception claim processing.	YES		
OM2.159	Ability to capture the identity of the user who authorizes the exception payment.	YES		
OM2.160	Ability to reprocess claims that have not been finalized for payment.	YES		

3. Operations Management
OM2. Payment Management, Claims/Encounter Adjudication

Req #	Description of Requirement	YES without customization	YES with customization	NO unable to provide
OM2.161	Ability to reprocess claims automatically when that claim was denied as a result of an unapproved PA and that PA is later approved.		YES	
OM2.162	Ability to systematically reprocess claims that have not reached final disposition without requiring the user to intervene on a claim-by-claim basis.	YES		
OM2.163	Ability to define criteria for systematic claims reprocessing, with the ability to review and modify that selection of claims prior to reprocessing.	YES		
OM2.164	Ability to flag and reprocess previously paid claims within the designated service date span if a rate change happened to be a retroactive rate change, and implement into production only upon authorized staff approval.	YES		
OM2.165	Ability to capture and report on reprocessed claims detail, including (but not limited to) retroactive rate changes, identify of the user authorizing, dates of original processing and reprocessing.	YES		
OM2.166	Ability to override established pricing calculations if the claim or the Provider billing the claim meets the requirements defined by BMS for pricing exceptions.	YES		
OM2.167	Able to capture, display and report on encounter data.	YES		
OM2.168	**9. Price Claim/Value Encounter**			
OM2.169	The system is expected to price all claims in accordance with West Virginia Medicaid program policy, benefits and limitations.	YES		
OM2.170	The Vendor is expected to allow for manual pricing of claims.	YES		
OM2.171	Ability to price each claim line item according to the applicable pricing rules.	YES		
OM2.172	Ability to display all service lines of a single claim.	YES		
OM2.173	Ability to determine and display the number of units paid on a claim line.	YES		
OM2.174	Ability to define Member co-payments at the claim line level.	YES		
OM2.175	Ability to define Member co-payments at the claim header level.	YES		
OM2.176	Ability to process claims including Member liability in the final payment amount.	YES		

3. Operations Management
OM2. Payment Management, Claims/Encounter Adjudication

Req #	Description of Requirement	YES without customization	YES with customization	NO unable to provide
OM2.177	Ability to provide an automated process, approved by BMS, to acquire Medicare Rates, and ensure conformance with Federal requirements regarding Medicare pricing.	YES		
OM2.178	Calculate Medicare and TPL coinsurance and deductible charges for specified crossover and TPL claims using BMS "lesser than" calculation described in common chapters of the Provider manuals.	YES		
OM2.179	Ability to accommodate Provider custom fees which override other pricing considerations.	YES		
OM2.180	Ability to accommodate pricing for payments that may exceed billed charges, including payment of encounter fees to:	YES		
OM2.181	Rural Health Clinics (RHCs)	YES		
OM2.182	Federally Qualified Health Clinics (FQHCs)	YES		
OM2.183	DRGs	YES		
OM2.184	Critical Access Hospitals (CAHs)	YES		
OM2.185	Ability to calculate spend down and reimbursement amount after capturing and applying information captured in the patient pay field.	YES		
OM2.186	Ability to limit claim payments based on Member-specific expenditure histories (i.e., to limit payments to budgeted amounts at the Member level).	YES		
OM2.187	Ability to view Benefit utilization information through the user interface (UI) for Benefit Plan accumulations.	YES		
OM2.188	Ability to maintain a DRG file as determined by BMS. The DRG file should contain, at a minimum, elements such as:	YES		
OM2.189	DRG code	YES		
OM2.190	DRG description	YES		
OM2.191	Add date	YES		
OM2.192	Begin date	YES		
OM2.193	End date	YES		
OM2.194	DRG weight (relative value)	YES		
OM2.195	Audit trail	YES		
OM2.196	Average length of stay	YES		

3. Operations Management OM2. Payment Management, Claims/Encounter Adjudication				
Req #	**Description of Requirement**	**YES** without custom-ization	**YES** with custom-ization	**NO** unable to provide
OM2.197	Other as identified by BMS during DDI and accepted via formal change control	YES		
OM2.198	Ability to provide on-line role-based access to pricing formulas and their associated parameters/variables, including the ability to view and modify (for authorized staff only) pricing formulas. Parameters should include:	YES		
OM2.199	Anesthesia conversion factors (with the ability to accept and process by units and/or minutes based on BMS's choice)	YES		
OM2.200	Anesthesia base rates	YES		
OM2.201	Vaccine for Children (VFC) rates	YES		
OM2.202	Multiple RBRVS Conversion Factors for the same period of time		YES	
OM2.203	All other conversion factors as defined by BMS during DDI		YES	
OM2.204	Ability to define date parameters to support pricing of services.	YES		
OM2.205	Ability to capture and display rate codes defined by BMS. (The term "Rate Code" is a combination of RAPIDS program codes plus the old CMS Aid Category codes, or in the case of a non-Medicaid program, the aid category plus the first two numbers assigned to the MAID#).		YES	
OM2.206	Ability to allow for consistent calculation of payment amounts according to all reimbursement methodologies approved by BMS, including:	YES		
OM2.207	Provider specific fee schedule	YES		
OM2.208	Usual and Customary Rate (UCR)		YES	
OM2.209	Per diems	YES		
OM2.210	LTC facility room and board charges	YES		
OM2.211	LTC coinsurance amount (uses "lesser than" calculation)	YES		
OM2.212	Diagnosis Related Groups (DRGs)	YES		
OM2.213	Medicare coinsurance/deductible and pricing methodology	YES		
OM2.214	TPL pricing methodology	YES		
OM2.215	Formulas	YES		

3. Operations Management
OM2. Payment Management, Claims/Encounter Adjudication

Req #	Description of Requirement	YES without customization	YES with customization	NO unable to provide
OM2.216	Percentages	YES		
OM2.217	Pricing by PA	YES		
OM2.218	Other payment methods (as defined by BMS during DDI)		YES	
OM2.219	Ability to maintain pricing history per BMS specifications.	YES		
OM2.220	Ability to establish edits for production or test region adjudication and notify BMS staff of any services that are not priced under the current fee schedules.	YES		
OM2.221	Ability to generate pricing data for all Provider programs using selection parameters specified by the State.	YES		
OM2.222	**10. Apply Claim Management**			
OM2.223	Ability to accurately accept, store, track, and process claim attachments submitted via both hard-copy and electronic transmission.	YES		
OM2.224	Ability to integrate with the EDMS component, for inbound imaging of claims and attachments, claims reporting, and correspondence.	YES		
OM2.225	Ability to electronically match attachments to their associated claims.	YES		
OM2.226	Ability to allow authorized users to manually modify the link between a claim and its associated attachments, PAs and image files.	YES		
OM2.227	Ability to process related claims based on the presence of specific attachments, as defined by the user.		YES	
OM2.228	Ability to accept unlimited number and types of attachments per claim.	YES		
OM2.229	Ability to allow users to navigate to and view claims attachments from within the claim screens.	YES		
OM2.230	Accepts Medicare crossover claims with Medicare Explanation of Benefits (EOB) claims attachments.	YES		
OM2.231	Employs an electronic tracking mechanism to locate archived source documents or to purge source documents in accordance with HIPAA security provisions.	YES		
OM2.232	**11. Apply Mass Adjustment**			
OM2.233	Ability to provide mass update capability for claims, including paid and denied claims determined eligible for adjustment.	YES		

3. Operations Management OM2. Payment Management, Claims/Encounter Adjudication				
Req #	**Description of Requirement**	**YES** without custom-ization	**YES** with custom-ization	**NO** unable to provide
OM2.234	Ability to link together claims reversal and replacement claim (for mass updates only) so claims go through budget relief at the same time.	YES		

3. Operations Management
OM3. Payment Management, Payment & Reporting

Req #	Description of Requirement	YES without customization	YES with customization	NO unable to provide
OM3.1	**1. Prepare Remittance Advice/Encounter Report**			
OM3.2	Ability to generate paper and electronic Remittance Advice (RA) that captures all data necessary to meet BMS, State, and Federal reporting requirements (HIPAA 835 transaction).	YES		
OM3.3	Ability to print and distribute paper Remittance Advice (printed in black and white) in accordance with BMS approved schedule.	YES		
OM3.4	Ability to produce the paper Remittance Advice copies on demand.	YES		
OM3.5	Ability to generate additional remittance voucher pages (X number of pages free, fee thereafter -- per Fiscal Agent pricing structure).		YES	
OM3.6	Ability to allow Remittance Advice for zero pay and zero balance items.	YES		
OM3.7	Ability to suppress Remittance Advice relating to adjustments performed for the purpose of correcting internal account or category codes.	YES		
OM3.8	Ability to associate the warrant/ACH number with the claim.	YES		
OM3.9	Ability to include warrant/ACH number in 835 Remittance Advice transaction.	YES		
OM3.10	Ability to print warrant/ACH number on the Remittance Advice.	YES		
OM3.11	Ability to include all claims and financial transactions (such as recoupments) on the paper Remittance Advice.	YES		
OM3.12	Ability to distribute the Remittance Advice to multiple locations.	YES		
OM3.13	Ability to report any withholdings to a Provider's payment on the Remittance Advice.	YES		
OM3.14	Ability to generate reports summarizing payment and status transactions (HIPAA 820, 277).	YES		
OM3.15	**2. Prepare Coordination of Benefits (COB)**			
OM3.16	Ability to capture and provide COB information online and in batch format.	YES		
OM3.17	Ability to comply with the following Federal Third Party Liability (TPL) processing and HIPAA requirements, including:	YES		

3. Operations Management
OM3. Payment Management, Payment & Reporting

Req #	Description of Requirement	YES without customization	YES with customization	NO unable to provide
OM3.18	Ability to store a unique identifier for individual health plans	YES		
OM3.19	Other as identified by BMS during DDI and accepted via formal change control	YES		
OM3.20	Ability to maintain a process to identify projected allowed amount for previously denied claims in order to estimate savings due to TPL.	YES		
OM3.21	Ability to identify all payment costs avoided due to established TPL.	YES		
OM3.22	Ability to use the HIPAA 837 transaction to facilitate TPL billing functions (i.e., using the 837 COB functionality).	YES		
OM3.23	**3. Prepare Home and Community-Based Services (HCBS) Payment**			
OM3.24	Ability to support processing for HCBSs as it is conducted for any other claim/transaction type. WV has no unique processing requirements for HCBS.	YES		
OM3.25	**4. Prepare EOMB**			
OM3.26	Ability to increase or decrease sample sizes (in regards to CMS checklist item CMS FI1.1, "Provides individual EOMB notices, within 45 days of the payment of claims, to all or a sample group of the Beneficiaries who received services under the plan as described in §11210.")		YES	
OM3.27	**5. Prepare Provider EFT/Check**			
OM3.28	The Vendor is to generate a check file in accordance with BMS process and schedule. The process is as follows: Pass check file to MIS, MIS passes to State Auditor and State Treasurer offices (where warrant #, EFT conf #, payment date added), passed back to MIS and then back to Vendor to load into the MMIS.	YES		
OM3.29	Ability to generate an electronic check file that segregates types of payment based on check, Electronic Fund Transfer (EFT), and Inter-Governmental Transfer (IGT) payment data (Medicare A, B, D).	YES		
OM3.30	Payment processing should be independent of other system activity.	YES		
OM3.31	Ability to support a fixed payment schedule (as defined by BMS).	YES		
OM3.32	Ability to support unscheduled payment generation (per BMS request).	YES		

3. Operations Management
OM3. Payment Management, Payment & Reporting

Req #	Description of Requirement	YES without customization	YES with customization	NO unable to provide
OM3.33	Ability to calculate payment amounts for claims, including:	YES		
OM3.34	FFS Claims	YES		
OM3.35	Pharmacy POS	YES		
OM3.36	HCBS Provider claims	YES		
OM3.37	MCO/Capitation	YES		
OM3.38	Performance incentives (per BMS)		YES	
OM3.39	Withholdings	YES		
OM3.40	Other as identified by BMS during DDI and accepted via formal change control		YES	
OM3.41	Ability to base payment calculations on inputs that include:	YES		
OM3.42	Patient Resource Amounts	YES		
OM3.43	Spend-down amounts	YES		
OM3.44	TPL payment adjustments	YES		
OM3.45	Crossover payment adjustments	YES		
OM3.46	Member payment Adjustments	YES		
OM3.47	Ability to determine net payment amount	YES		
OM3.48	Other as identified by BMS during DDI and accepted via formal change control		YES	
OM3.49	Ability to support payroll processing (e.g., HCBS Providers), including withholding payments for payroll, and State and Federal taxes.		YES	
OM3.50	The Vendor is expected to support WV BMS budget relief (Accounts Payable) process. Processes include: reconciliation process for managing A/P inventory, release of payments per BMS criteria, withhold amounts per defined repayment schedules, and suspension of Provider payment, creation of check file, updating of claim with payment data		YES	
OM3.51	**6. Prepare Premium EFT/Check**			
OM3.52	Ability to calculate payment amounts for premium payments, including:	YES		
OM3.53	MCO premium payments based on MCO contract data (reimbursement arrangements, capitation rates, categories, and rules for each prepaid MCO and benefit package)	YES		

3. Operations Management OM3. Payment Management, Payment & Reporting				
Req #	**Description of Requirement**	**YES** without custom-ization	**YES** with custom-ization	**NO** unable to provide
OM3.54	PCCM premium payments based on BMS rules	YES		
OM3.55	Other as identified by BMS during DDI and accepted via formal change control	YES		
OM3.56	Ability to associate the MCO premium payment EFT with an X12 820 electronic premium payment transaction required under HIPAA.	YES		

3. Operations Management
OM4. Payment Management, Capitation & Premium Preparation

Req #	Description of Requirement	YES without customization	YES with customization	NO unable to provide
OM4.1	**1. Prepare Health Insurance Premium Payment**			
OM4.2	Ability to support HIPP invoicing and payment processing.	YES		
OM4.3	Ability to update Member records to reflect capitation payments made on his/her behalf.	YES		
OM4.4	Ability to calculate premium assistance cost effectiveness based on historical claims payment information compared to insurance premiums for a Member.		YES	
OM4.5	Ability to employ a user-configurable process to identify potential high cost Members.		YES	
OM4.6	Ability to identify Members for whom insurance premiums are to be paid and automatically generate prospective premium payments to insurance companies, employers, Members, or other entities.	YES		
OM4.7	Ability to allow payment of premiums to multiple payees for a single Member.		YES	
OM4.8	Ability to accommodate prospective and retrospective premium payments.	YES		
OM4.9	Ability to generate and transmit to Providers the content of HIPAA compliant automated premium payment reports (ASC-X12N 820), on a scheduled specified by the BMS.	YES		
OM4.10	Ability to store premium assistance payment tracking details such as warrant numbers.	YES		
OM4.11	Ability to make adjustments to premium payments.	YES		
OM4.12	Ability to integrate all premium assistance reporting and correspondence with the EDMS component.		YES	
OM4.13	**2. Prepare Medicare Premium Payment**			
OM4.14	Ability to support the payment of the Part A and Part B premiums.	YES		
OM4.15	Ability to receive appropriate Medicaid Member eligibility data from all sources of eligibility determination.	YES		
OM4.16	Ability to receive State Data Exchange (SDX), Enrollment Data Base (EDB) file, and/or Beneficiary Data Exchange (BENDEX) eligibility files. (The Bureau currently accesses the EDB file and downloads it directly from CMS. The file is then sent to the FA vendor. RAPIDS currently uses the Bendex and SDX files).	YES		

3. Operations Management
OM4. Payment Management, Capitation & Premium Preparation

Req #	Description of Requirement	YES without customization	YES with customization	NO unable to provide
OM4.17	Ability to perform a matching process against Member data.	YES		
OM4.18	Ability to generate a two-part buy-in file, one for Medicare Part A and one for Medicare Part B.	YES		
OM4.19	Ability to receive Medicare buy-in records and load on a monthly basis.	YES		
OM4.20	Ability to send/receive buy-in files to/from CMS.	YES		
OM4.21	Ability to automatically update eligibility information based on information received in the Medicare Enrollment Database (EDB) file.	YES		
OM4.22	Ability to post buy-in changes to the appropriate Member record.	YES		
OM4.23	Ability to produce buy-in reports as specified by BMS.	YES		
OM4.24	Provides Buy-In Beneficiary information for program or management use, including:	YES		
OM4.25	Transaction processed	YES		
OM4.26	Errors identified	YES		
OM4.27	Errors correction status	YES		
OM4.28	Tracks Buy-In exceptions for those Beneficiaries who are identified as eligible, but whose premiums have not been paid.	YES		
OM4.30	**3. Prepare Capitation Premium Payment**			
OM4.31	Ability to process adjustments to capitation (health plan premium) payments.	YES		
OM4.32	Ability to process per-Member per-month (PMPM) capitation payment based on BMS-defined rate factors such as age, sex, category of eligibility, health status, geographic location, and other.	YES		
OM4.33	Ability to establish capitation rates based on multiple risk criteria (gender, geography, etc.) and PCCM.	YES		
OM4.34	Selects premium payment amount and generates PMPM payment (capitation, premium, case management fee).	YES		
OM4.35	Ability to query Member-specific history of capitation payments for each applicable managed care program to which that Member belongs.	YES		

3. Operations Management OM4. Payment Management, Capitation & Premium Preparation				
Req #	**Description of Requirement**	**YES** without custom-ization	**YES** with custom-ization	**NO** unable to provide
OM4.36	Identifies individuals/enrollees who have terminated enrollment, disenrolled, or are deceased, and excludes those individuals from the monthly MCO capitation payment.	YES		
OM4.37	Generates regular capitation payments to MCOs or PCPs, at least on a monthly basis in compliance with HIPAA-standard X12 820 Premium Payment transaction where applicable.	YES		
OM4.38	Adjusts capitation payment based on reconciliation of errors or corrections or approved retroactive rates (e.g., retroactive adjustments to a particular capitation payment based on more accurate data that the MMIS obtains retroactively on Member enrollments, disenrollments, and terminations).	YES		
OM4.39	Performs reconciliations of payments to MCO, PCP roster.	YES		
OM4.40	Verifies correct transfer of capitation payment when Member disenrolls from one MCO and enrolls in another plan.	YES		
OM4.41	Ability to generate capitation recoupments automatically, based on user-defined criteria.	YES		
OM4.42	Ability to maintain Member-specific history of capitation payment activity for each applicable managed care program to which that client belongs.	YES		
OM4.43	Ability to maintain edit logic to prevent duplication of capitation and fee-for-service payments for services covered under the managed care program.	YES		
OM4.44	Process per-Member per-month (PMPM) for primary care gatekeeper services.	YES		

3. Operations Management (OM)
OM5. Payment Information Management

Req #	Description of Requirement	YES without custom-ization	YES with custom-ization	NO unable to provide
OM5.1	**1. Manage Payment Information**			
OM5.2	Ability to provide a Payment Data Repository to track and maintain all payment detail, including:	YES		
OM5.3	Claims and adjudication history (including payment)	YES		
OM5.4	Premium and capitation payment history	YES		
OM5.5	HCBS claims and payment history	YES		
OM5.6	Other as identified by BMS during DDI and accepted via formal change control	YES		
OM5.7	**2. Inquire Payment Status**			
OM5.8	Ability to receive claim status inquiries in a variety of mediums, including:	YES		
OM5.9	X12 276 and 277 Transactions through portal and in batch file process	YES		
OM5.10	Mail	YES		
OM5.11	Phone (Agent)	YES		
OM5.12	Fax	YES		
OM5.13	Phone (AVRS)		YES	
OM5.14	Provider Enrollment Tracking System (PETS)	YES		
OM5.15	Other as identified by BMS during DDI and accepted via formal change control		YES	
OM5.16	Ability to automatically assign a unique control (or identification or tracking) number to each Payment Status Request to track requests, from time of receipt to disposition.	YES		
OM5.17	Ability to respond to claim status inquiries in a variety of medium, including:	YES		
OM5.18	X12 276 and 277 Transactions through portal and in batch file process	YES		
OM5.19	Mail	YES		
OM5.20	Phone (Agent)	YES		
OM5.21	Fax	YES		
OM5.22	Phone (AVRS)		YES	
OM5.23	Other as identified by BMS during DDI and accepted via formal change control		YES	

3. Operations Management (OM) OM5. Payment Information Management				
Req #	**Description of Requirement**	**YES** without custom-ization	**YES** with custom-ization	**NO** unable to provide
OM5.24	Ability to provide payment inquiry response in conformance with BMS, State, and Federal policies.	YES		
OM5.25	Ability to deny requests not in compliance with BMS's information access/privacy policies and HIPAA guidelines.	YES		

3. Operations Management (OM)
OM6. Member Payment Information

Req #	Description of Requirement	YES without custom-ization	YES with custom-ization	NO unable to provide
OM6.1	**1. Calculate Spend-Down Amount**			
OM6.2	Ability to accept and display a spend-down indicator from RAPIDS showing that the spend-down amount has yet to be met.	YES		
OM6.3	Ability to automatically generate a spend-down report identifying the Members whose spend-down indicator is "Yes."	YES		
OM6.4	Ability to edit against the spend-down indicator and pend for "Yes."	YES		
OM6.5	Ability to provide a screen for BMS staff to enter the spend-down amount to be applied to the claim, and capture and maintain this information so that it is available for reporting.		YES	
OM6.2	Ability to accept and display a spend-down indicator from RAPIDS showing that the spend-down amount has yet to be met.	YES		
OM6.6	**2. Prepare Member Premium Invoice**			
OM6.7	Calculates and generates enrollment and premium notices to policy holders.	YES		
OM6.8	Processes premium receipts from policy holders.	YES		
OM6.9	Supports inquiries regarding premium collections.	YES		
OM6.10	Produces premium collection reports.	YES		
OM6.11	Ability to provide an Accounts Receivable function to create entries from the premium billing cycle and to post premium payment against (i.e., to bill and collect premiums).	YES		
OM6.12	Ability to generate an invoice to the Member for program premiums.	YES		
OM6.13	Ability to define premium rates and associate to specific benefit offerings.	YES		
OM6.14	Ability to identify through Member eligibility the applicable premium rate determination in order to generate invoices for premium payment.	YES		
OM6.15	Ability to prepare member premium invoices on a set schedule (as specified by the BMS).	YES		

3. Operations Management (OM) OM6. Member Payment Information				
Req #	**Description of Requirement**	**YES** without customization	**YES** with customization	**NO** unable to provide
OM6.16	Ability to capture all data necessary to meet BMS, State, and Federal premium reporting requirements. (The Bureau currently collects premiums and enrollment fees for eligible MWIN participants. A description of this program is found in 2.3.2.1.6. At a minimum, the data would need to identify member detail such as Member Medicaid ID, member name and related demographics, program type, eligibility effective dates, eligibility rate code, premium amount, premium notification mail date, date of premium receipt date, past due mail dates, program termination date, reason codes for termination. This is not meant to be an all-inclusive list. The system functionality should be flexible to accommodate additional expansion populations beyond the current MWIN program if the Bureau chooses to pursue).		YES	
OM6.17	Ability to integrate premium billing invoices and associated reporting with the Electronic Document Management System (EDMS) component.	YES		
OM6.18	Ability to maintain an audit trail of all transactions.	YES		

3. Operations Management (OM)
OM7. Cost Recoveries

Req #	Description of Requirement	YES without custom-ization	YES with custom-ization	NO unable to provide
OM7.1	**1. Manage Recoupment**			
OM7.2	Ability to support multiple recoupment options, rules and terms for recovery of all overpayments.	YES		
OM7.3	Ability to net against current or future payments to recover overpayments using a lump sum, percentage or repayment plan.	YES		
OM7.4	Ability to assess and collect interest per business rules (as defined by BMS).	YES		
OM7.5	Ability to post checks to outstanding receivable balances.	YES		
OM7.6	The system is expected to include an integrated (with other system components), fully functional accounts receivable component, including all required reporting (to be defined by BMS).	YES		
OM7.7	Ability to track the status of recoupment by Provider through all stages of the collection and appeals processes.		YES	
OM7.8	Ability to create bank deposit. (The system should provide functionality to post Accounts Receivable (A/R) for all check payments received in the Bureau. A daily report of all entries/postings is required to accompany the checks to be deposited for each date).	YES		
OM7.9	**2. Manage Estate Recovery**			
OM7.10	Ability to identify Members subject to estate recovery.	YES		
OM7.11	Ability to interface with TPL vendor files.	YES		
OM7.12	Ability to automatically generate a unique case identifier upon referral for Estate Recovery Case Management. Identifier methodology to be specified by BMS.		YES	
OM7.13	Ability to automatically create the Case Management record (from the initial case review data) upon referral to Case Management.	YES		
OM7.14	Ability to track and maintain Case Management data at the individual case level, including:	YES		
OM7.15	Case number	YES		
OM7.16	Case status (e.g., open, suspended, closed)	YES		
OM7.17	Actions taken	YES		
OM7.18	Outcomes including monetary recoveries	YES		
OM7.19	Listing of case contacts/affected parties	YES		

3. Operations Management (OM)
OM7. Cost Recoveries

Req #	Description of Requirement	YES without customization	YES with customization	NO unable to provide
OM7.20	Chronology of significant case activity (e.g., dates of phone calls to Providers, dates of records/information received from Provider/Member/attorney), including description.	YES YES		
OM7.21	Significant case documentation/evidence (e.g., medical records, Member interview findings, Provider credential verification)	YES		
OM7.22	Other as identified by BMS during DDI and accepted via formal change control		YES	
OM7.23	Ability to integrate and analyze data from external sources (e.g., vendors) in multiple media types.		YES	
OM7.24	**3. Manage TPL**			
OM7.25	Ability to track and maintain contractor activity related to Third Party Liability (TPL) requirements (e.g., cost avoidance, trauma, post-payment recoveries).		YES	
OM7.26	Automatically generates casualty-related claims information that can be used for follow-up to Beneficiaries, attorneys, motor vehicle department, etc. according to BMS-specified criteria.	YES		
OM7.27	Edits additions and updates to the Beneficiary insurance information to prevent the addition of duplicate policies.	YES		
OM7.28	Provides a mechanism to identify outdated TPL information.	YES		
OM7.29	Generates and maintains an audit trail of all updates to the Beneficiary insurance data, including those updates that were not applied due to errors, for a time period specified by the State.	YES		
OM7.30	Allows only authorized staff members to do manual deletes and overrides of alerts/edits.	YES		
OM7.31	Ability to report TPL resources against paid claims history retroactively for five (5) years to identify recoverable funds.	YES		
OM7.32	Manages accounts receivable and claims adjustments as TPL related invoices are paid.	YES		
OM7.33	Provides data storage and retrieval for Third Party Liability (TPL) information; supports TPL processing and update of the information.	YES		

3. Operations Management (OM)
OM7. Cost Recoveries

Req #	Description of Requirement	YES without customization	YES with customization	NO unable to provide
OM7.34	Ability to support entry of free-form text field that allows narratives for each recovery case that identifies user and date/time entered (length of this text field to be determined during DDI, per BMS approval).		YES	
OM7.35	Ability to display date-specific free-form narrative in chronological or reverse chronological sequence.		YES	
OM7.36	Ability to identify claims subject to recoupment, based on criteria defined by BMS, and generate letters to Providers instructing them to re-bill the primary carrier.	YES		
OM7.37	Ability to track post-payment recovery and adjustment of paid claims, including account receivable entries.	YES		
OM7.38	**4. Manage Drug Rebate**			
OM7.39	Ability to support non-traditional drug rebates (i.e., DME, other state drug rebate programs).	YES		
OM7.40	Ability to generate CMS 64 reporting related to drug rebate.	YES		
OM7.41	Ability to upload external drug rebate data into the system reference file (e.g., CMS labeler contact information and pricing file, supplemental rebate pricing file).	YES		
OM7.42	Ability to maintain all fields provided by CMS quarterly drug rebate file including historical data as determined by BMS.	YES		
OM7.43	Ability to generate statement of accounts.	YES		
OM7.44	Ability to generate quarterly utilization file for transfer back to CMS.	YES		
OM7.45	Ability to generate drug rebate invoices for different rebate programs.	YES		
OM7.46	Ability to compare National Drug Code (NDC) unit rebate amounts supplied by the manufacturer directly with the same information supplied by CMS.	YES		
OM7.47	Ability to exclude drug expenditures (e.g., claims from the 340B pharmacies) from rebate invoicing.	YES		
OM7.48	Ability to generate invoices that reference changes made to claim information reported on previously produced invoices. Corrections are to reflect original invoice quarter.	YES		
OM7.49	Ability to invoice for drugs dispensed in the physician office, drugs dispensed from a pharmacy, using the NDC identifier, and eligible drugs paid through MCO.	YES		
OM7.50	Ability to flag, withhold and correct invalid claims data before it reaches invoice generation.		YES	

3. Operations Management (OM)
OM7. Cost Recoveries

Req #	Description of Requirement	YES without custom-ization	YES with custom-ization	NO unable to provide
OM7.51	Ability to assess interest according to Federal requirements.		YES	
OM7.52	Ability to automatically set up Accounts Receivables at the NDC level for drug manufacturers invoiced for all rebate programs.		YES	
OM7.53	Ability to generate user defined reports to monitor the status of invoice or NDC detail, including but not limited to: amount collected, amount invoiced, outstanding receivables, number of disputes received and resolved, and amount collected in disputed items and non-disputed items.	YES		
OM7.54	Ability to selectively produce a periodic statement of accounts for outstanding debt, including interest calculated based on CMS rules.	YES		
OM7.55	Ability to record and track manufacturer disputes of drug rebate invoices at the NDC detail level.	YES		
OM7.56	Ability to associate the claims with NDC level detail related to a manufacturer's dispute.	YES		
OM7.57	Ability to report on all drug rebate programs individually and collectively.	YES		
OM7.58	Ability to provide drug manufacturers access through the Web Portal to upload data (as approved by BMS). (A secure portal for the Drug Rebate Program would allow access by the drug manufacturers to their invoices, claims level data, payment data and statements of account. While the intent is to provide data to the manufacturer, it is conceivable that payment data could be returned by the manufacturer).		YES	
OM7.59	Ability to manage reversal/adjustment claims for invoicing purposes.	YES		
OM7.60	Ability to import, maintain and modify historical rebate claims, pricing and payment data.	YES		
OM7.61	Ability to support and apply conversion factors.	YES		
OM7.62	Ability to post payment data at the deposit, check, invoice and line item levels.	YES		
OM7.63	Ability to generate user defined and ad hoc reports that meet Federal and State requirements as well as supporting the functional and technical operation of the program.	YES		

3. Operations Management (OM)
OM7. Cost Recoveries

Req #	Description of Requirement	YES without custom-ization	YES with custom-ization	NO unable to provide
OM7.64	**5. Manage Settlement**			
OM7.65	Ability to process and distinguish settlement amounts owed and payments due Provider for reporting purposes.	YES		
OM7.66	The system should allow Providers access to cost settlement information via the portal (similar to Medicare).		YES	
OM7.67	The system is expected to generate all required cost settlement reporting.		YES	
OM7.68	Ability to apply check payment to an open receivable.	YES		
OM7.69	Ability to track the status of settlement by Provider through all stages of the collection and appeals processes.	YES		
OM7.70	Ability to generate cost settlement information reports online via the Provider Portal. Specifics of the report to be agreed-upon during DDI.	YES		
OM7.71	Ability to internally generate all required cost settlement reporting. Specifics of the report to be agreed-upon during DDI.	YES		

4. Program Management (PG)				
Req #	**Description of Requirement**	**YES** without custom-ization	**YES** with custom-ization	**NO** unable to provide
PG.1	**1. Manage Rate Setting**			
PG.2	Ability to compare encounter data claims and capitation fees vs. fee-for-service payment data to determine utilization and payment analysis.	YES		
PG.3	Ability to calculate rates utilizing the designated fee schedule, while providing the ability to manipulate factors in the calculation, as defined by the user.	YES		
PG.4	Ability to maintain a history of any rate that includes effective and termination dates.	YES		
PG.5	Ability to assign budget neutrality.		YES	
PG.6	Ability to assess the fiscal impact of updating rates by testing against previously paid claims.	YES		
PG.7	Ability to use the pricing files such as Medicare Physician Fee Database (MPFDB) File to update Reference data without manual intervention.	YES		
PG.8	Ability to automatically update Provider rate tables through an electronic means (e.g., Excel, ODBC compliant database).	YES		
PG.9	Ability to accept an electronic file from a third-party entity of pricing information to assist in rate setting (e.g., TPL allowed amount).	YES		
PG.10	Ability to associate Provider-specific reimbursement contracts with the Providers. Ability to accommodate various pricing files, UCR, custom fee RBRVS, PPS. (The reference to PPS encompasses all Medicare Prospective Payment Systems that the Bureau currently utilizes or may wish to utilize in the future).	YES		
PG.11	System can receive an electronic update of Medicare rates for Federally Qualified Health Centers (FQHC).	YES		
PG.12	Ability to pend claims awaiting approval of fee, rate and code updates.	YES		
PG.13	Ability to accommodate retroactive application of rates.	YES		
PG.14	Upon any change in rates, the system can provide automatic notification to an appropriate distribution list.	YES		
PG.15	Ability to accommodate multiple rate-setting schedules (i.e., hospitals, long-term care facilities, intermediate care facilities for the mentally retarded (ICF/MR)).	YES		
PG.16	Ability to extract information that supports rate setting functions.	YES		

4. Program Management (PG)				
Req #	**Description of Requirement**	**YES** without custom-ization	**YES** with custom-ization	**NO** unable to provide
PG.17	System should capture and apply Member resource amount or spend-down amount for claims adjudication.	YES		
PG.18	**2. Manage 1099s**			
PG.19	Ability to establish Provider affiliations in a way that accommodates actual practicing locations and Federal and State tax requirements (one 1099 per taxable entity).	YES		
PG.20	Ability to produce and distribute 1099 files, documents and reports as required by the IRS. (The MMIS vendor is responsible for creating a check file that is transferred to the auditor and treasurer's office for processing payments. The file is returned to the MMIS vendor with the warrant and EFT information appended to the original file. The State agencies do not change the payment information received from the MMIS).	YES		
PG.21	Ability to produce copies of 1099s.	YES		
PG.22	Ability to generate corrected tax 1099s.	YES		
PG.23	Ability to automatically adjust 1099 amounts from repayments of claims.	YES		
PG.24	Ability to automatically adjust 1099 amounts from repayments of claims paid out and repaid in the same calendar year.	YES		
PG.25	The system has the ability to produce test 1099 list and provide a reconciliation of reportable amounts for review before printing or transmitting final to IRS.	YES		
PG.26	Ability to accommodate accurate 1099 processing for multiple tax IDs for the same Provider occurring in one reporting period.	YES		
PG.27	**3. Perform Accounting Functions**			
PG.28	Ability to interface all claims payment and financial activities with the West Virginia Accounts Payable and Accounts Receivable system.	YES		
PG.29	Ability to provide online access to accounting information based on the user's role.	YES		
PG.30	Ability to provide access to financial transactions and specifically related claims or other related or source information.	YES		
PG.31	Provide online inquiry of financial records based on a variety of criteria that may include:	YES		
PG.32	Payee or payer identifiers and names	YES		

4. Program Management (PG)				
Req #	**Description of Requirement**	**YES** without custom-ization	**YES** with custom-ization	**NO** unable to provide
PG.33	Payment, service, and processing dates	YES		
PG.34	Claim identifiers to be defined by BMS	YES		
PG.35	Remittance identifiers and dates	YES		
PG.36	Ability to capture cost report information in a prescribed electronic format for financial analysis and settlement.		YES	
PG.37	Ability to query the mapping from the data elements in MMIS to a State-defined reporting/financial account code.	YES		
PG.38	Ability to maintain a date-effective map from the data elements in MMIS to a State-defined reporting/financial account code.	YES		
PG.39	Ability to retain the State financial/reporting account code for each price (claim level, service line level, or for add-ons). Used for determining payment/adjudication decisions.	YES		
PG.40	Ability to assign a valid State financial system account code prior to final payment (e.g., State fund, Medicaid, etc.).	YES		
PG.41	Ability to calculate and apply interest on accounts receivable/payable account balances, as defined by the user.	YES		
PG.42	Ability to maintain date-effective interest rates.	YES		
PG.43	Ability to adjust interest payments when a claim that was originally paid with interest is adjusted.		YES	
PG.44	Ability to apply different interest rates.		YES	
PG.45	Ability to maintain all the data in the system that is necessary to generate the State financial system account code (e.g., claim information, Provider contracts, and Member characteristics).	YES		
PG.46	Ability to reconcile account code balances between the system and the State financial system.	YES		
PG.47	Provides method for lump-sum reimbursement, such as Disproportionate Share Hospital (DSH).		YES	
PG.48	Ability to withhold A/R from current payments.	YES		
PG.49	Ability to generate A/R aging.	YES		
PG.50	Provides and maintains the capability to process standard financial transactions including recoupments and payouts which cover more than one claim/service.	YES		

4. Program Management (PG)				
Req #	**Description of Requirement**	**YES** without custom-ization	**YES** with custom-ization	**NO** unable to provide
PG.51	**4. Perform Accounting Functions – Adjustments**			
PG.52	Ability to associate a transaction control number (TCN) with all claim credits and adjustments.	YES		
PG.53	Ability to reverse a previously paid claim.	YES		
PG.54	Ability to associate a reason code with all claim credits and adjustments.	YES		
PG.55	Ability to maintain the record of the original claim when a claim credit is generated.	YES		
PG.56	Ability for reversal and replacement claims to retain same log date.	YES		
PG.57	Ability to maintain a minimum of three years of on-line claim history to be used for adjustment processing upon implementation (e.g., MINIMUM of 3 years available on Day One of implementation), including encounter data.	YES		
PG.58	Ability to link adjustments or replacement claims to immediate predecessor or original claims.	YES		
PG.59	Ability to associate all supporting documentation for gross adjustments to the transaction control numbers (TCNs) assigned to the gross adjustment.		YES	
PG.60	Ability to assign specified functions at line level (e.g., ignore, warn, pend, pay, deny).	YES		
PG.61	Ability to access all incoming adjustment requests and claims regardless of input media and assign a unique tracking number and an adjustment type identifier.	YES		
PG.62	Ability to image claim adjustments requests from Providers (including faxes).	YES		
PG.63	Ability to process returned warrants or EFTs. Functionality should include:	YES		
PG.64	Re-establishment of all claims into a to-be paid status		YES	
PG.65	Reinstate units and dollars for prior authorized services		YES	
PG.66	Ability to place Provider on hold until bank account information updated	YES		
PG.67	Other as identified by BMS during DDI and accepted via formal change control		YES	
PG.68	Ability to receive and maintain all managed care retroactive and current eligibility enrollment spans and trigger retroactive adjustment claims.	YES		

4. Program Management (PG)				
Req #	**Description of Requirement**	**YES** without custom-ization	**YES** with custom-ization	**NO** unable to provide
PG.69	Ability to trigger take backs or payments and generate the content of 820 Remittance Advice for premium payments to Providers, at BMS-defined intervals.	YES		
PG.70	Ability to allow adjustments payments for retroactive eligibility.	YES		
PG.71	Ability to allow adjustments due to third-party prior payment and alert the cost avoidance unit.	YES		
PG.72	Ability to display both contracted agreement amount and actual payment amount.	YES		
PG.73	Ability to establish weekly payment reductions or increases based on the following:	YES		
PG.74	IRS levy/lien	YES		
PG.75	Child Support	YES		
PG.76	Other conditions as defined by BMS during DDI		YES	
PG.77	Ability to process mass adjustments that may include multiple Providers.	YES		
PG.78	Ability to provide easily customizable, parameter-driven mass adjustment selection and review process.	YES		
PG.79	Ability to establish and provide a sandbox environment that provides the functionality to create, test, modify and store fiscal impact scenarios. At a minimum, the MMIS Integrated Test Environment (ITE) should include: - Development Test Environment - UAT Environment - Training Environment - Production Test Environment	YES		
PG.80	Ability to provide internal communication capabilities (notification/explanation) tied to mass adjustments when necessary (e.g., policy initiated mass adjustments).		YES	
PG.81	Ability to deny or hold payments for review or release for immediate payment.	YES		
PG.82	Accept electronic reversal and replacement claims and/or adjustment claims.	YES		
PG.83	Ability to track and maintain source of reversal submissions in the user interface (GUI). Reversals may be submitted via paper, electronically, or entered directly into the system.	YES		

4. Program Management (PG)				
Req #	**Description of Requirement**	**YES** without custom-ization	**YES** with custom-ization	**NO** unable to provide
PG.84	**5. Perform Accounting Functions – Accounts Payable**			
PG.85	The Vendor is to support BMS's financial functions with the use of an accounts payable file of adjudicated claims which are paid at least weekly according to specific release criteria:	YES		
PG.86	Payment release by Provider Type	YES		
PG.87	Payment release by TCN	YES		
PG.88	Payment release by Provider ID	YES		
PG.89	Payment release by Claim Type (e.g., capitation, fee-for-service, POS)	YES		
PG.90	Other as identified by BMS during DDI and accepted via formal change control	YES		
PG.91	Ability to generate separate payment files for other payers using the WV MMIS (e.g., Juvenile Justice).	YES		
PG.92	Ability to generate a user-defined gross payment to a Provider in lieu of a payment based on adjudicated claims.	YES		
PG.93	Ability to generate multiple or expedited payments outside of the normal payment cycle.	YES		
PG.94	Ability to maintain A/P payment processing aging file for managing claim-specific and Provider-specific information to disburse payments via check, Electronic Funds Transfer (EFT), Inter-Governmental Transfer (IGT) payment., Part A, Part B and Part D payments.	YES		
PG.95	Ability to generate a paper remittance file, an electronic remittance voucher file and a print image form.	YES		
PG.96	Ability to accommodate multiple or changing tax IDs within the payment and enrollment components of the MMIS.		YES	
PG.97	Identifies Providers with credit balances resulting from claim reversal.	YES		
PG.98	Ability to associate each paid claim with the corresponding warrant or ACH number, warrant amount and paid date that ties to a Remittance Advice.	YES		
PG.99	Ability to net a Provider's payment against the balance in that Provider's accounts receivable account, as defined by the user.	YES		
PG.100	Ability to maintain user approved repayment plans for Providers.		YES	
PG.101	Ability to assign recoupments to a specific treating/servicing Provider to accommodate changes in employment.		YES	

4. Program Management (PG)				
Req #	**Description of Requirement**	**YES** without custom-ization	**YES** with custom-ization	**NO** unable to provide
PG.102	Ability to distribute payments to a specified location regardless of the distribution location of the Remittance and Status Advice (RA).	YES		
PG.103	Ability to cease a Provider's payment at the individual performing Provider or corporation level, as defined by the user.	YES		
PG.104	Ability to associate the service rendered to the Provider who receives payment.	YES		
PG.105	Ability to accept returned financial transactions and void the Provider payment by automatically reversing all transactions associated with the payment including claim payments, claim credits, and other financial transactions (e.g., cancelled, returned warrants).	YES		
PG.106	**6. Perform Accounting Functions – Accounts Receivable**			
PG.107	Ability to establish a receivable and distinguish between principle and interest balances.	YES		
PG.108	Ability to establish a receivable and net against any current disbursement.	YES		
PG.109	Ability to update or modify an established A/R invoice.	YES		
PG.110	Ability to query A/R invoices.	YES		
PG.111	Ability to post checks to outstanding receivable balances.	YES		
PG.112	Ability to define the types of entities (e.g., individual Provider, organization, corporation, etc.) responsible for an A/R account.	YES		
PG.113	Ability to establish repayment plans that extend over multiple periods.	YES		
PG.114	Ability to support multiple settlement options, rules and terms for recovery of all overpayments.	YES		
PG.115	Ability to modify (add, delete, change, pend) any item in the A/R account.	YES		
PG.116	Ability to maintain on-line inquiry to current and historical financial information with access by Member, Provider, manufacturer or other entity identification.	YES		
PG.117	Ability to provide for a flexible, parameter-based, on-line query capability for financial information.	YES		
PG.118	Ability to accept liens and/or orders to withhold from State and Federal entities.	YES		

4. Program Management (PG)				
Req #	**Description of Requirement**	**YES** without custom-ization	**YES** with custom-ization	**NO** unable to provide
PG.119	Ability to apply user-defined criteria for facilitating lien and/or orders to withhold (e.g., percentage of payment, percentage of lien, flat rate).	YES		
PG.120	Ability to assign a disposition on an A/R for suspending collection and interest activities (e.g., fair hearing, bankruptcy) and apply user-specified business rules.	YES		
PG.121	Ability to create a bank deposit transmittal and/or summary.		YES	
PG.122	Ability to maintain A/R aging Receivable file of all receivables regardless of current activity.	YES		
PG.123	**7. Develop and Manage Performance Measures and Reporting**			
PG.124	The Vendor is expected to develop operations reports to demonstrate compliance with applicable performance measures, as detailed in Appendix G, Service Level Agreements, and Appendix H, Performance Measures.	YES		
PG.125	**8. Monitor Performance and Business Activity**			
PG.126	The Vendor is expected to monitor performance against BMS-established performance measures, as detailed in Appendix G, Service Level Agreements, and Appendix H, Performance Measures.	YES		
PG.127	The Vendor is expected to implement corrective action plans to address performance issues (i.e., when performance falls below acceptable threshold).	YES		
PG.128	**9. Manage Program Information**			
PG.129	Provides, maintains and updates a database to support MARS extract functions. Updates to the database should occur, at a minimum, monthly.	YES		
PG.130	System automatically maintains data integrity and verifies/reconciles data against the source systems, including payment data, and accounts for discrepancies.	YES		
PG.131	Vendor is to demonstrate process for ensuring that data is representative of all data elements used for claims processing and payment and reconciled to financial control totals.	YES		
PG.132	Maintains appropriate controls and audit trails to ensure that the most current data is used in all processes relying on the data repository.	YES		
PG.133	Ability to accommodate reporting across all Medicaid services and Social Service payments regardless of service delivery method and financing mechanism.		YES	

4. Program Management (PG)				
Req #	**Description of Requirement**	**YES** without custom-ization	**YES** with custom-ization	**NO** unable to provide
PG.134	Ability to schedule any report to be run at varying levels of immediacy, frequency, or user-defined condition.	YES		
PG.135	Ability to correct, rerun, verify, and distribute a report for which a problem occurred, for any period in which a problem occurred, or a specified point in time.	YES		
PG.136	Ability to produce all reports as defined by the BMS Master Reports List (see Procurement Library).		YES	
PG.137	Ability for up to 16 BMS authorized users to create ad-hoc reports.	YES		
PG.138	Ability to report according to current and future HEDIS administrative reporting guidelines. (The FFS Program does not currently report on any HEDIS measures).		YES	
PG.139	Provides the ability to report on unduplicated counts such as Members, Providers, and services.	YES		
PG.140	Provides the ability to report based on a Member enrollment hierarchy established by the BMS.		YES	
PG.141	Ability to display to the user the number of pages that will be printed before the user proceeds with printing a report.	YES		
PG.142	Monitor the progress of claims processing activity and provide summary reports which reflect the current status of claims.	YES		
PG.143	Present claims processing and payment information that demonstrates compliance with Federal prompt payment rules.		YES	
PG.144	Analyze areas of program expenditure to determine cost benefit.		YES	
PG.145	Analyze the frequency, extent, and type of Provider and other claims processing errors.		YES	
PG.146	For reporting purposes, assigns to all claim line details line, and subline categories that correspond to the CMS 64.	YES		
PG.147	Analyze Provider claim filing for timeliness, fiscal controls and ranking. Assume this would include analysis and reporting such as Top 25 Late Filing Providers, Provider Participation Analysis, Provider Top 100 Report, Denied Claims Summary Report by Provider Type, etc.		YES	
PG.148	Maintains comprehensive list of standard reports and their intended use (business area supported).	YES		
PG.149	Maintains a list of users of each standard report.	YES		

4. Program Management (PG)				
Req #	**Description of Requirement**	**YES** without custom-ization	**YES** with custom-ization	**NO** unable to provide
PG.150	Retains and maintains access to reports for the period of time specified by the BMS report owner.	YES		
PG.151	Ability to provide staff with access to reports on changes and modifications made to benefit plans and/or related components by beginning and end dates.	YES		
PG.152	Ability to generate reports on service limitations and exclusions for each benefit plan and/or related component.	YES		
PG.153	Ability to generate expenditure, eligibility and utilization data by benefit plan(s) and/or any of its components to support budget forecasts, monitoring and health care program modeling.		YES	
PG.154	Provide a means of obtaining various listings of the Procedure, Diagnosis, and Formulary File.	YES		
PG.155	Generate various listings of the claims processing suspense file.	YES		
PG.156	Provides the Statistical Report on Medical Care: Eligibles, Members, Payments and Services (Form CMS-2082).	YES		
PG.157	**10. Maintain Benefit/Reference Information**			
PG.158	Provides the comprehensive source where all current and historical reference data is maintained and updated in support of the following processes:	YES		
PG.159	Provider enrollment	YES		
PG.160	Medical, Dental and Pharmacy Medicaid Claims processing to ensure that claims are paid in accordance with 42 CFR 447 - Payment for Services, and non-Medicaid claims in accordance with State and Federal Policy	YES		
PG.161	Payment processing	YES		
PG.162	Adjustments	YES		
PG.163	Prior authorizations (PA)	YES		
PG.164	Maintain Procedure, Revenue, Drug, Diagnosis, and DRG data	YES		
PG.165	Maintain Modifier data	YES		
PG.166	Maintain Medicare Action Code data (Medicare Action Code data are action codes that are used in Medicaid cross-over processing).	YES		
PG.167	Maintain Resource Based Relative Value Scale (RBRVS) data	YES		

4. Program Management (PG)				
Req #	**Description of Requirement**	**YES** without custom-ization	**YES** with custom-ization	**NO** unable to provide
PG.168	Maintain Provider Charge file data	YES		
PG.169	Maintain free-form text memo information (Each entry is expected to include identification of user and date/time entered).	YES		
PG.170	Maintain System Parameter data	YES		
PG.171	Maintain Edit Code data	YES		
PG.172	Identify service frequency limitations	YES		
PG.173	Drug Rebate processing	YES		
PG.174	Drug Rebate file data	YES		
PG.175	Labeler file	YES		
PG.176	Drug Rebate Claim file	YES		
PG.177	NDC Summary file	YES		
PG.178	Produce various reports		YES	
PG.179	Other activities as specified by the BMS during the DDI phase		YES	
PG.180	Provides user-friendly navigation among the various reference files.	YES		
PG.181	Provides on-line inquiry capability to all current reference data.	YES		
PG.182	Provides on-line inquiry capability and archive access to historical reference data as defined by the BMS Data Retention Policy.	YES		
PG.183	Provides BMS-designated on-line role-based access for approval/update/edit of reference file data tracked through the Change Request process.		YES	
PG.184	Ability to maintain a history of all code sets, including the source and date/time of change, version, and a history of replacements or changes in meaning.	YES		
PG.185	Maintains an audit trail record that describes the change, the date of change, retroactive change, who requested the change, who authorized the change, and user id of who implemented the change.	YES		
PG.186	Table design should be flexible to ensure that the MMIS is able to readily accommodate changes.	YES		
PG.187	Inputs to the reference file should include (at a minimum): POS updates; CMS HCPCS updates; and online and batch updates requested by BMS.	YES		

4. Program Management (PG)				
Req #	**Description of Requirement**	**YES** without custom-ization	**YES** with custom-ization	**NO** unable to provide
PG.188	Ability to accept on-line updates, additions, and deletions, with the ability to make changes to individual records or mass changes to groups or classes of records (e.g., across Provider type and specialty).	YES		
PG.189	Ability to accept manual and automated updates, additions, and deletions by electronic transmission to all reference files, with the ability to make changes to individual records or mass changes to groups or classes of records (e.g., across Provider type and specialty).	YES		
PG.190	Ability to implement automated load processes to apply code set updates when updates are made available by CMS or other data publishing sources.	YES		
PG.191	Ability to support the transition to future versions of code sets (e.g., ICD-11).	YES		
PG.192	All reference file updates are expected to be tested by Vendor and approved by BMS prior to moving data to production.	YES		
PG.193	Ability to alert designated BMS staff upon completion of updates of reference file data. This alert should identify all changes and revisions, deletions, and replacements and provide a cross-reference.	YES		
PG.194	Ability to perform mass updates, from multiple sources determined by BMS, on the test region and upon approval migrate to production on a schedule defined by BMS.	YES		
PG.195	Ability to assure updates do not overlay or otherwise make historical information inaccessible. Should maintain back-up features to assure changes in parameters are maintained.	YES		
PG.196	Ability to allow the tracking of changes to the reference file using on-line notes capability.	YES		
PG.197	Ability to maintain effective dates for all code sets.	YES		
PG.198	Ability to add values or update any code set attributes.	YES		
PG.199	Ability to maintain a map of procedure codes to diagnosis codes to define valid/invalid combinations.	YES		
PG.200	Ability to maintain a map of 11-digit NDC codes to J-codes (i.e., Healthcare Common Procedure Coding System (HCPCS) Level II codes) through electronic updates.	YES		
PG.201	Ability to associate National Drug Codes (NDCs) with their therapeutic indicators.	YES		

4. Program Management (PG)				
Req #	**Description of Requirement**	**YES** without custom-ization	**YES** with custom-ization	**NO** unable to provide
PG.202	Ability to maintain an on-line cross-reference between HCPCS and International Classification of Diseases-10 (10th revision)-Clinical Modification (ICD-10-CM) procedure codes.	YES		
PG.203	Maintain an on-line cross-reference between ICD-10-CM and DSM diagnosis codes and DSM diagnosis, including DSM age 0-3 diagnosis.	YES		
PG.204	Ability to maintain a map of ICD-10 (International Classification of Diseases, version 10) surgical procedure codes to CPT (Current Procedural Terminology) procedure codes to apply claims processing functions based on the CPT code.	YES		
PG.205	Ability to maintain a map of Revenue codes to CPT procedure codes to apply claims processing functions based on the CPT code.	YES		
PG.206	**11. Maintain Benefit/Reference Information – Benefit Plans**			
PG.207	Ability to maintain the benefit plan data repository and ensure that data is captured, stored and maintained by program per BMS specifications.	YES		
PG.208	Able to create and modify multiple benefit plans that define, identify and maintain separate service profiles under each program in accordance with policy.	YES		
PG.209	Ability to maintain and update effective and end dates for all benefit plans.	YES		
PG.210	Ability to provide standardized testing/modeling environment or tools to determine impact of modifications to the benefit plan(s) and/or any of its components.		YES	
PG.211	Ability to easily add, delete, or modify benefit plan(s) and/or its related components.	YES		
PG.212	Ability to automatically notify staff (as specified by BMS) of changes to health plans and/or related components (e.g., databases, modules, rules, etc.) and their effective dates.	YES		
PG.213	Ability to allow an existing benefit plan and its associated components to be copied and renamed (to facilitate the creation of a new plan).	YES		
PG.214	Ability to support a hierarchy of program rules to determine which program the claim will be paid.	YES		
PG.215	**12. Maintain Benefit/Reference Information – Reference File Procedure Data Set**			
PG.216	Ability to maintain a Procedure Data Set which is expected to contain the following elements:	YES		

4. Program Management (PG)				
Req #	**Description of Requirement**	**YES** without custom-ization	**YES** with custom-ization	**NO** unable to provide
PG.217	International Classification of Disease (ICD)-9/10-CM diagnosis and procedure codes	YES		
PG.218	Approved versions of Health Common Procedure Coding System (HCPCS) procedure codes	YES		
PG.219	Procedure code data status (active/inactive) code segments with effective begin and end dates for each segment	YES		
PG.220	History of full descriptions for procedure codes	YES		
PG.221	History of short descriptions for procedure codes	YES		
PG.222	Effective and term dates for all items	YES		
PG.223	Diagnostic Related Groups (DRG)	YES		
PG.224	NDC drug codes	YES		
PG.225	HIPAA mandated code sets	YES		
PG.226	HL 7 LOINC code sets		YES	
PG.227	Current Dental Terminology (CDT) procedure codes	YES		
PG.228	Current Procedure Terminology (CPT) procedure codes	YES		
PG.229	Indicators associated with selected parameters for use in claims processing (to determine include, exclude, disregard)	YES		
PG.230	Multiple modifiers and the percentage of the allowed price applicable to each modifier	YES		
PG.231	Revenue Center Codes (RCC)	YES		
PG.232	Revenue Center Codes (RCC) should indicate if itemizations of HCPCS codes are required for claims processing and identify the list of valid/invalid HCPCS codes	YES		
PG.233	Provider charge file legacy custom rates	YES		
PG.234	Managed care program covered benefits exclusion plans	YES		
PG.235	Relative value units	YES		
PG.236	Edit/audit criteria and disposition tables	YES		
PG.237	Business rules	YES		
PG.238	Ambulatory Payment Classifications (APCs)	YES		
PG.239	Base units for American Society of Anesthesiologists (ASA) codes	YES		

4. Program Management (PG)				
Req #	**Description of Requirement**	**YES** without custom-ization	**YES** with custom-ization	**NO** unable to provide
PG.240	Coding values that indicate if a procedure is covered by Medicaid or other programs	YES		
PG.241	Authorized specialty and taxonomy	YES		
PG.242	Required Clinical Laboratories Improvement Amendments (CLIA) certification type	YES		
PG.243	PA requirements (e.g., always required, sometimes required, never required)	YES		
PG.244	Valid/invalid Place Of Service (POS) limitations	YES		
PG.245	Recipient age/gender restrictions	YES		
PG.246	Contraindicated edits	YES		
PG.247	Pre and post-operative days	YES		
PG.248	Once-in-a-lifetime indicator	YES		
PG.249	Never events (TBD) HAC	YES		
PG.250	Two digit place of service	YES		
PG.251	Co-pay indicator, and associated data including the co-payment amount/per service unit and/or aggregate out-of-pocket co-payment thresholds for the service	YES		
PG.252	Aid category, rate code, RAPIDS program code, or MAS/BOE code		YES	
PG.253	Family planning indicator (method defined by BMS)		YES	
PG.254	Emergency indicator	YES		
PG.255	Claim type	YES		
PG.256	Diagnosis code requirements including the list of valid/invalid diagnosis codes and if diagnosis is required (header/line) for claims adjudication	YES		
PG.257	Units of service	YES		
PG.258	Review indicator	YES		
PG.259	Tooth number or letter	YES		
PG.260	Tooth surfaces	YES		
PG.261	EPSDT indicator	YES		
PG.262	Anesthesia base values	YES		
PG.263	Duplicate check	YES		
PG.264	Indicator of TPL actions, such as cost avoidance, benefit recovery or pay, by procedure code.	YES		

4. Program Management (PG)				
Req #	**Description of Requirement**	**YES** without custom-ization	**YES** with custom-ization	**NO** unable to provide
PG.265	Indication of MCO carve-outs	YES		
PG.266	Procedures manually priced or manually reviewed	YES		
PG.267	Limits of the procedure	YES		
PG.268	Indication of non-coverage by third-party payers	YES		
PG.269	Information such as accident-related diagnosis codes for possible TPL, Federal cost-sharing	YES		
PG.270	Indicators for surgical, bi-lateral surgical, and endoscopy procedures	YES		
PG.271	Indication of when or whether claims for the procedure can be archived from on-line history (such as once-in-a-lifetime procedures)	YES		
PG.272	Payment Type (one-time, repetitive, invoiced)	YES		
PG.273	Post-operative day(s) parameter used for determining bundling policy for surgical claims/visits	YES		
PG.274	Indicate if referring Provider number is required for the procedure code	YES		
PG.275	Indicate if multiple surgery pricing (based on the modifier) applies to the procedure code and the extent to which Multiple Surgery (MS) pricing is applicable (the MS rule followed by business rules, canned or customized to meet BMS needs)	YES		
PG.276	Non-reportable indicator	YES		
PG.277	**13. Maintain Benefit/Reference Information – Reference File Drug Data Set**			
PG.278	Ability to accommodate updates to the Drug Data Set from sources including: contracted drug data and pricing service; the CMS Drug Rebate file and future State rebate program updates; and updates from BMS staff as needed.		YES	
PG.279	Vendor is expected to procure the Drug Reference database for use in claims processing.		YES	
PG.280	Ability to import CMS drug rebate file and use it for claims processing as directed by BMS.	YES		
PG.281	Provides a notification to BMS that drug code and pricing changes need manual review.	YES		
PG.282	Automatically implements drug code and pricing changes upon approval of BMS.	YES		
PG.283	Maintains current and historical coverage status and pricing information (including effective and termination dates) on legend drugs and Over The Counter (OTC) items.	YES		

4. Program Management (PG)				
Req #	**Description of Requirement**	**YES** without custom-ization	**YES** with custom-ization	**NO** unable to provide
PG.284	Ability to maintain a Drug Data Set which is expected to contain the following:	YES		
PG.285	Eleven digit NDC	YES		
PG.286	Brand name	YES		
PG.287	Generic name	YES		
PG.288	Name of manufacturer and labeler codes	YES		
PG.289	Add date	YES		
PG.290	Begin date	YES		
PG.291	Effective date	YES		
PG.292	CMS termination date	YES		
PG.293	Obsolete date	YES		
PG.294	Specific therapeutic class codes and descriptions	YES		
PG.295	Route of administration	YES		
PG.296	Identification of strength, units, quantity, and dosage form (powder, vial, liquid, cream, capsule) on which price is based	YES		
PG.297	Standard packaging indicators, size and description	YES		
PG.298	Previous NDC	YES		
PG.299	Minimum dosage units and days	YES		
PG.300	Maximum dosage units and days	YES		
PG.301	Generic indicator	YES		
PG.302	Generic code number (GCN)	YES		
PG.303	Generic sequence number (GSN)	YES		
PG.304	DEA code	YES		
PG.305	Unlimited date-specific pricing segments which include all prices needed to adjudicate drug claims records in accordance with BMS policy	YES		
PG.306	Indicators for multiple dispensing fees	YES		
PG.307	Identification of CMS Drug Rebate, Medical Assistance Program (MAP) Rebate program status and corresponding dates.	YES		
PG.308	CMS unit of measure	YES		
PG.309	Quantity field for pharmacy claims (allow for decimal units)	YES		

4. Program Management (PG)				
Req #	**Description of Requirement**	**YES** without custom-ization	**YES** with custom-ization	**NO** unable to provide
PG.310	Indicators for controlled drug, over-the-counter (OTC)	YES		
PG.311	DESI/LTE indicator (drug efficacy study index, less than effective)	YES		
PG.312	Preferred drug list status	YES		
PG.313	Indicators for schedule assigned to controlled drugs	YES		
PG.314	Drug Utilization Review (DUR) functions (e.g., high dose, low dose, drug to drug interaction)	YES		
PG.315	Date-specific, BMS-specific restrictions on conditions to be met for a claim to be paid including (but not limited) the following and any combinations thereof: maximum/minimum days supply; quantities; refill restrictions; preferred versus non-preferred indicators; recipient age/gender restrictions; prior authorization requirements; place of service for medical claims		YES	
PG.316	Pricing indicators to accommodate the following reimbursement methodologies: Federal Upper Limit (FUL); State Maximum Allowable Cost (SMAC); Wholesale Acquisition Cost (WAC); Estimated Acquisition Cost (EAC); Average Wholesale Price (AWP); AWP-minus; WAC-plus; and other pricing methodologies as they become available		YES	
PG.317	Other as identified by BMS during DDI and accepted via formal change control		YES	
PG.318	**14. Maintain Benefit/Reference Information – Reference File Revenue Code File**			
PG.319	Ability to maintain a Revenue Code File with a code data set that contains at a minimum, the following elements:	YES		
PG.320	Revenue code date-specific pricing segments, including, effective begin and end dates, and allowed amount for each segment	YES		
PG.321	Revenue code status code segments with effective begin and end dates for each segment	YES		
PG.322	Indicators associated with selected parameters to designate whether the code should be included, excluded, or disregarded in claims processing	YES		
PG.323	Complete narrative descriptions of revenue codes.	YES		
PG.324	Indication of TPL actions, such as cost avoidance, benefit recovery, or pay, by revenue code	YES		
PG.325	Indication of non-coverage by third-party payers	YES		

4. Program Management (PG)				
Req #	**Description of Requirement**	**YES** without custom-ization	**YES** with custom-ization	**NO** unable to provide
PG.326	Information such as accident-related indicators for possible TPL, Federal cost-sharing indicators, Medicare coverage, and allowed amounts	YES		
PG.327	**15. Maintain Benefit/Reference Information – Reference File Pricing Data Sheet**			
PG.328	Ability to transmit and/or provide on-line inquiry access to pricing files for outside vendors and entities determined by the BMS.	YES		
PG.329	Ability to configure the reference file to allow the same procedure code to be priced differently (e.g., based on age of consumer for the same date span).	YES		
PG.330	Ability to adjust and maintain pricing data for all health plans and/or benefit packages and identify and calculate payment amounts according to rates and rules established by BMS for various categories of pricing methods, for claim types other than retail pharmacy claims, including:	YES		
PG.331	Fee schedule	YES		
PG.332	Maximum allowable fee per service (note: some situations require paying Federal portion of fees)	YES		
PG.333	Percent of charge (billed amount) pricing	YES		
PG.334	Multiple rates for all Providers and Provider types (as identified by BMS)	YES		
PG.335	Interim and final rates, per Provider	YES		
PG.336	Per diem rates for BMS-specified Provider types	YES		
PG.337	Capitated rates for MCOs and PCCM services	YES		
PG.338	Case-by-case pricing (by report, manually priced, etc.)	YES		
PG.339	PA pricing fee schedule	YES		
PG.340	PA pricing case-by-case	YES		
PG.341	Enhanced or adjusted incentive payments as determined by BMS-defined pricing rules (e.g., dental pediatric incentive, HPSA pricing)		YES	
PG.342	Per diem rates, assigned to each LTC Provider with a corresponding date span for pricing	YES		
PG.343	Anesthesia pricing	YES		
PG.344	LTC facility daily rate, room and board charges	YES		
PG.345	LTC Prospective Payment System (PPS) rates	YES		
PG.346	LTC nursing rate	YES		

4. Program Management (PG)				
Req #	**Description of Requirement**	**YES** without custom-ization	**YES** with custom-ization	**NO** unable to provide
PG.347	Case mix adjusted rates for long term care facilities	YES		
PG.348	Payment rates and effective dates for each rate, per facility	YES		
PG.349	Consumer-specific pricing based on consumer location (i.e., hospice), monthly cost caps per consumer (i.e., for waiver programs)		YES	
PG.350	Medicare pricing or payment rates	YES		
PG.351	Procedure code modifier pricing	YES		
PG.352	Drug cost plus dispensing fee per prescription	YES		
PG.353	Different rates for transplants and organ acquisition costs	YES		
PG.354	Assistant-at-Surgery pricing	YES		
PG.355	Package size pricing	YES		
PG.356	Individual consideration pricing (e.g., hospital outliers)	YES		
PG.357	Ambulatory Surgical Center (ASC) group pricing as determined by BMS	YES		
PG.358	VFC (Vaccines for Children program) pricing and rates by procedure code	YES		
PG.359	National Drug Code (NDC) (used for pricing hospital claims)	YES		
PG.360	Transportation pricing	YES		
PG.361	Non-specified formula pricing, where non-specified formula pricing would refer to having a PA price a claim	YES		
PG.362	Other as identified by BMS during DDI and accepted via formal change control		YES	
PG.363	Ability to maintain the following hospital-specific inpatient and outpatient rate data, by effective date(s) including:	YES		
PG.364	Inpatient DRG rate components	YES		
PG.365	Inpatient and outpatient cost to charge ratios	YES		
PG.366	Other hospital specific payment components such as per diems, percentages	YES		
PG.367	Ability to accommodate multiple outpatient hospital reimbursement methodologies based on business rules provided by BMS, including:	YES		
PG.368	Outpatient prospective payment	YES		
PG.369	Per discharge/visit	YES		

4. Program Management (PG)				
Req #	**Description of Requirement**	**YES** without custom-ization	**YES** with custom-ization	**NO** unable to provide
PG.370	Percent of charge	YES		
PG.371	Fee-For-Service (FFS) procedure code prices for outpatient hospital care	YES		
PG.372	Line level and revenue center code pricing	YES		
PG.373	Other as identified by BMS during DDI and accepted via formal change control		YES	
PG.374	Ability to accommodate multiple inpatient hospital reimbursement methodologies based on business rules provided by BMS, including:	YES		
PG.375	DRG	YES		
PG.376	Per discharge/visit	YES		
PG.377	Per diem	YES		
PG.378	Percent of charge	YES		
PG.379	Line level and revenue center code pricing	YES		
PG.380	Other as identified by BMS during DDI and accepted via formal change control		YES	
PG.381	**16. Maintain Benefit/Reference Information – Reference File ICD-CM Coding Set**			
PG.382	Ability to maintain a Diagnosis set that utilizes ICD-CM coding sets. The diagnosis data set is expected to contain, at a minimum:	YES		
PG.383	Age	YES		
PG.384	Gender	YES		
PG.385	Family planning indicator	YES		
PG.386	Prior authorization indicator	YES		
PG.387	EPSDT indicator	YES		
PG.388	TPL trauma and emergency trauma codes	YES		
PG.389	Inpatient length of stay criteria	YES		
PG.390	Accident/trauma indicator	YES		
PG.391	Begin date	YES		
PG.392	End date	YES		
PG.393	Add date	YES		
PG.394	Description of the diagnosis	YES		
PG.395	Primary and secondary diagnosis code usage	YES		

4. Program Management (PG)				
Req #	**Description of Requirement**	**YES** without custom-ization	**YES** with custom-ization	**NO** unable to provide
PG.396	Indicators associated with selected parameters to designate whether they should be: included, excluded, or disregarded in claims processing	YES		
PG.397	Covered	YES		
PG.398	Not covered	YES		
PG.399	Effective dates for all items	YES		
PG.400	Indication of non-coverage for certain eligibility groups	YES		
PG.401	Indication of non-coverage by managed care organizations	YES		
PG.402	Cross reference to procedure codes	YES		
PG.403	Performance, utilization, and program integrity reviews	YES		
PG.404	Participation in Member care management	YES		
PG.405	Other as identified by BMS during DDI and accepted via formal change control		YES	

5. Care Management (CM)				
Req #	**Description of Requirement**	**YES** without custom-ization	**YES** with custom-ization	**NO** unable to provide
CM.1	**1. Manage Medicaid Population Health**			
CM.2	Ability to query both clinical and claims data for Members in both MCO and FFS populations in order to analyze performance of current programs and to conduct "what-if" analyses.	YES		
CM.3	Ability to access and query data from other governmental entities (outside of BMS, including but not limited to HIE, HIX, and CMS) in order to:		YES	
CM.4	Design and improve programs for potential as well as existing Medicaid Members	YES		
CM.5	Coordinate decision-making and program development across agencies and offices in support of common care management goals	YES		
CM.6	Query data and extract reports to analyze effectiveness of Medicaid dollars granted to other agencies/programs in support of care management goals	YES		
CM.7	Provide training - BMS expects the Vendor to provide training in the use of data analysis and toolset for purposes of care management	YES		
CM.8	Ability to use MMIS data to support population health analyses.	YES		
CM.9	Ability to receive population health data from various external entities. Data should include:	YES		
CM.10	Census data	YES		
CM.11	Vital statistics	YES		
CM.12	Immigration data	YES		
CM.13	Public health data	YES		
CM.14	Statewide Health Information Exchange		YES	
CM.15	National Health Information Network		YES	
CM.16	Other as identified by BMS during DDI and accepted via formal change control		YES	
CM.17	Ability to track and maintain detail for population health initiatives, including:	YES		
CM.18	Originator/source of inquiry	YES		
CM.19	Data source/s used	YES		
CM.20	Strategy (or strategies) developed in response to data analysis	YES		

5. Care Management (CM)				
Req #	**Description of Requirement**	**YES** without custom-ization	**YES** with custom-ization	**NO** unable to provide
CM.21	Changes to benefits	YES		
CM.22	Changes to reference data	YES		
CM.23	Record of communication materials	YES		
CM.24	Time period/case schedule of review	YES		
CM.25	Other as identified by BMS during DDI and accepted via formal change control		YES	
CM.26	The system should support the entry of free-form text field (number of characters as approved by BMS during DDI) associated with each request/analysis, including identification of user and date/time entered.		YES	
CM.27	Ability to display free-form narrative in chronological or reverse chronological sequence.		YES	
CM.28	**2. Establish Case**			
CM.29	Ability to automatically or manually populate, maintain and display multiple indicators at the Member level (e.g., disease state management, TBI, MR/DD).	YES		
CM.30	Ability to use claims history information to support care management program eligibility determination (e.g., Disease Management and Disability Determinations).	YES		
CM.31	Ability to use historical data to identify potential participants for specific programs, including historical data from the following:	YES		
CM.32	Medicaid Waiver program case management - Home and Community Based Services (HCBS) and other	YES		
CM.33	Disease management	YES		
CM.34	Catastrophic cases	YES		
CM.35	Early Periodic Screening, Diagnosis, and Treatment (EPSDT)	YES		
CM.36	Population management	YES		
CM.37	Other as identified by BMS during DDI and accepted via formal change control		YES	
CM.38	Ability to support flexible rules-based logic (as specified by BMS) to determine care management program eligibility criteria for:	YES		
CM.39	Individual Member	YES		
CM.40	Family	YES		
CM.41	Target populations	YES		

5. Care Management (CM)				
Req #	**Description of Requirement**	**YES** without custom-ization	**YES** with custom-ization	**NO** unable to provide
CM.42	Other as identified by BMS during DDI and accepted via formal change control		YES	
CM.43	Ability to generate a high-cost Member report to determine potential participation in a care management program.	YES		
CM.44	Ability to allow user to specify values/range of values when performing program participant data search. A user may limit values for any combination of the following:	YES		
CM.45	Target population characteristics (e.g., Member age, location, specific medical conditions)	YES		
CM.46	Data requirements (e.g., time period)	YES		
CM.47	Data elements presented in reporting (e.g., procedure codes, diagnosis codes)	YES		
CM.48	Other as identified by BMS during DDI and accepted via formal change control		YES	
CM.49	Ability to identify clients of special or State-funded programs, such as waiver, case-management, Aging and Disability Services Administration (ADSA) programs, Health Resources and Services Administration (HRSA) programs, and other assistance programs, with effective dates and other data required by the State.	YES		
CM.50	Ability to support flexible rules-based logic (as specified by BMS) to determine program/s appropriate for each Member.	YES		
CM.51	Ability to track and maintain Member treatment (care) plans and Health Improvement Plans, including the following detail:	YES		
CM.52	Member detail (name, ID, etc.)	YES		
CM.53	Identifies care needs as specified in the Health Improvement Plan	YES		
CM.54	Care Management Program (e.g., EPSDT, Disease Management)	YES		
CM.55	Provider type/s	YES		
CM.56	Provider detail of Provider/s associated with case (name PIN, contact info, etc.)	YES		
CM.57	Patient-Centered Medical Home (PCMH)	YES		
CM.58	Program starting and end dates	YES		
CM.59	Care setting	YES		
CM.60	Services to be delivered	YES		

5. Care Management (CM)				
Req #	**Description of Requirement**	**YES** without custom-ization	**YES** with custom-ization	**NO** unable to provide
CM.61	Services delivered detail (including cost & date)	YES		
CM.62	Frequency of service/s	YES		
CM.63	Expected results	YES		
CM.64	Review detail, including dates	YES		
CM.65	Other as identified by BMS during DDI and accepted via formal change control	YES		
CM.66	Ability to provide role-based access (defined by BMS) to Member treatment plans.	YES		
CM.67	Ability to close the program case and automatically notify* appropriate parties (including Member and Provider) if the Member chooses not to enroll in the care management program. *(BMS to determine notification method; may include letter or e-mail.)	YES		
CM.68	Ability to set a program maximum number of unduplicated participants (as specified by BMS) for care management programs.	YES		
CM.69	Ability to create a waiting list when the maximum number of unduplicated participants has been reached for a program.	YES		
CM.70	Ability to automatically generate a notice/alert (defined by BMS) when number of unduplicated participants enrolled in a program exceeds the specified maximum.	YES		
CM.71	Ability to automatically generate a notice/alert (defined by BMS) when unduplicated enrollment reaches a BMS-specified percentage of maximum enrollment.	YES		
CM.72	Ability to manually override program maximum enrollment.	YES		
CM.73	**3. Manage Case**			
CM.74	Ability to track and report the number of unduplicated participants in all care management programs.	YES		
CM.75	Ability to accept and update care management screening data fields from claim and encounter data at least weekly.	YES		
CM.76	Ability to track and maintain program Provider qualification requirements for each care management program.	YES		
CM.77	Ability to match the care management periodicity schedule with FFS billing, managed care encounter data, and Health Outcome Measures.	YES		
CM.78	Ability to automatically deny participation for Providers not meeting care management program qualification requirements.	YES		

5. Care Management (CM)				
Req #	**Description of Requirement**	**YES** without custom-ization	**YES** with custom-ization	**NO** unable to provide
CM.79	Ability to monitor program data to determine if the services approved in the plan of care are provided.	YES		
CM.80	Ability to provide on-line role-based access (as assigned/decided by BMS) to case management data, including:	YES		
CM.81	Program data and imaged documentation	YES		
CM.82	Member information (e.g., hospitalizations, LTC facility, pharmacy, PA information, State Plan services)	YES		
CM.83	Claims data	YES		
CM.84	Historical case, claims and enrollment data	YES		
CM.85	Eligibility information	YES		
CM.86	Benefit packages	YES		
CM.87	Provider information (e.g., outpatient services, waiver services by type, waiver services by Provider and by Member)	YES		
CM.88	Case notes	YES		
CM.89	Case activity codes	YES		
CM.90	Other as identified by BMS during DDI and accepted via formal change control	YES		
CM.91	Ability to search on-line care management data (according to role-based access defined by BMS) by any of the following: Member name, Member ID, and/or Provider ID.	YES		
CM.92	Ability to provide Case Managers role-based access (as assigned/decided by BMS, roles to be determined) to case management data. Case Managers can be defined as any of the following:	YES		
CM.93	BMS staff	YES		
CM.94	Nurses	YES		
CM.95	Other State agencies	YES		
CM.96	Contractors	YES		
CM.97	Social workers	YES		
CM.98	Other entities as defined by BMS	YES		
CM.99	Ability to maintain Member-level EPSDT records with functionality that:	YES		
CM.100	Includes user configurable periodicity schedules	YES		

5. Care Management (CM)				
Req #	**Description of Requirement**	**YES** without custom-ization	**YES** with custom-ization	**NO** unable to provide
CM.101	Maintains tracking data, by Member, including notification and screening dates, screening results, referral details	YES		
CM.102	Stores summary and detail EPSDT activities and services	YES		
CM.103	Generates initial and follow-up EPSDT notices (for Providers) based on periodicity schedules	YES		
CM.104	Track immunization records and status for children from birth to age eighteen (18)	YES		
CM.105	Track services provided as a result of EPSDT	YES		

6. Pharmacy Point-of-Sale (POS)				
Req #	**Description of Requirement**	**YES** without custom-ization	**YES** with custom-ization	**NO** unable to provide
POS.1	**1. General/Technical**			
POS.2	Ability to provide a system capable of easy modifications and updates based on current technology to insure integrity and drug coverage within BMS guidelines.	YES		
POS.3	The Pharmacy POS is expected to support all pharmacy functions, files and data elements necessary to meet the requirements in this RFP.	YES		
POS.4	Ability to maintain an easy to read audit trail of all database changes/updates accessible through online inquiry, with a date, time, reason and user ID.	YES		
POS.5	Ability to support the following inputs:	YES		
POS.6	Claims history data	YES		
POS.7	Member data	YES		
POS.8	National Provider Identifier (NPI) validation	YES		
POS.9	Provider data	YES		
POS.10	Reference file data	YES		
POS.11	Drug utilization review (DUR) reporting parameters	YES		
POS.12	National Council on Prescription Drug Program (NCPDP) Version 5.1, and batch Version 1.1, or the most current HIPAA compliant version of electronic claims and hard copy submitted claim information	YES		
POS.13	HIPAA compliant electronic Prior Authorization requests and hard copy Prior Authorization requests, to include an automated prior authorization process using NCPDP Standards (Version 5.1 and any future releases). Currently, BMS uses an automated prior authorization process through the services of a vendor using NCPDP P1-P4 transactions. Requests for drugs not included in the auto PA process could be submitted electronically via the Web Portal to the current drug prior authorization services vendor that receives them into its automated fax system.		YES	
POS.14	Online prescription data from Providers for Prospective Drug Utilization Review (ProDUR)	YES		
POS.15	Automated preferred drug data file updates	YES		
POS.16	ProDUR criteria	YES		
POS.17	Other as identified by BMS during DDI and accepted via formal change control		YES	

6. Pharmacy Point-of-Sale (POS)				
Req #	**Description of Requirement**	**YES** without custom-ization	**YES** with custom-ization	**NO** unable to provide
POS.18	The Vendor is expected to maintain and update the Pharmacy Provider file, including (at a minimum) the following fields: the pharmacy NPI; pharmacy Provider type and pharmacy specialty, pharmacy physical address, fax, and phone numbers; and others as defined by BMS during DDI.		YES	
POS.19	Ability to perform print screen on all Pharmacy POS screens directly from the system.	YES		
POS.20	Ability to link to specific information (e.g., Provider, Member, Drug, PA, etc.) within and across data fields as specified by BMS (for example, drill-down capability among Prescriber, Provider, Member, etc.).	YES		
POS.21	Provide a free-form memo field (number of characters as approved by BMS during DDI) associated with drug reference file maintenance. Each entry is expected to include identification of user and date/time entered.		YES	
POS.22	The system should support ad hoc reporting on the memo field based on criteria as defined by BMS (e.g., type of memo, user and date range).		YES	
POS.23	The Pharmacy POS is expected to maintain batch controls and audit trails on all pharmacy claims processing activities.	YES		
POS.24	The Pharmacy POS is expected to assign a unique control number to every claim at the time when the record is processed.	YES		
POS.25	The Vendor should store electronic record of every claim and attachment at the Vendor site in accordance with the BMS Data Retention Policy.		YES	
POS.26	The Pharmacy POS is expected to have the ability to identify those individuals who performed a force or override on an error code.	YES		
POS.27	The Pharmacy POS is expected to provide audit trail capabilities for any changes to the system.	YES		
POS.28	Ability to set minimum and maximum quantity limits on each drug with no additional charge.	YES		
POS.29	At a minimum, ability to support paid, denied, duplicate pay, duplicate reverse, rejected, reversed and rejected reversed claims.	YES		

6. Pharmacy Point-of-Sale (POS)				
Req #	**Description of Requirement**	**YES** without customization	**YES** with customization	**NO** unable to provide
POS.30	**2. General/Technical – Help Desk & User Support**			
POS.31	The Vendor is to supply a POS Pharmacy Help Desk dedicated to the West Virginia account. (The current pharmacy POS clinical prior authorization services vendor is expected to continue to provide drug prior authorization services only, under a separate contract. The Vendor is expected to assume the POS Pharmacy Help Desk role and processes).	YES		
POS.32	The system should support a notes functionality – in regard to help desk activity	YES		
POS.33	Ability to provide secure online access to current, updated source documents, Vendor developed policy/procedure manuals, system documentation, Provider manuals and forms for contract and BMS staff, including document search capabilities.	YES		
POS.34	Ability to store current, updated source documents, Vendor developed policy/procedure manuals, system documentation, Provider manuals and forms in electronic format accessible via PC workstation.	YES		
POS.35	**3. General/Technical – Inputs/Interfaces**			
POS.36	All claims data from the Pharmacy POS system should be passed by an interface file to the MMIS (on a schedule determined by BMS) for reporting, payment and remittance voucher generation.	YES		
POS.37	Ability to allow the Pharmacy POS real-time access to Pharmacy and Medical/Dental claims databases.		YES	
POS.38	Ability to support interfaces with external systems, including (but not limited to):	YES		
POS.39	Retro DUR vendor	YES		
POS.40	DW/DSS (Data Warehouse/Decision Support System)	YES		
POS.41	CMS and/or their agents	YES		
POS.42	Commercial drug file vendor	YES		
POS.43	Other as identified by BMS during DDI and accepted via formal change control (the Vendor is expected to exhibit a willingness to support BMS defined interfaces)		YES	
POS.44	Ability to support the following online processing of pharmacy claims through networks provided by contracted switch vendors:	YES		
POS.45	Transmission and online real-time processing of pharmacy claims	YES		

6. Pharmacy Point-of-Sale (POS)				
Req #	**Description of Requirement**	**YES** without custom-ization	**YES** with custom-ization	**NO** unable to provide
POS.46	Real-time access to Member and Provider eligibility information	YES		
POS.47	Prior Authorization processing	YES		
POS.48	Third Party Liability (TPL) processing and response	YES		
POS.49	Respond to Drug Utilization Review (DUR) alerts	YES		
POS.50	Notification of co-payment requirements	YES		
POS.51	Other as identified by BMS during DDI and accepted via formal change control	YES		
POS.52	Pharmacy POS should support an eligibility transaction through network Providers to provide or support Provider queries on eligibility. (The POS should support NCPDP eligibility request transactions).	YES		
POS.53	**4. Drug File**			
POS.54	The Pharmacy POS drug file is expected to have the capability to indicate preferred drug status.	YES		
POS.55	The Pharmacy POS drug file is expected to have the capability to indicate prior authorization requirements.	YES		
POS.56	Ability to develop, implement and maintain the BMS's customized drug database.	YES		
POS.57	Ability to, at a minimum, support all data elements provided by a commercial drug file vendor for each drug. (BMS prefers the vendor use First DataBank (FDB) and the AWP pricing file from Medispan. Currently, all clinical and therapeutic policies are based on FDB nomenclature, while AWP pricing is supported by using Medispan file.	YES		
POS.58	Ability to maintain a master drug data file, which contains an entire list of products available including legend and Over the Counter (OTC) drugs, as well as others as specified by the BMS.	YES		
POS.59	Ability to maintain, at a minimum, all standard drug-specific data elements used by pharmacy claims processors and the BMS-specific data elements.	YES		
POS.60	Ability to provide for electronic update of the drug database from a commercial drug file vendor on at least a weekly basis or as directed by the BMS. (BMS does not expect to be purchasing/leasing the commercial drug file. The Vendor is expected to be responsible for this contract. First DataBank is the current vendor and Medispan's AWP pricing file was added in September 2011).	YES		

6. Pharmacy Point-of-Sale (POS)				
Req #	**Description of Requirement**	**YES** without custom-ization	**YES** with custom-ization	**NO** unable to provide
POS.61	Ability to overwrite data transferred from commercial drug file vendor.	YES		
POS.62	The Pharmacy POS is expected to have the ability to protect manual changes from automatic updates from the drug database vendor.	YES		
POS.63	Ability to allow user-defined Drug file data elements in addition to those provided by commercial drug file vendor.	YES		
POS.64	Ability to provide online, real-time update capability for changes to specific drug codes on the database at the direction of the BMS.	YES		
POS.65	Ability to manually update term dates of drugs.	YES		
POS.66	Ability to provide the BMS online inquiry window access to the Master Drug Data files, and access to pending changes that are to be used to update the Master Drug Data files.	YES		
POS.67	Ability to view all database elements that are found in the drug file records.	YES		
POS.68	Ability to provide an automated audit trail system to document reference database changes approved by the BMS, as well as documentation of the change and the reason for change.		YES	
POS.69	Ability to maintain history of the deleted NDCs from the drug reference file.	YES		
POS.70	Ability to generate report of changes made on Drug Reference File (including date of change), including date, time, reason and user ID.		YES	
POS.71	Ability to import the CMS drug file and reconcile with the drug database file according to BMS established criteria. (BMS expects that drug termination dates, DESI information, and rebate status published by CMS are used/considered when processing POS claims. BMS expects that CMS' data, when different from the drug file data, would overlay the drug file data, if approved by BMS. BMS expects there to be an automated process for applying this data).		YES	
POS.72	**4. Claims Processing – General**			
POS.73	Ability to provide and maintain a pharmacy claims processing system with the capability to process electronic and paper transactions.	YES		
POS.74	Ability to monitor and track all claims processing activities.	YES		

6. Pharmacy Point-of-Sale (POS)				
Req #	**Description of Requirement**	**YES** without custom-ization	**YES** with custom-ization	**NO** unable to provide
POS.75	Ability to process all claims in a real-time mode via POS technology.	YES		
POS.76	Ability to allow system users to define which fields are displayed as part of a POS claim screen.		YES	
POS.77	The Pharmacy POS is expected to support the universal claim form for paper submittals.	YES		
POS.78	Ability to provide a system to process paper claims (including those with attachments if allowable by NCPDP) and maintain edits and audits identical to those in the POS system.	YES		
POS.79	Ability to accept DEA on paper claim (either NPI or DEA is acceptable as a prescriber identifier on paper only).	YES		
POS.80	Ability to support multiple transactions within 1 transmission from a Provider, based on current NCPDP standards.	YES		
POS.81	On-line access to Member claim profile information that includes, but not be limited to:	YES		
POS.82	Drugs with descriptions	YES		
POS.83	Narrative denial reasons	YES		
POS.84	Other as identified by BMS during DDI and accepted via formal change control	YES		
POS.85	Ability to limit benefits on a Member-by-Member basis (i.e., individual member basis), per BMS approval, for limitations such as therapeutic categories, optional services and others defined as BMS.	YES		
POS.86	The Pharmacy POS should respond with reject codes for each transaction within a transmission as defined by NCPDP standard.	YES		
POS.87	Ability to deny any claim without valid eligibility information on file.	YES		
POS.88	Ability to verify Member eligibility using demographic data as determined by BMS.	YES		
POS.89	Ability to identify Medicaid vs. Non-Medicaid Members.	YES		
POS.90	Ability to support a pharmacy lock-in capability for each Member when necessary. Lock-in to one pharmacy Provider.	YES		
POS.91	Ability to support a customizable prescriber lock-in capability for each Member when necessary. Lock-in to one prescribing Provider for certain therapeutic classes.	YES		

6. Pharmacy Point-of-Sale (POS)				
Req #	**Description of Requirement**	**YES** without customization	**YES** with customization	**NO** unable to provide
POS.92	Ability to capture and display HMO plan information (fields for display to be defined by BMS).	YES		
POS.93	Ability to edit all FFS claims submitted for Members identified to have third-party coverage, including Medicare, according to BMS policies.	YES		
POS.94	Ability to process claims when Date of Service does not exceed 12 months from the date the prescription was written.	YES		
POS.95	Ability to set a maximum day supply as defined for BMS.	YES		
POS.96	Ability to allow exceptions to the maximum day supply.	YES		
POS.97	Ability to support the current NCPDP standard "Reversal" message which is to effectively 'debit' the named claim.	YES		
POS.98	**6. Claims Processing – Edits/Audits**			
POS.99	Ability to process pharmacy claims, at a minimum, using all edits currently defined by the BMS.		YES	
POS.100	The Pharmacy POS should perform real-time edit/audit processing.	YES		
POS.101	Ability to modify edits and audits as necessary or as defined by the BMS when policy or coverage changes are implemented.	YES		
POS.102	Ability to perform adjudication of unique claims (i.e. by-pass edits/audits) as specified by the BMS.	YES		
POS.103	Ability to deny or override claim edits and audits in accordance with BMS determined guidelines.	YES		
POS.104	Ability to identify and exclude from coverage certain National Drug Code (NDC) numbers as required by the BMS.	YES		
POS.105	Ability to restrict a Provider to specific drugs they can prescribe (in accordance with BMS-specified list defined during DDI).	YES		
POS.106	Ability to exclude prescriber NPIs when the OIG (Office of Inspector General) or BMS has determined they are ineligible for participation.	YES		
POS.107	Ability to limit dollar amounts as defined by BMS.	YES		
POS.108	Ability to provide an edit to alert pharmacies when incorrect units are billed for drugs based on package size including those with decimals.	YES		
POS.109	Ability to edit controlled substance claims in accordance with Federal regulations.	YES		

6. Pharmacy Point-of-Sale (POS)				
Req #	**Description of Requirement**	**YES** without custom-ization	**YES** with custom-ization	**NO** unable to provide
POS.110	Ability to limit coverage by age, gender, quantity, and edits going backwards and forwards, and other as determined by BMS.	YES		
POS.111	Ability to apply the Federal rebate requirements.	YES		
POS.112	Ability to approve for payment exceptions to the Federal rebate requirements as defined by BMS.	YES		
POS.113	Ability to edit and deny on certain NDC levels or therapeutic classes for drugs contraindicated during pregnancy.	YES		
POS.114	Ability to limit drugs based on diagnosis or drug history.	YES		
POS.115	All brand name multi-source drugs, which have a therapeutically equivalent generic available, should be denied for payment. A suitable generic drug is to be substituted, unless the Dispense as Written (DAW) is submitted per BMS guidelines.	YES		
POS.116	Ability to recognize a preferred brand and not require the submission of a DAW code, as determined by BMS.	YES		
POS.117	Ability to allow the BMS to define use criteria for use of DAW codes.	YES		
POS.118	**7. Claims Processing – Benefit Plans**			
POS.119	Ability to configure claims processing benefit plans, as defined by the BMS.	YES		
POS.120	Ability to process pharmacy claims using plan limitations as defined on the date of service.	YES		
POS.121	Ability to support limits on scripts per month following benefit coverage rules (as defined by BMS).	YES		
POS.122	Ability to apply, at the minimum, the primary, secondary coverage hierarchy (as defined by BMS) to claims processing.	YES		
POS.123	Ability to block coverage of a benefit for certain Members as determined by BMS.	YES		
POS.124	**8. Claims Processing – Coordination of Benefits (COB) Third Party Liability (TPL) Requirements**			
POS.125	Ability to deny any claim that should be submitted for Medicare payment first (where the Member is identified as Medicare eligible).	YES		

6. Pharmacy Point-of-Sale (POS)				
Req #	**Description of Requirement**	**YES** without custom-ization	**YES** with custom-ization	**NO** unable to provide
POS.126	Ability to allow Providers to submit a third party's carrier identification number and plan/policy numbers for insurance carriers not listed on the Member eligibility file. (BMS currently contracts with a vendor that uses the POS information to research unreported TPL. Once identified, the vendor updates the BMS eligibility files. BMS may identify other methods of collecting eligibility information in the future).	YES		
POS.127	Ability to edit to ensure that TPL has been satisfied in accordance with BMS policies.	YES		
POS.128	Pharmacy POS Coordination of Benefits (COB) for pharmacy claims is expected to be able to deny a claim when other insurance or Medicare coverage is present.	YES		
POS.129	Ability to accept TPL information in a submitted claim, per NCPDP standards.	YES		
POS.130	Capable of tabulating the one or more TPL payments towards the Medicaid cost of the claim.	YES		
POS.131	Ability to not wrap around the Medicare Part D Benefit. (Wrap around references payment of drugs not covered by Part D plan formularies. BMS does not pay any Medicare Part D copayment or cover any drugs not covered by Part D plan formularies, other than the CMS defined list of drugs that are excluded by Part D and remain the responsibility of Medicaid).	YES		
POS.132	Ability to capture the reject reason for the denial by the primary payer.	YES		
POS.133	Ability to recognize the co-payment requirement from the primary insurance and calculate the Medicaid payment per BMS requirements.	YES		
POS.134	Ability to deny hospice claims unless for a non-hospice covered drug. Hospice is considered a third-party payer.	YES		
POS.135	Ability to support reject codes submitted from a Provider for each TPL submitted per NCPDP standard.	YES		
POS.136	**9. Claims Processing – Compound Requirements**			
POS.137	Ability to support the requirement that at least one ingredient is a covered legend drug.	YES		
POS.138	Ability to edit for PA and quantity limits, and other edits as required by BMS, for each line of the compound.	YES		

6. Pharmacy Point-of-Sale (POS)				
Req #	**Description of Requirement**	**YES** without custom-ization	**YES** with custom-ization	**NO** unable to provide
POS.139	Ability to pay a compound claim whose ingredients may include a non-allowable NDC; OTC priced at lowest determined cost; DME items and non-rebate drugs priced at $.00.	YES		
POS.140	Ability to support processing of compounds containing up to 25 ingredients per prescription.	YES		
POS.141	Ability to price compound ingredients based on the individual prices of each ingredient quantity contained in the compound.	YES		
POS.142	A compound drug containing a DESI (also known as Less than Effective Drug Efficacy Study Implementation -- LTE DESI) ingredient should be denied. (All drugs that are CMS DESI 5 or 6 designation should be denied for payment when billed as a single ingredient or if billed as an ingredient in a compounded prescription).	YES		
POS.143	**10. Claims Processing - Refills**			
POS.144	Ability to limit the number of 3 day Emergency fills during the life of a prescription as specified by a configuration parameter.	YES		
POS.145	Ability to enforce 11 refills per prescription within 12 months resulting in a total of a maximum of 12 fills in 12 months (for non-controlled substances)	YES		
POS.146	Ability to enforce 5 refills per prescription within 6 months for controlled substances.	YES		
POS.147	Ability to enforce early refill limits using different percentages of supply used across different drug categories as determined by BMS.	YES		
POS.148	Ability to restrict replacement lost/stolen drugs in order to disallow the pharmacy to enter override code per BMS policy. Current BMS policy requires a call to the help desk for approval.	YES		
POS.149	**11. Drug Utilization Review (DUR)**			
POS.150	Ability to provide and support point-of-sale with prospective DUR edits.	YES		
POS.151	Ability to use existing Medicaid Member pharmacy claim history records to evaluate the current prescription for possible interactions between the patient's active history prescriptions and the drug being currently prescribed.	YES		
POS.152	Ability to use ProDUR communications that comply with current specifications used in NCPDP Version 5.1 or the most current HIPAA compliant version.	YES		

6. Pharmacy Point-of-Sale (POS)				
Req #	**Description of Requirement**	**YES** without custom-ization	**YES** with custom-ization	**NO** unable to provide
POS.153	Ability to provide online access to Prospective Drug Utilization Review (ProDUR) criteria/screening data files.	YES		
POS.154	Ability to support the following requirements for ProDUR:	YES		
POS.155	Support an edit process that should be parameter or table-driven and be flexible	YES		
POS.156	Provide the capability to update system parameters without complex programming within one (1) business day of receipt of request	YES		
POS.157	Provide BMS users with role-based access to DUR data (on-line) for the purpose of displaying module groupings (therapeutic classes), dosing, and other criteria used for editing.	YES		
POS.158	Other as identified by BMS during DDI and accepted via formal change control	YES		
POS.159	**12. Drug Utilization Review (DUR) – Claims Review**			
POS.160	The DUR Clinical Modules should be configurable and customizable and provide edits per BMS policy. The modules should include (at a minimum):	YES		
POS.161	Drug Drug Interaction (DD)	YES		
POS.162	Therapeutic Duplication (TD)	YES		
POS.163	Ingredient Duplication (ID)	YES		
POS.164	Early Refill (ER) if applicable	YES		
POS.165	Pregnancy Precaution (PG)	YES		
POS.166	High Dosage (HD)	YES		
POS.167	Maximum Duration (MX)	YES		
POS.168	Breastfeeding Precaution (SX)	YES		
POS.169	Low Dosage (LD)	YES		
POS.170	Late Refill (LR)	YES		
POS.171	Drug/Allergy alerts	YES		
POS.172	Ingredient/therapeutic duplication crossover	YES		
POS.173	Other as identified by BMS during DDI and accepted via formal change control	YES		

6. Pharmacy Point-of-Sale (POS)				
Req #	**Description of Requirement**	**YES** without custom-ization	**YES** with custom-ization	**NO** unable to provide
POS.174	RxDUR should have capability to modify the ON/OFF status of clinical modules. (BMS expects the Vendor's solution to have the flexibility to set to "ignore" status such DUR edits as late refill or pregnancy for certain therapeutic classes, but be able to apply them to other therapeutic classes. An example is to deny ACE inhibitors for members who are pregnant, but do not deny Penicillins for members who are pregnant).	YES		
POS.175	Ability to implement a ProDUR system using online real-time intervention at the POS with clinical edits to detect, at a minimum, maximum/minimum daily dosages for all applicable NDCs.	YES		
POS.176	Ability to capture and store chronic disease states in the Member file.	YES		
POS.177	**13. Drug Utilization Review (DUR) – Alerts & Overrides**			
POS.178	Ability to display multiple POS messages as a return response to the billing Provider.	YES		
POS.179	Ability to user-define text of messages to be returned to pharmacies.	YES		
POS.180	Ability to user-define business rules which allow different messages under different circumstances.	YES		
POS.181	Ability to apply alerts according to BMS specifications.	YES		
POS.182	For each alert/denial, the ability to include, at a minimum, the following information (to the Provider):	YES		
POS.183	Alert conflict type (e.g., drug allergy alert)	YES		
POS.184	Alert severity (e.g., minor, major, etc.)	YES		
POS.185	Available data related to the alert (e.g., other drug or condition in conflict)	YES		
POS.186	Other as identified by BMS during DDI and accepted via formal change control	YES		
POS.187	Ability to support a role-based override capability for all edits.	YES		
POS.188	Ability to support special situations where State/Federal programs/exceptions exist with "soft edits" to allow Provider override.	YES		
POS.189	Ability to support "hard edits" to prevent Provider override.	YES		
POS.190	Ability to support a special "BMS Management Override" for paper claims where normal editing is bypassed.	YES		

6. Pharmacy Point-of-Sale (POS)				
Req #	**Description of Requirement**	**YES** without custom-ization	**YES** with custom-ization	**NO** unable to provide
POS.191	Ability to require the Provider to enter codes for actions taken in response to the drug interaction alerts/warnings and the outcomes of those actions in accordance with NCPDP response codes. The system should maintain these acknowledgment codes in history, as well as report them when requested by the BMS.	YES		
POS.192	Ability to user-define additional text to accompany standard NCPDP DUR reject codes and their associated return messages.	YES		
POS.193	Ability to edit against data elements in a Provider file of the prescriber identified in the prescriber ID field of a submitted claim for the purpose of overriding or producing claim (e.g., not requiring PA for scripts written by certain doctors, or denying a claim within a certain drug class when written by a specific prescriber).	YES		
POS.194	Ability to override PA/Electronic Prior Authorization (EPA) requirement based on submitted diagnosis code or previously recorded chronic disease regardless of the claim type the diagnosis was submitted on.	YES		
POS.195	Ability to produce a report, upon request, listing all ProDUR alerts encountered for specified Members, Providers, and/or prescribers.	YES		
POS.196	Ability to systematically by-pass or suppress Pro-DUR alerts based on prescriber/Provider/Member/program and/or drug file parameters as defined by the BMS.	YES		
POS.197	**14. Drug Utilization Review (DUR) – Default Screening**			
POS.198	The initial values for DUR Default Screening Parameters page should be set as specified by the BMS.	YES		
POS.199	Capability for modification of the default Screening Parameters.	YES		
POS.200	Ability to rank the severity of adverse events.	YES		
POS.201	Ability to modify the ranking of Severity Events.	YES		
POS.202	Ability to establish initial Severity Rankings as specified by the BMS.	YES		
POS.203	Ability to reject claims when certain drug combinations are used (as defined by BMS).	YES		
POS.204	Capability of posting or not posting DUR events to the Provider, as determined by BMS.	YES		
POS.205	**15. Drug Utilization Review (DUR) – Reporting**			
POS.206	Ability to generate the following reporting:	YES		

6. Pharmacy Point-of-Sale (POS)				
Req #	**Description of Requirement**	**YES** without custom-ization	**YES** with custom-ization	**NO** unable to provide
POS.207	Alerts/claims denials by reason (e.g., therapeutic duplication, drug/drug interaction, excessive utilization)	YES		
POS.208	Cost saving and cost tracking reports (e.g., savings amounts, co-pays).	YES		
POS.209	Drug file update reporting (e.g., therapeutic class, update descriptions, low/high dose criteria)	YES		
POS.210	Other as identified by BMS during DDI and accepted via formal change control		YES	
POS.211	**16. Prior Authorization (PA) – Processing**			
POS.212	Ability to process PAs using the NCPDP standard guidelines. (Full support of processing PAs using NCPDP Standards is desired. BMS acknowledges that most PA requests currently are included with claims submission. However, the proposed solution should reach into the future and should support D.0 and any subsequent version during the life of the contract).		YES	
POS.213	Ability to utilize prior authorization information in claims processing.	YES		
POS.214	Ability to approve a 3-day Emergency Fill without a Prior Authorization. This fill should not count towards the refill count of the prescription. (A 3-day supply of medications is allowed to be dispensed to members for drugs that require prior authorization, per Federal regulations. The current system allows a 3-day supply to be processed using NCPDP standard codes).		YES	
POS.215	Ability to provide edits in the claims processing system to identify drugs requiring prior authorization.	YES		
POS.216	Ability to integrate with the BMS Prior Authorization call center vendor (Currently the PA Vendor enters drug prior authorization records directly into the POS system. The Vendor is expected to provide this functionality to the PA Vendor and to provide support to the PA Vendor for the PA module).	YES		
POS.217	Ability to automatically generate and track prior authorization using a unique identifier.	YES		
POS.218	Ability to maintain prior authorization at the eligibility group level, program or plan (i.e., prior authorization criteria should be applied to different defined groups. BMS currently has the capability to apply PA criteria to different drugs, within different eligibility plans. Example: Drug X requires PA for Medically Needy. Drug X does not require PA for ADAP).	YES		

6. Pharmacy Point-of-Sale (POS)				
Req #	**Description of Requirement**	**YES** without customization	**YES** with customization	**NO** unable to provide
POS.219	Ability to edit for Prior Authorization in accordance with BMS policies and guidelines. (Prior authorization criteria is currently applied to different defined groups. BMS currently has the capability to apply PA criteria to different drugs, within different eligibility plans. Example: Drug X requires PA for Medically Needy. Drug X does not require PA for ADAP. On the Med/Dent side, PA criteria policies and guidelines are contained in the Provider Manuals).	YES		
POS.220	Ability to maintain a map of NDC code, where the map would be provided by BMS or designee, to diagnosis code to edit for valid/invalid combinations. (There is no current mapping of NDCs and diagnostic criteria. In the future, BMS desires this capability in order to allow certain drugs to process only if the pharmacy enters an appropriate diagnosis code approved by BMS).	YES		
POS.221	Ability to set PA requirements at various BMS determined levels (e.g., NDC, therapeutic class).	YES		
POS.222	Ability to administer prior authorization processing in a real-time mode.	YES		
POS.223	Ability to accept online real-time entry and update of prior authorization requests. (The current pharmacy POS clinical prior authorization services vendor has access to the POS PA module and enters PA information directly into the pharmacy processing system).	YES		
POS.224	Ability to deny claims where the NDC is not covered. (Even though a PA is indicated at the BMS-specified level, the NDC is checked to see if it is a covered drug.)	YES		
POS.225	Ability to apply the PA requirements effective on the date of service.	YES		
POS.226	Ability to match the prior authorization to the claim. The Pharmacy POS should not always require that a Provider submit a PA number before processing a POS claim.	YES		
POS.227	Ability to allow BMS to specify criteria for requiring the Provider to supply a PA number before the transaction may be processed. (In the current system, providers do not have to enter a PA number when submitting a POS claim. However, the current system can require a PA number should BMS wish to require the PA number. Providers obtain the PA numbers manually).	YES		
POS.228	Ability to support emergency PA capability (as defined by BMS, using NCPDP standards). (This requirement is the same as a 3-day emergency fill for drugs that require a prior authorization).	YES		

6. Pharmacy Point-of-Sale (POS)				
Req #	**Description of Requirement**	**YES** without custom-ization	**YES** with custom-ization	**NO** unable to provide
POS.229	Ability to provide a mechanism for the Vendor and the State to enter Prior Authorization data, based on role-based security as determined by BMS.	YES		
POS.230	Ability to provide on-line access to all prior authorization information.	YES		
POS.231	Ability to accept on-line, real-time entry and update of PA determinations.	YES		
POS.232	Ability to utilize prior authorization restrictions to include, but not limited to:	YES		
POS.233	Drug data (e.g., NDC (9 to 11 digits), HIC, GCN sequence)	YES		
POS.234	Member data	YES		
POS.235	Provider data	YES		
POS.236	Day specific, or span dates of the prior authorization	YES		
POS.237	Frequency restrictions	YES		
POS.238	Dollar/unit dispensing limitations (the POS should have the ability to limit prescriptions based on a dollar threshold amount and to limit prescriptions based on dispensed units)	YES		
POS.239	Other as identified by BMS during DDI and accepted via formal change control	YES		
POS.240	Ability to link to eligibility data when reviewing the PA request.	YES		
POS.241	Ability to automatically identify and update active or pended PA records when a reference file has been updated (e.g., drug code, drug category). (Claims are not pended in the Pharmacy POS system. BMS expects the POS system to be capable of updating the PA parameter (generic sequence number, generic code, etc) when the drug file changes the parameter, so that PA requirements and processing are maintained).		YES	
POS.242	Ability to require and process PA for service to Member in LTC. (The same level of editing/auditing that are done for pharmacy claims outside of a LTC, but the LTC would be a separate eligibility group with distinct PA requirements).	YES		

6. Pharmacy Point-of-Sale (POS)				
Req #	**Description of Requirement**	**YES** without custom-ization	**YES** with custom-ization	**NO** unable to provide
POS.243	Ability to "grandfather" Members on identified services when a new PA requirement is identified. (BMS currently uses a Preferred Drug List. In the past, it has been desired to allow current users of a drug to continue, but new users require a prior authorization. An example is Zyprexa. Current users were allowed to continue to receive this drug, but new users were required to receive a prior authorization for coverage of the drug).	YES		
POS.244	Ability to add back the unused units if a claim is reversed	YES		
POS.245	Ability to generate denial notices to Members.	YES		
POS.246	**17. Prior Authorization – Automated Prior Authorization**			
POS.247	Ability to provide automated approval of authorizations based upon any Federal, State, and BMS policy and guidelines, for use in determining if pre-established criteria for selected drugs have been met. The data queried is expected to include diagnosis codes, procedure codes and pharmacy claims data (for both fee-for-service and encounter data).	YES		
POS.247a	Ability to provide an integrated automated prior authorization system which can incorporate Federal, State and BMS policy and guidelines and determine if pre-established criteria for selected drugs has been met through a review of historical claims data. The data should include pharmacy claims, medical claims and diagnosis codes.		YES	
POS.247b	Ability to automatically adjudicate claims for drugs requiring prior authorization for which criteria has been met.	YES		
POS.247c	Ability to send a message to the Prior Authorization Help Desk to request manual review of claims for drugs not meeting criteria for automatic approval. The Prior Authorization Help Desk should have access to the prior authorization criteria and steps performed in the automated PA review process.		YES	
POS.248	Ability to search up to twenty-four (24) months of member pharmacy and medical claims and diagnosis codes. (Medical claims should include out-patient visits, in-patient admissions and procedure codes).		YES	
POS.249	Ability to identify and retain once-in–a lifetime codes (such as hysterectomy, etc.) as identified by BMS for review in prior authorizations.	YES		

6. Pharmacy Point-of-Sale (POS)				
Req #	**Description of Requirement**	**YES** without customization	**YES** with customization	**NO** unable to provide
POS.250	Ability to provide table-driven criteria that is customized and can be adapted within at least ten (10) days of BMS' request to meet changes in pharmacy policy and criteria updates.	YES		
POS.251	Ability to provide data analysis tools and analysis by the MMIS Vendor on an ongoing basis to identify clinical and utilization issues that may warrant new screening criteria.	YES		
POS 252	Ability to perform automated prior authorization review while meeting POS system performance metrics requirements for the adjudication of claims.	YES		
POS.253	**18. Pricing**			
POS.254	Ability to price all claims in accordance with BMS policies and guidelines.	YES		
POS.255	Ability to accommodate and calculate payments applying various co-pay/cost sharing arrangements as defined or approved by the BMS.	YES		
POS.256	Ability to pay different dispensing fees based on criteria established by the BMS.	YES		
POS.257	Ability to support a Medicaid AWP (average Wholesale Price - Department of Justice) pricing methodology	YES		
POS.258	Ability to enforce the reimbursement of only one dispensing fee per drug entity, per Member, per calendar month for Long Term Care (LTC) patients.	YES		
POS.259	Ability to apply selected pricing methods for each claim payment and display in the claim record what method was used to determine final payment amount up to, but not to exceed, final claim charge.	YES		
POS.260	Ability to display on a denied claim the pricing method that would have been used and the amount of the claim if it would have paid.	YES		
POS.261	**19. Pricing – Pricing Formulas**			
POS.262	Ability to utilize industry standard pricing including, at a minimum:	YES		
POS.263	AWP (Average Wholesale Price)	YES		
POS.264	Medicaid AWP (average Wholesale Price - Department of Justice)	YES		
POS.265	SMAC (State Maximum Allowable Cost)	YES		
POS.266	WAC (Wholesale Acquisition Cost)	YES		
POS.267	ASP (Average Sales Price)	YES		

6. Pharmacy Point-of-Sale (POS)				
Req #	**Description of Requirement**	**YES** without customization	**YES** with customization	**NO** unable to provide
POS.268	FUL (Federal Upper Limit)	YES		
POS.269	Direct price pricing where appropriate	YES		
POS.270	Other as identified by BMS during DDI and accepted via formal change control	YES		
POS.271	Ability to apply pricing algorithms to determine which of several pricing methods (such as AWP-14%, AWP-50%, SMAC, FMAC, etc.) are applicable to a specific NDC and determine which method yields the lowest net cost.	YES		
POS.272	Compound prescriptions are to be reimbursed with an additional $1.00 Dispensing Fee.	YES		
POS.273	Ability to manage the 340-B pricing as defined by BMS.	YES		
POS.274	Ability to support different dispensing fees to different types of pharmacies as defined by BMS.	YES		
POS.275	Ability to support a DAW 1 code and reimburse at the brand rate.	YES		
POS.276	**20. Pricing – TPLS and Co-Pay Processing**			
POS.277	Ability to deny any claim whose TPL is less than or equal to a parameter configured by the BMS (currently $0.00).	YES		
POS.278	Ability to price POS claims with TPL amounts according to NCPDP standards and BMS policy. Ability to support, at a minimum, the application of data from 433-DX in conjunction with other coverage codes 2, 3, and 4.	YES		
POS.279	Ability to support primary payer reject codes as defined by BMS.	YES		
POS.280	Ability to support multiple co-pay requirements based upon the total price or status of the drug.	YES		
POS.281	Ability to maintain co-pays based on BMS policy for various eligibility groups or product designation.	YES		
POS.282	**21. Financial Process**			
POS.283	Ability to include on-line access to the following:	YES		
POS.284	Recoupments	YES		
POS.285	Voids	YES		
POS.286	Refunds made	YES		
POS.287	Request for additional information sent		YES	
POS.288	Number of outstanding requests pending		YES	
POS.289	Other as identified by BMS during DDI and accepted via formal change control	YES		

6. Pharmacy Point-of-Sale (POS)				
Req #	**Description of Requirement**	**YES** without custom-ization	**YES** with custom-ization	**NO** unable to provide
POS.290	Ability to reprocess pharmacy claims when needed.	YES		
POS.291	Ability to perform mass claims reprocessing.	YES		
POS.292	Ability to update the FFS claims payment to track all recoupment, refund and adjustment activity.	YES		
POS.293	Ability to reimburse pharmacies as approved by the BMS in accordance with applicable Federal regulations.	YES		
POS.294	Ability to provide a method to pay pharmacists an incentive (based upon rules approved by BMS).	YES		
POS.295	**22. Reporting – General**			
POS.296	Ability to generate standard reports (as defined by BMS during DDI) and customized reports.	YES		
POS.297	Ability to support an online/on-demand Member history report. The results should contain enough information to reflect the following:	YES		
POS.298	A drug profile history, and should be in a format which can be either stored or displayed on an online screen.	YES		
POS.299	A drug utilization history, and should be in a format which can be either stored or displayed on an online screen.	YES		
POS.300	Ability to export reports for enhanced manipulation and analysis.	YES		
POS.301	Ability to provide for the electronic delivery of reports to identified destinations.		YES	

7. General and Technical (GT)				
Req #	**Description of Requirement**	**YES** without custom-ization	**YES** with custom-ization	**NO** unable to provide
GT.1	**1. Change Control**			
GT.2	Ability to provide an automated software modifications change request tracking system.	YES		
GT.3	The system should enable BMS to control and monitor system change requests.	YES		
GT.4	Change requests are expected to include all necessary documentation (as defined by the BMS-approved change management plan).	YES		
GT.5	Ability for BMS to set and change priority levels on individual change requests.	YES		
GT.6	Ability for BMS to track process metrics and other detail, including:	YES		
GT.7	The estimated and actual hours allocated to each change request	YES		
GT.8	Specific personnel assigned to each change request	YES		
GT.9	Scheduled completion date for each change request	YES		
GT.10	Total cost (if maximum allowable hours exceeded)	YES		
GT.11	Total approved operations charge increase (if any)	YES		
GT.12	A separate total for equipment requirements (if applicable) related to the modification	YES		
GT.13	**2. Data Retention, Archival, Retrieval and Purge**			
GT.14	Ability to ensure that data is retained, archived, purged, protected from destruction and accessible, according to State and Federal requirements and in accordance with the BMS Data Retention Policy.	YES		
GT.15	The Vendor is to ensure that hard copy documents are retained, stored, imaged, archived, and destroyed according to State and Federal requirements and in accordance with the BMS Data Retention Policy.	YES		
GT.16	Ability for BMS to specify/modify auto archive rules.		YES	
GT.17	Ability to provide archival and purge processes that do not degrade or interrupt the system.		YES	
GT.18	Ability to easily retrieve archived data for online review, export and reporting.	YES		
GT.19	Ability to restore archived data for reviewing, copying and printing.		YES	

7. General and Technical (GT)

Req #	Description of Requirement	YES without custom-ization	YES with custom-ization	NO unable to provide
GT.20	**3. Disaster Recovery and Business Continuity**			
GT.21	Ability to provide a Disaster Recovery/Business Continuity Plan that complies with Federal, State, Department and Bureau rules, regulations and applicable policies and procedures, including at a minimum:	YES		
GT.22	Daily back-up which is adequate and secure for all computer software and operating programs; databases; files; and system, operation, and user documentation (in electronic and non-electronic form)	YES		
GT.23	Full and complete back-up copies of all data and software on tape and/or disk	YES		
GT.24	Storage of all back-up copies in a secure off-site location	YES		
GT.25	Routine testing to verify the completeness, integrity, and availability of back-up information	YES		
GT.26	Support for immediate restoration and recovery of lost or corrupted data or software from a disaster event	YES		
GT.27	Provide for back-up processing capability at a remote site(s) from the primary site(s) such that normal payment processing, as well as other State defined systems and services can continue in the event of a disaster or major hardware problem at the primary site(s).	YES		
GT.28	Ability to provide sufficient transaction logging and database back-up to allow it to be restored. If multiple databases are used for work item routing and program data, restoration should ensure that databases are synchronized to prevent data corruption.	YES		
GT.29	Ability to provide point-in-time recovery of data to the last completed transaction.		YES	
GT.30	Ability to allow for continued use of the system during back-up.	YES		
GT.31	The Vendor is to perform back-ups during non-peak processing hours, minimizing the impact to operational activities.	YES		
GT.32	**4. Problem Management**			
GT.33	Ability to write all errors to an error log.	YES		
GT.34	Ability to allow for a BMS administrator to view, filter, sort and search the error log.		YES	

7. General and Technical (GT)				
Req #	**Description of Requirement**	**YES** without custom-ization	**YES** with custom-ization	**NO** unable to provide
GT.35	Ability to allow for an administrator (Vendor personnel) to archive error log entries based upon user-defined criteria.	YES		
GT.36	Ability to allow for a user to define an alert message to be executed upon the occurrence of an error.	YES		
GT.37	The Vendor is to provide record-level reporting of inaccurate processing results (e.g., claims processed without required consent on file, valid claims denied).	YES		
GT.38	**5. Release Management**			
GT.39	Major releases are to be evaluated and approved by BMS prior to application.	YES		
GT.40	The Vendor is to send notification to BMS when releases are available to be evaluated.	YES		
GT.41	The Vendor is to provide BMS with detailed documentation that lists all fixes and functionality for each release.	YES		
GT.42	The Vendor is to proactively notify the System Administrator regarding which releases of third-party software (JAVA virtual machine, Internet Explorer, Mozilla, Safari, etc.) are known to create problems with the current version of the vendor software.	YES		
GT.43	The Vendor is to maintain version control and provide BMS with current system and user documentation, and operating procedures manuals.	YES		
GT.44	Ability to allow centralized deployment of system updates and system maintenance.	YES		
GT.45	**6. Security Management**			
GT.46	Comply with all Federal, State, Department and Bureau rules, regulations and applicable policies and procedures related to security.	YES		
GT.47	Ability to anticipate and provide a flexible solution that is positioned to effectively meet the requirements of current and future HIPAA security regulations.	YES		
GT.48	Ability to provide a role-based Single Sign On (SSO) solution.	YES		
GT.49	Requests for access are to come from an authoritative source(s) as defined by BMS.	YES		
GT.50	Ability to require that all users (including all vendor support staff members) have a unique user ID and password, where:	YES		

7. General and Technical (GT)				
Req #	**Description of Requirement**	**YES** without custom-ization	**YES** with custom-ization	**NO** unable to provide
GT.51	Required passwords are to expire on a staggered schedule and can be reset at any time by appropriate personnel and/or automated system reset.	YES		
GT.52	Passwords are to be strong passwords (e.g., contain caps/numbers, cannot use prior passwords, etc.).	YES		
GT.53	Passwords are to be stored in encrypted form.	YES		
GT.54	Restriction of application and/or function within an application through role-based security. Role assignments are to be used to determine which user categories have permission to access which application and/or function within an application.	YES		
GT.55	Ability to provide the following three types of controls to maintain the integrity, availability, and confidentiality of Protected Health Information (PHI) data contained within the system: These controls are to be in place at all appropriate points of processing.	YES		
GT.56	**Preventive Controls:** Controls designed to prevent errors and unauthorized events from occurring.	YES		
GT.57	**Detective Controls:** Controls designed to identify errors and unauthorized transactions which have occurred in the system.	YES		
GT.58	**Corrective Controls:** Controls to ensure that the problems identified by the detective controls are corrected.	YES		
GT.59	Allow properly authorized users to configure and maintain all system settings from any workstation on the local/wide area network using a browser.	YES		
GT.60	Ability to provide audit trails of all updates to the security system (add/change/delete) by log-on ID (or batch update identifier), date and time of the change, and source of entry (workstation ID), including all attempted updates.	YES		
GT.61	The system's import and export capabilities are to provide user-level security options to control access to sensitive information.	YES		
GT.62	Ability to support file, record, and field-level security.	YES		
GT.63	Ability to provide document-based security.	YES		
GT.64	Ability to update all security roles automatically when a change in the "master" role is made.	YES		
GT.65	Ability to provide functional security to control what processes can be performed by certain users.	YES		

7. General and Technical (GT)				
Req #	**Description of Requirement**	**YES** without custom-ization	**YES** with custom-ization	**NO** unable to provide
GT.66	Ability to allow local/central System Security Administrators to add and change permissions for local/central system access.	YES		
GT.67	Ability to prohibit display of passwords on the sign-on screen when entered by the user.	YES		
GT.68	Ability to log and report all unauthorized access attempts by terminal ID, user ID, date, and time.	YES		
GT.69	Ability to allow System Administrator to re-set user passwords.	YES		
GT.70	Ability to allow users to change their passwords.	YES		
GT.71	Ability to log a user off a system if there is no activity within a thirty (30) minute period of time, or other period of time designated by BMS.	YES		
GT.72	Ability to terminate access if there is no activity on a user account within thirty (30) days, or other period designated by BMS.	YES		
GT.73	Ability to generate a periodic report (as scheduled by BMS) of upcoming user account terminations.	YES		
GT.74	Ability to immediately disable access to any user or user group after a predetermined number of attempts to log-on.	YES		
GT.75	Ability to ensure that all applications comply and are compatible with existing State and Federal guidelines preventing unauthorized access.	YES		
GT.76	Employ a security approach that integrates MMIS components to provide role-based access with a single log-on.	YES		
GT.77	Ability to provide an audit trail of record changes, including user and date of change.	YES		
GT.78	Ability to implement audit trails to allow information on source documents to be traced through the processing stages to the point where the information is finally recorded.	YES		
GT.79	Ability to trace data from the final place of recording back to its source of entry.	YES		
GT.80	The system is to comply with all HIPAA final, future rules as they become final and amendments to final rules (e.g., Privacy and Security, Transaction and Code Sets, National Provider Identifier).	YES		

7. General and Technical (GT)				
Req #	**Description of Requirement**	**YES** without custom-ization	**YES** with custom-ization	**NO** unable to provide
GT.81	Ability to transmit and receive HIPAA-compliant transactions using multiple methods (e.g., web-based, dial-up, batch file).	YES		
GT.82	Ability to transmit and receive HIPAA-compliant transactions using a variety of devices including PCs and touch tone phones.	YES		
GT.83	The system is to comply with the implementation of HIPAA compliant privacy and security measures across all DHHR systems and business functions as they impact or interact with the MMIS.	YES		
GT.84	The system is to support multiple versions of HIPAA implementation guides concurrently (e.g., 4010/5010) as per HIPAA Transaction and Code Set (TCS) Rule.	YES		
GT.85	**7. Standards**			
GT.86	The system is expected to be flexible and readily adaptable to changing State and Federal requirements.	YES		
GT.87	The Vendor is to provide BMS with an inventory of all hardware and software to be placed within the State government infrastructure.	YES		
GT.88	The Vendor is expected to support current technologies for data interchange (e.g., XML).	YES		
GT.89	Client desktop software is to work with new desktop operating system patches and upgrades based upon BMS patch management policies (see Procurement Library).	YES		
GT.90	The system is to use a relational database management system (RDBMS).	YES		
GT.91	**8. Support**			
GT.92	The Vendor is expected to provide a technical help desk, accessible to users via phone.	YES		
GT.93	The Vendor is to provide web-based support, with a searchable database of common problems, to assist end-user in facilitating resolution of error messages.	YES		
GT.94	The system is to have the "built-in" capability to provide BMS authorized support through remote access to the application.	YES		
GT.95	Ability to allow for BMS-defined severity levels for support.	YES		
GT.96	The following describe desired capabilities of the Vendor's support tool:	YES		

7. General and Technical (GT)				
Req #	**Description of Requirement**	**YES** without custom-ization	**YES** with custom-ization	**NO** unable to provide
GT.97	Provide functionality that creates, edits, sorts and filters tickets or electronic records of calls made to the Call Center to be used by both Vendor Help Desk and BMS staff.	YES		
GT.98	Ability to create tickets that track the caller, the question(s) or issue(s), the resolution or response, the Vendor and BMS staff responding to the ticket, date(s), time(s) and status (open or closed).	YES		
GT.99	Ability to add electronic attachments to a ticket.	YES		
GT.100	Ability to allow configuration of call routing and delegation criteria, and severity, prioritization and escalation criteria.	YES		
GT.101	Include knowledge base, Frequently-Asked-Questions (FAQ) components, and phone scripts that can be updated manually or via automatic imports.	YES		
GT.102	Ability to facilitate mass e-mail and fax notifications to enrolled providers.	YES		
GT.103	Ability to allow the recording of inbound and outbound communications with the ability to retain recordings as specified by BMS.	YES		
GT.104	The Call Center should have a central database for call tracking records that can be queried by both Vendor and BMS users.	YES		
GT.105	Ability to use MMIS data repositories to automatically display information regarding the caller.	YES		
GT.106	Ability to capture date-specific and user-specific free form text for each call center ticket.	YES		
GT.107	Provide role-based system training for BMS personnel, their vendors and their business partners upon request of BMS.	YES		
GT.108	Provide training to BMS or its subsequent vendor regarding:	YES		
GT.109	Computer operations, including production control monitoring procedures	YES		
GT.110	Controls and balancing procedures	YES		
GT.111	Extension routines (pre/post SQL)	YES		
GT.112	Other manual operations as necessary	YES		

7. General and Technical (GT)				
Req #	**Description of Requirement**	**YES** without custom-ization	**YES** with custom-ization	**NO** unable to provide
GT.113	**9. System Integration**			
GT.114	Ability to access all current and historical Member, Provider, Contractor (e.g., HMO) and other data necessary to meet the functional requirements outlined in this document.	YES		
GT.115	MMIS modules and applications are to integrate successfully and effectively with minimal or no customization.	YES		
GT.116	Utilize open architecture standards and scalability to promote integration throughout all MMIS business processes and sub-processes.	YES		
GT.117	Provide a user-friendly, common "look and feel" which gives users a seamless MMIS experience across the "core system," including (at a minimum) the Member Management, Provider Management, Claims Processing, Reference File, and TPL modules, and maintains common user elements across the entire MMIS whenever possible.	YES		
GT.118	Data changes made in one part of the system should automatically populate other parts of the system so as to avoid duplicate data entry.	YES		
GT.119	All on-line claim/encounter information is to be available to authorized users regardless of the functional business area where the data is stored.	YES		
GT.120	Ability to "lock" a claim to prevent concurrent updates to the same claim.	YES		
GT.121	Adjudicated claims are not to be changed outside an approved adjustment process. Once a claim is adjudicated and in a final status, the information is to remain static while it is displayed (e.g., users may not cut claim information from claim lines/data).	YES		
GT.122	Ability to maintain an integrated repository of Member information, including a single unique identifier (which is not the SSN), for all Members where payments are made from the new MMIS system.	YES		
GT.123	Ability to maintain an integrated repository of Provider information, including a single unique identifier (NPI), for all Providers.	YES		

7. General and Technical (GT)				
Req #	**Description of Requirement**	**YES** without custom-ization	**YES** with custom-ization	**NO** unable to provide
GT.124	**10. System Interfaces**			
GT.125	Ability to interface and/or integrate with the systems and applications as specified in the Integration Points Table of this document. (See the following Procurement Library folder/file: Interfaces/WV_MMIS_External_Interfaces.pdf).		YES	
GT.126	The system is to receive and send electronic interface information from and to the State's eligibility systems, other agencies, and BMS's outside Vendors (as specified in the Integration Points Table of this document).		YES	
GT.127	Ability to accept eligibility data from multiple source systems into a Vendor supplied common eligibility interface component. The common eligibility interface component is to edit for data accuracy, completeness, redundancy, etc., according to specified business rules, reformat the data and provide a single interface to the MMIS. The common eligibility interface component is to also assure data delivery.	YES		
GT.128	The system is to interface with and provide data to a Decision Support System/Data Warehouse.	YES		
GT.129	Ability to produce required Federal and State data sharing, including (but not limited to) the following:	YES		
GT.130	Program management reports (formerly known as Management and Administrative Reporting Subsystem (MARS))	YES		
GT.131	Program Integrity Reports (formerly known as Surveillance and Utilization Review Subsystem (SURS))	N/A	N/A	N/A
GT.132	Medicare Modernization Act (MMA)	YES		
GT.133	Medicaid Statistical Information System (MSIS)	YES		
GT.134	The system is to accept the same Provider electronic billing data set required by the Medicare program for crossover claims from COBA.	YES		
GT.135	Ability to employ online real-time or batch updates of data between the MMIS and other systems, depending on the interface requirements.	YES		
GT.136	Ability to produce a listing on an as-requested basis of all submitters with their submitter ID.	YES		
GT.137	Ability to maintain the submitter ID on the claim record.	YES		

7. General and Technical (GT)				
Req #	**Description of Requirement**	**YES** without custom-ization	**YES** with custom-ization	**NO** unable to provide
GT.138	Able to accept and process or generate all HIPAA mandated transactions, other versions or standards that may be mandated, and other transactions, including all current and future releases of the following, such as HIPAA v.5010, D.0, by the mandated deadlines:		YES	
GT.139	**Health Care Claims**	YES		
GT.140	ASC X12N 837 Health Care Claim: Professional	YES		
GT.141	ASC X12N 837 Health Care Claim: Institutional	YES		
GT.142	ASC X12N 837 Health Care Claim: Dental	YES		
GT.143	National Council for Prescription Drug Programs (NCPDP) Version 5, Release 1, and equivalent NCPDP Batch Standard Version 1, Release 0	YES		
GT.144	**Eligibility for a Health Plan:**	YES		
GT.145	ASC X12N 270/271 Health Care Eligibility Benefit Inquiry and Response	YES		
GT.146	**Health Care Claim Status:**	YES		
GT.147	ASC X12N 276/277 Health Care Claim Status Request and Response	YES		
GT.148	**Referral Certification and Authorization:**	YES		
GT.149	ASC X12N 278 Health Care Services Review - Request for Review and Response	YES		
GT.150	**Health Plan Premium Payments:**	YES		
GT.151	ASC X12N 820 Payroll Deducted and Other Group Premium Payment for Insurance Products	YES		
GT.152	**Enrollment and Dis-enrollment in a Health Plan:**	YES		
GT.153	ASC X12N 834 Benefit Enrollment and Maintenance	YES		
GT.154	**Health Care Payment and Remittance Advice:**	YES		
GT.155	ASC X12N 835 Health Care Claim Payment/Advice	YES		
GT.156	**Coordination of Benefits:**	YES		
GT.157	ASC X12N 837 Health Care Claim: Professional	YES		
GT.158	ASC X12N 837 Health Care Claim: Institutional	YES		
GT.159	ASC X12N 837 Health Care Claim: Dental	YES		
GT.160	**National Council for Prescription Drug Programs:**	YES		
GT.161	(NCPDP) Version 5, Release 1, and equivalent NCPDP Batch Standard Version 1	YES		

7. General and Technical (GT)

Req #	Description of Requirement	YES without custom-ization	YES with custom-ization	NO unable to provide
GT.162	**Acknowledgements:**	YES		
GT.163	ASC X12 824: Application Reporting Version 4010/5010	YES		
GT.164	ASC X12 277: Health Care Payer Unsolicited Claim Status (Claims in Process Report)	YES		
GT.165	**New transaction content to include:**		YES	
GT.166	ASC X12N 269: Health Care Coordination of Benefits Request and Response		YES	
GT.167	ASC X12N 270/271: Health Care Eligibility/Benefit Inquiry and Response (with commercial insurance carriers)	YES		
GT.168	ASC X12N 274: Health Care Provider Inquiry and Information Response Guide		YES	
GT.169	ASC X12N Health Care Provider Credentialing Implementation Guide		YES	
GT.170	ASC X12N Health Care Provider Directory Implementation Guide		YES	
GT.171	ASC X12N Health Care Provider Information Implementation Guide		YES	
GT.172	ASC X12N Additional Information to Support a Health Care Services Review		YES	
GT.173	ASC X12N 275: Additional Information to Support a Health Care Claim or Encounter		YES	
GT.174	ASC X12N 841: Specifications/Technical Information		YES	
GT.175	The system is to accommodate future versions of the HIPAA electronic PA transactions.		YES	
GT.176	The system is to comply with all HIPAA EDI standards adopted by the BMS.		YES	
GT.177	The Vendor is to provide for both an online DDE (direct data entry) process and receipt of electronic prior authorizations.	YES		
GT.178	Ability to receive electronic data from another source and create an authorization (i.e., OHFLAC data for nursing home, ICFMR via web application).		YES	
GT.179	Ability to use high speed data transfer functionality to send and receive information (where available).	YES		

7. General and Technical (GT)				
Req #	**Description of Requirement**	**YES** without custom-ization	**YES** with custom-ization	**NO** unable to provide
GT.180	Ability to reflect updates to MMIS (e.g., when procedure codes and/or modifiers which require prior authorization have been deleted and/or replaced with new or revised HIPAA-compliant codes) without interruption to service.	YES		
GT.181	Vendor should ensure that file standardization is supported by all interfaces, so that data standards are maintained according to BMS-specified and Federally mandated file specifications for data element lengths, field format, and type.	YES		
GT.182	Ability to use FTP, web interface, or other industry standard electronic means (such as Gentran, Connect: Direct) or media to transfer files, as approved by the BMS.	YES		
GT.183	Ability to schedule and support file transfer as requested and agreed upon by the Bureau.	YES		
GT.184	Ability to automatically populate the appropriate data elements when supplied in any approved electronic format, including the execution of the necessary edits, business rules, and calculations.		YES	
GT.185	Ability to include balancing control information when required by the BMS. The BMS is to approve the format along with the file layout, media, naming conventions, trailer records and other interface processing details.		YES	
GT.186	Ability to generate load statistics which include the number of records, time taken, successes and failures, and exceptions. These statistics are to be saved to the system for reporting purposes.	YES		
GT.187	Ability to generate exception files, when necessary, for manual edits, error corrections, and additions to the interface records by Vendor or BMS/State users, prior to being loaded within the MMIS.	YES		
GT.188	The Vendor is to implement edits, processes and reporting to eliminate undesired duplication of records and transactions, including:	YES		
GT.189	Automatically edit fields for reasonableness, validity, format and consistency with other data present in update transaction.	YES		
GT.190	Transaction reconciliation reporting for file/data reconciliation with external data sources (e.g., totals and detail information, difference reports, change reports).	YES		
GT.191	Ability to generate error reports at the summary and detail levels that include all data necessary to resolve errors.	YES		

7. General and Technical (GT)				
Req #	**Description of Requirement**	**YES** without customization	**YES** with customization	**NO** unable to provide
GT.192	Ability to reload or resend records if they have not been applied correctly to the appropriate data repository.	YES		
GT.193	Ability to detect duplicate files or records and isolate them for manual review and further processing.	YES		
GT.194	Ability to incorporate a method to view and edit interface files for investigation and further processing.	YES		
GT.195	Ability to provide a method to "roll back" data to a pre-interface status.	YES		
GT.196	Ability to create messages that accurately describe errors received as a result of a data transfer.	YES		
GT.197	Ability to provide ad-hoc query capability against interface source files.	YES		
GT.198	Ability to export records identified by BMS, when required by the BMS.	YES		
GT.199	The system is to create and retain an audit trail of all interface activity in accordance with BMS Data Retention Policy.	YES		
GT.200	11. Workflow Management			
GT.201	Ability to include comprehensive workflow management functionality that supports:	YES		
GT.202	Definition, and possibly modeling, of workflow processes and their constituent activities.	YES		
GT.203	Run-time control functions concerned with managing the workflow process in the Medicaid environment and sequencing the various activities to be handled as part of each process.	YES		
GT.204	Run-time interactions with users and Information Technology (IT) application tools for processing the various activity steps.	YES		
GT.205	Ability to support a role-based interface for process definition that leads the user through the steps of defining the workflow associated with a business process, and that captures all the information needed by the workflow engine to execute that process to include:	YES		
GT.206	Start and completion conditions	YES		
GT.207	Activities and rules for navigation between them	YES		
GT.208	Tasks to be undertaken by BMS staff involved in the process	YES		
GT.209	Authorized approvers	YES		

7. General and Technical (GT)				
Req #	**Description of Requirement**	**YES** without custom-ization	**YES** with custom-ization	**NO** unable to provide
GT.210	References to applications which may need to be invoked	YES		
GT.211	Definition of other workflow-relevant data	YES		
GT.212	Ability to support workflow management for multiple simultaneous processes, each with multiple simultaneous instances of execution.	YES		
GT.213	Ability to incorporate simple low-level workflow processes into more complex higher-level workflow processes.	YES		
GT.214	Ability to support supervisory operations for the management of workflow including:	YES		
GT.215	Assignments/re-assignments and priorities	YES		
GT.216	Status querying and monitoring of individual documents and other work steps or products	YES		
GT.217	Work allocation and load balancing	YES		
GT.218	Approval for work assignments and work deliverables via a tiered approach	YES		
GT.219	Ability to take necessary action or provide notification when corrective action is needed, including the ability to modify or abort a workflow process	YES		
GT.220	Monitoring of key information regarding a process in execution, including:	YES		
GT.221	Estimated time to completion	YES		
GT.222	Staff assigned to various process activities	YES		
GT.223	Any error conditions	YES		
GT.224	Ability to utilize automated workflow to transfer documents to BMS for review, editing, and approval, and back to external stakeholders for re-writes and production.	YES		
GT.225	Ability to use workflow management functionality to route and assign cases to the appropriate State and county staff and offices.	YES		

7. General and Technical (GT)				
Req #	**Description of Requirement**	**YES** without custom-ization	**YES** with custom-ization	**NO** unable to provide
GT.226	**12. Test Environments**			
GT.227	Ability to maintain four regions/environments: (1) a development test region/environment, (2) a user acceptance test (UAT) region/environment, (3) a production region/environment, and (4) a training region/environment, all of which are to be independent regions. Under no circumstances should the development test, UAT, and training regions be housed on the same hardware as the production region. The training region should include all data elements that are in the production region, and contain sufficient and representative data records for training purposes. Vendors are not to invoke additional license fees for the test, UAT, and training environments.	YES		
GT.228	Vendor should use a UAT region/environment that would mirror all programs in production through the life cycle of the claim, to include reports and the financial records. (This region/environment should be one of the four major regions/environments described in GT.227).	YES		
GT.229	Vendor should use utilities to assist in identifying selected claim samples to use for testing (i.e., identify claims that currently test true for a specified edit).	YES		
GT.230	Ability to create MMIS data (Provider, health plan, Member or claim) in a test environment, as needed for testing.	YES		
GT.231	Ability to modify MMIS data (Provider, health plan, Member or claim) in a test environment, as needed for testing, in compliance with Federal guidelines.	YES		
GT.232	Ability to maintain a test case library with search capability that is cross-referenced to the code (i.e., edit) that it tests.	YES		
GT.233	**13. Automated Voice Response System (AVRS)**			
GT.234	The AVRS is to support the following Provider inquiries:		YES	
GT.235	Prior Authorization status		YES	
GT.236	Check Medicaid Member eligibility, third party insurance and managed care coverage for a specific date.		YES	
GT.237	Query coverage limitations for the Member.		YES	
GT.238	Query the co-pay requirement for a service.		YES	
GT.239	Query Member restrictions.		YES	

7. General and Technical (GT)				
Req #	**Description of Requirement**	**YES** without custom-ization	**YES** with custom-ization	**NO** unable to provide
GT.240	Query for status of any claim or PA request they submit whether electronically or manually submitted.		YES	
GT.241	Query warrant status and amounts.		YES	
GT.242	Query Remittance Advice information.		YES	
GT.243	The AVRS is to support the following Member inquiries:		YES	
GT.244	Check Medicaid Member eligibility for a specific date.		YES	
GT.245	Query and update managed care enrollment.		YES	
GT.246	AVRS system is to be compatible with the State's phone systems and with industry telephony standards. (State's telephone systems consist of POTS, PBX, and IP telephony phone systems).		YES	
GT.247	Ability to provide separate toll-free AVRS telephone numbers for Providers, Members, and other entities as identified by the BMS.	YES		
GT.248	Ability to validate the AVRS caller/user (according to BMS defined criteria).		YES	
GT.249	The AVRS should accept payment inquiries based on either NPI or Provider ID.		YES	
GT.250	Ability for callers using the contact/call center management system to transfer to the AVRS system.	YES		
GT.251	The system should use automated menus, including an easily accessible option for reaching a live operator.		YES	
GT.252	**14. Call Center**			
GT.253	Ability to provide separate toll-free Call Center telephone numbers for Providers, Members, and other entities as identified by the BMS.		YES	
GT.254	The Vendor is expected to require Provider to give NPI or atypical provider identifier, at a minimum, before responding to inquiries.	YES		
GT.255	Ability to authenticate the caller/user (per BMS specified criteria).		YES	
GT.256	Ability, as applicable, to auto-populate call center screens with caller information when the call representative answers the call. Would include ability to access contact and correspondence history, as well as information such as Accounts Receivable detail, benefits information, and enrollment status.		YES	

7. General and Technical (GT)				
Req #	**Description of Requirement**	**YES** without custom-ization	**YES** with custom-ization	**NO** unable to provide
~~GT.257~~	~~Ability to use automated repeat call options~~	~~N/A~~	~~N/A~~	~~N/A~~
GT.257	Ability to use automated repeat call options.		YES	
GT.258	Ability to integrate with an automated phone messaging system.		YES	
~~GT.259~~*	~~Ability to use automated message purge function with activity reporting~~	~~N/A~~	~~N/A~~	~~N/A~~
GT.260	Ability to define phone routing that allows the system to forward calls to the individual/entity (internal and external agencies included) capable of handling the caller's needs.	YES		
GT.261	Ability to configure navigation paths and prompts based on the caller's anticipated information needs.		YES	
GT.262	Ability to record customized messages directed to selected Provider or Member groups.		YES	
GT.263	Ability to route or transfer calls (as defined by the user) without having to redial (e.g., call may be transferred to an external agency, such as an enrollment broker, without additional phone charges to the caller).		YES	
GT.264	Ability to configure navigation paths and prompts based on information from the MMIS (e. g., transfer call based on Provider specialty).		YES	
GT.265	**15. Contact Management**			
GT.266	The Vendor is to provide a contact management system for managing communications with BMS staff, Providers, Members (current and potential), health plans, and other entities as identified by the BMS.	YES		
GT.267	Ability to manage all MMIS related contacts (telephone, email, web portal, AVRS, mail, fax, etc.).		YES	
GT.268	Ability to maintain a record (including an audit trail) of all contacts.	YES		
GT.269	Inquiry responses are expected to be provided to the requestor in the same mode that it was received; therefore, the system is expected to have the ability to identify and maintain a record of the format/media of incoming communications.		YES	
GT.270	Ability to query on the history of each contact.	YES		
GT.271	Ability to view related contact records from a single contact record.	YES		

* Deleted per Addendum 1

7. General and Technical (GT)				
Req #	**Description of Requirement**	**YES** without custom-ization	**YES** with custom-ization	**NO** unable to provide
GT.272	Ability to assign a unique tracking or control number to each contact.	YES		
GT.273	Ability to accommodate searches on contact records by characteristics such as contact type, Member ID, caller phone number, Provider number, Provider name, contact tracking/control number, and any combinations thereof.	YES		
GT.274	Ability to use caller phone number and/or ID number to access related MMIS data and previous contacts.	YES		
GT.275	The system is expected to receive and track summary level mailing data from the enrollment broker for reporting purposes.		YES	
GT.276	Ability to upload attachments to contact records.	YES		
GT.277	Ability to link scanned images to contact records to provide one view of all related materials (e.g., images, letters, and interactions).		YES	
GT.278	Ability to provide correspondence functions to include the following:		YES	
GT.279	Template development and the ability for users to select desired correspondence from a list of available templates		YES	
GT.280	Display, print, and save correspondence via the EDMS component of the MMIS		YES	
GT.281	Regenerate correspondence		YES	
GT.282	Allow users to suppress or allow auto generation of correspondence based on user configurable event-driven criteria		YES	
GT.283	Allow users to insert and override address information on correspondence		YES	
GT.284	Allow users to add free form text to individual or groups of correspondence		YES	
GT.285	Other as identified by BMS during DDI and accepted via formal change control		YES	
GT.286	Ability to provide an electronic RTP tracking system to allow the ability to catalogue, track and report on RTP (return-to-Provider) documentation (e.g., Sterilization/Hysterectomy forms, claims, etc.).		YES	

7. General and Technical (GT)				
Req #	**Description of Requirement**	**YES** without custom-ization	**YES** with custom-ization	**NO** unable to provide
GT.287	16. EDI Portal			
GT.288	Ability to support Electronic Data Interchange (EDI) transactions for all EDI users and trading partners. Transactions should include, but not be limited to:	YES		
GT.289	Interactive Eligibility Verification (270/271 – Direct Data Entry (DDE) compliant)	YES		
GT.290	Interactive Claims Inquiry (276/277 – DDE compliant)	YES		
GT.291	Interactive Claim Submission (DDE compliant) to allow a Provider to submit a claim, including HIPAA/EDI compliant responses	YES		
GT.292	Remittance Advice (RA) (835)	YES		
GT.293	Interactive claim submission (837 transactions)	YES		
GT.294	Ability to support an EDI Translator and Validator.	YES		
GT.295	**17. Electronic Document Management System (EDMS)**			
GT.296	Integrate EDMS functionality into the MMIS that supports, at a minimum, the following capabilities:	YES		
GT.297	Document management	YES		
GT.298	Content management	YES		
GT.299	Records management	YES		
GT.300	Document capture and imaging	YES		
GT.301	Document-centric collaboration	YES		
GT.302	Workflow management including document workflow	YES		
GT.303	Ability to store both electronic and imaged paper documents and make them available on-line through a single user interface to promote a total view of current and historical information.	YES		
GT.304	Provide multiple search options (e.g., Structured Query Language (SQL), various index search options, content-based searches, etc.) to view contents.	YES		
GT.305	Ability to track all versions of each document.	YES		
GT.306	Ability to present users with the latest revision of a document with the option to view previous versions.	YES		
GT.307	Ability to support the management of documents created in BMS standard office applications.	YES		
GT.308	Ability to allow drag-and-drop functionality to be used when creating or editing a document.		YES	

7. General and Technical (GT)				
Req #	**Description of Requirement**	**YES** without custom-ization	**YES** with custom-ization	**NO** unable to provide
GT.309	Ability to include, at a minimum, the following document management capabilities:	YES		
GT.310	Accessible letter templates and forms	YES		
GT.311	On-line, updateable templates that allow users to customize on an as-needed basis	YES		
GT.312	Store documents and files	YES		
GT.313	Generate materials in both hard copy and electronic format, including forms and letters	YES		
GT.314	Ability to create letter templates and forms for the following areas:	YES		
GT.315	Provider enrollment materials	YES		
GT.316	General correspondence/notices for Providers and Members	YES		
GT.317	Letters (financial, denial, EOMB, etc.)	YES		
GT.318	Coordination Of Benefits (COB) letters	YES		
GT.319	Managed Care Plan/Care Management Plan (MCP) letters	YES		
GT.320	Prior Authorization (PA) letters	YES		
GT.321	Ability to generate pre-populated forms.	YES		
GT.322	Ability to easily match up related documents such as claims and supporting attachments in a many to one relationship.	YES		
GT.323	Ability to support cataloging/indexing of all imaged documents.	YES		
GT.324	Ability to utilize bar code technology that minimizes manual indexing and automates the retrieval of scanned documents.	YES		
GT.325	Provide backup capability for manually indexed scanned documents.	YES		
GT.326	Ability to use imaging/document management technology that handles multiple types of letters, forms, publications, and other BMS designated documents, and automates workflow processing to include:	YES		
GT.327	Provider enrollment materials and licensure	YES		
GT.328	Claim forms and attachments	YES		
GT.329	PA forms and attachments	YES		

7. General and Technical (GT)				
Req #	**Description of Requirement**	**YES** without custom-ization	**YES** with custom-ization	**NO** unable to provide
GT.330	COB/TPL (including Medicare)	YES		
GT.331	Provider correspondence including but not limited to RTP	YES		
GT.332	Member correspondence	YES		
GT.333	Contractor correspondence	YES		
GT.334	Business partner correspondence	YES		
GT.335	Web portal correspondence	YES		
GT.336	Member enrollment materials	YES		
GT.337	Notices	YES		
GT.338	Letters	YES		
GT.339	Audit materials	YES		
GT.340	Others as identified by BMS and accepted via formal change control	YES		
GT.341	**18. Reports**			
GT.342	Ability to download reports in various formats, such as PDF, Excel, Word, etc.	YES		
GT.343	Ability to export reports for enhanced manipulation and analysis.	YES		
GT.344	Provide integrated print capability for any interface page within the MMIS.	YES		
GT.345	The Vendor is to provide a searchable data dictionary.	YES		
GT.346	Ability and flexibility for multiple simultaneous users to create and run in near real-time, ad hoc and canned reports without going through a formal change control process.	YES		
GT.347	Provide for the electronic delivery of reports to identified destinations.	YES		
GT.348	Provide role-based access to BMS staff to view reports and current manuals online.	YES		
GT.349	Ability to produce multi-dimensional, flexible, ad hoc reports across business functions which meet the following reporting needs:	YES		
GT.350	Financial reporting	YES		
GT.351	Budget forecasting	YES		
GT.352	Fiscal planning and control		YES	

7. General and Technical (GT)

Req #	Description of Requirement	YES without custom-ization	YES with custom-ization	NO unable to provide
GT.353	Claims payment accuracy	YES		
GT.354	Cash flow		YES	
GT.355	Timely reimbursement analysis	YES		
GT.356	Recipient cost and user of services	YES		
GT.357	Cost/benefit analysis		YES	
GT.358	Third party recovery	YES		
GT.359	Prescription drug policy		YES	
GT.360	Cost and user of prescription drugs	YES		
GT.361	Recipient participation	YES		
GT.362	Eligibility and benefit design		YES	
GT.363	Geographical analysis		YES	
GT.364	Program planning		YES	
GT.365	Policy analysis		YES	
GT.366	Federal waiver program evaluation	YES		
GT.367	Program performance monitoring		YES	
GT.368	Provider reimbursement policy	YES		
GT.369	Institutional rate-setting	YES		
GT.370	Medical assistance policy development		YES	
GT.371	Provider participation	YES		
GT.372	Service delivery patterns	YES		
GT.373	Adequacy of and access to care	YES		
GT.374	Quality of care		YES	
GT.375	Outcomes assessment		YES	
GT.376	Disease management	YES		
GT.377	External reporting	YES		
GT.378	Public information		YES	
GT.379	Managed Care Plan (MCP) planning and analysis	YES		
GT.380	Ability to generate a listing of all standard on-line reports available, the description of each report, and provide a link to the most recent report.	YES		
GT.381	Provide a process by which reports may be delivered by email in accordance with HIPAA rules.	YES		

7. General and Technical (GT)				
Req #	**Description of Requirement**	**YES** without custom-ization	**YES** with custom-ization	**NO** unable to provide
GT.382	Provide archival storage of reports that complies with BMS records retention standards.	YES		
GT.383	Ability to store reports for rapid retrieval.	YES		
GT.384	Provide ability for users to extract data, manipulate the extracted data, and specify the desired format and media of the output.	YES		
GT.385	Ability to display consistent BMS-approved headers and footers.	YES		
GT.386	Ability to identify and use consistent report fields.	YES		
GT.387	Ability to provide a user-friendly way to schedule when, with what frequency, or on what regular days within a month various reports are generated and disbursed.	YES		
GT.388	Ability to track and store detailed information regarding all reporting requests including, but not limited to:	YES		
GT.389	Who requested the information	YES		
GT.390	Date	YES		
GT.391	Time	YES		
GT.392	What the report included	YES		
GT.393	Report storage upon completion	YES		
GT.394	Route the entire history on-line.	YES		
GT.395	Ability to categorize and organize reports by source system, data content, purpose, frequency and other staff selected options.	YES		
GT.396	Ability to search the reports repository by date, time, report title, report ID, run date and key words.	YES		
GT.397	Ability to highlight, cut, paste, and print any selection of the report.	YES		
GT.398	Ability to sort the reports list by date, time report title, run date, and other criteria.	YES		
GT.399	Ability to establish and apply archival and purge parameters to reports.		YES	
GT.400	Ability to easily and flexibly create new reports through an automated and user-friendly report writer tool.	YES		
GT.401	Ability to use identifier mathematical functions format and manipulate data within reports.	YES		

7. General and Technical (GT)				
Req #	**Description of Requirement**	**YES** without custom-ization	**YES** with custom-ization	**NO** unable to provide
GT.402	**19. User Interface – MMIS User Screens**			
GT.403	Ability to incorporate systems navigation technology that allows all users to move freely throughout the system.	YES		
GT.404	The system user interface is to be compatible with user defined display settings.	YES		
GT.405	Provide integrated print capability for any interface page within the MMIS.	YES		
GT.406	Include at minimum the following features and capabilities:	YES		
GT.407	Drill down and look up functionality to minimize re-entry of information across multiple screens.	YES		
GT.408	Multi-tasking and multiple window capability, including split screens.		YES	
GT.409	Search capabilities to allow retrieval by Provider, Member, ad pay (i.e., advance payment, defined as a financial non-member specific transaction/claim), procedure code, NDC or others as defined by BMS.	YES		
GT.410	Ability to tab and mouse through data fields and screens.	YES		
GT.411	The system should provide menus that are understandable by non-technical users and provide secure access to all functional areas.	YES		
GT.412	Ability to incorporate a non-restrictive environment for experienced users to directly access (direct call) a screen or to move from one screen to another without reverting to the menu structure.	YES		
GT.413	The system should provide an online help system, available from any screen and any screen field, that provides a description of and the processing performed by a screen or window, data entry format and restrictions, explanation of error messages and other information helpful to the user.	YES		
GT.414	Ability to generate drop-down lists to identify options available, valid values, and code descriptions, by screen field.	YES		
GT.415	Ability to utilize the following standards for all system screens, windows, and reports:	YES		
GT.416	All headings and footers standardized	YES		
GT.417	Current date and local time displayed	YES		

7. General and Technical (GT)				
Req #	**Description of Requirement**	**YES** without custom-ization	**YES** with custom-ization	**NO** unable to provide
GT.418	All references to dates displayed consistently throughout the system	YES		
GT.419	All data labels and definitions consistent throughout the system and clearly defined in user manuals and data element dictionaries	YES		
GT.420	All MMIS generated messages should be clear and sufficiently descriptive to provide enough information for problem correction and be written in full English text	YES		
GT.421	20. User Interface – Notifications/Alerts			
GT.422	Ability to generate alerts to notify staff of possible options when known running process(es) may result in problems (e.g., timeouts, slowed processing).	YES		
GT.423	Ability to generate alerts when changes are made to policies and procedures and system tables or functionality.	YES		
GT.424	Ability to generate alerts when the anticipated return time on a query or report job exceeds a defined time limit.	YES		
GT.425	Ability to generate alerts that assist in monitoring time-sensitive activities.	YES		
GT.426	Ability to generate alerts to a user-defined group or individual.	YES		
GT.427	Ability to generate alerts to notify staff when they need to take action in connection with workflow events.	YES		
GT.428	**21. Web Portal**			
GT.429	Provide and maintain a secure website with authentication and encryption to protect interactions and transactions. This should include, at a minimum, the use of Secure Sockets Layer, or SSL. The authentication process should be verified through a third party that has registered and identified the server.	YES		
GT.430	Web portal functionality should address the needs of a variety of entities/stakeholders, including Medicaid consumers (including current and potential Members), Providers, and other business partners as specified by BMS.	YES		
GT.431	Web applications are to satisfy the Priority 1 Checkpoints from the Web Content Accessibility Guidelines 1.0 developed by the World Wide Web Consortium (W3C), as detailed at: http://www.w3.org/TR/WCAG10/full-checklist.html.	YES		

7. General and Technical (GT)				
Req #	**Description of Requirement**	**YES** without custom-ization	**YES** with custom-ization	**NO** unable to provide
GT.432	Ensure web portal design, development, implementation and operations are in accordance with State and Federal regulations and guidelines related to security, accessibility, confidentiality, and auditing.	YES		
GT.433	Information and documentation captured via the web portal is expected to conform to the user access, user inquiry, update, retention, archival, and other relevant data management specifications outlined in this RFP.	YES		
GT.434	Include secure and non-secure tabs.	YES		
GT.435	Provide public information without requiring authentication.	YES		
GT.436	Provide Internet security functionality to include firewalls, intrusion detection, and encrypted network/secure socket layer.	YES		
GT.437	Handle PHI through authentication, along with encryption methods to secure PHI.	YES		
GT.438	Ability to display and require the user to accept web site terms of agreement when entering the web portal.	YES		
GT.439	Utilize an authentication process to handle multiple layers of security levels as defined by BMS.	YES		
GT.440	Establish user access to predefined BMS levels such as page level, field and data element level.	YES		
GT.441	The system is to provide a protected web site with secure passwords and log-ons to include:	YES		
GT.442	Instructions on how to use the secure site	YES		
GT.443	Site map		YES	
GT.444	Contact information	YES		
GT.445	Send users their initial password via email and require that they change their password at next sign-on.	YES		
GT.446	Provide the ability to expire a password in a given number of days according to BMS standards.	YES		
GT.447	Provide self-service password resets.	YES		
GT.448	Prohibit the display of passwords at the sign-on screen when entered by the user.	YES		
GT.449	Notify MMIS users at regular intervals defined by BMS that security access tables are to be cleared unless otherwise directed. (This is in reference to any security access tables the Vendor may propose as part of their solution, where an example may be a user log table).	YES		

7. General and Technical (GT)

Req #	Description of Requirement	YES without custom-ization	YES with custom-ization	NO unable to provide
GT.450	Delete account profiles after a period of inactivity as defined by BMS.		YES	
GT.451	Inactive users should not be deleted from history.	YES		
GT.452	Allow Providers to be authorized to access only their own claim information.	YES		
GT.453	Ability to require qualifying information (e.g., Provider number, prior authorization number, Member number, date of service, or claim number) to access various information via the web portal.	YES		
GT.454	Include static and easily updated Web pages.	YES		
GT.455	Include a desktop environment with browser capability for easy navigation.	YES		
GT.456	Provide a user interface that allows all users to move easily throughout the system.	YES		
GT.457	Support a menu and control system with highly flexible navigation.	YES		
GT.458	Provide a user-friendly menu system that is easily navigable by the non-technical user while not restricting direct access to any screen to experienced users.	YES		
GT.459	Provide user interface features and capabilities including:	YES		
GT.460	Pull down menus and window tabs	YES		
GT.461	Scalable true type screen and printing fonts	YES		
GT.462	Upper and lower case alphabetic characters	YES		
GT.463	Ability to tab and mouse-click through data fields and screens	YES		
GT.464	Use the following standards for all system screens, windows, and reports:	YES		
GT.465	Maintain a consistent theme throughout the site and standardize all headings and footers with index tabs as identified by BMS.	YES		
GT.466	Display current date and time in a system-wide consistent format.	YES		
GT.467	Utilize data labels and definitions in a system-wide consistent manner and as defined in user manuals and data element dictionaries.	YES		
GT.468	Generated messages are to be available in both mixed font and mixed case formats.	YES		

7. General and Technical (GT)				
Req #	**Description of Requirement**	**YES** without custom-ization	**YES** with custom-ization	**NO** unable to provide
GT.469	Screens should distinguish between production and test environments.	YES		
GT.470	Comply with the American Disabilities Act (ADA) standards for user screens, where applicable.	YES		
GT.471	Comply with the Older Americans Act standards for user screens, where applicable.	YES		
GT.472	All generated messages are to be clear and sufficiently descriptive to provide enough information for problem correction and be written in full English text.	YES		
GT.473	Conform to any State, Department or Bureau specified standards regarding the look and feel of the web.		YES	
GT.474	Support multiple communication lines and provide fail-over capability.	YES		
GT.475	Provide growth capacity for high volumes of activity.	YES		
GT.476	Ability to interface, receive, send, and download specified content and reporting information directly from/to entities such as Provider associations, vendors, and other State agencies.	YES		
GT.477	Include email address in the authorization table. The confidentiality of email addresses is to be protected and only used for official State business.	YES		
GT.478	Allow for (HIPAA-compliant) email submission by user initiated from a link on the website.		YES	
GT.479	Provide flexible web-based reporting that meets external reporting needs and requirements defined by BMS.	YES		
GT.480	Ability to ensure that web portal field definitions comply with system field definitions.	YES		
GT.481	Provide inquiry capabilities for categories including:	YES		
GT.482	Prior Authorization (PA)	YES		
GT.483	Remittance Advice (RA)	YES		
GT.484	Provider 1099 information		YES	
GT.485	Other as identified by BMS during DDI and accepted via formal change control		YES	
GT.486	Ability to generate tracking numbers for web portal-submitted Provider enrollment applications and updates.	YES		

7. General and Technical (GT)				
Req #	**Description of Requirement**	**YES** without custom-ization	**YES** with custom-ization	**NO** unable to provide
GT.487	Ability to provide interactive/dynamic online forms that may be completed and submitted online, completed and printed for hard copy submission (i.e., mail, fax), or printed to be completed by hand and submitted in hard copy format.	YES		
GT.488	Ability to allow users to download or print a copy of completed submitted forms.	YES		
GT.489	Ability to accept electronic attachments via the web portal and match them to the corresponding system record (including enrollment applications).	YES		
GT.490	Ability to require applicants to state that they meet the State-defined Provider eligibility rules (WV code referencing digital signature: http://www.legis.state.wv.us/WVCODE/Code.cfm?chap=39a&art=1).		YES	
GT.491	The web portal should allow authorized users to perform Electronic Data Interchange (EDI) transactions, such as, but not limited:	YES		
GT.492	Interactive Eligibility Verification (270/271 – Direct Data Entry (DDE) compliant)	YES		
GT.493	Interactive Claims Inquiry (276/277 – DDE compliant)	YES		
GT.494	Interactive Claim Submission (DDE compliant) to allow a Provider to submit a claim, including HIPAA/EDI compliant responses	YES		
GT.495	Remittance Advice (RA) (835)	YES		
GT.496	Interactive claim submission (837 transactions)	YES		
GT.497	Other transactions as specified by BMS (which may include, but not necessarily limited to: eprescribing, personal health record, health information exchange of lab and/or clinical data)		YES	
GT.498	Provide the capability to display confirmation messages for requestor transactions.	YES		
GT.499	Provide help screens and tutorials (e.g., guides to the Provider enrollment and Prior Authorization processes).	YES		
GT.500	Provide on-line option for end-users to report any technical problems with the web application and web pages.	YES		
GT.501	Ability to report and maintain web portal activity statistics (as defined by the BMS). For instance: new and repeat visitors, number/percent of abandoned enrollment applications, etc.		YES	

7. General and Technical (GT)				
Req #	**Description of Requirement**	**YES** without custom-ization	**YES** with custom-ization	**NO** unable to provide
GT.502	**22. Web Portal – Long Term Care (LTC) Provider Rate Submission & Inquiry**			
GT.503	Ability to allow Providers to submit and upload to BMS (via the web portal) the following:		YES	
GT.504	Cost reports		YES	
GT.505	Provider acceptance of the verification report		YES	
GT.506	Rate reconsideration requests		YES	
GT.507	Provider correspondence	YES		
GT.508	Ability to accept and transfer specified files to and from Providers to the MMIS via the web portal.	YES		
GT.509	Ability to send cost report verification to user if no errors are found during edits and supply Providers with a method to agree to the verification.		YES	
GT.510	Ability to provide a private document page that displays a list of the available documents for each logged-in Provider.	YES		
GT.511	Ability to upload rate information in batch or in bulk (i.e., reimbursement rates information that it is provided to RAPIDS. Vendor should propose the most economical format).		YES	
GT.512	Ability to provide Provider-specific inquiry access to secured information. Vendor should propose the more economical format. The pay-to amounts are expected to be provided to the Vendor. Examples include:		YES	
GT.513	Automated Cost Report (ACR) (data and reports)		YES	
GT.514	Error reports as part of the cost verification process		YES	
GT.515	Rate setting package report		YES	
GT.516	Cost verification report		YES	
GT.517	Provider acceptance of the Verification report		YES	
GT.518	MDS error/authorization reports		YES	
GT.519	Individual Assessment Form (IAF) scores		YES	
GT.520	IAF error reports		YES	
GT.521	**23. Web Portal – Patient Care Web Portal**			
GT.522	Ability to provide system functionality that allows Providers access to Member claims data (pharmacy, medical and MCO encounter data) for the purposes of coordinating patient care and reducing duplications in medical procedures, diagnostic testing and medications	YES		

7. General and Technical (GT)				
Req #	**Description of Requirement**	**YES** without custom-ization	**YES** with custom-ization	**NO** unable to provide
GT.523	Provides access only for designated healthcare providers, e.g. prescribers and pharmacists, through an authorized log in to access their patient's medical and pharmacy history. This information should be protected so that it can only be accessed with the correct combination of the member's Medicaid Identification Number, birth date, and name.	YES		
GT.524	Is updated at a minimum of once weekly with claims data (medical and pharmacy) in order to provide access to current patient history for Medicaid prescribers and providers. This data is expected to be in an easily readable format.	YES		
GT.525	Displays twenty-four (24) months of fee-for-service and MCO encounter data that includes, but is not limited to, medical, pharmacy, laboratory, x-ray, institutional, emergency room visits, outpatient visits, diagnosis codes, procedure codes, member demographic information, medical providers identified by name and NPI number, DEA and DEAX numbers, and pharmacy providers identified by name and NPI number.	YES		
GT.526	Meets all Health Insurance Portability and Accountability Act HIPAA requirements for the protection of Medicaid member's personal health information (PHI). Accepts web-based prior authorization requests on smart forms, created in the LiveCycle, program for creating forms with expandable text fields, and transfers them to the Prior Authorization Help Desk for processing through a secure and HIPPA compliant electronic method of transmission.		YES	

BUSINESS ORGANIZATION

RFP Section 4.1.5

Per the RFP requirements, the information referenced below has been included in a document titled "Business Organization," and included in the binder labeled *Attachments*.

E.1 Business Name and Address

RFP Section 4.1.5, Bullet 1

Client Network Services, Inc. (dba “CNSI”)
15800 Gaither Drive
Gaithersburg, MD 20877

E.2 Licenses

RFP Section 4.1.5, Bullet 2; RFP Section 3.3.3

CNSI has registered with the Secretary of State's Office to do business in West Virginia, and our vendor certification number is **470694**. Pursuant to the letter issued January 18, 2012, by the Workforce West Virginia, the Compliance and Enforcement Section, Unemployment Compensation Division, CNSI is in good standing with the State Agency of Employment Programs as to Unemployment Compensation coverage and Worker's Compensation coverage and our account is in compliance. Our evidence of good standing has been included in a document titled "Business Organization," and included in the binder labeled *Attachments*.

E.3 Subcontractor Detail

RFP Section 4.1.5, Bullet 3

Subcontractor	Addresses	Services
Noridian Administrative Services, LLC (Noridian)	900 42nd Street South Fargo, ND 58103	Fiscal agent services, MMIS operations, and support related to MMIS operations, MITA alignment, and compliance with RFP requirements
Magellan Medicaid Administration, Inc. (MMA, Inc.)	4300 Cox Road Glen Allen, VA 23060	Pharmacy Point-of-Sale and Drug Rebate
IBM	2300 Dulles Station Blvd Herndon, VA 20171	Testing, PMO Support, Hardware/Software and Periodic Audits

E.4 Financial Information

RFP Section 4.1.5, bullet 4

CNSI has provided its financial information, which includes its annual audited financial reports, in a document titled "Business Organization," and included as a separate file, "Annual Audited Financial Reports" in the binder labeled *Attachments*.

DESCRIPTION OF ROLES, RESPONSIBILITIES, AND SKILL SETS ASSOCIATED WITH EACH POSITION ON THE ORGANIZATION CHARTS

RFP Section 4.1.8

Roles, Responsibilities, and Skill Sets

The roles, responsibilities, and skill sets for the each staff classification are detailed in the table below.

Position	Class-ification	Roles and Responsibilities	Required Skills Sets
MMIS Account Manager	Key	▪ The MMIS account manager serves as a liaison with BMS during all phases of the contract ▪ The account manager is available and responsive to BMS requests for consultation and assistance. The account manager: ▪ Attends, upon request, meetings and hearings of Legislative Committees and interested governmental bodies, agencies, and officers ▪ Integration management between Medical/Dental and POS ▪ Oversees the MMIS Replacement DDI and Certification and all sub-phases ▪ Is responsible for establishing and maintaining a positive client relationship. Provides timely and informed responses to operational and administrative inquiries that arise ▪ Delegates authority to the medical/dental deputy account manager / operations manager when not able to be available ▪ Meets with BMS staff or such other person as BMS may designate on a regular basis to provide oral and written status reports and other information as required	▪ BA/BS ▪ Substitution for BA/BS: Four years demonstrated experience as an account manager or deputy account manager for a State Medicaid Entity and/or Medicaid Fiscal Agent operations for a State or other US Territory ▪ A total of eight years of demonstrated experience in: ▪ Management of an organizational unit within a Medicaid Agency in a State or other US territory; and/or ▪ Management of an organizational unit within a Medicaid Fiscal Agent which is performing operations in a State of equivalent scope to West Virginia; and/or ▪ Experience in other large healthcare claims processing organization
Medical/Dental Deputy Account Manager/ Operations Manager	Key	▪ Fills the role of the MMIS account manager in that person's absence ▪ Active role in day-to-day management of the project so as to be knowledgeable and aware of all issues, concerns, and requirements including integration management between Medical/Dental and POS ▪ Serves as the operations manager, managing staff assigned to all operational business activities, day-to-day operations of the MMIS and Fiscal Agent operations ▪ Assists with oversight of the MMIS Replacement DDI and Certification of all subsystems	▪ BA/BS ▪ Substitution for BA/BS: ▪ Four years demonstrated experience as a medical/ dental deputy account manager/ operations manager for a State Medicaid Entity and/or Medicaid Fiscal Agent which is performing operations in a State or other US territory ▪ Any combination of five years of Medicaid operations or Medicaid Fiscal Agent operations experience or other large healthcare claims processing organization ▪ Preference given to candidates with Medicaid Fiscal Agent Experience
Medical/Dental Application Manager	Key	▪ Responsible for managing all configuration activities for modifications and enhancements. ▪ Modifications include, but are not limited to, routine system maintenance, changes in rate or fee schedules, and changes required to remain compliant with Federal regulations and standards	▪ BA/BS ▪ Substitution for BA/BS: Four years demonstrated experience as a medical/ dental application manager for a State Medicaid Entity and/or Medicaid Fiscal Agent which is performing operations in a State or US Territory

Position	Class-ification	Roles and Responsibilities	Required Skills Sets
		▪ Enhancements include, but are not limited to, changes initiated by BMS to achieve strategic objectives, implement new programs, and mature business capabilities ▪ Leads the development and data center teams ▪ The implementation task manager will plan, manage, coordinate, and approve all aspects of the design, development, and implementation phase ▪ Manages system release process	▪ Experience in setting up provider contracts, member benefits, and reference ▪ Five years of Medicaid MMIS experience. Highly knowledgeable in quality assurance/control procedures, strong documentation and reporting background, demonstrated proactive problem management skills, and experience with change and incident management.
Medical/Dental Systems Manager	Key	▪ Responsible for planning, developing, testing, implementing, and maintaining the WV MMIS. ▪ Assists with management of the MMIS Replacement DDI and Certification including all sub-phases ▪ Coordinates with POS Systems Manager for consistency	▪ BA/BS degree preferred in Computer Science, Information Systems or related field. ▪ Substitution for BA/BS: Four years demonstrated experience as a medical/dental systems manager for a State Medicaid Entity and/or Medicaid Fiscal Agent which is performing operations in a State or US Territory ▪ A total of eight years of demonstrated experience that can consist of any combination of the below: • Manager of an organizational unit within a Medicaid Agency in a State or other US territory; and/or • Manager of an organizational unit within a Medicaid Fiscal Agent which is performing operations in a State or other US territory; and/or • Experience in another large healthcare claims processing organization.
POS Systems Manager	Key	▪ Responsible for planning, developing, testing, implementing and maintaining the WV MMIS Pharmacy POS throughout all phases and life of the contract	▪ BA/BS preferred in Computer Science related field including but not limited to, business data programming, business systems analysis, computer accounting, computer and information systems, computer servicing technologies, information systems management, data processing, or computer engineering ▪ Substitution for BA/BS: Four years demonstrated experience performing systems and software engineering activities ▪ A total of four years of demonstrated experience in managing or performing systems and/or software engineering activities, two years of which are experience with the Medicaid Pharmacy being bid.
Pharmacy Manager	Key	▪ Responsible for analyzing and configuring BMS pharmacy policy, and providing clinical support for policy development ▪ Also respons ble for, but not limited to, communication with Pharmacy providers, conducting POS user training, participating in provider workshops ▪ Providing direction to the POS help desk regarding POS inquiries	▪ Pharmacy BS/PharmD and unrestricted state pharmacy license. Licensure by the West Virginia Board of Pharmacy should be achieved within one year of the award of contract ▪ A total of five years of demonstrated management experience in a retail pharmacy setting that includes directly supervising staff, and knowledge of outpatient drug dispensing and billing procedures.

Position	Class-ification	Roles and Responsibilities	Required Skills Sets
Drug Rebate Manager	Key	▪ Responsible for the implementation, maintenance, and all day-to-day operations of the Drug Rebate Program while complying with State and Federal guidelines ▪ Responsible for the oversight and coordination of the Drug Rebate Program, serves as a direct liaison to BMS for the Drug Rebate Program and is responsive and available to BMS request for consultation and assistance ▪ Assists in support of policy development; conducts user training; provides assistance to the help desk on rebate questions ▪ Attends meetings/calls to provide Drug Rebate Program information to BMS or its designees	▪ BA/BS, RPH/PharmD preferred ▪ Substitution for BA/BS, RPH/PharmD ▪ Five years of management experience in a Medicaid pharmacy or drug rebate program that included direct supervision of program staff ▪ Three years of experience as a manager of a Medicaid drug rebate program with direct supervision of program staff ▪ Preference will be given to candidates that have experience in the operation of the product/system being bid.
Provider/ Member Services Manager	Key	▪ Oversees provider enrollment, provider/ member relations, provider training and outreach and associated help desk business areas for Medical/Dental and POS ▪ Leads the Provider / Member business area team during Phase 1	▪ BA/BS ▪ Substitution for BA/BS: Four years demonstrated experience as a provider/ member services manager for a State Medicaid Entity and/or Medicaid Fiscal Agent which is performing operations in a State or other US Territory ▪ Three years of experience with a Medicaid fiscal agent or other large healthcare claims processing organization performing provider/member services, e.g., enrollment and provider/member relations activities, e.g., developing and implementing training, communications, outreach programs for a Medicaid Fiscal Agent or private sector healthcare payer.
Medical/Dental Quality Manager	Key	▪ Oversees all quality assurance functions and responsibilities including deliverable review, accuracy of reports, system enhancement documentation, and review of test results ▪ Role of HIPAA Compliant Officer	▪ BA/BS ▪ Substitution for BA/BS: Four years demonstrated experience as a medical/dental quality manager for a State Medicaid Entity and/or Medicaid Fiscal Agent which is performing operations in a State or US Territory ▪ A total of four years of demonstrated experience as follows: • Experience working for a Medicaid Fiscal Agent or experience with a large health care organization. All four years of experience are in development and maintenance of a vigorous ongoing quality control function that encompasses data entry, verification of systems outputs, balancing of jobs, validating the integrity of the data, controlling and accounting for systems inputs, provider communications, finance and accounting, and ensuring adequate internal controls and quality checks throughout all system and operations tasks.
Financial Manager/ Claims Manager	Key	▪ Manages all financial functions and reporting, including daily, monthly and other cyclical financial processes, and supports the budget process for Medical/Dental and POS ▪ Oversees monitors and manages the financial, mailroom and claims services unit to ensure	▪ BA/BS in accounting, business administration, finance or economics ▪ Five years of experience managing an organizational department or unit responsible for the accounting, budget and/or reporting function of a large

Position	Class-ification	Roles and Responsibilities	Required Skills Sets
		they are operating efficiently and achieving the desired outcomes ▪ Ensure adequate staffing levels to meet performance requirements and deliverables ▪ Ensure staff is provided the necessary tools and direction to effectively perform their duties ▪ Ensure proper and complete training initiatives are operating within the unit ▪ Ensure quality control and assessment measures are in place and performed as scheduled ▪ Monitor and report workload and performance measurements on a timely basis ▪ Oversee the 1099 process is accurate and complete ▪ During Phase 1, leads the business area team related to operations management	commercial healthcare claims processing organization, Medicaid agency, or a similar government project. Preferred MMIS financial management and accounting experience.
EDI Manager/Web Portal Manager	Key	▪ Oversees Electronic Data Interchange activities ▪ Provides support for HIPAA transaction compliance, and develops and maintains implementation guides for Medical/Dental and POS ▪ Supports expanding health information initiatives for Medical/Dental and POS such as but not limited to: HIE and ePrescribing ▪ Member of Architecture Team	▪ BA/BS ▪ Substitution for BA/BS: Four years demonstrated experience as an Electronic Data Interchange (EDI) and or web portal manager for a State Medicaid Entity and/or Medicaid Fiscal Agent and/or other large healthcare claims processing organization ▪ A total of five years of demonstrated experience as follows: • Three years of which should be in the development, implementation and/or support of EDI functionality within a Medicaid Agency and/or Medicaid Fiscal agent in a State or other US territory • Development, implementation and/or providing operational support for ongoing HIPAA transaction compliance for a large healthcare claims processing organization; and/or • Development and/or support of policies, processes and/or procedures for the review and maintenance of implementation guides.
Reports Manager	Key	▪ The reports manager is responsible for managing the report development and analysis for Medical/Dental and POS ▪ Responsibilities include but are not limited to: ▪ Recommending establishment of new or modified reporting methods and procedures to improve report content and completeness of information ▪ Conferring with persons originating, handling, processing, or receiving reports to identify problems and to gather suggestions for improvements ▪ Examining and evaluating purpose and content of business reports to develop new, or improvements to existing formats, use, and controls ▪ Reviewing reports to determine basic characteristics, such as origin and report flow, format, frequency, distribution and purpose or function of report	▪ BA/BS ▪ Substitution for BA/BS: Four years demonstrated experience as reports manager for a State Medicaid Entity and/or Medicaid Fiscal Agent and/or other large healthcare claims processing organization ▪ A total of four years of demonstrated experience in: • Development, implementation and/or analysis of reports utilized in the support and/or operations of a Medicaid Agency in a State or other US territory; and/or • Development, implementation and/or analysis of reports utilized in the support and/or operations of a Medicaid Fiscal Agent which is performing operations in a State of equivalent scope to West Virginia;

Position	Class-ification	Roles and Responsibilities	Required Skills Sets
		▪ Evaluate findings, using knowledge of workflow, operating practices, record retention schedules ▪ Preparing and issuing instructions concerning generation, completion, and distribution of reports according to new or revised practices, procedures, or policies of reports management ▪ Member of Architecture Team	and/or • Development, implementation and/or analysis of reports utilized in the support and/or operations of a large healthcare claims processing organization; and/or • Development, implementation and/or monitoring of policies, processes and/or procedures and/or documentation for report development, generation, review and/or loading into a production reports database platform.
Medical/Dental Project Manager	Key	▪ Leads the Vendor's project management activities for Medical/ Dental inclusive of integration management with POS ▪ Leads Team CNSI's PMO	▪ BA/BS ▪ Substitution for BA/BS: Four years of project management demonstrated experience in addition to the four years required below can be substituted for a degree ▪ PMP certification or industry recognized project management certification preferred ▪ A total of four years of demonstrated experience in: ▪ Project Management of a project that encompassed the full system development life cycle from initiation through post implementation within a Medicaid Agency in a State or other US territory; and/or ▪ Project Management of a project that encompassed the full system development life cycle from initiation through post implementation within a Medicaid Fiscal Agent which is performing operations in a State or other US territory.
POS Project Manager	Key	▪ The POS project manager leads the Vendor's project management activities for POS including, but not limited to, oversight of DDI, implementation, CMS certification, integration management with Medical/Dental system, system enhancements, upgrades, implementation of new requirements to assure that deliverables are timely, meetings and action items are documented, and proper resources are identified in order to meet BMS requirements and timelines	▪ BA/BS ▪ PMP certification or industry recognized project management certification preferred ▪ Substitution for BA/BS: ▪ Four years of demonstrated experience in project management activities for a State Medicaid Entity and/or Medicaid Fiscal Agent ▪ A total of five years of project management experience that includes a two years of the management of one Medicaid Fiscal Agent POS project that encompassed the full system development life cycle from initiation through post implementation.
Registered Nurse	Key	▪ The registered nurse identifies significant opportunities for clinical or financial improvement in medical/medication management ▪ The registered nurse develops and designs interventions that improve or maintain the quality of care while reducing the overall cost of care when possible ▪ The registered nurse assists in evaluating the effectiveness of interventions, and serves as a	▪ Possession of the legal requirements to practice as a Registered Nurse in West Virginia and a Bachelor of Science in Nursing, Master's Degree preferred ▪ Knowledge of: professional nursing principles and techniques; medical terminology; hospital routine and equipment; and medications including narcotics. Experience in utilization review preferred

Position	Class-ification	Roles and Responsibilities	Required Skills Sets
		clinical consultant for the WV MMIS for Medical/Dental and POS	
Certified Professional Coder (2 positions)	Key	▪ The certified professional coder leads the Procedure Code Workgroup ▪ The certified professional coder reviews and advises on all Medical/Dental and POS coding updates released quarterly ▪ The certified professional coder and is responsible for interpreting medical terminology in order to create numerical codes for insurance and medical statistics purposes for Medical/Dental and POS	▪ An Associate's or Bachelor's degree preferred. American Health Information Management Association (AHIMA) certification preferred ▪ The certified professional coder should have experience with bundling software. Diseases, pharmacology and general medical terminology expertise is preferred. Understands the surgical section of Current Procedural Terminology (CPT) and the International Classification of Diseases Clinical Modification in order to properly convert the terminology into numerical codes ▪ Proficiency in assigning accurate medical codes throughout a wide range of services and have experience in integrating coding and reimbursement rule changes, as well as experience with AHA Coding Clinic guidelines. Knowledge of anatomy, physiology and medical terminology necessary to correctly code provider services and diagnoses is important.
POS Quality Manager	CD	▪ The POS quality manager oversees all quality assurance functions and responsibilities including, but not limited to deliverable review, accuracy of reports, system enhancement documentation, and review of test results	▪ BA/BS ▪ Substitution for BA/BS: Four years of demonstrated experience in quality control activities for a State Medicaid Entity and/or Medicaid Fiscal Agent ▪ A total of five years of demonstrated experience in quality control of a claims billing system, three of which are with a State Medicaid Entity and/or Medicaid Fiscal Agent pharmacy claims billing system. Experience includes, but is not limited to, data entry, verification of systems outputs, balancing of jobs, validating the integrity of the data, controlling and accounting for systems inputs, provider communications, claims payment, ensuring adequate internal controls and quality checks throughout all system and operations tasks.
Data Conversion Specialist	CD	▪ Manages all data conversion activities for Medical/Dental ▪ Works closely with Team CNSI's data conversion manager ▪ Conducts data conversion mapping and source data analysis	▪ BA/BS ▪ Substitution for BA/BS: Four years demonstrated experience as a claims conversion analyst or specialist ▪ Five years of experience managing data conversion for MMIS implementation projects or health care information systems ▪
Pharmacy Data Conversion Specialist	CD	▪ Manages all data conversion activities for POS ▪ Works closely with Team CNSI's data conversion manager ▪ Conducts data conversion mapping and source data analysis	▪ BA/BS ▪ Substitution for BA/BS: Four years demonstrated experience as a claims conversion analyst or specialist ▪ Five years of experience managing data conversion for MMIS implementation projects or health care

Position	Class-ification	Roles and Responsibilities	Required Skills Sets
			▪ information systems ▪
Interface Specialist	CD	▪ Manages all interface development and implementation activities for Medical/Dental and POS ▪ Member of Architecture Team	▪ BA/BS ▪ Substitution for BA/BS: Four years demonstrated experience as an interface analyst or specialist ▪ Three years of experience in systems integration, messaging components, and interface development for MMIS implementation projects or health care information systems ▪
Pharmacy Interface Specialist	CD	▪ Manages all interface development and implementation activities for Medical/Dental and POS ▪ Member of Architecture Team	▪ BA/BS ▪ Substitution for BA/BS: Four years demonstrated experience as an interface analyst or specialist ▪ Three years of experience in systems integration, messaging components, and interface development for MMIS implementation projects or health care information systems ▪
Trainer and Documentation Specialist	SS	▪ The trainer and documentation specialist is responsible for developing training curricula, training materials, facilitating training sessions and technical and/or user documentation for Medical/Dental and POS	▪ BA/BS ▪ Substitution for BA/BS: Four years demonstrated experience in training multiple classes and in documenting various letters, statements of work, manuals, etc ▪ Two years of experience in the creation and production of technical and/or user documentation; one year experience in the management of documentation version control procedures and web-based documentation experience. Projects may involve preparing individual sections of the MMIS Systems manuals or other technical documents, or organizing the production of a basic manual, such as a user manual
Medical/Dental Ad-Hoc Reporting Analyst (2 FTEs)	SS	▪ The Medical/Dental ad-hoc reporting analyst is responsible for analyzing report data for trending purposes and reporting those variances to BMS ▪ The Medical/Dental ad-hoc reporting analyst is also respons ble for gathering business requirements, report development, QA and delivery of reports to BMS for approval	▪ BA/BS ▪ Substitution for BA/BS: Four years demonstrated experience as data and/or reports analyst for a State Medicaid Entity and/or Medicaid Fiscal Agent and/or other large healthcare claims processing organization. ▪ A total of three years of demonstrated experience as follows: • Development, and/or support of data analysis within a Medicaid Agency and/or Medicaid Fiscal agent in a State of equivalent scope to West Virginia; and/or • Development and/or generation of reports and analysis of the same in support of a large healthcare claims processing organization; and/or • Development and/or support of policies, processes and/or procedures for the review and maintenance of billing manuals

Position	Class-ification	Roles and Responsibilities	Required Skills Sets
POS Reporting Analyst (1 FTE)	SS	▪ The POS reporting analyst is responsible for analyzing report data for trending purposes and reporting those variances to BMS. The POS reporting analyst is also responsible for gathering business requirements, report development, QA and delivery of reports to BMS for approval	▪ BA/BS ▪ Substitution for BA/BS: Four years of demonstrated accounting or financial reporting experience ▪ A total of three years demonstrated experience supporting data analysis for Medicaid or other health care programs. Preference will be given to those with experience in the product being bid
Finance Reporting Analyst	SS	▪ The finance reporting analyst is responsible for analyzing report data for trending purposes and reporting those variances to BMS. ▪ The finance reporting analyst is also responsible for gathering business requirements, report development, QA and delivery of reports to BMS for approval	▪ BA/BS degree preferred ▪ Substitution for BA/BS: Four years of experience as a financial reporting analyst for a State Medicaid program, Medicaid fiscal agent, or other healthcare role ▪ Three years of experience preparing financial analysis for a Medicaid program or other healthcare program. ▪
Drug Rebate Analyst	SS	▪ The drug rebate analyst is respons ble for loading, organizing, and analyzing rebate system data and reports ▪ The drug rebate analyst is respons ble for gathering business requirements; report development; QA; delivery of reports and data to BMS or its designee as required ▪ The drug rebate analyst is respons ble for rebate invoicing activities ▪ The drug rebate analyst is respons ble for promptly reporting any variances and means of resolution to BMS and the rebate manager	▪ BA/BS ▪ Substitution for BA/BS: ▪ Four years of data analysis and reporting experience in a Medicaid program, Medicaid fiscal agent or other healthcare programs ▪ Three years demonstrated experience performing data analysis and reporting in the product being bid.
Adjudicator	OS	▪ The adjudicator will review and resolve claims suspended for edit resolution ▪ Identify and report potential claims processing issues ▪ Identify process improvement opportunities and initiate through established protocols ▪ Review and comprehend all performance expectations for a claims adjudicator ▪ Escalate problems, as required ▪ Communicate ongoing issues or problems to provider/member services unit for outreach and training activities ▪ Report poss ble fraud or abuse through established communications channels	▪ Basic knowledge of PC and office equipment ▪ Knowledge of Medicaid payment guidelines and claims processing system ▪ Working knowledge of Medicaid and claims processing ▪ Knowledge of medical terminology, CPT-4 and ICD-9/ICD-10 coding ▪ Key data efficiently and accurately. ▪ Organization and prioritization skills ▪ Written and verbal communication skills.
Adjustment Examiner	OS	▪ The adjustment examiner will process Reversal Replacement/Void request in a timely manner ▪ Identify and report potential adjustment issues ▪ Review and comprehend all performance expectations for an adjustment examiner ▪ Identify process improvement opportunities and initiate through established protocols ▪ Assist in testing scenarios as requested ▪ Report poss ble fraud or abuse through established communications channels	▪ Basic knowledge of PC and office equipment ▪ Knowledge of Medicaid payment guidelines and claims processing system ▪ Working knowledge of Medicaid and claims processing ▪ Knowledge of medical terminology, CPT-4 and ICD-9/ICD-10 coding ▪ Key data efficiently and accurately. ▪ Organization and prioritization skills ▪ Written and verbal communication skills.
Business Analyst	OS	▪ The business analyst will communicate status, issues, and risks to the functional manager ▪ Review existing documentation ▪ Develops requirements specification,	▪ Minimum of one year of experience in the technical/ professional field ▪ Minimum technical/

Position	Class-ification	Roles and Responsibilities	Required Skills Sets
		general system design, detailed system design documents ▪ Conducts requirements validation activities ▪ Participates with collaborative sessions to document Medicaid business processes ▪ Reviews and comments on “as-is” and “to-be” business process work flows ▪ Provides requirements statements and business rules to articulate end-user functionality ▪ Analyze RFP requirements and maintain requirements traceability ▪ Participates in requirements analysis for their assigned business area ▪ Ensures all business area requirements are included in the overall requirements documentation ▪ Communicates requirements and business processes to the designers and developers ▪ Migrate into testers in the later testing tasks of the project ▪ Conducts functional testing for assigned business areas	professional degree or certification.
Claims Lead	OS	▪ The claims lead will oversee the staff in the claims unit which includes adjudication, adjustment processing and medical review activities ▪ Facilitate and guide staff to provide them tools, skills, and resources to become responsible for their workloads and performance expectations ▪ Monitor and provide accurate workload reports on a timely basis ▪ Oversee the development, implementation, and maintenance of all training activities within the unit, including documentation, classes, and reporting ▪ Ensure quality review procedures, standards, and measurements are established and documentation maintained ▪ Conduct all aspects of hiring and maintaining adequate staff levels ▪ Attend and/or conduct meetings, workshops, and training sessions as appropriate	▪ Experience managing front-line operations staff and monitoring performance metrics ▪ In-depth understanding of benefit plans and payment methodology ▪ In-depth knowledge of claims processing and claims systems flow ▪ In-depth knowledge of claims adjustment and adjudication processes and procedures ▪ Management theories ▪ Medical terminology ▪ Basic PC and office equipment skills ▪ Good verbal, listening, writing and interpretive skills ▪ Problem-solving, organization, prioritization skills.
Configuration Management Specialist	OS	▪ The configuration management specialist will maintain configuration management (CM) processes ▪ Establishes the CM environment ▪ Provides periodic training of CM processes and tools ▪ Maintains code and documentation configuration control ▪ Provides configuration status accounting ▪ Maintains CM environment and repository	▪ Minimum of two years of experience in testing. ▪ Minimum technical/ professional degree or certification.
Conversion Manager	OS	▪ Implements Team CNSI conversion processes ▪ Works closely with Data Conversion Specialist ▪ Assist BMS in developing business rules for situations where a straight conversion is not feas ble ▪ Convert all data from the existing MMIS necessary to operate the replacement MMIS and produce comparative reports for previous periods of operation ▪ Crosswalk data to allow continued application of all edits, audits, service authorizations, drug-exception requests, rebates, and calculations,	▪ At least three years of experience, at least one of which must have been in a management capacity, with conversion efforts on an MMIS or other large-scale system implementation project ▪ At least one year of systems related experience with the MMIS proposed in response to this RFP. ▪ Bachelor's degree from an accredited college or university.

Position	Class-ification	Roles and Responsibilities	Required Skills Sets
		and to meet all other system processing requirements ▪ Lead the conversion team and coordinate with BMS and legacy system contractor, as necessary	
COTS Specialist	OS	▪ The COTS specialist participates in requirements and design activities ▪ Provides expertise in COTS products ▪ Leads and conducts configuration and customization activities ▪ Participates in testing ▪ Corrects discrepancies and defects found during testing ▪ Conducts code peer reviews ▪ Provides leadership for other developers, as needed ▪ Installs, configures, and establishes framework for assigned COTS product.	▪ Minimum of two years of programming /configuration experience. ▪ Technical degree
Data Center Manager (Facilities Manager)	OS	▪ The data center manager will oversee the 24/7 Datacenter Server Operations Security Management ▪ Technical personnel management cost, schedule and performance management ▪ Help desk management process management ▪ Desktop Support Management Change Management ▪ Configuration management capacity planning ▪ Disaster recovery management client relationship management ▪ Network operations management vendor management ▪ Manage to SLA's ▪ Manage CNSI local facilities	▪ At least ten years of current experience managing Tier III network operations datacenter. ▪ Personal experience with or managing personnel for all job responsibilities. ▪ SANS ▪ PMP Certified ▪ ITIL Certified ▪ CNCS Experience
Data Conversion Analyst	OS	▪ Convert all data from the existing MMIS necessary to operate the replacement MMIS and produce comparative reports for previous periods of operation ▪ Crosswalk data to allow continued application of all edits, audits, service authorizations, drug-exception requests, rebates, and calculations, and to meet all other system processing requirements	▪ Technical degree ▪ At least one year of experience in data conversion ▪ Knowledge of Oracle RDBM
Data Entry / Imaging Clerk	OS	▪ The data entry / imaging clerk will open all incoming claim, correspondence, checks and other documents in a timely manner ▪ Perform manual pre-screening functions ▪ Prepare and image all document types into an electronically stored image ▪ Verify quality and readability of all imaged claims and correspondence ▪ Perform manual pre-screening functions ▪ Redirect inappropriate claims or documents to the appropriate area ▪ Review and data enter claim information from multiple claim forms using the Emdeon product ▪ Perform verification of low confidence fields ▪ Enter data as needed and resolve basic front end edits ▪ Escalate any issues or concerns to the process lead ▪ Seek and suggest efficiencies for manual and online entry operations ▪ Review and comprehend all performance	▪ Basic PC and office equipment skills ▪ Basic understanding of forms and form types ▪ Operation of high volume scanning equipment and related software ▪ Processing systems applicable to workload ▪ Keyboard skills ▪ Good verbal, listening, writing and interpretive skills ▪ Problem-solving, organizational, prioritization skills ▪ Excellent manual dexterity (ability to rapidly review scanned documents, and to screen mail once opened)

Position	Class-ification	Roles and Responsibilities	Required Skills Sets
		expectations for a data entry/imaging clerk.	
Data Modeler	OS	▪ The data modeler develops the logical database designs based on the gap analysis ▪ Develops the physical database design based on the logical designs ▪ Maintains the database schema ▪ Supports database reverse engineering activities ▪ Develops data warehouse schema ▪ Supports development team and data conversion mapping	▪ Minimum of three years of experience in the technical/ professional field ▪ Minimum technical/ professional degree or certification.
Database Administrator	OS	▪ The database administrator conducts database administration activities ▪ Manages administration of all environments ▪ Performs tuning of relational database system indices ▪ Monitors query performance.	▪ Minimum of four years of experience in the technical/ professional field ▪ Bachelor's degree in technical or science.
Development Manager	OS	▪ Development manager oversees all new MMIS programmers on the project ▪ Establishes and maintains the overall software architecture of the system ▪ Provides senior-level programmer expertise to all programmers ▪ Ensures consistency of programming across all subsystems ▪ Provides development status and metrics ▪ Establishes and maintains development schedules ▪ Establishes and enforces naming conventions and standards for development ▪ Monitors code reviews and unit testing.	▪ Bachelor's degree from a four-year accredited college or university ▪ Three years of full-time experience as a systems analyst, programmer analyst or programmer or seven years. ▪ Three years of full-time systems supervisor/management experience.
Drug Rebate Technical Lead	OS	▪ Technical aspects of Drug Rebate system ▪ Drug rebate development ▪ Perform drug rebate testing ▪ Drug rebate implementation and cutover ▪ Drug Rebate Maintenance	▪ Systems/Software engineering experience ▪ Software engineering experience with eRebate ▪ Strong communications skills ▪ Analytical skills to support enhancements and testing ▪ Interpersonal skills
EDI Help Desk Analyst	OS	▪ Responds to phone calls from providers and other trading partners regarding Electronic Data Interchange (EDI) issues ▪ Respond to questions submitted through the portal for providers and trading partners. ▪ Assist trading partners and providers with testing EDI transmissions including all interfaces ▪ Track all inquiries and resolution through Customer Relationship Management (CRM) systems ▪ Help develop EDI outreach and training materials ▪ Work with provider field representatives to convey ongoing issues for possible training initiatives. ▪ Research complex inquiries and escalate as needed.	▪ Strong customer service skills (e.g., ability to actively listen, create and maintain positive relationships, etc.) ▪ Use PC and various software packages proficiently ▪ Research, review, and comprehend technical data ▪ Effectively communicate complex concepts and requirements ▪ Professional and effective communications skills (i.e., oral and written) ▪ Organizational/prioritization skills ▪ Work effectively in stressful and demanding situations ▪ Problem solving skills ▪ Multi-tasking skills ▪
Help Desk Analyst	OS	▪ The help desk analyst will assist users over the phone with some desk side support. This is a fast paced, SLA based help desk that supports 10,000 customers across the United States. The help desk is a Microsoft based environment and	▪ Excellent Customer Service ▪ Work within SLA's ▪ Strong Microsoft 2007 Suite knowledge ▪ Knowledge of desktop/laptop and peripherals

Position	Class-ification	Roles and Responsibilities	Required Skills Sets
		in-depth knowledge of Microsoft Office applications is a must	▪ Should be able to resolve customer problems over the phone or using remote control.
Historical Direct Data Entry (DDE)	OS	▪ Data entry of historical drug rebate information that cannot be provided electronically to allow for electronic conversion ▪ Perform quality checks of data entry results	▪ Basic PC and software knowledge ▪ Basic employment skills: reading, writing, simple arithmetic ▪ Strong data entry skills (alphanumeric) ▪ Communicate professionally and effectively ▪ Organize/prioritize and manage information ▪ Flexible and adaptable ▪ Ability to maintain confidentiality ▪ Telephone etiquette ▪ Interpersonal skills
Mailroom Clerk	OS	▪ The mailroom clerk will receive pickup up, and sort envelops and parcels ▪ Open and extract incoming mail ▪ Prepare documents for scanning ▪ Pickup and deliver mail to BMS twice a day ▪ Sort and deliver internal mail to internal staff ▪ Process non-deliverable mail ▪ Handle the storage and destruction of processed documents after designated time period ▪ Review and comprehend all performance expectations for a mailroom clerk	▪ Basic PC and software knowledge ▪ Basic employment skills: reading, writing, simple arithmetic ▪ Strong data entry skills (alphanumeric) ▪ Communicate professionally and effectively ▪ Organize/prioritize and manage information ▪ Flexible and adaptable ▪ Ability to maintain confidentiality ▪ Telephone etiquette ▪ Interpersonal skills
Mailroom Lead	OS	▪ The mailroom lead will oversee the staff in the mailroom unit which includes receipt of all mail, data entry of claims and delivery ▪ Facilitate and guide staff to provide them tools, skills, and resources to become responsible for their workloads and performance expectations ▪ Monitor and provide accurate workload reports on a timely basis ▪ Oversee the development, implementation, and maintenance of all training activities within the unit, including documentation, classes, and reporting ▪ Ensure quality review procedures, standards, and measurements are established and documentation maintained ▪ Conduct all aspects of hiring and maintaining adequate staff levels ▪ Attend and/or conduct meetings, workshops, and training sessions, as appropriate	▪ Experience managing front-line operations staff and monitoring performance metrics ▪ In-depth understanding of benefit plans and payment methodology ▪ Working knowledge of mailroom operating equipment and technology ▪ Management theories ▪ Medical terminology ▪ Basic PC and office equipment skills ▪ Basic understanding of forms and form types ▪ Operation of high volume scanning equipment and related software ▪ Good verbal, listening, writing and interpretive skills ▪ Problem-solving, organizational, prioritization skills.
Member Field Representative	OS	▪ The member field representative will collaborate with BMS on the content and make up of member outreach material, newsletters, bulletins, surveys, manuals and other member material ▪ Conduct and track member outreach communications ▪ Create and maintain member outreach materials ▪ Ensure all outreach materials are uploaded to the member portal ▪ Support the call center staff with assistance to researching escalated requests ▪ Respond to specific member issues either by telephone or written correspondence ▪ Track and report on all activities	▪ Proficient in Medicaid policies, rules and regulations ▪ Advanced knowledge of office equipment and software programs to aid in training ▪ Good human relations skills ▪ Approachable and a positive attitude when approached ▪ Ability to effectively and professionally interact and manage group dynamics and meetings of various sizes ▪ Excellent speaking, verbal and written communication skills especially when involved in complicated and controversial issues. ▪ Ability to analyze, interprets, and relay information to others

Position	Class-ification	Roles and Responsibilities	Required Skills Sets
			▪ Research and problem solving skills ▪ Shows interest and listens effectively.
Member Relations Representative	OS	▪ Respond to member phone calls and written correspondence in a timely manner ▪ Respond to questions submitted through the portal ▪ Track all inquiries and resolution through CRM systems ▪ Research complex inquiries and escalate as needed ▪ Notify management of possible fraud/abuse through established protocols ▪ Work with member field representative to convey ongoing issues for possible outreach initiatives	▪ Working knowledge of health care systems, Medicaid policies and regulations ▪ Knowledge of medical terminology such as CPT/HCPC and ICD-9, ICD-10 coding ▪ Basic PC software knowledge ▪ Excellent communication skills, both verbal and written ▪ Ability to organize and prioritize workloads ▪ Research, evaluate/analyze and problem-solving skills ▪ Keyboard skills (typing, 10-key, alpha/numeric) ▪ Maintain professional telephone etiquette in a variety of call situations ▪ Flexible and adaptable team player
Member Services Lead	OS	▪ Oversees the staff in the member services unit which includes call center and outreach and education ▪ Facilitate and guide staff to provide them tools, skills, and resources to become responsible for their workloads and performance expectations ▪ Monitor and provide accurate workload reports on a timely basis ▪ Oversee the development, implementation, and maintenance of all training activities within the unit, including documentation, classes, and reporting ▪ Ensure quality review procedures, standards, and measurements are established and documentation maintained ▪ Conduct all aspects of hiring and maintaining adequate staff levels ▪ Attend and/or conduct meetings, workshops, and training sessions as appropriate	▪ Experience managing front-line operations staff and monitoring performance metrics ▪ In-depth understanding of benefit plans and payment methodology ▪ In-depth knowledge of claims processing and claims systems flow ▪ In-depth knowledge of claims adjustment and adjudication processes and procedures ▪ Outreach and training methodologies ▪ Management theories ▪ Medical terminology
Network Engineer	OS	▪ The network engineer establishes and maintains the network in the development environment ▪ Oversees the network connectivity with BMS facilities ▪ Establishes and maintains the testing network environment ▪ Establishes and maintains the production network environment ▪ Manages the application and web server environments ▪ Installs and configures commercial off the shelf (COTS) software ▪ Maintains software inventory and licenses.	▪ Minimum of three years of experience ▪ Minimum two years associate degree or certification.
NOC Specialist	OS	▪ NOC specialist will diagnose and resolve problems of customer reported incidents. ▪ Install, configure, and troubleshoot, customer software and hardware ▪ Enter all trouble calls into an automated call tracking system ▪ Ensure that problems are escalated appropriately until a resolution is reached. ▪	▪ Experience in computer help desk/call center supporting custom applications ▪ Proficiency with MS Windows, NT, 2000, and XP OS ▪ Proficiency installing, navigating and troubleshooting Microsoft Office and other desktop applications ▪ Ability to communicate professionally with customers and obtain required information to solve problems

Position	Class-ification	Roles and Responsibilities	Required Skills Sets
			▪ Proficient with helpdesk procedures and ticket resolution ▪ Able to perform basic hardware and software desktop service.
PL/SQL Programmer	OS	▪ Conducts requirements impact analysis ▪ Monitors database query performance and performs SQL tuning ▪ Monitors database query performance and performs SQL tuning ▪ Develops or modifies data warehouse database queries ▪ Participates in software unit testing ▪ Participates in software code walkthroughs ▪ Corrects discrepancies and defects found during testing	▪ Minimum of two (2) years of programming / configuration experience ▪ Technical degree ▪
POS Clinical Lead	OS	▪ Criteria development for auto prior authorization ▪ Drug Utilization Review (DUR) parameters	▪ Registered pharmacist ▪ Clinical experience with DUR ▪ Experience with preferred drug lists ▪ Strong Communications skills ▪ Knowledge of Medicaid policies ▪ Experience with prior authorizations and establishing prior authorization policies and business rules
POS Technical Lead	OS	▪ Technical aspects of POS (FirstRx) to include adjudication, DUR, and Auto PA ▪ Oversee implementation of WV unique FirstRx functionality ▪ FirstRx implementation and cutover from legacy system ▪ Maintain clinical portal ▪ Enhancements during operations	▪ Experience with processing Medicaid pharmacy claims ▪ Experience with maintaining databases to support claims processing ▪ Web portal design and content management ▪ Analytical skills to evolve POS requirements to an implemented technical design ▪ Strong interpersonal skills ▪ Excellent communication skills
Process Lead	OS	▪ The process lead will provide assistance to the staff in the specified unit ▪ Assist in performing their duties by answering questions or assignment of workload ▪ Research problems to identify the source and initiate necessary corrections ▪ Escalate issues as needed to management. ▪ Provide workload reporting to management ▪ Ensure staff members receive necessary training ▪ Ensure all documentation is current, correct, and available to all team members ▪ Facilitate process improvements within the unit ▪ Conduct team training to staff members ▪ Assist staff members meeting quality measurement requirements for the unit ▪ Communicate system release information or other changes that impact the unit ▪ Backup for supervisor in their absence.	▪ Research, design and implement training classes/courses ▪ Facilitation and presentation skills ▪ Flexibility to adapt to change ▪ Advanced PC skills ▪ Comprehensive reading and interpretation skills ▪ Excellent verbal and written communication skills ▪ Excellent phone etiquette skills ▪ Problem solving and decision making capabilities ▪ Organizational, prioritization, and time management skills ▪ Strong interpersonal skills
Programmers	OS	▪ The programmers will work under direction of the assigned team lead ▪ Participate in meetings and discussions with functional/team leads to understand the requirements and work out a design ▪ Develop J2EE compliant Java/XML/PLSQL/SQL code utilizing standard IDE's ▪ Create graphical user interface utilizing GUI tools like Dreamweaver ▪ Integrate Java applications with Oracle	▪ Minimum of three years of programming / configuration experience. ▪ Technical degree

Position	Class-ification	Roles and Responsibilities	Required Skills Sets
		database and other subsystem components ▪ Participate in code reviews and ensure the code written complies with the company standards and policies ▪ Participate in software unit testing. ▪ Correct discrepancies and defects detected during testing ▪ Mentor other Java developers in enhancing their skills ▪ Continue enhancing own Java skills on new practices, frameworks and standards	
Provider Enrollment Lead	OS	▪ The provider enrollment lead will oversee the staff in the provider enrollment unit ▪ Facilitate and guide staff to provide them tools, skills, and resources to become responsible for their workloads and performance expectations ▪ Monitor and provide accurate workload reports on a timely basis ▪ Oversee the development, implementation, and maintenance of all training activities within the unit, including documentation, classes, and reporting ▪ Ensure quality review procedures, standards, and measurements are established and documentation maintained ▪ Conduct all aspects of hiring and maintaining adequate staff levels ▪ Attend and/or conduct meetings, workshops, and training sessions, as appropriate.	▪ Experience managing front-line operations staff and monitoring performance metrics ▪ In-depth understanding of benefit plans and payment methodology ▪ In-depth knowledge of claims processing and claims systems flow ▪ In-depth knowledge of claims adjustment and adjudication processes and procedures ▪ Strong research, problem solving, analysis and decision-making skills ▪ Strong organizational and prioritization skills ▪ Outreach and training methodologies ▪ Management theories ▪ Medical terminology
Provider Enrollment Representative	OS	▪ The provider enrollment representative will process provider applications to enroll as a Medicaid provider received through hardcopy or electronically ▪ Track all provider enrollment activities through established tools and processes. ▪ Respond to all provider enrollment requests for changes and/or updates to the provider data, including dis-enrollment ▪ Update the provider file to incorporate all provider data ▪ Respond to all provider telephone inquiries in a professional and timely manner ▪ Review and conform to all performance expectations for a provider enrollment representative ▪ Report any suspected fraud or abuse through established communication channels. ▪ Communicate any regular occurring issues with the enrollment process to the provider field representatives for follow up and training	▪ Excellent written and verbal communication skills to clearly convey information ▪ Strong research, problem solving, analysis and decision-making skills ▪ Ability to think independently and make appropriate decisions. ▪ Strong Ability to organize and prioritize multiple activities simultaneously. ▪ Ability to be dependable, flexible and adaptable in an ever-changing work environment ▪ Ability to advise and educate customers on enrollment policies and procedures ▪ Ability to work independently as well as within a team ▪ Attention to detail and a high degree of accuracy and efficiency in all work activities.
Provider Field Representative	OS	▪ Collaborate with BMS on the content and make up of provider outreach material, newsletters, bulletins, surveys, manuals and other provider material ▪ Create and maintain provider outreach materials. ▪ Ensure all outreach materials are uploaded to the provider portal and the online learning center for providers, as appropriate ▪ Conduct training utilizing adult learning theories and practices, industry standard training strategies and technologies, such as teleconferencing, online, interactive training on the internet, web casts	▪ Proficient in Medicaid policies, rules and regulations ▪ Advanced knowledge of office equipment and software programs to aid in training ▪ Good human relations skills ▪ Approachable and a positive attitude when approached ▪ Ability to effectively and professionally interact and manage group dynamics and meetings of various sizes ▪ Excellent speaking, verbal and written communication skills especially when involved in complicated and

Position	Class-ification	Roles and Responsibilities	Required Skills Sets
		▪ Conduct annual provider training workshops ▪ Support the call center staff with assistance to researching escalated requests ▪ Provide billing assistance to provider to resolve claims payment issues ▪ Provide training and technical assistance to electronic billing providers ▪ Assist in development of Annual Provider Training plan and training schedule. ▪ Respond to specific provider issues either by telephone or written correspondence ▪ Track and report on training activities	controversial issues. ▪ Ability to analyze, interprets, and relay information to others ▪ Research and problem solving skills ▪ Shows interest and listens effectively ▪
Provider Relations Representative	OS	▪ The provider relations representative responds to provider phone calls and written correspondence in a timely manner ▪ Responds to questions submitted through the portal ▪ Tracks all inquiries and resolutions through the Call Tracking Management system ▪ Researches complex inquiries and escalate as needed ▪ Works with provider field representatives to convey ongoing issues for possible training initiatives ▪ Notifies management of possible fraud/abuse through established protocols	▪ Working knowledge of health care systems, Medicaid policies and regulations. ▪ Knowledge of medical terminology such as CPT/HCPC and ICD-9, ICD-10 coding. ▪ Basic PC software knowledge ▪ Excellent communication skills, both verbal and written ▪ Ability to organize and prioritize workloads ▪ Research, evaluate/analyze and problem-solving skills ▪ Keyboard skills (typing, 10-key, alpha/numeric) ▪ Maintain professional telephone etiquette in a variety of call situations ▪ Flexible and adaptable team player.
Provider Services Lead	OS	▪ The provider services lead will oversee the staff in the provider services unit which includes call center, EDI helpdesk, provider training and outreach, and internal training ▪ Facilitate and guide staff to provide them tools, skills, and resources to become responsible for their workloads and performance expectations ▪ Monitor and provide accurate workload reports on a timely basis ▪ Oversee the development, implementation, and maintenance of all training activities within the unit, including documentation, classes, and reporting ▪ Assist in development of the Annual Provider Training Plan ▪ Ensure quality review procedures, standards, and measurements are established and documentation maintained ▪ Conduct all aspects of hiring and maintaining adequate staff levels ▪ Attend and/or conduct meetings, workshops, and training sessions, as appropriate	▪ Experience managing front-line operations staff and monitoring performance metrics ▪ In-depth understanding of benefit plans and payment methodology ▪ In-depth knowledge of claims processing and claims systems flow ▪ In-depth knowledge of claims adjustment and adjudication processes and procedures ▪ Outreach and training methodologies ▪ Management theories ▪ Medical terminology
Quality Assurance Analyst	OS	▪ The quality assurance analyst will conduct quality review checks on frontline operational staff ▪ Conduct regular reviews of documents in electronic repository including operational procedures and other materials to ensure all are up to date and correct ▪ Assist with development of process review procedures and measures for incorporation into Quality Management Plan ▪ Document and report findings to appropriate management	▪ Operational experience with healthcare processing ▪ Knowledge of business processes ▪ Extensive knowledge of PC software ▪ Knowledge of quality methods and techniques ▪ Analytical and problem solving skills ▪ Excellent written and verbal communications kills ▪ MMIS knowledge

Position	Class-ification	Roles and Responsibilities	Required Skills Sets
		▪ Provide feedback to staff on quality outcomes ▪ Recommend training courses to staff that may need a refresher ▪ Recommend process improvement initiatives to management	
SAN Engineer	OS	▪ The SAN engineer will configure physical and logical storage units ▪ Tunes storage servers for optimal performance ▪ Maintain SAN SW with patches and regular updates ▪ Work with system administrators to allocate storage to physical servers ▪ Monitor storage unit for system performance and operations	▪ Minimum of three years of experience in the technical/professional field ▪ Bachelor's degree
System Administrator	OS	▪ The system administrator will oversees all aspects of server deployment across all environments ▪ Manage system administrator resources allocated to the project ▪ Oversee all standard operating procedures and processes for server configuration ▪ Coordinate with BMS technical staff ▪ Coordinate with Subcontractor technical staff ▪ Provide daily operational availability of hardware and software systems to support facility operations ▪ Perform system backup in accordance with established procedures ▪ Perform scheduled testing and review of hardware and software ▪ Document all hardware and/or software adjustments and/or modifications as changes are affected ▪ Responsible for the preparation of reports and analysis of operations, as required ▪ Perform other related duties, as assigned	▪ Minimum of four years of system administration experience ▪ Minimum bachelor's degree.
Systems Management Lead and Team	OS	▪ Systems management lead and team will perform release management, version control, extracts, documentation maintenance, network and database management and other technical personnel as required to maintain all other system components	▪ BA/BS and two years of experience in the application to which the individual is assigned ▪
Test Manager	OS	▪ The test manager coordinates and plans testing activities for the project ▪ Ensures the test environment is configured per the requirements of the development and test teams ▪ Coordinates with BMS regarding test data collection and development ▪ Monitors test coverage ▪ Ensures appropriate tools are used to conduct unit, integration, system, and load testing ▪ Monitors and reports on discrepancies	▪ Minimum of four years of experience ▪ Bachelor's degree
Tester	OS	▪ The tester will develop test plans and test cases ▪ Develops test data ▪ Coordinates with data conversion team for test data when necessary ▪ Conducts integration and system testing ▪ Conducts regression testing	▪ Minimum of one year of experience ▪ Minimum 2 year associate degree or certification.
BMS Liaison	CC	▪ The BMS liaison will facilitate communication and coordination between BMS and Team CNSI ▪ Communicates critical project information to	▪ Overall seven years of work experience. ▪ Minimum five years of experience in a

Position	Class-ification	Roles and Responsibilities	Required Skills Sets
		▪ BMS between project status meetings ▪ Alerts Team CNSI project teams on upcoming BMS policy and regulations	▪ claims processing environment ▪ System, technical/operational and program experience.
Administrative Assistant	AS	▪ Coordinate conference rooms and meeting scheduling ▪ Coordinate administrative processes for local team ▪ Assist in procurement ▪ Facilities Scheduling ▪ Meeting Logistics (network connectivity, correct software loaded, # of seats/computers, teleconferencing schedule, room supplies, etc.) ▪ Any CNSI specific facilities needs ▪ Follow-ups with team leads to facilitate meeting minutes are posted in a timely manner	▪ Minimum of two (2) years of experience. ▪ Basic PC and software knowledge ▪ Basic employment skills: reading, writing, simple arithmetic ▪ Strong data entry skills (alphanumeric) ▪ Communicate professionally and effectively ▪ Organize/prioritize and manage information ▪ Flexible and adaptable ▪ Ability to maintain confidentiality ▪ Telephone etiquette ▪ Interpersonal skills
Financial Analyst	AS	▪ The financial analyst will perform financial transactions according to established processes ▪ Process non-claim specific financial transactions received from BMS ▪ Account for all cash receipts including claim history ▪ Process premium collections including inquiries. ▪ Assist in development and research of 1099 process ▪ Identify and report potential financial issues ▪ Review and comprehend all performance expectations for a financial analyst ▪ Escalate problems as required ▪ Identify process improvement opportunities and initiate through established protocols	▪ Knowledge of the claims processing system and financial subsystem. ▪ Ability to interpret Medicaid payment guidelines ▪ Administer basic accounting principles ▪ Knowledge to implement edit corrections to checks/correspondence ▪ Knowledge of interface to all business unit functions ▪ Knowledge of coordination of benefits and TPL processes and procedures. ▪ Knowledge of correspondence management, identification and routing to business units. ▪ Training theories and practices ▪ Knowledge of implementation and development of plans of action ▪ Knowledge of quality assurance and rebuttal processes.
PMO Project Management Specialist	AS	▪ The PMO project management specialist will maintain the Official Project Management Plan in Microsoft Project ▪ Provide bi-weekly Official Project Management Plan updates ▪ Consolidate status and metrics for weekly project status reports ▪ Facilitate weekly risk management meetings with multiple work teams ▪ Facilitate routing of risks for updates ▪ Facilitate prioritization and analysis of risks ▪ Facilitate development of specific mitigation and contingency plans ▪ Produce program risk reports (status and metrics) ▪ Facilitate weekly issue resolution meetings with multiple work teams ▪ Facilitate routing of issues for updates / resolution ▪ Facilitate prioritization of issues ▪ Produce program issues reports (status and metrics). ▪ Develop and update change control training curriculum ▪ Provide change control training for Team CNSI, BMS, PM Vendor, and IVV ▪ Attend Change Control Board (CCB) meetings ▪ Facilitate internal and external change control	▪ Minimum of one year of project management experience ▪ Highly experienced with real-world practice using Microsoft Project ▪ Minimum Bachelor's degree.

Position	Class-ification	Roles and Responsibilities	Required Skills Sets
		meetings for work groups ▪ Be intimately familiar with all change requests ▪ Facilitate expeditious capturing and routing of change requests ▪ Interface with the Project Control Specialist (PCS) for pricing of change requests ▪ Provide status reports for all change requests (scope of work, status, cost, pricing, configuration management impact, etc.) ▪	
Project Control Specialist	AS	▪ The project control specialist manages financial data in support of the PMO project management specialist manager ▪ Tracks project schedule updates ▪ Narrative project plan development and management ▪ Project management methodology maintenance ▪ MS project maintenance including: ▪ Dependencies / predecessors ▪ Critical path analysis ▪ Resource leveling ▪ Filters and reports ▪ Durations / efforts ▪ General updates and plan management ▪ Initial analysis of reports (EV, Late, Planned, Risks, etc.) ▪ Internal PMM auditor / reviewer	▪ Minimum of two years of experience ▪ Minimum two year associate degree or certification.
Security SME (Information Security Officer)	AS	▪ The security SME will develop HIPAA security and privacy training materials ▪ Ensure HIPAA policies and procedures for handling protected health information ▪ Conduct audits related to security compliance ▪ Coordinate with BMS staff, as necessary	▪ Minimum of three years of experience in the technical/professional field. ▪ Bachelor's degree
Subject Matter Expert (SME)	AS	▪ The SME will establish objectives and requirements ▪ Develop budgets ▪ Review and establish business rules for implementation ▪ Coordinate reviews and supervise work of assigned staff ▪ Review/oversee the preparation of all related documentation ▪ Conduct program reviews and meetings ▪ Performs other related duties, as assigned	▪ Minimum of seven years experience in Medicaid policy and programs ▪
Training Manager	AS	▪ The training manager will oversee and manage the development and maintenance of all documentation, training materials, and other reference tools ▪ Ensure adequate staffing levels to meet performance requirements and deliverables ▪ Assist with coordination and training of functions to end-users, providers and BMS ▪ Ensure retraining for existing end-users as necessary ▪ Assist with developing schedules for training ▪ Ensure staff is provided the necessary tools and direction to effectively perform their duties ▪ Ensure development of all training plans and materials in a consistent format ▪ Assist in development of the Annual Provider Training Plan ▪ Coordinates with functional unit process leads for delivery of internal staff training	▪ Operational experience with healthcare processing. ▪ Provider services background ▪ Thorough knowledge of business processes. ▪ Extensive knowledge of PC software ▪ Analytical and problem solving skills ▪ Excellent written and verbal communications skills ▪ MMIS knowledge ▪ Advanced level of PC skills, software knowledge such as Microsoft Office Suite. ▪ Training theories and practices ▪ Organizational, prioritization, and time management skills.

Position	Class-ification	Roles and Responsibilities	Required Skills Sets
		▪ Coordinates with provider field representatives for delivery of external stakeholder training	
Transition Project Manager	AS	▪ Lead the turnover project upon BMS authorization ▪ Organizes turnover work groups ▪ Performs status reporting	▪ Knowledge of Team CNSI operational and technical processes on the project ▪ Minimum of three years of project management experience ▪ Highly experienced with real-world practice using Microsoft Project ▪ Minimum Bachelor's degree

Note: Key-Key Staff; CD- Continuous Staff; SS-Support Staff; OS-Other Staff; AS-Additional Staff; CC-Critical Communications

TIMELINE/GANTT CHART

RFP Section 4.1.9

Team CNSI's high-level timeline for the planned milestones is presented on the following pages. Our detailed timeline and Gantt chart is presented in the Attachments - Part 3 binder.

PROJECT MANAGEMENT PLAN - WORK BREAKDOWN STRUCTURE

RFP Section 3.2.2.1, Item 1

Team CNSI's work breakdown structure has been provided in the Attachments - Part 3 binder.

PROJECT MANAGEMENT PLAN – DELIVERABLES DICTIONARY

Deliverable Dictionary			
A. CONTRACT PHASE ☒ PHASE 1 - MMIS REPLACEMENT DDI AND CERTIFICATION PLANNING ☐ PHASE 2 - FISCAL AGENT OPERATIONS ☐ PHASE 3 - TURNOVER AND CLOSEOUT			
B. SYSTEM/ITEM **MMIS/POS**			C. CONTRACTOR **CNSI**
1. DELIVERABLE NO. **2**	2. WBS # **1.1.1.4**	3. TITLE OF DELIVERABLE **Project Kickoff Meeting**	
4. DESCRIPTION OF DELIVERABLE **The meeting between BMS and Team CNSI that formally recognizes the start of the project and introduces the project participants.**			
5. CONTRACT REFERENCE **To be completed upon contract execution**			6. REQUIRING OFFICE BMS
7. FREQUENCY One time	8. DATE OF FIRST SUBMISSION Within 10 calendar days of contract execution		9. DATE OF SUBSEQUENT SUBMISSION N/A
14. ANTICIPATED BMS REVIEWERS Specific BMS reviewers to be identified during project start-up, but will include the project sponsor and project management staff.			

Deliverable Dictionary

A. CONTRACT PHASE

☒ PHASE 1 - MMIS REPLACEMENT DDI AND CERTIFICATION PLANNING

☐ PHASE 2 - FISCAL AGENT OPERATIONS

☐ PHASE 3 - TURNOVER AND CLOSEOUT

B. SYSTEM/ITEM	C. CONTRACTOR
MMIS/POS	**CNSI**

1. DELIVERABLE NO.	2. WBS #	3. TITLE OF DELIVERABLE
3	**1.1.1.8**	**Project Charter**

4. DESCRIPTION OF DELIVERABLE

Statement of the scope, objectives and participants in the project. It provides a preliminary delineation of roles and responsibilities, outlines the project objectives, identifies the main stakeholders, and defines the authority of the project manager. It serves as a reference of authority for the future of the project.

5. CONTRACT REFERENCE	6. REQUIRING OFFICE
To be completed upon contract execution	BMS

7. FREQUENCY	8. DATE OF FIRST SUBMISSION	9. DATE OF SUBSEQUENT SUBMISSION
One time	Within 15 calendar of contract execution	N/A

14. ANTICIPATED BMS REVIEWERS

Specific BMS reviewers to be identified during project start-up, but will include the project sponsor and project management staff.

Deliverable Dictionary

A. CONTRACT PHASE

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☐ PHASE 3 - TURNOVER AND CLOSEOUT

B. SYSTEM/ITEM	C. CONTRACTOR
MMIS/POS	**CNSI**

1. DELIVERABLE NO.	2. WBS #	3. TITLE OF DELIVERABLE
4	**1.1.1.9**	**Stakeholder Analysis**

4. DESCRIPTION OF DELIVERABLE

A systematic grouping of project stakeholders to determine who the stakeholders are, their requirements, interests, expectations, and influence/authority on the project (and the new MMIS product).

5. CONTRACT REFERENCE	6. REQUIRING OFFICE
To be completed upon contract execution	BMS

7. FREQUENCY	8. DATE OF FIRST SUBMISSION	9. DATE OF SUBSEQUENT SUBMISSION
One time	Within 15 calendar days of contract execution	N/A

14. ANTICIPATED BMS REVIEWERS

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Deliverable Dictionary

A. CONTRACT PHASE

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☐ PHASE 3 - TURNOVER AND CLOSEOUT

B. SYSTEM/ITEM	C. CONTRACTOR
MMIS/POS	**CNSI**

1. DELIVERABLE NO.	2. WBS #	3. TITLE OF DELIVERABLE
5	**1.1.1.10**	**Facility Plan**

4. DESCRIPTION OF DELIVERABLE

The Facility Plan describes the office locations and data centers that will be used in the execution of the WV MMIS Re-procurement project. This plan details locations that will be used during the three phases of the contract. The plan also outlines Team CNSI's site selection process.

5. CONTRACT REFERENCE	6. REQUIRING OFFICE
To be completed upon contract execution	BMS

7. FREQUENCY	8. DATE OF FIRST SUBMISSION	9. DATE OF SUBSEQUENT SUBMISSION
Initial update with revision prior to Operations Phase	Due with proposal submission on 2/10/12	Due within 15 calendar days of contract execution

14. ANTICIPATED BMS REVIEWERS

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Deliverable Dictionary

A. CONTRACT PHASE

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B. SYSTEM/ITEM	C. CONTRACTOR
MMIS/POS	**CNSI**

1. DELIVERABLE NO.	2. WBS #	3. TITLE OF DELIVERABLE
6	**1.1.1.11**	**Staffing Plan**

4. DESCRIPTION OF DELIVERABLE

The Staffing Plan describes Team CNSI's approach to skills identification, knowledge management, performance evaluation, recognition, and rewards. It also includes the processes to train, coach, develop, and provide our staff with opportunities for professional growth.

5. CONTRACT REFERENCE	6. REQUIRING OFFICE
To be completed upon contract execution	BMS

7. FREQUENCY	8. DATE OF FIRST SUBMISSION	9. DATE OF SUBSEQUENT SUBMISSION
Initial update with revision prior to Operations Phase	Due with proposal submission on 2/10/12	Due within 30 calendar days of contract execution

14. ANTICIPATED BMS REVIEWERS

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Deliverable Dictionary

A. CONTRACT PHASE

☒ PHASE 1 - MMIS REPLACEMENT DDI AND CERTIFICATION PLANNING

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☐ PHASE 3 - TURNOVER AND CLOSEOUT

B. SYSTEM/ITEM	C. CONTRACTOR
MMIS/POS	**CNSI**

1. DELIVERABLE NO.	2. WBS #	3. TITLE OF DELIVERABLE
7	**1.1.1.12**	**Documentation Management Plan**

4. DESCRIPTION OF DELIVERABLE

The Documentation Management Plan defines the processes and the activities performed by Team CNSI for developing, delivering, and managing all of the deliverable and non-deliverable documents in support of the WV MMIS Re-procurement project. It specifies the set of documents to be delivered to BMS; the tools used to develop, deliver, control, and manage them; and roles and responsibilities associated with document management. The plan also includes guidelines for writing and reviewing documents; and outlines the standards and guidelines for using the WV MMIS Project Portal to access, control, and manage project documentation, for both Team CNSI and BMS.

5. CONTRACT REFERENCE	6. REQUIRING OFFICE
To be completed upon contract execution	BMS

7. FREQUENCY	8. DATE OF FIRST SUBMISSION	9. DATE OF SUBSEQUENT SUBMISSION
Initial update with revision prior to Operations Phase	Due with proposal submission on 2/10/12	Due within 30 calendar days of contract execution

14. ANTICIPATED BMS REVIEWERS

Specific BMS reviewers to be identified during project start-up, but will include the project management staff.

Deliverable Dictionary

A. CONTRACT PHASE

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☐ PHASE 2 - FISCAL AGENT OPERATIONS

☐ PHASE 3 - TURNOVER AND CLOSEOUT

B. SYSTEM/ITEM	C. CONTRACTOR
MMIS/POS	**CNSI**

1. DELIVERABLE NO.	2. WBS #	3. TITLE OF DELIVERABLE
8	**1.1.1.13**	**Training Plan**

4. DESCRIPTION OF DELIVERABLE

The Training Plan outlines how Team CNSI will apply experience and industry expertise to address training needs for providers, BMS staff, and Team CNSI staff. This document details the approach, methodology, and curriculum Team CNSI will use to achieve a customized learning program for the WV MMIS Re-procurement project.

5. CONTRACT REFERENCE	6. REQUIRING OFFICE
To be completed upon contract execution	BMS

7. FREQUENCY	8. DATE OF FIRST SUBMISSION	9. DATE OF SUBSEQUENT SUBMISSION
Initial update with revision prior to Operations Phase	Due with proposal submission on 2/10/12	Due within 30 calendar days of contract execution

14. ANTICIPATED BMS REVIEWERS

Specific BMS reviewers to be identified during project start-up, but will include the project management staff.

Deliverable Dictionary

A. CONTRACT PHASE

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☐ PHASE 2 - FISCAL AGENT OPERATIONS

☐ PHASE 3 - TURNOVER AND CLOSEOUT

B. SYSTEM/ITEM	C. CONTRACTOR
MMIS/POS	**CNSI**

1. DELIVERABLE NO.	2. WBS #	3. TITLE OF DELIVERABLE
9	**1.1.1.14**	**Workflow Management Plan**

4. DESCRIPTION OF DELIVERABLE

The Workflow Management Plan describes Team CNSI's approach and plans to establish the workflows necessary for fiscal agent operations for the WV MMIS Re-procurement project. It contains an overview of the workflow design and the development process, resources, testing, and implementation anticipated.

5. CONTRACT REFERENCE	6. REQUIRING OFFICE
To be completed upon contract execution	BMS

7. FREQUENCY	8. DATE OF FIRST SUBMISSION	9. DATE OF SUBSEQUENT SUBMISSION
Initial update with revision prior to Operations Phase	Due with proposal submission on 2/10/12	Due within 30 calendar days of contract execution

14. ANTICIPATED BMS REVIEWERS

Specific BMS reviewers to be identified during project start-up, but will include the project management staff.

Deliverable Dictionary

A. CONTRACT PHASE

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☐ PHASE 2 - FISCAL AGENT OPERATIONS

☐ PHASE 3 - TURNOVER AND CLOSEOUT

B. SYSTEM/ITEM	C. CONTRACTOR
MMIS/POS	**CNSI**

1. DELIVERABLE NO.	2. WBS #	3. TITLE OF DELIVERABLE
10	**1.1.1.15**	**Problem Management Plan**

4. DESCRIPTION OF DELIVERABLE

The Problem Management Plan describes the methodology for addressing problems that impact operations or systems processing in accordance with approved requirements and performance service level expectations for the duration of the WV MMIS Re-procurement project. The plan provides the procedures to identify, prevent, mitigate, and manage problems found in the new MMIS.

5. CONTRACT REFERENCE	6. REQUIRING OFFICE
To be completed upon contract execution	BMS

7. FREQUENCY	8. DATE OF FIRST SUBMISSION	9. DATE OF SUBSEQUENT SUBMISSION
Initial update with revision prior to Operations Phase	Due with proposal submission on 2/10/12	Due within 30 calendar days of contract execution

14. ANTICIPATED BMS REVIEWERS

Specific BMS reviewers to be identified during project start-up, but will include the project management staff.

Deliverable Dictionary

A. CONTRACT PHASE

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B. SYSTEM/ITEM	C. CONTRACTOR
MMIS/POS	**CNSI**

1. DELIVERABLE NO.	2. WBS #	3. TITLE OF DELIVERABLE
11	**1.1.1.16**	**Integrated Test Environment (ITE) Plan**

4. DESCRIPTION OF DELIVERABLE

The Integrated Test Environment Plan describes the testing and training computing environments for the WV MMIS Re-procurement project. This plan details the purpose of each environment as well as the differentiating functional, processing capacity, and data requirements of each environment.

5. CONTRACT REFERENCE	6. REQUIRING OFFICE
To be completed upon contract execution	BMS

7. FREQUENCY	8. DATE OF FIRST SUBMISSION	9. DATE OF SUBSEQUENT SUBMISSION
One time update	Due with proposal submission on 2/10/12	Due within 30 calendar days of contract execution

14. ANTICIPATED BMS REVIEWERS

Specific BMS reviewers to be identified during project start-up, but will include the project management staff and technical subject matter experts.

Deliverable Dictionary

A. CONTRACT PHASE

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B. SYSTEM/ITEM	C. CONTRACTOR
MMIS/POS	**CNSI**

1. DELIVERABLE NO.	2. WBS #	3. TITLE OF DELIVERABLE
12	**1.1.1.17**	**Testing Plan**

4. DESCRIPTION OF DELIVERABLE

The Testing Plan describes the test management processes followed for the WV MMIS Re-procurement project. It details the strategies used to successfully complete design, development, and implementation (DDI) test activities for the project. In addition, the plan describes the founding principles and strategies of the test program, including an overview of the testing processes used in all test phases.

5. CONTRACT REFERENCE	6. REQUIRING OFFICE
To be completed upon contract execution	BMS

7. FREQUENCY	8. DATE OF FIRST SUBMISSION	9. DATE OF SUBSEQUENT SUBMISSION
One time update	Due with proposal submission on 2/10/12	Due within 30 calendar days of contract execution

14. ANTICIPATED BMS REVIEWERS

Specific BMS reviewers to be identified during project start-up, but will include the project management staff.

Deliverable Dictionary

A. CONTRACT PHASE

☒ PHASE 1 - MMIS REPLACEMENT DDI AND CERTIFICATION PLANNING

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B. SYSTEM/ITEM	C. CONTRACTOR
MMIS/POS	**CNSI**

1. DELIVERABLE NO.	2. WBS #	3. TITLE OF DELIVERABLE
13	**1.1.1.18**	**Scope Management Plan**

4. DESCRIPTION OF DELIVERABLE

The Scope Management Plan provides the scope framework for this project and establishes the boundaries of the project. The plan identifies how project scope will be defined, developed, and verified by the project team across the entire project lifecycle and for each of its major components. This plan documents the scope management approach; roles and responsibilities as they pertain to project scope (who is responsible for managing the project's scope); scope definition; verification and control measures; and scope change control.

5. CONTRACT REFERENCE	6. REQUIRING OFFICE
To be completed upon contract execution	BMS

7. FREQUENCY	8. DATE OF FIRST SUBMISSION	9. DATE OF SUBSEQUENT SUBMISSION
Initial update with revision prior to Operations Phase	Due with proposal submission on 2/10/12	Due within 45 calendar days of contract execution

14. ANTICIPATED BMS REVIEWERS

Specific BMS reviewers to be identified during project start-up, but will include the project management staff.

Deliverable Dictionary

A. CONTRACT PHASE

☒ PHASE 1 - MMIS REPLACEMENT DDI AND CERTIFICATION PLANNING

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☐ PHASE 3 - TURNOVER AND CLOSEOUT

B. SYSTEM/ITEM	C. CONTRACTOR
MMIS/POS	**CNSI**

1. DELIVERABLE NO.	2. WBS #	3. TITLE OF DELIVERABLE
14	**1.1.1.19**	**Work Breakdown Structure and Deliverables Dictionary**

4. DESCRIPTION OF DELIVERABLE

The work breakdown structure is the deliverable oriented decomposition of the project into smaller components. It defines and groups the project's discrete work elements in a way that helps organize and define the total work scope of the project. The deliverables dictionary is a list of required project deliverables and associated data required for delivery of each deliverable.

5. CONTRACT REFERENCE	6. REQUIRING OFFICE
To be completed upon contract execution	BMS

7. FREQUENCY	8. DATE OF FIRST SUBMISSION	9. DATE OF SUBSEQUENT SUBMISSION
Initial update with revision prior to Operations Phase	Due with proposal submission on 2/10/12	Due within 45 calendar days of contract execution

14. ANTICIPATED BMS REVIEWERS

Specific BMS reviewers to be identified during project start-up, but will include the project management staff.

Deliverable Dictionary

A. CONTRACT PHASE

☒ PHASE 1 - MMIS REPLACEMENT DDI AND CERTIFICATION PLANNING

☐ PHASE 2 - FISCAL AGENT OPERATIONS

☐ PHASE 3 - TURNOVER AND CLOSEOUT

B. SYSTEM/ITEM	C. CONTRACTOR
MMIS/POS	**CNSI**

1. DELIVERABLE NO.	2. WBS #	3. TITLE OF DELIVERABLE
15	**1.1.1.20**	**Project Schedule**

4. DESCRIPTION OF DELIVERABLE

The list of all project activities, based on the WBS, showing work breakdown structure number, activity name, start and end dates, duration, and relationships with other activities (predecessors).

5. CONTRACT REFERENCE	6. REQUIRING OFFICE
To be completed upon contract execution	BMS

7. FREQUENCY	8. DATE OF FIRST SUBMISSION	9. DATE OF SUBSEQUENT SUBMISSION
Initial update with revision prior to Operations Phase	Due with proposal submission on 2/10/12	Due within 45 calendar days of contract execution

14. ANTICIPATED BMS REVIEWERS

Specific BMS reviewers to be identified during project start-up, but will include the project management staff.

Deliverable Dictionary

A. CONTRACT PHASE

☒ PHASE 1 - MMIS REPLACEMENT DDI AND CERTIFICATION PLANNING

☐ PHASE 2 - FISCAL AGENT OPERATIONS

☐ PHASE 3 - TURNOVER AND CLOSEOUT

B. SYSTEM/ITEM	C. CONTRACTOR
MMIS/POS	**CNSI**

1. DELIVERABLE NO.	2. WBS #	3. TITLE OF DELIVERABLE
16	**1.1.1.21**	**Schedule Management Plan**

4. DESCRIPTION OF DELIVERABLE

The Schedule Management Plan defines the approach Team CNSI uses to create and maintain the project schedule. This plan includes how the team will monitor, control, and status the project schedule, and manage changes after the baseline schedule has been approved.

5. CONTRACT REFERENCE	6. REQUIRING OFFICE
To be completed upon contract execution	BMS

7. FREQUENCY	8. DATE OF FIRST SUBMISSION	9. DATE OF SUBSEQUENT SUBMISSION
Initial update with revision prior to Operations Phase	Due with proposal submission on 2/10/12	Due within 45 calendar days of contract execution

14. ANTICIPATED BMS REVIEWERS

Specific BMS reviewers to be identified during project start-up, but will include the project management staff.

Deliverable Dictionary

A. CONTRACT PHASE

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☐ PHASE 3 - TURNOVER AND CLOSEOUT

B. SYSTEM/ITEM	C. CONTRACTOR
MMIS/POS	**CNSI**

1. DELIVERABLE NO.	2. WBS #	3. TITLE OF DELIVERABLE
17	**1.1.1.22**	**Cost Management Plan**

4. DESCRIPTION OF DELIVERABLE

The Cost Management Plan defines the consistent processes Team CNSI uses to manage and control costs for the WV MMIS project.

5. CONTRACT REFERENCE	6. REQUIRING OFFICE
To be completed upon contract execution	BMS

7. FREQUENCY	8. DATE OF FIRST SUBMISSION	9. DATE OF SUBSEQUENT SUBMISSION
Initial update with revision prior to Operations Phase	Due with proposal submission on 2/10/12	Due within 45 calendar days of contract execution

14. ANTICIPATED BMS REVIEWERS

Specific BMS reviewers to be identified during project start-up, but will include the project management staff.

Deliverable Dictionary

A. CONTRACT PHASE

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☐ PHASE 3 - TURNOVER AND CLOSEOUT

B. SYSTEM/ITEM	C. CONTRACTOR
MMIS/POS	**CNSI**

1. DELIVERABLE NO.	2. WBS #	3. TITLE OF DELIVERABLE
18	**1.1.1.23**	**Quality Management Plan**

4. DESCRIPTION OF DELIVERABLE

The Quality Management Plan defines the quality management, quality assurance, quality control, and quality improvement activities that shall be performed to provide objective and independent visibility into the quality of processes being used and products and services being built and delivered for the WV MMIS Re-procurement project.

5. CONTRACT REFERENCE	6. REQUIRING OFFICE
To be completed upon contract execution	BMS

7. FREQUENCY	8. DATE OF FIRST SUBMISSION	9. DATE OF SUBSEQUENT SUBMISSION
Initial update with revision prior to Operations Phase	Due with proposal submission on 2/10/12	Due within 45 calendar days of contract execution

14. ANTICIPATED BMS REVIEWERS

Specific BMS reviewers to be identified during project start-up, but will include the project management staff.

Deliverable Dictionary

A. CONTRACT PHASE

☒ PHASE 1 - MMIS REPLACEMENT DDI AND CERTIFICATION PLANNING

☐ PHASE 2 - FISCAL AGENT OPERATIONS

☐ PHASE 3 - TURNOVER AND CLOSEOUT

B. SYSTEM/ITEM	C. CONTRACTOR
MMIS/POS	**CNSI**

1. DELIVERABLE NO.	2. WBS #	3. TITLE OF DELIVERABLE
19	**1.1.1.24**	**Human Resources Management**

4. DESCRIPTION OF DELIVERABLE

The Human Resources Management Plan describes Team CNSI's processes to hire, train, coach, develop, and provide staff with opportunities for professional growth; this plan provides procedures for developing the plan, acquiring the project team, developing the project team, and managing the project team.

5. CONTRACT REFERENCE	6. REQUIRING OFFICE
To be completed upon contract execution	BMS

7. FREQUENCY	8. DATE OF FIRST SUBMISSION	9. DATE OF SUBSEQUENT SUBMISSION
Initial update with revision prior to Operations Phase	Due with proposal submission on 2/10/12	Due within 45 calendar days of contract execution

14. ANTICIPATED BMS REVIEWERS

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Deliverable Dictionary

A. CONTRACT PHASE

☒ PHASE 1 - MMIS REPLACEMENT DDI AND CERTIFICATION PLANNING

☐ PHASE 2 - FISCAL AGENT OPERATIONS

☐ PHASE 3 - TURNOVER AND CLOSEOUT

B. SYSTEM/ITEM	C. CONTRACTOR
MMIS/POS	**CNSI**

1. DELIVERABLE NO.	2. WBS #	3. TITLE OF DELIVERABLE
20	**1.1.1.25**	**Communication Management Plan**

4. DESCRIPTION OF DELIVERABLE

Team CNSI's Communications Management Plan provides the methods for communication among all of the entities associated with the project, and especially between Team CNSI and BMS. The plan defines communication processes, guidelines, methods, decision-making protocols, reporting mechanisms, and meetings, and sets expectations for the type and frequency of communication.

5. CONTRACT REFERENCE	6. REQUIRING OFFICE
To be completed upon contract execution	BMS

7. FREQUENCY	8. DATE OF FIRST SUBMISSION	9. DATE OF SUBSEQUENT SUBMISSION
Initial update with revision prior to Operations Phase	Due with proposal submission on 2/10/12	Due within 45 calendar days of contract execution

14. ANTICIPATED BMS REVIEWERS

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Deliverable Dictionary

A. CONTRACT PHASE

☒ PHASE 1 - MMIS REPLACEMENT DDI AND CERTIFICATION PLANNING

☐ PHASE 2 - FISCAL AGENT OPERATIONS

☐ PHASE 3 - TURNOVER AND CLOSEOUT

B. SYSTEM/ITEM	C. CONTRACTOR
MMIS/POS	**CNSI**

1. DELIVERABLE NO.	2. WBS #	3. TITLE OF DELIVERABLE
21	**1.1.1.26**	**Risk Management Plan**

4. DESCRIPTION OF DELIVERABLE

The Risk Management Plan defines the roles, responsibilities, and procedures to identify, assess, control, and monitor risks on the WV MMIS Re-procurement project, for the entire lifecycle of the project.

5. CONTRACT REFERENCE	6. REQUIRING OFFICE
To be completed upon contract execution	BMS

7. FREQUENCY	8. DATE OF FIRST SUBMISSION	9. DATE OF SUBSEQUENT SUBMISSION
Initial update with revision prior to Operations Phase	Due with proposal submission on 2/10/12	Due within 45 calendar days of contract execution

14. ANTICIPATED BMS REVIEWERS

Specific BMS reviewers to be identified during project start-up, but will include the project management staff.

Deliverable Dictionary

A. CONTRACT PHASE

☒ PHASE 1 - MMIS REPLACEMENT DDI AND CERTIFICATION PLANNING

☐ PHASE 2 - FISCAL AGENT OPERATIONS

☐ PHASE 3 - TURNOVER AND CLOSEOUT

B. SYSTEM/ITEM	C. CONTRACTOR
MMIS/POS	**CNSI**

1. DELIVERABLE NO.	2. WBS #	3. TITLE OF DELIVERABLE
22	**1.1.1.27**	**Issue Management Plan**

4. DESCRIPTION OF DELIVERABLE

The Issue Management Plan defines the roles, responsibilities, and procedures to identify, assess, control, resolve, and monitor issues on the WV MMIS Re-procurement project, for the entire lifecycle of the project.

5. CONTRACT REFERENCE	6. REQUIRING OFFICE
To be completed upon contract execution	BMS

7. FREQUENCY	8. DATE OF FIRST SUBMISSION	9. DATE OF SUBSEQUENT SUBMISSION
Initial update with revision prior to Operations Phase	Due with proposal submission on 2/10/12	Due within 45 calendar days of contract execution

14. ANTICIPATED BMS REVIEWERS

Specific BMS reviewers to be identified during project start-up, but will include the project management staff.

Deliverable Dictionary

A. CONTRACT PHASE

☒ PHASE 1 - MMIS REPLACEMENT DDI AND CERTIFICATION PLANNING

☐ PHASE 2 - FISCAL AGENT OPERATIONS

☐ PHASE 3 - TURNOVER AND CLOSEOUT

B. SYSTEM/ITEM	C. CONTRACTOR
MMIS/POS	**CNSI**

1. DELIVERABLE NO.	2. WBS #	3. TITLE OF DELIVERABLE
23	**1.1.1.28**	**Change Management Plan**

4. DESCRIPTION OF DELIVERABLE

The Change Management Plan describes the policies, processes, and procedures for managing change for the WV MMIS Re-procurement project over the entire project lifecycle. This includes processes and procedures required for submitting and reviewing requests, assigning requests, and processing the requests for approvals and implementation, as well as the roles responsible for each part of the process.

5. CONTRACT REFERENCE	6. REQUIRING OFFICE
To be completed upon contract execution	BMS

7. FREQUENCY	8. DATE OF FIRST SUBMISSION	9. DATE OF SUBSEQUENT SUBMISSION
Initial update with revision prior to Operations Phase	Due with proposal submission on 2/10/12	Due within 45 calendar days of contract execution

14. ANTICIPATED BMS REVIEWERS

Specific BMS reviewers to be identified during project start-up, but will include the project management staff.

Deliverable Dictionary

A. CONTRACT PHASE

☒ PHASE 1 - MMIS REPLACEMENT DDI AND CERTIFICATION PLANNING

☐ PHASE 2 - FISCAL AGENT OPERATIONS

☐ PHASE 3 - TURNOVER AND CLOSEOUT

B. SYSTEM/ITEM	C. CONTRACTOR
MMIS/POS	**CNSI**

1. DELIVERABLE NO.	2. WBS #	3. TITLE OF DELIVERABLE
24	**1.1.1.29**	**Integration Management Plan**

4. DESCRIPTION OF DELIVERABLE

The Integration Management Plan defines the processes and guidelines for managing the project as an integrated entity through the entire project lifecycle. Project integration management includes the processes and activities needed to identify, define, combine, unify, and coordinate various processes and project management activities and plans that are necessary for successful project completion.

5. CONTRACT REFERENCE	6. REQUIRING OFFICE
To be completed upon contract execution	BMS

7. FREQUENCY	8. DATE OF FIRST SUBMISSION	9. DATE OF SUBSEQUENT SUBMISSION
Initial update with revision prior to Operations Phase	Due with proposal submission on 2/10/12	Due within 45 calendar days of contract execution

14. ANTICIPATED BMS REVIEWERS

Specific BMS reviewers to be identified during project start-up, but will include the project management staff.

Deliverable Dictionary

A. CONTRACT PHASE

☒ PHASE 1 - MMIS REPLACEMENT DDI AND CERTIFICATION PLANNING

☐ PHASE 2 - FISCAL AGENT OPERATIONS

☐ PHASE 3 - TURNOVER AND CLOSEOUT

B. SYSTEM/ITEM	C. CONTRACTOR
MMIS/POS	**CNSI**

1. DELIVERABLE NO.	2. WBS #	3. TITLE OF DELIVERABLE
25	**1.1.1.30**	**Security, Privacy and Confidentiality Plan**

4. DESCRIPTION OF DELIVERABLE

The Security, Privacy, and Confidentiality Plan defines the processes and guidelines for protecting the confidentiality, integrity, and availability of information; and achieving compliance with federal standards. This includes policies, procedures and methodologies for managing physical, people, and organizational security.

5. CONTRACT REFERENCE	6. REQUIRING OFFICE
To be completed upon contract execution	BMS

7. FREQUENCY	8. DATE OF FIRST SUBMISSION	9. DATE OF SUBSEQUENT SUBMISSION
One time update	Due with proposal submission on 2/10/12	Due within 30 calendar days of contract execution

14. ANTICIPATED BMS REVIEWERS

Specific BMS reviewers to be identified during project start-up, but will include the project management staff and security subject matter experts.

Deliverable Dictionary

A. CONTRACT PHASE

☒ PHASE 1 - MMIS REPLACEMENT DDI AND CERTIFICATION PLANNING

☐ PHASE 2 - FISCAL AGENT OPERATIONS

☐ PHASE 3 - TURNOVER AND CLOSEOUT

B. SYSTEM/ITEM	C. CONTRACTOR
MMIS/POS	**CNSI**

1. DELIVERABLE NO.	2. WBS #	3. TITLE OF DELIVERABLE
26	**1.1.1.31**	**Configuration Management Plan**

4. DESCRIPTION OF DELIVERABLE

The Configuration Management Plan describes the processes and procedures to manage the code/ document development, approval and delivery; storage and version control of all the WV MMIS artifacts and configuration items.

5. CONTRACT REFERENCE	6. REQUIRING OFFICE
To be completed upon contract execution	BMS

7. FREQUENCY	8. DATE OF FIRST SUBMISSION	9. DATE OF SUBSEQUENT SUBMISSION
One time update	Due with proposal submission on 2/10/12	Due within 30 calendar days of calendar execution

14. ANTICIPATED BMS REVIEWERS

Specific BMS reviewers to be identified during project start-up, but will include the project management staff and technical subject matter experts.

Deliverable Dictionary

A. CONTRACT PHASE

☒ PHASE 1 - MMIS REPLACEMENT DDI AND CERTIFICATION PLANNING

☐ PHASE 2 - FISCAL AGENT OPERATIONS

☐ PHASE 3 - TURNOVER AND CLOSEOUT

B. SYSTEM/ITEM	C. CONTRACTOR
MMIS/POS	**CNSI**

1. DELIVERABLE NO.	2. WBS #	3. TITLE OF DELIVERABLE
27	**1.1.1.32**	**Data Conversion Plan**

4. DESCRIPTION OF DELIVERABLE

The Data Conversion Plan describes the tasks required to perform data conversion for the WV MMIS Re-procurement project. It contains an overview of the conversion process, resources, testing, and implementation anticipated for a positive and successful outcome to the data conversion effort.

5. CONTRACT REFERENCE	6. REQUIRING OFFICE
To be completed upon contract execution	BMS

7. FREQUENCY	8. DATE OF FIRST SUBMISSION	9. DATE OF SUBSEQUENT SUBMISSION
One time update	Due with proposal submission on 2/10/12	Due within 30 calendar days of contract execution

14. ANTICIPATED BMS REVIEWERS

Specific BMS reviewers to be identified during project start-up, but will include the project management staff and technical subject matter experts.

Deliverable Dictionary

A. CONTRACT PHASE

☒ PHASE 1 - MMIS REPLACEMENT DDI AND CERTIFICATION PLANNING

☐ PHASE 2 - FISCAL AGENT OPERATIONS

☐ PHASE 3 - TURNOVER AND CLOSEOUT

B. SYSTEM/ITEM	C. CONTRACTOR
MMIS/POS	**CNSI**

1. DELIVERABLE NO.	2. WBS #	3. TITLE OF DELIVERABLE
28	**1.1.1.33**	**Disaster Recovery and Business Continuity Plan**

4. DESCRIPTION OF DELIVERABLE

The Disaster Recovery and Business Continuity Plan provides a framework for reconstructing vital operations to ensure the safety of employees and the resumption of time-sensitive operations and services in the event of an emergency.

5. CONTRACT REFERENCE	6. REQUIRING OFFICE
To be completed upon contract execution	BMS

7. FREQUENCY	8. DATE OF FIRST SUBMISSION	9. DATE OF SUBSEQUENT SUBMISSION
One time update	Due with proposal submission on 2/10/12	Due within 45 calendar days of Contract execution

14. ANTICIPATED BMS REVIEWERS

Specific BMS reviewers to be identified during project start-up, but will include the project management staff and technical subject matter experts.

Deliverable Dictionary

A. CONTRACT PHASE

☒ PHASE 1 - MMIS REPLACEMENT DDI AND CERTIFICATION PLANNING

☐ PHASE 2 - FISCAL AGENT OPERATIONS

☐ PHASE 3 - TURNOVER AND CLOSEOUT

B. SYSTEM/ITEM	C. CONTRACTOR
MMIS/POS	**CNSI**

1. DELIVERABLE NO.	2. WBS #	3. TITLE OF DELIVERABLE
29	**1.1.1.34**	**Data and Records Retention Plan**

4. DESCRIPTION OF DELIVERABLE

The Data and Records Retention Plan provides the processes, format, and standard conventions for all the deliverable and non-deliverable documents prepared by Team CNSI for the WV MMIS Re-procurement project. This plan also outlines the standards and guidelines for using the Project Portal for Data and Record Retention Management.

5. CONTRACT REFERENCE	6. REQUIRING OFFICE
To be completed upon contract execution	BMS

7. FREQUENCY	8. DATE OF FIRST SUBMISSION	9. DATE OF SUBSEQUENT SUBMISSION
One time update	Due with proposal submission on 2/10/12	Due within 45 calendar days of contract execution

14. ANTICIPATED BMS REVIEWERS

Specific BMS reviewers to be identified during project start-up, but will include the project management staff and business and technical subject matter experts.

Deliverable Dictionary

A. CONTRACT PHASE

☒ PHASE 1 - MMIS REPLACEMENT DDI AND CERTIFICATION PLANNING

☐ PHASE 2 - FISCAL AGENT OPERATIONS

☐ PHASE 3 - TURNOVER AND CLOSEOUT

B. SYSTEM/ITEM	C. CONTRACTOR
MMIS/POS	**CNSI**

1. DELIVERABLE NO.	2. WBS #	3. TITLE OF DELIVERABLE
30	**1.1.1.35**	**Transition Plan**

4. DESCRIPTION OF DELIVERABLE

The Transition Plan describes the planning and activities to transition from the current, incumbent contractor to Team CNSI's new MMIS; this includes the processes, roles and responsibilities, and activities to transition to the new MMIS and the operations.

5. CONTRACT REFERENCE	6. REQUIRING OFFICE
To be completed upon contract execution	BMS

7. FREQUENCY	8. DATE OF FIRST SUBMISSION	9. DATE OF SUBSEQUENT SUBMISSION
Initial update with revision prior to Operations Phase	Due with proposal submission on 2/10/12	Due within 30 calendar days of contract execution

14. ANTICIPATED BMS REVIEWERS

Specific BMS reviewers to be identified during project start-up, but will include the project management and operations staff.

Deliverable Dictionary

A. CONTRACT PHASE

☒ PHASE 1 - MMIS REPLACEMENT DDI AND CERTIFICATION PLANNING

☐ PHASE 2 - FISCAL AGENT OPERATIONS

☐ PHASE 3 - TURNOVER AND CLOSEOUT

B. SYSTEM/ITEM	C. CONTRACTOR
MMIS/POS	**CNSI**

1. DELIVERABLE NO.	2. WBS #	3. TITLE OF DELIVERABLE
31	**1.1.1.37**	**Weekly Project Status Report Template**

4. DESCRIPTION OF DELIVERABLE

The Weekly Project Status Report Template provides the guidelines and format for an integrated status report across each business area to report project performance for the past week and projections for the upcoming week.

5. CONTRACT REFERENCE	6. REQUIRING OFFICE
To be completed upon contract execution	BMS

7. FREQUENCY	8. DATE OF FIRST SUBMISSION	9. DATE OF SUBSEQUENT SUBMISSION
One time update	Due with proposal submission on 2/10/12	Due within 30 calendar days of contract execution

14. ANTICIPATED BMS REVIEWERS

Specific BMS reviewers to be identified during project start-up, but will include the project management staff.

Deliverable Dictionary

A. CONTRACT PHASE

☒ PHASE 1 - MMIS REPLACEMENT DDI AND CERTIFICATION PLANNING

☐ PHASE 2 - FISCAL AGENT OPERATIONS

☐ PHASE 3 - TURNOVER AND CLOSEOUT

B. SYSTEM/ITEM	C. CONTRACTOR
MMIS/POS	**CNSI**

1. DELIVERABLE NO.	2. WBS #	3. TITLE OF DELIVERABLE
32	**1.1.1.38**	**Weekly Project Status Report**

4. DESCRIPTION OF DELIVERABLE

An integrated status report across each business area to report project performance for the past week and projections for the upcoming week.

5. CONTRACT REFERENCE	6. REQUIRING OFFICE
To be completed upon contract execution	BMS

7. FREQUENCY	8. DATE OF FIRST SUBMISSION	9. DATE OF SUBSEQUENT SUBMISSION
Weekly	Within one week of BMS approval on the updated Project Status Report Template (Deliverable No. 31)	Every week thereafter

14. ANTICIPATED BMS REVIEWERS

Specific BMS reviewers to be identified during project start-up, but will include the project management staff.

Deliverable Dictionary

A. CONTRACT PHASE

☒ PHASE 1 - MMIS REPLACEMENT DDI AND CERTIFICATION PLANNING

☐ PHASE 2 - FISCAL AGENT OPERATIONS

☐ PHASE 3 - TURNOVER AND CLOSEOUT

B. SYSTEM/ITEM	C. CONTRACTOR
MMIS/POS	**CNSI**

1. DELIVERABLE NO.	2. WBS #	3. TITLE OF DELIVERABLE
33	**1.1.1.39**	**Monthly Project Status Report Template**

4. DESCRIPTION OF DELIVERABLE

The Monthly Project Status Report Template provides the guidelines and structure for an integrated monthly report across each business area to report project performance for the past month and projections for the upcoming month.

5. CONTRACT REFERENCE	6. REQUIRING OFFICE
To be completed upon contract execution	BMS

7. FREQUENCY	8. DATE OF FIRST SUBMISSION	9. DATE OF SUBSEQUENT SUBMISSION
One time update	Due with proposal submission on 2/10/12	Due within 30 calendar days of Contract execution

14. ANTICIPATED BMS REVIEWERS

Specific BMS reviewers to be identified during project start-up, but will include the project management staff.

Deliverable Dictionary

A. CONTRACT PHASE

☒ PHASE 1 - MMIS REPLACEMENT DDI AND CERTIFICATION PLANNING

☐ PHASE 2 - FISCAL AGENT OPERATIONS

☐ PHASE 3 - TURNOVER AND CLOSEOUT

B. SYSTEM/ITEM	C. CONTRACTOR
MMIS/POS	**CNSI**

1. DELIVERABLE NO.	2. WBS #	3. TITLE OF DELIVERABLE
34	**1.1.1.40**	**Monthly Project Status Report**

4. DESCRIPTION OF DELIVERABLE

An integrated monthly report across each business area to report project performance for the past month and projections for the upcoming month.

5. CONTRACT REFERENCE	6. REQUIRING OFFICE
To be completed upon contract execution	BMS

7. FREQUENCY	8. DATE OF FIRST SUBMISSION	9. DATE OF SUBSEQUENT SUBMISSION
Monthly	Within one month of BMS approval of the updated Monthly Project Status Report Template (Deliverable No. 33)	Every month thereafter

14. ANTICIPATED BMS REVIEWERS

Specific BMS reviewers to be identified during project start-up, but will include the project management staff.

Deliverable Dictionary

A. CONTRACT PHASE

☒ PHASE 1 - MMIS REPLACEMENT DDI AND CERTIFICATION PLANNING

☐ PHASE 2 - FISCAL AGENT OPERATIONS

☐ PHASE 3 - TURNOVER AND CLOSEOUT

B. SYSTEM/ITEM	C. CONTRACTOR
MMIS/POS	**CNSI**

1. DELIVERABLE NO.	2. WBS #	3. TITLE OF DELIVERABLE
37	**1.1.2.1.6**	**Business Process Mapping Document**

4. DESCRIPTION OF DELIVERABLE

The Business Process Mapping Document maps the BMS Medicaid business processes to the set of MMIS requirements.

5. CONTRACT REFERENCE	6. REQUIRING OFFICE
To be completed upon contract execution	BMS

7. FREQUENCY	8. DATE OF FIRST SUBMISSION	9. DATE OF SUBSEQUENT SUBMISSION
Initial with Update during Design Task	Refer to Project Schedule	Refer to Project Schedule

14. ANTICIPATED BMS REVIEWERS

Specific BMS reviewers to be identified during project start-up, but will include the project management staff and business subject matter experts.

Deliverable Dictionary

A. CONTRACT PHASE

☒ PHASE 1 - MMIS REPLACEMENT DDI AND CERTIFICATION PLANNING

☐ PHASE 2 - FISCAL AGENT OPERATIONS

☐ PHASE 3 - TURNOVER AND CLOSEOUT

B. SYSTEM/ITEM	C. CONTRACTOR
MMIS/POS	**CNSI**

1. DELIVERABLE NO.	2. WBS #	3. TITLE OF DELIVERABLE
38	**1.1.2.1.7**	**Edit Rule Documentation**

4. DESCRIPTION OF DELIVERABLE

The Edit Rule Documentation provides the list and description of all the MMIS edit rules.

5. CONTRACT REFERENCE	6. REQUIRING OFFICE
To be completed upon contract execution	BMS

7. FREQUENCY	8. DATE OF FIRST SUBMISSION	9. DATE OF SUBSEQUENT SUBMISSION
Initial with Update during Design Task	Refer to Project Schedule	Refer to Project Schedule

14. ANTICIPATED BMS REVIEWERS

Specific BMS reviewers to be identified during project start-up, but will include the project management staff and business subject matter experts.

Deliverable Dictionary

A. CONTRACT PHASE

☒ PHASE 1 - MMIS REPLACEMENT DDI AND CERTIFICATION PLANNING

☐ PHASE 2 - FISCAL AGENT OPERATIONS

☐ PHASE 3 - TURNOVER AND CLOSEOUT

B. SYSTEM/ITEM	C. CONTRACTOR
MMIS/POS	**CNSI**

1. DELIVERABLE NO.	2. WBS #	3. TITLE OF DELIVERABLE
39	**1.1.2.1.8**	**Requirements Traceability Matrix (RTM)**

4. DESCRIPTION OF DELIVERABLE

The Requirements Traceability Matrix traces the set of MMIS requirements (documented in the Requirements Specification Document) back to the requirements specified in RFP. The Requirements Traceability Matrix consists of a set of tables that correlate the requirement baseline defined during requirements validation, the RFP, and test cases to determine the completeness of the relationship: requirements, use cases, design, test plan, and test cases.

5. CONTRACT REFERENCE	6. REQUIRING OFFICE
To be completed upon contract execution	BMS

7. FREQUENCY	8. DATE OF FIRST SUBMISSION	9. DATE OF SUBSEQUENT SUBMISSION
Initial with Update during Development Task	Refer to Project Schedule	Refer to Project Schedule

14. ANTICIPATED BMS REVIEWERS

Specific BMS reviewers to be identified during project start-up, but will include the project management staff and business subject matter experts.

Deliverable Dictionary

A. CONTRACT PHASE

☒ PHASE 1 - MMIS REPLACEMENT DDI AND CERTIFICATION PLANNING

☐ PHASE 2 - FISCAL AGENT OPERATIONS

☐ PHASE 3 - TURNOVER AND CLOSEOUT

B. SYSTEM/ITEM	C. CONTRACTOR
MMIS/POS	**CNSI**

1. DELIVERABLE NO.	2. WBS #	3. TITLE OF DELIVERABLE
40	**1.1.2.1.9**	**Requirements Specification Document (RSD)**

4. DESCRIPTION OF DELIVERABLE

The Requirements Specification Document provides a complete description of the validated requirements. It includes the requirement from the RFP and Team CNSI's response, including the set of non-functional requirements (such as performance engineering requirements, quality standards, or design constraints). The Requirements Specification Document provides a clear and thorough understanding of the requirements for the new MMIS to be developed.

5. CONTRACT REFERENCE	6. REQUIRING OFFICE
To be completed upon contract execution	BMS

7. FREQUENCY	8. DATE OF FIRST SUBMISSION	9. DATE OF SUBSEQUENT SUBMISSION
Initial with Update during Design Task (if requirements change)	Refer to Project Schedule	Refer to Project Schedule

14. ANTICIPATED BMS REVIEWERS

Specific BMS reviewers to be identified during project start-up, but will include the project management staff and business subject matter experts.

Deliverable Dictionary

A. CONTRACT PHASE

☒ PHASE 1 - MMIS REPLACEMENT DDI AND CERTIFICATION PLANNING

☐ PHASE 2 - FISCAL AGENT OPERATIONS

☐ PHASE 3 - TURNOVER AND CLOSEOUT

B. SYSTEM/ITEM	C. CONTRACTOR
MMIS/POS	**CNSI**

1. DELIVERABLE NO.	2. WBS #	3. TITLE OF DELIVERABLE
41	**1.1.2.1.10**	**Gap Analysis Design Document**

4. DESCRIPTION OF DELIVERABLE

The Gap Analysis Design Document contains the results of the gaps between the RFP requirements and the new MMIS; and the gaps between the legacy system and the new MMIS.

5. CONTRACT REFERENCE	6. REQUIRING OFFICE
To be completed upon contract execution	BMS

7. FREQUENCY	8. DATE OF FIRST SUBMISSION	9. DATE OF SUBSEQUENT SUBMISSION
Initial with Update during Design Task	Refer to Project Schedule	Refer to Project Schedule

14. ANTICIPATED BMS REVIEWERS

Specific BMS reviewers to be identified during project start-up, but will include the project management staff and technical subject matter experts.

Deliverable Dictionary

A. CONTRACT PHASE

☒ PHASE 1 - MMIS REPLACEMENT DDI AND CERTIFICATION PLANNING

☐ PHASE 2 - FISCAL AGENT OPERATIONS

☐ PHASE 3 - TURNOVER AND CLOSEOUT

B. SYSTEM/ITEM	C. CONTRACTOR
MMIS/POS	**CNSI**

1. DELIVERABLE NO.	2. WBS #	3. TITLE OF DELIVERABLE
42	**1.1.2.2.2**	**Detailed Systems Design (DSD) Document**

4. DESCRIPTION OF DELIVERABLE

The Detailed System Design Document describes the design of the MMIS and documents the results of the detailed design stage in terms of the user interface and system/component behavior. The Detailed System Design Document provides the specification of the design components used to construct the application software during the development stage.

5. CONTRACT REFERENCE	6. REQUIRING OFFICE
To be completed upon contract execution	BMS

7. FREQUENCY	8. DATE OF FIRST SUBMISSION	9. DATE OF SUBSEQUENT SUBMISSION
Initial with Update during Development Task	Refer to Project Schedule	Refer to Project Schedule

14. ANTICIPATED BMS REVIEWERS

Specific BMS reviewers to be identified during project start-up, but will include the project management staff, technical subject matter experts, and business subject matter experts.

Deliverable Dictionary

A. CONTRACT PHASE

☒ PHASE 1 - MMIS REPLACEMENT DDI AND CERTIFICATION PLANNING

☐ PHASE 2 - FISCAL AGENT OPERATIONS

☐ PHASE 3 - TURNOVER AND CLOSEOUT

B. SYSTEM/ITEM	C. CONTRACTOR
MMIS/POS	**CNSI**

1. DELIVERABLE NO.	2. WBS #	3. TITLE OF DELIVERABLE
43	**1.1.2.2.3**	**List of All Standard Output Reports**

4. DESCRIPTION OF DELIVERABLE

This consists of a list of all output reports produced by the MMIS.

5. CONTRACT REFERENCE	6. REQUIRING OFFICE
To be completed upon contract execution	BMS

7. FREQUENCY	8. DATE OF FIRST SUBMISSION	9. DATE OF SUBSEQUENT SUBMISSION
One time	Refer to Project Schedule	N/A

14. ANTICIPATED BMS REVIEWERS

Specific BMS reviewers to be identified during project start-up, but will include the project management staff, business subject matter experts, operational staff, and business subject matter experts.

Deliverable Dictionary

A. CONTRACT PHASE

☒ PHASE 1 - MMIS REPLACEMENT DDI AND CERTIFICATION PLANNING

☐ PHASE 2 - FISCAL AGENT OPERATIONS

☐ PHASE 3 - TURNOVER AND CLOSEOUT

B. SYSTEM/ITEM	C. CONTRACTOR
MMIS/POS	**CNSI**

1. DELIVERABLE NO.	2. WBS #	3. TITLE OF DELIVERABLE
44	**1.1.2.2.4**	**List of BMS-Specific Reports**

4. DESCRIPTION OF DELIVERABLE

This includes a list of all MMIS output reports that are specific to BMS.

5. CONTRACT REFERENCE	6. REQUIRING OFFICE
To be completed upon contract execution	BMS

7. FREQUENCY	8. DATE OF FIRST SUBMISSION	9. DATE OF SUBSEQUENT SUBMISSION
Initial with update during Development Task	Refer to Project Schedule	Refer to Project Schedule

14. ANTICIPATED BMS REVIEWERS

Specific BMS reviewers to be identified during project start-up, but will include the project management staff, business subject matter experts, operational staff, and business subject matter experts.

Deliverable Dictionary

A. CONTRACT PHASE

☒ PHASE 1 - MMIS REPLACEMENT DDI AND CERTIFICATION PLANNING

☐ PHASE 2 - FISCAL AGENT OPERATIONS

☐ PHASE 3 - TURNOVER AND CLOSEOUT

B. SYSTEM/ITEM	C. CONTRACTOR
MMIS/POS	**CNSI**

1. DELIVERABLE NO.	2. WBS #	3. TITLE OF DELIVERABLE
45	**1.1.2.2.5**	**MMIS Glossary**

4. DESCRIPTION OF DELIVERABLE

The MMIS glossary is a master list of all MMIS/project acronyms and definitions of terms used on the project.

5. CONTRACT REFERENCE	6. REQUIRING OFFICE
To be completed upon contract execution	BMS

7. FREQUENCY	8. DATE OF FIRST SUBMISSION	9. DATE OF SUBSEQUENT SUBMISSION
One time	Refer to Project Schedule	N/A

14. ANTICIPATED BMS REVIEWERS

Specific BMS reviewers to be identified during project start-up, but will include the project management staff.

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Deliverable Dictionary

A. CONTRACT PHASE

☒ PHASE 1 - MMIS REPLACEMENT DDI AND CERTIFICATION PLANNING

☐ PHASE 2 - FISCAL AGENT OPERATIONS

☐ PHASE 3 - TURNOVER AND CLOSEOUT

B. SYSTEM/ITEM	C. CONTRACTOR
MMIS/POS	**CNSI**

1. DELIVERABLE NO.	2. WBS #	3. TITLE OF DELIVERABLE
46	**1.1.2.3**	**Weekly Project Status Report**

4. DESCRIPTION OF DELIVERABLE

An integrated status report across each business area to report project performance for the past week and projections for the upcoming week.

5. CONTRACT REFERENCE	6. REQUIRING OFFICE
To be completed upon contract execution	BMS

7. FREQUENCY	8. DATE OF FIRST SUBMISSION	9. DATE OF SUBSEQUENT SUBMISSION
Weekly	Refer to Project Schedule	Refer to Project Schedule

14. ANTICIPATED BMS REVIEWERS

Specific BMS reviewers to be identified during project start-up, but will include the project management staff.

Deliverable Dictionary

A. CONTRACT PHASE

☒ PHASE 1 - MMIS REPLACEMENT DDI AND CERTIFICATION PLANNING

☐ PHASE 2 - FISCAL AGENT OPERATIONS

☐ PHASE 3 - TURNOVER AND CLOSEOUT

B. SYSTEM/ITEM	C. CONTRACTOR
MMIS/POS	**CNSI**

1. DELIVERABLE NO.	2. WBS #	3. TITLE OF DELIVERABLE
47	**1.1.2.4**	**Monthly Project Status Report**

4. DESCRIPTION OF DELIVERABLE

An integrated monthly report across each business area to report project performance for the past month and projections for the upcoming month.

5. CONTRACT REFERENCE	6. REQUIRING OFFICE
To be completed upon contract execution	BMS

7. FREQUENCY	8. DATE OF FIRST SUBMISSION	9. DATE OF SUBSEQUENT SUBMISSION
Monthly	Refer to Project Schedule	Refer to Project Schedule

14. ANTICIPATED BMS REVIEWERS

Specific BMS reviewers to be identified during project start-up, but will include the project management staff.

Deliverable Dictionary

A. CONTRACT PHASE

☒ PHASE 1 - MMIS REPLACEMENT DDI AND CERTIFICATION PLANNING

☐ PHASE 2 - FISCAL AGENT OPERATIONS

☐ PHASE 3 - TURNOVER AND CLOSEOUT

B. SYSTEM/ITEM	C. CONTRACTOR
MMIS/POS	**CNSI**

1. DELIVERABLE NO.	2. WBS #	3. TITLE OF DELIVERABLE
49	**1.1.3.1.3**	**Business Processing Mapping (Updated)**

4. DESCRIPTION OF DELIVERABLE

An updated version of the original Business Process Mapping Document that maps the BMS Medicaid business processes to the set of MMIS requirements.

5. CONTRACT REFERENCE	6. REQUIRING OFFICE
To be completed upon contract execution	BMS

7. FREQUENCY	8. DATE OF FIRST SUBMISSION	9. DATE OF SUBSEQUENT SUBMISSION
Final version	Refer to Project Schedule	N/A

14. ANTICIPATED BMS REVIEWERS

Specific BMS reviewers to be identified during project start-up, but will include the project management staff, business subject matter experts, operational staff, and business subject matter experts.

Deliverable Dictionary

A. CONTRACT PHASE

☒ PHASE 1 - MMIS REPLACEMENT DDI AND CERTIFICATION PLANNING

☐ PHASE 2 - FISCAL AGENT OPERATIONS

☐ PHASE 3 - TURNOVER AND CLOSEOUT

B. SYSTEM/ITEM	C. CONTRACTOR
MMIS/POS	**CNSI**

1. DELIVERABLE NO.	2. WBS #	3. TITLE OF DELIVERABLE
50	**1.1.3.1.4**	**Edit Rules Documentation (Updated)**

4. DESCRIPTION OF DELIVERABLE

An updated version of the original Edit Rule Documentation containing the list and description of all the MMIS edit rules.

5. CONTRACT REFERENCE	6. REQUIRING OFFICE
To be completed upon contract execution	BMS

7. FREQUENCY	8. DATE OF FIRST SUBMISSION	9. DATE OF SUBSEQUENT SUBMISSION
Final version	Refer to Project Schedule	N/A

14. ANTICIPATED BMS REVIEWERS

Specific BMS reviewers to be identified during project start-up, but will include the project management staff, business subject matter experts, and technical subject matter experts.

Deliverable Dictionary

A. CONTRACT PHASE

☒ PHASE 1 - MMIS REPLACEMENT DDI AND CERTIFICATION PLANNING

☐ PHASE 2 - FISCAL AGENT OPERATIONS

☐ PHASE 3 - TURNOVER AND CLOSEOUT

B. SYSTEM/ITEM	C. CONTRACTOR
MMIS/POS	**CNSI**

1. DELIVERABLE NO.	2. WBS #	3. TITLE OF DELIVERABLE
51	**1.1.3.1.5**	**Requirements Traceability Matrix (RTM) (Updated)**

4. DESCRIPTION OF DELIVERABLE

An update to the original Requirements Traceability Matrix.

5. CONTRACT REFERENCE	6. REQUIRING OFFICE
To be completed upon contract execution	BMS

7. FREQUENCY	8. DATE OF FIRST SUBMISSION	9. DATE OF SUBSEQUENT SUBMISSION
Final version	Refer to Project Schedule	N/A

14. ANTICIPATED BMS REVIEWERS

Specific BMS reviewers to be identified during project start-up, but will include the project management staff and business subject matter experts.

Deliverable Dictionary

A. CONTRACT PHASE

☒ PHASE 1 - MMIS REPLACEMENT DDI AND CERTIFICATION PLANNING

☐ PHASE 2 - FISCAL AGENT OPERATIONS

☐ PHASE 3 - TURNOVER AND CLOSEOUT

B. SYSTEM/ITEM	C. CONTRACTOR
MMIS/POS	**CNSI**

1. DELIVERABLE NO.	2. WBS #	3. TITLE OF DELIVERABLE
52	**1.1.3.1.6**	**Requirements Specification Document (RSD) (Updated)**

4. DESCRIPTION OF DELIVERABLE

An update to the original Requirements Specification Document (RSD).

5. CONTRACT REFERENCE	6. REQUIRING OFFICE
To be completed upon contract execution	BMS

7. FREQUENCY	8. DATE OF FIRST SUBMISSION	9. DATE OF SUBSEQUENT SUBMISSION
Final version	Refer to Project Schedule	N/A

14. ANTICIPATED BMS REVIEWERS

Specific BMS reviewers to be identified during project start-up, but will include the project management staff and business subject matter experts.

Deliverable Dictionary

A. CONTRACT PHASE

☒ PHASE 1 - MMIS REPLACEMENT DDI AND CERTIFICATION PLANNING

☐ PHASE 2 - FISCAL AGENT OPERATIONS

☐ PHASE 3 - TURNOVER AND CLOSEOUT

B. SYSTEM/ITEM	C. CONTRACTOR
MMIS/POS	**CNSI**

1. DELIVERABLE NO.	2. WBS #	3. TITLE OF DELIVERABLE
53	**1.1.3.1.7**	**Gap Analysis Design Document (Updated)**

4. DESCRIPTION OF DELIVERABLE

An update to the original Gap Analysis Design Document.

5. CONTRACT REFERENCE	6. REQUIRING OFFICE
To be completed upon contract execution	BMS

7. FREQUENCY	8. DATE OF FIRST SUBMISSION	9. DATE OF SUBSEQUENT SUBMISSION
Final version	Refer to Project Schedule	N/A

14. ANTICIPATED BMS REVIEWERS

Specific BMS reviewers to be identified during project start-up, but will include the project management staff and technical subject matter experts.

Deliverable Dictionary

A. CONTRACT PHASE

☒ PHASE 1 - MMIS REPLACEMENT DDI AND CERTIFICATION PLANNING

☐ PHASE 2 - FISCAL AGENT OPERATIONS

☐ PHASE 3 - TURNOVER AND CLOSEOUT

B. SYSTEM/ITEM	C. CONTRACTOR
MMIS/POS	**CNSI**

1. DELIVERABLE NO.	2. WBS #	3. TITLE OF DELIVERABLE
54	**1.1.3.1.8**	**Detailed Systems Design (DSD) Document (Updated)**

4. DESCRIPTION OF DELIVERABLE

An update to the original Detail Systems Design Document.

5. CONTRACT REFERENCE	6. REQUIRING OFFICE
To be completed upon contract execution	BMS

7. FREQUENCY	8. DATE OF FIRST SUBMISSION	9. DATE OF SUBSEQUENT SUBMISSION
Final version	Refer to Project Schedule	N/A

14. ANTICIPATED BMS REVIEWERS

Specific BMS reviewers to be identified during project start-up, but will include the project management staff, technical subject matter experts, and business subject matter experts.

Deliverable Dictionary

A. CONTRACT PHASE

☒ PHASE 1 - MMIS REPLACEMENT DDI AND CERTIFICATION PLANNING

☐ PHASE 2 - FISCAL AGENT OPERATIONS

☐ PHASE 3 - TURNOVER AND CLOSEOUT

B. SYSTEM/ITEM	C. CONTRACTOR
MMIS/POS	**CNSI**

1. DELIVERABLE NO.	2. WBS #	3. TITLE OF DELIVERABLE
55	**1.1.3.1.9**	**Updated list of BMS-Specific Reports**

4. DESCRIPTION OF DELIVERABLE

An update to the original reports list.

5. CONTRACT REFERENCE	6. REQUIRING OFFICE
To be completed upon contract execution	BMS

7. FREQUENCY	8. DATE OF FIRST SUBMISSION	9. DATE OF SUBSEQUENT SUBMISSION
Final version	Refer to Project Schedule	N/A

14. ANTICIPATED BMS REVIEWERS

Specific BMS reviewers to be identified during project start-up, but will include the project management staff, business subject matter experts, operational staff, and technical subject matter experts.

Deliverable Dictionary

A. CONTRACT PHASE

☒ PHASE 1 - MMIS REPLACEMENT DDI AND CERTIFICATION PLANNING

☐ PHASE 2 - FISCAL AGENT OPERATIONS

☐ PHASE 3 - TURNOVER AND CLOSEOUT

B. SYSTEM/ITEM	C. CONTRACTOR
MMIS/POS	**CNSI**

1. DELIVERABLE NO.	2. WBS #	3. TITLE OF DELIVERABLE
56	**1.1.3.1.10**	**System Documentation**

4. DESCRIPTION OF DELIVERABLE

The set of operations and maintenance documents, and other information that describe how to operate and maintain the MMIS and that address all facets of the technical system.

5. CONTRACT REFERENCE	6. REQUIRING OFFICE
To be completed upon contract execution	BMS

7. FREQUENCY	8. DATE OF FIRST SUBMISSION	9. DATE OF SUBSEQUENT SUBMISSION
One time	Refer to Project Schedule	N/A

14. ANTICIPATED BMS REVIEWERS

Specific BMS reviewers to be identified during project start-up, but will include the project management staff, business subject matter experts, operational staff, and technical subject matter experts.

Deliverable Dictionary

A. CONTRACT PHASE

☒ PHASE 1 - MMIS REPLACEMENT DDI AND CERTIFICATION PLANNING

☐ PHASE 2 - FISCAL AGENT OPERATIONS

☐ PHASE 3 - TURNOVER AND CLOSEOUT

B. SYSTEM/ITEM	C. CONTRACTOR
MMIS/POS	**CNSI**

1. DELIVERABLE NO.	2. WBS #	3. TITLE OF DELIVERABLE
57	**1.1.31.11**	**Draft User Documentation**

4. DESCRIPTION OF DELIVERABLE

The set of step-by-step "how to" procedures that explain how to use the system to support specific business processes.

5. CONTRACT REFERENCE	6. REQUIRING OFFICE
To be completed upon contract execution	BMS

7. FREQUENCY	8. DATE OF FIRST SUBMISSION	9. DATE OF SUBSEQUENT SUBMISSION
Initial with update during Implementation Readiness Task	Refer to Schedule	Refer to Schedule

14. ANTICIPATED BMS REVIEWERS

Specific BMS reviewers to be identified during project start-up, but will include the project management staff, business subject matter experts, and technical subject matter experts.

Deliverable Dictionary

A. CONTRACT PHASE

☒ PHASE 1 - MMIS REPLACEMENT DDI AND CERTIFICATION PLANNING

☐ PHASE 2 - FISCAL AGENT OPERATIONS

☐ PHASE 3 - TURNOVER AND CLOSEOUT

B. SYSTEM/ITEM	C. CONTRACTOR
MMIS/POS	**CNSI**

1. DELIVERABLE NO.	2. WBS #	3. TITLE OF DELIVERABLE
58	**1.1.3.1.12**	**Draft Provider Documentation**

4. DESCRIPTION OF DELIVERABLE

The set of documents for providers that describe policy information, billing instructions, billing examples, rate methodologies, filing requirements, and processes to complete adjustments and make refunds.

5. CONTRACT REFERENCE	6. REQUIRING OFFICE
To be completed upon contract execution	BMS

7. FREQUENCY	8. DATE OF FIRST SUBMISSION	9. DATE OF SUBSEQUENT SUBMISSION
Initial with update during Implementation Readiness Task	Refer to Project Schedule	Refer to Project Schedule

14. ANTICIPATED BMS REVIEWERS

Specific BMS reviewers to be identified during project start-up, but will include the project management staff, business subject matter experts, and technical subject matter experts.

Deliverable Dictionary

A. CONTRACT PHASE

☒ PHASE 1 - MMIS REPLACEMENT DDI AND CERTIFICATION PLANNING

☐ PHASE 2 - FISCAL AGENT OPERATIONS

☐ PHASE 3 - TURNOVER AND CLOSEOUT

B. SYSTEM/ITEM	C. CONTRACTOR
MMIS/POS	**CNSI**

1. DELIVERABLE NO.	2. WBS #	3. TITLE OF DELIVERABLE
59	**1.1.3.1.13**	**Unit Test Cases/Scripts**

4. DESCRIPTION OF DELIVERABLE

The set of procedures for the tester, based upon the design specifications, which describe how a specific unit/component will be tested.

5. CONTRACT REFERENCE	6. REQUIRING OFFICE
To be completed upon contract execution	BMS

7. FREQUENCY	8. DATE OF FIRST SUBMISSION	9. DATE OF SUBSEQUENT SUBMISSION
One time	Refer to Project Schedule	N/A

14. ANTICIPATED BMS REVIEWERS

Specific BMS reviewers to be identified during project start-up, but will include the project management staff.

Deliverable Dictionary

A. CONTRACT PHASE

☒ PHASE 1 - MMIS REPLACEMENT DDI AND CERTIFICATION PLANNING

☐ PHASE 2 - FISCAL AGENT OPERATIONS

☐ PHASE 3 - TURNOVER AND CLOSEOUT

B. SYSTEM/ITEM	C. CONTRACTOR
MMIS/POS	**CNSI**

1. DELIVERABLE NO.	2. WBS #	3. TITLE OF DELIVERABLE
60	**1.1.3.1.14**	**Unit Test Results**

4. DESCRIPTION OF DELIVERABLE

The set of test results, based upon the unit test scripts, which document the test outcome for a specific unit/component.

5. CONTRACT REFERENCE	6. REQUIRING OFFICE
To be completed upon contract execution	BMS

7. FREQUENCY	8. DATE OF FIRST SUBMISSION	9. DATE OF SUBSEQUENT SUBMISSION
One time	Refer to Project Schedule	N/A

14. ANTICIPATED BMS REVIEWERS

Specific BMS reviewers to be identified during project start-up, but will include the project management staff.

Deliverable Dictionary

A. CONTRACT PHASE

☒ PHASE 1 - MMIS REPLACEMENT DDI AND CERTIFICATION PLANNING

☐ PHASE 2 - FISCAL AGENT OPERATIONS

☐ PHASE 3 - TURNOVER AND CLOSEOUT

B. SYSTEM/ITEM	C. CONTRACTOR
MMIS/POS	**CNSI**

1. DELIVERABLE NO.	2. WBS #	3. TITLE OF DELIVERABLE
62	**1.1.3.1.16**	**Weekly Project Status Report**

4. DESCRIPTION OF DELIVERABLE

An integrated status report across each business area to report project performance for the past week, and projections for the upcoming week.

5. CONTRACT REFERENCE	6. REQUIRING OFFICE
To be completed upon contract execution	BMS

7. FREQUENCY	8. DATE OF FIRST SUBMISSION	9. DATE OF SUBSEQUENT SUBMISSION
Weekly	Refer to Project Schedule	Refer to Project Schedule

14. ANTICIPATED BMS REVIEWERS

Specific BMS reviewers to be identified during project start-up, but will include the project management staff.

Deliverable Dictionary

A. CONTRACT PHASE

☒ PHASE 1 - MMIS REPLACEMENT DDI AND CERTIFICATION PLANNING

☐ PHASE 2 - FISCAL AGENT OPERATIONS

☐ PHASE 3 - TURNOVER AND CLOSEOUT

B. SYSTEM/ITEM	C. CONTRACTOR
MMIS/POS	**CNSI**

1. DELIVERABLE NO.	2. WBS #	3. TITLE OF DELIVERABLE
63	**1.1.3.1.17**	**Monthly Project Status Report**

4. DESCRIPTION OF DELIVERABLE

An integrated monthly report across each business area to report project performance for the past month, and projections for the upcoming month.

5. CONTRACT REFERENCE	6. REQUIRING OFFICE
To be completed upon contract execution	BMS

7. FREQUENCY	8. DATE OF FIRST SUBMISSION	9. DATE OF SUBSEQUENT SUBMISSION
Monthly	Refer to Project Schedule	Refer to Project Schedule

14. ANTICIPATED BMS REVIEWERS

Specific BMS reviewers to be identified during project start-up, but will include the project management staff.

Deliverable Dictionary

A. CONTRACT PHASE

☒ PHASE 1 - MMIS REPLACEMENT DDI AND CERTIFICATION PLANNING

☐ PHASE 2 - FISCAL AGENT OPERATIONS

☐ PHASE 3 - TURNOVER AND CLOSEOUT

B. SYSTEM/ITEM	C. CONTRACTOR
MMIS/POS	**CNSI**

1. DELIVERABLE NO.	2. WBS #	3. TITLE OF DELIVERABLE
66	**1.1.3.2.1**	**Test Risk Identification and Contingency Plan**

4. DESCRIPTION OF DELIVERABLE

The Test Risk Identification and Contingency Plan contains the set of test risks that may occur during the test phase. For each risk identified, a contingency plan is developed.

5. CONTRACT REFERENCE	6. REQUIRING OFFICE
To be completed upon contract execution	BMS

7. FREQUENCY	8. DATE OF FIRST SUBMISSION	9. DATE OF SUBSEQUENT SUBMISSION
One time	Refer to Project Schedule	N/A

14. ANTICIPATED BMS REVIEWERS

Specific BMS reviewers to be identified during project start-up, but will include the project management staff and technical subject matter experts.

Deliverable Dictionary

A. CONTRACT PHASE

☒ PHASE 1 - MMIS REPLACEMENT DDI AND CERTIFICATION PLANNING

☐ PHASE 2 - FISCAL AGENT OPERATIONS

☐ PHASE 3 - TURNOVER AND CLOSEOUT

B. SYSTEM/ITEM	C. CONTRACTOR
MMIS/POS	**CNSI**

1. DELIVERABLE NO.	2. WBS #	3. TITLE OF DELIVERABLE
67	**1.1.3.2.2**	**Finalized Proposed Test Environment(s) Specifications**

4. DESCRIPTION OF DELIVERABLE

The set of requirements that define the test environment(s).

5. CONTRACT REFERENCE	6. REQUIRING OFFICE
To be completed upon contract execution	BMS

7. FREQUENCY	8. DATE OF FIRST SUBMISSION	9. DATE OF SUBSEQUENT SUBMISSION
One time	Refer to Project Schedule	N/A

14. ANTICIPATED BMS REVIEWERS

Specific BMS reviewers to be identified during project start-up, but will include the project management staff and technical subject matter experts.

Deliverable Dictionary

A. CONTRACT PHASE

☒ PHASE 1 - MMIS REPLACEMENT DDI AND CERTIFICATION PLANNING

☐ PHASE 2 - FISCAL AGENT OPERATIONS

☐ PHASE 3 - TURNOVER AND CLOSEOUT

B. SYSTEM/ITEM	C. CONTRACTOR
MMIS/POS	**CNSI**

1. DELIVERABLE NO.	2. WBS #	3. TITLE OF DELIVERABLE
68	**1.1.3.2.3**	**System Integration Test Cases/Scripts**

4. DESCRIPTION OF DELIVERABLE

The set of test scripts used by the test team to conduct system and integration testing of the MMIS. The set of test scripts are based upon the requirements specifications and use cases.

5. CONTRACT REFERENCE	6. REQUIRING OFFICE
To be completed upon contract execution	BMS

7. FREQUENCY	8. DATE OF FIRST SUBMISSION	9. DATE OF SUBSEQUENT SUBMISSION
One time per release	Refer to Project Schedule	N/A

14. ANTICIPATED BMS REVIEWERS

Specific BMS reviewers to be identified during project start-up, but will include the project management staff.

Deliverable Dictionary

A. CONTRACT PHASE

☒ PHASE 1 - MMIS REPLACEMENT DDI AND CERTIFICATION PLANNING

☐ PHASE 2 - FISCAL AGENT OPERATIONS

☐ PHASE 3 - TURNOVER AND CLOSEOUT

B. SYSTEM/ITEM	C. CONTRACTOR
MMIS/POS	**CNSI**

1. DELIVERABLE NO.	2. WBS #	3. TITLE OF DELIVERABLE
69	**1.1.3.2.5**	**System Integration Testing Results**

4. DESCRIPTION OF DELIVERABLE

The report containing the results of all system and integration testing performed, based upon the pass/fail criteria established by the set of test scripts. The report contains all supporting evidence of the test results (pass/fail) and list of defects identified.

5. CONTRACT REFERENCE	6. REQUIRING OFFICE
To be completed upon contract execution	BMS

7. FREQUENCY	8. DATE OF FIRST SUBMISSION	9. DATE OF SUBSEQUENT SUBMISSION
One time per release	Refer to Project Schedule	N/A

14. ANTICIPATED BMS REVIEWERS

Specific BMS reviewers to be identified during project start-up, but will include the project management staff.

Deliverable Dictionary

A. CONTRACT PHASE

☒ PHASE 1 - MMIS REPLACEMENT DDI AND CERTIFICATION PLANNING

☐ PHASE 2 - FISCAL AGENT OPERATIONS

☐ PHASE 3 - TURNOVER AND CLOSEOUT

B. SYSTEM/ITEM	C. CONTRACTOR
MMIS/POS	**CNSI**

1. DELIVERABLE NO.	2. WBS #	3. TITLE OF DELIVERABLE
71	**1.1.3.2.7**	**Regression Test Cases/Scripts**

4. DESCRIPTION OF DELIVERABLE

The set of test scripts used by the test team to conduct regression testing of the MMIS. The set of test scripts are based upon changes to the system to verify that changes made to the system do not adversely affect areas of the system that have already been tested.

5. CONTRACT REFERENCE	6. REQUIRING OFFICE
To be completed upon contract execution	BMS

7. FREQUENCY	8. DATE OF FIRST SUBMISSION	9. DATE OF SUBSEQUENT SUBMISSION
One time	Refer to Project Schedule	N/A

14. ANTICIPATED BMS REVIEWERS

Specific BMS reviewers to be identified during project start-up, but will include the project management staff.

Deliverable Dictionary

A. CONTRACT PHASE

☒ PHASE 1 - MMIS REPLACEMENT DDI AND CERTIFICATION PLANNING

☐ PHASE 2 - FISCAL AGENT OPERATIONS

☐ PHASE 3 - TURNOVER AND CLOSEOUT

B. SYSTEM/ITEM	C. CONTRACTOR
MMIS/POS	**CNSI**

1. DELIVERABLE NO.	2. WBS #	3. TITLE OF DELIVERABLE
72	**1.1.3.2.8**	**Regression Testing Results**

4. DESCRIPTION OF DELIVERABLE

The report containing the results of all testing performed, based upon the pass/fail criteria established by the set of test scripts for each change to the system. The report contains all supporting evidence of the test results (that changes made to a system do not adversely affect areas of the system that have already been tested) and the list of defects identified.

5. CONTRACT REFERENCE	6. REQUIRING OFFICE
To be completed upon contract execution	BMS

7. FREQUENCY	8. DATE OF FIRST SUBMISSION	9. DATE OF SUBSEQUENT SUBMISSION
One time per release	Refer to Project Schedule	N/A

14. ANTICIPATED BMS REVIEWERS

Specific BMS reviewers to be identified during project start-up, but will include the project management staff.

Deliverable Dictionary

A. CONTRACT PHASE

☒ PHASE 1 - MMIS REPLACEMENT DDI AND CERTIFICATION PLANNING

☐ PHASE 2 - FISCAL AGENT OPERATIONS

☐ PHASE 3 - TURNOVER AND CLOSEOUT

B. SYSTEM/ITEM	C. CONTRACTOR
MMIS/POS	**CNSI**

1. DELIVERABLE NO.	2. WBS #	3. TITLE OF DELIVERABLE
74	**1.1.3.2.10**	**Load/Stress Test Cases/Scripts**

4. DESCRIPTION OF DELIVERABLE

The set of test scripts used by the test team to conduct load/stress/performance testing of the MMIS. The set of tests measure the ability of the system to meet current and future member and provider populations as well as transaction volume over the life of the contract.

5. CONTRACT REFERENCE	6. REQUIRING OFFICE
To be completed upon contract execution	BMS

7. FREQUENCY	8. DATE OF FIRST SUBMISSION	9. DATE OF SUBSEQUENT SUBMISSION
One time per release	Refer to Project Schedule	N/A

14. ANTICIPATED BMS REVIEWERS

Specific BMS reviewers to be identified during project start-up, but will include the project management staff.

Deliverable Dictionary

A. CONTRACT PHASE

☒ PHASE 1 - MMIS REPLACEMENT DDI AND CERTIFICATION PLANNING

☐ PHASE 2 - FISCAL AGENT OPERATIONS

☐ PHASE 3 - TURNOVER AND CLOSEOUT

B. SYSTEM/ITEM	C. CONTRACTOR
MMIS/POS	**CNSI**

1. DELIVERABLE NO.	2. WBS #	3. TITLE OF DELIVERABLE
75	**1.1.3.2.12**	**Load/Stress Testing Results**

4. DESCRIPTION OF DELIVERABLE

The report containing the results of all testing performed, based upon the pass/fail criteria established by the set of test scripts. The report contains all supporting evidence of the test results (that measure the ability of the system to meet current and future member and provider populations as well as transaction volume over the life of the contract) and the list of defects identified.

5. CONTRACT REFERENCE	6. REQUIRING OFFICE
To be completed upon contract execution	BMS

7. FREQUENCY	8. DATE OF FIRST SUBMISSION	9. DATE OF SUBSEQUENT SUBMISSION
One time per release	Refer to Project Schedule	N/A

14. ANTICIPATED BMS REVIEWERS

Specific BMS reviewers to be identified during project start-up, but will include the project management staff.

Deliverable Dictionary

A. CONTRACT PHASE

☒ PHASE 1 - MMIS REPLACEMENT DDI AND CERTIFICATION PLANNING

☐ PHASE 2 - FISCAL AGENT OPERATIONS

☐ PHASE 3 - TURNOVER AND CLOSEOUT

B. SYSTEM/ITEM	C. CONTRACTOR
MMIS/POS	**CNSI**

1. DELIVERABLE NO.	2. WBS #	3. TITLE OF DELIVERABLE
76	**1.1.3.2.13**	**Capacity Analysis Report**

4. DESCRIPTION OF DELIVERABLE

The Capacity Analysis Report provides the results of the capacity analysis conducted as a part of load/stress testing. This analysis covers the use of the infrastructure components used to manage and run the new MMIS.

5. CONTRACT REFERENCE	6. REQUIRING OFFICE
To be completed upon contract execution	BMS

7. FREQUENCY	8. DATE OF FIRST SUBMISSION	9. DATE OF SUBSEQUENT SUBMISSION
One time	Refer to Project Schedule	N/A

14. ANTICIPATED BMS REVIEWERS

Specific BMS reviewers to be identified during project start-up, but will include the project management staff and technical subject matter experts.

Deliverable Dictionary

A. CONTRACT PHASE

☒ PHASE 1 - MMIS REPLACEMENT DDI AND CERTIFICATION PLANNING

☐ PHASE 2 - FISCAL AGENT OPERATIONS

☐ PHASE 3 - TURNOVER AND CLOSEOUT

B. SYSTEM/ITEM	C. CONTRACTOR
MMIS/POS	**CNSI**

1. DELIVERABLE NO.	2. WBS #	3. TITLE OF DELIVERABLE
78	**1.1.3.2.15**	**User Acceptance Testing Plan**

4. DESCRIPTION OF DELIVERABLE

This User Acceptance Test Plan describes the activities that occur in the WV MMIS user acceptance test task. A user acceptance test is designed to test the full end-to-end functionality of the application(s) from the user perspective to demonstrate that it meets the project requirements and user functionality that is desired.

5. CONTRACT REFERENCE	6. REQUIRING OFFICE
To be completed upon contract execution	BMS

7. FREQUENCY	8. DATE OF FIRST SUBMISSION	9. DATE OF SUBSEQUENT SUBMISSION
One time	Refer to Project Schedule	N/A

14. ANTICIPATED BMS REVIEWERS

Specific BMS reviewers to be identified during project start-up, but will include the project management staff.

Deliverable Dictionary

A. CONTRACT PHASE

☒ PHASE 1 - MMIS REPLACEMENT DDI AND CERTIFICATION PLANNING

☐ PHASE 2 - FISCAL AGENT OPERATIONS

☐ PHASE 3 - TURNOVER AND CLOSEOUT

B. SYSTEM/ITEM	C. CONTRACTOR
MMIS/POS	**CNSI**

1. DELIVERABLE NO.	2. WBS #	3. TITLE OF DELIVERABLE
79	**1.1.3.2.16**	**User Acceptance Test Cases/Scripts**

4. DESCRIPTION OF DELIVERABLE

The set of test scripts used by BMS to conduct full system testing of the MMIS from the user perspective.

5. CONTRACT REFERENCE	6. REQUIRING OFFICE
To be completed upon contract execution	BMS

7. FREQUENCY	8. DATE OF FIRST SUBMISSION	9. DATE OF SUBSEQUENT SUBMISSION
One time per release	Refer to Project Schedule	N/A

14. ANTICIPATED BMS REVIEWERS

Specific BMS reviewers to be identified during project start-up, but will include the project management staff.

Deliverable Dictionary

A. CONTRACT PHASE

☒ PHASE 1 - MMIS REPLACEMENT DDI AND CERTIFICATION PLANNING

☐ PHASE 2 - FISCAL AGENT OPERATIONS

☐ PHASE 3 - TURNOVER AND CLOSEOUT

B. SYSTEM/ITEM	C. CONTRACTOR
MMIS/POS	**CNSI**

1. DELIVERABLE NO.	2. WBS #	3. TITLE OF DELIVERABLE
80	**1.1.3.2.18**	**User Acceptance Testing Results**

4. DESCRIPTION OF DELIVERABLE

The report containing the results of all user acceptance testing performed, based upon the pass/fail criteria established by the set of test scripts. The report contains all supporting evidence of the test results (pass/fail) and the list of defects identified.

5. CONTRACT REFERENCE	6. REQUIRING OFFICE
To be completed upon contract execution	BMS

7. FREQUENCY	8. DATE OF FIRST SUBMISSION	9. DATE OF SUBSEQUENT SUBMISSION
One time per release	Refer to Project Schedule	N/A

14. ANTICIPATED BMS REVIEWERS

Specific BMS reviewers to be identified during project start-up, but will include the project management staff.

Deliverable Dictionary

A. CONTRACT PHASE

☒ PHASE 1 - MMIS REPLACEMENT DDI AND CERTIFICATION PLANNING

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☐ PHASE 3 - TURNOVER AND CLOSEOUT

B. SYSTEM/ITEM	C. CONTRACTOR
MMIS/POS	**CNSI**

1. DELIVERABLE NO.	2. WBS #	3. TITLE OF DELIVERABLE
82	**1.1.3.2.20**	**Operational Readiness Test Cases/Scripts**

4. DESCRIPTION OF DELIVERABLE

The set of test scripts to conduct full system testing of the new MMIS to establish readiness for operation. The scripts will verify the ability of the operations staff to perform day to day activities of processing claims, claims payment, drug rebate, workflow, providing customer service through phone and fax, imaging, prior authorization, daily operational reports, etc.

5. CONTRACT REFERENCE	6. REQUIRING OFFICE
To be completed upon contract execution	BMS

7. FREQUENCY	8. DATE OF FIRST SUBMISSION	9. DATE OF SUBSEQUENT SUBMISSION
One time Per release	Refer to Project Schedule	N/A

14. ANTICIPATED BMS REVIEWERS

Specific BMS reviewers to be identified during project start-up, but will include the project management staff.

Deliverable Dictionary

A. CONTRACT PHASE

☒ PHASE 1 - MMIS REPLACEMENT DDI AND CERTIFICATION PLANNING

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☐ PHASE 3 - TURNOVER AND CLOSEOUT

B. SYSTEM/ITEM	C. CONTRACTOR
MMIS/POS	**CNSI**

1. DELIVERABLE NO.	2. WBS #	3. TITLE OF DELIVERABLE
83	**1.1.3.2.23**	**Operational Readiness Testing Results**

4. DESCRIPTION OF DELIVERABLE

The results of full system testing of the MMIS to establish readiness for operation. The results will verify the ability of the operations staff to perform day to day activities of processing claims, claims payment, drug rebate, workflow, providing customer service through phone and fax, imaging, prior authorization, daily operational reports, etc. The report contains all supporting evidence of the test results (pass/fail) and the list of defects identified.

5. CONTRACT REFERENCE	6. REQUIRING OFFICE
To be completed upon contract execution	BMS

7. FREQUENCY	8. DATE OF FIRST SUBMISSION	9. DATE OF SUBSEQUENT SUBMISSION
One time per release	Refer to Project Schedule	N/A

14. ANTICIPATED BMS REVIEWERS

Specific BMS reviewers to be identified during project start-up, but will include the project management staff.

Deliverable Dictionary

A. CONTRACT PHASE

☒ PHASE 1 - MMIS REPLACEMENT DDI AND CERTIFICATION PLANNING

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☐ PHASE 3 - TURNOVER AND CLOSEOUT

B. SYSTEM/ITEM	C. CONTRACTOR
MMIS/POS	**CNSI**

1. DELIVERABLE NO.	2. WBS #	3. TITLE OF DELIVERABLE
85	**1.1.3.2.26**	**Weekly Project Status Report**

4. DESCRIPTION OF DELIVERABLE

The integrated status report across each business area to report project performance for the past week and projections for the upcoming week.

5. CONTRACT REFERENCE	6. REQUIRING OFFICE
To be completed upon contract execution	BMS

7. FREQUENCY	8. DATE OF FIRST SUBMISSION	9. DATE OF SUBSEQUENT SUBMISSION
Weekly	Refer to Project Schedule	Refer to Project Schedule

14. ANTICIPATED BMS REVIEWERS

Specific BMS reviewers to be identified during project start-up, but will include the project management staff.

Deliverable Dictionary

A. CONTRACT PHASE

☒ PHASE 1 - MMIS REPLACEMENT DDI AND CERTIFICATION PLANNING

☐ PHASE 2 - FISCAL AGENT OPERATIONS

☐ PHASE 3 - TURNOVER AND CLOSEOUT

B. SYSTEM/ITEM	C. CONTRACTOR
MMIS/POS	**CNSI**

1. DELIVERABLE NO.	2. WBS #	3. TITLE OF DELIVERABLE
86	**1.1.3.2.27**	**Monthly Project Status Report**

4. DESCRIPTION OF DELIVERABLE

The integrated monthly report across each business area to report project performance for the past month and projections for the upcoming month.

5. CONTRACT REFERENCE	6. REQUIRING OFFICE
To be completed upon contract execution	BMS

7. FREQUENCY	8. DATE OF FIRST SUBMISSION	9. DATE OF SUBSEQUENT SUBMISSION
Monthly	Refer to Project Schedule	N/A

14. ANTICIPATED BMS REVIEWERS

Specific BMS reviewers to be identified during project start-up, but will include the project management staff.

Deliverable Dictionary

A. CONTRACT PHASE

☒ PHASE 1 - MMIS REPLACEMENT DDI AND CERTIFICATION PLANNING

☐ PHASE 2 - FISCAL AGENT OPERATIONS

☐ PHASE 3 - TURNOVER AND CLOSEOUT

B. SYSTEM/ITEM	C. CONTRACTOR
MMIS/POS	**CNSI**

1. DELIVERABLE NO.	2. WBS #	3. TITLE OF DELIVERABLE
87	**1.1.3.3.2**	**Conversion Risk Identification and Contingency Plan**

4. DESCRIPTION OF DELIVERABLE

The Conversion Risk Identification and Contingency Plan contains the set of test risks that may occur during data conversion. For each risk identified, a contingency plan is developed.

5. CONTRACT REFERENCE	6. REQUIRING OFFICE
To be completed upon contract execution	BMS

7. FREQUENCY	8. DATE OF FIRST SUBMISSION	9. DATE OF SUBSEQUENT SUBMISSION
One time	Refer to Project Schedule	N/A

14. ANTICIPATED BMS REVIEWERS

Specific BMS reviewers to be identified during project start-up, but will include the project management staff and technical subject matter experts.

Deliverable Dictionary

A. CONTRACT PHASE

☒ PHASE 1 - MMIS REPLACEMENT DDI AND CERTIFICATION PLANNING

☐ PHASE 2 - FISCAL AGENT OPERATIONS

☐ PHASE 3 - TURNOVER AND CLOSEOUT

B. SYSTEM/ITEM	C. CONTRACTOR
MMIS/POS	**CNSI**

1. DELIVERABLE NO.	2. WBS #	3. TITLE OF DELIVERABLE
88	**1.1.3.3.4**	**Data Cleansing and Conversion Specification Document**

4. DESCRIPTION OF DELIVERABLE

The Data Cleansing and Conversion Specification Document specifies the approach, processes, rules and ownership of data cleaning for conversion.

5. CONTRACT REFERENCE	6. REQUIRING OFFICE
To be completed upon contract execution	BMS

7. FREQUENCY	8. DATE OF FIRST SUBMISSION	9. DATE OF SUBSEQUENT SUBMISSION
One time	Refer to Project Schedule	N/A

14. ANTICIPATED BMS REVIEWERS

Specific BMS reviewers to be identified during project start-up, but will include the project management staff and technical subject matter experts.

Deliverable Dictionary

A. CONTRACT PHASE

☒ PHASE 1 - MMIS REPLACEMENT DDI AND CERTIFICATION PLANNING

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☐ PHASE 3 - TURNOVER AND CLOSEOUT

B. SYSTEM/ITEM	C. CONTRACTOR
MMIS/POS	**CNSI**

1. DELIVERABLE NO.	2. WBS #	3. TITLE OF DELIVERABLE
89	**1.1.3.3.5**	**Data Conversion Requirements Document**

4. DESCRIPTION OF DELIVERABLE

The Data Conversion Requirements Document contains the set of data conversion requirement to convert legacy data to the new MMIS.

5. CONTRACT REFERENCE	6. REQUIRING OFFICE
To be completed upon contract execution	BMS

7. FREQUENCY	8. DATE OF FIRST SUBMISSION	9. DATE OF SUBSEQUENT SUBMISSION
One time	Refer to Project Schedule	N/A

14. ANTICIPATED BMS REVIEWERS

Specific BMS reviewers to be identified during project start-up, but will include the project management staff and technical subject matter experts.

Deliverable Dictionary

A. CONTRACT PHASE

☒ PHASE 1 - MMIS REPLACEMENT DDI AND CERTIFICATION PLANNING

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☐ PHASE 3 - TURNOVER AND CLOSEOUT

B. SYSTEM/ITEM	C. CONTRACTOR
MMIS/POS	**CNSI**

1. DELIVERABLE NO.	2. WBS #	3. TITLE OF DELIVERABLE
90	**1.1.3.3.8**	**Conversion Software Readiness Certification Letter**

4. DESCRIPTION OF DELIVERABLE

The Conversion Software Readiness Certification Letter certifies that data conversion is successful and complete; a list of all issues ranked as critical by BMS have been corrected.

5. CONTRACT REFERENCE	6. REQUIRING OFFICE
To be completed upon contract execution	BMS

7. FREQUENCY	8. DATE OF FIRST SUBMISSION	9. DATE OF SUBSEQUENT SUBMISSION
One time	Refer to Project Schedule	N/A

14. ANTICIPATED BMS REVIEWERS

Specific BMS reviewers to be identified during project start-up, but will include the project management staff.

Deliverable Dictionary

A. CONTRACT PHASE

☒ PHASE 1 - MMIS REPLACEMENT DDI AND CERTIFICATION PLANNING

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B. SYSTEM/ITEM	C. CONTRACTOR
MMIS/POS	**CNSI**

1. DELIVERABLE NO.	2. WBS #	3. TITLE OF DELIVERABLE
91	**1.1.3.3.9**	**Conversion and Reconciliation Test Cases/Scripts**

4. DESCRIPTION OF DELIVERABLE

The set of test scripts to verify data conversion and reconciliation. The scripts will verify that data is converted per the mapping rules for extract, transform, and load (ETL) data and manually converted data.

5. CONTRACT REFERENCE	6. REQUIRING OFFICE
To be completed upon contract execution	BMS

7. FREQUENCY	8. DATE OF FIRST SUBMISSION	9. DATE OF SUBSEQUENT SUBMISSION
One time	Refer to Project Schedule	N/A

14. ANTICIPATED BMS REVIEWERS

Specific BMS reviewers to be identified during project start-up, but will include the project management staff and technical subject matter experts.

Deliverable Dictionary

A. CONTRACT PHASE

☒ PHASE 1 - MMIS REPLACEMENT DDI AND CERTIFICATION PLANNING

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☐ PHASE 3 - TURNOVER AND CLOSEOUT

B. SYSTEM/ITEM	C. CONTRACTOR
MMIS/POS	**CNSI**

1. DELIVERABLE NO.	2. WBS #	3. TITLE OF DELIVERABLE
92	**1.1.3.3.10**	**Conversion and Reconciliation Testing Results**

4. DESCRIPTION OF DELIVERABLE

This testing verifies that the content of the data moved from the legacy system to the new MMIS has not been adversely affected (e.g., member name and demographic data has been successfully moved to the new MMIS); that the converted data can be retrieved, modified, and acted upon through the new MMIS; and that the converted data is creating identifiable objects in the application.

5. CONTRACT REFERENCE	6. REQUIRING OFFICE
To be completed upon contract execution	BMS

7. FREQUENCY	8. DATE OF FIRST SUBMISSION	9. DATE OF SUBSEQUENT SUBMISSION
One time	Refer to Project Schedule	N/A

14. ANTICIPATED BMS REVIEWERS

Specific BMS reviewers to be identified during project start-up, but will include the project management staff and technical subject matter experts.

Deliverable Dictionary

A. CONTRACT PHASE

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B. SYSTEM/ITEM	C. CONTRACTOR
MMIS/POS	**CNSI**

1. DELIVERABLE NO.	2. WBS #	3. TITLE OF DELIVERABLE
94	**1.1.3.3.12**	**User Acceptance Testing of Converted Data**

4. DESCRIPTION OF DELIVERABLE

This test performs verification and approval of all routines for data conversion before the final production run.

5. CONTRACT REFERENCE	6. REQUIRING OFFICE
To be completed upon contract execution	BMS

7. FREQUENCY	8. DATE OF FIRST SUBMISSION	9. DATE OF SUBSEQUENT SUBMISSION
One time	Refer to Project Schedule	N/A

14. ANTICIPATED BMS REVIEWERS

Specific BMS reviewers to be identified during project start-up, but will include the project management staff and technical subject matter experts.

Deliverable Dictionary

A. CONTRACT PHASE

☒ PHASE 1 - MMIS REPLACEMENT DDI AND CERTIFICATION PLANNING

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B. SYSTEM/ITEM	C. CONTRACTOR
MMIS/POS	**CNSI**

1. DELIVERABLE NO.	2. WBS #	3. TITLE OF DELIVERABLE
96	**1.1.3.3.14**	**Weekly Project Status Report**

4. DESCRIPTION OF DELIVERABLE

The integrated status report across each business area to report project performance for the past week and projections for the upcoming week.

5. CONTRACT REFERENCE	6. REQUIRING OFFICE
To be completed upon contract execution	BMS

7. FREQUENCY	8. DATE OF FIRST SUBMISSION	9. DATE OF SUBSEQUENT SUBMISSION
Weekly	Refer to Project Schedule	Refer to Project Schedule

14. ANTICIPATED BMS REVIEWERS

Specific BMS reviewers to be identified during project start-up, but will include the project management staff.

Deliverable Dictionary

A. CONTRACT PHASE

☒ PHASE 1 - MMIS REPLACEMENT DDI AND CERTIFICATION PLANNING

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☐ PHASE 3 - TURNOVER AND CLOSEOUT

B. SYSTEM/ITEM	C. CONTRACTOR
MMIS/POS	**CNSI**

1. DELIVERABLE NO.	2. WBS #	3. TITLE OF DELIVERABLE
97	**1.1.3.3.15**	**Monthly Project Status Report**

4. DESCRIPTION OF DELIVERABLE

The integrated monthly report across each business area to report project performance for the past month and projections for the upcoming month.

5. CONTRACT REFERENCE	6. REQUIRING OFFICE
To be completed upon contract execution	BMS

7. FREQUENCY	8. DATE OF FIRST SUBMISSION	9. DATE OF SUBSEQUENT SUBMISSION
Monthly	Refer to Project Schedule	Refer to Project Schedule

14. ANTICIPATED BMS REVIEWERS

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Deliverable Dictionary

A. CONTRACT PHASE

☒ PHASE 1 - MMIS REPLACEMENT DDI AND CERTIFICATION PLANNING

☐ PHASE 2 - FISCAL AGENT OPERATIONS

☐ PHASE 3 - TURNOVER AND CLOSEOUT

B. SYSTEM/ITEM	C. CONTRACTOR
MMIS/POS	**CNSI**

1. DELIVERABLE NO.	2. WBS #	3. TITLE OF DELIVERABLE
98	**1.1.3.4.2**	**Training Assessment and Gap Analysis**

4. DESCRIPTION OF DELIVERABLE

The Training Assessment and Gap Analysis provides details on the skill gaps and define training needs.

5. CONTRACT REFERENCE	6. REQUIRING OFFICE
To be completed upon contract execution	BMS

7. FREQUENCY	8. DATE OF FIRST SUBMISSION	9. DATE OF SUBSEQUENT SUBMISSION
One time	Refer to Project Schedule	N/A

14. ANTICIPATED BMS REVIEWERS

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Deliverable Dictionary

A. CONTRACT PHASE

☒ PHASE 1 - MMIS REPLACEMENT DDI AND CERTIFICATION PLANNING

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B. SYSTEM/ITEM	C. CONTRACTOR
MMIS/POS	**CNSI**

1. DELIVERABLE NO.	2. WBS #	3. TITLE OF DELIVERABLE
99	**1.1.3.4.3**	**Final Training Plan/Schedule**

4. DESCRIPTION OF DELIVERABLE

The Final Training Plan/Schedule for training sessions will be published to the Project Portal and will be made available in advance of conducting sessions to support planning of BMS and Team CNSI attendance.

5. CONTRACT REFERENCE	6. REQUIRING OFFICE
To be completed upon contract execution	BMS

7. FREQUENCY	8. DATE OF FIRST SUBMISSION	9. DATE OF SUBSEQUENT SUBMISSION
One time	Refer to Project Schedule	N/A

14. ANTICIPATED BMS REVIEWERS

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Deliverable Dictionary

A. CONTRACT PHASE

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B. SYSTEM/ITEM	C. CONTRACTOR
MMIS/POS	**CNSI**

1. DELIVERABLE NO.	2. WBS #	3. TITLE OF DELIVERABLE
100	**1.1.3.4.4**	**Electronic Training Documentation**

4. DESCRIPTION OF DELIVERABLE

Development and use of on-line tutorials, on-line help, on-line policy and procedure manuals, and hard copy user manuals for the delivery of training.

5. CONTRACT REFERENCE	6. REQUIRING OFFICE
To be completed upon contract execution	BMS

7. FREQUENCY	8. DATE OF FIRST SUBMISSION	9. DATE OF SUBSEQUENT SUBMISSION
One time	Refer to Project Schedule	N/A

14. ANTICIPATED BMS REVIEWERS

Specific BMS reviewers to be identified during project start-up, but will include the project management staff and business subject matter experts.

Deliverable Dictionary

A. CONTRACT PHASE

☒ PHASE 1 - MMIS REPLACEMENT DDI AND CERTIFICATION PLANNING

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B. SYSTEM/ITEM	C. CONTRACTOR
MMIS/POS	**CNSI**

1. DELIVERABLE NO.	2. WBS #	3. TITLE OF DELIVERABLE
101	**1.1.3.4.5**	**Training Database and Application Software**

4. DESCRIPTION OF DELIVERABLE

This deliverable is for the initial installation of the training database and application software.

5. CONTRACT REFERENCE	6. REQUIRING OFFICE
To be completed upon contract execution	BMS

7. FREQUENCY	8. DATE OF FIRST SUBMISSION	9. DATE OF SUBSEQUENT SUBMISSION
One time	Refer to Project Schedule	N/A

14. ANTICIPATED BMS REVIEWERS

Specific BMS reviewers to be identified during project start-up, but will include the project management staff and business subject matter experts.

Deliverable Dictionary

A. CONTRACT PHASE

☒ PHASE 1 - MMIS REPLACEMENT DDI AND CERTIFICATION PLANNING

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B. SYSTEM/ITEM	C. CONTRACTOR
MMIS/POS	**CNSI**

1. DELIVERABLE NO.	2. WBS #	3. TITLE OF DELIVERABLE
102	**1.1.3.4.6**	**Letter Certifying Training Database Is Built and Software Is Operational**

4. DESCRIPTION OF DELIVERABLE

This letter certifies that the training database has been successfully built and that all software is operational.

5. CONTRACT REFERENCE	6. REQUIRING OFFICE
To be completed upon contract execution	BMS

7. FREQUENCY	8. DATE OF FIRST SUBMISSION	9. DATE OF SUBSEQUENT SUBMISSION
One time	Refer to Project Schedule	N/A

14. ANTICIPATED BMS REVIEWERS

Specific BMS reviewers to be identified during project start-up, but will include the project management staff.

Deliverable Dictionary

A. CONTRACT PHASE

☒ PHASE 1 - MMIS REPLACEMENT DDI AND CERTIFICATION PLANNING

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☐ PHASE 3 - TURNOVER AND CLOSEOUT

B. SYSTEM/ITEM	C. CONTRACTOR
MMIS/POS	**CNSI**

1. DELIVERABLE NO.	2. WBS #	3. TITLE OF DELIVERABLE
103	**1.1.3.4.7**	**Document Version Control Plan**

4. DESCRIPTION OF DELIVERABLE

The Document Version Control Plan specifies the procedures, roles, and responsibilities for maintaining version control and maintenance of all training documentation.

5. CONTRACT REFERENCE	6. REQUIRING OFFICE
To be completed upon contract execution	BMS

7. FREQUENCY	8. DATE OF FIRST SUBMISSION	9. DATE OF SUBSEQUENT SUBMISSION
One time	Refer to Project Schedule	N/A

14. ANTICIPATED BMS REVIEWERS

Specific BMS reviewers to be identified during project start-up, but will include the project management staff.

Deliverable Dictionary

A. CONTRACT PHASE

☒ PHASE 1 - MMIS REPLACEMENT DDI AND CERTIFICATION PLANNING

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B. SYSTEM/ITEM	C. CONTRACTOR
MMIS/POS	**CNSI**

1. DELIVERABLE NO.	2. WBS #	3. TITLE OF DELIVERABLE
104	**1.1.3.4.9**	**Letter Certifying Completion of Training**

4. DESCRIPTION OF DELIVERABLE

Letter to BMS certifying the completion of user training.

5. CONTRACT REFERENCE	6. REQUIRING OFFICE
To be completed upon contract execution	BMS

7. FREQUENCY	8. DATE OF FIRST SUBMISSION	9. DATE OF SUBSEQUENT SUBMISSION
One time per release	Refer to Project Schedule	N/A

14. ANTICIPATED BMS REVIEWERS

Specific BMS reviewers to be identified during project start-up, but will include the project management staff.

Deliverable Dictionary

A. CONTRACT PHASE

☒ PHASE 1 - MMIS REPLACEMENT DDI AND CERTIFICATION PLANNING

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☐ PHASE 3 - TURNOVER AND CLOSEOUT

B. SYSTEM/ITEM	C. CONTRACTOR
MMIS/POS	**CNSI**

1. DELIVERABLE NO.	2. WBS #	3. TITLE OF DELIVERABLE
105	**1.1.3.4.10**	**Evaluation Survey Tools**

4. DESCRIPTION OF DELIVERABLE

The set of integrated survey tools within the training software to evaluate training results.

5. CONTRACT REFERENCE	6. REQUIRING OFFICE
To be completed upon contract execution	BMS

7. FREQUENCY	8. DATE OF FIRST SUBMISSION	9. DATE OF SUBSEQUENT SUBMISSION
One time	Refer to Project Schedule	N/A

14. ANTICIPATED BMS REVIEWERS

Specific BMS reviewers to be identified during project start-up, but will include the project management staff.

Deliverable Dictionary

A. CONTRACT PHASE

☒ PHASE 1 - MMIS REPLACEMENT DDI AND CERTIFICATION PLANNING

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☐ PHASE 3 - TURNOVER AND CLOSEOUT

B. SYSTEM/ITEM	C. CONTRACTOR
MMIS/POS	**CNSI**

1. DELIVERABLE NO.	2. WBS #	3. TITLE OF DELIVERABLE
106	**1.1.3.4.11**	**Training Report**

4. DESCRIPTION OF DELIVERABLE

The Training Report includes the results report, including information such as the number of training sessions, type of training, training locations, number of trainees, and information regarding the actual training results and recommendations for follow up training.

5. CONTRACT REFERENCE	6. REQUIRING OFFICE
To be completed upon contract execution	BMS

7. FREQUENCY	8. DATE OF FIRST SUBMISSION	9. DATE OF SUBSEQUENT SUBMISSION
One time per release	Refer to Project Schedule	N/A

14. ANTICIPATED BMS REVIEWERS

Specific BMS reviewers to be identified during project start-up, but will include the project management staff.

Deliverable Dictionary

A. CONTRACT PHASE

☒ PHASE 1 - MMIS REPLACEMENT DDI AND CERTIFICATION PLANNING

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B. SYSTEM/ITEM	C. CONTRACTOR
MMIS/POS	**CNSI**

1. DELIVERABLE NO.	2. WBS #	3. TITLE OF DELIVERABLE
107	**1.1.3.4.12**	**Weekly Project Status Report**

4. DESCRIPTION OF DELIVERABLE

The integrated status report across each business area to report project performance for the past week and projections for the upcoming week.

5. CONTRACT REFERENCE	6. REQUIRING OFFICE
To be completed upon contract execution	BMS

7. FREQUENCY	8. DATE OF FIRST SUBMISSION	9. DATE OF SUBSEQUENT SUBMISSION
Weekly	Refer to Project Schedule	Refer to Project Schedule

14. ANTICIPATED BMS REVIEWERS

Specific BMS reviewers to be identified during project start-up, but will include the project management staff.

Deliverable Dictionary

A. CONTRACT PHASE

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B. SYSTEM/ITEM	C. CONTRACTOR
MMIS/POS	**CNSI**

1. DELIVERABLE NO.	2. WBS #	3. TITLE OF DELIVERABLE
108	**1.1.3.4.13**	**Monthly Project Status Report**

4. DESCRIPTION OF DELIVERABLE

The integrated monthly report across each business area to report project performance for the past month and projections for the upcoming month.

5. CONTRACT REFERENCE	6. REQUIRING OFFICE
To be completed upon contract execution	BMS

7. FREQUENCY	8. DATE OF FIRST SUBMISSION	9. DATE OF SUBSEQUENT SUBMISSION
Monthly	Refer to Project Schedule	Refer to Project Schedule

14. ANTICIPATED BMS REVIEWERS

Specific BMS reviewers to be identified during project start-up, but will include the project management staff.

Deliverable Dictionary

A. CONTRACT PHASE

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B. SYSTEM/ITEM	C. CONTRACTOR
MMIS/POS	**CNSI**

1. DELIVERABLE NO.	2. WBS #	3. TITLE OF DELIVERABLE
112	**1.1.4.1**	**Implementation Plan**

4. DESCRIPTION OF DELIVERABLE

The Implementation Plan contains the implementation cutover checklist that includes the key tasks and milestones required for an efficient and effective transition of functionality to the operational phase. In addition, the plan includes the methods; processes; equipment; staffing roles and responsibilities; deliverables; and success criteria that are necessary for the WV MMIS implementation. The Implementation Plan also includes tasks to be performed by BMS, counties, external partners, and Team CNSI.

5. CONTRACT REFERENCE	6. REQUIRING OFFICE
To be completed upon contract execution	BMS

7. FREQUENCY	8. DATE OF FIRST SUBMISSION	9. DATE OF SUBSEQUENT SUBMISSION
One time per release	Refer to Project Schedule	N/A

14. ANTICIPATED BMS REVIEWERS

Specific BMS reviewers to be identified during project start-up, but will include the project management staff, technical subject matter experts and business subject matter experts.

Deliverable Dictionary

A. CONTRACT PHASE

☒ PHASE 1 - MMIS REPLACEMENT DDI AND CERTIFICATION PLANNING

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B. SYSTEM/ITEM	C. CONTRACTOR
MMIS/POS	**CNSI**

1. DELIVERABLE NO.	2. WBS #	3. TITLE OF DELIVERABLE
113	**1.1.4.4.2**	**Report Distribution Schedule**

4. DESCRIPTION OF DELIVERABLE

The Report Distribution includes all production reports, audiences, and timing.

5. CONTRACT REFERENCE	6. REQUIRING OFFICE
To be completed upon contract execution	BMS

7. FREQUENCY	8. DATE OF FIRST SUBMISSION	9. DATE OF SUBSEQUENT SUBMISSION
One time	Refer to Project Schedule	N/A

14. ANTICIPATED BMS REVIEWERS

Specific BMS reviewers to be identified during project start-up, but will include the project management staff.

Deliverable Dictionary

A. CONTRACT PHASE

☒ PHASE 1 - MMIS REPLACEMENT DDI AND CERTIFICATION PLANNING

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☐ PHASE 3 - TURNOVER AND CLOSEOUT

B. SYSTEM/ITEM	C. CONTRACTOR
MMIS/POS	**CNSI**

1. DELIVERABLE NO.	2. WBS #	3. TITLE OF DELIVERABLE
114	**1.1.4.3**	**Software Release Plan**

4. DESCRIPTION OF DELIVERABLE

The Software Release Plan describes what portions of the system functionality will be developed and implemented in which releases, and the rationale for each release. The Software Release Plan is closely related to the Implementation Plan.

5. CONTRACT REFERENCE	6. REQUIRING OFFICE
To be completed upon contract execution	BMS

7. FREQUENCY	8. DATE OF FIRST SUBMISSION	9. DATE OF SUBSEQUENT SUBMISSION
One time	Refer to Project Schedule	N/A

14. ANTICIPATED BMS REVIEWERS

Specific BMS reviewers to be identified during project start-up, but will include the project management staff.

Deliverable Dictionary

A. CONTRACT PHASE

☒ PHASE 1 - MMIS REPLACEMENT DDI AND CERTIFICATION PLANNING

☐ PHASE 2 - FISCAL AGENT OPERATIONS

☐ PHASE 3 - TURNOVER AND CLOSEOUT

B. SYSTEM/ITEM	C. CONTRACTOR
MMIS/POS	**CNSI**

1. DELIVERABLE NO.	2. WBS #	3. TITLE OF DELIVERABLE
115	**1.1.4.4**	**Emergency Back Out Plan**

4. DESCRIPTION OF DELIVERABLE

This plan describes the triggering events and procedures for reverting to a previous system/software/operating release/version if the current release is not successful.

5. CONTRACT REFERENCE	6. REQUIRING OFFICE
To be completed upon contract execution	BMS

7. FREQUENCY	8. DATE OF FIRST SUBMISSION	9. DATE OF SUBSEQUENT SUBMISSION
One time	Refer to Project Schedule	N/A

14. ANTICIPATED BMS REVIEWERS

Specific BMS reviewers to be identified during project start-up, but will include the project management staff and technical subject matter experts.

Deliverable Dictionary

A. CONTRACT PHASE

☒ PHASE 1 - MMIS REPLACEMENT DDI AND CERTIFICATION PLANNING

☐ PHASE 2 - FISCAL AGENT OPERATIONS

☐ PHASE 3 - TURNOVER AND CLOSEOUT

B. SYSTEM/ITEM	C. CONTRACTOR
MMIS/POS	**CNSI**

1. DELIVERABLE NO.	2. WBS #	3. TITLE OF DELIVERABLE
116	**1.1.4.5**	**Backup and Recovery Plan**

4. DESCRIPTION OF DELIVERABLE

The plan describes the backup and recovery procedures by system/environment; and backup and recovery timelines.

5. CONTRACT REFERENCE	6. REQUIRING OFFICE
To be completed upon contract execution	BMS

7. FREQUENCY	8. DATE OF FIRST SUBMISSION	9. DATE OF SUBSEQUENT SUBMISSION
One time	Refer to Project Schedule	N/A

14. ANTICIPATED BMS REVIEWERS

Specific BMS reviewers to be identified during project start-up, but will include the project management staff and technical subject matter experts.

Deliverable Dictionary

A. CONTRACT PHASE

☒ PHASE 1 - MMIS REPLACEMENT DDI AND CERTIFICATION PLANNING

☐ PHASE 2 - FISCAL AGENT OPERATIONS

☐ PHASE 3 - TURNOVER AND CLOSEOUT

B. SYSTEM/ITEM	C. CONTRACTOR
MMIS/POS	**CNSI**

1. DELIVERABLE NO.	2. WBS #	3. TITLE OF DELIVERABLE
117	**1.1.4.6**	**Business Continuity Plan**

4. DESCRIPTION OF DELIVERABLE

The Business Continuity Plan includes business continuity procedures for all critical business functions.

5. CONTRACT REFERENCE	6. REQUIRING OFFICE
To be completed upon contract execution	BMS

7. FREQUENCY	8. DATE OF FIRST SUBMISSION	9. DATE OF SUBSEQUENT SUBMISSION
One time	Refer to Project Schedule	N/A

14. ANTICIPATED BMS REVIEWERS

Specific BMS reviewers to be identified during project start-up, but will include the project management staff and business subject matter experts.

Deliverable Dictionary

A. CONTRACT PHASE

☒ PHASE 1 - MMIS REPLACEMENT DDI AND CERTIFICATION PLANNING

☐ PHASE 2 - FISCAL AGENT OPERATIONS

☐ PHASE 3 - TURNOVER AND CLOSEOUT

B. SYSTEM/ITEM	C. CONTRACTOR
MMIS/POS	**CNSI**

1. DELIVERABLE NO.	2. WBS #	3. TITLE OF DELIVERABLE
118	**1.1.4.7**	**System Modification and Enhancement Plan**

4. DESCRIPTION OF DELIVERABLE

The System Modification and Enhancement Plan includes end-to-end processes to manage changes to the new MMIS in the production environment whether the result of a defect, enhancement, or scheduled maintenance event.

5. CONTRACT REFERENCE	6. REQUIRING OFFICE
To be completed upon contract execution	BMS

7. FREQUENCY	8. DATE OF FIRST SUBMISSION	9. DATE OF SUBSEQUENT SUBMISSION
One time	Refer to Project Schedule	N/A

14. ANTICIPATED BMS REVIEWERS

Specific BMS reviewers to be identified during project start-up, but will include the project management staff and technical subject matter experts.

Deliverable Dictionary

A. CONTRACT PHASE

☒ PHASE 1 - MMIS REPLACEMENT DDI AND CERTIFICATION PLANNING

☐ PHASE 2 - FISCAL AGENT OPERATIONS

☐ PHASE 3 - TURNOVER AND CLOSEOUT

B. SYSTEM/ITEM	C. CONTRACTOR
MMIS/POS	**CNSI**

1. DELIVERABLE NO.	2. WBS #	3. TITLE OF DELIVERABLE
119	**1.1.4.8**	**Final User Documentation**

4. DESCRIPTION OF DELIVERABLE

Final User Documentation includes the full set of final user documents ready for use.

5. CONTRACT REFERENCE	6. REQUIRING OFFICE
To be completed upon contract execution	BMS

7. FREQUENCY	8. DATE OF FIRST SUBMISSION	9. DATE OF SUBSEQUENT SUBMISSION
Final version	Refer to Project Schedule	N/A

14. ANTICIPATED BMS REVIEWERS

Specific BMS reviewers to be identified during project start-up, but will include the project management staff and business subject matter experts.

Deliverable Dictionary

A. CONTRACT PHASE

☒ PHASE 1 - MMIS REPLACEMENT DDI AND CERTIFICATION PLANNING

☐ PHASE 2 - FISCAL AGENT OPERATIONS

☐ PHASE 3 - TURNOVER AND CLOSEOUT

B. SYSTEM/ITEM	C. CONTRACTOR
MMIS/POS	**CNSI**

1. DELIVERABLE NO.	2. WBS #	3. TITLE OF DELIVERABLE
120	**1.1.4.9**	**Final Provider Documentation**

4. DESCRIPTION OF DELIVERABLE

The Final Provider Documentation includes the full set of final documents ready for use by the provider community.

5. CONTRACT REFERENCE	6. REQUIRING OFFICE
To be completed upon contract execution	BMS

7. FREQUENCY	8. DATE OF FIRST SUBMISSION	9. DATE OF SUBSEQUENT SUBMISSION
Final version	Refer to Project Schedule	N/A

14. ANTICIPATED BMS REVIEWERS

Specific BMS reviewers to be identified during project start-up, but will include the project management staff and business subject matter experts.

Deliverable Dictionary

A. CONTRACT PHASE

☒ PHASE 1 - MMIS REPLACEMENT DDI AND CERTIFICATION PLANNING

☐ PHASE 2 - FISCAL AGENT OPERATIONS

☐ PHASE 3 - TURNOVER AND CLOSEOUT

B. SYSTEM/ITEM	C. CONTRACTOR
MMIS/POS	**CNSI**

1. DELIVERABLE NO.	2. WBS #	3. TITLE OF DELIVERABLE
121	**1.1.4.10**	**Implementation Checklist**

4. DESCRIPTION OF DELIVERABLE

The Implementation Checklist is used to assure that the project has successfully completed the activities related to effective implementation planning.

5. CONTRACT REFERENCE	6. REQUIRING OFFICE
To be completed upon contract execution	BMS

7. FREQUENCY	8. DATE OF FIRST SUBMISSION	9. DATE OF SUBSEQUENT SUBMISSION
One time per release	Refer to Schedule	N/A

14. ANTICIPATED BMS REVIEWERS

Specific BMS reviewers to be identified during project start-up, but will include the project management staff, technical subject matter experts, and business subject matter experts.

Deliverable Dictionary

A. CONTRACT PHASE

☒ PHASE 1 - MMIS REPLACEMENT DDI AND CERTIFICATION PLANNING

☐ PHASE 2 - FISCAL AGENT OPERATIONS

☐ PHASE 3 - TURNOVER AND CLOSEOUT

B. SYSTEM/ITEM	C. CONTRACTOR
MMIS/POS	**CNSI**

1. DELIVERABLE NO.	2. WBS #	3. TITLE OF DELIVERABLE
122	**1.1.4.12**	**Updated Project Management Plan (including all subsidiary plan and other associated artifacts)**

4. DESCRIPTION OF DELIVERABLE

All project management plans are updated in preparation for Phase 2: Fiscal Agent Operations.

5. CONTRACT REFERENCE	6. REQUIRING OFFICE
To be completed upon contract execution	BMS

7. FREQUENCY	8. DATE OF FIRST SUBMISSION	9. DATE OF SUBSEQUENT SUBMISSION
Final version	Refer to Project Schedule	N/A

14. ANTICIPATED BMS REVIEWERS

Specific BMS reviewers to be identified during project start-up, but will include the project management staff.

Deliverable Dictionary

A. CONTRACT PHASE

☒ PHASE 1 - MMIS REPLACEMENT DDI AND CERTIFICATION PLANNING

☐ PHASE 2 - FISCAL AGENT OPERATIONS

☐ PHASE 3 - TURNOVER AND CLOSEOUT

B. SYSTEM/ITEM	C. CONTRACTOR
MMIS/POS	**CNSI**

1. DELIVERABLE NO.	2. WBS #	3. TITLE OF DELIVERABLE
123	**1.1.4.13**	**Weekly Project Status Report**

4. DESCRIPTION OF DELIVERABLE

The integrated status report across each business area to report project performance for the past week, and projections for the upcoming week.

5. CONTRACT REFERENCE	6. REQUIRING OFFICE
To be completed upon contract execution	BMS

7. FREQUENCY	8. DATE OF FIRST SUBMISSION	9. DATE OF SUBSEQUENT SUBMISSION
Weekly	Refer to Project Schedule	Refer to Project Schedule

14. ANTICIPATED BMS REVIEWERS

Specific BMS reviewers to be identified during project start-up, but will include the project management staff.

Deliverable Dictionary

A. CONTRACT PHASE

☒ PHASE 1 - MMIS REPLACEMENT DDI AND CERTIFICATION PLANNING

☐ PHASE 2 - FISCAL AGENT OPERATIONS

☐ PHASE 3 - TURNOVER AND CLOSEOUT

B. SYSTEM/ITEM	C. CONTRACTOR
MMIS/POS	**CNSI**

1. DELIVERABLE NO.	2. WBS #	3. TITLE OF DELIVERABLE
124	**1.1.4.14**	**Monthly Project Status Report**

4. DESCRIPTION OF DELIVERABLE

The integrated monthly report across each business area to report project performance for the past month, and projections for the upcoming month.

5. CONTRACT REFERENCE	6. REQUIRING OFFICE
To be completed upon contract execution	BMS

7. FREQUENCY	8. DATE OF FIRST SUBMISSION	9. DATE OF SUBSEQUENT SUBMISSION
Monthly	Refer to Project Schedule	Refer to Project Schedule

14. ANTICIPATED BMS REVIEWERS

Specific BMS reviewers to be identified during project start-up, but will include the project management staff.

Deliverable Dictionary

A. CONTRACT PHASE

☒ PHASE 1 - MMIS REPLACEMENT DDI AND CERTIFICATION PLANNING

☐ PHASE 2 - FISCAL AGENT OPERATIONS

☐ PHASE 3 - TURNOVER AND CLOSEOUT

B. SYSTEM/ITEM	C. CONTRACTOR
MMIS/POS	**CNSI**

1. DELIVERABLE NO.	2. WBS #	3. TITLE OF DELIVERABLE
127	**1.1.5.4**	**CMS Certification Readiness Plan**

4. DESCRIPTION OF DELIVERABLE

The CMS Certification Readiness Plan includes the milestones, methods, processes, roles and responsibilities, deliverables, and success criteria that are necessary to successfully complete CMS Certification. The plan will include tasks to be performed by Team CNSI, BMS, and other stakeholders.

5. CONTRACT REFERENCE	6. REQUIRING OFFICE
To be completed upon contract execution	BMS

7. FREQUENCY	8. DATE OF FIRST SUBMISSION	9. DATE OF SUBSEQUENT SUBMISSION
Initial with update in Operations Phase	Refer to Project Schedule	Refer to Project Schedule

14. ANTICIPATED BMS REVIEWERS

Specific BMS reviewers to be identified during project start-up, but will include the project management staff.

Deliverable Dictionary

A. CONTRACT PHASE

☒ PHASE 1 - MMIS REPLACEMENT DDI AND CERTIFICATION PLANNING

☐ PHASE 2 - FISCAL AGENT OPERATIONS

☐ PHASE 3 - TURNOVER AND CLOSEOUT

B. SYSTEM/ITEM	C. CONTRACTOR
MMIS/POS	**CNSI**

1. DELIVERABLE NO.	2. WBS #	3. TITLE OF DELIVERABLE
128	**1.1.5.7**	**Weekly Project Status Report**

4. DESCRIPTION OF DELIVERABLE

The integrated status report across each business area to report project performance for the past week, and projections for the upcoming week.

5. CONTRACT REFERENCE	6. REQUIRING OFFICE
To be completed upon contract execution	BMS

7. FREQUENCY	8. DATE OF FIRST SUBMISSION	9. DATE OF SUBSEQUENT SUBMISSION
Weekly	Refer to Project Schedule	Refer to Project Schedule

14. ANTICIPATED BMS REVIEWERS

Specific BMS reviewers to be identified during project start-up, but will include the project management staff.

Deliverable Dictionary

A. CONTRACT PHASE

☒ PHASE 1 - MMIS REPLACEMENT DDI AND CERTIFICATION PLANNING

☐ PHASE 2 - FISCAL AGENT OPERATIONS

☐ PHASE 3 - TURNOVER AND CLOSEOUT

B. SYSTEM/ITEM	C. CONTRACTOR
MMIS/POS	**CNSI**

1. DELIVERABLE NO.	2. WBS #	3. TITLE OF DELIVERABLE
129	**1.1.5.8**	**Monthly Project Status Report**

4. DESCRIPTION OF DELIVERABLE

The integrated monthly report across each business area to report project performance for the past month, and projections for the upcoming month.

5. CONTRACT REFERENCE	6. REQUIRING OFFICE
To be completed upon contract execution	BMS

7. FREQUENCY	8. DATE OF FIRST SUBMISSION	9. DATE OF SUBSEQUENT SUBMISSION
Monthly	Refer to Project Schedule	Refer to Project Schedule

14. ANTICIPATED BMS REVIEWERS

Specific BMS reviewers to be identified during project start-up, but will include the project management staff.

Deliverable Dictionary

A. CONTRACT PHASE

☐ PHASE 1 - MMIS REPLACEMENT DDI AND CERTIFICATION PLANNING

☒ PHASE 2 - FISCAL AGENT OPERATIONS

☐ PHASE 3 - TURNOVER AND CLOSEOUT

B. SYSTEM/ITEM	C. CONTRACTOR
MMIS/POS	**CNSI**

1. DELIVERABLE NO.	2. WBS #	3. TITLE OF DELIVERABLE
131	**1.2.2.1**	**Updated CMS Certification Readiness Plan**

4. DESCRIPTION OF DELIVERABLE

The updated key milestones, methods, processes, roles and responsibilities, deliverables, and success criteria that are necessary to successfully complete CMS Certification. The plan includes tasks to be performed by Team CNSI, BMS, and other stakeholders.

5. CONTRACT REFERENCE	6. REQUIRING OFFICE
To be completed upon contract execution	BMS

7. FREQUENCY	8. DATE OF FIRST SUBMISSION	9. DATE OF SUBSEQUENT SUBMISSION
Final version	Refer to Project Schedule	N/A

14. ANTICIPATED BMS REVIEWERS

Specific BMS reviewers to be identified during project start-up, but will include the project management staff.

Deliverable Dictionary

A. CONTRACT PHASE

☐ PHASE 1 - MMIS REPLACEMENT DDI AND CERTIFICATION PLANNING

☒ PHASE 2 - FISCAL AGENT OPERATIONS

☐ PHASE 3 - TURNOVER AND CLOSEOUT

B. SYSTEM/ITEM	C. CONTRACTOR
MMIS/POS	**CNSI**

1. DELIVERABLE NO.	2. WBS #	3. TITLE OF DELIVERABLE
132	**1.2.2.3**	**Completed Certification Protocols and Checklists**

4. DESCRIPTION OF DELIVERABLE

The set of completed certification protocols and checklists for each business area.

5. CONTRACT REFERENCE	6. REQUIRING OFFICE
To be completed upon contract execution	BMS

7. FREQUENCY	8. DATE OF FIRST SUBMISSION	9. DATE OF SUBSEQUENT SUBMISSION
One time	Refer to Project Schedule	N/A

14. ANTICIPATED BMS REVIEWERS

Specific BMS reviewers to be identified during project start-up, but will include the project management staff.

Deliverable Dictionary

A. CONTRACT PHASE

☐ PHASE 1 - MMIS REPLACEMENT DDI AND CERTIFICATION PLANNING

☒ PHASE 2 - FISCAL AGENT OPERATIONS

☐ PHASE 3 - TURNOVER AND CLOSEOUT

B. SYSTEM/ITEM	C. CONTRACTOR
MMIS/POS	**CNSI**

1. DELIVERABLE NO.	2. WBS #	3. TITLE OF DELIVERABLE
133	**1.2.2.4**	**CMS Certification Documentation and Operational Examples**

4. DESCRIPTION OF DELIVERABLE

Collection of all the necessary evidence as required by the certification requirements for each business area.

5. CONTRACT REFERENCE	6. REQUIRING OFFICE
To be completed upon contract execution	BMS

7. FREQUENCY	8. DATE OF FIRST SUBMISSION	9. DATE OF SUBSEQUENT SUBMISSION
One time	Refer to Project Schedule	N/A

14. ANTICIPATED BMS REVIEWERS

Specific BMS reviewers to be identified during project start-up, but will include the project management staff and business subject matter experts.

Deliverable Dictionary

A. CONTRACT PHASE

☐ PHASE 1 - MMIS REPLACEMENT DDI AND CERTIFICATION PLANNING

☒ PHASE 2 - FISCAL AGENT OPERATIONS

☐ PHASE 3 - TURNOVER AND CLOSEOUT

B. SYSTEM/ITEM	C. CONTRACTOR
MMIS/POS	**CNSI**

1. DELIVERABLE NO.	2. WBS #	3. TITLE OF DELIVERABLE
134	**1.2.2.5**	**Shared Electronic Document Storage for Certification Artifacts**

4. DESCRIPTION OF DELIVERABLE

Shared electronic document storage where certification materials and supporting documentation can be uploaded, organized, and accessed by CMS during onsite review.

5. CONTRACT REFERENCE	6. REQUIRING OFFICE
To be completed upon contract execution	BMS

7. FREQUENCY	8. DATE OF FIRST SUBMISSION	9. DATE OF SUBSEQUENT SUBMISSION
One time	Refer to Project Schedule	N/A

14. ANTICIPATED BMS REVIEWERS

Specific BMS reviewers to be identified during project start-up, but will include the project management staff.

Deliverable Dictionary

A. CONTRACT PHASE

☐ PHASE 1 - MMIS REPLACEMENT DDI AND CERTIFICATION PLANNING

☒ PHASE 2 - FISCAL AGENT OPERATIONS

☐ PHASE 3 - TURNOVER AND CLOSEOUT

B. SYSTEM/ITEM	C. CONTRACTOR
MMIS/POS	**CNSI**

1. DELIVERABLE NO.	2. WBS #	3. TITLE OF DELIVERABLE
135	**1.2.2.8**	**System Remediation**

4. DESCRIPTION OF DELIVERABLE

The plans of action and activities to remedy MMIS (including all component parts) issues that CMS has determined do not meet certification standards.

5. CONTRACT REFERENCE	6. REQUIRING OFFICE
To be completed upon contract execution	BMS

7. FREQUENCY	8. DATE OF FIRST SUBMISSION	9. DATE OF SUBSEQUENT SUBMISSION
One time	Refer to Project Schedule	N/A

14. ANTICIPATED BMS REVIEWERS

Specific BMS reviewers to be identified during project start-up, but will include the project management staff.

Deliverable Dictionary

A. CONTRACT PHASE

☐ PHASE 1 - MMIS REPLACEMENT DDI AND CERTIFICATION PLANNING

☐ PHASE 2 - FISCAL AGENT OPERATIONS

☒ PHASE 3 - TURNOVER AND CLOSEOUT

B. SYSTEM/ITEM	C. CONTRACTOR
MMIS/POS	**CNSI**

1. DELIVERABLE NO.	2. WBS #	3. TITLE OF DELIVERABLE
139	**1.3.1**	**Turnover Plan**

4. DESCRIPTION OF DELIVERABLE

The project management plan for turnover and closeout; entry criteria and inputs, exit criteria and outputs, phase work breakdown structure, resources/staffing, risks, turnover and closeout processes.

5. CONTRACT REFERENCE	6. REQUIRING OFFICE
To be completed upon contract execution	BMS

7. FREQUENCY	8. DATE OF FIRST SUBMISSION	9. DATE OF SUBSEQUENT SUBMISSION
One time	Refer to Project Schedule	N/A

14. ANTICIPATED BMS REVIEWERS

Specific BMS reviewers to be identified during project start-up, but will include the project management staff.

Deliverable Dictionary

A. CONTRACT PHASE

☐ PHASE 1 - MMIS REPLACEMENT DDI AND CERTIFICATION PLANNING

☐ PHASE 2 - FISCAL AGENT OPERATIONS

☒ PHASE 3 - TURNOVER AND CLOSEOUT

B. SYSTEM/ITEM	C. CONTRACTOR
MMIS/POS	**CNSI**

1. DELIVERABLE NO.	2. WBS #	3. TITLE OF DELIVERABLE
140	**1.3.2**	**Turnover Project Schedule**

4. DESCRIPTION OF DELIVERABLE

The schedule of all activities, timeline, and activity relationships for the Turnover and Closeout Phase; delivery format is Microsoft Project.

5. CONTRACT REFERENCE	6. REQUIRING OFFICE
To be completed upon contract execution	BMS

7. FREQUENCY	8. DATE OF FIRST SUBMISSION	9. DATE OF SUBSEQUENT SUBMISSION
One time	Refer to Project Schedule	N/a

14. ANTICIPATED BMS REVIEWERS

Specific BMS reviewers to be identified during project start-up, but will include the project management staff.

Deliverable Dictionary

A. CONTRACT PHASE

☐ PHASE 1 - MMIS REPLACEMENT DDI AND CERTIFICATION PLANNING

☐ PHASE 2 - FISCAL AGENT OPERATIONS

☒ PHASE 3 - TURNOVER AND CLOSEOUT

B. SYSTEM/ITEM	C. CONTRACTOR
MMIS/POS	**CNSI**

1. DELIVERABLE NO.	2. WBS #	3. TITLE OF DELIVERABLE
141	**1.3.3**	**MMIS Requirement Statement**

4. DESCRIPTION OF DELIVERABLE

The final list of baselined requirements at the time of closeout.

5. CONTRACT REFERENCE	6. REQUIRING OFFICE
To be completed upon contract execution	BMS

7. FREQUENCY	8. DATE OF FIRST SUBMISSION	9. DATE OF SUBSEQUENT SUBMISSION
One time	Refer to Project Schedule	N/A

14. ANTICIPATED BMS REVIEWERS

Specific BMS reviewers to be identified during project start-up, but will include the project management staff.

Deliverable Dictionary

A. CONTRACT PHASE

☐ PHASE 1 - MMIS REPLACEMENT DDI AND CERTIFICATION PLANNING

☐ PHASE 2 - FISCAL AGENT OPERATIONS

☒ PHASE 3 - TURNOVER AND CLOSEOUT

B. SYSTEM/ITEM	C. CONTRACTOR
MMIS/POS	**CNSI**

1. DELIVERABLE NO.	2. WBS #	3. TITLE OF DELIVERABLE
142	**1.3.4**	**MMIS Software, Files, and Operations and User Documentation**

4. DESCRIPTION OF DELIVERABLE

Physical delivery of all MMIS software, files, and system documentation.

Note: See deliverable 143 - MMIS Inventory Report containing the complete list of deliverable items.

5. CONTRACT REFERENCE	6. REQUIRING OFFICE
To be completed upon contract execution	BMS

7. FREQUENCY	8. DATE OF FIRST SUBMISSION	9. DATE OF SUBSEQUENT SUBMISSION
One time	Refer to Schedule	N/A

14. ANTICIPATED BMS REVIEWERS

Specific BMS reviewers to be identified during project start-up, but will include the project management staff.

Deliverable Dictionary

A. CONTRACT PHASE

☐ PHASE 1 - MMIS REPLACEMENT DDI AND CERTIFICATION PLANNING

☐ PHASE 2 - FISCAL AGENT OPERATIONS

☒ PHASE 3 - TURNOVER AND CLOSEOUT

B. SYSTEM/ITEM	C. CONTRACTOR
MMIS/POS	**CNSI**

1. DELIVERABLE NO.	2. WBS #	3. TITLE OF DELIVERABLE
143	**1.3.5**	**MMIS Inventory Report**

4. DESCRIPTION OF DELIVERABLE

The audit report of the final closeout inventory of all project configuration items—MMIS software, data, hardware/equipment, documents; COTS HW/SW and licenses; leased communications circuits.

5. CONTRACT REFERENCE	6. REQUIRING OFFICE
To be completed upon contract execution	BMS

7. FREQUENCY	8. DATE OF FIRST SUBMISSION	9. DATE OF SUBSEQUENT SUBMISSION
One time	Refer to Project Schedule	N/A

14. ANTICIPATED BMS REVIEWERS

Specific BMS reviewers to be identified during project start-up, but will include the project management staff.

Deliverable Dictionary

A. CONTRACT PHASE

☐ PHASE 1 - MMIS REPLACEMENT DDI AND CERTIFICATION PLANNING

☐ PHASE 2 - FISCAL AGENT OPERATIONS

☒ PHASE 3 - TURNOVER AND CLOSEOUT

B. SYSTEM/ITEM	C. CONTRACTOR
MMIS/POS	**CNSI**

1. DELIVERABLE NO.	2. WBS #	3. TITLE OF DELIVERABLE
144	**1.3.7**	**Turnover Results Report**

4. DESCRIPTION OF DELIVERABLE

The final report documenting the results of all transition, turnover, and closeout actions and activities from Team CNSI to the new fiscal agent vendor.

5. CONTRACT REFERENCE	6. REQUIRING OFFICE
To be completed upon contract execution	BMS

7. FREQUENCY	8. DATE OF FIRST SUBMISSION	9. DATE OF SUBSEQUENT SUBMISSION
One time	Refer to Project Schedule	N/A

14. ANTICIPATED BMS REVIEWERS

Specific BMS reviewers to be identified during project start-up, but will include the project management staff.

PROJECT MANAGEMENT PLAN - PROJECT SCHEDULE

RFP Section 3.2.2.1, Item 2

Team CNSI's project schedule has been provided in the Attachments - Part 3 binder.

I.4 Attachment II – Requirements Checklist

RFP Section 4.1.9, bullet 4; Attachment II

A		B	C
MMIS RFP Requirements		**Proposal Section**	**Proposal Page No.**
3.1	Mandatory Requirements		
3.1.1	Establish a Charleston, West Virginia-based project site for DDI and Fiscal Agent operations, where all Key Staff Members will be located.	▪ Section D, Executive Summary ▪ Section F, Location	D-1 F-1
3.1.2	Provide space, equipment and furniture for BMS staff members in the Vendor's Charleston facility.	▪ Section D, Executive Summary ▪ Section F, Location	D-1 F-1
3.1.3	Provide a BMS liaison 100%in DDI, to be determined thereafter.	▪ Section D, Executive Summary ▪ Section H, Project Staffing - H.1 Our Proposal for Providing All Necessary Resources ▪ Attachments - Draft Staffing Plan, Section 2.2	D-1 H-2 SP-01-00/2-21
3.1.4	Provide the Bureau access to conference space at the Vendor's site.	▪ Section D, Executive Summary ▪ Section F, Location	D-1 F-2
3.1.5	Provide facilities for the recovery of operations in the event of a disaster that disrupts operations as described in the Fiscal Agent's Disaster Recovery and Business Continuity.	▪ Section D, Executive Summary ▪ Attachments - Disaster Recovery and Business Continuity Plan	D-1 DRBC-01-00/3-5
3.1.6	Assume all costs related to securing and maintaining the facility for the duration of the contract.	▪ Section D, Executive Summary ▪ Section F, Location	D-1 F-1
3.1.7	Agree to incur all costs associated with accessing and acquiring Provider licensure and certification data.	▪ Section D, Executive Summary ▪ Section I, I.2.3.1.1.1.3 Benefits Administration	D-1 I-47
3.1.8	Comply with all current and future security policies and procedures of DHHR, BMS and the WV Office of Technology	▪ Section D, Executive Summary ▪ Attachments, Security, Privacy, and Confidentiality Plan	D-1 SPCP-01-00/All
3.1.9	Perform all work associated with this contract within the continental United States or U.S. Territories.	▪ Section D, Executive Summary ▪ Section F, Location	D-1 F-3
3.1.10	Host the MMIS and maintain a secure site and secure back-up site within the continental United States.	▪ Section D, Executive Summary ▪ Section I, I.2.2 Proposed Work Sites ▪ Section I, I.2.3 Work to be Performed Off-site	D-1 I-29 I-31

A		B	C
MMIS RFP Requirements		**Proposal Section**	**Proposal Page No.**
3.1.11	Warrant that the proposed and implemented MMIS will meet CMS certification requirements and that certification will be available retroactive to the first day of operations of the new West Virginia MMIS to ensure full Federal Financial Participation (FFP).	▪ Section D, Executive Summary ▪ Section J, J.1.1.1 Understanding of Project's Overall Need and Purpose ▪ Section J, J.1.2.5 Phase 1e: CMS Certification Planning ▪ Section I, I.2.3.2 Phase 2b: CMS Certification	D-1 J-5 J-127 I-92
3.1.12	The Vendor will be responsible for lost enhanced Federal Medical Assistance Percentages (FMAP) for delayed certification due to system deficiencies or deficiencies noted during the certification process that extend beyond the claiming window.	▪ Section D, Executive Summary ▪ Section I, I.2.3.2 Phase 2b: CMS Certification	D-1 I-92
3.1.13	Warrant that the proposed and implemented Pharmacy Point-of-Sale (POS) system will be certified with Surescripts to support all available ePrescriptions transaction types, including controlled substances.	▪ Section D, Executive Summary ▪ Section I, I.2.3.1.1.1.6 Pharmacy Point-of-Sale (POS)	D-1 I-51
3.1.14	Ensure the Point-of-Sale drug file will be independent and not a shared file with other clients.	▪ Section D, Executive Summary ▪ Section I, I.2.3.1.1.1.6 Pharmacy Point-of-Sale (POS)	D-1 I-51
3.1.15	Provide a system that will support multiple programs.	▪ Section D, Executive Summary ▪ Section I, I.2.3.1.1.1.3 Benefit Administration ▪ 1.2.3.1.1.1.11 Drug Rebate	D-1 I-43 I-66
3.1.16	Ensure all hardware, software and communications components installed for use by Bureau staff are compatible with the most current West Virginia Office of Technology (WVOT) supported versions of the Microsoft™ Operating System, Microsoft Office™ Suite and Internet Explorer™, and current technologies for data interchange.	▪ Section D, Executive Summary ▪ Section J, J.1.1.2 Technical Architecture	D-1 J-9
3.1.17	Ensure the entire system is installed on the Vendor's hardware and supported through staff at both the Vendor's data center and the Charleston, West Virginia, location.	▪ Section D, Executive Summary ▪ Section F, Location ▪ Section I, I.2.2 Project Facilities	D-1 F-All
3.1.18	Align the proposed MMIS with MITA principles and employ service-oriented architecture.	▪ Section D, Executive Summary ▪ Section J, J.1.1.4 Meeting MITA Requirements	D-1 J-9
3.1.19	Develop any bridges and integration code necessary for the replacement MMIS to interface with other State software and systems, e.g., DW/DSS, HIE, HIX, and Enterprise Resource Planning (ERP) – none of which are currently interfaced.	▪ Section D, Executive Summary ▪ Section J, J.1.1.2 Technical Architecture ▪ Section J, J.1.2.2.6.1 Industry-based, Open Architecture Standards	D-1 J-1 J-83

A		B	C
MMIS RFP Requirements		**Proposal Section**	**Proposal Page No.**
3.1.20	Agree to incorporate all requirements mandated through federal and state regulations, including, current and future coding standards, to ensure that the MMIS is current in its ability to accept and appropriately employ new standards and requirements as they.	▪ Section D, Executive Summary ▪ Section I, I.2.3.1.1.1.8 Claims Processing	D-1 I-56
3.1.21	Adhere to the current NCPDP version standards, or the most current HIPAA required version for single drug claims and compound prescriptions.	▪ Section D, Executive Summary ▪ Appendix E Requirement Number POS.12 ▪ Section I, I.2.3.1.1.1.6 Pharmacy Point-of-Sale (POS)	D-1 App. E/ POS E-1 I-50
3.1.22	Provide right of access to systems and facilities to the Bureau or its designee to conduct audits and inspections. Provide access to data, systems, and documentation required by auditors.	▪ Section D, Executive Summary ▪ Section J, I.2.2.1 Proposed Work Site(s)	D-1 I-29
3.1.23	Update deliverables at the request of BMS to align with major changes in approach or methodology, or to include new or updated information that was not available at the time the deliverable was submitted and approved.	▪ Section D, Executive Summary ▪ Section I, I.2.3.1.1.1.1 General	D-1 I-38
3.1.24	Meet all CMS Certification Requirements as described in Appendix D.	▪ Section D, Executive Summary ▪ Section I, I.2.3.2 Phase 2b: CMS Certification	D-1 I-92
3.1.25	Agree to operate the MMIS and perform all functions described in the RFP and continue all operations from the date of implementation of each component until each function is turned over to a successor Fiscal Agent (FA) at the end of the contract, including any optional additional periods or extensions.	▪ Section D, Executive Summary ▪ Section I, I.2.4 Phase 3: Turnover and Close Out	D-1 I-100
3.1.26	Agree to perform according to approved Service Level Agreements listed in Appendix G of this RFP.	▪ Section D, Executive Summary ▪ Section I, I.2.3.1.1.3 MMIS Operations with Minimal Disruption	D-1 I-82
3.1.27	Forfeit agreed-upon retainage as described in Section 4 of this RFP if approved service levels are not achieved.	▪ Section D, Executive Summary ▪ Section I, I.2.3.1.1.3 MMIS Operations with Minimal Disruption	D-1 I-82
3.1.28	Ensure the new system functions without interruptions or non-scheduled downtimes. The response time from the new system must be within acceptable limits as defined in Appendix G (Service Level Agreements) of this RFP.	▪ Section D, Executive Summary ▪ Section I, I.2.3.1.1.3 MMIS Operations with Minimal Disruption	D-1 I-82
3.1.29	Provide project status information to the MMIS Re-procurement Project Manager in the timeframes and in the agreed-upon format.	▪ Section D, Executive Summary ▪ Section I, I.2.1.6.12 Weekly Status Report Template ▪ Section I, I.2.1.6.13 Monthly Status Report Template	D-1 I-28 I-28

A		B	C
MMIS RFP Requirements		**Proposal Section**	**Proposal Page No.**
3.1.30	Actively use industry-standard professional project management standards, methodologies and processes to ensure the project is delivered on time, within scope, within budget, and in accordance with the Bureau's quality expectations.	▪ Section D, Executive Summary ▪ Section I, I.2.1.1 Project Management Methodology	D-1 I-6
3.1.31	Provide a software and hardware solution that is upgradeable and expandable to meet current and future needs.	▪ Section D, Executive Summary ▪ Section J, J.1.1.2 Technical Architecture	D-1 J-73
3.1.32	Employ a Relational Database Management System (RDBMS).	▪ Section D, Executive Summary ▪ Section I, I.2.3.1.1.1.1 General ▪ Section J, J.1.1.4.3 Relational or Object Oriented Database	D-1 I-35 J-11
3.1.33	Ensure that the Pharmacy prior authorization system is available 24 hours per day, seven (7) days per week, except for scheduled maintenance.	▪ Section D, Executive Summary ▪ Section I, I.2.3.1.1.3 MMIS Operations with Minimal Disruption	I-81/82
3.1.34	Agree that BMS retains ownership of all data, procedures, programs and all materials developed during DDI and Operations, as well as the initial licensing for installed COTS.	▪ Section D, Executive Summary	D-1
3.1.35	Provide role-based access for authorized users, ensuring confidential access to the data at the individual and group security levels.	▪ Section D, Executive Summary ▪ Section I, I.2.3.1.1.1.1 General ▪ Section I, I.2.3.1.1.1.18 Technical ▪ Appendix E Requirement Number GT.54, GT.55, GT.56, GT.57, and GT.58	D-1 I-36 I-79 App. E/ GT/E-4
3.1.36	Ensure that adjudicated claims cannot be changed outside an approved adjustment process. Once a claim is adjudicated and in a final status, the information must remain static while it is displayed, e.g., users may not cut claim information from claim lines/data.	▪ Section D, Executive Summary ▪ Appendix E Requirement Number OM2.53	D-1 App. E/ OM2.53
3.1.37	Place the source code in a third-party escrow arrangement with a designated escrow agent who is acceptable to the Bureau.	▪ Section D, Executive Summary	D-1
3.1.38	Provide increased staffing levels if requirements, timelines, quality or other standards are not being met, based solely on the discretion of and without additional cost to the Bureau.	▪ Section D, Executive Summary ▪ Section I, I.2.4.3.3 ▪ Attachments, Staffing Plan	D-1 I-106 SP-01-00/ All
3.1.39	Develop, submit to BMS for approval, and maintain a comprehensive West Virginia MMIS Security, Privacy, and Confidentiality Plan.	▪ Section D, Executive Summary ▪ Section J, J.1.2.1.4 Draft Security, Privacy, and Confidentiality Plan	D-1 SPCP-01-00/All

A		B	C
MMIS RFP Requirements		**Proposal Section**	**Proposal Page No.**
3.1.40	Deliver systems and services that are compliant with Title II, Subtitle F, Section 261-264 of the Health Insurance Portability and Accountability Act of 1996 (HIPAA), Public Law 104-191, titled "Administrative Simplification" and the rules and regulations promulgated there under.	▪ Section D, Executive Summary ▪ Section J, J.1.2.1.4 Draft Security, Privacy, and Confidentiality Plan ▪ Attachments, Security, Privacy, and Confidentiality Plan	D-1 J-32/33 SPCP-01-00/All
3.1.41	Ensure that all applications inclusive of internet, intranet and extranet applications associated with this contract are Section 508 compliant.	▪ Section D, Executive Summary	D-1
3.1.42	Ensure that data entered, maintained, or generated to meet the requirements of this RFP be retained and accessible according to Federal requirement 42 CFR 431.17 and applicable BMS and State requirements.	▪ Section D, Executive Summary ▪ Attachments, Draft Data and Records Retention Plan	D-1 DRRP-01-00/All
3.1.43	Comply with prompt pay regulations in accordance with Federal requirement 42CFR 447.45(d).	▪ Section D, Executive Summary ▪ Section I, I.2.2.1.1.1.9 Financial Management	D-1 I-60
3.1.44	Follow formalized change control procedures (as described in Section 1.21.13 Changes and the approved Change Management Plan.	▪ Section D, Executive Summary ▪ Section I, I.2.1.1 Project Management Methodology ▪ Section I, I.2.3.3.1.1 Change Request Process ▪ Attachments, Change Management Plan	D-1 I-10 I-97 CHMP-01-00/All
3.1.45	Acknowledge that upon award the Bureau reserves the right to reject any staff proposed or later assigned to the project.	▪ Section D, Executive Summary	D-1
3.1.46	Designate one named individual as the Vendor organization's HIPAA compliance officer.	▪ Section D, Executive Summary ▪ Section H, H.1 Our Proposal for Providing All Necessary Resources ▪ Section J, J.1.2.1.4 Draft Security, Confidentiality and Privacy Plan ▪ Draft Security, Confidentiality and Privacy Plan	D-1 H-2 J-33 SPCP-01-00/All
3.2	**N/A – OMITTED FROM THIS TABLE**	**N/A**	**N/A**
3.3	**N/A – OMITTED FROM THIS TABLE**	**N/A**	**N/A**
4.1	Technical Proposal Format. Vendors should place all items excluded from the three-hundred (300) page limit as separate sections at the back of their Technical Proposal.	Table of Contents Attachments	C-All All
4.1.1	Title page	Section A, Title Page	A-1
4.1.2	Transmittal Letter	Section B, Transmittal Letter	All

A		B	C
MMIS RFP Requirements		**Proposal Section**	**Proposal Page No.**
4.1.3	Table of Contents	Section C, Table of Contents	C - All
4.1.4	Executive Summary	Section D, Executive Summary	D-All
4.1.5	Vendor's Organization	Section E, Vendor's Organization Attachments, Business Organization	All All All
4.1.6	Location	Section F, Location	All
4.1.7	Vendor Capacity, Qualifications, References and Experience. Include at least three (3) business references that demonstrate the Vendor's prior experience in the Medicaid program.	Section G, Vendor Capacity, Qualifications, References and Experience	G-7 through G-10
4.1.8	Staff Capacity, Qualifications and Experience ▪ A detailed proposal for providing all resources necessary to fulfill the requirements as specified in this RFP. ▪ Resumes ▪ A letter of intent for each proposed staff member not currently employed by the Vendor	Section H, Staff Capacity, Qualifications, and Experience Attachments, Staffing Plan Key Staff Resumes	H- All Tab Tab
4.1.9	Project Approach and Solution ▪ A "Statement of Understanding" (not to exceed 3 pages) ▪ A detailed proposal for providing the services as described in the following Part 3 Procurement Specifications sections: • 3.2.2 Project Management • 3.2.7 Phase 2: Fiscal Agent Operations • 3.2.8 Phase 3: Turnover and Close-Out and • 3.2.9 Drug Rebate Solution. ▪ A timeline or Gantt chart for the activities required and planned milestones. ▪ Attachment II - Requirements Checklist	Section I, Project Approach and Solution Section I, I.1 Statement of Understanding Section I, I.2 Proposed Project Approach and Solution Section I, I.2.1 Project Management Section I, I.2.3 Fiscal Agent Operations Section I, I.2.4 Turnover and Close-Out Section I.2.5 Drug Rebate Solution Attachments Part I/Attachments Part 3 Attachment Part I	 I-1 I-4 I-6 I-32 I-100 I-108 Tab Tab
4.1.10	Solution Alignment with BMS' Business and Technical Needs. The following components should be included in the Vendor's proposal Section 4.1.10: ▪ A detailed proposal addressing the Vendor response requirements set forth in the following Part 3 Procurement Specifications sections: • 3.2.1 Proposed West Virginia MMIS • 3.2.4 Project Facilities and • 3.2.6 Phase 1: MMIS Replacement DDI and CMS Certification Planning. ▪ Completed checklist Appendix E, Business and Technical Requirements	Section J, Solution Alignment with BMS' Business and Technical Needs Section J, J.1.1, Proposed West Virginia MMIS Section I, I.2.2 Project Facilities Section J, J.1.2 Phase 1: MMIS Replacement DDI and CMS Certification Planning Attachments Part 1	 J-5 I-29 J-21 Tab

A		B	C
MMIS RFP Requirements		**Proposal Section**	**Proposal Page No.**
	Additional materials.	Attachments Part 2	Tab
4.1.11	Subcontracting.	Section K, Subcontracting	K - All
4.1.12	Special Terms and Conditions.	Section L, Special Terms and Conditions	L - All
4.1.13	Signed Forms. Complete and sign all necessary forms, such as the MED-96 and Purchasing Affidavit forms. The successful vendor shall be required to comply with the HIPAA Business Associate Addendum (BAA).	Section M, Signed Forms	M - All
4.1.14	Cost Summary.	Cost Proposal	Separately packaged per Addendum #1
4.1.15	Invoicing and Retainage The following section describes invoicing and retainage practices for use during each phase of the project. This section is informational, and does not require a response in the Vendor's proposal.	N/A	N/A

ATTACHMENT III. STAFF MATRIX

Role	A. Project % Dedicated*	B. Onsite (Y/N)	C. Meets Qualifications (Y/N)
Continuously Dedicated Staff			
1. POS Quality Manager	100%	Y	Y
2. Data Conversion Specialist	100%	Y	Y
3. Interface Specialist	100%	Y	Y
Support Staff			
1. Trainer & Documentation Specialist	100%	Y	Y
2. Medical/Dental Ad Hoc Reporting Analyst (2 FTEs)	100%	Y	Y
3. POS Reporting Analyst	100%	Y	Y
4. Finance Reporting Analyst	100%	Y	Y
5. Drug Rebate Analyst	100%	Y	Y

**Project % Dedicated is to be used to define percentage on a 100% scale amount of time staff role will be dedicated to project.*

Sample Weekly Status Report

Sample Documents

- ProviderOne DDI Weekly Status Report
- CHAMPS Bi-Weekly IPMO Meeting Minutes
- CHAMPS Weekly Delivery Management Status
- LMMIS Weekly Status Report Template

RFQ No. RFP MED12011

BUREAU FOR MEDICAL SERVICES

MED PURCHASING AFFIDAVIT

West Virginia Code §5A-3-10a states: No contract or renewal of any contract may be awarded by the state or any of its political subdivisions to any vendor or prospective vendor when the vendor or prospective vendor or a related party to the vendor or prospective vendor is a debtor and the debt owned is an amount greater than one thousand dollars in the aggregate

DEFINITIONS:
"Debt" means any assessment, premium, penalty, fine, tax or other amount of money owed to the state or any of its political subdivisions because of a judgment, fine, permit violation, license assessment, defaulted workers' compensation premium, penalty or other assessment presently delinquent or due and required to be paid to the state or any of its political subdivisions, including any interest or additional penalties accrued thereon.

"Debtor" means any individual, corporation, partnership, association, Limited Liability Company or any other form or business association owing a debt to the state or any of its political subdivisions. "Political subdivision" means any county commission; municipality; county board of education; any instrumentality established by a county or municipality; any separate corporation or instrumentality established by one or more counties or municipalities, as permitted by law; or any public body charged by law with the performance of a government function or whose jurisdiction is coextensive with one or more counties or municipalities. "Related party" means a party, whether an individual, corporation, partnership, association, limited liability company or any other form or business association or other entity whatsoever, related to any vendor by blood, marriage, ownership or contract through which the party has a relationship of ownership or other interest with the vendor so that the party will actually or by effect receive or control a portion of the benefit, profit or other consideration from performance of a vendor contract with the party receiving an amount that meets or exceed five percent of the total contract amount.

EXCEPTION: The prohibition of this section does not apply where a vendor has contested any tax administered pursuant to chapter eleven of this code, workers' compensation premium, permit fee or environmental fee or assessment and the matter has not become final or where the vendor has entered into a payment plan or agreement and the vendor is not in default of any of the provisions of such plan or agreement.

Under penalty of law for false swearing ***(West Virginia Code*** §61-5-3), it is hereby certified that the vendor affirms and acknowledges the information in this affidavit and is in compliance with the requirements as stated.

WITNESS THE FOLLOWING SIGNATURE

Vendor's Name: Client Network Services Inc. (dba "CNSI")

Authorized Signature:. _____ Date: February 6, 2012

State of Maryland

County of Montgomery , to-wit:

Taken, subscribed, and sworn to before me this 6th day of February , 2012.

My Commission expires 11/7 , 2015 .

AFFIX SEAL HERE

MARY F. AULLS NOTARY PUBLIC FREDERICK CO., MD

NOTORY PUBLIC Mary F. Aulls

Request for Quotation

RFQ NUMBER	PAGE
MED12011	1

State of West Virginia
Department of Health & Human Resources
Office of Purchasing
One Davis Square, Suite 100
Charleston, WV 25301

ADDRESS CORRESPONDENCE TO ATTENTION OF
DONNA D. SMITH
304-957-0218

VENDOR	SHIP TO
Client Network Services, Inc. (dba "CNSI") 15800 Gaither Drive Gaithersburg, MD 20877	BUREAU FOR MEDICAL SERVICES 350 CAPITOL STREET, ROOM 251 CHARLESTON, WV 25301-3706

DATE PRINTED	TERMS OF SALE	SHIP VIA	F.O.B.	FUND

BID OPENING DATE: 2/6/2012 BID OPENING TIME: 1:30 PM

LINE	QUANTITY	UOP	CAT.NO.	ITEM NUMBER	UNIT PRICE	AMOUNT
				ADDENDUM NO. 1		

1. TO ANSWER VENDOR QUESTIONS (SEE ATTACHED).

2. TO MODIFY THE RFP (SEE ATTACHED CHANGE TO RFP DOCUMENT).

3. TO PROVIDE A MODIFIED ATTACHMENT II AND APPENDIX L (SEE ATTACHED).

REQUISITION NO.: MED12011

ADDENDUM ACKNOWLEDGEMENT

I HEREBY ACKNOWLEDGE RECEIPT OF THE FOLLOWING CHECKED ADDENDUM(S) AND HAVE MADE THE NECESSARY REVISIONS TO MY PROPOSAL, PLANS AND/OR SPECIFICATION, ETC.

ADDENDUM NO.'S"

NO. 1 X
NO. 2 _____
NO. 3 _____
NO. 4 _____
NO. 5 _____

I UNDERSTAND THAT FAILURE TO CONFIRM THE RECEIPT OF THE ADDENDUM(S) MAY BE CAUSE FOR REJECTION OF PROPOSAL.

SEE REVERSE FOR TERMS AND CONDITIONS

SIGNATURE	TELEPHONE	DATE
	301-634-4600	02/10/2012

TITLE	FEIN	ADDRESS CHANGES TO BE NOTED ABOVE
President	52-1872098	

WHEN RESPONDING TO RFP, INSERT NAME AND ADDRESS IN SPACE ABOVE LABELED "VENDOR"

GENERAL TERMS & CONDITIONS
PURCHASE ORDER/CONTRACT

1. ACCEPTANCE: Seller shall be bound by this order and its terms and conditions upon receipt of this order.

2. APPLICABLE LAW: The laws of the State of West Virginia and the BMS Purchasing Manual shall govern all rights and duties under the Contract, including without limitation the validity of this Purchase Order/Contract.

3. NON-FUNDING: All services performed or goods delivered under BMS Purchase Orders/Contracts are to be continued for the terms of the Purchase Order/Contract, contingent upon funds being appropriated by the Legislature or otherwise being made available. In the event funds are not appropriated or otherwise available for these services or goods, the Purchase Order/Contract becomes void and of no effect after June 30.

4. COMPLIANCE: Seller shall comply with all federal, state and local laws, regulations and ordinance including, but not limited to, the prevailing wage rates of the WV Division of Labor.

5. MODIFICATIONS: This writing is the parties' final expression of intent. No modification of this order shall be binding unless agreed to in writing by the Buyer.

6. ASSIGNMENT: Neither this Order or any monies due, or to become due hereunder may be assigned by the Seller without the Buyer's consent.

7. WARRANTY: The Seller expressly warrants that the goods and/or services covered by this order will: {a} conform to the specifications, drawings, samples or other description furnished or specified by the BUYER; {b} be merchantable and fit for the purpose intended; and/or {c} be free from defect in material and workmanship.

8. CANCELLATION: The director of the DHHR Office of Purchasing may cancel any Purchase Order/Contract upon 30 days written notice to the seller.

9. SHIPPING, BILLING & PRICES: Prices are those stated in this order. No price increase will be accepted without written authority from the Buyer. All goods or services shall be shipped on or before the date specified in the Order.

10. LATE PAYMENTS: Payment may only be made after the delivery of goods or services. Interest may be paid on late payments in accordance with the ***West Virginia Code*** .

11. TAXES: The State of West Virginia is exempt from the federal and state taxes and will not pay or reimburse such taxes.

12. RENEWAL: Any reference to automatic renewal is hereby deleted. The Contract may be renewed only upon contract null and void, and terminate such contract without further order.

13. BANKRUPTCY: In the event the vendor/contractor files for bankruptcy protection, the State may deem this contract null and void, and terminate such contract without further order.

14. HIPAA BUSINESS ASSOCIATE ADDENDUM: The West Virginia State Government HIPAA Business Associate Addendum (BAA), approved by the Attorney General, is available online at www.state.wv.us/admin/purchase/vrc/hipaa.htm and is hereby made part of the agreement provided that the Agency meets the definition of a Cover Entity (45 CFR § 160.103) and will be disclosing Protected Health Information (45 CFR § 160.103) to the vendor.

15. CONFIDENTIALITY: The vendor agrees that he or she will not disclose to anyone, directly or indirectly, any such personally identifiable information or other confidential information gained from the agency, unless the individual who is the subject of the information consents to the disclosure in writing or the disclosure in writing or the disclosure is made pursuant to the agency's policies, procedure, and rules.

16. LICENSING: Vendors much be licensed and in good standing in accordance with any and all state and local laws and requirement by any state or local agency of West Virginia, including but not limited to, the West Virginia Secretary of State's Officer, the West Virginia Insurance Commission, or any other state agency or political subdivision. Furthermore, the vendor much provide all necessary releases to obtain information to enable the Director or spending unit to verify that the vendor is licensed and in good standing with the above entities.

Request for Quotation

RFQ NUMBER	PAGE
MED12011	2

State of West Virginia
Department of Health & Human Resources
Office of Purchasing
One Davis Square, Suite 100
Charleston, WV 25301

ADDRESS CORRESPONDENCE TO ATTENTION OF
DONNA D. SMITH
304-957-0218

VENDOR	SHIP TO
Client Network Services, Inc. (dba "CNSI") 15800 Gaither Drive Gaithersburg, MD 20877	BUREAU FOR MEDICAL SERVICES 350 CAPITOL STREET, ROOM 251 CHARLESTON, WV 25301-3706

DATE PRINTED	TERMS OF SALE	SHIP VIA	F.O.B.	FUND

BID OPENING DATE: 2/6/12 BID OPENING TIME: 1:30 PM

LINE	QUANTITY	UOP	CAT.NO.	ITEM NUMBER	UNIT PRICE	AMOUNT
	VENDOR MUST CLEARLY UNDERSTAND THAT ANY VERBAL REPRESENTATION MADE OR ASSUMED TO BE MADE DURING ANY ORAL DISCUSSION HELD BETWEEN VENDOR'S REPRESENTATIVES AND ANY STATE PERSONNEL IS NOT BINDING. ONLY THE INFORMATION ISSUED IN WRITING AND ADDED TO THE SPECIFICATIONS BY AN OFFICIAL ADDENDUM IS BINDING.					
					SIGNATURE	
					CNSI COMPANY	
					February 10, 2012 DATE	
	END OF ADDENDUM NO. 1					

SEE REVERSE FOR TERMS AND CONDITIONS

SIGNATURE	TELEPHONE	DATE
	301-634-4600	02/10/2012

TITLE	FEIN	ADDRESS CHANGES TO BE NOTED ABOVE
President	52-1872098	

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DATE PRINTED	TERMS OF SALE	SHIP VIA	F.O.B.	FUND

BID OPENING DATE: 02/10/12 BID OPENING TIME: 1:30 PM

LINE	QUANTITY	UOP	CAT.NO.	ITEM NUMBER	UNIT PRICE	AMOUNT

ADDENDUM NO. 2

1. TO CORRECT ANSWERS TO VENDOR QUESTIONS AS PROVIDED IN ADDENDUM NO. 1 PER THE ATTACHED.
2. TO ANSWER VENDOR CLARIFICATION QUESTIONS IN RESPONSE TO ADDENDUM NO. 1 PER THE ATTACHED.
3. TO MODIFY THE RFP PER THE ATTACHED.
4. TO CHANGE BID OPENING DATE PER THE RFP, SECTION 1.17, SCHEDULE OF EVENTS FROM FEBRUARY 6, 2012 AT 1:30 PM TO FEBRUARY 10, 2012 AT 1:30 PM.
5. ADDENDUM ACKNOWLEDGEMENT IS ATTACHED. THIS DOCUMENT SHOULD BE SIGNED AND RETURNED WITH YOUR BID. FAILURE TO SIGN AND RETURN MAY RESULT IN DISQUALIFICATION OF YOUR PROPOSAL.

REQUISITION NO.: IV MED12011

ADDENDUM ACKNOWLEDGEMENT

I HEREBY ACKNOWLEDGE RECEIPT OF THE FOLLOWING CHECKED ADDENDUM(S) AND HAVE MADE THE NECESSARY REVISIONS TO MY PROPOSAL, PLANS AND/OR SPECIFICATION, ETC.

ADDENDUM NO.'S"

NO. 1 _____
NO. 2 X
NO. 3 _____
NO. 4 _____
NO. 5 _____

I UNDERSTAND THAT FAILURE TO CONFIRM THE RECEIPT OF THE ADDENDUM(S) MAY BE CAUSE FOR REJECTION OF PROPOSAL.

SEE REVERSE FOR TERMS AND CONDITIONS

SIGNATURE	TELEPHONE	DATE
	301-634-4600	02/10/2012

TITLE	FEIN	ADDRESS CHANGES TO BE NOTED ABOVE
President	52-1872098	

WHEN RESPONDING TO RFP, INSERT NAME AND ADDRESS IN SPACE ABOVE LABELED "VENDOR"

GENERAL TERMS & CONDITIONS
PURCHASE ORDER/CONTRACT

1. ACCEPTANCE: Seller shall be bound by this order and its terms and conditions upon receipt of this order.

2. APPLICABLE LAW: The laws of the State of West Virginia and the BMS Purchasing Manual shall govern all rights and duties under the Contract, including without limitation the validity of this Purchase Order/Contract.

3. NON-FUNDING: All services performed or goods delivered under BMS Purchase Orders/Contracts are to be continued for the terms of the Purchase Order/Contract, contingent upon funds being appropriated by the Legislature or otherwise being made available. In the event funds are not appropriated or otherwise available for these services or goods, the Purchase Order/Contract becomes void and of no effect after June 30.

4. COMPLIANCE: Seller shall comply with all federal, state and local laws, regulations and ordinance including, but not limited to, the prevailing wage rates of the WV Division of Labor.

5. MODIFICATIONS: This writing is the parties' final expression of intent. No modification of this order shall be binding unless agreed to in writing by the Buyer.

6. ASSIGNMENT: Neither this Order or any monies due, or to become due hereunder may be assigned by the Seller without the Buyer's consent.

7. WARRANTY: The Seller expressly warrants that the goods and/or services covered by this order will: {a} conform to the specifications, drawings, samples or other description furnished or specified by the BUYER; {b} be merchantable and fit for the purpose intended; and/or {c} be free from defect in material and workmanship.

8. CANCELLATION: The director of the DHHR Office of Purchasing may cancel any Purchase Order/Contract upon 30 days written notice to the seller.

9. SHIPPING, BILLING & PRICES: Prices are those stated in this order. No price increase will be accepted without written authority from the Buyer. All goods or services shall be shipped on or before the date specified in the Order.

10. LATE PAYMENTS: Payment may only be made after the delivery of goods or services. Interest may be paid on late payments in accordance with the ***West Virginia Code*** .

11. TAXES: The State of West Virginia is exempt from the federal and state taxes and will not pay or reimburse such taxes.

12. RENEWAL: Any reference to automatic renewal is hereby deleted. The Contract may be renewed only upon contract null and void, and terminate such contract without further order.

13. BANKRUPTCY: In the event the vendor/contractor files for bankruptcy protection, the State may deem this contract null and void, and terminate such contract without further order.

14. HIPAA BUSINESS ASSOCIATE ADDENDUM: The West Virginia State Government HIPAA Business Associate Addendum (BAA), approved by the Attorney General, is available online at www.state.wv.us/admin/purchase/vrc/hipaa.htm and is hereby made part of the agreement provided that the Agency meets the definition of a Cover Entity (45 CFR § 160.103) and will be disclosing Protected Health Information (45 CFR § 160.103) to the vendor.

15. CONFIDENTIALITY: The vendor agrees that he or she will not disclose to anyone, directly or indirectly, any such personally identifiable information or other confidential information gained from the agency, unless the individual who is the subject of the information consents to the disclosure in writing or the disclosure in writing or the disclosure is made pursuant to the agency's policies, procedure, and rules.

16. LICENSING: Vendors much be licensed and in good standing in accordance with any and all state and local laws and requirement by any state or local agency of West Virginia, including but not limited to, the West Virginia Secretary of State's Officer, the West Virginia Insurance Commission, or any other state agency or political subdivision. Furthermore, the vendor much provide all necessary releases to obtain information to enable the Director or spending unit to verify that the vendor is licensed and in good standing with the above entities.

Request for Quotation

RFQ NUMBER	PAGE
MED12011	2

State of West Virginia
Department of Health & Human Resources
Office of Purchasing
One Davis Square, Suite 100
Charleston, WV 25301

ADDRESS CORRESPONDENCE TO ATTENTION OF
DONNA D. SMITH
304-957-0218

VENDOR	SHIP TO
Client Network Services, Inc. (dba "CNSI") 15800 Gaither Drive Gaithersburg, MD 20877	BUREAU FOR MEDICAL SERVICES 350 CAPITOL STREET, ROOM 251 CHARLESTON, WV 25301-3706

DATE PRINTED	TERMS OF SALE	SHIP VIA	F.O.B.	FUND

BID OPENING DATE: 02/10/12 BID OPENING TIME: 1:30 PM

LINE	QUANTITY	UOP	CAT.NO.	ITEM NUMBER	UNIT PRICE	AMOUNT

VENDOR MUST CLEARLY UNDERSTAND THAT ANY VERBAL REPRESENTATION MADE OR ASSUMED TO BE MADE DURING ANY ORAL DISCUSSION HELD BETWEEN VENDOR'S REPRESENTATIVES AND ANY STATE PERSONNEL IS NOT BINDING. ONLY THE INFORMATION ISSUED IN WRITING AND ADDED TO THE SPECIFICATIONS BY AN OFFICIAL ADDENDUM IS BINDING.

SIGNATURE

CNSI
COMPANY

February 10, 2012
DATE

END OF ADDENDUM NO. 2

SEE REVERSE FOR TERMS AND CONDITIONS

SIGNATURE	TELEPHONE	DATE
	301-634-4600	02/10/2012

TITLE	FEIN	ADDRESS CHANGES TO BE NOTED ABOVE
President	52-1872098	

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5. MODIFICATIONS: This writing is the parties' final expression of intent. No modification of this order shall be binding unless agreed to in writing by the Buyer.

6. ASSIGNMENT: Neither this Order or any monies due, or to become due hereunder may be assigned by the Seller without the Buyer's consent.

7. WARRANTY: The Seller expressly warrants that the goods and/or services covered by this order will: {a} conform to the specifications, drawings, samples or other description furnished or specified by the BUYER; {b} be merchantable and fit for the purpose intended; and/or {c} be free from defect in material and workmanship.

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WORKFORCE
West Virginia
USA

Earl Ray Tomblin, *Governor*
Russell L. Fry, *Acting Executive Director*
Keith Burdette, *Cabinet Secretary*

January 18, 2012

Client Network Services Inc.
15800 Gaither Dr
Ste 100
Gaithersburg MD 20877-1431

Account Number: 47069-4

Dear Employer:

Workforce West Virginia has, at your request, researched their records and has found this account is in compliance with the West Virginia Unemployment Compensation Law.

Very truly yours,

Wade Wolfingbarger
Assistant Director

ep

Compliance and Enforcement Section, Unemployment Compensation Division
PO Box 2633, Charleston, WV 25329-2633
Telephone: 304-558-2451 Fax: 304-558-6532
An agency of the Department of Commerce

State of West Virginia

Certificate

I, Natalie E. Tennant, Secretary of State,
of the State of West Virginia, hereby certify that

Client Network Services, Inc.

has filed the appropriate registration documents in my office according to the provisions of the West Virginia Code and hereby declare the organization listed above as duly registered with the Secretary of State's Office.

Given under my hand and
the Great Seal of West Virginia
on this day of
January 17, 2012

Natalie E Tennant

Secretary of State

State of West Virginia

Certificate

I, Natalie E. Tennant, Secretary of State of the State of West Virginia, hereby certify that

CLIENT NETWORK SERVICES, INC.

a corporation formed under the laws of Maryland filed an application to be registered as a foreign corporation authorizing it to transact business in West Virginia. The application was found to conform to law and a "Certificate of Authority" was issued by the West Virginia Secretary of State on January 17, 2012.

I further certify that the corporation has not been revoked by the State of West Virginia nor has a Certificate of Withdrawal been issued to the corporation by the West Virginia Secretary of State.

Accordingly, I hereby issue this

CERTIFICATE OF AUTHORIZATION

Given under my hand and the Great Seal of the State of West Virginia on this day of January 17, 2012

Natalie E Tennant

Secretary of State

APPENDIX L – SPECIAL TERMS AND CONDITIONS

In compliance with the regulations set forth in 42 CFR 455.104, which requires Medicaid agencies to obtain ownership and control disclosures from entities including fiscal agents, CNSI is submitting the following disclosures:

(1)(a) The name and address of any person (individual or corporation) with an ownership or control interest in the disclosing entity or fiscal agent. The address for corporate entities must include as applicable primary business address, every business location, and P.O. Box address.

(b) Date of birth and Social Security Number (in the case of an individual).

(c) Other tax identification number (in the case of a corporation) with an ownership or control interest in the disclosing entity or fiscal agent or in any subcontractor in which the disclosing entity or fiscal agent has a 5 percent or more interest.

(2) Whether the person (individual or corporation) with an ownership or control interest in the disclosing entity or fiscal agent is related to another person with ownership or control interest in the disclosing entity as a spouse, parent, child or sibling: or whether the person (individual or corporation) with an ownership or control interest in any subcontractor in which the disclosing entity or fiscal agent has a 5 percent or more interest is related to another person with ownership or control interest in the disclosing entity as a spouse, parent, child or sibling.

(3) The name of any other disclosing entity or fiscal agent in which an owner of the disclosing entity or fiscal agent has an ownership or control interest.

(4) The name, address, date of birth, and Social Security Number of any managing employee of the disclosing entity or fiscal agent.

The Future of MMIS – Available Today

eCAMS® is the Medicaid platform of choice for interconnected health care delivery of the HHS enterprise. Leveraging J2EE technology, eCAMS is a robust, scalable and agile application infrastructure platform that evolves with the ever growing and changing business needs of the Medicaid Enterprise.

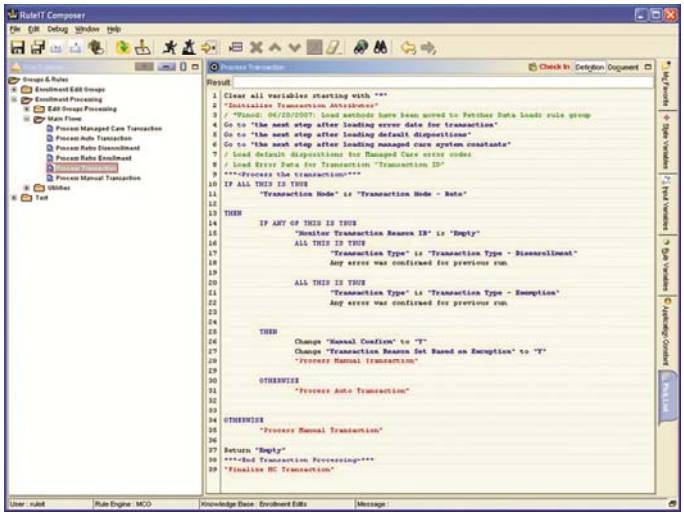
eCAMS provides end-to-end visibility into your Medicaid organization and real-time monitoring and management of your business operations. A fully services-oriented platform, eCAMS dramatically reduces total cost of ownership for state agencies by seamlessly integrating with industry-leading COTS products to leverage and increase the value of existing applications and systems.

Stay Aligned with MITA – For Today and Beyond

- eCAMS' architectural principles are aligned with CMS' seven conditions and standards - including the MITA condition - and support the core principles of business, technical, and information architecture.
- The focus on MITA enables the state's Medicaid enterprise implementations to achieve standardization and more efficient business processes.
- eCAMS supports key MITA requirements, such as rules engine utilization for flexibility, an enterprise service bus for standards-based integration and Web services implementations for functional process integration.
- Furthermore, the eCAMS platform continuously evolves with MITA's data standards and technical specifications. The platform maintains technical compliance for ICD 10 and HIPAA 5010 formats.
- eCAMS' services also enable interoperability with other business process areas to function within the overall MMIS, and to interconnectivity with external systems and components for facilitating exchange of information from external agencies and entities.
- eCAMS provides an HIE orchestration for the Medicaid Enterprise with NwHIN Connect Plugins.
- With the Affordable Care Act creating new health insurance markets, eCAMS provides Medicaid agencies a framework for interoperability with HIXs.

Take Control of Policies with Rule IT®

- Real-time visibility into the business rules and policies governing the Medicaid program.
- Ready to use Medicaid business dictionary to implement edits, audits and rules.
- Designed and tuned specifically to meet the volume and performance requirements of large-scale claims processing applications.
- Easily readable, English-like syntax designed for maintenance by business staff rather than technical teams.



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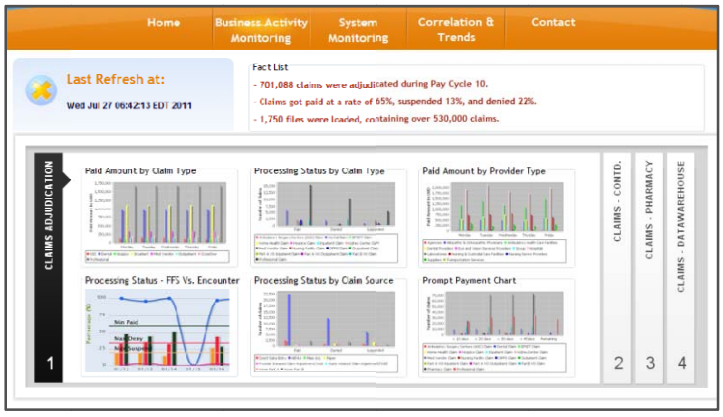
For more information visit:
http://www.cns-inc.com/solutions

A Penny Saved is a Penny Earned

- eCAMS offers the ease and flexibility that in turn results in millions of dollars of cost savings and a reduction of thousands of staff hours based on various operational efficiencies of the system.
- The ubiquitous nature and widespread use of smart phones offers Medicaid agencies a more effective channel of service delivery interaction with providers delivering in-home services to their state's Medicaid beneficiaries. eCAMS' development roadmap includes new business models with improved accuracy in capturing data using mobile interfaces to proactively prevent fraud.
- Also, with this ease of mobile connectivity at provider fingertips, Medicaid agencies can ensure optimum care for their beneficiary base and more effective ways of monitoring and verifying provider services in community health care settings and personal care services.

Take Charge of Business Activity Monitoring with eCAMS HealthBeat

- Continually monitor and track your Medicaid program goals through Web-based scorecards that measure progress against targets.
- Track the operational health of your Medicaid system by receiving metrics on business processes using configurable dashboard widgets.
- Real-time access to detailed information through built in, ad-hoc reporting allows users to quickly identify, view and download system data based upon configurable lists and filters, completely eliminating the need for most legacy reports.
- Complete life-cycle management for program and benefit plan administration



The Blue Button for Medicaid

- Leveraging the widespread use of Androids, BlackBerrys, iPhones, iPads, and Windows Smart Phones, eCAMS now offers a 21st century paradigm in patient care and helps extend the Blue Button initiative to promote a health-smart America.
- Agencies can now realize the Blue Button, e-Personal Health Care vision, and provide the consumer base access to their claims and treatment data that integrates with a Personal Health Record (PHR) application.

A Proven Platform to transform the Medicaid Business

- With customer projects certified by CMS on the new certification toolkit, eCAMS is widely recognized as the most technologically-advanced MMIS in production today. Third party validation has proven its scalability, stating that the platform has the capability to process claims for the largest of states.

eCAMS
Medicaid Platform – for Today and Beyond
CMS Certified

- Initial results showed eCAMS to achieve a performance benchmark of 102,000 claims per hour using 1 adjudication server comprised of 2 RAC nodes utilizing 128 cores and 280 threads. 91% of claims were processed in less than 10 seconds. The test utilized a representative distribution of 78% paid claims, 15% suspended claims and 7% denied claims. Based on 24 x 7 processing, extrapolating this test to an annual claims volume results in approximately 446 million claims per year.
- Current scalability testing has included porting eCAMS to Linux on the IBM Z platform. A performance test result reveals that eCAMS can process 3 million claims per day.

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For more information visit:
http://www.cns-inc.com/solutions

RuleIT® Take control of your changing business rules

CNSI
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System developers struggle to keep pace with business dynamics that alter on a daily basis. In traditional system development methodologies, business rules (or the policies and logic of a business) are buried in application program code, embedded in database structures, or coded as database triggers and stored procedures. In IT applications, business rules change more frequently than the rest of the application code. Typically, 80 percent or more of software maintenance is related to enhancements and new features (vs. defect correction). Changing the business logic requires source code changes, which, in turn, increase the likelihood of defects. Furthermore, the code may need to be reverse-engineered if the original documentation or vendor is no longer available. Given the ever-changing business environment, coupled with new software architecture models, modifications and enhancements to systems are time-consuming, cumbersome and expensive. A rules-based application provides the mechanism for capturing policies and rules that are subject to frequent changes, and for implementing these changes quickly and easily within a business application. The business logic is abstracted from the application code, enabling business users to modify rules with minimal to no IT intervention.

RuleIT – A New Approach

CNSI developed RuleIT after a thorough evaluation of the different rules-based processing tools. These tools use an "inference" algorithm to evaluate rules in the system, irrespective of whether a rule is applicable or not. Today's business applications, however, require only a specific set of rules to be evaluated based on the policy and guidelines in effect. As such, an inference algorithm-based product does not provide the performance required to process high-volume transactions.

CNSI engineered RuleIT for high performance environments. 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. Our rules engine architecture provides the flexibility to allow a business analyst to determine the sequence of rule evaluation. RuleIT facilitates the execution of a single rule or a series of complex process flow rules.

Architected and tuned for performance, RuleIT supports the most complex processing environments. RuleIT is proven and tested and currently in production with high volume and high-throughput applications, including Provider Enrollment and Medicaid claims processing. Given the average overall life-cycle effort of 40 percent development and 60 percent maintenance, RuleIT dramatically reduces an application's maintenance and extensibility costs.

Key Benefits

- Substantial reduction in application development and maintenance costs
- English-like rule syntax and grammar
- What-if analysis and scenarios
- Enhanced version control
- Improved service to end users through better support and quicker delivery of new product releases
- Increased security and support for user access and privileges

RuleIT Architecture

RuleIT is developed on the Java/J2EE architecture platform, 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. Business relationships, regulations and rules have become increasingly complex and may result in different paths of action based on multiple parameters. These parameters are different from one business application domain to the other. RuleIT identifies a business application domain as a rules engine. Each engine has multiple knowledge bases that serve diverse requirements, and each knowledge base has its own rules and methods.

RuleIT Components

RuleIT is comprised of four major components: RuleIT Repository, RuleIT Composer, RuleIT Processor, and RuleIT Configurator.

RuleIT Composer is a user interface used for creating, editing, exporting and importing rules to the 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.

RuleIT Configurator is used to define and create variables, constants and methods. Using a Web-based interface, it permits more flexibility in managing and administering the application.

RuleIT Processor is an Enterprise Java Bean (EJB) that is the runtime 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 easily integrates with other J2EE-compliant applications.

RuleIT Repository 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, allowing for greater flexibility and control. It currently supports Oracle and MySQL database systems.

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

The Rule Syntax

RuleIT uses a language that is English-like (as shown below), making it easier to read and write rules for IT staff, business analysts and management within organizations. The different blocks used to build and write a rule can be customized and named using terminology related to the business. The RuleIT components allow the development team to define rule syntax and grammar based on business and domain needs. External functions deployed within RuleIT as services can be given a customized English name for ease of use and familiarity to business users. This enables business analysts and other subject matter experts to quickly understand and comprehend the rules as coded and stored in the RuleIT Repository.

IF ANY OF THIS IS TRUE
"Employee Type" is not equal to "New"
"Employee Category" is one of "Manager / Supervisor"
"Pay Period" is between "01/01/2001" and "12/31/2001"

THEN
Change "401K Eligible" to "Y"
Return "Last Value"

OTHERWISE
Change "401K Eligible" to "N"
Return "Last Value"

For more information on RuleIT, contact healthcare@cns-inc.com

Leveraging MMIS for HIE

CNSI
WWW.CNS-INC.COM

Highlights

- Connects to National Health Information Network (NHIN)
- Allows for early wins and successes
- Utilizes existing infrastructure where possible
- Facilitates data sharing under “meaningful use”
- Utilizes open source adapters and connectors
- Extends the data model to represent the Health Level Seven (HL7) Reference Information Model (RIM)
- Coherent client record with a 360 degree view
- Supports standard and non-standard data exchange formats

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To learn more about our capabilities in healthcare, please contact Healthcare@cns-inc.com

Overview

Today’s Medicaid agency is responsible for much more than just providing for medical services for the disabled and disadvantaged. With newfound responsibilities - under the American Recovery and Reinvestment Act (ARRA) and the Patient Protection and Affordable Care Act (PPACA) - the states are now responsible for facilitating data exchange amongst Health Information Organizations (HIO) and providers. This facilitation is necessary in order for providers to meet the data capture and sharing requirements of "meaningful use" of "certified Electronic Health Record (EHR) technology," as mandated by the healthcare reform deadlines.

In trying to keep up with the necessary data sharing in today’s health environment, providers and payers are beginning to explore ways of sharing health data across regions, providers, payers, public health agencies and other stakeholders in the healthcare continuum.
Specifically, state Medicaid agencies must look at ways to leverage their existing systems and infrastructure in order meet these new responsibilities and initiatives.

Our approach to this challenge is to work from the “inside out.” By modernizing an existing Medicaid Management Information System (MMIS) to create a robust foundation and platform for Health Information Exchange (HIE), an agency can take the first step to creating the data sharing environment required to move forward with these new responsibilities and initiatives.

As a first step to transitioning to an HIE platform, we recommend upgrading the existing MMIS to utilize an Enterprise Service Bus (ESB) backbone. Once this platform is created, the agency will have to monitor standards and best practices as they evolve, and iteratively absorb them into the platform. This ESB can then be utilized to act as an exchange infrastructure within the state’s healthcare agencies. The Medicaid Information Technology Architecture (MITA) provides some guiding principles on how this should be accomplished.

By taking data from other agencies within the state, the agency can integrate this data with their current recipient information and use this early implementation as a unit of analysis to determine the efficacy of the implementation.

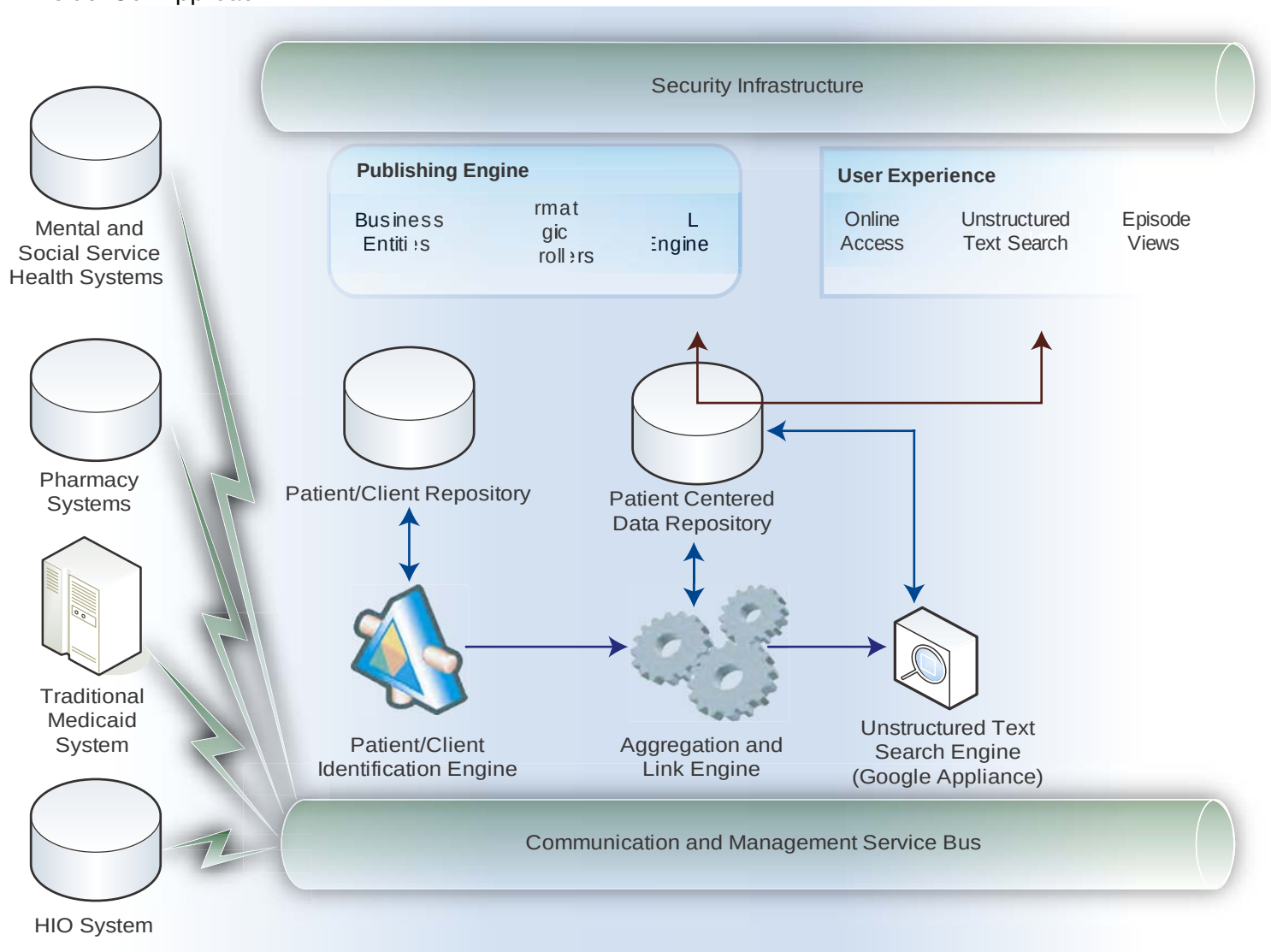
CNSI Solution Features and Benefits

CNSI's solution begins with a service registry and logical isolated space. This service registry utilizes a rich portfolio of open source connectors such as those written for Sun Microsystems's Identity Management and contains services such as longitudinal records and a client locator service. The service registry also extends the data model to represent the HL7 RIM model.

CNSI's solution also creates a coherent client record with a 360 degree view which evolves as additional data sources are added. This holistic view allows service subscribers to gain a complete understanding of the client before services are rendered, thus decreasing duplicative services and waste. For instance, the record can store and publish current and past prescriptions in chronological order through a connector to pharmacy systems. Should a physician access this service, they could prevent cross-prescribing and drug-to-drug interactions at the prescriber point of service (POS) rather than at the pharmacy POS. Some other examples include case worker treatment plans, assessments and other relevant progress notes collected at different delivery points. By combining all of this information with patient centered clinical data, you can see that a complete record is built for an individual's interactions with the health care continuum.

When subscribing to these services, we have the capability to publish the data in a multitude of ways. For instance, many providers may want an XML-enabled word processing document so that the data is viewable in a readable format in their own systems. However, if the subscriber has a complex system that will parse the data for its own consumption, CNSI has the capabilities of making the data available in an HL7 Clinical Document Architecture (CDA)-compliant document.

HIE Inside–Out Approach



Extending Medicaid Connectivity for Managing EHR Incentive Payments

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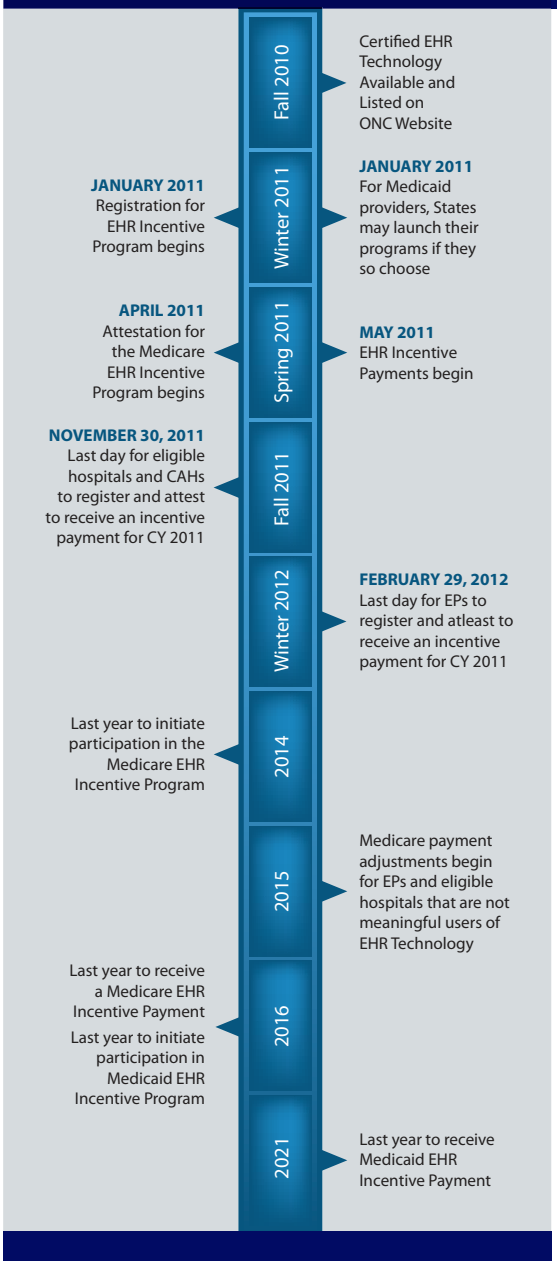

Overview

The US healthcare landscape is undergoing a historic transformation in an effort to improve quality, safety and efficiency of care; where state and federal health and human services agencies are preparing for technology initiatives from ICD-10 implementation to setting up Health Information Exchanges (HIE) and supporting the adoption of Electronic Health Records (EHR). The Health Information Technology for Economic and Clinical Health Act, or the "HITECH Act", established programs under Medicare and Medicaid to provide incentive payments to eligible professionals (EPs) and eligible hospitals (EHs) as they adopt, implement, or upgrade certified EHR technology and demonstrate “meaningful use”.

The state Medicaid agencies will play a critical part in enabling this transformation, by not only supporting and facilitating EHR adoption via the incentive payment program, but also by leveraging the HIE infrastructure to manage the continuum of healthcare delivery, reduce costs, and improve outcomes for their beneficiary population.

As your providers get registered to showcase their EHR implementations, is your agency ready to meet this timeline for managing incentive payments as well as monitoring the health data’s “Meaningful Use” in the coming few years?

eMIPP

Managing EHR Incentiv P yments Today,
Measuring Meaning˝u˝ Use for the Future

The Urgency of Now!

CNSI's successful and proven solution, eMIPP®, is now taking the Medicaid program in the new age of a connected healthcare infrastructure. eMIPP is a modular solution to manage the EHR Medicaid Incentive Payment Program (MIPP), Medicaid Health Record (MHR), and HIE Connectivity. It offers a comprehensive and configurable solution to measure and demonstrate the EHR superior outcomes as outlined by CMS guidelines.
This solution builds on the MITA principles and uses a services-based framework, thus enabling the solution modules to leverage and re-use existing state systems and quickly comply with CMS defined timeline.
CNSI's eMIPP solution is built on a true services framework and can integrate with any existing MMIS system or other state systems and HIEs. The overall solution leverages a set of reusable services (provider registry, eligibility service etc.) to support state Medicaid agencies in administering the incentive payment program and meet federal audit and control standards. The solution also provides an independent data set that combines clinical and administrative data sets; leverages the open source CONNECT framework; and integrates with external services like CMS' National Level Repository (NLR) and with the Office of the National Coordinator (ONC) to support and track the evolving requirements around "meaningful use".

The platform provides the following key business benefits:

Online, secure, real time collaboration with the provider community: CNSI's eMIPP solution provides a complete web based user interface. The web based interface enables eligible providers to register for incentive payments. The providers are able to view, request an update, or track status of their registration and data forms in a self service mode. This not only reduces state administrative burden but also allows the providers and state agencies to communicate in a more effective manner.

End-to-End Business Process Automation Workflow Management: CNSI's eMIPP solution not only provides a web-based user interface, but also implements a workflow framework allowing users to interactively navigate through a series of intutive steps to complete either a partial or entire business process. This feature allows the business processes to be streamlined and flexible for continuous improvement to adapt to changing business needs.

Interface with CMS-NLR: CNSI's eMIPP solution utilizes a powerful repository (ISR) framework to communicate with CMS-NLR to streamline and fulfill the registration requirements of hospitals and eligible professionals.

Smart Event Viewer: CNSI's eMIPP has a smart event viewer screen that provides quick access to an actionable task list from the state registration workflow, time based alerts generated by the system and data driven threshold reminders. The event management framework driving the user interface also facilitates timely user action (through escalation and reminders) and can initiate new business processes and/or execute a business action automatically.

Services Based Integration: CNSI's eMIPP solution is completely based on MITA initiated Service Oriented Architecture (SOA) which provides the flexibility to be integrated with any existing state managed provider management applications.

CMS Finalizes Requirements for Medicaid EHR Incentive Program *Source: CMS Media Release Database*

- The Recovery Act amended the Medicaid statute to provide for a 100 percent Federal financial participation (FFP) match for state expenditures for provider incentive payments to encourage Medicaid health care providers to adopt, implement, upgrade or meaningfully use certified EHR technology.
- It also established a 90 percent FFP match for reasonable state expenses related to administration of the incentive payments and to promote EHR adoption and health information exchange.

Key Features

- Implementation of payment and eligibility rules for the Medicaid Incentive Payment Program.
  - Interface with CMS NLR database to provide accurate registration and payment information.
- Self-service portal for providers with easy to use wizards to maintain and access data in a secure environment.
- Smart user interface coupled with workflow management for routing of requests with support for alerts, reminders and notifications.
- Built in payment and eligibility rules for the program.
- Out-of-the-box utilization and audit reporting.
- Extensible to support reporting needs for tracking meaningful use.

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eMIPP has been successfully tested with CMS

It is in production in the state of Michigan, and is scheduled to be rolled out during the second half of 2011 for the state of Washington. As a web-based stand-alone system with a service-based framework for interoperability, eMIPP supports:

- MIPP provider registration and payments for years 1 to 6.
- State review of registration, attestation, and generation of state authorized payments.
- Tracking long-term data elements related to quality of care.

As a standalone solution, eMIPP supports payments and reconciled by interfacing with the state accounting system or routing the payment requests through the existing MMIS. The solution is designed on CMS standards and provides a re-usable service stack that can be ported to any state.

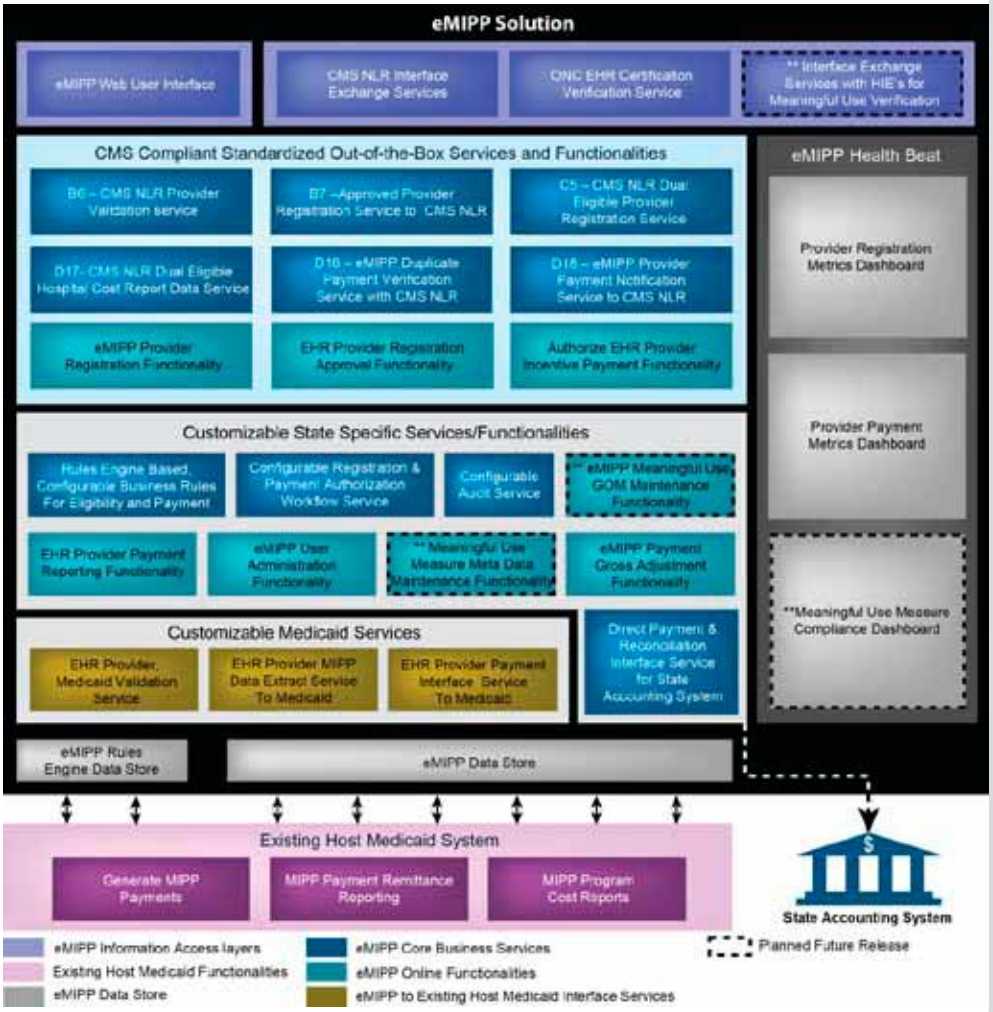

Figure 1: The functional architecture of the solution

The solutions functionalities and services can be divided under two categories:

- A standard stack which contains the proven CMS interfaces along with provider registration functionalities to perform provider regis tration, state review and approval of registrations. This standard stack will help payments tied to the first and second year which for adopt/implement/upgrade (A/I/U) of EHR technologies and the related usage attestation for meaningful use of the EHR technology.
- A highly customizable stack with configuration items required to house State specific rules and required interface component to integrate with existing State Medicaid systems.

eMIPP

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eMIPP Online Functionalities

eMIPP Online Functionalities caters to the needs of all stakeholders including providers, State MIPP program administrators and CMS. The online functionalities helps providers to register for the MIPP program based on CMS mandated business rules and also help providers to track MIPP payments. For MIPP program administrators, the system offers functionalities to review provider registrations, initiate MIPP yearly payments and to track payments. The eMIPP solution also offers guided workflows to assist in the application review process. The workflows could be customized and currently offers automated workflow tasks for Medicaid provider credentialing and for EHR system certification number verification with ONC. All business rules are housed under rules engine which provides the required transparency, adaptability and required maintainability for any State specific rules

EHR Provider Registration Functionality

The online eMIPP portal will allow EPs and EHs to register in state's EHR MIPP program to receive the yearly payment. Prior to registering at the State level all providers must register with the NLR and obtain an NLR Registration ID. NLR will then notify the State about each registered provider via one of the dedicated CMS-NLR interfaces. As part of the registration process the system will collect the provider's EHR "certification" information. For EPs, it will collect their Medicaid patient and total encounter volume for the stipulated reporting period to confirm their eligibility. For EHs the state will use existing cost report data to confirm eligibility and calculate payments.

EHR Provider Registration Approval (State) Functionality

This functionality facilitates State staff review of the information given by the providers as part of the registration process including Medicaid patient volume and attestation and to approve the registration. The functionality also includes automated interfaces with Medicaid to populate the MIPP with data from Medicaid allowing State Administrators to review consistency between data provided to the two sources. State Administrators may use this data as part of decision criteria for approval or denial of a registration. The eMIPP will automatically convey this information to CMS, as required via another dedicated interface.

EHR Initiate Provider Incentive Payment Functionality

This functionality will allow authorized State users to approve payments to eligible providers for years 1 through 6. When a payment is approved, all required information will be sent to the State accounting systems or routed through the State Medicaid system to initiate the payment using the gross adjustment functionality.

EHR Provider Payment Reporting Functionality

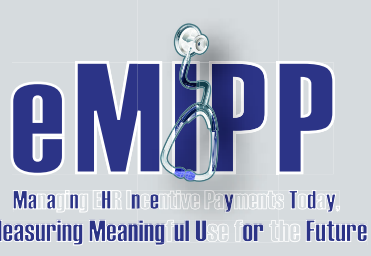
eMIPP will provide reports related to registration as well as payment data. Registration related reports would provide information on registration requests, approvals and denials, and payment related reports would provide information on incentive payments issued to EPs and EHs by payment type and period (weekly, monthly, etc.).

The eMIPP Solution

The eMIPP online solution allows the providers to register for the e MIPP program and facilitates state administrators to review provide registrations and authorize incentive payments for approved providers. All payment authorizations are sent through interfaces to the Medicaid system for provider reimbursements and remittance reporting.

eMIPP Online Screen functionalities

- EHR Provider Registration and Attestation
- EHR Provider Registration Approval (state)
- EHR Initiate Provider Incentive Payment tracking
- EHR Provider Payment Reporting



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eMIPP Services

CMS NLR & Cost Reporting Interface Service

eMIPP solution offers proven portable ready state interface services to facilitate the required data exchanges with CMS NLR system for NLR ID verification, duplicate payment check and for MIPP program cost reporting. CMS has identified batch 6 interfaces (B6, B7, D16, D17, D18, and C5) with the NLR registry. These six interfaces have been tested with CMS and are readily available for any State implementation.

ONC (Office of the National Coordinator) Interface Service

This Proven interface is between EHR MIPP and the Office of the National Coordinator which comes as a standard service. This interface validates the Provider's EHR certification number. ONC manages the process for registry and certification of EHR technologies. When a provider uses registers for MIPP, they enter a certification number which is then validated via interface with ONC.

eMIPP State Accounting Data Exchange Service

This service facilitates the eMIPP solution to send the MIPP payment requests (entered via a payment screen in the system) directly to the State Accounting system for provider payments. This is an optional service for a State who may opt to send the payment directly to the State financial Accounting instead of routing through the existing Medicaid system.

eMIPP Medicaid Data Exchange Service

This service is required to implement data exchanges with Medicaid for eMIPP provider data and provider credentialing/validation with the existing Medicaid system and to send eMIPP provider payment requests to the Medicaid system rather to the Sate Financial Accounting system.

eMIPP Data Audit Service

eMIPP supports tracking and logging of information at various levels. It provides auditability of payment information, data changes and user updates to support the required federal and state audits. A complete traceability on who changed, who approved the record including when was the data Changed and reason for changes are readily available. All decisions and user actions including supporting electronic documents are linked to the system record and can be viewed online.

The EHR MIPP Solution allows the providers to register for the EHR MIPP program & facilitates State administrators to review provider registrations and authorize incentive payments for approved providers. All payment authorizations are sent through interfaces to the Medicaid system for provider reimbursements and remittance reporting

eMIPP Data Exchange Service Interfaces

- CMS NLR & Cost Reporting
- ONC EHR Certification Validation
- State Accounting System
- Medicaid
- Data Audit
- EHR Initiate Provider Incentive Payment
- EHR Provider Payment Reporting

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Foresight for the Future

Laying out the Foundation for Future Stages of the Meaningful Use Continuum

CNSI's eMIPP solution is planned with a modular and forwardlooking approach to meet the needs of the Meaningful Use Implementation Stages 1 through 3. This allows agencies to comply with the immediate regulations quickly while laying the groundwork for the next few years.

eMIPP MU-GOM Registry

This registry acts as reference registry to evaluate compliance for meaningful use measures. The MU goals, objectives and measures (MU-GOM) registry will hold both CMS and state defined goals, objectives and the related compliance measure. Users can view and maintain the standard meaningful measures (25 provider measures and 23 hospital measures) and any custom state specific measures.

eCAMS Healthcare Engine (HCE):

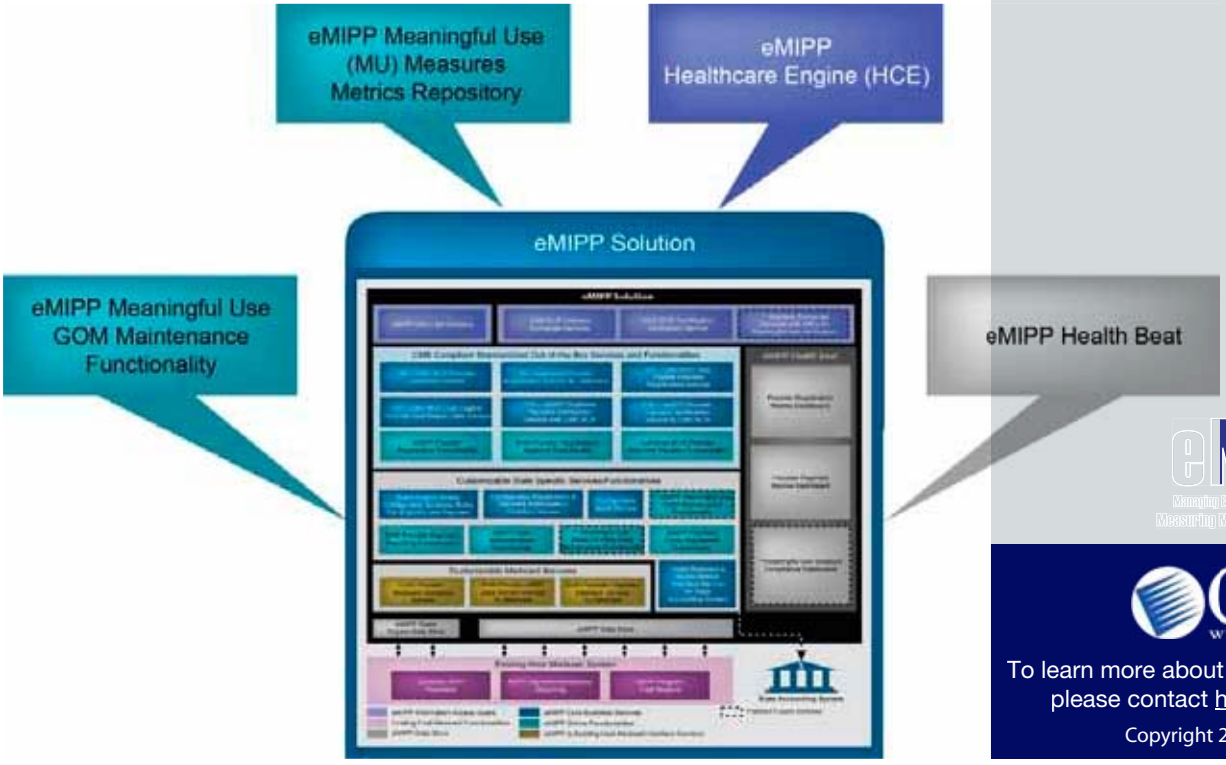
This acts as the backbone of integration engine to facilitate standard health information exchanges between EHR providers and the solution. The healthcare engine is powered by NHIN CONNECT infrastructure, the Federal open standard for health care exchange and implements all relevant services to support health information exchange. The system also provides auxiliary services to process and transform the exchanged data into meaningful data sets.

eMIPP Meaningful Use Measures Metrics Repository:

This holds all meaningful use metrics received from the EHR provider through the HCE. This MU measures metrics will be used to analyze and report on the EHR Provider meaningful use compliance.

eMIPP Health Beat:

eCAMS Health Beat provides a framework to publish scorecards and dashboards to monitor the effectiveness of the overall program. It provides a graphical interface on each applicable measure by reporting period for each EHR provider.



Implementation Models

eMIPP can implemented as:

- A State owned infrastructure solution. The State provides the required hardware and software for CNSI to implement and configure the eMIPP solution.
- An ASP model, where the state is charged a startup along with monthly managed services fee to provide the underlying infrastructure (hardware/software) and the ongoing operations and maintenance (O&M) for the solution under defined Service Level Agreements (SLA).

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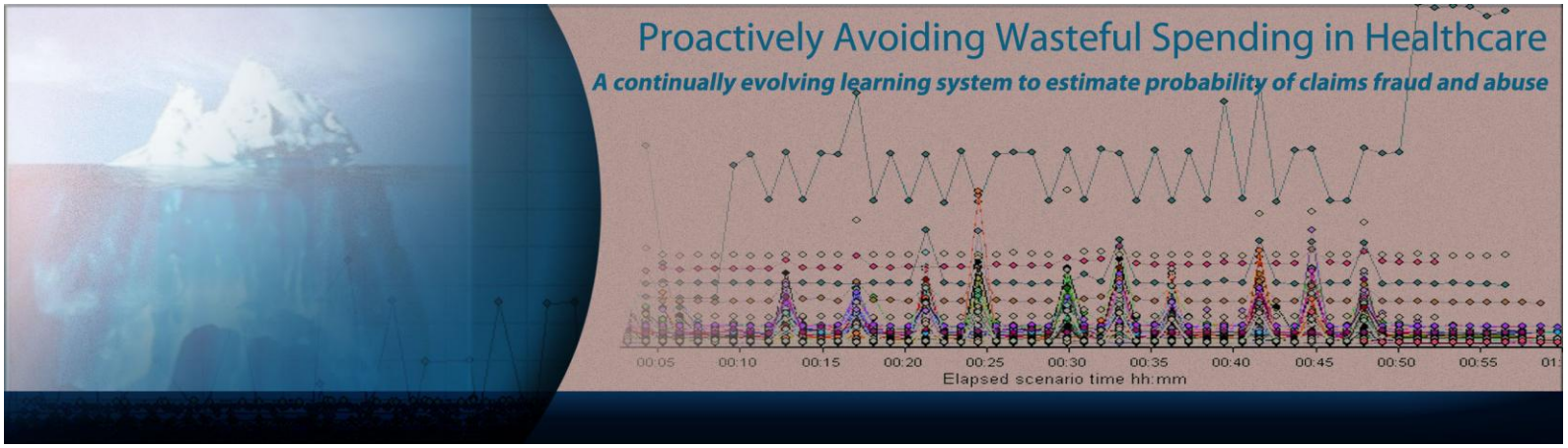

"CNSI maintains a commitment to bring technological advancements to the industry and a dedication to provide quality service to its customers."
S. Priyan Viswanathan
Research Analyst,
Frost & Sullivan

"Throughout the project, CNSI staff has worked with us as partners in development of CHAMPS. This level of collegiality and cooperation is, in my experience, unprecedented in large systems projects. This has made the degree of success we have achieved possible
Janet Olszewski,
Ex-Director
State of Michigan, Department of Community Health

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Overview

Cost of Fraud, Abuse, and Waste in Healthcare is a colossal problem resulting in billions of dollars. For government health programs this obviously results in a huge impact to the American tax payers.

In fiscal year 2010, the Centers for Medicare & Medicaid Services (CMS) estimated that these programs made a total of over $70 billion in improper payments.

The amount of improper payments has created urgency to effectively implement strategies – and the Affordable Care Act, and the various resulting initiatives of interconnected healthcare delivery, is aimed at resolving many of these problems stemming from: Unwarranted Use, Fraud and Abuse, Administrative Inefficiencies, Provider Inefficiency and Errors, Lack of Care Coordination, and Preventable Conditions.

Medicare is considered high-risk in part because of its complexity and susceptibility to improper payments; Medicaid because of concerns about the adequacy of its fiscal oversight to prevent inappropriate spending.

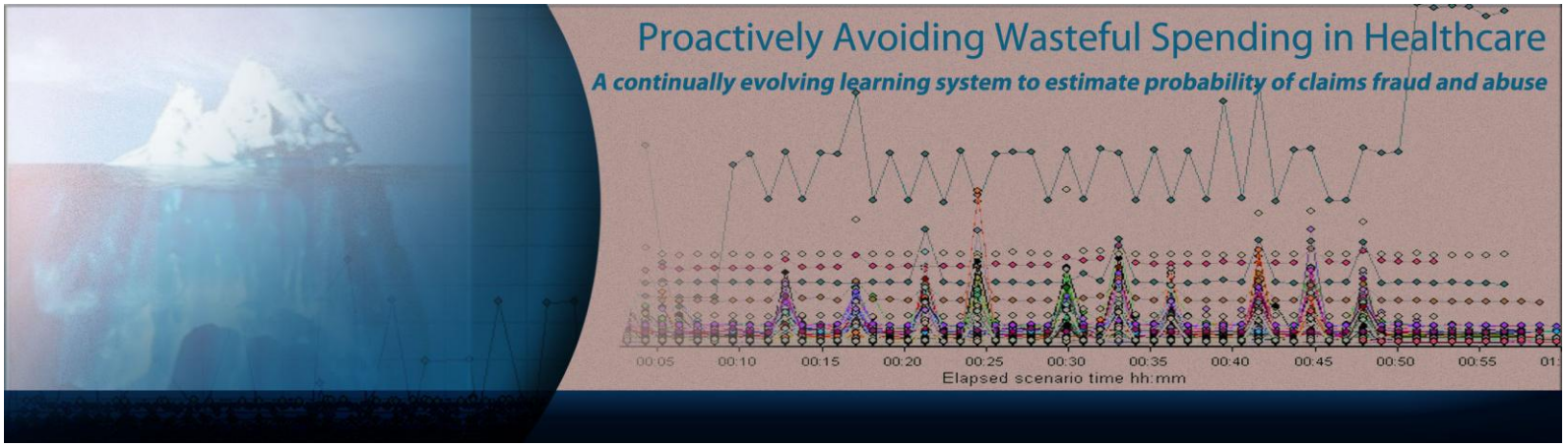
Managing more than just the *Tip of the Iceberg*

The current modes, to control issues of Fraud, Abuse, and Waste in healthcare spending, rely on a "Pay & Chase" model. In this case though, it is seen that the recovery of fraudulent claims paid out is less the ten percent (<10%) of the detected cases. What's more is that this incentivizes one-off fraud patterns from many who look at beating the system.

Insurance Oversight and Integrity Programs within the government and private payer organizations are now looking to get beyond the traditional mode of determining fraud and abuse. Current claims and payment models are built as Deterministic Systems where most data analysis happens after payments are made.

While this method detects specific instances of fraud and the providers committing it, it does NOT account for fraudulent patterns that are repeatable and traceable.

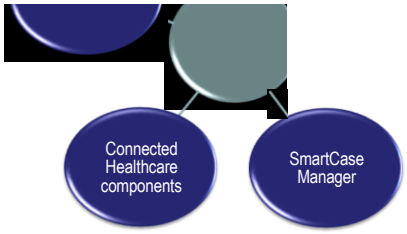
Detecting patterns in claims data is of far greater significance and relies on Probabilistic Inference to identify potential scenarios of fraud and abuse.



Delivering best-of-breed solutions for healthcare fraud prevention

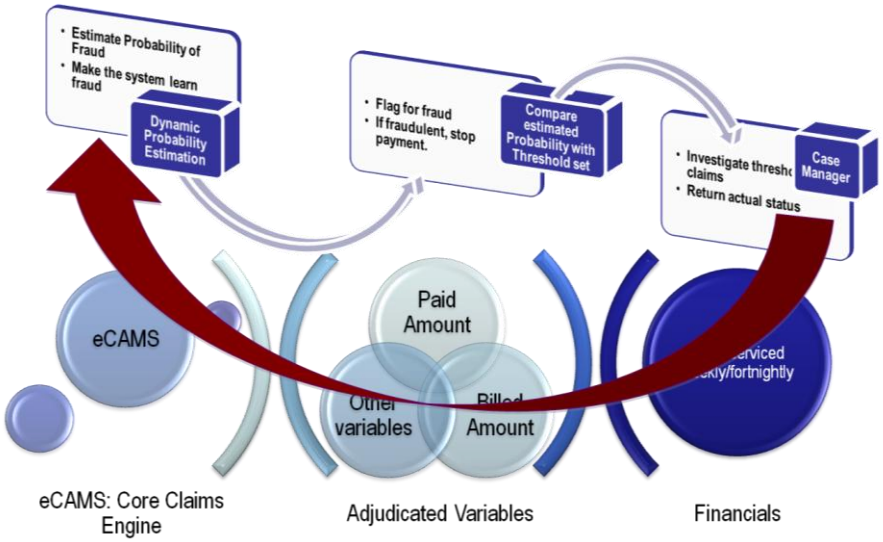
CNSI's flagship payer platform **eCAMS®** now addresses Fraud, Abuse, and Waste with this new level of sophistication in the form of eCAMS® ClaimsSure.

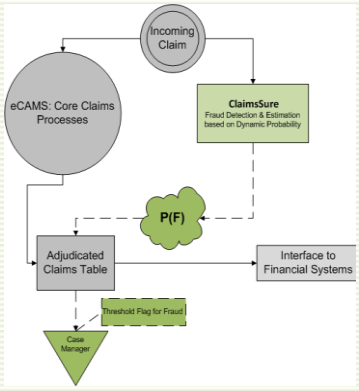
While **CNSI's Rule IT®** enables the Deterministic approach for fraud identification, it works in conjunction with **eCAMS® ClaimsSure** to provide a two-step approach to identification and determination of fraudulent claims.



- Dynamic estimation for determining probability of fraud
- Machine learning system that evolves continuously in recognize new fraud patterns

With sophisticated **Outlier Analysis** of claims data patterns, combined with **Bayesian Learning** principles, **eCAMS® ClaimsSure** helps identify claims that may need to be flagged for review and payment determination. With the ability to introduce this level of visibility to claims processing, agencies and payers are able to prevent payment on encounters while still determining the accuracy and validity of these.





- Probability inference approach to detecting fraud
  - Dynamic estimation based on history data
  - Machine learning to make the system understands new methods of fraud as they happen
- User defined threshold to set parameters of extent of fraud
  - Helps manage workload to case managers based on available resources and intended value
- Helps increase fraud detection by 60% compared to deterministic methods
- Calculations are processed in parallel and does not affect performance of adjudication

iVision 360 SDLC Methodology

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CNSI Solution Benefits

CNSI's iVision 360 is a unique blend of the waterfall methodology, iterative agile development, and rapid prototyping. It offers the following benefits:

- Faster time-to-market by delivering working software for review in weeks rather than months
- Decreased risk by better aligning users and developers
- Get users involved early to understand business rules and validate design assumptions
- Identifies more defects earlier in the process allowing for a smoother implementation in production
- A complete methodology comprised of industry-leading best practices
- Allows for concurrent development of different system components and integrated testing at a much earlier point in the SDLC process

Overview

In today's Medicaid environment, there is not a single Medicaid Management Information System (MMIS) implementation that has not had cost, time or scope overruns, resulting in dissatisfaction with the way Medicaid projects are being run. This issue can often be tied to fixed price contract and procurement process obstacles that pits vendors and states at odds with one another. These obstacles, combined with unclear requirements and ever changing business processes, set Medicaid projects up for failure from the very beginning.

CNSI Solution Features

As with our history of thinking outside the box with regards to technology, CNSI has introduced a new Medicaid project management concept named iVision 360. With our iVision 360 management process, we have broken the paradigm of vendor–client mistrust, and have developed a unique twist to project management that connects the customer with the product at a much earlier point in the System Development Life Cycle (SDLC).

iVision 360 can greatly increase your software development project's likelihood of success. It has the following unique features:

User is at the Center: Our primary motivation in developing iVision 360 is to put the user at the center of the entire life cycle. Software projects succeed or fail largely from the level of understanding the developing organization has regarding the customer's business rules and requirements. This is why CNSI has built every phase and task of iVision 360 on interaction and collaboration with the user community. We do so by implementing agile techniques and building working software in an iterative fashion with user validation at periodic intervals.

Documentation: We put the focus on usable code as opposed to creation of paper deliverables. While paper deliverables are necessary and required, the focus shifts to the product to ensure that it is usable.

Common Goals: We encourage users to actively participate in design sessions with an integrated team of developers, analysts and testers, avoiding the typical pitfalls of waterfall development and test methods and providing them with a sense of purpose to accomplish the end objective – software that meets the requirements.

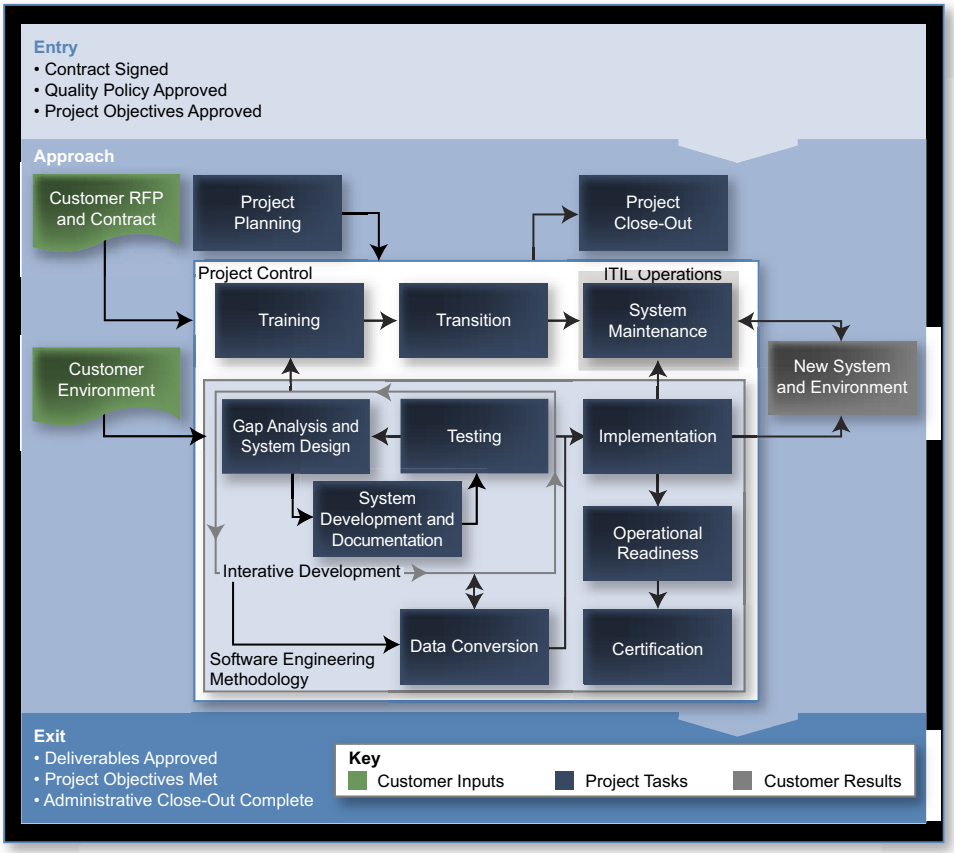
Testing Early and Often: We provide an opportunity to test early and often so that the formal system and subsequent test phases are more likely to meet schedule expectations with a lower error discovery rate.

Prototyping to Reduce Complexity: We develop prototypes where necessary to model and present complex interactions.

DDI Project Methodology

In the figure below, we present a graphic representation of our iVision 360 standardized approach for Design, Development and Implementation (DDI) of software projects. This standardized approach, and the processes it contains, are the baseline for any systems-related work that we perform.

As you can see from the diagram, the development phase of the waterfall methodology is expanded to include the system design, development, documentation and some testing. This phase is iterative and work packages are released to the customer every three weeks for interim testing.



Quality and Project Management Activities and Tools

- Integrated status reporting to present multi-dimensional reviews of progress and work remaining
- Formal quality control gateways for every deliverable to ensure acceptance criteria are met before delivery to the customer
- Synchronized, integrated and transparent project processes based upon international standards and best practices
- Integrated project planning covering all Project Management Body of Knowledge (PMBOK) key process areas
- Based on Institute of Electrical and Electronic Engineers (IEEE) 12207 and Agile techniques

Results

With our iVision 360 solution, CNSI can greatly increase the likelihood of success that your software project will have and bring you incomparable results, including:

- A professionally planned and managed project explicitly focused on and driven by customer satisfaction
- An elegant system that meets customer requirements and enables their desired business processes and organization
- A transformed business entity that understands its business model and its support system

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eCAMS® MITA Alignment

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May 2011

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CNSI's eCAMS claims management platform provides business process-centric services, standards-based data repositories, and enhanced decision support and analytical capabilities. Our solution is aligned closely with the Medicaid Information Technology Architecture (MITA 2.0) and supports the core principles of business, technical, and information architecture. The focus on MITA enables the state's Medicaid enterprise to implementations to achieve standardization and more efficient business processes. eCAMS services also enable interoperability with other business process areas, to functions within the overall MMIS, and to interconnectivity with external systems and components to facilitate exchange of information from external agencies and entities.

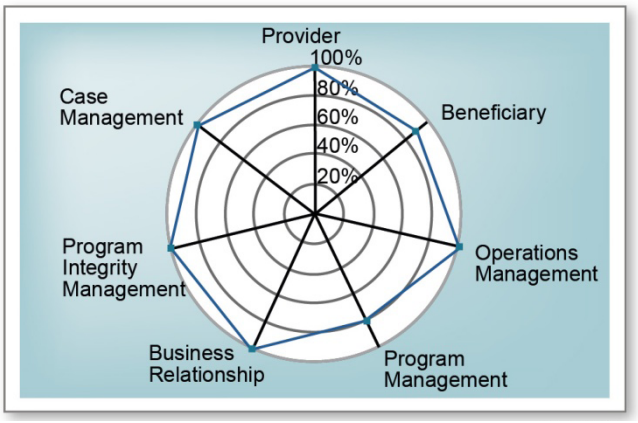


Figure 1. Out of the Box Alignment of The eCAMS platform with MITA: Rich portfolio of business services enables the eCAMS platform to address the different business areas comprehensively.

CNSI is also actively monitoring and participating in MITA 3.0 discussions which should be released by CMS in 2011. This next version of MITA will take into account the changes required by the Affordable Care Act and the availability of new technologies such as cloud computing and address maturity levels 4 and 5. Figure 1 provides an overview depiction of our solution's alignment with MITA while Table 1 provides further details for each MITA business process.

Note that the current levels of maturity available are the potential capability available within with CNSI's solution.

Business Area	Business Process	CNSI Solution Alignment	CNSI Solution MITA Maturity Level (ML) Compliance/Notes
Provider Management	Enrollment	Yes	ML-3
	Disenrollment	Yes	ML-3
	Manage Provider Data	Yes	ML-3
	Inquire Provider	Yes	ML-3
	Manage Provider Communication	Yes	ML-3
	Manage Provider Grievance/Appeal	Yes	ML-3
	Perform Provider Outreach	Yes	ML-3 Operational services: tools available within the system to support outreach function.
Member Management	Determine Eligibility	Yes	ML-3 Actual eligibility determination is made by the statewide eligibility systems. However, eCAMS maintains the eligibility information received from external sources to support eligibility application processing, inquiries as well as service authorization, and claims processing in an automated manner.

Business Area	Business Process	CNSI Solution Alignment	CNSI Solution MITA Maturity Level (ML) Compliance/Notes
	Enroll Member	Yes	ML-3 As above, actual eligibility determination is made by the statewide eligibility systems. In the case of managed care, eCAMS will interface with the responsible enrollment broker to maintain the eligibility information.
	Disenroll Member	Yes	ML-3 As above, actual eligibility determination is made by the statewide eligibility systems. In the case of managed care, eCAMS will interface with the responsible enrollment broker to maintain the eligibility information.
	Manage Member Data	Yes	ML-3
	Inquire Member	Yes	ML-3
	Perform Member Outreach	Yes	The system solution is designed for ML-3. Tools are available within the system to support outreach functions.
	Manage Member Communication	Yes	ML-3
	Manage Member Grievance/Appeal	Yes	The system is designed for ML-3 (case management capabilities in the system support this business process).
Operations Management	Prepare RA for FFS/Encounter	Yes	ML-3
	Prepare COB	Yes	ML-3
	Prepare HCBS Payment		ML-3
	Prepare EOB	Yes	ML-3
	Prepare Provider EFT/Check	Yes	ML-3
	Prepare Premium EFT/Check	Yes	ML-3
	Edit Claims/Encounters	Yes	ML-3
	Price Claims/Encounters	Yes	ML-3
	Audit Claims/Encounters	Yes	ML-3
	Apply Claim Attachment	Yes	ML-3
	Apply Mass Adjustment	Yes	ML-3
	Prepare PHIPP Payment	Yes	ML-3
	Prepare Medicare Premium Payment	Yes	ML-3
	Prepare Capitation Premium Payment	Yes	ML-3
	Manage Payment Information	Yes	ML-3
	Inquire Payment Information	Yes	ML-3
	Calculate Spend Down Amount	Yes	ML-3
	Prepare Member Premium Notice	Yes	ML-3
	Manage Recoupments	Yes	ML-3
	Manage Estate Recovery	Yes	ML-3

Business Area	Business Process	CNSI Solution Alignment	CNSI Solution MITA Maturity Level (ML) Compliance/Notes
	Manage TPL Recovery	Yes	ML-3
	Manage Drug Rebate	Yes	ML-3
	Manage Settlement	Yes	ML-2
	Authorize Treatment Plan	Yes	ML-2 (will be automated further using new, more complete 5010 transactions)
	Authorize Referral	Yes	ML-2 (will be automated further using new, more complete 5010 transactions)
	Authorize Service	Yes	ML-2 (will be automated further using new, more complete 5010 transactions)
Program Management	Designate Approved Services	Yes	ML-3
	Manage Rate Setting	Yes	ML-3
	Develop/Maintain BPS	Yes	ML-3
	Develop/Maintain Program Policy	Yes	ML-3
	Maintain State Plan	N/A	N/A
	Develop Agency Goals and Initiatives	N/A	N/A
	Manage FFP for MMIS	Yes	ML-2 (contains a two-step process where system-generated reports are produced to provide necessary data for user to package the federal funds participation)
	Formulate Budget	N/A	NA - Current version of eCAMS allows for these features through budgeting module; typically conducted outside of the system in self-contained spreadsheets
	Manage State Funds	Yes	ML-2
	Manage F-MAP	Yes	ML-2 (typically conducted outside of the system in external applications or spreadsheets)
	Manage 1099s	Yes	ML-2
	Perform Accounting Functions	Yes	ML-3
	Manage Performance Measures and Reporting	Yes	ML-3
	Monitor Performance and Business Activity	Yes	ML-3
	Manage program Information	Yes	ML-3
	Maintain Benefit/Reference Information	Yes	ML-3
	Generate Financial and Program Analysis/Reports	Yes	ML-3
Business Relationship Management	Establish Business Relationships	Yes	ML-3
	Manage Business Relationships	Yes	ML-3
	Manage Business Relationship Communication	Yes	ML-3

Business Area	Business Process	CNSI Solution Alignment	CNSI Solution MITA Maturity Level (ML) Compliance/Notes
	Terminate Business Relationship	Yes	ML-3
Program Integrity Management	Identify Candidate Case	Yes	ML-3
	Manage Case	Yes	ML-3
Case Management	Manage Medicaid Population Health	Yes	ML-3
	Establish Case	Yes	ML-3
	Manage Case	Yes	ML-3
	Manage Registry	Yes	ML-3

Table 1. CNSI eCAMS MITA Business Services Alignment. This crosswalk demonstrates alignment between the MITA business services and the CNSI solution.

The following section further addresses eCAMS alignment with MITA. In addition we outline the business and technical capabilities of our solution set.

Business Architecture

From a system perspective, business architecture articulates the structure of an enterprise in terms of its business processes and business information. The business processes describe the "how" of achieving the goals of the enterprise. In articulating the process and information, the business architecture considers all stakeholders of the enterprise (including providers and enrollees) to ensure that the entire end-to-end flow is captured. The MITA business architecture synthesizes these business processes into six business area groups and decomposes each of those process groups into processes. The MITA framework provides a good reference point for determining the maturity and comprehensiveness of the business architecture of any solution. eCAMS, with its Service-Oriented Architecture (SOA) foundation, ensures that there is a very close alignment with the MITA process groups and areas, and also provides tools and services to continuously improve the business process capabilities.

The eCAMS platform has a portfolio of business and technical services that enable it to support business processes more effectively. Our business-driven architecture employs the use of case methodology, where business cases drive the overall technical solution. The solution provides the capability to support current and new business processes for successful operations, and is in complete alignment with the MITA business architecture, as shown in Figure 2.

The eCAMS platform addresses system usage across a variety of stakeholders by considering the different viewpoints that business users experience from both form and function. The following diagrams describe how the eCAMS platform addresses the business needs of the three key stakeholders:

- Executive and management team
- Provider Community
- Enrollee Community

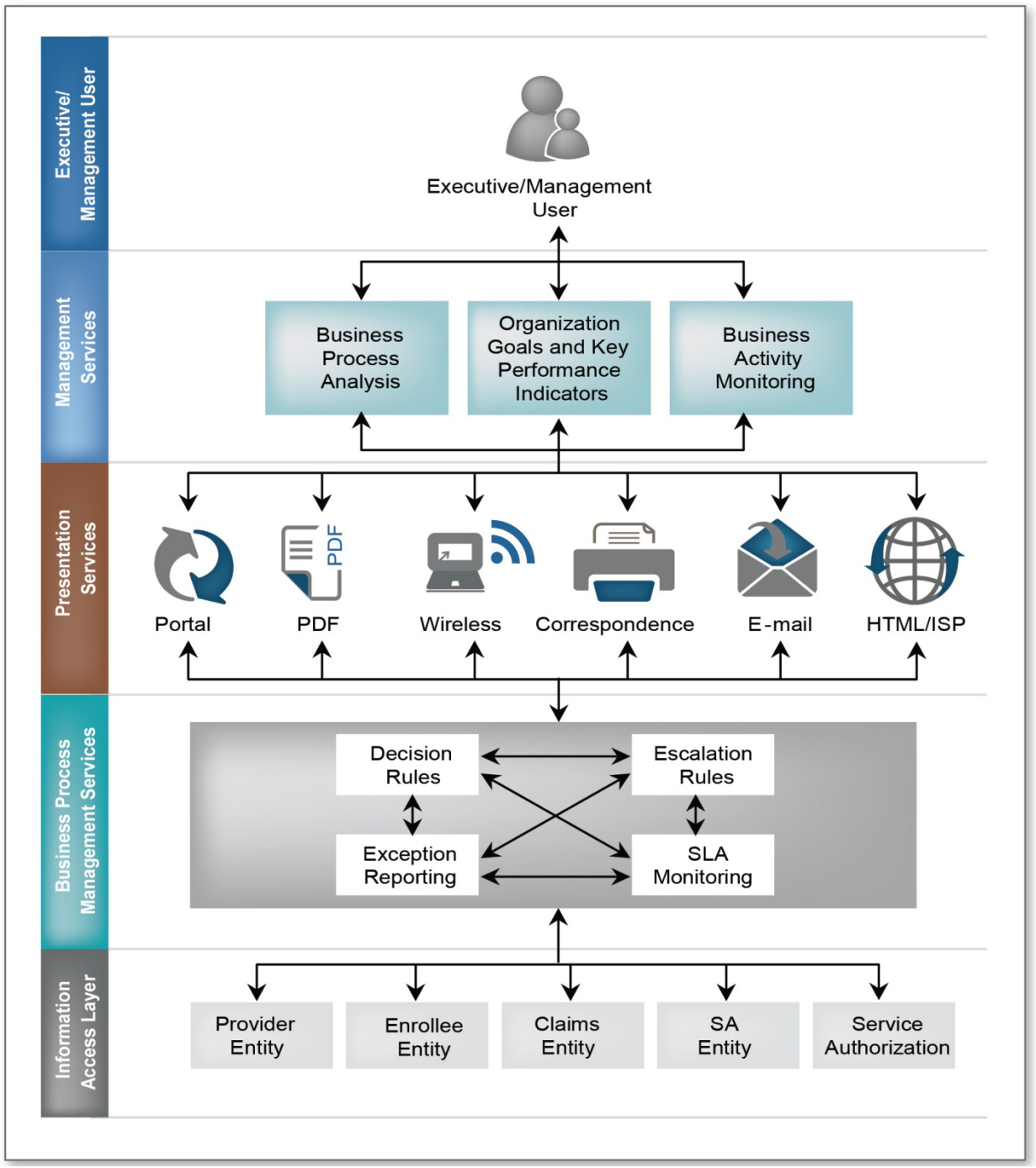


Figure 2. Sample of the Business Services. The usage view of the architecture is communicated to the different stakeholders.

The executive management view is one of the perspectives used to provide transparency and visibility about the performance and health of the overall program. This view utilizes the key performance indicators (KPI) which have been agreed-upon for the project, to evaluate the overall health of the program. The key aspect of our solution is that it the trends of these KPIs to predict and forecast potential issues in a given business process area. This enables a more proactive mode in to be used in managing the program. The business process areas and their associated metrics are also mined to identify cause-and-effect and correlation between these metrics to provide unique perspectives in the different aspects of the program. We achieve this functionality by integrating technology tools and

frameworks such as business activity monitoring (BAM). Our framework achieves improved business processes, enhanced data quality and accessibility, and conversion to standard formats. The view provides the user with timely, accurate, and actionable information on the status, trend, and health of the overall business processes. All this is delivered via eCAMS HealthBeat which provides a rich user interface, interactive graphs, and actionable data sets.

The provider stakeholder view shown in Figure 3 focuses on the key communication channels that the provider uses to interact with the system and some of the associated business process services that are exposed to the provider. The system supports the following functionalities to make the provider experience more positive:

- Consistency across different communication channels for the same information using standardized process services.
- The process services enable the ability to add new channels of communication with the provider with little system impact. For example, CNSI recently extended some of the provider access functions on a smart phone platform. The provider could access the status of their claims or check enrollee eligibility via a smart phone or a similar device.
- The information entity layer masks the complexity of collecting data from the data source or sources and provides an entity-level data view to the provider. For example, a provider looking up their information would get to a see a 360 degree view of their information in terms of data collected from customer help desk, data input via interactive voice response (IVR), or data submitted via paper.
- The system tracks key process metrics which are captured across different business processes to ensure quality of service to the trading partner.

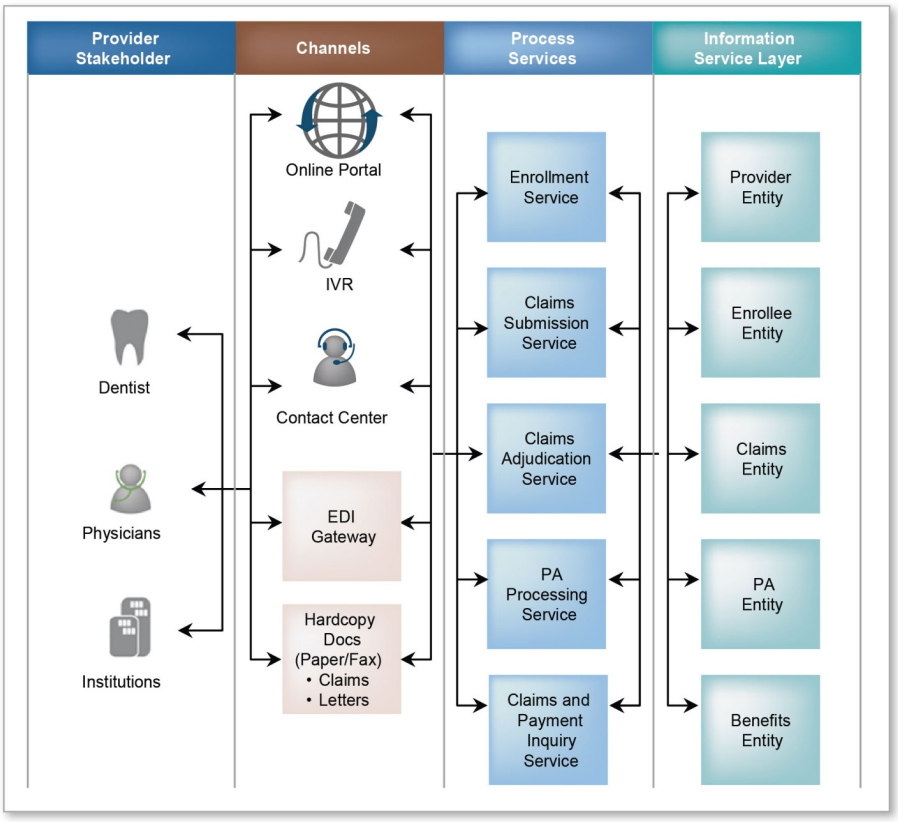


Figure 3. Provider Perspective. Describes the different communication channels and the service layer available within the eCAMS platform. Process and Information Service layer ensures a consistent data and process rules across different business areas.

The enrollee stakeholder view shown in Figure 4 focuses on the key communication channels that the enrollee uses to interact with the system and some of the associated business process services that are exposed to the enrollee. The system supports the following functionalities to make the user experience rich for the enrollee:

- The system provides the enrollee a 360 degree view of their data in the system. The data accessed from the enrollee profile entity shows demographics, third party liability information and associated invoices.
- The system provides a rich user interface to show the available benefit plans and services.
- The system also brings the view of a Medicaid Health Record which is built using a set of infrastructure services that are aggregated by the EHR data aggregator service entity.
- The system allows the user to update information such as PCP.

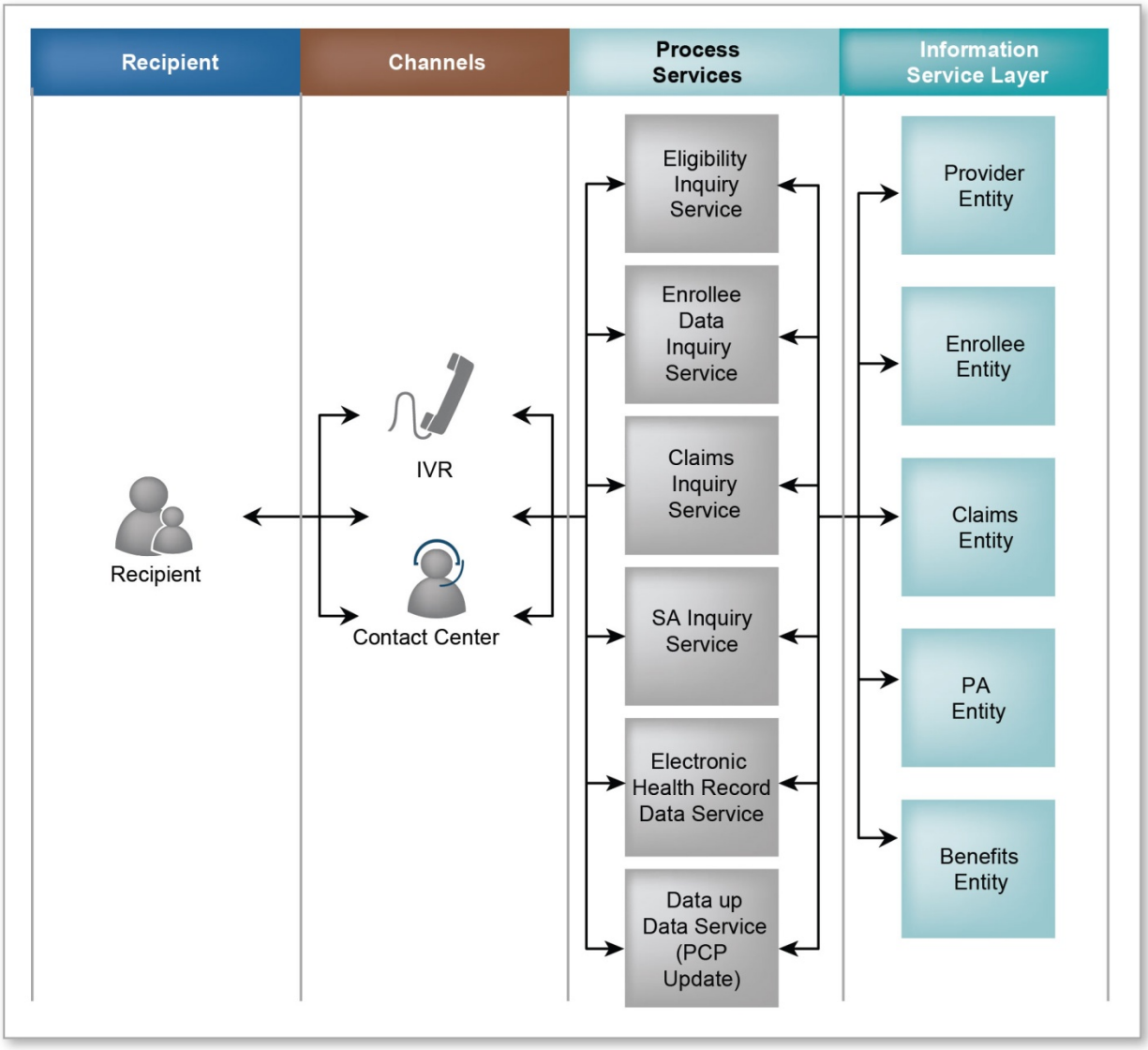


Exhibit F.1-1. Enrollee Perspective. Shows the different information services are available to the enrollee within the eCAMS platform. Rich enrollee self-service options ensure improved customer satisfaction.

Information Architecture

The information architecture is the least discussed aspect of the architecture. However, it is one of the most vital elements of an extensible, interoperable infrastructure. The eCAMS platform not only has robust baseline information architecture but also has the right data management strategy to manage the changes typically associated with the health care regulations and reforms.

The following section outlines the key elements of the information architecture of the transfer system components:

- Conceptual data model (CDM)
- Logical data model (LDM)
- Data standards and dictionary
- Data management strategy

Conceptual Data Model (CDM)

The conceptual model of the transfer system provides a holistic view of the subject entities and their relationships. The model has matured over the multiple iterations and has shown the flexibility to accommodate different business delivery models, like the social service delivery model in the state of Washington. The conceptual model will provide the visibility of the different entities and their relationships, and demonstrate how the transfer system can easily adapt to the Coordinated Care Networks (CCN) delivery model.

Logical Data Model (LDM)

eCAMS has a robust data model that addresses the process and data needs of enterprise-wide Medicaid operations. It has evolved over multiple versions, and represents a harmonization of data needs across multiple states. Our solution has taken a layered approach to addressing the process and data needs of Medicaid operations. The data model approach balances the normalization needs of a data model with the performance needs of large-volume transaction processing system.

The data model is layered into the Medicaid foundation entities and transactional entities. This approach allows for more coherent data management and provides better data integrity handling at the database layer. The data model is very flexible and provides the business agility to accommodate state policy changes, such as supporting health care programs such as the State Children's Health Insurance Program (SCHIP). The reference and benefits administration data structures allow the business user to create different programs (like a specific program for breast and cervical health) or alter benefits during transition from traditional fee for service to managed care, and associate the relevant data sets, such as covered services and specific pricing decision matrices. A unique and innovative data structure associated with the transfer system model is referred to as the "group model." This group structure utilizes a flexible approach to associate different code sets into a powerful decision-evaluation framework. The group structure allows the system to link and dynamically define relationships among the following dimensions:

- Service code set (i.e., procedure, diagnosis, and revenue)
- Taxonomy
- Place of service and facility type
- Claim type
- Eligibility code category
- Provider type

These dimensions give a range of flexibility to customize the business behavior of the solution. For example, to accommodate a new program, the system can set up a group structure that defines the associated service code, applicable taxonomy codes, and allowed place of services for specific eligibility code categories. This framework has been used in production operations to implement changes in state health care programs without a single line of code change. Furthermore, the object-oriented approach taken within the system design allows for evaluating this flexible criteria tool using a simple API set, which ensures adequate performance and throughput.

In addition, our solution strategy for incorporating future modifications is to accommodate additional data elements (specific to state needs) as additional columns, referred to as “opt fields” (optional fields). This reduces the amount of rework on the user interface and avoids additional background processes when changes are initiated, while still allowing for backward compatibility.

Data Standards and Dictionary

The eCAMS data model follows industry standards for data elements definition. The system documents the data dictionary by cataloguing the different aspects of attributes, including size and other constraints. The system publishes a standard business data dictionary that shows the definition, the semantics, and element usage across different systems and uses the concept of creating crosswalks between the different definitions of industry standards. The alignment and adoption of industry standards ensure easier reporting from the transfer system. This standards-based approach allows the eCAMS platform to leverage industry benchmarks to improve the overall program delivery.

Data Management Strategy

The data management strategy establishes the basic governance processes to handle the complex set of systems and applications interfacing and interoperating with the Medicaid program. This aspect also becomes even more relevant for states that are shifting from largely traditional fee-for-service model to a managed care model (or some variant). This is primarily because the inculcation of additional data elements and reuse of existing elements for different purposes is a typical aspect of shifting business models. As part of a successful approach for data management in previous implementations, CNSI establishes the following approach for data governance:

- Defining Data Asset Owners: The initial step in the implementation of a data governance program involves defining the owners or custodians of the data assets in the enterprise. CNSI uses its existing best practices to establish clear guidelines regarding who is accountable for each aspect of the data, including its accuracy, accessibility, consistency, completeness, and updates.
- Defining Data Access Processes: The second step in the approach is to define the data management processes. CNSI documents processes concerning how the data is to be stored, archived, backed up, and protected from mishaps, theft, or attack.
- Defining Data Control Procedures: The third step is to define, and put into place, a set of controls and audit procedures that ensure ongoing compliance with government regulations and industry best practices. Those practices include procedures governing physical transfers, firewalls, encryption, remote working, staff training, and general security, as well as schedules for regular monitoring.

Technical Architecture

CNSI's solution technical architecture facilitates changes and localizes, as much as possible, the effects of such changes on design documents, code, and other system work products. The architecture is designed to enable and facilitate the use or reuse of certain existing components, frameworks, class libraries, legacy, and third-party applications.

Figure 5 describes a conceptual block diagram of the high-level components and frameworks, including the touch points within the system. Most of the interfaces and touch points between systems are orchestrated over the eCAMS HealthCare Engine (HCE). HCE uses a message-based framework that enables different components running different technologies.

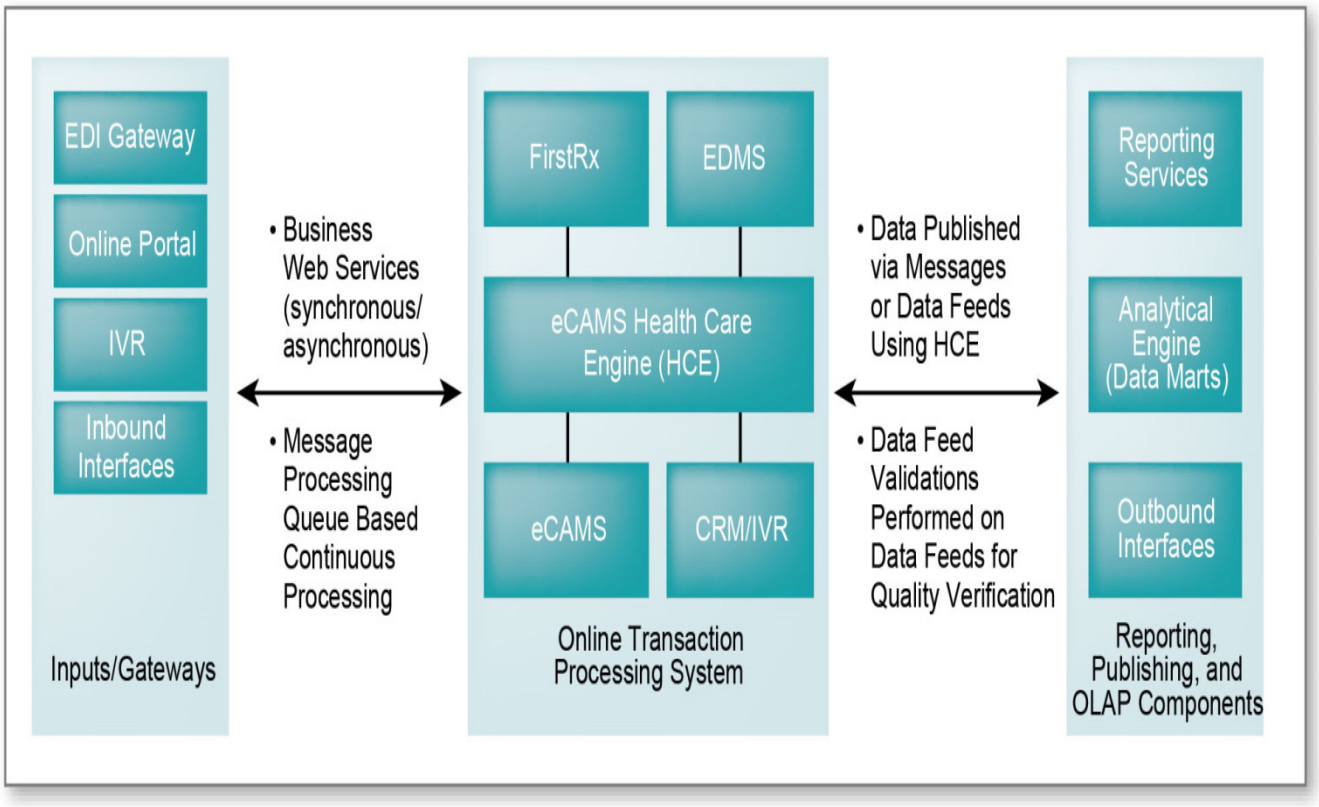


Figure 5. High Level Technical Service Overview of the eCAMS platform. Use of services based data integration allows for improved flexibility, scalability and technical agility.

eCAMS Alignment For the New Enhanced Funding Requirements

The Centers for Medicare & Medicaid Services (CMS) has issued new standards and conditions that must be met by the states in order for Medicaid technology investments (including traditional claims processing systems, as well as eligibility systems) to be eligible for the enhanced match funding.

The final regulation establishing these standards and conditions was made public on April 14, 2011.

The new CMS guideline has published 7 conditions and standards for enhanced federal match for Medicaid technology investments. Figure 6 identifies 7 standards and conditions Based on our initial assessment, both eCAMS solution and CNSI's MMIS implementation methodologies are aligned to meet the 7 conditions and standards. The following table outlines each of the condition and standard, a brief description of requirements within each condition and standards along with the eCAMS solution component alignment.

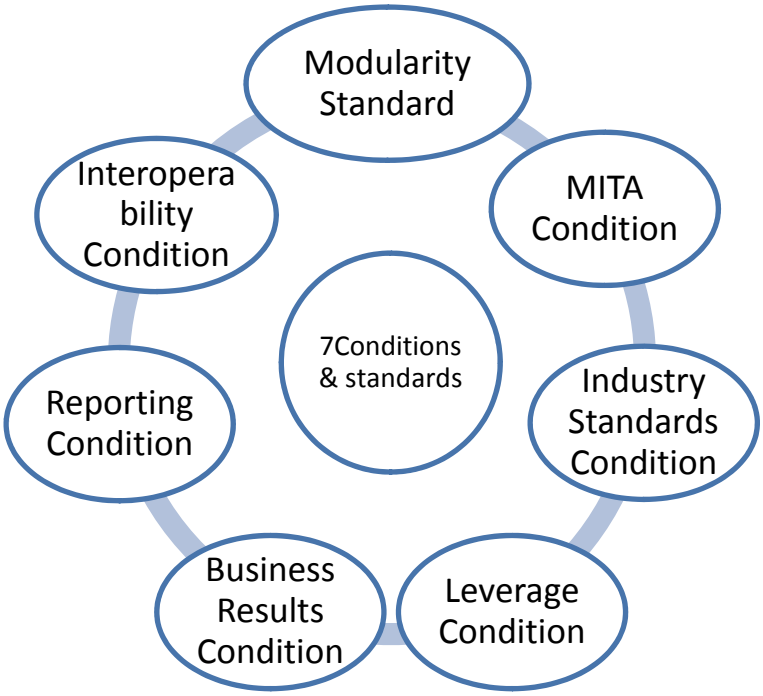


Figure 6.Seven conditions and Standards

Enhancement Conditions & Standards		eCAMS Solution Alignment
Modularity Standard	Components and SOA based	• eCAMS HCE – Proven SOA based health care engine with integrated ESB for interoperability and component based modules for health information exchange, HIPAA EDI and rules engine driven claim adjudication engine • Flexiblity to adopt OpenSource Tools and standards such as Activiti BPM, openESB and NHIN connect. • RuleIT Rules Engine with prebuilt healthcare vocabulary, rules and business services supporting federal mandates.
	Separation of business rules from core programming	
	Use of Systems Development Lifecycle methodologies, SDLC	
	Identification and description of open interfaces	
	Use of business rules engine	
	Submission of business rules to a HHS-designated repository	
MITA Condition	MITA Self Assessments (State Activity)	• ReqCertify – Proven tool set supporting CMS certification activities • Activiti BPM – Integrated business process management tools to stream line business operations.
	MITA Roadmaps (State Activity)	
	Concept of Operations (COO) and Business	

Enhancement Conditions & Standards		eCAMS Solution Alignment
	Process Models (BPM)	
Industry Standards Condition	Identification of industry standards (will be published by CMS)	• CNSI has incorporated numerous standards and methodologies throughout the phases and also in corporate development methodologies such as Waterfall, Agile & Hybrid SDLC
	Incorporation of industry standards in requirements, development, and testing phases	
Leverage Condition	Multi-state efforts	• eCAMS – The Core MMIS solution has been re-used in multiple State implementations • eMIPP - The Medicaid Incentive Payment Program solution is a multi state effort in which both State of Washington and Michigan are sharing the cost
	Availability for reuse	
	Identification of open source, cloud-based and commercial products	
	Customization	
Business Results Condition	Degree of automation	• eCAMS HealthBeat – Online business process dashboard and scorecard, provides transparency to the business process and helps to monitor SLA for each business process. • Seibel CRM Integration – eCAMS Integrated state of the art customer service solution providing 360 view of beneficiary, provider, priorauth and claims payment information to the customer service representative
	Customer service	
	Performance standards and testing (SLA)	
Reporting Condition	Reporting of data to support oversight, administration, evaluation, integrity, and transparency	• Audit Studio - Audit Studio is a unified cost containment and recovery solution for healthcare payers that brings together elements of profiling, auditing and business intelligence • eCAMS Report Service – Cognos integrated Business Intelligence tool with out of the box reports for Medicaid operations, program management, federal reporting and advanced analytics requirements
Interoperability Condition	Seamless coordination and integration with the Exchange	• eCAMS HIE Services – Integrated health information exchange services with prebuilt X12 EDI compliance and Federal open source NHIN Connect implemented health information exchange standards. • Mobile Platform Support – Expanded outreach accessibility and GPS enabled fraud prevention solution for Home Help services.
	Interactions with the Exchange	
	Interactions with other entities	

Figure 7.Alignment of eCAMS and CNSI's methodologies with CMS Conditions and Standards for Enhanced Funding Requirements

DEPARTMENT OF HEALTH & HUMAN SERVICES

Centers for Medicare & Medicaid Services

Region 10
2201 Sixth Avenue, MS/RX 43
Seattle, Washington 98121

JUL 19 2011

Douglas Porter, Director
State Medicaid Director
Health Care Authority
Post Office Box 45502
Olympia, Washington 98504-5502

Dear Mr. Porter:

This is in response to your letter dated October 28, 2010, requesting approval of enhanced Federal Financial Participation (FFP) for costs associated with operation of the State's new Medicaid Management Information System (MMIS). Specifically, the State seeks approval of enhanced FFP for continuous MMIS operations costs retroactive to May 9, 2010. The State also seeks approval of enhanced FFP for continuous MMIS Pharmacy Point-of-Sale (POS) system operations costs retroactive to October 20, 2008.

BACKGROUND

Pursuant to your request, the Centers for Medicare & Medicaid Services (CMS) conducted an on-site MMIS certification review during the week of May 16-20, 2011.

We reviewed the MMIS system, system documentation, and other relevant materials during the on-site review. In addition, a pre-certification teleconference was conducted on April 19, 2011, to discuss preparation for the on-site review and answer questions concerning the review process. Specific CMS Central and Regional Office staffs that performed the on-site review in the required Medicaid business and related system areas are:

Bob Guenther	Team Leader, Contract Management, Privacy and Security
Fred Miller	Claims Adjudication, Pharmacy POS
David Hinson	Managed Care, Immunization Registry
Robert McCarthy	Decision Support System and Data Warehouse, Program Management Reporting, Financial Management, Federal Reporting
Elizabeth Reed	Claims Receipt, Reference Data Management
Leslie Flaherty	Beneficiary Management
Steve Gatzemeier	Provider Management, Program Integrity

The federal criteria used as the basis for the on-site review and subsequent evaluation are:

- 42 CFR 433.117;
- Part 11 of the State Medicaid Manual (SMM), as augmented by current legislation and regulations, including HIPAA requirements;
- The approved State Medical Assistance Plan;
- The Medicaid Enterprise Certification Toolkit and related checklists, and;
- The State's approved IAPD and RFP related to the MMIS procurement.

SUMMARY FINDINGS

The certification review resulted in no findings that would prevent CMS from approving the State's request for approval of retroactive enhanced FFP. An enclosure to this letter contains the results of our review.

As part of ongoing technical assistance and monitoring, the CMS Seattle Regional Office will provide additional observations and recommendations in the near future based on the review team work to assist the State in further improving the new system.

DECISION

Based upon our review of the documentation provided by the State, many discussions with State and contractor staff, and our on-site analysis of the system's performance relative to the previous mentioned federal requirements, we have concluded that the Washington MMIS meets all of the certification requirements specified in Part 11 of the SMM and was fully operational on May 9, 2010. The MMIS POS system was fully operational on October 20, 2008.

The State may claim FFP at the 75 percent rate of reimbursement for the operational cost of the MMIS from the effective date of May 9, 2010. The State also may claim FFP at the 75 percent rate of reimbursement for the operational cost of the MMIS Pharmacy POS system from the effective date of October 20, 2008.

We sincerely appreciate the cooperation of the Washington Medicaid staff and CNSI personnel during the review process, and the hospitality extended to the certification review team during the on-site visit.

Sincerely,

Carol J.C. Peverly
Associate Regional Administrator
Division of Medicaid and Children's Health Operations

Enclosure

Medicaid Management Information System (MMIS)
Certification Review
Final Report for Washington State
May 16-20, 2011

The Certification Review Team examined each of the Medicaid Enterprise Certification Business Areas using the following resources: previously provided documentation; State and system responses to the review protocol checklists; system processing reports, specified recurring and ad-hoc reports; online files; interviews with State and contractor staff, and State follow-up Corrective Action Plans (if required).

The business areas examined and the results of the examinations are listed below.

1) **Beneficiary Management**

   Findings: None

2) **Provider Management**

   Findings: None

3) **Care Management (Managed Care, PCCM, Immunization Registry)**

   Findings: None

4) **Operations Management (Reference Data Management, Claims Receipt and Adjudication, Pharmacy POS, Third-party Liability)**

   Findings: None

5) **Program Management (Decision Support System and Data Warehouse, Program Management Reporting, Financial Management, Federal Reporting, Security and Privacy)**

   Findings: None

6) **Program Integrity**

   Findings: None

Department of Health and Human Services
Maine People Living Safe, Healthy and Productive Lives
John E. Baldacci, Governor Brenda M. Harvey, Commissioner

Department of Health and Human Services
Commissioner's Office
221 State Street
11 State House Station
Augusta, Maine 04333-0011
Tel: (207) 287-3707
Fax (207) 287-3005; TTY: 1-800-606-0215

July 9, 2010

B. Chatterjee, President
CNSI
702 King Farm Blvd
Rockville, MD 20850

Dear Mr. Chatterjee:

As the State of Maine quickly approaches the transition date to our new Maine Integrated Health Management System (MIHMS), it is timely to acknowledge appreciation for CNSI's continued service to the State of Maine in the midst of some extremely challenging circumstances.

During this transition period, and migration to a fiscal agent model, CNSI has continued to support MeCMS operations to ensure claims process timely and within standards set by CMS. We appreciate CNSI's commitment to seeing your client (Maine DHHS) through this period.

As the history is written on CNSI and the State of Maine's investment in MeCMS, we'll both have pieces we would definitely do differently if we were given the opportunity to start over. What matters the most to me today is that our partnership remained productive and focused on the needs of those who required and provided the medical services paid for by MaineCare.

Sincerely,

Brenda Harvey

Brenda M. Harvey
Commissioner

Cc: Pat Ende, Governor's Office
Russell J. Begin, DHHS
Geoffrey W. Green, DHHS
Tony Marple, Office of MaineCare Services, DHHS
Robin Chacon, Office of MaineCare Services, DHHS
Ellen Schneiter, Dept. of Administrative and Financial Services (DAFS)
Greg McNeal, Office of Information Technology, DAFS
Brian Erdahl, Deloitte Consulting

An Evolution in Medicaid Information Technology

CNSI

Team CNSI

THE TEAM CNSI ADVANTAGE

The Changing Healthcare Landscape

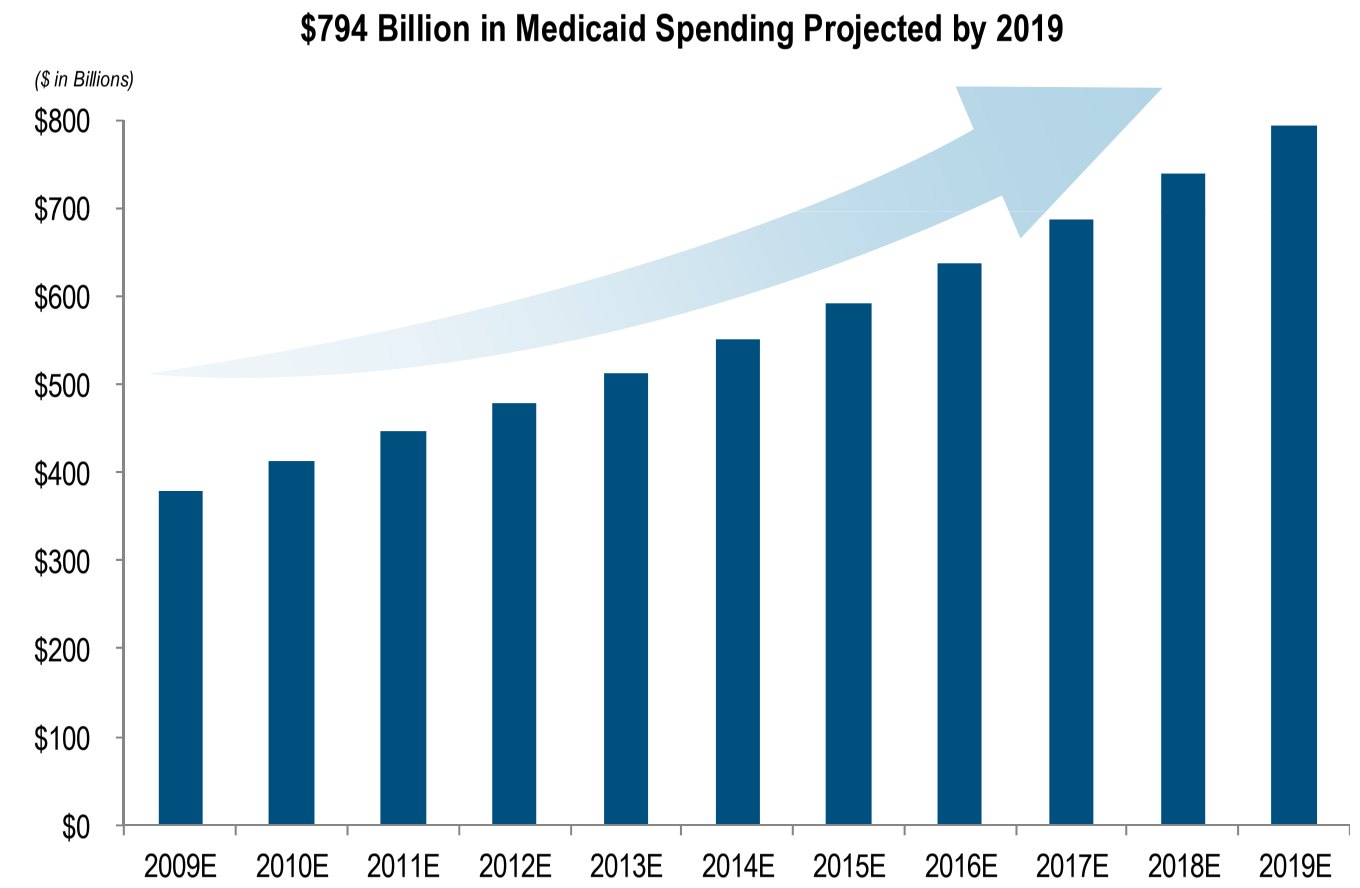
CNSI

Team CNSI

Medicaid Spending Drives Growth in the Healthcare IT Market

- Medicaid spending represents ~17% of State budgets(1)
- Estimated $794 billion in Medicaid spending by 2019(2)
- Medicaid spending growth (9.6%) is significantly higher than growth in national healthcare expenditures (5.5%)(2)
- Recent healthcare legislation adds 23 million new entrants into the Medicaid claims system by 2014

Medicaid Spending Projections(2)

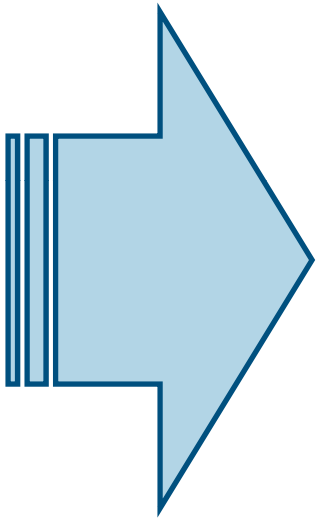


(1) Kaiser's 2009 Medicaid Overview
(2) Centers for Medicare and Medicaid Services

Current Healthcare Landscape

Current Trends and Facts

- Wasteful spending in the health system has been calculated at up to $1.2 trillion of the $2.2 trillion spent nationally, more than half of all health spending as much as 50% of healthcare treatments and services are deemed unnecessary
- Approximately 100,000 people die each year from medical errors
- Identit¸ theft and identit¸ sharin¸ is increasing
- Operational waste and inefficiencies of up to $315B (Medical), $493B (Behavioral), and clinical $312B (Clinical)

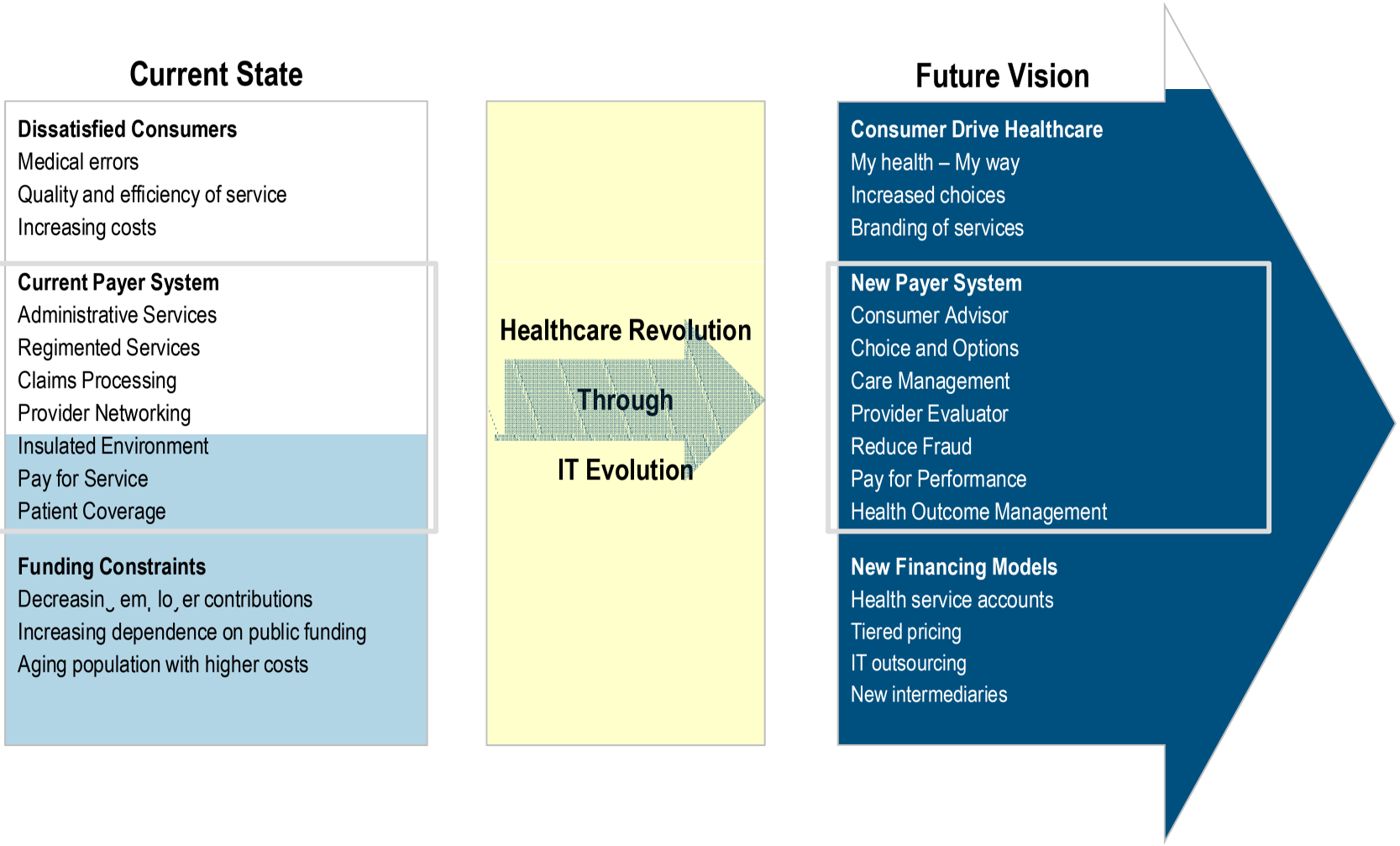


Focus Areas

- Care coordination and accountability
- Security, identity management, and ¸ rivac¸
- Consumer-focus
- Integrated health management
- Healthcare delivery models
- Fraud and abuse prevention

Source: American Patient Privacy, Safety And Fraud-Prevention Enforcement (APP-SAFE) Act of 2011 and Analysis by PricewaterhouseCoopers' Health Research Institute

Evolving Healthcare Model



Who is Team CNSI?

NORIDIAN® Administrative Services LLC

MAGELLAN MEDICAID ADMINISTRATION®

IBM®

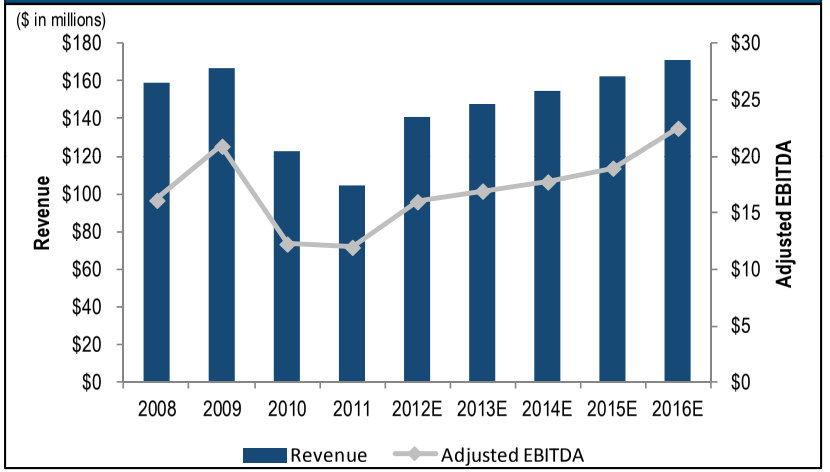
CNSI

CNSI Overview

CNSI is a leading provider of outsourced technology-enabled solutions in the Healthcare IT and Federal IT sectors

- Founded in 1994 and headquartered in Gaithersburg, MD
- Employs 850 people worldwide
- Partners with clients to align, build and manage a variety of technology solutions that improve process efficiencies and streamline operations
- High profile public sector clients in healthcare and government services
- Industry leading eCAMS solution for Medicaid Management Information Systems ("MMIS") drives the Company's healthcare business
- Industry thought leader with game changing intellectual property

Revenue and Adjusted EBITDA



Representative Clients - Healthcare

Louisiana
Maryland
Washington
Michigan
Georgia
CMS
CENTERS for MEDICARE & MEDICAID SERVICES

Representative Clients - Federal

ARMY NATIONAL GUARD
DEPARTMENT OF ENERGY
DEPARTMENT OF COMMERCE
U.S. Department of Labor
MSHA
Mine Safety & Health Administration
DEPARTMENT OF TRANSPORTATION
FNS USDA
Food & Nutrition Service

CNSI Company History

1994
- CNSI is founded and awarded its first contract (Fannie Mae)

1996
- Won first federal contracts with the NSA and DoD TRICARE

1998
- Won first health IT contract; over 200 professionals employed

2000
- Awarded first contract with FAA; awarded state of Maine EIS contract

2002
- Entered Medicaid market with Maine MMIS contract
- Won first contracts with TSA, Department of Energy and U.S. Coast Guard

2004
- Technology Development Center (TDC) in Chennai, India opens
- Won Washington MMIS contract; revenue surpasses $100 million

2006
- eCAMS 2.0 is released
- Won Michigan MMIS contract

2008
- Won South Dakota MMIS contract; awarded 2 year extension of Maine MMIS
- Michigan CHAMPS MMIS goes live

2010
- Awarded SE Michigan HIE contract to speed SSA disability benefits determinations; Washington MMIS goes live

2012
- Awarded MMIS fiscal agent contracts in Maryland and Louisiana
- CMS certifies Washington and Michigan MMIS platforms
- Established Federal Healthcare footprint with multiple contract awards with CMS

Complementary Healthcare Solutions and Products

As-One

- Web-based collaboration system that allows:
  - Knowledge management portal
  - Team collaboration
  - Process Involvement

Audit Studio

- Unified cost containment and recovery solution for healthcare payers that brings together elements of profiling, auditing and business Intelligence

Blue Button for Medicaid

- eCAMS extension for smart phones that puts consumer's a finger swipe away from their claims and treatment data

ClaimsSure

- Proven adjudication and verification claims solution
- Defines complex relationships among different code sets to enforce patterns that previously required manual review

eCAMS Provider Enrollment Service

- Automates the provider enrollment process and facilitates data management
- Allows state provider management units to launch new initiatives
- Integrates with external systems

eMIPP

- Helps states manage the Medicaid EHR Incentive Payment Program
- Designed to fulfill the immediate requirement of allowing eligible providers

Enterprise Information System (EIS)

- Comprehensive web-based case management system that provides healthcare agencies with an integrated data system to support and execute existing business processes more efficiently

eCAMS HealthBeat

- Provides a comprehensive business activity monitoring framework, along with the capability to facilitate continuous process improvement

CNSI Certified Partners

Selected Healthcare Contracts

The healthcare business has a strong backlog and significant revenue visibility from long-term assignments (MMIS offerings can run beyond 10 years)

Louisiana DDI and Fiscal Agent

Type: Firm Fixed Pricing
Period of Performance: '12-'17
Total Contract Value ($MM): $185.0

Services

- CNSI was notified by Louisiana in June 2011 that the state will award the Company a contract to implement eCAMS and provide fiscal intermediary services (signed contract by the first week of February)
- The Company began developing the platform in January 2012 and the contract was fully executed in February 2012
- CNSI expects the contract to be worth approximately $185 million over eight years

Services

- Successfully launched in 2010 and supports approximately 135,000 providers who service approximately 1.0 million clients
- Driven by the RuleIT engine that consists of approximately 1,000 distinct business rules, the eCAMS has recorded zero accounting errors for the first time in 20 years of Washington MMIS
- S¸ stem successfull¸ ad¸udicated 35 million claims worth $5.4 billion durin¸ its first year in operation

Total Contract Value ($MM): $69.0

Services

- CNSI was notified by Maryland in July 2011 that the state intends to award the Company a contract to implement eCAMS and provide fiscal intermediary services
- CNSI is a subcontractor on the project; CSC is the prime contractor
- Expects to begin developing the platform with CSC in Q1 2012
- The Company expects to generate approximately $69 million of revenue from the contract over five years

Contract Value($MM): $22.5

Services

- Prime contractor to provide Automated Edits Module to detect Medicare Fee for Service fraud
- As a subcontractor, implementing an eCAMS derivative product: eCAMS-Health Care En¸ine. Provides encounter data ¸ rocessin¸ services o edit and price Medicare Advantage (Part D) encounters
- As a subcontractor, developing architecture of the CMS Data Services Hub that will support Federal health Insurance Exchanges

(1) Currently negotiating a long – term extension
(2) Period of performance includes options to extend the length of the contract

Healthcare Business Overview

CNSI has built its Healthcare business on unrivaled domain expertise and a proprietary portfolio of strategic assets and capabilities

Healthcare Solutions

Core Solutions and Services

- eCAMS Claims Management Platform
- eCAMS Provider Enrollment Service
- RuleIT Rules Engine
- iVision 360 System Development Life Cycle Methodology
- Electronic Data Interchange Implementation
- Healthcare Case Management Systems Implementation
- EHR and Nationwide Health Information Network

Support Services

- Audit Studio
- Health Information Exchange Implementation
- MITA Assessment & Compliance Services
- Systems Hosting
- Vital Records Systems Implementation

Georgia	Maine	Maryland	Michigan	Washington	Louisiana	CMS
Vital Records Management	MMIS DDI and O&M	MMIS O&M and Fiscal Agent Subcontractor	MMIS DDI and O&M	MMIS DDI and O&M	MMIS DDI and Fiscal Agent Operations	Medicare Encounter Data Processing

- eCAMS and RuleIT developed to holistically address the next-generation, web-based requirements in the rapidly changing healthcare IT industry. Proven iVision360 System Development Life Cycle methodology offers clients a demonstrated system development process that ensures their MMIS are delivered on-time, on-budget and with superior functionality.
- eCAMS platform has evolved from a Medicaid focused solution to support Medicare and other healthcare programs leveraging the investment the Company has made to reach the broader healthcare market.

Industry Expertise - Healthcare

- Thought leader in developing innovative IT-based solutions with emphasis on the continuum of healthcare delivery
- Provide a wide range of solutions for Medicaid and associated Department of Health and Human Services programs
- Expertise includes end-to-end claims adjudication and payment processing, provider management, administrative case management, HIPAA transactions and data analytics
- Engineered the most technologically-superior claims processing platform (eCAMS) on the market today
  - Healthcare Information Exchange
  - Business Transformation / Electronic Medical Records
  - Fraud / Abuse Detection and Prevention
  - Health Care Engine (eCAMS HCE) (Claims Processing Platform)
  - Health Beat Dashboard Monitoring
  - Mobile applications - Medicaid Blue Button
  - RuleIT Rules Engine (brains behind our eCAMS platform)
  - Fusion Data Sets (intersection of clinical and administrative data)
  - Electronic Medicaid Incentive Payment Program (eMIPP)

CNSI – Customer Accolades

"During this transition period, and migration to a fiscal agent model, CNSI has continued to support MeCMS operations to ensure claims process timely and within standards set by CMS. We appreciate CNSI's commitment to seeing your client (Maine DHHS) through this period."

Brenda Harvey, Commissioner
Maine DHHS, July 9, 2010

WVMMISG-009

"The system may have set a record for receiving certification without a single official finding. It's not usual for new Medicaid Management Information Systems to take a year 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 claims histories, but ProviderOne never required that kind of adjustment. It was like the Energize Bunny- just kept on running."

Heidi Robbins Brown, Deputy Director
Healthcare Authority

WVMMISG-005

Solutions for Medicaid – Toda and Be ond

CNSI

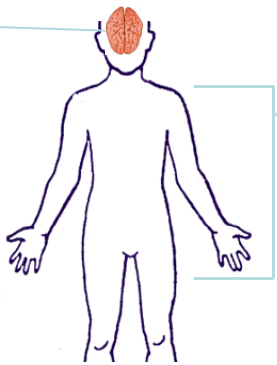
Team CNSI

CNSI MMIS Solution

eCAMS Platform

Rules

- Brains of the MMIS – makes "decisions" supporting claims adjudication based on Medicaid policy and legislation
- Healthcare-focused rules engine integrated with eCAMS to form flexible healthcare IT solutions



eCAMS

- Body of MMIS – executes "decisions"
- eCAMS is an application infrastructure platform that evolves with the growing needs of the Medicaid Enterprise. eCAMS provides end-to-end visibility into Medicaid organizations and real-time monitoring and management of business operations. eCAMS reduces total cost of ownership for state agencies by seamlessly integrating with off-the shelf software products

MMIS Solution: eCAMS

Compensated Doctors

- CNSI ensures that doctors are paid correctly and quickly due to its MMIS technology

State and Healthcare Agencies

- CNSI guarantees that the right amount is being paid for healthcare. Healthcare fraud is prevalent and CNSI's systems filter fraudulent claims

Satisfied Patients

- Patients receive the treatment they deserve and avoid the hassle and stress of dealing with HMOs and healthcare agencies

CMS Accreditation

CMS Approval

- CNSI is the only company to successfully implement a certified next-generation MMIS system
  - The Company's MMIS solutions in Washington (ProviderOne) and Michigan (CHAMPS) were recently certified by CMS as successfully implemented and fully operational
- Heidi Robbins Brown, Deputy Director of the Health Care Authority, noted "The system 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 a year 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 claims histories, but ProviderOne never required that kind of adjustment. It was like the Energizer Bunny – just kept on running."

Significance of CMS Approval

- CMS accreditation is a major accomplishment for the Company and puts the Company at a significant advantage when bidding on new business compared with competitors without a recently certified system
- Most states will need to upgrade their MMIS by 2014 to next generation technology to support Medicaid changes
  - Many competitors will not be able to develop new platforms before states need to update their MMIS
- CMS subsidizes state MMIS projects
  - Approved systems receive 75% federal funding
  - Unapproved systems receive 50% federal funding

Partnering for a Complete Solution

CNSI

Team CNSI

Noridian Administrative Services

- Background
  - A healthcare focused company
  - Subsidiary of Noridian Mutual Insurance Company (Blue Cross Blue Shield of North Dakota).
  - Large health care services provider covering 15.5 million lives
  - Proven fiscal agent provider with more than 70 years of experience in Medicaid and Medicare to bring best practices, inherent efficiencies, and sound medical policy and health care administrative practices
  - Health care administration operation
- Team Role
  - FA Services
  - MMIS Operations and Support

"The WSMA has found consistently that Noridian's leadership and its staff members have been very responsive to our inquiries and communications on behalf of our member physicians. We take this opportunity to call your attention to these points to underscore the thorough level of service that Noridian has provided, and how that service has been crucial to the administration of the Medicare Program."

Cynthia A. Markus, MD
President, Washington State Medical Association

CAM A028

Magellan Medicaid Administration

- Background
  - The largest Medicaid Pharmacy Benefit Management (PBM) company in the U.S.
  - Proven solutions and operational excellence in Pharmacy POS, Preferred Drug List, rebate operations, and health care analytics with more than 40 years of experience to bring cost containment and quality health care for prescription benefits
- Team Role
  - Pharmacy System Replacement
  - Pharmacy Operations and Support

IBM

- Background
  - The world's largest information technology services company, a leader in the creation, development, and manufacturing of the industry's most advanced information technologies
- Team Role
  - Provide industry preferred hardware
  - Testing support to ensure the eCAMS platform has a robust foundation
  - PMO support - bringing its expertise, proven experience, lessons learned, and best practices in quantitative performance management.

Aligning with the Customer

Team CNSI

Core Mission and Values

Team CNSI's Mission

To help our Medicaid customer achieve their objectives of providing better healthcare to their members and better service to their providers

Team CNSI's Values

Provide best possible **Service** to our customers

with highest **quality**

with utmost **integrity**

and **accountability**

and with **transparency**

Mission – Enabling Success

- Enhance customer's ability to function as an effective, and flexible organization.
- Maximize their efficiency
- Achieve technology and process improvements in operations thus increasing the quality of service to customers.
- Enhance the customer's image by improving their service to their customer(s).
- Help improve their customer services.

CMS' Procurement Objectives – Why Buy Now?

- Healthcare Delivery business plan objectives
  - improved services to its provider and member communities;
  - gain functionality to support the business capability goals
  - enhanced access to data for members and providers to improve health outcomes, and reduced program administrative costs.
- System
  - Obtain new functionality needed to provide desired business capabilities and meeting CMS requirement
  - To take advantage of HIT and HIE and thus better serving the stakeholder – members and providers
  - provide flexibility needed to support future functions and programs without expensive and time-consuming system changes.
- Operations
  - Improve operational efficiency and reduce costs in the healthcare system
  - Improve access to information necessary for operations management
  - Improve provider access to real-time data

Why Team CNSI?

Delivering a Next Generation System

- Our solution –
  - Is the most recent, state-of-art MMIS that is certified by CMS using new certification toolkit.
  - Is an integrated solution with on-line access capability for all stakeholders – State, Providers, Clients and the vendor
  - Offers easy and cost effective scalability and expansion to support new, innovative healthcare programs
  - Has the flexibility to change rules/edit via our Rules Engine – RuleIT. eCAMS was the first system in the MMIS industry to use a Rules Engine.

Team CNSI Partners with It's Customers

Finally - Why Team CNSI?

- Our ability to integrate greater use of technology into Medicaid programs and services
- Our ability to ensure fully integrated data and coordination of technology exists throughout customer's organization
- Our ability, via our proven Rules Engine to ımproved response to constantly changing program and policy demands
- Our ability to reduced payment errors, reduce fraud and abuse, and improved cost containment
- Our ability to increased efficiency and reduction of operational costs (We saved MI over $100M in two years of operations)
- Our ability to better manage Medicaid programs via reporting

Enhancing capability to improve health care outcomes