Proposal to the State of West Virginia Department of Health and Human Resources For Medicaid Management Information Systems (MMIS) Re-procurement

Technical Proposal

Solicitation #: Request for Proposal MED11014
Due Date: May 6, 2011, 1:30 PM

Submitted by:
ACS State Healthcare, LLC
8260 Willow Oaks Corporate Drive
Fairfax, Virginia 22031

Portions of this proposal contain confidential information, ideas, know-how, concepts, processes, and trade secrets (collectively “Proprietary Information”) that are the sole property of ACS. The proprietary contents of this proposal are intended solely for use in the procurement process and may not be disclosed except to persons who are involved in the evaluation of the proposal or award of the contract. The contents may not be duplicated, used, or disclosed in whole or in part for any purpose except the procurement process. Release of ACS proprietary, confidential, and trade secret information would place ACS at a serious and irreparable competitive disadvantage in future procurements by providing competitors with information that ACS maintains strictly confidential and which is unavailable to any third-party except under restrictions contained in a nondisclosure agreement or protections that cover this information under applicable law. If a third-party makes a request for disclosure of any of the contents of this proposal, you are requested to notify ACS immediately so that ACS will have an opportunity to provide assistance in protecting the proprietary contents of this proposal from unauthorized disclosure.

ACS® and the ACS design are trademarks of ACS Marketing LP in the United States and/or other countries. XEROX® and XEROX and Design® are trademarks of the Xerox Corporation in the United States and/or other countries.

Confidentiality Statement

REQUIREMENT: RFP Section 1.16.3, pg, 15 of 99
1.16.3 Freedom of Information/Disclosure. All documents in this RFP process are subject to West Virginia's Freedom of Information Act (FOIA) and may be disclosed upon request. The vendor must clearly identify which data are considered proprietary. If the BMS receives a FOIA request for data, labeled by the vendor as proprietary, the BMS will notify the vendor (in writing) of the request to allow the vendor time to obtain the appropriate court order to prevent the release of the information. Otherwise, the BMS will be compelled by State law to release such information.

In accordance with RFP Section 1.16.3, Freedom of Information/Disclosure, ACS has clearly identified which data we consider proprietary within our proposal. We have marked the footer of each page of the proposal that we wish to protect with the words **Proprietary and Confidential**. Table 1-1 identifies the sections of the proposal we wish to protect.

Table 1-1. Confidential Proposal Sections

Proposal Section	Page(s)
Business Organization	BUSORG-2
Disclosure Attachment	All Pages
3 Executive Summary	All Pages
8 Staff Capacity, Qualifications and Experience.	All Pages
10 Solution Alignment with BMS' Business and Technical Needs – 10.1 Proposed West Virginia MMIS	10-3 to 10-16
10 Solution Alignment with BMS' Business and Technical Needs – 10.3 Project Staffing	10-33 to 10-60
10 Solution Alignment with BMS' Business and Technical Needs – 10.10 Support of MITA Maturity	10-215 to 10-218
10 Solution Alignment with BMS' Business and Technical Needs – 10.11 Vendor Proposed Services	10.11-1 to 10.11-6
10 Solution Alignment with BMS' Business and Technical Needs – 10.12 BMS Optional Services	10.12-1 to 10.12-36
Attachment 1- Appendix E Business and Technical Requirements	All Pages
11 Subcontracting	All Pages
15 Appendix - Introduction	All Pages
15.2 Roles, Responsibilities, and Skill Sets	All Pages
15.3 Additional ACS Offerings	All Pages
15.4 Sample Reports. Forms and Deliverable Formats	All Pages
15.4.1 Deliverable 5 – Facility Plan	All Pages
15.4.2 Deliverable 6 – Staffing Plan	All Pages
15.4.3 Deliverable 7 – Documentation Management Plan	All Pages
15.4.4 Deliverable 8 – Training Plan	All Pages
15.4.5 Deliverable 9 – Workflow Management Plan	All Pages
15.4.6 Deliverable 10 – Problem Management Plan	All Pages
15.4.7 Deliverable 11 – Integrated Test Environment (ITE) Plan	All Pages

Proposal Section	Page(s)
15.4.8 Deliverable 12 – Testing Plan	All Pages
15.4.9 Deliverable 13 – Scope Management Plan	All Pages
15.4.10 Deliverable 14 – Work Breakdown Structure	All Pages
15.4.11 Deliverable 15 – Project Schedule	All Pages
15.4.12 Deliverable 16 – Schedule Management Plan	All Pages
15.4.13 Deliverable 17 – Cost Management Plan	All Pages
15.4.14 Deliverable 18 – Quality Management Plan	All Pages
15.4.15 Deliverable 20 – Human Resource Management Plan	All Pages
15.4.16 Deliverable 21 – Communication Management Plan	All Pages
15.4.17 Deliverable 22 – Risk Management Plan	All Pages
15.4.18 Deliverable 23 – Issue Management Plan	All Pages
15.4.19 Deliverable 24 – Change Management Plan	All Pages
15.4.20 Deliverable 25 – Integration Management Plan	All Pages
15.4.21 Deliverable 26 – Security, Privacy, and Confidentiality Plan	All Pages
15.4.22 Deliverable 27 – Configuration Management Plan	All Pages
15.4.23 Deliverable 28 – Data Conversion Plan	All Pages
15.4.24 Deliverable 29 – Disaster Recovery and Business Continuity Plans	All Pages
15.4.25 Deliverable 30 – Data and Records Retention Plan	All Pages
15.4.26 Deliverable 31 – Transition Plan	All Pages
15.4.27 Deliverable 32 – Weekly Project Status Report Template	All Pages
15.4.28 Deliverable 33 – Weekly Project Status Report	All Pages
15.4.29 Deliverable 34 – Monthly Project Status Report Template	All Pages
15.4.30 Sample DSD Deliverable Format	All Pages
15.4.31 Sample Requirements Specification Document	All Pages

ACS

A xerox Company

The State of West Virginia Bureau for Medical Services

RFP Subject: Medicaid Management Information System (MMIS) Re-procurement
Solicitation #: MED11014

Submitted by:
ACS State Healthcare, LLC
8260 Willow Oaks Corporate Drive
Fairfax, VA 22031
Phone: 804.965.8201

Authorized Contact: Will Saunders

Delegation of Authority: See Certificate of Secretary on the following page

Will

Signature of Authorized Contact

4/19/11

Date signed

CERTIFICATE OF SECRETARY

I, J. Michael Peffer, in my capacity as Secretary of ACS State Healthcare, LLC, a Delaware limited liability company (the "Company"), am delivering this Certificate of Secretary to certify that as of this date, Will F. Saunders has been and is a duly elected, qualified and acting President and Chief Operating Officer of the Company, and in such capacity is authorized by the Board of Directors to obligate, bind, and execute all documents in connection with a proposal, contracts as well as any amendments thereto, in connection with the State of West Virginia Bureau for Medical Services, Department of Health and Human Resources, RFP # MED 11014 for fiscal agent services and replacement Managed Medicaid Information System, by and between ACS State Healthcare, LLC and the State of West Virginia Bureau for Medical Services, Department of Health and Human Resources, and all other documents to be executed therewith.

IN WITNESS WHEREOF, I have set my hand to this Certificate as of the 19th day of March, 2011.

ACS STATE HEALTHCARE, LLC
a Delaware limited liability company

By: ________________________
J. Michael Peffer, Secretary

STATE OF TEXAS §
§
COUNTY OF DALLAS §

This instrument was acknowledged before me on this 19th day of March, 2011, by J. Michael Peffer, Secretary of ACS State Healthcare, LLC, a Delaware limited liability company, on behalf of said Company.

Kathy L. Brown
Notary Public, State of Texas

KATHY LYNN BROWN
MY COMMISSION EXPIRES
September 5, 2011

ACS
A xerox Company

Will Saunders
Acting President and COO
ACS State Healthcare, LLC

ACS State Healthcare, LLC
8260 Willow Oaks Corporate
Drive
Fairfax, VA 22031

will.saunders@acs-inc.com
tel: 804.965.8201

April 19, 2011

Mr. Bryan Rosen
WV Department of Health and Human Resources
Office of Purchasing
One Davis Square, Suite 100
Charleston, WV 25301

RE: RFP MED11014, Medicaid Management Information System (MMIS) Re-procurement

Dear Mr. Rosen:

With this Letter of Transmittal, ACS State Healthcare, LLC (ACS) submits our proposal in response to West Virginia's Department of Health and Human Resources Request for Proposal MED11014 issued by the State of West Virginia Bureau for Medical Services (BMS) for Medicaid Management Information System (MMIS) Re-procurement.

Enclosed are our technical and cost proposals, sealed separately, in response to RFP MED11014. ACS is fully compliant with the requirements set forth in the RFP, including instructions for proposal format and submission in RFP Part 1 – General Information, Terms and Conditions, Section 1.10 – Proposal Format and Submission and Part 4 – Proposal Format and Response Requirements, Section 4.1. As required, we have provided one (1) original technical and one (1) original cost proposal plus twelve (12) convenience copies, including one copy on CD of both the technical and cost proposals.

ACS is fully compliant with RFP requirements and includes the following specific requirements requested for inclusion in this letter:

- ACS accepts the RFP terms.
- We affirm and certify that our submitted Cost Proposal price was arrived at without any conflict of interest. Per RFP Section 1.14, Independent Price Determination, ACS certifies that its price in the proposal was arrived at independently without collusion, consultation, communication or agreement as to any matter relating to prices with any competitor.
- ACS is registered with the West Virginia Secretary of State to conduct business in West Virginia with a current Certificate of Good Standing.

I am the authorized contact person to speak on behalf of and commit ACS to the scope of work for this project. Such authorization is provided in the Certificate of Secretary, placed immediately behind the title page. My contact information is as follows:

Will Saunders
Acting President and COO
ACS State Healthcare, LLC
8260 Willow Oaks Corporate Drive
Fairfax, VA 22031
Telephone: 804-965-8201
Fax: 804-421-6982
will.saunders@acs-inc.com

We look forward to working with BMS to provide information technology products and services to design, develop, implement, obtain CMS certification, operate and serve as fiscal agent for a replacement MMIS solution.

Sincerely,

Will

Will Saunders

Business Organization

REQUIREMENT: RFP Section 4.1.5, pg. 94 of 99

4.1.5 Vendor's Organization. The following items must be included in a document titled "Business Organization" and must accompany the Transmittal Letter. (List any necessary vendor details here. Example of Vendor Organization detail include: business name, address, and licenses; subcontractor detail; and financial information, such as annual audited financial reports.).

In February 2010, Affiliated Computer Services, Inc. was acquired by the Xerox Corporation, and is now formally referred to as Affiliated Computer Services, Inc., a Xerox Company. Working closely with federal and state government entities, the collective resources of Affiliated Computer Services and Xerox—two world class technology companies, offer West Virginia industry-leading Medicaid population health management services. ACS State Healthcare, LLC (ACS), the bidding entity for this procurement, began in 1970 with the establishment of Consultec, Inc., one of the oldest firms in the Medicaid marketplace. In 1971, Consultec, Inc. established the federal standard for MMIS with the development of the General Systems Design (GSD) of a prototype MMIS for the United States Department of Health, Education, and Welfare. On March 25, 1999, Consultec, LLC registered as a limited liability company in Delaware. Consultec was changed to ACS State Healthcare, LLC on May 29, 2001, based on an acquisition by Affiliated Computer Services. Since then, ACS has acquired four firms that were Medicaid leaders, all possessing specific ancillary services expertise—Birch and Davis, a leader in managed care; Concera, providing SCHIP and enrollment broker services; Heritage, delivering recognized pharmacy offerings; and Bowers, a leader in care and quality management. While staying true to our core values, ACS has invested in areas to serve the State of West Virginia for the long term that will provide solutions to address health reform, electronic health records, eligibility determination and links to commercial plans. Table 2-1 provides the requested information regarding ACS' vendor details.

Table 2-1. Vendor Details

ACS	
Business Name	ACS State Healthcare, LLC
Address	8260 Willow Oaks Corporate Drive; Fairfax, Virginia 22031
Licenses	We have provided the following documents related to licensing requirements in Proposal Section 12 Special Terms and conditions: · Certification to do business in West Virginia · A letter from Workforce West Virginia that provides evidence that ACS is in compliance with the West Virginia Unemployment Compensation Law. · Sample standard certificate of insurance evidencing that ACS carries workers' compensation insurance in the State of West Virginia Additionally, per the State's answer to question #5, (concerning licensing requirements) on page 28 of 124 of Addendum No.3, the State affirms that vendors may provide certification in evidence of good standing upon contract award.

Subcontractor Detail

Table 2-2 provides the requested information regarding our subcontractors. Our subcontractors' experience and qualifications are detailed in Proposal Section 11, Subcontracting.

Table 2-2. Subcontractor Details

Oleen Pinnacle	
Business Name	Oleen Pinnacle Healthcare Consulting, LLC
Address	10800 Financial Centre Parkway, Suite 499; Little Rock, Arkansas 72211
Project Role	Business rule extraction, data conversion, and parallel testing support
Ninestone	
Business Name	Ninestone Corporation
Address	225 Cedar Hill Street Suite 200; Marlborough, Massachusetts 01752
Project Role	Business rule extraction, data conversion, and parallel testing support
SchellingPoint	
Business Name	SchellingPoint LLC
Address	38 Pebble Drive, Suite 200; Malvern, Pennsylvania 19355-2227
Project Role	Alignment optimization support
GCOM	
Business Name	GCOM Software, Inc.
Address	24 Madison Avenue Extension; Albany, New York 12203
Project Role	FileNet P8 product suite support
Thomson Reuters	
Business Name	Thomson Reuters
Address	3 Times Square; New York, New York 10036
Project Role	MARS/Federal reporting and case tracking

Financial Information

To provide our most current financial statement, copies of the most recent annual Form 10-K filings for both Affiliated Computer Services, Inc. and Xerox Corporation can be obtained using the following hyperlink—http://phx.corporate-ir.net/phoenix.zhtml?c=104414&p=irol-sec#7398918. Additionally the two companies' most recent quarterly financial updates filed on Form 10-Q can be acquired using the aforementioned hyperlink. The Affiliated Computer Services 10-K filing was submitted to the Securities & Exchange Commission on August 27, 2009, prior to the closing of the acquisition. This report contains audited financial information for the preceding three-year period. It includes the audit opinion, balance sheet, and statements of income, retained earnings and cash flow, as well as notes to the financial statements. Affiliated Computer Services prepares consolidated financial statements for itself and its subsidiaries in accordance with the SEC instructions for item 8 of Part II of Form 10-K. As a result, ACS State Healthcare, LLC's financial information and results are included in the consolidated financial statements. Furthermore, now that Affiliated Computer Services, Inc. has been acquired, we expect that going forward the financial performance of ACS State Healthcare, LLC will be included within the consolidated reporting of Xerox.

Summary

ACS' dedication to innovative technology, our continuing expansion of operational and clinical services—to include managed care, and our proactive emphasis on cost containment and improved health outcomes represent the practical demonstration of our commitment to collaborating with the Bureau and meeting its MMIS objectives.

2 Transmittal Letter

REQUIREMENT: RFP Section 4.1.2, pg, 94 of 99
4.1.2 Transmittal Letter. A transmittal letter signed in blue ink by an official authorized to bind the Vendor to proposal provisions must accompany the proposal. The transmittal letter must be placed immediately behind the Title Page of the General Technical section. The letter must include a statement that the RFP terms are accepted. Vendors must also include a statement in the letter certifying that the price was arrived at without any conflict of interest.

On the following page, we provide our transmittal letter. Additionally, we have included a document titled “Business Organization” immediately behind the transmittal letter, which provides vendor details, as instructed in RFP Section 4.1.5.

Following the Transmittal Letter, we have included a tab called Disclosure Attachment, which provides the disclosure information requested by Addendum No. 6.

Page Intentionally Left Blank

3 Table of Contents

Technical Proposal

1 Title Page 1-1*

Certificate of Secretary

2 Transmittal Letter 2-1*

Business Organization BUSORG-**1***

Disclosure Attachment DA-1*

3 Table of Contents 3-1

4 Executive Summary 4-1

5 Vendor's Organization 5-1*

6 Location 6-1

7 Vendor Capacity, Qualifications, References and Experience 7-1

7.1 Profile of ACS 7-1

7.2 References 7-12

8 Staff Capacity, Qualifications and Experience 8-1

8.1 Staffing Charts 8-3

8.1.1 Phase 1: MMIS Replacement DDI & CMS Certification Planning Staffing Chart 8-3

8.1.2 Phase 2: Fiscal Agent Operations Staffing Chart 8-17

8.1.3 Phase 3: Turnover and Close-Out Staffing Chart 8-23

8.2 Summary of Key Staff Qualifications 8-24

8.3 Introduction to Resumes 8-27

Resumes Resumes-1*

Letters of Intent

9 Project Approach and Solution 9-1

9.1 Statement of Understanding 9-2

9.2 Proposed Approach and Methodology 9-5

9.3 Timeline 9-8

9.4 Response to Mandatory Requirements 9-11

9.4.1 Business Continuity and Disaster Recovery 9-15

9.4.2 Compliance with Current and Future Security Policies 9-16

9.4.3 CMS Certification Retroactive to the First Day of Operations 9-17

9.4.4 Certify Pharmacy POS for ePrescribing with Surescripts® 9-17

9.4.5 System Support of Multiple Programs and Plans 9-18

9.4.6 MITA-aligned MMIS with Service-Oriented Architecture (SOA) 9-19

9.4.7 Integration Code for Other State Software/Systems Interface 9-19

9.4.8 Incorporation of Current and Future Coding Standards 9-20
9.4.9 Update Deliverables Requested by BMS 9-21
9.4.10 Meet All CMS Certification Requirements 9-21
9.4.11 Continue Operations through Turnover 9-21
9.4.12 Project Management 9-22
9.4.13 Upgradeable and Expandable System 9-22
9.4.14 RDBMS for Configurable Data Infrastructure 9-23
9.4.15 Ownership 9-24
9.4.16 Role-based Data Access 9-24
9.4.17 Key Staff Members 9-25
9.4.18 Meet Contract Requirements and Performance Standards 9-25
10 Solution Alignment with BMS' Business and Technical Needs 10-1
10.1 Proposed West Virginia MMIS 10-3
10.1.1 Understanding and Purpose of Project 10-3
10.1.2 Technical Architecture 10-4
10.1.3 Experience and Knowledge of Solution and Approach 10-6
10.1.4 MITA Requirements 10-7
10.1.5 System Development Methodology 10-12
10.1.6 Project Phase Estimates 10-14
10.1.7 Subcontractors 10-14
10.1.8 Subcontractor Integration 10-15
10.1.9 Risk Mitigation 10-15
10.1.10 Plan for Development of POS System 10-16
10.1.11 Caveats, Constraints, Risks or Issues 10-16
10.2 Project Management 10-17
10.2.1 SPARK-ITS Quality Management System 10-18
10.2.2 Controls, Tasks, Procedures, and Communication Mechanisms 10-20
10.2.3 Process for Acquiring Deliverable Acceptance by BMS 10-21
10.2.4 Sample Reports, Forms and Deliverable Formats 10-22
10.2.5 Comprehensive Initial Project Management Plan 10-22
10.2.5.1 WBS and Deliverable Dictionary 10-23
10.2.5.2 Project Schedule 10-24
10.2.5.3 Staffing Plan 10-25
10.2.5.4 Facility Plan 10-25
10.2.5.5 Documentation Management Plan 10-26
10.2.5.6 Training Plan 10-26
10.2.5.7 Testing Plan 10-26
10.2.5.9 Workflow Management Plan 10-28

10.2.5.10 Transition Plan 10-29
10.2.5.11 Weekly and Monthly Project Status Reporting 10-30
10.2.6 Integrated Project Management Tools 10-30
10.3 Project Staffing 10-33
10.3.1 Organizational Charts 10-34
10.3.2 Roles, Responsibilities, and Skill Sets 10-48
10.3.3 Key Staff Roles, Responsibilities, Experience, and Skills Matrix 10-48
10.3.4 Staff Retention and Continuity Among Phases 10-52
10.3.5 Personnel Management 10-53
10.3.6 Knowledge Transfer 10-60
10.4 Project Facilities 10-61
10.4.1 Proposed Worksites 10-61
10.4.2 Description of Work to be Performed Off Site 10-66
10.5 Project Phase Overview 10-67
10.6 Phase 1: MMIS Replacement DDI & CMS Certification Planning 10-67
10.6.1 Phase 1a: Start-up Phase 10-68
10.6.1.1 Approach to Deliverables and Milestones 10-69
10.6.1.2 Approach to Obtaining BMS Approval 10-70
10.6.1.3 Approach to Initial Risk Assessment and Mitigation 10-71
10.6.1.4 Initial Security, Privacy, and Confidentiality Plan 10-72
10.6.1.4.1 Security Administration 10-73
10.6.1.4.2 Key Positions 10-74
10.6.1.4.3 Incident Monitoring and Reporting 10-74
10.6.1.4.4 Physical Security 10-75
10.6.1.4.5 Information Security/Access Control 10-76
10.6.1.5 Initial Configuration Management Plan 10-78
10.6.1.5.1 Methodology 10-78
10.6.1.5.2 Integrated Test Environment 10-79
10.6.1.5.3 Promotion and Version Control Procedures 10-80
10.6.1.5.4 Environment Controls 10-81
10.6.1.5.5 Tools and Business Processes 10-81
10.6.1.5.6 Controlling Migration Code 10-82
10.6.1.5.7 Organizational Structure 10-83
10.6.1.5.8 Promotion Procedures 10-83
10.6.1.6 Initial Data Conversion Plan 10-84
10.6.1.6.1 Methodology and Approach 10-84
10.6.1.6.2 Approach to Data Conversion Reconciliation 10-88
10.6.1.7 Initial Disaster Recovery and Business Continuity Plan 10-90

- 10.6.1.7.1 Back-up Plan and Procedures 10-91
- 10.6.1.7.2 Description of Off-site Storage Procedures 10-92
- 10.6.1.7.3 Proposed Recovery Time and Recovery Point Objectives 10-92
- 10.6.1.7.5 Processes and Procedures for Testing and Reporting 10-93
- 10.6.1.8 Initial Data and Records Retention Plan 10-95
  - 10.6.1.8.1 Detailed Schedules 10-95
  - 10.6.1.8.2 Retention Methodology 10-95
- 10.6.2 Phase 1b: Analysis and Design 10-98
  - 10.6.2.1 Approach to Completion of Phase 1b Deliverables and Milestones 10-104
  - 10.6.2.2 Approach to Obtaining BMS Approval of Phase Completion 10-105
  - 10.6.2.3 Meeting MITA Requirements 10-106
  - 10.6.2.4 Approach to Development and Use of Design Documentation 10-107
  - 10.6.2.5 Demonstration of the Creation of Validated Data Models 10-110
- 10.6.3 Phase 1c: Development, Testing, Data Conversion and Training 10-111
  - 10.6.3.1 Development Task 10-111
    - 10.6.3.1.1 Approach to Completion of Development Task Deliverables and Milestones 10-113
    - 10.6.3.1.2 Approach to Obtaining BMS Approval of Task Completion 10-113
    - 10.6.3.1.3 Software/Hardware Configuration 10-114
    - 10.6.3.1.4 Systems Documentation 10-116
    - 10.6.3.1.5 User Documentation 10-116
    - 10.6.3.1.6 Provider Documentation 10-117
    - 10.6.3.1.7 Development and Unit Testing 10-118
    - 10.6.3.1.8 Meeting Design Criteria and Specifications 10-120
    - 10.6.3.1.9 Standard Output Reports 10-121
  - 10.6.3.2 Testing Task 10-122
    - 10.6.3.2.1 Approach to Completion of Deliverables 10-123
    - 10.6.3.2.2 Approach to Obtaining BMS Approval of Completion of Testing Task 10-124
    - 10.6.3.2.3 Approach to Partnership, Development, and Documentation of Testing 10-125
    - 10.6.3.2.4 Methodologies for Individual Test Levels 10-126
    - 10.6.3.2.5 Test Environments and Data 10-129
    - 10.6.3.2.6 Test Plan Methodologies 10-129
    - 10.6.3.2.7 UAT Support 10-133
    - 10.6.3.2.8 Operational Readiness Test Approach and Reporting 10-134
    - 10.6.3.2.9 Validated Traceability 10-135
  - 10.6.3.3 Data Conversion Task 10-135

- 10.6.3.3.1 Approach to Completion of Conversion Deliverables and Milestones........10-138
- 10.6.3.3.2 Approach to Obtaining BMS Approval of Task Completion........10-139
- 10.6.3.4 Training Task........10-140
  - 10.6.3.4.1 Approach to Completion of Deliverables........10-141
  - 10.6.3.4.2 Approach to Obtaining BMS Approval........10-142
  - 10.6.3.4.3 Approach to Training Plan........10-143
- 10.6.4 Phase 1d: Implementation Readiness........10-147
  - 10.6.4.1 Approach to Completion of Deliverables and Milestones........10-148
  - 10.6.4.2 Approach to Obtaining BMS Approval of Phase Completion........10-149
  - 10.6.4.3 Approach to Implementation Plan........10-149
  - 10.6.4.4 Approach to Completing Deliverables Initiated Prior to Implementation Phase........10-153
- 10.6.5 Phase 1e: CMS Certification Planning........10-154
  - 10.6.5.1 Approach to Completion of the Certification Planning Phase Deliverables and Milestones........10-155
  - 10.6.5.2 Approach to Obtaining BMS Approval of the Completion of Certification Planning Phase........10-156
  - 10.6.5.3 Adhering to MECT or its Successor in Preparing MMIS and BMS for Certification Review........10-157
- 10.7 Phase 2: Fiscal Agent Operations........10-159
  - 10.7.1 Phase 2a: Routine Operations........10-61
    - 10.7.1.1 Methodology and Approach to Routine Operations Support........10-161
      - 10.7.1.1.1 Supporting Appendix F Operations Requirements........10-162
      - 10.7.1.1.2 Maintaining Service Levels........10-181
      - 10.7.1.1.3 Maintain Adequate Staff and Infrastructure Support........10-183
      - 10.7.1.1.4 Operating the MMIS with Minimal Disruption........10-183
      - 10.7.1.1.5 System Performance Monitoring and Maintenance........10-184
      - 10.7.1.1.6 Ongoing Training Support........10-185
    - 10.7.1.2 Approach to Post-implementation Monitoring and Quality Control........10-185
      - 10.7.1.2.1 Monitoring the Implemented MMIS for Quality Control...10-185
      - 10.7.1.2.2 Remedy, Repair and Notification Procedures........10-186
      - 10.7.1.2.3 Post-implementation Problem Identification, Resolution, and Reporting........10-186
      - 10.7.1.2.4 Post-implementation Customer Service Survey........10-187
      - 10.7.1.2.5 Archiving CMS Certification First-run Reports........10-187
      - 10.7.1.2.6 Post Implementation Report........10-187
  - 10.7.2 Phase 2b: CMS Certification........10-188

10.7.2.1 Approach to Completion of the CMS Certification Phase 10-188
10.7.2.1.1 Completion of Phase 2b Deliverables and Milestones 10-188
10.7.2.1.2 Obtaining BMS Approval of Phase 2b, CMS Certification Completion 10-190
10.7.2.1.3 CMS Certification Methodology and Approach................ 10-191
10.7.2.1.4 Certification Support 10-192
10.7.3 Phase 2c: MMIS Modifications and Enhancements.. 10-193
10.7.3.1 Methodology and Approach to Change Request Process....................... 10-194
10.7.3.2 Methodology and Approach to Managing Development and Implementation of Modifications and Enhancements........................... 10-197
10.7.3.3 Implementing Modifications/Enhancements with Minimal Disruption to Users.. 10-198
10.7.3.4 Monitoring, Tracking, and Reporting on the Development and Implementation of Enhancements or Modifications 10-198
10.8 Phase 3: Turnover and Close-Out.. 10-199
10.8.1 Approach to Completion of Phase 3 Deliverables and Milestones....................... 10-200
10.8.2 Approach to Obtaining BMS Approval... 10-200
10.8.3 Methodology and Approach to Turnover and Close-out...................................... 10-201
10.8.3.1 Turnover and Close-out Management.. 10-201
10.8.3.2 Approach to Conducting the Transition 10-202
10.8.3.3 Transition Resource Planning 10-203
10.8.4 Approach to Financial Reconciliation 10-203
10.9 Drug Rebate Solution 10-204
10.9.1 Interface Capabilities... 10-205
10.9.2 Integration with Proposed MMIS Solution.. 10-206
10.9.3 Data Conversion and Integration of Existing System Data 10-207
10.9.4 Integration of Supplemental Rebate Pricing and Utilization Data from Current/Previous Vendors 10-207
10.9.5 Integration and Maintenance of Historical Rebate Data....................................... 10-208
10.9.6 Financial Reconciliation Process/Ensure Invoicing Expenditure Data is Captured 10-208
10.9.7 Electronic Document Management 10-209
10.9.8 Call Management.. 10-209
10.9.9 Interest Calculations 10-210
10.9.10 System Query Capabilities 10-210
10.9.11 Reporting Capabilities 10-211
10.9.12 Invoice Processing and Mailing Operations.. 10-211
10.9.13 Payment Posting and Reconciliation 10-212
10.9.14 Dispute Resolution/AR Management.. 10-213

10.9.15 Providing and Updating of User Guides....10-214
10.9.16 Drug Rebate Staffing....10-214
10.10 Support of MITA Maturity....10-215
10.11 Vendor Proposed Services....10.11-1*
10.11.1 Dental and Vision Initiative....10.11-1*
10.11.2 Document Wiki....10.11-2*
10.11.3 Field Representatives....10.11-3*
10.11.4 Project Alignment Services....10.11-4*
10.12 BMS Optional Services....10.12-1*
10.12.1 Care Management....10.12-4*
10.12.2 Care Management, Registry Management....10.12-8*
10.12.3 Healthy Rewards Program Management....10.12-10*
10.12.4 Personal Health Records (PHR)....10.12-12*
10.12.5 Personal Health Improvement Plans (PHIP) Management....10.12-15*
10.12.6 HITECH: Electronic Health Records (EHR) Incentives Program Management10.12-17*
10.12.7 HITECH: Health Information Exchange (HIE) Models....10.12-20*
10.12.8 Eligibility Determination System....10.12-23*
10.12.9 Permanent Member Cards....10.12-26*
10.12.10 Real-time (date and time) Member Eligibility....10.12-29*
10.12.11 Enhanced Member Web Portal Functionality....10.12-30*
10.12.12 Interfaces with External Data Stores....10.12-32*
Attachment 1 - Appendix E Business and Technical Requirements....ATT-1 *
11 Subcontracting....11-1
12 Special Terms and Conditions....12-1
12.1 Description of Special Terms and Conditions....12-1
12.2 Response to RFP Section 3.3 Special Terms and Conditions....12-2

West Virginia Certificate of Good Standing
WorkForce - Unemployment Good Standing
Proof of Workers' Comp Coverage

13 Signed Forms....13-1*

MED 96 Agreement Addendum
MED Purchasing Affidavit

14 RFP Requirements Checklist....14-1*

Technical Proposal -Appendix

15 Appendix - Introduction 15-1
15.1 Addenda Forms 15.1-1*
Addendum No. 1
Addendum No. 2
Addendum No. 3
Addendum No. 4
Addendum No. 5
Addendum No. 6
15.2 Roles, Responsibilities, and Skill Sets 15.2-1*
15.3 Additional ACS Offerings 15.3-1*
15.3.1 Health Insurance Exchange 15.3-3*
15.3.2 Waiver Program Management 15.3-6*
15.3.3 Debit Card Service 15.3-10*
15.3.4 Payment Methodology Development 15.3-12*
15.3.5 Upfront Fraud Detection and Prevention Using Predictive Modeling 15.3-15*
15.3.6 ACS Audit and Compliance Solutions 15.3-18*
15.3.7 PHI Secure 15.3-20*
15.3.8 Communication Engineering 15.3-22*
15.4 Sample Reports, Forms and Deliverable Formats 15.4-1*

List of Exhibits

Exhibit 4-1. ACS’ Commitment to Medicaid Clients 4-3
Exhibit 7-1. ACS Government Healthcare Quick Facts 7-2
Exhibit 7-2. ACS Corporate Organization 7-5
Exhibit 7-3. National Healthcare Experience 7-6
Exhibit 7-4. ACS’ Commitment to Medicaid Clients 7-7
Exhibit 9-1. ACS Health Enterprise Business Process Model 9-3
Exhibit 9-2. Methodology Comparison 9-5
Exhibit 9-3. SPARK-ITS QMS Components 9-6
Exhibit 9-4. Project Timeline 9-8
Exhibit 10-1. Methodology Comparison 10-2
Exhibit 10-2. ACS Brings Four Generations of MMIS Leadership to BMS 10-6
Exhibit 10-3. Health Enterprise Application Architecture Schematic 10-8
Exhibit 10-4. Health Enterprise Key Security Components 10-11
Exhibit 10-5. Mapping of the Nine SPARK-ITS QMS Workflows to the WV RFP Phases 10-18

Exhibit 10-6. Deliverable Review Process 10-21
Exhibit 10-7. SPARK-ITS QMS SDLC phases and workflows 10-29
Exhibit 10-8. PWA: My Tasks 10-31
Exhibit 10-9. West Virginia MMIS Re-procurement Project SharePoint Site Example 10-32
Exhibit 10-10. Overview of DDI Organizational Chart 10-35
Exhibit 10-11. Chart A – DDI Network, Reporting, POS, and Testing Organizations 10-37
Exhibit 10-12. Chart B – Medical/Dental Application Organization 10-39
Exhibit 10-13. Chart C – DDI Management and Other Staff Organization 10-41
Exhibit 10-14. ACS West Virginia MMIS Operations Phase Organization Chart 10-45
Exhibit 10-15. Turnover Phase Organization 10-47
Exhibit 10-16. Inspiring Employee Retention 10-53
Exhibit 10-17. ACS' Charleston Project Office 10-63
Exhibit 10-18. Charleston Facility – Reception Area 10-63
Exhibit 10-19. Charleston Facility – Overall View 10-63
Exhibit 10-20. Charleston – BMS Office 10-64
Exhibit 10-21. Charleston – Conference Room 10-64
Exhibit 10-22. ACS' Pittsburgh Data Center 10-65
Exhibit 10-23. West Virginia MMIS Re-procurement Project SharePoint Site Example 10-70
Exhibit 10-24. Risk Tracking Tool 10-72
Exhibit 10-25. Health Enterprise Key Security Components 10-77
Exhibit 10-26. Five Major Tasks of Requirements Review, Update and Validation 10-100
Exhibit 10-27. Requirements Traceability 10-108
Exhibit 10-28. Comparison of WV RFP Tasks to the SPARK-ITS SDLC 10-112
Exhibit 10-29. Progressive Elaboration 10-116
Exhibit 10-30. Health Enterprise Provider Web Portal 10-118
Exhibit 10-31. Modified V-Model Based on Solution Identifier 10-123
Exhibit 10-32. Defect Management Process Flow 10-132
Exhibit 10-33. Standard Traceability Path 10-135
Exhibit 10-35. EOR Reporting Library 10-163
Exhibit 10-36. Integrated Dashboards and Scorecards 10-182
Exhibit 10-37. WV MMIS Certification Process Flow 10-189
Exhibit 10-38. Change Request Process Flow 10-196
Exhibit 10-39. CR Development and Implementation Process 10-197
Exhibit 10-40. ACS Health Enterprise Business Process Model 10-218
Exhibit 10-41. Health Enterprise Functional Component Overview 10.12-3
Exhibit 10-42. ICMS Referral System 10.12-5
Exhibit 10-43. Health Enterprise and Exchange Integration Model 10.12-24
Exhibit 15.3-1. Health Enterprise Functional Component Overview…………………………….....15.3-2

Exhibit 15.3-2. Health Enterprise and Exchange Integration Model……………………………….15.3-5
Exhibit 15.3-3. HCBS Program Management System………………………………………… …..15.3-8
Exhibit 15.3-4. Electronic Payment Card (EPC) Example……………………………………….. 15.3-11

List of Tables

Table 2-1. Vendor Details..2-1
Table 2-2. Subcontractor Details 2-2
Table 6-1. Work Locations 6-1
Table 7-1. Health Innovation Practice Multi-Step Plan 7-3
Table 7-2. Current Health Enterprise DDI Efforts 7-7
Table 7-3. Other MMIS Related DDI Efforts and System Enhancements 7-8
Table 7-4. Summary Table of ACS HIE/EHR Projects..7-10
Table 7-5. Summary of ACS CQS Projects..7-11
Table 7-6. Current and Recently Awarded Fiscal Agent Annual Transaction Volumes 7-11
Table 7-7. Virginia Medicaid...7-12
Table 7-8. Mississippi Medicaid..7-13
Table 7-9. Wyoming Medicaid 7-13
Table 7-10. New Hampshire Medicaid..7-14
Table 8-1. Phase 1 Activities to be Accomplished 8-3
Table 8-2. Phase I: MMIS Replacement DDI and CMS Certifications Planning Staffing Chart 8-5
Table 8-3. Phase 2 Activities to be Accomplished 8-17
Table 8-4. Phase 2: Fiscal Agent Operations Phase Staffing Chart..8-19
Table 8-5. Phase 3: Turnover and Closeout Phase Staffing Chart..8-24
Table 8-6. Key Staff and Percentage of Time Dedicated to Project……………………………8-24
Table 9-1. Workflows for Phase 1: Replacement DDI and CMS Certification Planning..........9-7
Table 9-2. Completion of Project Milestones 9-9
Table 9-3. Mandatory Requirements 9-11
Table 9-4. Oracle 11g Suite of Tools..9-23
Table 10-1. COTS Products Used In Conjunction with Development Activities...................10-13
Table 10-2. Project Phase Estimated Duration (In Number of Days)....................................10-14
Table 10-3. Alignment of SPARK-ITS PMM to PMBOK® 10-19
Table 10-4. High-level Summary of the Project's WBS 10-23
Table 10-5. Project Management Sub-Plans..10-27
Table 10-6. Key Staff Roles, Responsibilities, and Skill Sets/Experience 10-48
Table 10-7. Work Sites for Each Project Phase 10-61
Table 10-8. Offsite Work Locations 10-66
Table 10-9. Proposed Acceptance Criteria for Phase 1a, Start-Up Milestones......................10-71
Table 10-10. Tools to Control Software Development..10-82

Table 10-11. Proposed Acceptance Criteria for Analysis and Design Milestones 10-106
Table 10-12. How Health Enterprise Meets MITA Requirements 10-106
Table 10-13. Proposed Acceptance Criteria for Development Task Milestones 10-114
Table 10-14. Development Efforts Driven by Requirements Alignment with Health Enterprise 10-119
Table 10-15. Proposed Acceptance Criteria for Testing Task Milestones...10-124
Table 10-16. Proposed Acceptance Criteria for Data Conversion Task Milestones...........................10-140
Table 10-17. Proposed Acceptance Criteria for Training Milestones..10-142
Table 10-18. Blended Learning Results in Tangible Benefits to BMS...10-144
Table 10-19. Proposed Acceptance Criteria for Implementation Readiness Milestones....................10-149
Table 10-20. Implementation Deliverables and General Approach for Completion. 10-153
Table 10-21. Proposed Acceptance Criteria for CMS Certification Milestones.................................10-157
Table 10-22. Communication Distribution Channels 10-176
Table 10-23. FileNet (EDMS) Components 10-179
Table 10-24. System Performance Monitoring Tools...10-184
Table 10-25. Proposed Acceptance Criteria for Certification Phase Milestones 10-190
Table 10-26. Key Components of Our Approach to Managing Change Requests 10-194
Table 10-27. Proposed Acceptance Criteria for Turnover and Close-out Milestones 10-200
Table 10-28. Benefits of New Product Architecture...10-215
Table 10-29 ACS Responses to West Virginia's MITA Business Area Goals...................................10-216
Table 11-1. West Virginia MMIS Re-procurement Project Subcontractors...11-1
Table 15-1. Contents of Appendix...15-1
Table 15.3-1. ACS System and Operational Offerings for Health Insurance Exchange…… ……….15.3-4
Table 15.3-2, ACS Payment Methodology Development Services……………… …………………15.3-13
Table 15.3-3. Bloodhound Cost Saving Advantages………………………… …………………….15.3-16
Table 15.4-1. Sample Reports, Forms and Deliverable Formats 15.4-1

*** Please note: All entries marked with an asterisk do not count towards the 300-page limit.**

4 Executive Summary

REQUIREMENT: RFP Section 4.1.4, pg. 94 of 99

4.1.4 Executive Summary. Vendor should affirm their ability and capability to provide experienced personnel to accomplish each mandatory requirement of Part 3.1.1 through 3.1.49. The Executive Summary should not exceed three pages.

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

- [redacted]
- [redacted]
- [redacted]
- [redacted]
- [redacted]
- [redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

5 Vendor's Organization

REQUIREMENT: RFP Section 4.1.5, pg. 94 of 99

4.1.5 Vendor's Organization. The following items must be included in a document titled "Business Organization" and must accompany the Transmittal Letter. (List any necessary vendor details here. Example of Vendor Organization detail include: business name, address, and licenses; subcontractor detail; and financial information, such as annual audited financial reports.).

As required by RFP Section 4.1.5, we have included a document titled "Business Organization" that provides vendor details as listed above. Additionally, as instructed, the Business Organization document accompanies the Transmittal Letter. Therefore, please refer to Tab 2 where we have placed the Business Organization document behind the Transmittal Letter.

Page Intentionally Left Blank

6 Location

REQUIREMENT: RFP Section 4.1.6, pg. 94 of 99

4.1.6 Location. Indicate the site or sites from which the Vendor and subcontractors, if any, will perform the relevant tasks listed in the proposal.

Our Charleston site is conveniently located to facilitate the interactions between BMS and ACS during the MMIS Re-procurement Project. The facility houses ACS operations and provides the necessary workspace for both BMS personnel assigned to work at our facility and our on-site staff.

Our primary facility is located in Chase Tower at 707 Virginia Street East, Charleston, West Virginia, within a quarter mile of BMS. The site ensures the comfort, security, and safety of both ACS and BMS personnel and meets BMS' requirements. ACS worked closely with our Charleston real estate representative to locate adequate space. Doug Tomlin and Andy Fontalbert personally visited the site to ensure that it was suitable to house BMS personnel and our operations center. Proposal Section 10.4, Project Facilities discusses our site selection criteria.

At the start of the MMIS Replacement DDI and Certification Planning Phase, ACS will establish our Charleston location. As we move into the Operations Phase, we will expand our footprint in that location to provide the additional space required.

Our key staff and support staff will work from the Charleston facility along with continuously dedicated (CD) staff as necessary. Others of our CD staff and additional personnel will work from the locations shown in Table 6-1. We welcome the opportunity for BMS personnel to visit our new and existing locations, which are described more fully in Proposal Section 10.4, Project Facilities. ACS will perform all work associated with this contract within the continental United States.

Table 6-1. Work Locations

Location	Tasks Performed
New ACS facility in Charleston, West Virginia	Project office functions, including the tasks listed in RFP Section 3.2.4 Project Facilities
Existing ACS location in Pittsburgh, Pennsylvania	Data center operations
Existing ACS location in Moon Township, Pennsylvania	Secure storage for backup copies from our Pittsburgh Data Center
Existing ACS location in Tarrytown, New York	Business continuity and disaster recovery data center
Existing ACS location in Atlanta, Georgia	Specialized resources to provide supplemental support to Charleston-based personnel as needed
Existing ACS location in Tallahassee, Florida	Supplemental electronic data interchange (EDI) support as needed
Existing ACS MMIS location in Ridgeland, Mississippi	Operations business continuity and call center disaster recovery
Existing Xerox facility in North Wales, Pennsylvania	Disaster recovery and business continuity for print fulfillment
Existing Thomson Reuters locations in Ann Arbor, Michigan and Atlanta, Georgia	Data management – data conversion/data mapping during DDI and supplemental support during the operations phase
Existing Thomson Reuters locations in Ann Arbor, Michigan, Atlanta, Georgia, Nashville, Tennessee, and Baltimore, Maryland	Data analysis/business analysis – Supplemental support during the DDI/operations phases to the Charleston-based team

Location	Tasks Performed
Existing Thomson Reuters locations in Ann Arbor, Michigan	Installation consultation/technical support – product installation/configuration support during the DDI phase and supplemental technical support during the operations phase

As an experienced contractor delivering quality MMIS projects, ACS knows the location of the facility directly affects operational performance and the ultimate success of a project. We carefully selected our Charleston facility with those facts in mind.

7 Vendor Capacity, Qualifications, References and Experience

REQUIREMENT: RFP Section 4.1.7, pg. 95 of 99
4.1.7 Vendor Capacity, Qualifications, References and Experience.

The MMIS Re-procurement Project scope of work is comprehensive—from replacing the MMIS, to operations, to certification, and close-out. Such a broad scope of work requires a vendor that has deep experience and qualifications in each area. ACS is that vendor.

With the replacement of the legacy system, the Bureau for Medical Services (BMS) is undertaking a transition to new technology. This transition offers BMS and the State's Medicaid constituents the most promising means for supporting and enhancing the West Virginia Medicaid program for future generations. With a focus on total population health management and true MMIS technological innovation, ACS offers the experience necessary for the successful accomplishment of project objectives and a superior technical solution, able to support the Bureau's objectives now and in the future.

Capacity, Qualifications, References, and Experience

ACS brings proven Medicaid expertise to West Virginia. With 40 years of government healthcare experience, ACS is the only national contractor providing full service healthcare administration across the Medicaid spectrum

ACS has responded to the Bureau's technology and services needs by proposing, Health Enterprise—a combined solution of people, processes, and next generation MMIS technology. This technology will ensure that the Bureau's current and future goals for the West Virginia Medicaid program are met consistently, maintaining and modifying programmatic changes with a commitment to quality and reliability.

ACS has the human, physical, intangible, and financial resources to meet BMS' requirements. Our resource approach and commitments are described in Proposal Sections 8 – Staff Capacity, Qualifications and Experience, Section 9 – Project Approach and Solutions, and Section 10 – Solution Alignment with BMS' Business and Technical needs.

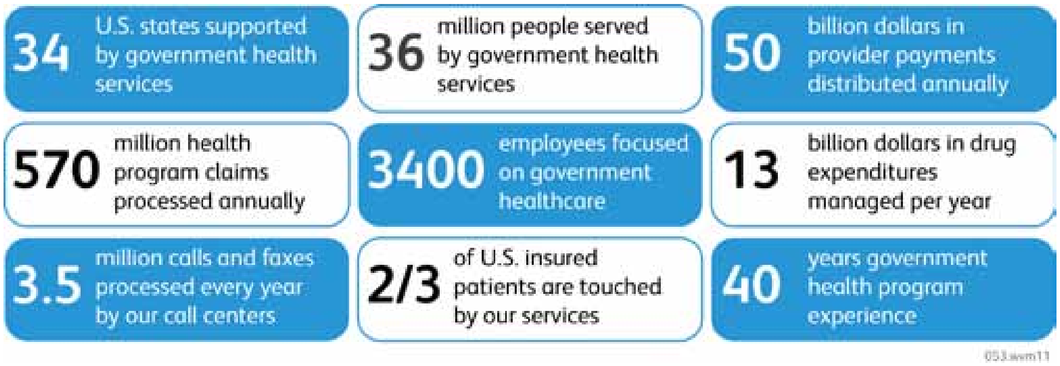
7.1 Profile of ACS

REQUIREMENT: RFP Section 4.1.7, pg. 95 of 99
Proposals should provide a comprehensive profile of the organization that includes a description of the management structure and ownership.

ACS offers BMS a long-term Medicaid services contractor with a proven history of providing the scope of services requested. Our national Medicaid experience brings additional value to our approach by providing a broad knowledge of the issues facing Medicaid programs nationwide. To meet the needs of our Medicaid customers, ACS provides a complete array of diversified services including:

- Medicaid Management Information Systems
- Fiscal Agent/Call Center Services
- Pharmacy Benefits Management
- Health Information Exchange (HIE)
- Electronic Health Records (EHR)
- Clinical Consulting and Management Tools Health Care Analytics
- Health Insurance Exchange (HIX)
- Care and Disease Management
- Payment Methodology Consulting
- Fraud and Abuse Detection
- Enrollment /Eligibility Determination Solutions
- Long Term Care (LTC)
- Home and Community-Based Services (HCBS) Waivers
- Payment Methodology Development

Our client base includes state healthcare programs in 34 states from State Children's Health Insurance Programs (SCHIP), Third Party Liability (TPL), Primary Care and Case Management , and Eligibility and Enrollment, as well as four workers' compensation programs. As demonstrated in Exhibit 7-1, our range of expertise with our demonstrated commitment to technological innovation and operational excellence provides BMS assurance of our ability to meet its goals to streamline administration, tailor services to meet the needs to the enrolled populations, coordinate care for those with chronic conditions, and provide members with incentives to maintain and improve their health.



34 U.S. states supported by government health services	36 million people served by government health services	50 billion dollars in provider payments distributed annually
570 million health program claims processed annually	3400 employees focused on government healthcare	13 billion dollars in drug expenditures managed per year
3.5 million calls and faxes processed every year by our call centers	2/3 of U.S. insured patients are touched by our services	40 years government health program experience

Exhibit 7-1. ACS Government Healthcare Quick Facts

ACS provides comprehensive services that enhance the entire healthcare ecosystem.

ACS' corporate background reflects our mission as a healthcare administrator, striving to improve public health programs by working in collaboration with our customers. Because ACS is often the "face of Medicaid" for our customers' constituency, we consider all Medicaid stakeholders as part of our own "customer base" when serving our customers. In short, our service to the West Virginia Medicaid community is indistinguishable from our service to BMS.

Affiliated Computer Services, Inc., a Xerox Company

Having previously served as BMS' fiscal agent, the Bureau is familiar with ACS and many of ACS' people. Exciting changes have occurred since we last worked for BMS in 2004. Today, ACS State Healthcare, LLC, is a subsidiary of Affiliated Computer Services, Inc., a Xerox Company, providing business process outsourcing and information technology services to commercial and government clients worldwide. On September 28, 2009, Affiliated Computer Services, Inc. and the Xerox Corporation

Xerox and ACS

- Combined revenue of $22 billion
- 136,000 employees combined
- Combined geographical reach of 160 countries
- World's leading enterprise for business process and document management

(Xerox) entered into an Agreement and Plan of Merger providing for the acquisition of Affiliated Computer Services, Inc. by Xerox. This acquisition closed on February 5, 2010. Xerox is a leader in document technology and services to include printers, multifunction devices, production publishing systems, managed print services, and related software. In 2011, Xerox was listed as one of the World's Most Ethical Companies by the Ethisphere Institute, a New York City think tank. Nearly 3,000 companies were nominated with only 110 organizations being included on the 2011 list. Xerox with ACS makes a $22 billion company and the world's leading enterprise for business process and document management. BMS and ACS both gain the added strength and support of Xerox and now have direct access to the full range of products and services available through both companies.

Healthcare Innovation Practice. To help establish a systematic approach to generating ideas that bring more value to the State of West Virginia, ACS uses our Healthcare Innovation Practice. This collaborative effort combines business structures, processes, client needs, tools, and metrics aimed at fostering and managing innovation. Healthcare Innovation Practice is already coordinating process and business review sessions with innovation research teams from our Palo Alto Research Center (PARC) and other facilities across the globe, all to find better ways to serve our Medicaid customers and yield streamlined processes, faster response times, and other enhancements. Working with healthcare-focused innovation leaders from across other Affiliated Computer Services' healthcare businesses, Healthcare Innovation Practice works collaboratively so ideas cross-pollinate and can be shared with clients such as BMS. Healthcare Innovation Practice uses a multi-step plan to foster innovation and generate ideas, as demonstrated in Table 7-1.

Table 7-1. Health Innovation Practice Multi-Step Plan

State	Details
Step One: Innovation Steering Committee (ISC)	ISC comprises thought leaders from around ACS and works closely with research, corporate and business strategy groups, marketing, business development, engineering, and product development—encouraging the exchange of ideas and innovations, and ensuring sponsorship and corporate commitment.
Step Two: Idea Management Solution	To further encourage the distribution of new ideas, we deploy an idea management solution. This enterprise-wide application allows all employees to submit thoughts on needs for innovation, prioritizing them, and tracking their development into solutions for our clients.
Step Three: Meetings with BMS	ACS will reach out to BMS to discover and gain a deeper understanding of its needs. One of the ways we do this is by hosting "dreaming sessions," where we meet with the Bureau to discuss in-depth what is needed from its MMIS. The format is less structured than a traditional focus group, allowing for a more wide-ranging discussion.

ACS' Healthcare Innovation Practice is designed to deliver more value to the West Virginia program by incubating ideas and developing them into usable solutions. Leveraging resources from two well-respected sources of technological innovation—the Xerox Innovation Group (XIG) and the PARC research institute in Palo Alta, California, Xerox has developed over 1,131 patents in 2010 alone—placing Xerox among the Top 25 world leaders for patents. PARC's history includes such technologies as laser printing, the graphical user interface, Ethernet, and ubiquitous computing. These group's efforts and methods will have far-reaching effects on how the West Virginia program is operated and managed in the future. We also use Xerox's longtime strengths in document management, digital imaging, and workflow analysis. For example, both members of Healthcare Innovation Practice and PARC are currently evaluating the workflow process of one of our largest Medicaid programs to look for improvement opportunities. Continuing refinements in digital image processing will be helpful for adoption of EHR and HIE solutions, which tie into BMS' goal of taking full advantage of current Health Information

Technology (HIT) and HIE, to better serve its members, stakeholders, and providers; and, to keep pace with regulatory changes and CMS requirements.

ACS State Healthcare, LLC

Today, ACS State Healthcare, LLC employs approximately 3,400 people nationwide, dedicated to assisting our customers to implement, operate, and enhance their public sector healthcare programs. This is not a side business for ACS but instead our core reason for existing. BMS is assured that the processes and tools we use are proven. BMS can rely on ACS having a bench strength of experienced Medicaid experts who can be used to provide thought leadership ideas and recommendations to help address the complex issues surrounding healthcare reform. Moreover, BMS is assured of ACS' commitment to both Medicaid and BMS. ACS began in 1970 with the establishment of Consultec, Inc. In 1971, ACS established the federal government standard for MMIS when we developed the General Systems Design (GSD) of a prototype MMIS for the United States Department of Health, Education, and Welfare.

Our acquisitions over the past decade, and continuing today, underscore our commitment to Medicaid programs such as BMS and the healthcare industry. ACS now includes acquisitions of some of the nation’s leading health and human services vendors, to include—Consultec, a leading provider of Medicaid technology/fiscal agent services; Birch and Davis, specializing in managed care services, including primary care case management (PCCM), SCHIP, and Medicaid policy expertise; Concera, specializing in enrollment broker and SCHIP services; Heritage Information Systems, the leading provider of clinical management/healthcare analytics services in the nation; and Bowers & Associates, Inc., provider of quality care management services and healthcare analytics management services

The acquisition of Heritage was an important step in the evolution of our HIE products and services. This firm initially developed the nucleus of the systems and technology that has become our HIE solution. Heritage is a co-innovator with ACS in designing, developing, and delivering the most comprehensive health information exchange/electronic health records solutions to Medicaid. We provide additional information about our HIE offering in Proposal Section 10.12 BMS Optional Services.

In 2008, we also acquired Bowers & Associates, Inc., a Wisconsin-based provider of quality care management services and healthcare analytics management services. Bowers (renamed ACS Care & Quality Solutions, Inc.) is one of only a handful of companies that holds Utilization Review Accreditation Commission (URAC) accreditations for medical utilization review/case management, disease management, and workers’ compensation case management. In order to better serve our state and federal clients, ACS secured designation as a Quality Improvement Organization (QIO) entity under section 1902(a)(30)(A) of the Social Security Act. This designation allows ACS to perform medical/utilization review functions required by federal law to fully support CMS and state efforts to safeguard against unnecessary utilization of care and services and to promote efficiency, economy, and quality of care.

In 2009, ACS acquired Pharm/DUR Inc. and subsequently renamed it ACS Audit & Compliance Solutions, bringing clients a sophisticated suite of tools designed to look at an entire prescription program, from prescriber, to pharmacy, to patient. The benefits include more effective cost management, greater provider accountability, and improved patient care. The suite of tools combined with a wide array of auditing services ensure our clients experience continued adherence to plan parameters, formulary and reimbursement compliance, and identification of other potential areas for investigation.

Management Structure. ACS' management structure begins with the onsite, dedicated, and familiar leadership team who have worked with the Bureau before. Doug Tomlin, the proposed MMIS Account Manager, brings more than 12 years of Medicaid experience and previously worked with BMS for more than four years allowing him to apply practical knowledge and understanding of West Virginia specific requirements. Andy Fontalbert, the proposed Medical/Dental Deputy Account Manager/Operations Manager, is a West Virginia native who brings more than 18 years of Medicaid experience, and previously worked with BMS for more than eight years. The Bureau knows first-hand the quality of their work and the value they bring to the project. The ACS account leaders are supported by an equally dedicated team of leaders within the ACS/Xerox organization, as illustrated in Exhibit 7-2.

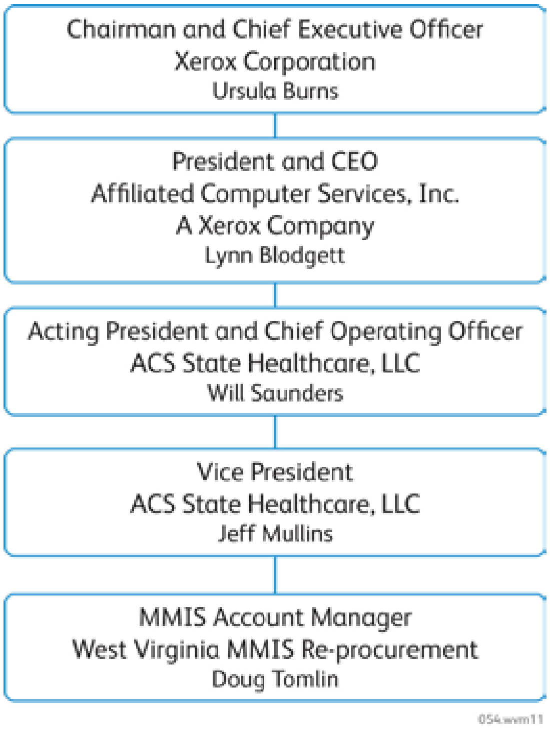

Chairman and Chief Executive Officer
Xerox Corporation
Ursula Burns
President and CEO
Affiliated Computer Services, Inc.
A Xerox Company
Lynn Blodgett
Acting President and Chief Operating Officer
ACS State Healthcare, LLC
Will Saunders
Vice President
ACS State Healthcare, LLC
Jeff Mullins
MMIS Account Manager
West Virginia MMIS Re-procurement
Doug Tomlin
054wvm11

Exhibit 7-2. ACS Corporate Organization
ACS senior management is available as a direct channel of communication for BMS.

Medicaid Experience

ACS brings a history of advancements to the Medicaid arena, developing products and services that have assisted our Medicaid customers to meet the challenges of an ever-changing state and federal regulatory landscape and improve the administration of their programs. Exhibit 7-3 depicts the breadth and depth of our support for various healthcare programs throughout the United States.

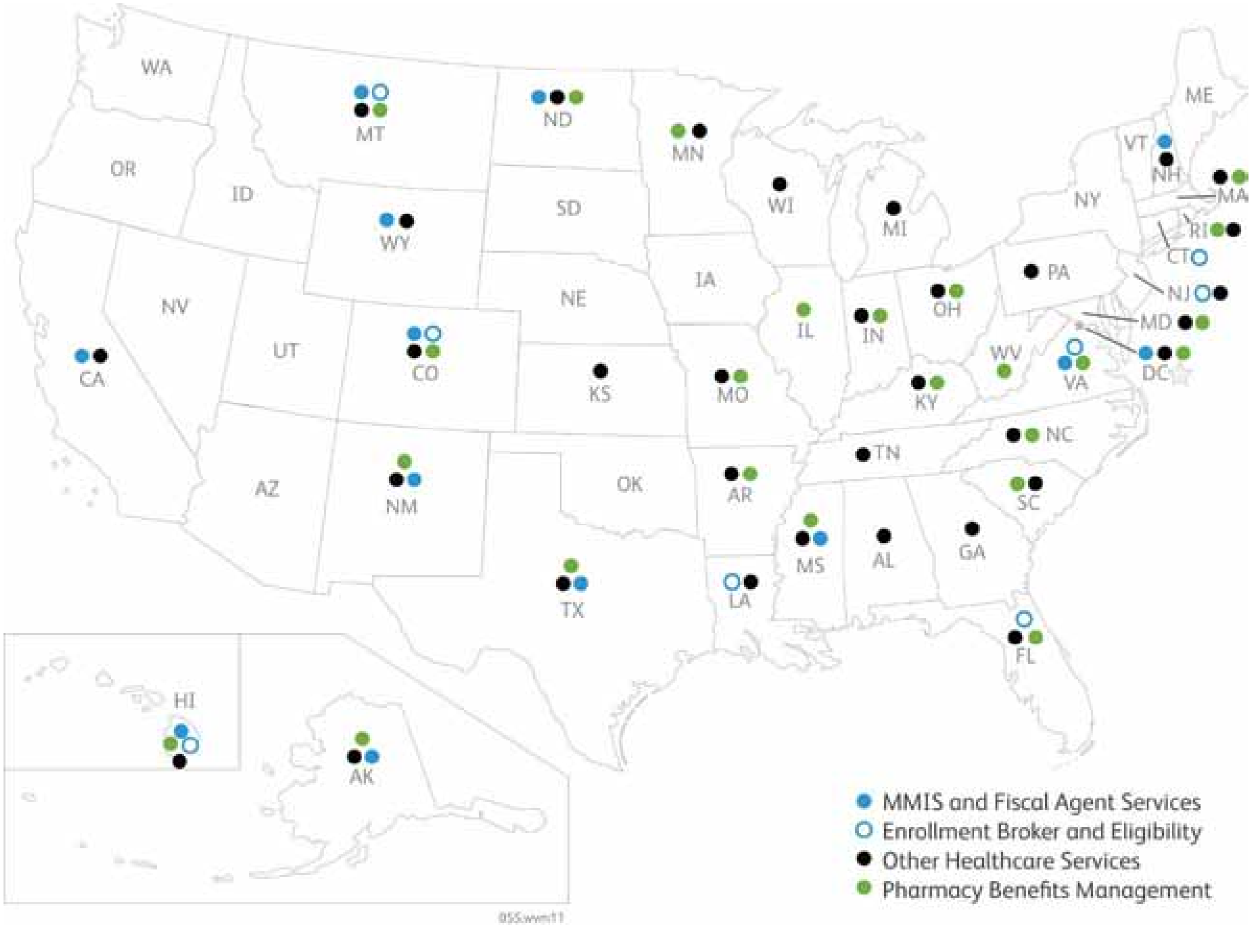
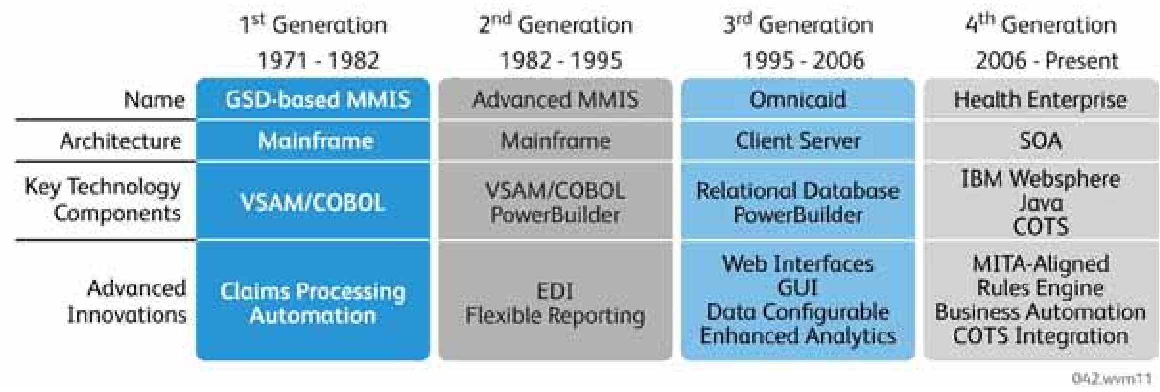

WA
OR
CA
ID
NV
MT
WY
UT
CO
AZ
NM
ND
SD
NE
KS
OK
TX
MN
IA
MO
AR
LA
WI
IL
MS
MI
IN
KY
TN
AL
OH
GA
FL
WV
VA
NC
SC
PA
NY
VT
NH
ME
MA
RI
CT
NJ
MD
DC
HI
AK
● MMIS and Fiscal Agent Services
○ Enrollment Broker and Eligibility
● Other Healthcare Services
● Pharmacy Benefits Management
0SS.wvm11

Exhibit 7-3. National Healthcare Experience

ACS brings nationwide healthcare administration experience to West Virginia.

Health Enterprise Design, Development, and Implementation Experience

ACS' commitment to Medicaid and clients like BMS is seen in the investment we have made to create Health Enterprise for BMS and our other state clients. We are excited to be able to offer this new system, which will help BMS achieve its vision of new functionality that is needed to provide and support the Bureau's desired business capabilities, as identified through the MITA State Self-Assessment (SS-A). ACS offers BMS extensive experience in MMIS design, development, and implementation (DDI). We are currently in the DDI phase of three MMIS projects in Alaska, New Hampshire, and North Dakota where we are implementing our proposed fourth generation MMIS Health Enterprise. We are also in the planning phase for the California MMIS project. These customers benefit from the flexible technology developed by ACS that adapts easily to upgrades and modifications. Health Enterprise was designed to serve Medicaid's evolving policy and system requirements. For West Virginia, Health Enterprise provides a system flexible enough to address the unknowns of tomorrow, while achieving current Medicaid goals. Health Enterprise's design is based on our national healthcare experience and client demands for an MMIS with the flexibility to easily modify program rules without the need for constant, costly change orders to meet new state and federal policies and reforms. As shown in Exhibit 7-4, we have evolved our MMIS solutions to keep pace with (and optimally support) the business and technical requirements of our Medicaid clients since creating the first MMIS to support Title XIX requirements in 1971.



	1st Generation 1971 - 1982	2nd Generation 1982 - 1995	3rd Generation 1995 - 2006	4th Generation 2006 - Present
Name	GSD-based MMIS	Advanced MMIS	Omnicaid	Health Enterprise
Architecture	Mainframe	Mainframe	Client Server	SOA
Key Technology Components	VSAM/COBOL	VSAM/COBOL PowerBuilder	Relational Database PowerBuilder	IBM Websphere Java COTS
Advanced Innovations	Claims Processing Automation	EDI Flexible Reporting	Web Interfaces GUI Data Configurable Enhanced Analytics	MITA-Aligned Rules Engine Business Automation COTS Integration

Exhibit 7-4. ACS' Commitment to Medicaid Clients

ACS introduced real time/online file maintenance and real time claim adjudication in our 1st generation MMIS. Working closely with our clients has led to the development of our 4th generation MMIS.

In Table 7-2, we provide narrative descriptions of the four projects where our Health Enterprise solution is currently being implemented.

Table 7-2. Current Health Enterprise DDI Efforts

State	Details
Alaska Medicaid	ACS was awarded a contract by the Alaska Health and Social Services Department to takeover the legacy MMIS and design, development, and implement a new MMIS; provide full fiscal agent services; and provide full PBM services. During a 30-day time period, ACS transitioned nearly 100 incumbent operations staff into our organization. With a speedy and smooth transition, the client and ACS continued to maintain access to the critical experience and expertise that these staff members bring to daily Alaska fiscal agent operations. We are currently in the DDI phase for the replacement system (Health Enterprise).
New Hampshire Medicaid	ACS is under contract with the New Hampshire Department of Health and Human Services to replace the State's existing MMIS and provide full fiscal agent services. ACS is deploying Health Enterprise and customizing it to meet State-specific requirements. New Hampshire's system includes a feature-rich Web portal and comprehensive self-service for providers—to include online provider enrollment; eligibility verification; computer-based training; claim submission/online claim correction; claims inquiry; prior authorization submission/inquiry; and correspondence tracking. The system will also automate provider licensing/certification, and maintains all relevant provider identifiers. The requirements validation sessions, general system design document, and detailed system design have all been completed. The testing phase is currently in progress.
North Dakota Medicaid	ACS is under contract with the North Dakota Department of Human Services to replace the existing North Dakota MMIS and pharmacy point of sale (POS) system. As an early adopter of the MITA initiative, North Dakota, is transforming the architecture and infrastructure of its existing information systems from procedurally programmed legacy applications to enterprise-wide service-oriented components. ACS is deploying Health Enterprise and customizing it to meet North Dakota-specific requirements. The requirements analysis and design specification documents have been completed and construction is proceeding according to schedule.
California Medicaid	In May 2010, the California Department of Health Care Services awarded ACS a contract to take over and operate its legacy MMIS, implement a replacement system, and provide full fiscal intermediary services. ACS will implement Health Enterprise, allowing the State to: meet program goals with a scalable architecture that can grow and change with the program; better align with MITA and service oriented architecture (SOA) guidelines, moving the State to a higher MITA maturity level; and improve flexibility, allowing for the implementation of policy/system changes quickly and at minimum cost. ACS is in the planning stage for the DDI replacement as we support the project takeover.

Other MMIS Related DDI Successes and System Enhancements

These descriptions further highlight ACS' ability to perform an MMIS DDI effort, such as the effort required by West Virginia.

Table 7-3. Other MMIS Related DDI Efforts and System Enhancements

State	Details
Mississippi Medicaid	In 2001, ACS was selected to take over, enhance, and operate the State's legacy MMIS from the previous contractor, and provide fiscal agent services. We converted the State's legacy MMIS to ACS' OmniCaid MMIS. The resultant system, *Envision*, was successfully implemented on time and on budget in October 2003, and certified by CMS in 2004. ACS underwent a formal Capability Maturity Model (CMM) assessment during DDI, with current project management and software engineering methodologies aligning with CMM Integration Level 3. *Envision* processes claims for Medicaid/non-Medicaid services representing multiple program categories and pricing methodologies, and includes a PBM and Prescription Drug Card system. ACS maintains provider and beneficiary eligibility records, processes claims, and maintains reporting systems. Under a second contract, ACS implemented enhancements to *Envision* including National Provider Identification, a complete replacement of the Web portal; and the integration of a Condition-Based Edits engine, enabling table driven maintenance of certain client-defined claim edits. The enhanced MMIS combines proven, certified MMIS functionality with commercial-off-the-shelf products and advanced Web services. The automated workflow management system fully integrates with the electronic document management system, the contact management system, and the MMIS, providing a complete workflow management solution. The solution also includes a letter generation and reporting component. In May 2007, we implemented the new Provider Web portal. Providers use the portal to submit claims for real-time adjudication and conduct eligibility and claims status inquiries. The implementation of the portal has resulted in a significant reduction in call volume as many provider questions were associated with paper claims and adjudication issues. Approximately one-third of the program's paper volume has now moved to the Web. The portal supports approximately 1 million claims inquiries and 8.1 million eligibility inquiries annually and the Provider Training component of the portal has been accessed 12,100 times since implementation.
Texas Medicaid	In November 2002, the Texas Health and Human Services Commission awarded ACS a contract that combined the takeover of the MMIS and fiscal intermediary services with the Primary Care Case management contract. This contract was renewed through a competitive RFP process in 2010. TMHP has steadily advanced MMIS Web technology—adding key functions such as Primary Care Case Management services, claims submission and status, eligibility verification, prior authorizations, and provider enrollments and lookups. The Online Provider Lookup functionality has allowed client's to gain information and locate a provider more easily and for providers to access provider information to enhance the client referral process. TMHP has continuously enhanced the technology and architecture, increasing flexibility, implementing executive information dashboards, improving claims processing, developing a browser-based application that automates the creation of new plans, and implementing pricing flexibility and a Contact Center screen pops and other system and Contact Center process improvements.

State	Details
District of Columbia (DC) Medicaid	ACS is fulfilling a second consecutive contract for the DC Medicaid. Our new contract includes the design, development, and implementation of a replacement MMIS and full fiscal agent services. The DC Medicaid program serves 150,000 recipients and processes 9 million medical claims annually, representing $1.3 billion in annual provider payments. Our first contract (2001) involved the transfer of our Wyoming MMIS, which ACS continued to operate during the DDI effort. Under the renewed contract, ACS deployed our OmniCaid MMIS to include enhanced capabilities such as a feature-rich, secure Web portal for providers and recipients; a Clinical Case Management System; a Web-based reporting data mart; and enhanced surveillance and utilization review, management and administrative reporting, and TPL systems. The OmniCaid MMIS contains an enterprise rules engine; an advanced, n-tier, thin-client architecture; and a DB2 relational database management system, providing enhanced performance and reliability. DDI was completed successfully and according to schedule, with ACS completing the Planning, Requirements, Design, and Phase I Public Web Implementation, Phase II Provider Enrollment Development and Testing, Development, System and Integration Testing; and UAT phases.
Virginia Medicaid	In 2009, the Virginia Department of Medical Assistance Services (DMAS) awarded ACS a contract to take over and substantially enhance its legacy MMIS and provide full fiscal agent and provider enrollment services (PES). We completed the takeover on June 27, 2010, and ongoing operations began the next day—three days earlier than scheduled. The takeover was completed and transition to operations occurred with absolutely no disruption in service. Additionally, we delivered a replacement Web portal that leverages architecture framework from Health Enterprise.
Wyoming Medicaid	ACS has served as the Wyoming Department of Health and Social Services' MMIS fiscal intermediary since 1993. Our services include MMIS maintenance and full fiscal agent operations. In 2000, after being awarded a second contract, we implemented major enhancements to the system, including GUI, imaging capability, Web-enabled technology, benefit file plan, Medicare buy-in, and drug rebate processing, including invoicing, dispute resolution, and rebate agreement administration. Currently, on our third consecutive contract, ACS began a major improvement project that involved 24 major system enhancements. They were successfully implemented in October 2009.

Related Project Successes in Non-MMIS Health Innovations

The following provides details for our Health Information Exchange (HIE)/Electronic Health Record (EHR) and Care Quality Services (CQS) solutions.

ACS HIE/EHR Solutions

To support the Bureau's desire to take full advantage of current HIT and HIE, to better serve its members, stakeholders, and providers, ACS brings eight years of HIE/EHR experience, offering physicians, pharmacists, payers, and patients with access to clinical and claims information from a wide variety of previously unconnected sources, thus enabling them to make smarter decisions about healthcare treatment and to more effectively coordinate care among providers. Our solution is one of the most comprehensive HIE/EHR/PHR solutions available in the market today, creating a return on investment for our customers but also for the physicians and recipients. Our HIE/EHR experience has enabled users to exchange clinical images, hospital admission and discharge documents, and lab results; connect to public health systems; detect pandemic outbreaks; and issue appropriate clinical alerts. The solution produces a summarized patient health record in real time, yielding a single standard continuity of care document (CCD) with embedded clinical alerts, which is a true summary of a patient's medication and his or her medical, family, social, and known allergy history. ACS is the first HIE/EHR vendor in the market to provide an aggregated comprehensive CCD with embedded clinical alerts. The advanced reporting and analytics component of our solution combines clinical and administrative/claims data to provide complete population health management with predictive modeling. As detailed in Table 7-4, ACS' HIE/EHR solutions are currently in place and working in Missouri, Alabama, Hawaii, Kentucky, and Wyoming.

Table 7-4. Summary Table of ACS HIE/EHR Projects

State	Details
Alabama Together for Quality HIE	ACS launched HIE and EHR services for Alabama Medicaid Agency in September 2007. Production for the project was completed in June 2008. The Alabama HIE is the nation's first successful Medicaid-based and -funded HIE solution. It is cited by CMS as a model for state HIT innovation and includes clinical alerts that currently focus on two chronic conditions: asthma and diabetes. It serves over 1,600 Users and over 500 physicians in the state.
Hawaii Pediatric EHR/ Early Periodic Screening, Diagnosis, and Treatment (EPSDT)	For the Hawaii Department of Human Services, ACS launched a pediatric EHR/EPSDT solution in January of 2009. Production for the project was completed in June of 2009. The system tracks and schedules immunizations and health screenings for Medicaid children in Hawaii. It is currently in use by 10-15 pilot providers.
Kentucky HIE Network (KHIE)	In September of 2009, ACS launched a State-wide HIE solution for the Kentucky Office of Administrative and Technology Services. The solution was led by Kentucky Medicaid and links hospitals, labs, patients, doctors, and existing RHIOs across Kentucky. Production for the project was completed in April 2010. The solution is used by 65 users and 675 providers. Currently, this number is growing as we add more users/providers.
Missouri HealthNet Clinical Management Services and System for Pharmacy and Prior Authorization (CMSP)	ACS has worked with the Missouri Division of Medical Services since November 2005, adding a Web-based EHR and prior authorization portal to the existing pharmacy prior authorization and disease management system. Today, more than 3,800 provider sites representing more than 15,000 individual providers access our EHR solution on a recurring basis. Missouri was one of the first states in the nation to implement a complete EHR solution, and it is currently being upgraded to a full blown Medicaid HIE.
Wyoming Total Health Record HIE	ACS is currently implementing a Medicaid EHR/HIE solution for the Wyoming Department of Health. The project, awarded in January 2011, is an electronic medical home for the Medicaid population of Wyoming.

Government Healthcare Care Quality Services

To assist the Bureau in achieving its project goals, ACS brings experience in developing Care and Quality Service (CQS) programs that have resulted in added benefits to the states where they have been implemented. ACS is a leading and innovative provider of health quality, coordinated care, and total population management solutions for government healthcare contracts. We have extensive experience with utilization, medical review, and care management and have been URAC-accredited since 1994. As we implement a CQS program for a client, ACS takes into consideration the unique goals of each, and tailors its services to meet those goals, serve the state's unique population, and improve its provider relations. Our results include access to care that improves health outcomes while managing costs and reducing administrative burden on providers. As detailed in Table 7-5, ACS CQS solutions are currently in place and working in Wyoming and Missouri.

Table 7-5. Summary of ACS CQS Projects

State	Details
Wyoming	ACS implemented a CQS program in Wyoming focused on prior authorization (PA) for durable medical equipment (DME). Wyoming's EqualityCare program covers 79,221 clients. We were selected for the Wyoming EqualityCare program based on our focused clinical reviews for high cost DME, and our proven track record of maintaining and improving provider relations. The return on investment has been $6.56:1 because ACS had an impact on the PA requirements and reduced inappropriate utilization. Results of audits were also used to guide our sampling in the following quarter, such that higher or lower sampling size was chosen based on prior quarter's trends.
Missouri	In late 2009 ACS implemented a CQS program for Missouri's MO HealthNet program focused on precertification of inpatient hospitalizations for its 601,000 participants. Upon inception of the program in late 2009, 70 percent of all precertification requests were made by telephone. The remaining 30 percent were submitted via facsimile (fax). By automating the precertification process, ACS greatly reduced provider administrative burdens and reduced program costs.

MMIS Operations Experience

BMS knows first-hand of ACS' experience, ability, and success in fulfilling MMIS Operational requirements, having previously served as its MMIS fiscal agent. We are excited about the opportunity to serve in partnership with BMS again. ACS' operational role as a fiscal agent is to serve as a trusted healthcare advisor to our customers and to help them improve business processes, patient access to care, and cost efficiencies. We apply our experience to provide industry best practices and bring innovative ideas to help solve the common and unique issues our customers are currently confronting, as well as potential issues that are on the horizon. Our nationwide success demonstrates our ability to apply these ideas and to work closely with our customers in a way that achieves each customer's specific goals and complements the administration of their Medicaid and other healthcare programs. As an experienced Medicaid claims processing fiscal agent active in 12 states, we process approximately 215 million claims per year totaling approximately $34 billion dollars. Each claim averages five claim lines for an approximate total of 1.075 billion claim lines processed per year. Table 7-6 shows current and recently awarded MMIS fiscal agent projects, along with annual claim volumes and Medicaid expenditures noted in the total amount of dollars disbursed.

Table 7-6. Current and Recently Awarded Fiscal Agent Annual Transaction Volumes

Account	Claims	Amount	Members
Alaska MMIS and Fiscal Agent Services	8 million	$1 billion	125,000
California MMIS and Fiscal Agent Services *(projected)*	185 million	$40 billion	7,000,000
Colorado MMIS and Fiscal Agent Services	26.8 million	$2.1 billion	580,000
DC MMIS and Fiscal Agent Services	5 million	$1.1 billion	200,000
Hawaii Fiscal Agent Services	2.2 million	$500 million	200,000
Mississippi MMIS and Fiscal Agent Services	45 million	$3.4 billion	625,000
Montana MMIS and Fiscal Agent Services	6 million	$714 million	125,000
New Hampshire MMIS and Fiscal Agent Services *(projected)*	6 million	$1.3 billion	220,000
New Mexico MMIS and Fiscal Agent Services	10 million	$2 billion	463,000

Account	Claims	Amount	Members
Texas Medicaid and Healthcare Partnership	62.4 million	$18 billion	3,800,000
Virginia MMIS and Fiscal Agent Services	48 million	$4.8 billion	870,000
Wyoming MMIS and Fiscal Agent Services	2.3 million	$377 million	88,000

Meeting BMS' Operational Requirements. ACS entered the arena of Medicaid fiscal agent operations in 1982 after building a strong foundation in MMIS development and implementation. Within these 29 years, we have performed services similar to those requested by BMS for state healthcare organizations across the country. Having carefully reviewed the operational requirements outlined by BMS in Appendix F of the RFP, ACS is confident in our ability to successfully perform the tasks outlined for the MMIS Re-procurement Project.

7.2 References

REQUIREMENT: RFP Section 4.1.7, pg. 95 of 99

Proposals should include at least three (3) business references that demonstrate the Vendor's prior experience in the Medicaid program. Each reference should include the contact name, address, telephone number and email address of the client, organization, and the responsible project administrator familiar with the organizations performance, and brief description of services that are provided to the reference.

ACS is pleased to present to the Bureau our references from satisfied customers whom we have served. These references demonstrate our ability to meet the requirements set by the Bureau by providing services similar to the scope of work requested. In this section, we provide references for our contracts in the states of **Virginia**, **Mississippi**, **Wyoming**, and **New Hampshire**. In the following tables we detail the reference information requested by the State, to include contact name, address, telephone number and email address of the client, organization, the responsible project administrator familiar with the organizations performance, and brief description of services that are provided.

Table 7-7. Virginia Medicaid

Organization: Virginia Department of Medical Assistance Services		
Contact Information/ Project Administrator	Name:	Ms. Sylvia Hart, Director, Division of Medicaid Assistance Services
	Address:	600 E Broad Street, Suite 1300, Richmond, VA 23219
	Telephone:	(804) 371-6269; (804) 786-8992 (f)
	Email:	sylvia.hart@dmas.virginia.gov
Description of Services Provided		
In March 2009, the Virginia Department of Medical Assistance Services (DMAS) awarded ACS contracts to take over and enhance the Commonwealth's legacy MMIS and provide full fiscal agent and provider enrollment services. The takeover was completed on June 27, 2010, and ACS went live on June 28, 2010 (three days ahead of schedule). There was no disruption in service to the provider community and normal business processes provided by the fiscal agent and provider enrollment contractor transitioned seamlessly. ACS is currently providing the following fiscal agent and provider enrollment services: claims processing, financial services, recipient identification (ID) cards, pharmacy services, EDI support, other business operations services, application (system) support, platform management, documentation management, security, risk management, change management, provider enrollment, provider relation services via a provider call center, and mailroom services.		

Table 7-8. Mississippi Medicaid

Organization: Mississippi Division of Medicaid		
Contact Information/ Project Administrator	Name:	Dr. Robert L. Robinson
	Address:	Walter Sillers Building, 550 High Street, Suite 1000, Jackson, MS 39201
	Telephone:	(601) 359-9562
	Email:	Robert.Robinson@medicaid.ms.gov
Description of Services Provided		
In March 2001, the Mississippi Division of Medicaid awarded ACS a contract to take over, enhance, and operate the legacy First Health MMIS and provide full fiscal intermediary services. In October 2003, we implemented an ACS-developed replacement MMIS. Under our second contract, we implemented 14 MMIS enhancements on time and on budget including National Provider Identification (NPI); UB-04; a complete replacement of the Web portal; and the integration of a Condition-Based Edits engine. ACS also provides prescription benefits management services for Mississippi Medicaid. The Mississippi Medicaid program covers approximately 625,000 recipients and processes approximately 45 million medical and pharmacy claims annually, representing $3.4 billion in payments to 17,000 providers. Our services covering MMIS/FI and pharmacy include claims processing, management, and payment; prior authorization; Medical review; provider and recipient services; financial services; system operation, maintenance, and modification/enhancement; executive Information system (EIS)/decision support system (DSS); Web portal; call center; document control/imaging; surveillance and utilization and review (SUR)/fraud and abuse detection system(FADS); management and administrative reporting (MAR) and ad hoc reporting; pharmacy point-of-sale (POS) claims processing/prospective drug utilization review (Pro-DUR); drug rebate administration; and pharmacy/therapeutics committee.		

Table 7-9. Wyoming Medicaid

Organization: Wyoming Office of Healthcare Financing		
Contact Information/ Project Administrator	Name:	Debbie Paiz, Systems Manager
	Address:	6101 Yellowstone Road, Suite 210, Cheyenne, WY 82002
	Telephone:	(307) 777-7531; (307) 777-6964 (f)
	Email:	Debbie.paiz@health.wyo.gov
Description of Services Provided		
Since 1993, ACS has served as the MMIS fiscal intermediary for the state of Wyoming. Our services include MMIS maintenance and fiscal agent operations; services to support the state's dental program; client call center and client transportation services; program integrity including eFADS; full service third party liability including subrogation, estate recovery, Medicare buy-in, and J-code rebate; full service provider relations, including call center, seminars, training, and publications; and maintenance of a state Web portal for providers and clients. Until the PBM contract expired in May 2009, we also processed pharmacy claims as part of the MMIS contract. In 1995, we completed the DDI phase of our POS system for Wyoming and used this system until contract expiration. In 2000, the Wyoming Department of Health and Social Services awarded ACS a second contract to serve as fiscal agent and to implement major enhancements to the Wyoming MMIS, including GUI, imaging capability, Web-enabled technology, benefit file plan, Medicare buy-in, and drug rebate processing, including invoicing, dispute resolution, and rebate agreement administration. We are currently fulfilling a third consecutive contract to provide the Wyoming Department of Health and Social Services MMIS maintenance and support and full fiscal agent services. At the start of this contract in November 2008, ACS began a major improvement project that involved 24 major system enhancements successfully implemented in October 2009. Also, under the new contract, ACS added a call center to better serve providers participating in the state's dental program.		

Table 7-10. New Hampshire Medicaid

Organization: New Hampshire Department of Health and Human Services		
Contact Information/ Project Administrator	Name:	Ms. Diane Delisle, Director, MMIS
	Address:	2 Pillsbury Street, Suite 200, Concord, NH 03301
	Telephone:	(603) 223-4744; (603) 223-8125 (f)
	Email:	ddelisle@dhhs.state.nh.us

Description of Services Provided

In December 2005, the State of New Hampshire Department of Health and Human Services awarded ACS a contract to replace the existing New Hampshire MMIS with ACS' Health Enterprise solution, customized to meet State-specific requirements, and to provide full fiscal agent services. The project is currently in the testing phase of the DDI phase. When the DDI phase is completed, New Hampshire will have a fully operational and certifiable Web-based system that follows the Federal MITA initiative, automates manual processes, creates administrative efficiencies, and optimally positions the State for anticipated Medicaid Reform initiatives. ACS' responsibilities for the DDI and Operations phases of the New Hampshire Health Enterprise Project include the following: project management; design, development and implementation; data conversion; end-to-end testing; training (for State staff and providers), provider reenrollment; MMIS federal certification; post-implementation review, maintenance and support (operations), and full fiscal agent services.

As part of our Health Enterprise solution, ACS is providing New Hampshire with a feature-rich Web portal for providers, clients, internal end users, and the public. Each application component of the Web portal's user interface is HIPAA-compliant. The Web portal also gives providers and clients the benefits of self-service functionality and 24/7 access to the MMIS, while creating a reduction in operating costs for the State by diminishing the reliance on higher-priced call centers, which providers have used in the past to perform the services that they are now able to perform themselves using the Web portal. Comprehensive services providers will be able to perform include online provider enrollment, eligibility verification, computer-based training (CBT), claim submission and online claim correction, claims inquiry, prior authorization submission and inquiry, and correspondence training.

8 Staff Capacity, Qualifications and Experience

REQUIREMENT: RFP Section 4.1.8, pg. 95 of 99

4.1.8 Staff Capacity, Qualifications and Experience. The Vendor is responsible for providing all resources necessary to fulfill the requirements as specified in this RFP. Vendor is expected to provide a project staffing chart that demonstrates the vendor's ability and capability to provide knowledgeable, skilled and experienced personnel to accomplish the Scope of Work as described in Section 3. Key staff are to be identified and the percentage of time that each individual is to be dedicated to this project. Resumes are to be provided for the key staff members assigned to this project, including their licenses, credentials and experience.

If proposed staff are not employed by the vendor, the vendor is to provide a signed letter of intent from the individual indicating they are to accept employment if the vendor is awarded the contract. BMS reserves the right to reject any staff proposed or later assigned to the project, and require the successful vendor to remove them from the project.

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

- [redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]

[redacted]	[redacted]
[redacted]	[redacted]

[redacted]

[redacted]

[redacted]

[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]			
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]			
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]			
[redacted]			[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]			
[redacted]		[redacted]	[redacted]										
[redacted]		[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]					
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]			
[redacted]									[redacted]	[redacted]			
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]			
[redacted]		[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]			
[redacted]										[redacted]			
[redacted]								[redacted]	[redacted]	[redacted]			
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]			
[redacted]		[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]			
[redacted]			[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]			
[redacted]			[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]			

[redacted]

[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]			[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]			
[redacted]		[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]			
[redacted]		[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]			
[redacted]			[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]			
[redacted]			[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]			
[redacted]		[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]			
[redacted]			[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]			
[redacted]			[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]			
[redacted]			[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]			
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]							[redacted]	[redacted]	[redacted]	[redacted]			
[redacted]							[redacted]	[redacted]	[redacted]	[redacted]			
[redacted]							[redacted]	[redacted]	[redacted]	[redacted]			
[redacted]						[redacted]	[redacted]	[redacted]	[redacted]	[redacted]			
[redacted]						[redacted]	[redacted]	[redacted]	[redacted]	[redacted]			
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]			
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]		
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]		

[redacted]

[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]		
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]			
[redacted]			[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]			
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]									
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]			
[redacted]	[redacted]												
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]		
[redacted]				[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]				
[redacted]			[redacted]	[redacted]							[redacted]		
[redacted]						[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]		
[redacted]						[redacted]	[redacted]	[redacted]	[redacted]	[redacted]			
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]		
[redacted]									[redacted]	[redacted]			
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]			
[redacted]			[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]			
[redacted]		[redacted]	[redacted]	[redacted]	[redacted]		[redacted]	[redacted]	[redacted]	[redacted]			
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]					
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]

[redacted]

[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]			
[redacted]							[redacted]	[redacted]	[redacted]	[redacted]			
[redacted]						[redacted]	[redacted]	[redacted]	[redacted]	[redacted]			
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]			
[redacted]									[redacted]	[redacted]			
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]			
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]			
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]			[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]			
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]			
[redacted]			[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]		
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]			
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]			
[redacted]								[redacted]	[redacted]	[redacted]			
[redacted]			[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]			
[redacted]				[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]			

[redacted]

[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]			
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]			
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]			
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]			
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]			
[redacted]									[redacted]	[redacted]			
[redacted]			[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]			
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]			
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]			
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]			
[redacted]			[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]			
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]			
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]			
[redacted]		[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]							[redacted]	[redacted]	[redacted]	[redacted]			
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]			
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]			
[redacted]				[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]			

[redacted]

[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]			
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]		
[redacted]				[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]		
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]		
[redacted]	[redacted]	[redacted]	[redacted]		[redacted]	[redacted]	[redacted]	[redacted]					
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]		
[redacted]								[redacted]	[redacted]	[redacted]	[redacted]		
[redacted]	[redacted]			[redacted]	[redacted]						[redacted]		
[redacted]				[redacted]	[redacted]	[redacted]	[redacted]	[redacted]		[redacted]	[redacted]		
[redacted]				[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]		
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]			
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	
[redacted]		[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]		
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]			
[redacted]		[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]			
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]			
[redacted]							[redacted]	[redacted]	[redacted]	[redacted]			

[redacted]

[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]						[redacted]	[redacted]	[redacted]	[redacted]	[redacted]			
[redacted]									[redacted]	[redacted]			
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]			
[redacted]						[redacted]	[redacted]	[redacted]	[redacted]	[redacted]			
[redacted]									[redacted]	[redacted]			
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]			
[redacted]										[redacted]			
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]			
[redacted]					[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]			
[redacted]				[redacted]	[redacted]	[redacted]	[redacted]						
[redacted]				[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]			
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]			
[redacted]			[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]			
[redacted]			[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]			
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]			

[redacted]

[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]		[redacted]	[redacted]			[redacted]	[redacted]	[redacted]	[redacted]	[redacted]			
[redacted]	[redacted]	[redacted]				[redacted]	[redacted]	[redacted]	[redacted]	[redacted]			
[redacted]		[redacted]	[redacted]	[redacted]		[redacted]	[redacted]	[redacted]	[redacted]	[redacted]			
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]			
[redacted]	[redacted]	[redacted]	[redacted]			[redacted]	[redacted]	[redacted]	[redacted]	[redacted]			
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]			
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]			
[redacted]	[redacted]	[redacted]	[redacted]			[redacted]	[redacted]	[redacted]	[redacted]	[redacted]			
[redacted]	[redacted]	[redacted]	[redacted]			[redacted]	[redacted]	[redacted]	[redacted]	[redacted]			
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]			
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]					
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]		[redacted]	[redacted]	[redacted]					

[redacted]

[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]		[redacted]	[redacted]						
[redacted]		[redacted]	[redacted]	[redacted]		[redacted]	[redacted]	[redacted]					
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]					
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]					
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]					
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]					
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]					
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]					
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]		[redacted]	[redacted]	[redacted]					
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]		[redacted]	[redacted]	[redacted]					
[redacted]							[redacted]	[redacted]	[redacted]	[redacted]			
[redacted]	[redacted]	[redacted]				[redacted]	[redacted]	[redacted]	[redacted]	[redacted]			
[redacted]	[redacted]	[redacted]					[redacted]	[redacted]	[redacted]	[redacted]			
[redacted]	[redacted]	[redacted]				[redacted]	[redacted]	[redacted]	[redacted]	[redacted]			
[redacted]							[redacted]	[redacted]	[redacted]	[redacted]			

[redacted]

[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]							[redacted]	[redacted]	[redacted]	[redacted]			
[redacted]		[redacted]					[redacted]	[redacted]	[redacted]	[redacted]			
[redacted]							[redacted]	[redacted]	[redacted]	[redacted]			
[redacted]							[redacted]	[redacted]	[redacted]	[redacted]			
[redacted]								[redacted]	[redacted]	[redacted]			
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]			[redacted]	[redacted]	[redacted]	[redacted]			
[redacted]	[redacted]	[redacted]				[redacted]	[redacted]	[redacted]	[redacted]	[redacted]			
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]			
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]			[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]			
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]			
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]		[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]

[redacted]

[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]		[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]			
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]			
[redacted]				[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	
[redacted]						[redacted]	[redacted]	[redacted]	[redacted]	[redacted]			
[redacted]				[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	
[redacted]							[redacted]	[redacted]	[redacted]	[redacted]			
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]			
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]			
[redacted]				[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]			
[redacted]				[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]			
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]			

[redacted]

[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]			
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]						
[redacted]	[redacted]	[redacted]						
[redacted]	[redacted]	[redacted]						
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]						
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]

[redacted]

[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]

[redacted]

[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]

[redacted]

[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]						
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]

[redacted]

[redacted]

[redacted]

[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]

[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted] [redacted] [redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted] [redacted] [redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted] [redacted] [redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

9 Project Approach and Solution

REQUIREMENT: RFP Section 4.1.9, pg. 95 of 99 and 2.5.1, pg. 29 of 99

4.1.9 Project Approach and Solution. The vendor should provide a "Statement of Understanding" (not to exceed 3 pages) that provides a high-level summary of the work requested by the Bureau for Medical Services in this RFP. Additionally, the vendor is expected to provide a detailed proposal for providing the services as described in Part 3 Procurement Specifications which discusses their understanding of the Scope of Work and the project objectives and timeline. The vendor should descr be the approach and methodologies for completing the work. The purpose of this information is to provide the Bureau with a thorough understanding of the vendor's proposed plan and approach. The vendor is expected to identify how they are able to commence providing services upon award of contract and continue to provide those services over the anticipated duration of the contract. The vendor is to provide a timeline or Gantt chart for the activities required and planned milestones. The vendor is to complete Attachment II - Requirements Checklist and submit with proposal to this RFP.

ACS will deliver a replacement MMIS—Health Enterprise—with the flexibility, scalability, reusability, and adaptability necessary to support BMS' current vision and evolving requirements for West Virginia's Medicaid Program.

The ACS Advantage

- 4th generation Medicaid-specific solution, Health Enterprise, that delivers 85%+ of West Virginia's requirements without customization
- Highly configurable system reduces ongoing maintenance costs while enabling rapid change
- Proven project management approach and methodologies achieve BMS' objectives on time and within budget

The West Virginia Medicaid Program is being challenged as never before to deliver high-quality health services while remaining cost conscious. With the right solution and vendor, West Virginia's MMIS Re-procurement Project will increase administrative efficiency, improve service delivery to members and providers, support access to quality care, and encourage members to maintain and improve their health.

ACS offers West Virginia over 40 years of Medicaid experience, including 12 years as West Virginia's fiscal agent. In 1992, ACS was awarded the West Virginia MMIS contract. We refreshed the MMIS, replacing the provider, reference, recipient, and claims processing subsystems, along with the POS system used to adjudicate drug claims. We increased the capabilities of the system by implementing new long-term care, managed care, and eligibility verification components. After the turnover to Molina in 2004, BMS commended ACS for our cooperation and efforts to facilitate a smooth transition. ACS is fully dedicated to working collaboratively with BMS and its stakeholders to deliver a successful MMIS Re-procurement Project.

To meet West Virginia's requirements, we provide our ACS Health Enterprise product and configure it to build West Virginia Health Enterprise. For brevity, we refer to West Virginia Health Enterprise simply as "Health Enterprise" in the remainder of this proposal. Health Enterprise is built on a service-oriented architecture (SOA) that thoroughly incorporates Medicaid Information Technology Architecture (MITA) principles and offers BMS the most advanced information technology solution available.

Our disciplined project management approach and methodologies are based on industry best-practices and lessons-learned from providing fiscal agent services for nearly 30 years. Our proven methodologies successfully control scope, manage change, and deliver the highest quality results throughout all project phases. Our approach reflects the high priority BMS has placed on integrating quality and schedule management throughout all project activities and enables ACS to meet or exceed MMIS Re-procurement Project requirements.

In this proposal section, we include our Statement of Understanding of the work requested by BMS, a detailed summary of ACS' proposed approach and methodologies, and our proposed project timeline.

9.1 Statement of Understanding

West Virginia’s MMIS Re-procurement Project RFP requires a MITA-aligned solution that provides the functionality to address current needs and the flexibility to meet future needs. With the right technology solution and business processes, BMS will increase provider and member satisfaction, facilitate greater access to medically necessary care, and reduce administration and program costs.

In replacing HealthPAS, BMS has a tremendous opportunity to fulfill its vision for the West Virginia Medicaid Program. ACS offers the right people, processes, and technology solutions to help BMS achieve the following goals:

- Streamline administration by increasing automation and reducing manual processes
- Tailor services to meet the needs of enrolled populations
- Coordinate care, especially for those with chronic conditions
- Provide members with the opportunity and incentives to maintain and improve their health

ACS will achieve the scope of work objectives outlined in the RFP, including:

- Assume fiscal agent operations without disrupting provider payments or member access to care and services
- Achieve CMS certification and approval, retroactive to the day the system becomes operational, for the maximum allowable federal financial participation (FFP) within 12 months of cutover to the replacement system
- Comply with all HIPAA requirements
- Design and develop components affecting providers, such as the Web Portal and Web-based claims submission, in a timely manner
- Reduce manual processes, increase automation, and enhance workflow capabilities to improve efficiency and convenience for BMS staff
- Employ a design, development, and implementation approach that minimizes risk to BMS

Additionally, our proposed solution provides the technical and architectural foundation for achieving BMS’ MITA maturity goals set forth in the MITA State Self-Assessment (SS-A). Health Enterprise fully supports the State’s transition to higher levels of MITA maturity—at the pace determined by BMS. Our solution immediately provides the means to help BMS increase the MITA maturity of the 14 business processes identified in the SS-A from Level One to Level Two. We also provide the capability for increasing the MITA maturity of additional processes and supporting processes at Level Three and beyond, because many of our processes function at a *de facto* Level Three—in the absence of CMS adoption of standards—due to our early adoption of industry standards and practices. Health Enterprise is also capable of supporting many processes at MITA Maturity Level Four as clinical data becomes available and industry readiness, statewide data exchanges, regulation, and other environmental influences evolve to support such attainment.

In Proposal Section 10.10, Support of MITA Maturity, we provide an overview of the goals identified in West Virginia’s MITA SS-A and summarize ACS’ proposed solutions for achieving them. Exhibit 9-1 shows how Health Enterprise’s functional architecture includes all MITA business areas and meets or exceeds BMS’ business process requirements. Unlike solutions that are adapted versions of a legacy system or commercial products that are heavily modified to support a Medicaid project, Health Enterprise's technical architecture provides the flexibility, scalability, reusability, and adaptability necessary to support any level of MITA maturity as West Virginia moves through its transformation.

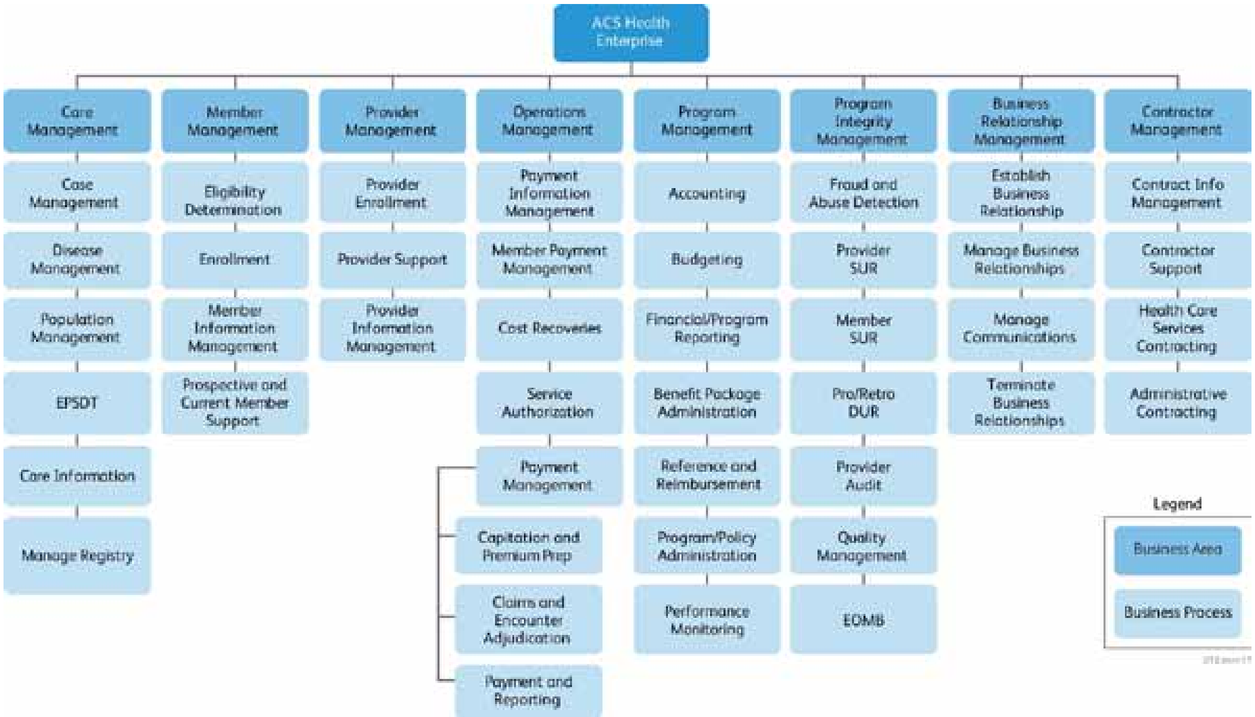

ACS Health Enterprise
Care Management
Case Management
Disease Management
Population Management
EPSDT
Care Information
Manage Registry
Member Management
Eligibility Determination
Enrollment
Member Information Management
Prospective and Current Member Support
Provider Management
Provider Enrollment
Provider Support
Provider Information Management
Operations Management
Payment Information Management
Member Payment Management
Cost Recoveries
Service Authorization
Payment Management
Capitation and Premium Prep
Claims and Encounter Adjudication
Payment and Reporting
Program Management
Accounting
Budgeting
Financial/Program Reporting
Benefit Package Administration
Reference and Reimbursement
Program/Policy Administration
Performance Monitoring
Program Integrity Management
Fraud and Abuse Detection
Provider SUR
Member SUR
Pro/Retro DUR
Provider Audit
Quality Management
EOMB
Business Relationship Management
Establish Business Relationship
Manage Business Relationships
Manage Communications
Terminate Business Relationships
Contractor Management
Contract Info Management
Contractor Support
Health Care Services Contracting
Administrative Contracting
Legend
Business Area
Business Process

Exhibit 9-1. ACS Health Enterprise Business Process Model
Health Enterprise's functional architecture includes all MITA business areas and meets or exceeds BMS' business process requirements.

We have the business processes and technical capabilities in place to meet or exceed BMS' requirements for the MMIS Re-procurement Project. The key components and functions of the replacement MMIS, as defined in Appendix E, include member management, provider management, operations management, program management, care management, program integrity management, and pharmacy point-of-sale (POS). To address BMS' business and technical components, our solution includes:

- **A Web Portal** that provides information and functionality to members, providers, BMS, and other key MMIS stakeholders. Health Enterprise provides full Web-based access for all users, including online, real-time claims processing, the submission of claims attachments, and service authorization functionality.
- **Operations system and program performance monitoring and reporting** that enhances BMS' ability to analyze operations and improve program management as needed. Health Enterprise has a fully integrated, enterprise-wide information repository that consolidates BMS' reporting and analysis needs onto a single reporting platform.
- **Financial management**, including an integrated accounting system, that promotes vigilant tracking of financial transactions, enhances collections of outstanding accounts receivable, and provides a flexible and thorough reporting suite. Health Enterprise's financial management component processes all claims, credits, adjustments, voids, and fiscal transactions through the final payment process, producing provider checks and electronic fund transfer (EFT) transactions.

- **Call Center operations**, including an Automated Voice Response System (AVRS) and live representative customer service for providers, members, BMS, and other MMIS users. Our Call Center Supervisor and Customer Service Representatives handle inquiries in a professional, courteous manner, listening carefully to callers and providing information to assist them.
- **Program Integrity Case Management information** to support BMS' goal of analyzing the business structure, aligning roles appropriately, and increasing automation to improve the effectiveness and efficiency of this function. We provide Audit and Compliance Solutions and Recovery Services to support BMS' needs in this area.
- **Electronic Document Management System (EDMS)** integrates the following capabilities into the MMIS: document, content, and records management; document capture and imaging; document-centric collaboration; and workflow management. Our solution provides the ability to integrate service authorization, payment management, member payment information and related correspondence, reports, and associated documents with the EDMS component.

PARTNERSHIP

Our program management approach is transparent to BMS and supports full and open communication. ACS and our team of proven subcontractors and vendors fully support BMS' vision and stand ready to provide the forward thinking solution BMS requires. Our solution is driven by strong, proven methodologies that consistently produce the highest quality results on time and within budget. Our corporate experience, commitment, and culture fully support BMS in achieving its Medicaid goals. Our proposed MMIS Account Manager, Doug Tomlin, and Medical/Dental Deputy Account Manager/Operations Manager, Andy Fontalbert, have worked together to serve BMS in the past and are dedicated to working with BMS again to deliver outstanding results for the MMIS Re-procurement Project. ACS' approach promotes transparency, applies best practices, and facilitates communication and alignment to minimize BMS' transition risks.

We look forward to helping BMS implement a MITA-aligned solution that provides the technical and architectural foundation for achieving the Bureau's short-term and long-term goals. We will work in partnership with BMS to:

- Provide user-friendly services to providers
- Reduce BMS' administrative burdens
- Enhance member access to care
- Accommodate flexibility to meet current and evolving needs and requirements
- Use current Health Information Technology (HIT) and Health Information Exchange (HIE) to provide service to members, providers, and other MMIS stakeholders

Our proposal provides the details of the services and solutions we offer BMS in each of the project's three major phases: Phase 1, MMIS Replacement DDI and Certification Planning; Phase 2, Fiscal Agent Operations; and Phase 3, Turnover and Closeout.

9.2 Proposed Approach and Methodology

ACS' iterative approach provides a framework to guide the West Virginia MMIS Re-procurement Project from initiation through successful operations to project closeout. Our proven planning and implementation approach brings a strong, repeatable methodology to program management that allows West Virginia to transition to a new vendor while minimizing the risk of doing so.

ACS' Standardized Process and Resource Kit—Implementing Technology Solutions (SPARK-ITS©) Quality Management System (QMS) provides a comprehensive framework for performing work during the three phases of the MMIS Re-procurement Project and includes our project management, system development, and training methodologies. Exhibit 9-2 provides an overview of how our SPARK-ITS QMS methodology aligns with the project phases defined in the RFP. As shown, we execute nine workflows to analyze requirements, design, develop/configure, test, and implement Health Enterprise. We provide additional development, testing, and implementation tasks to accomplish the early deployment of provider enrollment functionality.

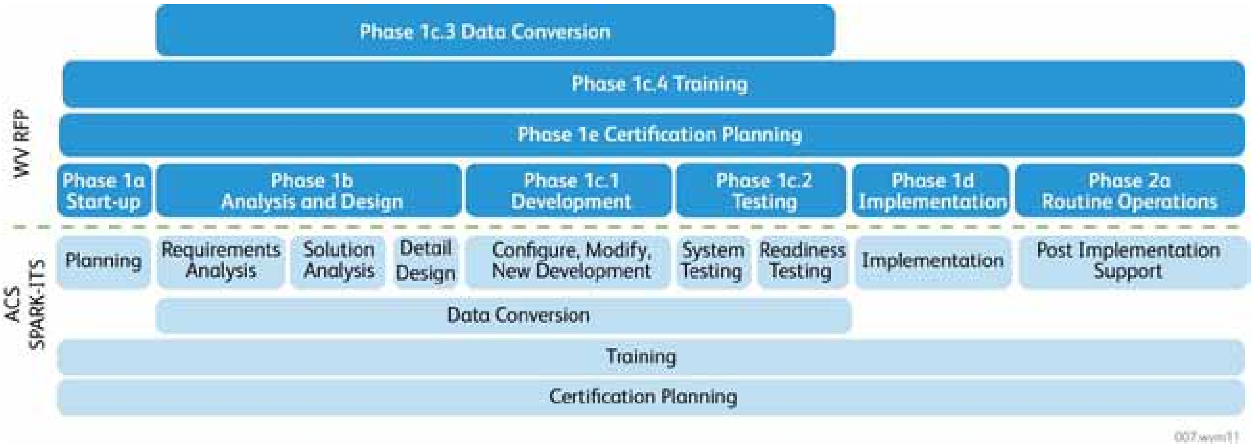

Phase 1c.3 Data Conversion
Phase 1c.4 Training
Phase 1e Certification Planning
WV RFP
Phase 1a Start-up
Phase 1b Analysis and Design
Phase 1c.1 Development
Phase 1c.2 Testing
Phase 1d Implementation
Phase 2a Routine Operations
ACS SPARK-ITS
Planning
Requirements Analysis
Solution Analysis
Detail Design
Configure, Modify, New Development
System Testing
Readiness Testing
Implementation
Post Implementation Support
Data Conversion
Training
Certification Planning
007.wvm11

Exhibit 9-2. Methodology Comparison
SPARK-ITS QMS aligns with the phases listed in the RFP.

Our systematic approach provides process efficiency, reporting consistency, execution accuracy, and performance excellence. This approach has earned ACS an appraisal rating of the Software Engineering Institute's Capability Maturity Model Integration (CMMI®) Maturity Level 3—recognition of our capability to create and deliver sophisticated information technology solutions. ACS received the CMMI Maturity Level 3 rating after a comprehensive independent appraisal of eight ACS government healthcare projects, all of which used our SPARK-ITS QMS.

Health Enterprise projects use a version of SPARK-ITS QMS that is tailored for Health Enterprise deployments and customizable to address the unique needs and requirements for Health Enterprise deployment in West Virginia. As described throughout the proposal, and specifically in Proposal Section 10.1, Proposed West Virginia MMIS, Health Enterprise projects begin with the base system that integrates common functionality, custom processing, Internet capabilities, a variety of commercial off-the-shelf (COTS) products and software, and telecommunications into a system designed to meet Medicaid and Medicare information processing needs. Our initial gap analysis indicates that Health Enterprise delivers more than 85% of West Virginia's requirements without customization. The SPARK-ITS QMS, tailored for Health Enterprise implementations, takes advantage of the fact that we are configuring and modifying a product, rather than making significant programming changes to a legacy transfer system.

As shown in Exhibit 9-3, the SPARK-ITS QMS is comprised of three interrelated, comprehensive methodologies: project management methodology (PMM), system development methodology (SDM), and training methodology. The SPARK-ITS QMS includes repeatable, consistent, and documented processes that can be tailored to the MMIS Re-procurement Project implementation to meet West Virginia's specific needs and requirements. The SPARK-ITS QMS ensures that the project maintains a consistent approach, leverages proven practices, and maintains alignment with important industry standards. As a result, the SPARK-ITS QMS solution implementation is standardized, consistent, and optimized, yet specifically addresses the needs of West Virginia.

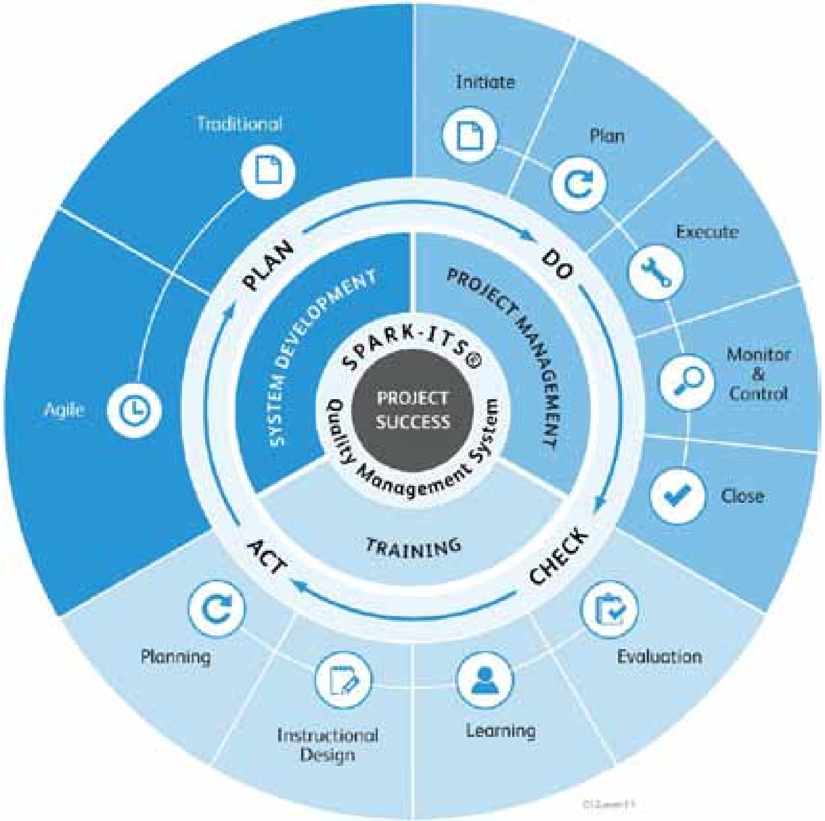

Traditional
Agile
Initiate
Plan
Execute
Monitor & Control
Close
Evaluation
Learning
Instructional Design
Planning
PLAN
DO
CHECK
ACT
SYSTEM DEVELOPMENT
PROJECT MANAGEMENT
TRAINING
SPARK-ITS®
Quality Management System
PROJECT SUCCESS

Exhibit 9-3. SPARK-ITS QMS Components

The three components of the SPARK-ITS QMS—project management, system development, and training—provide a comprehensive framework for project initiation and implementation.

Project Management Methodology (PMM). The PMM is executed throughout Phases 1 and 2 to provide oversight and monitoring of all project activities. Among other things, the PMM ensures the project is staffed with appropriate resources, anticipates and mitigates risks, and proactively manages scope and functional requirements. ACS staffs an Enterprise Project Management Office (EPMO) to adopt, tailor, and execute the PMM. The PMM component of the SPARK-ITS QMS, as used in the DDI and Certification Phase of the project, is discussed further in Proposal Section 10.2, Project Management. The SPARK-ITS PMM includes plans, procedures, and supporting tools for well over a dozen process areas, including communication management, scope management, schedule management, and risk management.

System Development Methodology (SDM). Our SDM includes a life cycle comprised of four Rational Unified Process (RUP)-based phases and nine workflows. It includes plans, processes, templates, and supporting tool standards for requirements validation, gap analysis, detailed system design, development, testing, data conversion, implementation, and post-implementation support. The SDM allows each MITA business area and business process to move at its own planned pace through the system development lifecycle. Our methodologies include iterative development to foster collaboration, identify and correct defects early, and show progress through prototyping, working with early versions of deliverables, and implementing functionality incrementally. We balance the iterative approach with more traditional waterfall concepts to ensure we establish a baseline for requirements, finalize and submit design deliverables, and apply strong change and configuration management principles for the life of the contract.

We execute the nine workflows to configure and implement the system in Phase 1, and then we reuse the workflows to design and develop enhancements during operations in Phase 2. As an example, Table 9-1 identifies these nine workflows and describes the activities that occur during Phase 1.

Table 9-1. Workflows for Phase 1: Replacement DDI and CMS Certification Planning

Workflow	Description
Planning	Includes the activities to set the stage for the MMIS Re-procurement Project's success, tailoring processes for communication, staffing, risk assessment and mitigation, and other management topics
Requirements Analysis	Outlines the process for defining, documenting, and approving the requirements that will represent the scope of the project
Solution Analysis	Compares the requirements defined in the Requirements Specification Document (RSD) against Health Enterprise's baseline functionality; guides development of West Virginia Health Enterprise system design
Detail Design	Includes tasks to develop the detailed system design
Configuration, Modification, and New Development	Encompasses tasks to install, configure, modify, or enhance functionality from Health Enterprise to align with BMS requirements
System Testing	Includes processes for system testing within each business area, across business areas, and across interfaces to ensure functionality aligns with specifications
Readiness Testing	Addresses all of the testing to confirm that the system is ready for operation
Implementation	Includes activities detailed in the Implementation Plan to be performed when the system goes live
Post-implementation Support	Describes follow-up activities to review the DDI effort, evaluate BMS satisfaction, collect final metrics, and transition to operations

Proposal Section 10.1, Proposed West Virginia MMIS describes how our SDM aligns well with the five DDI tasks required by BMS in Phase 1. Proposal Section 10.7.1, Phase 2a, Routine Operations discusses how our SDM is reused to accomplish the project-based and operations-based activities within the three operations tasks required by BMS in Phase 2. The result is an implementation that meets BMS' schedule requirements and provides high-quality deliverables and a feature-rich, user-centric solution.

Training Methodology. SPARK-ITS QMS includes a comprehensive, user-centric learning approach within its training methodology. Our training methodology leverages project management best practices by including activities to address the *PMBOK® Guide* process groups of Initiate, Plan, Execute, Control, and Close. These activities allow us to tailor a methodical training approach specific to the needs of each learner and learner group, including project team staff and end users. Furthermore, our training methodology includes practices aligned with the foundational standard for instructional systems design, ADDIE, to carefully analyze, design, develop, implement, and most importantly, evaluate and continuously improve training. More information is provided in Proposal Section 10.6.3.4, Training Task.

9.3 Timeline

Exhibit 9-4 provides a project timeline that shows the required activities and planned milestones from the RFP and our planned completion dates. The blue bars represent tasks for the complete MMIS Re-procurement Project. The green bars represent proposed tasks for early provider re-enrollment.

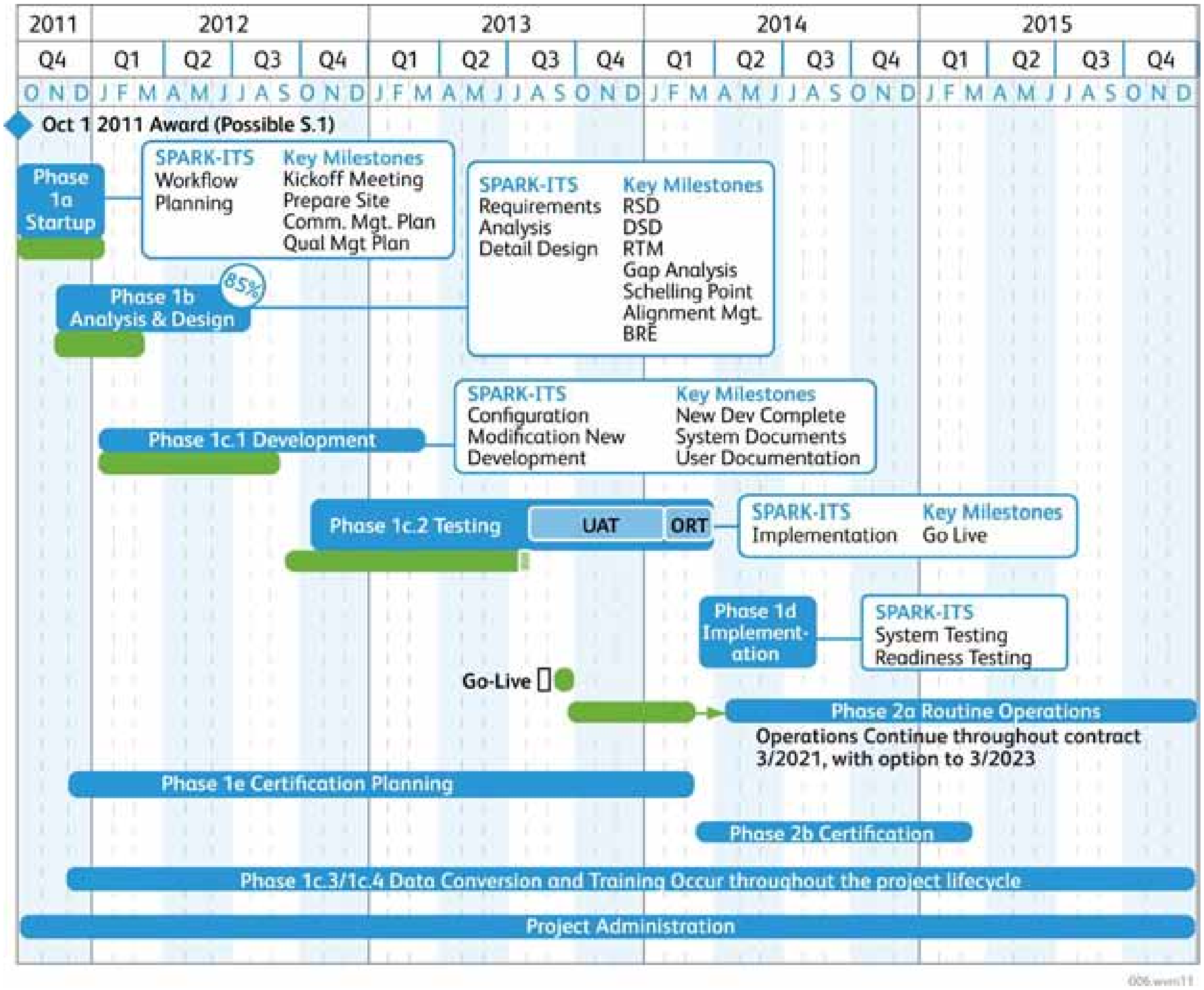


Exhibit 9-4. Project Timeline

By integrating schedule management into all activities, ACS' project management methodologies will result in a Phase 2a Routine Operations start date of March 31, 2014, assuming contract execution on October 3, 2011. (Please see Proposal Section 15.4.11, Deliverable 15 - Project Schedule, in the Appendix for the detailed project timeline).

ACS' plan for completing project milestones reflects BMS' requirements set forth in Appendix C, Deliverables, Milestones, and Payments. Table 9-2 outlines the project milestones by phase. For each milestone, we have identified the corresponding SPARK-ITS SDM workflow, our proposed acceptance criteria, and the completion date (assuming contract execution on October 3, 2011).

Table 9-2. Completion of Project Milestones

Milestone	WV Phase	SPARKS-ITS Workflow	Acceptance Criteria	Completion Date
1 – Contract Execution	Phase 1a-Start Up	Planning	Contract signed by both parties	10/3/2011
36 – Project Site Facility Established	Phase 1a-Start Up	Planning	Facility Plan; Security Plan; Data Records and Retention Plan completed and approved; Facility setup complete and ready for use	10/14/2011
37 – Completion and BMS Approval of Phase 1a	Phase 1a-Start Up	Planning	Milestone 1 completed, Deliverables 2-35 completed and approved	2/18/2012
49 – Completion and BMS Approval of Phase 1b	Phase 1b–Analysis and Design	Requirements Analysis /Detail Design	Deliverables 38-48 completed and approved	7/30/2012
62 – Completion and BMS Approval of Unit Testing	Phase 1c-Development, Testing, Data Conversion, and Training	Configuration, Modification, and New Development	Deliverables 50-61 completed and approved; Unit Test Results completed and approved; Unit test exit criteria met	3/15/2013
65 – Completion and BMS Approval of Standard Output Reports	Phase 1c-Development, Testing, Data Conversion, and Training	Configuration, Modification, and New Development	Standard Output Reports completed and approved	3/15/2013
66 – Completion and BMS Approval of BMS-Specific Reports	Phase 1c-Development, Testing, Data Conversion, and Training	Configuration, Modification, and New Development	BMS-specific reports completed and approved	3/15/2013
71 – Completion and BMS Approval of System Integration Testing	Phase 1c-Development, Testing, Data Conversion, and Training	System Testing	Deliverables 67-70 completed and approved; System and Integration test exit criteria met	7/18/2013
74 – Completion and BMS Approval of Regression Testing	Phase 1c-Development, Testing, Data Conversion, and Training	System Testing	Deliverables 72-73 completed and approved	3/13/2014
78 – Completion and BMS Approval of Load/Stress Testing	Phase 1c-Development, Testing, Data Conversion, and Training	System Testing	Deliverables 75-77 completed and approved; Load/stress test exit criteria met	7/29/2013
82 – Completion and BMS Approval of User Acceptance Testing	Phase 1c-Development, Testing, Data Conversion, and Training	Readiness Testing	Deliverables 79-81 completed and approved; UAT exit criteria met	1/30/2014

Milestone	WV Phase	SPARKS-ITS Workflow	Acceptance Criteria	Completion Date
85 – Completion and BMS Approval of Operational Readiness Testing	Phase 1c-Development, Testing, Data Conversion, and Training	Readiness Testing	Deliverables 83-84 completed and approved; ORT exit criteria met	3/13/2014
94 – Completion and BMS Approval of Data Conversion and Reconciliation for Implementation	Phase 1c-Development, Testing, Data Conversion, and Training	Readiness Testing	Deliverables 88-93 completed and approved	3/27/2013
96 – Completion and BMS Approval of User Acceptance Testing	Phase 1c-Development, Testing, Data Conversion, and Training	Readiness Testing	Deliverable 95 completed and approved	1/30/2014
110 – Completion and BMS Approval of Provider Training	Phase 1c-Development, Testing, Data Conversion, and Training	Training	Deliverables 99-109 related to Provider Training completed and approved	3/7/2014
111 – Completion and BMS Approval of Pre-Implementation System User Training	Phase 1c-Development, Testing, Data Conversion, and Training	Training	Deliverables 99-109 related to User Training completed and approved	3/7/2014
112 – Completion and BMS Approval of Phase 1c	Phase 1c-Development, Testing, Data Conversion, and Training	Training	Deliverables 99-109 completed and approved	3/7/2014
127 – Completion and BMS Approval of Provider Re-enrollment	Phase 1d-Implementation Readiness	Implementation	Provider Supporting Portions of Health Enterprise Deployed, Tested, and Approved; Provider Re-Enrollment Process Completed	3/13/2014
128 – Completion and BMS Approval of Phase 1d (Replacement MMIS becomes the system of record)	Phase 1d-Implementation Readiness	Implementation	Deliverables 113-126 completed and approved; System is operational and BMS approves completion of go-live checklist	3/28/2014
132 – Completion and BMS Approval of Phase 1e	Phase 1e-Certification Planning	Post-Implementation Support	Deliverables 129-131 complete	3/28/2014
138 – Completion and BMS Approval of Certification Readiness Planning Meetings	Phase 2b-CMS Certification	Post-Implementation Support	Deliverables 133-137 completed and approved; Posted Meeting Minutes, Agendas, and Addenda for Certification Readiness Planning Meetings	6/30/2014

Milestone	WV Phase	SPARKS-ITS Workflow	Acceptance Criteria	Completion Date
139 – Pre-Certification Meeting and/or CMS Call	Phase 2b-CMS Certification	Post-Implementation Support	Meeting Attendance and Posted Meeting Minutes, Agenda, and Addenda (if needed) for Pre-Certification Meeting with CMS completed and approved	6/30/2014
140 – CMS Certification	Phase 2b-CMS Certification	Post-Implementation Support	Verification documentation of CMS Certification from CMS	1/14/2015
147 – Completion and BMS Approval of Turnover Training	Phase 3-Turnover and Closeout	Post-Implementation Support	Deliverables 141-146 completed and approved	10/1/2021* *Two one-year options may extend the timeline
148 – Completion and BMS Approval of Turnover and Contract Close-Out	Phase 3-Turnover and Closeout	Post-Implementation Support	BMS approval of all previous milestones and the Turnover Results Report	10/1/2021* * Two one-year options may extend the timeline

9.4 Response to Mandatory Requirements

REQUIREMENT: RFP Section 3.1, page 45 of 99

ACS commits to the provision of all services as defined in the West Virginia MMIS Re-procurement Project RFP, Section 3.1, Mandatory Requirements. In Table 9-3, Mandatory Requirements, we have listed each requirement and indicated our commitment to provide the required service. We also identified several mandatory requirements that we believe are of special importance to BMS—and for which our solutions provide added benefit for the Bureau. To help BMS fully understand how we propose to support these selected requirements, we have provided additional information in an easy-to-read format on the pages that follow Table 9-3.

Table 9-3. Mandatory Requirements

Req #	Mandatory Requirement	Agree
3.1.1	Establish a Charleston, WV-based facility within 5 miles of the BMS for DDI and Fiscal Agent operations, where all Key Staff Members designated in Section 3.2.3 will be located. The site will provide space for project team meetings and work sessions, and office space for one BMS staff member.	ü
3.1.2	Ensure the BMS staff member's office space in the Vendor's Charleston facility can be individually locked. This office space must be fully equipped with furniture; telephone service; a personal computer with access to the MMIS, Microsoft Office™ Suite, and the internet; and access to a printer and copier. Reserved or paid parking spaces must be provided to accommodate limited designated BMS staff.	ü

Req #	Mandatory Requirement	Agree
3.1.3	Provide one named Vendor staff member/position, to be selected by the Bureau, who will be located at the BMS to facilitate communication and coordination between the Bureau and the Vendor.	ü
3.1.4	Provide the Bureau access to conference space at the Vendor’s site that is adequately sized, furnished, and equipped to support the DDI review, planning, testing and training sessions required of the Vendor. The conference space must have a computer and projector for displaying internet-based and Windows PowerPoint™ presentations, and a high-quality speakerphone for multiple remote staff to attend meetings by telephone. Conference space must also accommodate video conferencing and web-based application sharing for attendees.	ü
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 Plan to be developed by the Vendor and approved by the Bureau. The Vendor will provide resources necessary to recover critical services in accordance with the Recovery Time Objective and Recovery Point Objectives established by the Bureau and documented in the Disaster Recovery and Business Continuity Plan.	ü
3.1.6	Assume all costs related to securing and maintaining the facility for the duration of the contract, including but not limited to hardware and software acquisition necessary to maintain approved performance requirements throughout the life of the contract, maintenance, lease hold improvements, utilities, office equipment, supplies, janitorial services, security, storage, transportation and insurance.	ü
3.1.7	Agree to incur all costs associated with accessing and acquiring Provider licensure and certification data.	ü
3.1.8	Comply with all current and future security policies and procedures of DHHR, BMS and the WV Office of Technology which can be found on the cited Web links.	ü
3.1.9	Perform all work associated with this contract within the continental United States.	ü
3.1.10	Host the MMIS and maintain a secure site and secure back-up site within the continental United States.	ü
3.1.11	Warrant that the proposed and implemented MMIS will meet CMS certification requirements within 12 months of go-live of the replacement MMIS, 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.	ü
3.1.12	Warrant that the proposed and implemented Pharmacy POS system will be certified for ePrescribing with Surescripts.	ü
3.1.13	Ensure the point-of-sale drug file will be independent and not a shared file with other clients.	ü
3.1.14	Provide a system that will support multiple programs and multiple plans including but not limited to the addition of any other State Agency, United States Territory or political subdivision.	ü
3.1.15	Ensure all hardware, software and communications components installed for use by Bureau staff are compatible with the WVOT currently supported versions of the Microsoft™ Operating System, Microsoft Office™ Suite and Internet Explorer™; and current technologies for data interchange.	ü
3.1.16	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.	ü
3.1.17	Align the proposed MMIS with MITA principles and employ service-oriented architecture.	ü
3.1.18	Develop any bridges and integration code necessary for the replacement MMIS to interface with other State software and systems.	ü

Req #	Mandatory Requirement	Agree
3.1.19	Agree to incorporate all applicable 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 occur, including, but not limited to, ICD-10, HIPAA v5010, NCPDP Claims Processing Standards D.0, the Patient Protection and Access to Care Act (PPACA) and the Health Information Technology for Economic and Clinical Health Act (HITECH).	ü
3.1.20	Adhere to the current National Council on Prescription Drug Programs (NCPDP) version standards, or the most current HIPAA required version for single drug claims and compound prescriptions.	ü
3.1.21	Provide right of access to systems and facilities to the Bureau or its designee to conduct audits and inspections.	ü
3.1.22	Provide access to data, systems, and documentation required by auditors.	ü
3.1.23	Respond to BMS requests for system enhancements as described in Sections 3 and 4 of this RFP.	ü
3.1.24	Supply all deliverables and meet all milestones as described in Appendix C of this RFP.	ü
3.1.25	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.	ü
3.1.26	Meet all CMS Certification Requirements as described in Appendix D.	ü
3.1.27	Operate the MMIS and perform all functions described in Appendix F (Vendor Operations Requirements) of this RFP and continue all operations from the date of implementation of each component until each function is turned over to a successor Fiscal Agent at the end of the contract, including any optional additional periods or extensions.	ü
3.1.28	Agree to perform according to approved Service Level Agreements listed in Appendix G of this RFP.	ü
3.1.29	Forfeit agreed-upon retainage as described in Section 4 of this RFP if approved service levels are not achieved.	ü
3.1.30	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.	ü
3.1.31	Provide project status information to the MMIS Re-procurement Project Manager in the timeframes and in the agreed-upon format.	ü
3.1.32	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.	ü
3.1.33	Provide a software and hardware solution that is upgradeable and expandable to meet current and future needs.	ü
3.1.34	Employ a Relational Database Management System (RDBMS) or Object Oriented database management system (OODMS), to create a data infrastructure that is easily configurable, role-based with 24 X 7 access to data, and use best in class analysis tools.	ü
3.1.35	Ensure that the Pharmacy prior authorization system is available 24 hours per day, seven (7) days a week, except for scheduled maintenance.	ü

Req #	Mandatory Requirement	Agree
3.1.36	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. Manufacturers' support and maintenance for the proprietary COTS software licensing subsequent to the initial install must be provided only for the life of the contract. **(amended by the State per Addendum No. 3)**	ü
3.1.37	The system should provide role-based access for authorized users, ensuring confidential access to the data at the individual and group security levels.	ü
3.1.38	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).	ü
3.1.39	Place the source code in a third-party escrow arrangement with a designated escrow agent who is acceptable to the Bureau, and who shall be directed to release the deposited source code in accordance with a standard escrow agreement approved by the Bureau. That agreement must, at minimum, provide for release of the source code to the Bureau a) when the owner of the software notifies the Bureau that support or maintenance of the Product will no longer be available or b) if the Vendor fails to provide services pursuant to this contract for a continuous period; or (c) appropriate individual(s) from the Bureau have directed the escrow agent to release the deposited source code in accordance with the terms of escrow. Source code, as well as any corrections or enhancements to such source code, shall be updated for each new release of the product within sixty (60) days of being made available in the Bureau's production environment. The Escrow agent and the Vendor shall notify the Bureau in writing when new production versions have been escrowed. The vendor shall identify the escrow agent upon commencement of the contract term and shall certify annually that the escrow remains in effect and in compliance with the contract. The Vendor shall be responsible for all costs associated with the third-party escrow arrangement. The Vendor also must place in escrow one (1) paper copy and one (1) electronic copy of all maintenance manuals and additional documentation that are required for the proper maintenance of the software used to develop, test, and implement the MMIS. Revised copies of manuals and documentation must be placed in the escrow account in the event they are changed. Such documentation must consist of logic diagrams, installation instructions, and operation and maintenance manuals, which must be the same documentation as that which the Vendor supplies to its maintenance personnel to maintain its software. All such materials must be provided to the escrow agent within sixty (60) days of its use or applicability to the use of the MMIS. When source code is provided, it must be provided in the language in which it was written and will include commentary that will allow a competent programmer proficient in the source language to readily interpret the source code and understand the purpose of all routines and subroutines contained within the source code. In the event that this contract expires and is not renewed or extended, the Bureau has the option to continue the escrow agreement until such time that the Bureau is no longer using the software or documentation covered by this escrow agreement.	ü
3.1.40	Provide Key Staff members as described in Section 3.2.3 must be available for assignment to the project on a full-time basis, must be solely dedicated to this project, and must be located onsite in the Charleston facility. Each Key Staff member must have the required experience described in Table 3-2. Any proposed change to this staff after contract execution must have prior written approval by BMS. In all circumstances, Key Staff shall be replaced only with persons of equal ability and qualifications.	ü
3.1.41	Designate one named Key Staff as described in Section 3.2.3 as the project's HIPAA Compliance Officer.	ü

Req #	Mandatory Requirement	Agree
3.1.42	Provide Continuously Dedicated (CD) Staff members as described in Section 3.2.3. CD Staff are required to be maintained by the Vendor in agreed-upon quantities by category. These persons must be 100% dedicated (unless otherwise noted in Section 3.2.3) to the West Virginia account, and must not hold any other concurrent positions (on this or any other project), but may be located off site.	ü
3.1.43	Provide Support Staff members as described in Section 3.2.3. Support Staff are those staff with specific skills or expertise that support certain stages throughout the life of the contract These persons must be 100% dedicated for the time in which their services are required (unless otherwise noted) to the West Virginia account, must not hold any other concurrent positions (on this or any other project), and must be located onsite in the Charleston facility.	ü
3.1.44	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. In making this determination, the Bureau will evaluate whether the Vendor is meeting deliverable dates, producing quality materials, consistently maintaining high quality and production rates, and meeting RFP standards without significant rework or revision.	ü
3.1.45	Develop, submit to BMS for approval, and maintain a comprehensive West Virginia MMIS Security, Privacy, and Confidentiality Plan (as described in Section 3.2.6.1.1) that meets or exceeds the current industry standards for such documents, and is compliant with any and all state and Federal mandated security requirements. The Security, Privacy and Confidentiality Plan must be reviewed and updated annually during the operating period.	ü
3.1.46	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.	ü
3.1.47	Ensure that all applications inclusive of internet, intranet and extranet applications associated with this contract are compliant with Section 508 of the Rehabilitation Act of 1973, as amended by 29 U.S.C. §794d, and 36 CFR 1194.21 and 36 CFR 1194.22.	ü
3.1.48	Ensure that data entered, maintained, or generated to meet the requirements of this RFP be retained and accessible according to Federal requirement 42CFR 431.17 and applicable BMS and State requirements	ü
3.1.49	Comply with prompt pay regulations in accordance with Federal Requirement 42CFR 447.45(d).	ü

As previously stated, we have elected to provide additional information regarding selected mandatory requirements that we believe are of special importance to BMS.

9.4.1 Business Continuity and Disaster Recovery

REQUIREMENT: 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 Plan to be developed by the Vendor and approved by the Bureau. The Vendor will provide resources necessary to recover critical services in accordance with the Recovery Time Objective and Recovery Point Objectives established by the Bureau and documented in the Disaster Recovery and Business Continuity Plan.

We have already made arrangements for the ACS Fiscal Agent project in Ridgeland, Mississippi, to be the operations recovery facility for the West Virginia MMIS Re-procurement Project, while the ACS Tarrytown data center in New York has been designated as our data recovery site. North Wales, Pennsylvania, will serve as our alternate site for print fulfillment processes.

Data and Files. All Health Enterprise data are stored on a high-speed Storage Area Network (SAN), which is configured as a redundant storage array and serves as the first level of protection against failure. Data is automatically and continuously replicated in near real-time to our disaster recovery facility SAN, so the data is available for the disaster recovery process. For additional data security purposes, we create complete back-ups at least weekly—with incremental back-ups on a daily basis. We then store back-up tapes in a secure off-site facility.

Operations. Should a disaster occur, our operational priority will be to re-establish call center activities with as little disruption as possible. We have a voice recovery service that restores all telephony venues, whether physical, mobile, or virtual/work from home. This cloud-based service is pre-provisioned for direct calls to targeted telephone numbers that are assigned and dedicated within our voice network. Information provided by callers is collected and passed to Customer Service Representatives (CSRs), who may be stationed at the recovery site, at home, or in other established ACS facilities. The Ridgeland, Mississippi, site has technology solutions that are similar to those we plan to provide for West Virginia, which allows us to more quickly restore work activities. We can provide fully configured work environments for business operations and transactional processes—as data can be accessed by authorized users through our virtual ACS network. ACS has experience in supporting more than 550 recoveries, including more than 55 clients that declared emergencies during Hurricanes Dennis, Katrina, Rita, and Wilma and the Mt. Redoubt eruption. We will have access to PC workstations with program images, provide access to critical fax service and printers, deliver connectivity to the Internet, and provide data center applications through our dedicated network connectivity. The physical work area also includes back-up mailroom facilities that are fully configured to handle postage, a variety of barcodes and envelope requirements, as well as document tracking capabilities.

9.4.2 Compliance with Current and Future Security Policies

REQUIREMENT: 3.1.8 Comply with all current and future security policies and procedures of DHHR, BMS and the WV Office of Technology which can be found at the following links: http://www.technology.wv.gov/about-wvot/Pages/policies-issued-by-the-cto.aspx;; and http://www.wvdhhr.org/mis/IT/index.htm.

For all ACS contracts, we rigorously adhere to corporate requirements for data security and privacy controls to prevent improper disclosure, access, modification, and deletion or destruction of program data. These controls are standardized, documented, clearly communicated to employees, persistently enforced, and continually re-evaluated. Our security policies comply with DHHR, BMS, and the West Virginia Office of Technology policies—and in many instances are more restrictive.

ACS Security Commitment. ACS has a corporate HIPAA Privacy/Security Officer who directs the company's HIPAA privacy program according to all appropriate federal and state laws and regulations, including Medicaid privacy regulations. EDI Manager/Web Portal Manager, Erin Murphy, will serve as our local HIPAA Privacy/Security Officer to ensure that we are following both corporate and West Virginia policies. ACS has precisely mapped our corporate policies to the HIPAA Privacy and Security Rules to ensure that we fully abide by the regulations. We also use automated tools that help us monitor, track, and report activities required by these rules. Our security policies, procedures, and training programs are documented and readily available for audit purposes. Additionally, all ACS facilities and systems supporting the West Virginia MMIS Re-procurement Project must pass an initial and routine audit/review conducted by our ACS corporate security team.

System Safeguards. Health Enterprise has controls that allow selected fields, Web pages, or portions of Web pages, to be protected from view and only seen by authorized users. Our system security approach includes safeguards at administrative and management levels, technical and operational levels, and within the application architecture itself. We also use standard security features, such as individual authentication via ID and password, functional access control, multiple firewalls, and virus protection.

9.4.3 CMS Certification Retroactive to the First Day of Operations

REQUIREMENT: 3.1.11 Warrant that the proposed and implemented MMIS will meet CMS certification requirements within 12 months of go-live of the replacement MMIS, 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.

One of the most significant implementation and post-implementation activities for which we must plan is the Centers for Medicare and Medicaid Services (CMS) certification of the new MMIS. We have an excellent track record of obtaining CMS MMIS certifications retroactive to the date requested, including our successful certification experience in West Virginia.

MECT Embedded in Health Enterprise. To ensure that we achieve CMS certification, we follow the roadmap outlined in the *CMS Medicaid Enterprise Certification Toolkit (MECT*) for each of our Health Enterprise implementations. The MECT business areas and business objectives are embedded in the conceptual design of our Health Enterprise system, and its artifacts and processing guidelines have already been mapped to these detailed checklists in three different states.

Rational DOORS. We use a software product called Rational DOORS to provide a range of traceability options that not only trace the realization of requirements to designs and test cases, but also link related or interdependent requirements—such as RFP requirements to checklist items or design elements to related business rules. The Rational DOORS product includes a Web-based interface that provides BMS with anytime access to certification requirements and traceability data without the need for installed software.

ACS, BMS, CMS Partnership. While working with our District of Columbia customer during our first-time use of the new checklists, we found that a three-part partnership among the District, ACS, and the Regional CMS Office provided a highly effective learning process for understanding and using system functionality to manage the Medicaid enterprise. We recommend replicating this process for the certification of West Virginia’s MMIS.

9.4.4 Certify Pharmacy POS for ePrescribing with Surescripts®

REQUIREMENT: 3.1.12 Warrant that the proposed and implemented Pharmacy POS system will be certified for ePrescribing with SureScripts.

ACS has more than seven years of ePrescribing experience and uses a tool that allows authorized users to electronically prescribe drugs via the nationwide Surescripts® pharmacy network. Providers connect to the application through a secured Web connection between their software vendor and ACS.

Surescripts®. Once an electronic prescription is created, Surescripts® routes the prescription to an appropriate pharmacy through a transmission that is secured with the use of provider specific information. Surescripts® certification is based on network/application requirements, transaction standards organizations, connectivity requirements, and Certification Policy Foundational and Guiding Principles. Currently, ACS maintains a relationship with Surescripts® to support ePrescribing and real-time pharmacy Third Party Liability services for CMS on behalf of the Federal Emergency Management Agency (FEMA) Emergency Prescription Assistance Program. Surescripts® is also used in several ACS state Medicaid projects—including Alabama, Florida, Missouri, and New Mexico—where we are currently a certified solution provider. With this extensive background experience, ACS is well-prepared to obtain Surescripts® certification for West Virginia.

ePrescribing Application. The ePrescribing application has already been developed by ACS and is housed within the Electronic Clinical Support Tool (ECST) platform of Health Enterprise. Before writing a prescription, physicians who use ePrescribing tools at the point of care can retrieve and review member data to obtain essential information that helps determine the best treatment for Medicaid members. We manage all ePrescribing transactions in accordance with the CMS Final Rule published in the April 2009 *Federal Register* for electronic prescriptions. We validate DEA and NPI numbers for each user against a nationwide master list of prescribers to prevent fraudulent use of DEA numbers.

To provide the Bureau with a brief overview of the certification review process, we will incorporate and cite key information within our ACS Certification Plan. Additionally, we invite designated BMS representatives to a preliminary walkthrough of the checklist with us.

9.4.5 System Support of Multiple Programs and Plans

REQUIREMENT: 3.1.14 Provide a system that will support multiple programs and multiple plans including but not limited to the addition of any other State Agency, United States Territory or political subdivision.

Health Enterprise not only handles multiple programs and plans with ease, it also serves as a multi-payer system—providing separate funding, payment, benefit controls, and reporting to support the addition of any other State Agency, United States Territory, or political subdivision.

Multi-payer System. Using a set of parameters that are housed in Health Enterprise's program management tables and rules, separate pricing and system code-controls are maintained within the Reference component for each payer. A Line of Business (LOB) attribute is used to support this functionality, thereby ensuring accurate fiscal responsibility and providing multi-payer flexibility. Service authorization and claims processing edits and rules are also separate and independent. Health Enterprise rules engine allows business rules to be tailored by payer, program, or benefit plan. Additionally, we use provider networks within the Benefit Administration component of the system to differentiate between payers and programs.

Multi-program System. Health Enterprise also provides multi-program flexibility to support the payment of current state-funded eligibility programs, claims from other State agencies, and future expansions required by healthcare reform. It can support rate-setting development for many different programs, including Home and Community Based Services (HCBS) and Physician Assured Access System (PAAS) waivers, as well as the Mountain Health Trust program. The system's Benefit Plan Administration component carries program-specific and provider-specific rates, as well as program-specific benefit limits for the different benefit plans. When a member is active in more than one plan, applicable coverage is determined through a hierarchy established by BMS during implementation. Benefit plans can be defined for certain provider types or for member populations based on age, eligibility category, and location codes.

9.4.6 MITA-aligned MMIS with Service-Oriented Architecture (SOA)

REQUIREMENT: 3.1.17 Align the proposed MMIS with MITA principles and employ service-oriented architecture.

To fully support the Bureau's future MITA maturity-level goals—including a seamless transition to MITA Maturity Level 3 for most business processes—Health Enterprise is aligned with the MITA 2.0 framework, highly flexible and adaptable, and quickly integrates new functionality in a modular fashion. The system includes interoperable software components, the use of Internet and Web-based technologies, externalization of business rules, and an emphasis on the use of commercial-off-the-shelf (COTS) components. The business architecture contains models of typical Medicaid business processes, with a Maturity Model that shows how business capabilities can evolve. Instead of adding SOA to an existing procedural language-based or object-oriented legacy system, we re-engineered a proven MMIS system and deployed it with the use of SOA to better serve our state clients.

9.4.7 Integration Code for Other State Software/Systems Interface

REQUIREMENT: 3.1.18 Develop any bridges and integration codes necessary for the replacement MMIS to interface with other State software and systems.

BMS can be assured that we have the bridges and integration codes required to easily interface with other State software and systems. Through the support of Simple Object Access Protocol (SOAP), Health Enterprise can communicate with other applications that have different technologies and/or different programming languages—even if they are running on different operating systems. SOAP is an XML-based approach for implementing Remote Procedure Call (RPC) interactions between disparate systems and is the preferred mechanism for use with remote systems. Our interface process is described below.

Electronic Data Sharing Gateway. The Electronic Data Sharing Gateway (EDSG) component of Health Enterprise serves as a "capture zone" for external interfaces. It is comprised of Data Transformation COTS products from Informatica Corporation used to manage each step in the data receipt, transformation, and delivery process. As files are received by EDSG, Informatica tools validate—through the use of user IDs, passwords, digital certificates, and other keys—that the file was submitted by an authorized trading partner. Once authenticated, files are processed either immediately (via Web services) or via batch mode at pre-scheduled timeframes.

Managed File Transfer and Enterprise Service Bus. EDSG exchanges data files with external systems via the Data Exchange Managed File Transfer (MFT) applications that move files regardless of their source. As data files pass through the MFT proxy, the transmission protocol and port are changed to prevent unauthorized access to internal applications. For data exchanges where MFT is not well-suited or appropriate, the Informatica PowerExchange® application can be used when communicating with remote data sources, such as a mainframe-based Virtual Storage Access Method (VSAM) or Generation Data Group (GDG) files. Our system delivers interoperability using an Enterprise Service Bus (ESB) that provides the open, standards-based connectivity infrastructure for a service-oriented architecture. It enables applications to quickly and flexibly exchange structured information about business events, including messages, documents, and "business objects."

Data Transformation. Once a transaction is accepted from MFT or the ESB, it enters the translation engine—Informatica Data Transformation® (DT). This is a translator tool that allows for easy mapping to a common format, such as Service Data Object (SDO), X12, or to an internal format used within another application. Informatica DT incorporates an Informatica Business to Business (B2B) DT tool for HIPAA compliance checking, data validation, and compliance reporting. The same facility and tools are used for outgoing interfaces, with basically the same processes—but in reverse. The data finally is transmitted to the target system using the MFT application.

9.4.8 Incorporation of Current and Future Coding Standards

REQUIREMENT: 3.1.19 Agree to incorporate all applicable 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 occur, including, but not limited to, ICD-10, HIPAA v5010, NCPDP Claims Processing Standards D.0, the Patient Protection and Access to Care Act (PPACA) and the Health Information Technology for Economic and Clinical Health Act (HITECH).

To ensure that West Virginia's Medicaid program stays abreast of future coding standards, Health Enterprise uses a rules engine to control system processing—as well as parameter tables that can be easily modified to adapt system capabilities for changing requirements. Business Process Execution Language (BPEL), SOA, use of COTS products, and other architectural features enable the enhanced flexibility of Health Enterprise, while its architecture provides both horizontal and vertical scalability to meet processing demands.

ICD-10 Changes. ICD-10 coding changes will be challenging, as today's ICD-9 contains fewer than 18,000 codes—while the ICD-10 version contains more than 141,000 codes and accommodates a host of new diagnoses and procedures. However, Health Enterprise is designed to accommodate such changes through the claims engine that is controlled by the rules engine, BPEL, and parameter tables. In addition to the new ICD-10 codes, our system retains the ICD-9 codes and related crosswalks to make historical data analysis meaningful. Batch file updates are processed from external entities, such as CMS, to automatically update benefit/reference data, and the system allows entry into the reference database via user-friendly Web pages. These processes make information immediately available for claims processing.

HIPAA v5010 Changes. HIPAA is upgrading transaction standards to ASC X12 version 5010. Because we use common services for many of our customers and a COTS product designed for electronic data interchange (EDI) transactions, we are well-positioned to adopt these new standards and are already in the process of implementing version 5010 for existing Health Enterprise customers.

NCPDP D.0. Changes. With the implementation of the NCPDP 5.1 Transaction Standard, ACS developed a Software Vendor Management Program to ensure that network provider software is compatible with the required operating NCPDP format. Again, our use of common services and COTS products designed for EDI transactions means that we can easily adopt the new NCPDP D.0 standards.

PPACA Changes. Health Enterprise provides the flexibility needed to help BMS plan for, develop, and implement the PPACA requirements. We also offer expertise and services related to the areas of: Health Insurance Exchanges (HIX); Health Information Exchanges (HIE); Electronic Health Records (EHR); Accountable Care Organizations (ACO); Long-Term Care and Risk Stratification Technology; Strategic Planning and Policy Development; Client-specific Consulting Projects; Actuarial Analysis and Forecasting; and Care Management Support.

HITECH Changes. Health Enterprise is designed to comply with provisions in the HITECH Act. We have extensive experience with the implementation and updating of HIPAA-mandated code sets, and our HIPAA compliance approach directly aligns with HIPAA's data security objectives.

9.4.9 Update Deliverables Requested by BMS

REQUIREMENT: 3.1.25 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.

ACS knows that BMS operates in a dynamic regulatory environment. New and changing laws, regulations, and policies can significantly impact the Bureau's operations—sometimes on very short notice. When program-related modifications are required, we initiate the established change control process—working closely with BMS representatives to fully understand the details of the change, update our policy/procedure manuals and training materials, provide employee training for all affected staff, and closely monitor the successful execution of the modified procedures, including the ongoing quality of our performance.

9.4.10 Meet All CMS Certification Requirements

REQUIREMENT: 3.1.26 Meet all CMS Certification Requirements as described in Appendix D.

Over the years, ACS has obtained CMS certification for 11 state Medicaid systems retroactive to the dates requested. In a Requirements Traceability Matrix that is stored in our document repository, we have mapped every MITA-aligned Business Objective to Health Enterprise functional requirements for the purpose of validating that Health Enterprise fully satisfies all CMS business requirements.

ACS Experience. While CMS certification is tailored specifically to each state, we have found there are benefits to working collaboratively across our state implementation teams to share lessons-learned and best-practices. By the time we enter the MMIS Replacement DDI and Certification Planning Phase of the project, Health Enterprise will be certified in three other states—while planning and preparations will be underway in a fourth state. Our ACS team will have the advantage of debriefs from those states. Additionally, because we previously have demonstrated Health Enterprise compliance in other states, CMS will be familiar with our base system and related documentation—thereby allowing CMS to focus on the State-specific requirements for West Virginia's Medicaid program.

On-site Visits. In our very first project using MECT protocols, we learned from CMS that it is advisable to take advantage of opportunities to attend another state's certification assessment to confirm how well-prepared we are for our CMS site visits and online demonstrations. The timing of the MMIS Replacement DDI and Certification Planning Phase in West Virginia will coincide with certification site visits in other states with ACS Health Enterprise implementations. We will work with our other state customers to arrange a visit during one of these MECT experiences and welcome the attendance of designated BMS representatives.

9.4.11 Continue Operations through Turnover

REQUIREMENT: 3.1.27 Operate the MMIS and perform all functions described in Appendix F (Vendor Operations Requirements) of this RFP and continue all operations from the date of implementation of each component until each function is turned over to a successor Fiscal Agent at the end of the contract, including any optional additional periods or extensions.

Throughout our history, ACS has proven its dedication in helping our state customers by going above and beyond the mere provision of systems and services. We work in unison with BMS to improve program services and achieve common goals. To ensure the ongoing success of West Virginia's Medicaid program, we will stand beside BMS throughout the Turnover and Closeout Phase of the project, providing high-quality services, working cooperatively with the successor contractor, and remaining flexible until each business function is turned over—just as we did for BMS during the Turnover Phase of the MMIS project in 2004. Not only did we stand by the Bureau to the very end of the contract, we also continued to process Pharmacy claims when the new contractor experienced implementation difficulties. For the West Virginia MMIS Re-procurement Project, our commitment remains the same.

9.4.12 Project Management

REQUIREMENT: 3.1.32 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.

By following structured methodologies that use repeatable processes—monitored by multiple teams using project management tools—we ensure that project artifacts are accurate, on time, within budget, and easily understood by all parties.

PMM. Our Project Management Methodology (PMM) is based on industry-leading standards, including the Project Management Institute's (PMI's) Project Management Body of Knowledge (PMBOK®), the Capability Maturity Model Integration (CMMI), and System Development Methodology (SDM).

SPARK-ITS. We also use the ACS Standardized Process and Resource Kit (SPARK)—which is the brand name for a family of integrated Information Technology best practices—in conjunction with the Implementing Technology Solutions (ITS) tool, which is a branch of SPARK that deals with best practices for delivering high quality technology solutions.

The Enterprise Project Management solution equips project managers with the tools and features to manage schedules, anticipate issues, conduct what-if analyses, and manage resource allocation across phases, projects, and programs. Project tasks are automatically loaded to the project tool so that project managers can review them using the Web browser. On a weekly basis, team members document their actual and remaining work for each task, thereby providing schedule-administrators with detailed information about task progress and remaining work. This process allows ACS project managers to effectively and comprehensively manage all tasks, deadlines, and resource allocations.

9.4.13 Upgradeable and Expandable System

REQUIREMENT: 3.1.33 Provide a software and hardware solution that is upgradeable and expandable to meet current and future needs.

Our Health Enterprise solution was deliberately designed as an upgradeable and expandable application—capable of being easily expanded to meet new and future State and federal requirements.

Data Modeling. Relational databases and the database modeling tools of Embarcadero ER/Studio allow for the creation of multi-leveled sub-models. Simply stated, the system design allows our architects to break down a large, complicated main model to focus on specific areas for a greater level of detail and accuracy.

Virtualization. Health Enterprise leverages server virtualization to maximize flexibility and effective use of CPU processing power—allowing us to dynamically tune processing power for the changing needs of BMS. Virtualization allows ACS to create unique logical partitions (LPAR) on individual or a combination of servers, with their own version of an operating system and application software. Our use of multiprocessor servers in a load-balanced, clustered environment provides for high availability and stability of the system and allows expandability without interruption to normal processing. Please refer to Proposal Section 10.1, Proposed West Virginia MMIS, for additional information about virtualization.

Platform Independence. Because Health Enterprise is written in Java, it is platform-independent—meaning that it can be deployed on a variety of hardware and infrastructure configurations to meet the Bureau’s specific needs. The SOA eliminates barriers between different applications and different data types, enabling system-to-system data sharing, efficient use of COTS products, seamless interoperability throughout the healthcare enterprise, and collaboration across disparate healthcare programs and agencies.

9.4.14 RDBMS for Configurable Data Infrastructure

REQUIREMENT: 3.1.34 Employ a Relational Database Management System (RDBMS) or Object Oriented database management system (OODMS), to create a data infrastructure that is easily configurable, role-based with 24 X 7 access to data, and use best in class analysis tools.

All Health Enterprise data is maintained in a Relational Database Management System (RDBMS). We have selected Oracle 11g Enterprise as the system’s primary RDBMS component, because it provides tools to support high performance, availability, and scalability—in addition to database failover protection and disaster recovery capabilities. Examples of the system’s technical components that provide easy configuration, role-based security, and 24/7 access are provided in Table 9-4, Oracle 11g Suite of Tools.

Table 9-4. Oracle 11g Suite of Tools

Oracle Product	Functions
Oracle Real Application Cluster (RAC)	A clustered database with a shared cache architecture that overcomes the limitations of traditional shared-nothing and shared-disk approaches to provide a highly scalable and available database solution
Oracle Recovery Manager (RMAN)	Backs up, restores, and recovers Oracle databases
Oracle Enterprise Manager (OEM)	Provides a one-stop-shop for managing and monitoring every Oracle application or component present within Health Enterprise to collect status and performance data, which is then fed back to the OEM management server
Oracle Diagnostic Pack	A comprehensive set of automatic performance diagnostics and monitoring functionality built into the core database engine and OEM, providing reports, a centralized performance repository, and cross-system performance aggregation to simplify the task of managing large sets of databases
Oracle Tuning Pack	Automates the entire application tuning process, with real-time monitoring and SQL Advisors that provide a solution for automating the complex task of application tuning
Oracle Locator	Mapping needed to location-enable many business applications
Oracle Partitioning	Allows for data to be managed in smaller “chunks,” greater storage efficiency, and enhances query and ETL processing leading to exceptional application performance and availability.
Oracle Golden Gate	High-performance software application for real-time transactional change data capture, transformation, and delivery, offering log-based bidirectional data replication for 24/7 operations
Oracle Configuration Management	Captures and centralizes information about all hardware and software resources to facilitate the diagnosis of problems, using comprehensive reports and powerful analytics

Oracle Product	Functions
Oracle Change Management	Automates the process of promoting planned schema changes from development to production and helps identify the impact of application upgrades on customizations
Oracle Advanced Security Option	Delivers database and network encryption with robust authentication for compliance and privacy requirements

9.4.15 Ownership

REQUIREMENT: 3.1.36 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. Manufacturers' support and maintenance for the proprietary COTS software licensing subsequent to the initial install must be provided only for the life of the contract. **(Modified by the State per Addendum No. 3)**

ACS agrees that BMS retains ownership of all data, procedures, programs and all materials developed during DDI and Operations, including the customized West Virginia Enterprise System and all other proprietary software as well as the initial licensing for purchased installed COTS. Upon conclusion of DDI, ACS also grants BMS a nonexclusive, perpetual, non-terminable, irrevocable license to use, demonstrate, modify, prepare derivative works based on the Enterprise base system previously developed by ACS with internal funds. Manufacturer's support and maintenance for the proprietary COTS software licensing subsequent to the initial install will be provided for the life of the contract. Additionally, ACS and its subcontractors own and will use proprietary software to perform services under this agreement, developed with internal funds, prior to, or independently of, the contract.

9.4.16 Role-based Data Access

REQUIREMENT: 3.1.37 The system should provide role-based access for authorized users, ensuring confidential access to the data at the individual and group security levels.

The Health Enterprise Security Architecture enforces role-based security access for all users of non-public portions of the system. The availability of menu functions—as well as the pages, portlets, and even the fields displayed on pages—are all tightly controlled by assigned roles. Based on business needs, users are assigned a role or combination of roles that determine their level of access, view, and update capabilities. Because modifications are easy for the security administrator to apply and do not require programming changes, we can easily modify roles to accommodate changes in job responsibilities or positions.

WebSphere Tivoli. Implementation of security is built, not as a bolt-on component at the application layer, but through the underlying integration of the IBM Tivoli suite, with the IBM WebSphere application server stack of products. IBM Tivoli Identification Manager (TIM) and Tivoli Access Manager (TAM) provide integrated identity management and role-based authentication, as well as authorization to individual system resources.

WebSEAL. Tivoli WebSEAL, a component of TAM, provides the gateway through which all Health Enterprise Web portal access passes. It is a high-performance, multi-threaded Web server that applies security policy as defined in TIM and TAM to all users attempting to access portal resources. It is a reverse proxy server. As such, it routes in-bound network traffic to portal and back-end services, while presenting a single interface to users and external systems. WebSEAL determines when a user has attempted to access a protected resource and prompts the user with a logon dialog. WebSEAL validates the identity, roles, and privileges of users and provides a first line of defense. Further security is provided by firewalls at different layers of the architecture.

9.4.17 Key Staff Members

REQUIREMENT: 3.1.40 Provide Key Staff members as described in Section 3.2.3 must be available for assignment to the project on a full-time basis, must be solely dedicated to this project, and must be located onsite in the Charleston facility. Each Key Staff member must have the required experience described in Table 3-2. Any proposed change to this staff after contract execution must have prior written approval by BMS. In all circumstances, Key Staff shall be replaced only with persons of equal ability and qualifications.

We are proposing an exceptional leadership team with expert skills and the ability to remain flexible—while getting the job done within a structured plan. Several members of our leadership team have worked together across multiple projects in various states. Additionally, four members of this team have West Virginia-specific experience and already know how to work in unison with BMS to achieve its goals. For example, MMIS Account Manager, Doug Tomlin, has four years of West Virginia experience; Medical/Dental Deputy Account Manager/Operations Manager, Andy Fontalbert has eleven years; while Ahronn Worsham has five years experience in the State. We are also pleased that former BMS employee, Leonard Kelley, has joined our team. Each leader meets or exceeds all job requirements and is 100 percent dedicated to the MMIS Re-procurement Project. If for any reason a designated key personnel position becomes vacant, we immediately notify BMS, begin the recruiting process, receive BMS' written approval to hire or re-assign key personnel, and fill the position with an individual of equal ability and qualifications.

9.4.18 Meet Contract Requirements and Performance Standards

REQUIREMENT: 3.1.44 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. In making this determination, the Bureau will evaluate whether the Vendor is meeting deliverable dates, producing quality materials, consistently maintaining high quality and production rates, and meeting RFP standards without significant rework or revision.

We closely monitor daily work outcomes and work production reports to proactively ensure that we are staffed appropriately to meet contract deliverables, performance metrics, and quality standards.

Staffing Approach. In instances of unexpected high work volumes, we shift trained staff members from one area to another—continuously adjusting staff to ensure our workloads are balanced and that work progresses smoothly. In times of increased work volumes, we supplement our current staff by hiring part-time employees and have the benefit of using temporary staffing agencies that have partnership agreements with ACS. If unforeseen events create a situation in which we do not meet project requirements, we immediately identify root causes, develop a corrective action plan, and implement the plan after obtaining the Bureau's approval. Once implemented, we continuously re-evaluate our work products and outcomes to ensure we have successfully corrected the problem and are meeting contract requirements and performance standards.

Cognos Metrics Manager. To help ensure project compliance, we also use the Cognos Metrics Manager reporting tool, which constantly watches key performance measures and sends email alerts when performance metrics are nearing unfavorable thresholds. Additionally, Cognos maintains historical data, scorecards, and diagrams in a central relational database. The product clearly depicts upward and downward trends, allowing potential problems to be quickly addressed. Authorized BMS representatives have anytime access to reports for decision-making purposes and will no longer have to wait for paper reports in differing formats to compile important project data.

Page Intentionally Left Blank

10 Solution Alignment with BMS' Business and Technical Needs

REQUIREMENT: RFP Section 4.1.10, pg. 95 of 99

4.1.10 Solution Alignment with BMS' Business and Technical Needs. The vendor is to descr be in detail how the solution proposed provides the functionality identified in this RFP as necessary to meet BMS' current business needs. Vendor's response should address the response requirements set forth in Section 3.2. The vendor should also describe how the proposed solution provides the foundation that enables BMS to move toward its vision for its future MITA-oriented Medicaid Enterprise. The vendor may include additional materials, in a separately labeled section at the back of the proposal, which describes company offerings that may be of value to BMS, but this section would not be reviewed as a formal section of the RFP.

The vendor is to describe in detail how the proposed technical solution addresses the technical/architectural criteria as defined in this RFP. The vendor is to demonstrate how the proposed components integrate to support operations, workflow and achievement of specified service levels, and are maintainable and supportable. The vendor is to describe their development and operating environments and facilities, and how support services are to be provided. Services described are expected to include data center/operations support, help desk/customer support, facility security, training and ongoing education, systems analysis, systems architecture, systems design, system development and testing, and ongoing data reconciliation. The vendor is to complete the checklist columns of Appendix E, Business and Technical Requirements, which will be utilized to determine "level of fit" of the proposed solution with stated BMS technical needs.

Health Enterprise provides the functionality to make technology adapt to BMS' business needs, not the other way around.

- Web portal provides easy, intuitive, point-and-click navigation 24 hours a day, seven days a week
- Proven quality management methodology aligns with PMBOK and all phases of the project
- Service-oriented architecture supports BMS' vision for MITA Maturity

In recent years, the Centers for Medicare & Medicaid Services (CMS) have recognized the need to dramatically reshape the systems that support government healthcare programs. To this end, CMS and states have adopted the Medicaid Information Technology Architecture (MITA) initiative to foster information technology (IT) transformation across the healthcare enterprise and improve overall program administration and efficiency.

ACS' proposed solution for West Virginia—Health Enterprise—offers BMS unmatched functionality, ease of use, and adaptability to meet BMS' current and evolving needs. ACS offers the right people, processes, and technology solutions to help BMS achieve its goals for the MMIS Re-procurement Project: streamline administration, tailor services to meet the needs of enrolled populations, coordinate care, and provide members with the opportunity and incentives to maintain and improve their health.

In this proposal section, ACS addresses the response requirements set forth in Section 3.2 of the RFP, Scope of Work. We describe our proposed West Virginia MMIS, project management approach, staffing, and facilities. We address the MMIS Re-procurement Project's phased implementation, responding to all of the requirements for Phase 1, MMIS Replacement DDI and CMS Certification Planning; Phase 2, Fiscal Agent Operations; and Phase 3, Turnover and Close-out. We explain our drug rebate solution, additional vendor proposed services, and BMS optional services. We conclude the section by completing the checklist required in Appendix E, Business and Technical Requirements, (see attachment 1) demonstrating our solution's alignment with BMS' needs and requirements.

Throughout our proposal, we describe our Standardized Process and Resource Kit—Implementing Technology Solutions (SPARK-ITS©) Quality Management System (QMS). SPARK-ITS QMS provides a comprehensive framework for performing work during the three phases of the MMIS Re-procurement Project and includes our project management, system development, and training methodologies. We based SPARK-ITS QMS on industry best-practices, including the Project Management Institute's Project

Management Body of Knowledge (PMBOK®) Guide and Capability Maturity Model Integration (CMMI) principles, and our proven Medicaid experience to deliver consistency and quality in all that we do. Exhibit 10-1 provides an overview of how our SPARK-ITS QMS methodology aligns with BMS' vision for the phasing of the MMIS Re-procurement Project, as defined in the RFP.

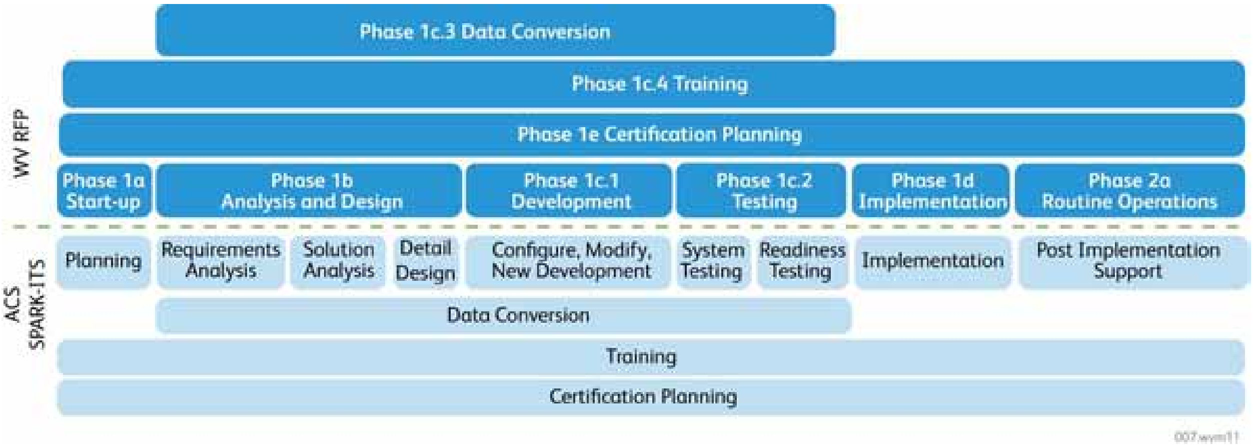

WV RFP
Phase 1c.3 Data Conversion
Phase 1c.4 Training
Phase 1e Certification Planning
Phase 1a Start-up
Phase 1b Analysis and Design
Phase 1c.1 Development
Phase 1c.2 Testing
Phase 1d Implementation
Phase 2a Routine Operations
ACS SPARK-ITS
Planning
Requirements Analysis
Solution Analysis
Detail Design
Configure, Modify, New Development
System Testing
Readiness Testing
Implementation
Post Implementation Support
Data Conversion
Training
Certification Planning
007.wym11

Exhibit 10-1. Methodology Comparison

SPARK-ITS QMS aligns with the three functional phases of the project.

ACS provides the foundation that enables BMS to move toward its vision of a MITA-oriented Medicaid Enterprise in West Virginia. In its MITA State Self-Assessment (SS-A), BMS established goals, objectives, and targeted capabilities for West Virginia's Medicaid Program. BMS assessed the majority of its business processes at a MITA Maturity Level One. This is not uncommon in today's changing Medicaid environment. ACS' proposed solution for West Virginia—Health Enterprise—delivers an MMIS that aligns with MITA principles, employing a service-oriented architecture (SOA) to achieve BMS' MITA Maturity Goals. Health Enterprise provides the technical and architectural foundation for helping BMS increase the MITA maturity of the 14 business processes it has identified from Level One to Level Two and continue growth along the MITA Maturity Model continuum. By providing a MITA-compliant solution that was designed specifically for Medicaid, ACS enables BMS to focus on the business functionality needed to achieve its program objectives.

The SOA that is the foundation of our solution eliminates barriers between different applications and diverse data types, enabling system-to-system data sharing, efficient use of COTS products, seamless interoperability, and collaboration across healthcare programs and agencies in West Virginia. Because Health Enterprise is composed of reusable components that can be combined and configured to perform specific business functions or entire business workflows, the system's inherent flexibility allows ACS to implement BMS-initiated program and policy changes through the user interface. Health Enterprise delivers enhanced and expanded capabilities to BMS that meet all of the requirements set forth in the RFP and the goals of the West Virginia MITA SS-A.

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]

[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

10.2 Project Management

REQUIREMENT: RFP Section 3.2.2, pg, 52 of 99 and 3.2.2.1, pg.53 of 99

3.2.2.1 Vendor Response Requirements: The Vendor should propose the use of an industry standard project management methodology and describe in detail their plans to apply that methodology to complete all project phases as identified in Section 3.2.5, including integrating with the MMIS Re-Procurement Project Team.

The Vendor should describe the controls, tasks, procedures and communication mechanisms to be used to manage the tasks identified in this RFP, as well as their approach to practicing project management disciplines.

The Vendor should state in writing that their methodology and approach interacts effectively with the overarching BMS Project Plan, which was developed as per industry recognized project management methods, and that the Vendor works cooperatively with the MMIS Re-Procurement Project Team.

The Vendor should propose a process for acquiring deliverable acceptance by BMS and should include (but not necessarily be limited to) the following:

- Establishing a process for agreeing upon measurable acceptance criteria for each deliverable;
- Documenting that those criteria have been met;
- Providing adequate time for BMS review of deliverables; and the
- Establishing a timeline and process for remediating deficiencies and the format to be used for BMS signatory approval.

The Vendor should include sample reports, forms and deliverable formats in a separate section at the back of their proposal.

BMS benefits from the proven ACS project management methodology (PMM), an experienced Enterprise Project Management Office (EPMO) with extensive and successful healthcare industry project experience, and effective control and management throughout implementation and ongoing operations.

The Bureau clearly has a long-term view of the West Virginia MMIS Re-procurement Project—a view that BMS expects the successful contractor to share. To support this view, we apply repeatable management processes throughout the life of the contract, with project management activities being integral to each project team member's responsibilities. Our PMM correlates well with West Virginia’s preferred methods and deliverables for project management. ACS is committed to applying the appropriate level of project management in performing the scope of work under this contract. Our Charleston-based EPMO oversees the execution of our PMM processes and serves as a critical interface point for the Bureau to monitor and participate in the project.

One of the most daunting challenges of information technology today is the creation of an effective project management methodology that can successfully manage the definition, development, and delivery of complex IT solutions on time, within budget, and with high quality, while at the same time meeting sophisticated requirements such as those for the West Virginia MMIS Re-procurement Project. ACS is committed to providing the best tools and capabilities as we develop, implement, and operate such a critical and comprehensive system.

Proven Methodology with Experienced Resources

- Project management methodology based on industry standards of excellence for project management. PMM aligns with PMBOK and West Virginia Office of Technology PM guidance.
- EPMO processes and tools promote transparency and partnership between the Bureau and ACS.
- EPMO oversees methodology, keeping activities aligned with Bureau business needs.
- Quality management and control driven into project processes from DDI through operations.
- Skilled resources successfully manage delivery and mitigate risks to meet schedule commitments and produce high quality work products.

10.2.1 SPARK-ITS Quality Management System

We built our first MMIS solution nearly 40 years ago and, consistent with the growing sophistication of IT systems, we have grown and constantly evolved our SPARK-ITS (Standardized Process and Resource Kit - Implementing Technology Solutions) Quality Management System (QMS). Comprised of a project management methodology, a system development methodology (SDM), and training methodology components, our SPARK-ITS QMS leverages recognized leading project management standards and practices such as the Project Management Institute's Project Management Body of Knowledge® (PMBOK)–Fourth Edition and the Software Engineering Institute's Capability Maturity Model® Integration (CMMI). In addition, the methodology includes use of the latest technologies and Internet capabilities and a variety of commercial off-the-shelf products to efficiently and effectively integrate the project management processes.

While the SPARK-ITS QMS is an ACS corporate-wide methodology, the version of our PMM we propose to the Bureau is tailored to Health Enterprise implementations. We further adapt our plans, procedures, training, and supporting tools to align with BMS needs as stated in the RFP. This tailoring takes place during the Planning Workflow of our life cycle (equivalent to the Start-up Phase from the RFP), at which time we modify and submit for Bureau review, comment, and approval plans for all RFP-required PMM deliverables. These tailoring activities take place during Phase 1a, Start-up, and set the stage for the project's success. Our EPMO then provides oversight of these practices for the remainder of the life cycle. The nine workflows of our development life cycle and their mapping to the RFP phases are depicted in Exhibit 10-5.

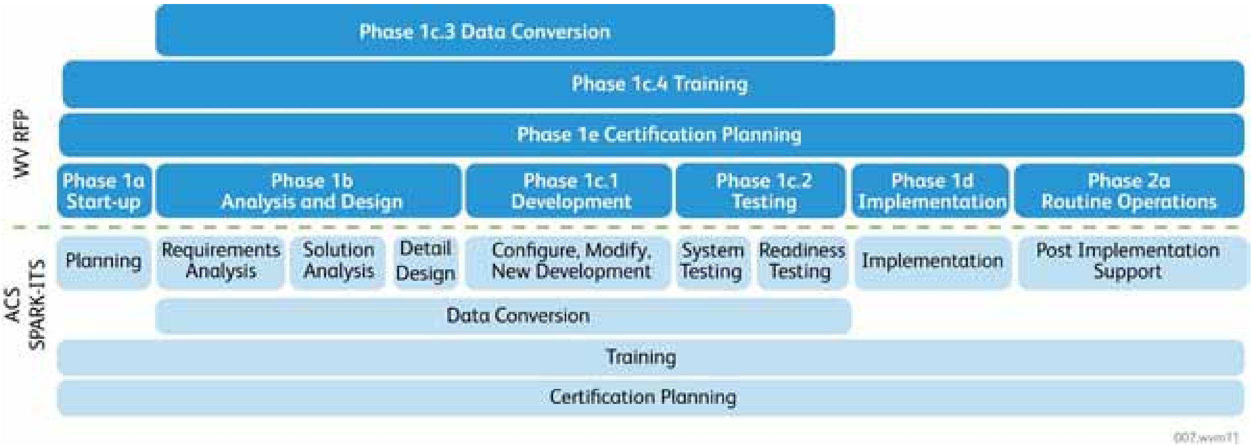

WV RFP
Phase 1c.3 Data Conversion
Phase 1c.4 Training
Phase 1e Certification Planning
Phase 1a Start-up
Phase 1b Analysis and Design
Phase 1c.1 Development
Phase 1c.2 Testing
Phase 1d Implementation
Phase 2a Routine Operations
ACS SPARK-ITS
Planning
Requirements Analysis
Solution Analysis
Detail Design
Configure, Modify, New Development
System Testing
Readiness Testing
Implementation
Post Implementation Support
Data Conversion
Training
Certification Planning
002.wvm11

Exhibit 10-5. Mapping of the Nine SPARK-ITS QMS Workflows to the WV RFP Phases
SPARK-ITS QMS workflows and phases correspond to those established by West Virginia in the RFP.

We execute the nine workflows to analyze requirements, design, develop/configure, test, and implement Health Enterprise. In addition to the life cycle depicted in Exhibit 10-5 above, we provide additional development, testing, and implementation tasks in our Project Schedule to accomplish the early deployment of provider enrollment functionality.

The SPARK-ITS PMM has been institutionalized for several years on multiple MMIS replacement projects, most recently in the completion of the Washington DC MMIS Design, Development, and

Implementation (DDI) project this past year. It is currently used to support Health Enterprise projects, as well as many other ongoing ACS State Healthcare projects.

Our proposed PMM is based on industry best practices, primarily the PMBOK® Guide, Fourth Edition. Our PMM maps to the nine PMBOK knowledge areas: Project Integration Management, Project Scope Management, Project Time Management, Project Cost Management, Project Quality Management, Project Human Resource Management, Project Communications Management, Project Risk Management, and Project Procurement Management. Furthermore, we have refined the project management processes within each PMBOK knowledge area to better align with the needs of Medicaid projects. For example, instead of Project Integration Management, we have further divided the knowledge area into multiple plans to address Change Management, Configuration Management, Issue Management, etc.

Table 10-3 indicates how the SPARK-ITS PMM is aligned with the PMBOK areas. Items in bold align to West Virginia RFP deliverable requirements. We provide the non-bolded plans, either individually or packaged to form a Project Management Plan, to the Bureau for informal review.

Table 10-3. Alignment of SPARK-ITS PMM to PMBOK®

PMBOK® Guide Knowledge Areas	SPARK-ITS PMM Plans
Project Integration Management	• Action Item Management Plan • **Change Management Plan** • **Configuration Management Plan** • Critical Decision Resolution Plan • **Escalation Plan** • Corrective Action Management Plan • **Issue Management Plan** • Metrics (Performance Reporting) Management Plan • Release Management Plan • Project Shutdown Plan • Project Start-up Plan
Project Scope Management	• Requirements Management Plan • **Scope Management Plan**
Project Time Management	• **Schedule Management Plan** • **Project Schedule**
Project Cost Management	• **Cost Management Plan**
Project Quality Management	• **Quality Management Plan (includes peer review, Quality Assurance, Quality Control, and Continuous Process Improvement sections)**
Project Human Resource Management	• **Human Resource Management Plan**
Project Communications Management	• **Communications Management Plan**
Project Risk Management	• **Risk Management Plan**
Project Procurement Management	• Supplier Agreement (Contract) Management Plan

ACS provides additional PMM plans, processes, and best practices that are not mandated by PMBOK or the RFP but instead map to other industry best practices, such as CMMI. CMMI is an internationally recognized process improvement model that provides organizations with a framework to build and continuously improve effective processes. In May 2009, ACS completed an independent, standard CMMI appraisal for three groups in our Government Healthcare Solutions Group (GHS): GHS Technical Solutions for Medicaid Management Information Systems (MMIS), GHS Product Service and Delivery (GPSD), and Electronic Data Interchange (EDI). These organizations are now rated at CMMI Maturity Level 3, meaning that project management and system development processes are well characterized and understood; are described in standards, procedures, tools, and methods; and are performed consistently across the organization.

10.2.2 Controls, Tasks, Procedures, and Communication Mechanisms

The purpose of project tracking and oversight is to ensure that the project is executed according to schedule and budget and that work products, software, and services are at the level of quality the Bureau requires in order to meet its business objectives of an improved Medicaid program for its citizens. During project start-up, we meet with the Bureau to review the PMM plans and any additional PMM standards and practices established by the West Virginia Office of Technology (WVOT), and confirm expectations for the project. As both WVOT guidance and the SPARK-ITS QMS are based on PMI’s PMBOK best practices, we anticipate a high degree of conformity.

The EPMO creates and baselines the Project Management Plan (PMP) and sub-project plans and continually monitors and reports on project progress. Progress is monitored primarily by measuring actual performance against planned performance through earned value. Through continual monitoring of earned value, we quickly identify and self-report any variances in schedule that could result in schedule slippage, so that immediate corrective action can be taken. We include earned value analysis reporting and trending as part of our weekly and monthly status reports to the Bureau. Throughout the project lifecycle, we also identify and mitigate risks early to keep the project on track. The BMS Project Team can easily access the dedicated project SharePoint site to view the PMP and other plans and reports.

ACS posts all project plans, artifacts, guidance documents, and procedures to the project SharePoint site for easy, secure access by all project team members and BMS stakeholders. The ACS EPMO is responsible for securing the baseline of each item, controlling changes to the baseline, and communicating those changes to the project team and stakeholders.

While our Communication Management Plan provides a framework for regular and dependable message development and information sharing, it does not replace the daily informal communication that occurs between the ACS and BMS staff. ACS commits to an “open door” approach. We believe that for project success, we need to truly partner with the Bureau and share as much as we can, formally and informally.

In our view, communication is a continuous process that plays a vital role throughout the life of the project. In the early stages, communication focuses on garnering mutual understanding: establishing agreement on goals, objectives, requirements, and approach, and forming a vision for long-term success. It continues as we work to inform and empower stakeholders to embrace the new system, helping them understand the program, its impacts, and their role in its success.

The complexities of developing and operating a new MMIS make it imperative to continuously maintain the highest degree of alignment among all stakeholders. To support this, we focus on developing strong partnerships, moving beyond a client/vendor relationship into a relationship founded on trust, open communication, and alignment with our client's goals.

In order to most efficiently and effectively manage BMS and ACS alignment, we have turned to SchellingPoint, the industry leader in establishing and optimizing alignment in complex environments. The SchellingPoint service combines analytic measurement techniques and a deep understanding of group dynamics to execute discrete alignment cycles. These cycles use powerful software to proactively measure, provide focus for, and maximize alignment of ACS and BMS goals and objectives. This rapid, rigorous activity turns a traditionally subjective, heavy, meeting-based approach into a process that is far more objective, efficient, and action-oriented. Alignment cycles enable us to establish not only initial alignment of goals and objectives, but also to manage any drift in alignment throughout the project.

10.2.3 Process for Acquiring Deliverable Acceptance by BMS

As part of our PMM, we have a structured, documented process for preparing, reviewing, and obtaining BMS approval of all deliverables, as indicated in Exhibit 10-6.

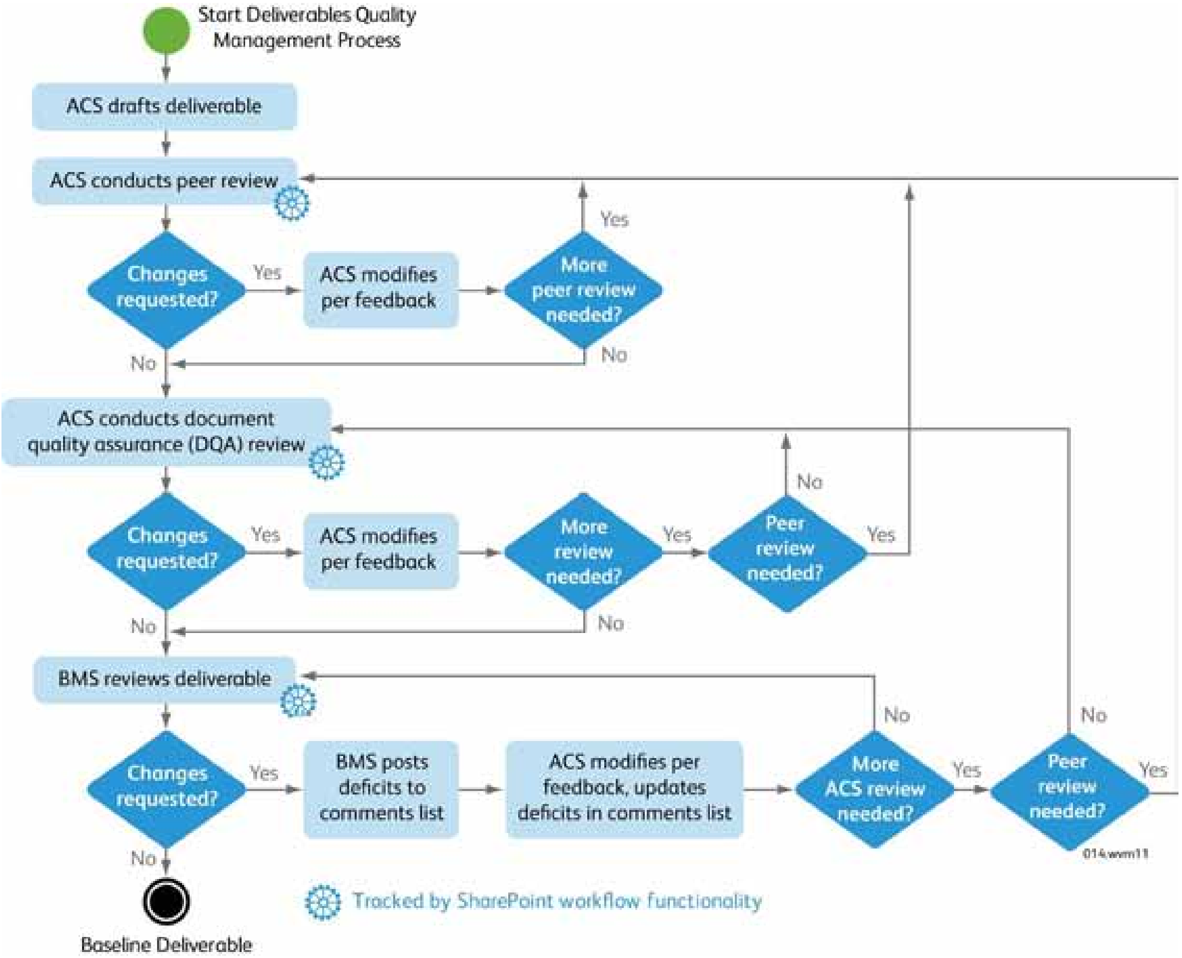

Start Deliverables Quality Management Process
ACS drafts deliverable
ACS conducts peer review
Changes requested?
Yes
ACS modifies per feedback
More peer review needed?
Yes
No
No
ACS conducts document quality assurance (DQA) review
Changes requested?
Yes
ACS modifies per feedback
More review needed?
Yes
Peer review needed?
Yes
No
No
No
BMS reviews deliverable
Changes requested?
Yes
BMS posts deficits to comments list
ACS modifies per feedback, updates deficits in comments list
More ACS review needed?
Yes
No
Peer review needed?
Yes
No
No
014wm11
Baseline Deliverable
Tracked by SharePoint workflow functionality

Exhibit 10-6. Deliverable Review Process

Rigorous quality reviews precede deliverable review and approval by BMS.

During the Start-up Phase, ACS team members work with the BMS MMIS Re-procurement Project Team and other stakeholders to create a Deliverables Expectations Document (DED) that details the content, location, constraints and assumptions, and key stakeholders for all contractual deliverables. The DED, which serves as our Deliverable Dictionary, also captures and affirms our mutual understanding of the approval process and acceptance criteria for the work products delivered throughout the project. Based on our best practices, ACS generally designates 10 days for BMS review of initial drafts of deliverables and 5 days for BMS review of final deliverable versions, with time allotted for any remediation necessary following reviews. We conduct walkthroughs of key deliverables with BMS staff and other stakeholders as needed, as well. ACS works with BMS during the Start-up Phase to adjust these durations as necessary based on BMS needs, deliverable type, frequency of delivery, and deliverable complexity. Review period agreements are captured in the Documentation Management Plan, Project Schedule, DED, and Communication Management Plan.

Use of Enterprise Project Management (EPM) tools and the SharePoint document management system enables us to create, revise, and submit the highest-quality project deliverables for BMS approval. SharePoint's workflow management capability allows all ACS and BMS team members to efficiently and easily track the progress of deliverables throughout the review and approval process. BMS and ACS reviewer feedback is submitted and managed by using the interactive Deliverable Comments Form on SharePoint. Formal sign-offs of all deliverables are maintained on the project's SharePoint site, as well. An example of our SharePoint site is shown later in this section under Exhibit 10-10.

10.2.4 Sample Reports, Forms and Deliverable Formats

Sample reports, forms and deliverable formats are presented in Proposal Section 15.4, Sample Reports, Forms, and Deliverable Formats, in the Appendix.

10.2.5 Comprehensive Initial Project Management Plan

The Vendor should also propose a comprehensive initial Project Management Plan that describes how they intend to complete each phase of the project. The Plan should include (but not be limited to) the following:

The EPMO adopts, tailors, monitors, and controls all PMM processes such as requirements and scope management, change and configuration management, schedule management, and risk management. The EPMO ensures that progress is made according to schedule, within budget, and with work products that contain the highest level of quality. Proactive, risk-averse, and quality-centric control by the EPMO includes the development of informative and clear status reports, regular meetings to discuss issues and risks, and comprehensive resource planning, development, orientation, and training.

The Project Management Plan is one of the EPMO’s key deliverables. Through the PMP, the EPMO facilitates the effective coordination of resources and manages the interdependencies that exist among them. The EPMO is responsible for ensuring that all project team resources have formulated detailed plans, are focused on the right priorities, are making the expected progress, have a vehicle for escalating issues and identifying risks, and have a robust process for managing scope and changes. In addition, the EPMO is responsible for the quality of deliverables, for the integrity of reported project status, and for the overall project governance.

The elements of our PMP, as defined in the RFP, are described in the following subsections. Taken together, these elements constitute the comprehensive initial Project Management Plan.

10.2.5.1 WBS and Deliverable Dictionary

REQUIREMENT: 1. Work Breakdown Structure and Deliverable Dictionary.

ACS prepares the Project Schedule based on our Work Breakdown Structure (WBS) that defines each task, activity, and the scheduled dates and resources for each. The Project Schedule includes both BMS and ACS assigned tasks, durations, and resources. The WBS reflects preparation, review, and submission of the project deliverables listed in our Deliverable Expectations Document (our equivalent of the Deliverable Dictionary).

The full proposed WBS is presented in Proposal Section 15.4.11, Project Schedule, in the Appendix. Table 10-4 summarizes the high-level structure of the project's WBS.

Table 10-4. High-level summary of the project's WBS

WBS#	Task Name	Description
1	Project Administration	Ongoing Project Management Tasks that last the duration of the WV MMIS Re-Procurement Project. Also includes transition management.
2	Phase 1A - Project Startup	Activities allowing the project team to understand the process of the client and to plan project activities.
3	Phase 1B - Analysis and Design	Planning the configuration and development activities of the tasks necessary for matching the solution to the BMS requirements.
4	Phase 1C.3 - Data Conversion	Taking existing data and converting it to work with the new system, including mapping of data and processes.
5	Phase 1C.1 - Development and Unit Testing	Incremental process allowing for functionality to be configured or constructed, unit tested, and prototyped.
6	Phase 1C.2 - Testing	System testing, regression testing, integration testing, user acceptance testing, and operational readiness testing are all performed during this phase, to catch defects as early as possible to minimize impacts.
7	Phase 1C.4 - Training	Train BMS, providers, and ACS staff how to use the system effectively and efficiently so they can start on day one. Includes documentation, online help, classroom instruction, and Learning Management System (LMS).
8	Phase 1D - Implementation	Process in which we package the system and prepare it for “Go Live” and transition in the operational staff so they can be ready on day one.
9	Phase 1E - Certification Planning	Preparatory tasks leading up to CMS Certification, such as collecting all required documentation and completing all MECT checklists.
10	Phase 2A - Operations	All tasks associated with performing Fiscal Agent Operations in accordance with BMS directives.
11	Phase 2B - Certification	All tasks associated with working with CMS reviewers to confirm that Health Enterprise performs as required and that all documentation and data is correct.
12	Phase 3 - Turnover and Closeout	Planning to ensure that the new contractor has everything needed to work in our environment, such as processes and procedures. Includes turnover of equipment, a complete inventory, and backup of data software files. Done to avoid disruption of Medicaid services and any other impact to the State.

10.2.5.2 Project Schedule

REQUIREMENT: 2. Project Schedule: It is recommended that the Vendor propose interim and draft deliverable due dates to facilitate BMS's review of project deliverables. The Vendor may propose additional deliverables to the deliverables specified by this RFP; however, those new deliverables do not have payments associated with them.

Effective schedule management is dependent on current, accurate information regarding resource allocation, availability, progress on assigned tasks, and remaining work. ACS' approach to schedule management encourages dynamic, effort-driven, and predictive schedule development, as well as proactive identification of slippage and scheduling conflicts to ensure early mitigation of scheduling issues and resource constraints.

The detailed West Virginia MMIS Re-procurement Project schedule is created using Microsoft Project and stored on a shared server, rather than on local desktops. Project tasks are pushed to the team's Web browsers via Project Web Access (PWA). Team members simply log on to their PWA site and review their current and upcoming tasks, durations, work, and deadlines in live mode. Team members submit their actual and remaining work on each task using PWA on a weekly basis, providing detailed information on task progress and remaining work so that the EPMO can manage the tasks, deadlines, and resource allocations effectively and comprehensively. Because individual team members submit their work data via PWA, the EPMO is able to focus on managing the schedule and best use of project resources rather than entering actual and remaining work into each task.

We have allowed for Bureau reviews of deliverables in our Project Schedule. We work with the MMIS Re-procurement Team during the Start-Up Phase to adjust these durations based on BMS needs, deliverable type, frequency of delivery, and deliverable complexity, as appropriate.

Our schedule management processes include standards to ensure consistency of task naming, effective and informative decomposition of tasks, and proven estimation techniques to improve the accuracy and predictability of the project schedule. Some of these standards include:

- Use of “M:,” "C:," and “D:” prior to milestone, BMS tasks (including reviews), and deliverable submission task names, respectively, in order to highlight these tasks and allow for enhanced reporting
- Standard use of Fixed Work, Effort Driven tasks (BMS responsibilities are set to Fixed Duration)
- Manually level resources to ideal allocation between 80% and 125% in a given month
- Tasks occurring within 90 days must be between 3 and 80 hours of work per resource; larger tasks must be divided into smaller increments to align with this standard
- Document all schedule assumptions and constraints in the Schedule Management Plan
- All tasks should include at least one predecessor and successor to ensure correct identification of the project's critical path
- Ensure task constraints are set to “As Soon As Possible,” unless there is an absolute need to set a fixed date for a task

Adherence to these and other standards allows for clarity of assignments, ease of reporting, effective management, and reliability of a well developed, predictive schedule. ACS offers custom-built reporting that allows for dynamic and robust reports on deliverables, milestones, and resource allocation, and project health.

10.2.5.3 Staffing Plan

REQUIREMENT: 3. Staffing Plan as described in Section 3.2.3.

The purpose of the staffing plan is to make certain the project has sufficient staff with the right skills and experience to ensure successful project completion. Our Staffing Plan is comprised of two parts: the Staffing Allocation Matrix (SAM) and the Human Resources Management Plan (the latter referenced in Proposal Section 10.2.5.8, Project Management Sub-Plans). The SAM is a staff resource loading chart used to identify the positions required on the project and the months in which the positions are needed. The SAM is continuously maintained by the project manager to accurately reflect the names, rates, and other pertinent information about resources assigned to project positions. It is tied closely to the Human Resources Management Plan and the Cost Management Plan.

We have a large pool of experienced ACS resources to draw upon, including several key personnel who served BMS during our previous successful West Virginia MMIS engagement. Please refer to Proposal Section 8, Staff Capacity, Qualifications and Experience, for the detailed resumes of our proposed key personnel, and Proposal Section 10.3, Project Staffing, for the details of our plan for hiring, training, and retaining fully-qualified staff to perform all requirements of the MMIS Re-procurement Project.

10.2.5.4 Facility Plan

REQUIREMENT: 4. Facility Plan as described in Section 3.2.4.

The MMIS Re-procurement Project requires sufficient facilities to meet the needs of the project during development, as well as for system implementation and ongoing operations activities. Dedicated members of the ACS Team prepare the comprehensive Facility Plan as part of the project start-up activities. The Facility Plan is submitted to BMS for review and approval. Stemming from the Facility Plan, additional start-up activities include establishing the following:

- Facility description and build-out plan
- Floor plan
- Seating chart
- Electrical systems
- Telecommunications systems
- Internet systems
- Fire and smoke detection systems
- BMS, contractor, consultant, and other
- Security system
- Parking plans
- Conference rooms
- Archival facilities

Please refer to Proposal Section 10.4, Project Facilities, for additional details regarding our planned facilities in Charleston, WV, as well as existing ACS facilities in Pittsburgh, PA; Atlanta, GA; Tarrytown, NY; Ridgeland, MS; and Tallahassee, FL, which will provide support for the MMIS Re-procurement Project.

10.2.5.5 Documentation Management Plan

REQUIREMENT: 5. Documentation Management Plan.

Appendix E: Develop, produce, and distribute system, Provider and user manual sections and other documentation as specified by BMS. Perform version control of all documentation, including archiving per BMS policy/specification.

The ACS EPMO is responsible for developing and managing the overall Documentation Management Plan. The Documentation Management Plan establishes how documents—including system, provider, and user documentation—are developed, tested, reviewed, approved, stored, and updated. The EPMO manages the documentation repository throughout the life of the project. As with other project artifacts, documentation leverages SharePoint for optimal information management and collaboration, including version control and archiving.

10.2.5.6 Training Plan

REQUIREMENT: 6. Training Plan.

The Training Plan is created in the Start-up Phase and covers all phases of the project. Training needs are assessed and used to determine the curriculum, training delivery method, and course materials for users, providers, project staff, and the Bureau. The Training Plan is composed of a master plan that provides the training strategy, methodology, delivery, and expected outcomes, and a set of targeted plans that address specific techniques and recommended courses for various learning audiences and areas.

Please refer to Proposal Section 10.6.3.4, Training Task, for details regarding our Training Plan.

10.2.5.7 Testing Plan

REQUIREMENT: 7. Testing Plan.

Effective testing plays a crucial role in the successful implementation and subsequent CMS Certification of Health Enterprise in West Virginia.

The Testing Plan describes the test levels identified by BMS for the project. These test levels are Unit, Integration, System, User Acceptance, Load/Stress, Regression, and Operational Readiness. The Comprehensive Test Strategy also describes the overall strategy for testing and the processes and tools used for test execution, management, and reporting.

To supplement the Testing Plan, test plans for each of the test levels are developed in accordance with the Project Schedule. These plans describe the approach taken for each test level and describe the test methods to meet both the business and technical elements of the project. The plan identifies the items to be tested, test objectives, testing to be performed, test schedules, entry/exit criteria, personnel requirements, reporting requirements, evaluation criteria, defect resolution, data management requirements, environment requirements, test levels to be run (e.g., regression and performance/stress testing), and any risks requiring contingency planning. We describe the development methods of the test case scenarios, test case traceability, automation capabilities, and reporting of test results specific to each test level. These test plans provide a basis for detailed test design.

Please refer to Proposal Section 10.6.3.2, Testing Task, for additional details.

10.2.5.8 Project Management Sub-Plans

REQUIREMENT: 8. Project management sub-plans to include at a minimum:

a. Scope Management Plan
b. Schedule Management Plan
c. Cost Management Plan
d. Quality Management Plan
e. Human Resources Management Plan
f. Communications Management Plan
g. Risk Management Plan
h. Issue Management Plan
i. Change Management Plan
j. Integration Management Plan

The EPMO makes certain that the individual plans define how the integrated MMIS team performs its tasks of planning, organizing, staffing, directing, coordinating, controlling, measuring, reporting, and evaluating work. Table 10-5 lists and describes the Project Management Sub-plan deliverables identified in the RFP. Reviewed and finalized in the Start-up Phase, these are living documents, used and updated as needed throughout the project.

Table 10-5. Project Management Sub-Plans

Deliverable	Description
Scope Management Plan	The Scope Management Plan provides guidance on how to define, document, verify, manage, and control project scope.
Schedule Management Plan	The Schedule Management Plan is a critical project asset for monitoring schedule performance, tracking the incorporation of approved changes, and evaluating the effectiveness of implemented risk mitigation and corrective actions. The plan provides guidance on how to define, document, verify, manage, and control the project schedule.
Cost Management Plan	The Cost Management Plan defines the strategy to achieve the cost objectives for the project. The plan identifies and defines the framework for ensuring effective management of cost, including estimating and budgeting, as well as the processes and procedures used for cost control.
Quality Management Plan	The Quality Management Plan identifies and defines the framework for ensuring effective management of quality, as well as the processes and procedures used in the Routine Operations Phase. Quality management is a combination of quality planning, assurance, and control. Quality planning includes identifying the relevant quality processes, measurements, and performance standards.
Human Resources Management Plan	The Human Resources Management Plan defines the strategy for acquiring, developing, and managing the project team. It includes roles and responsibilities, reporting relationships, and a staff management plan necessary for project success. The plan identifies and defines the framework for ensuring effective management of project staff, as well as the processes and procedures used in hiring, training, and retaining sufficient fully-qualified staff to perform all contract functions.
Communications Management Plan	The Communications Management Plan includes the PMI knowledge areas of communications planning, information distribution, performance reporting, and stakeholder management. The plan provides a framework for information exchange, both internally and externally, that accommodates project and stakeholder information needs.
Risk Management Plan	The Risk Management Plan establishes a structured, repeatable risk management process that effectively identifies and manages the impact of risks. It defines the strategy and systematic process for identifying, analyzing, mitigating, monitoring and controlling, and reporting project risk. Effective risk management is essential to ensure project success. It includes risk identification, risk assessment, risk response planning, and risk monitoring and control. ACS provides a proactive process for identifying potential risks and assessing the probability and potential consequences of identified risks.

Deliverable	Description
Issue Management Plan	The Issue Management Plan focuses on identifying, communicating, tracking, and resolving issues throughout the project life cycle. The plan describes the processes for categorizing and prioritizing issues and for determining the escalation path for issues unresolved within a predetermined length of time.
Change Management Plan	The objective of the Change Management Plan is to establish a structured, repeatable change management process to ensure that project changes are effectively managed. Changes to all configuration items, such as documents and software, are monitored and controlled to ensure the product aligns with requirements, design, and testing, and that updates to the items are governed by the change request and approval process and are implemented in a formal and controlled manner.
Integration Management Plan	According to PMBOK guidelines, integration management is a complex knowledge area spanning multiple concepts and processes. All deal with coordinating and integrating the applicable processes to successfully complete a project. In lieu of a specific Implementation Management Plan, ACS provides a spectrum of documents related to project integration management. In addition to the project management plans and sub-plans already described, we cover integration activities in the following SPARK-ITS QMS deliverables: Project Charter, Configuration Management Plan, Release Management Plan, Metrics Management Plan, Critical Decision Resolution Plan, Escalation Plan, Corrective Action Management Plan, Action Item Management Plan, Project Start-up Plan, Project Shutdown Plan, and Supplier Agreement Management Plan.

10.2.5.9 Workflow Management Plan

REQUIREMENT: 9. Workflow Management Plan.

Our Workflow Management Plan (comprised of the nine individual SPARK-ITS QMS workflow plans) is tailored and finalized during the Start-up Phase. It describes the System Development Life Cycle (SDLC) that is used throughout the project. The SPARK-ITS SDLC, already tailored for Health Enterprise projects, consists of four phases and nine workflows, as illustrated in Exhibit 10-7. The diagram depicts some of the key work products of the SDLC and also presents some of the “coordinated tasks” that parallel the main life cycle. For each workflow, the plan presents the necessary inputs, process steps, outputs, and validation points to ensure the smooth execution of the project. Roles and responsibilities also are included.

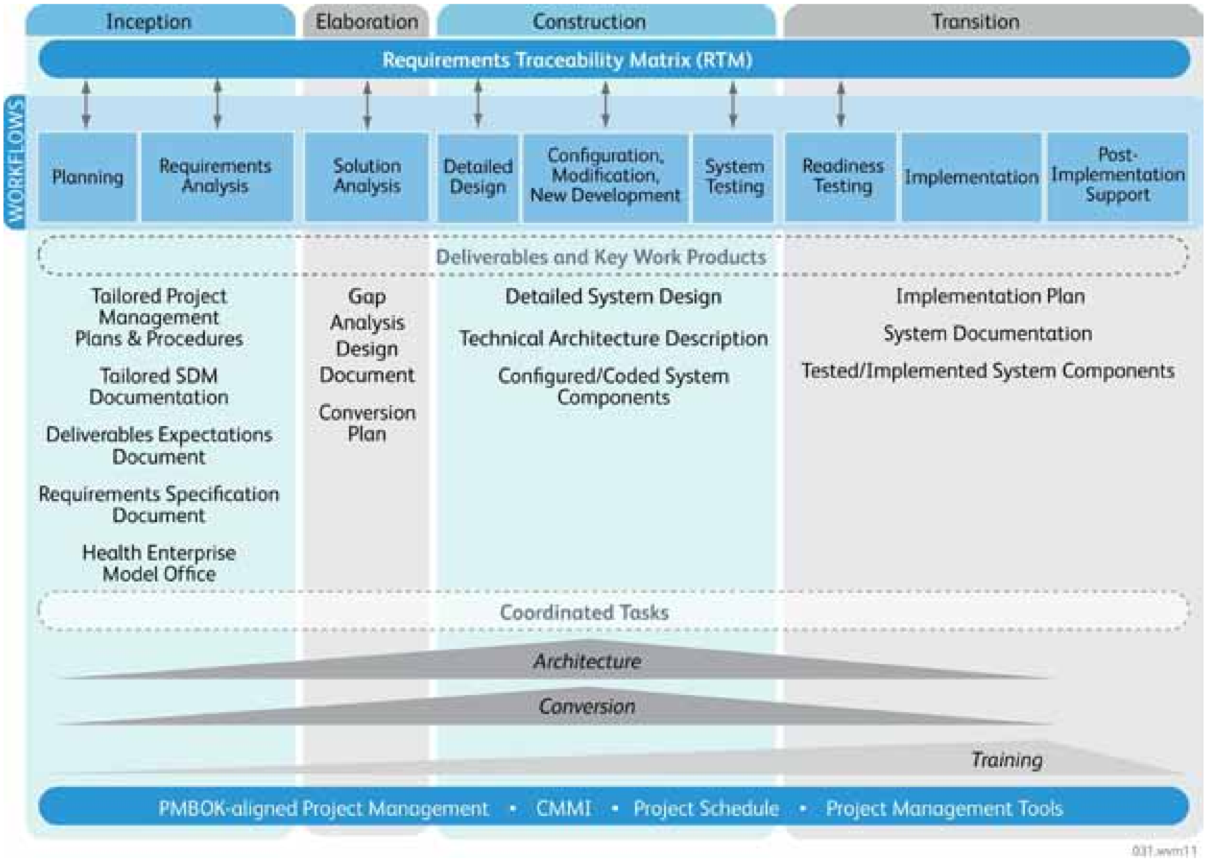

Inception
Elaboration
Construction
Transition
Requirements Traceability Matrix (RTM)
WORKFLOWS
Planning
Requirements Analysis
Solution Analysis
Detailed Design
Configuration, Modification, New Development
System Testing
Readiness Testing
Implementation
Post-Implementation Support
Deliverables and Key Work Products
Tailored Project Management Plans & Procedures
Tailored SDM Documentation
Deliverables Expectations Document
Requirements Specification Document
Health Enterprise Model Office
Gap Analysis Design Document
Conversion Plan
Detailed System Design
Technical Architecture Description
Configured/Coded System Components
Implementation Plan
System Documentation
Tested/Implemented System Components
Coordinated Tasks
Architecture
Conversion
Training
PMBOK-aligned Project Management • CMMI • Project Schedule • Project Management Tools
031.wvm11

Exhibit 10-7. SPARK-ITS QMS SDLC phases and workflows
SPARK-ITS QMS SDLC adapted for Health Enterprise.

10.2.5.10 Transition Plan

REQUIREMENT: 10. Transition Plan.

As a previous West Virginia MMIS fiscal agent, ACS knows both sides of transition and turnover. Once operational readiness testing and implementation are complete, it is time for the project to progress in an orderly, planned manner from development to operations. The purpose of the Transition Plan is to define and monitor the activities related to handing over the DDI project deliverables and functions to their next owners. It is established in partnership with those responsible for ongoing operations. Addressed in the Transition Plan are activities such as release and/or reassignment of resources from DDI to ongoing operations, adjustment of security (such as the activation or deactivation of staff access to facilities and systems), transfer of equipment and other fixed assets, turnover of documentation libraries, and any other final transition activities agreed upon by BMS and ACS. All final transition activities are planned to accomplish the transition with minimal disruption of ongoing operations, and emphasis is placed on providing BMS and ACS executives with timely information regarding the transition progress and status.

10.2.5.11 Weekly and Monthly Project Status Reporting

REQUIREMENT: 11. Weekly Status Report Template.
REQUIREMENT: 12. Monthly Status Report Template.

We work with the Bureau to agree upon the templates for weekly and monthly status reports and document the deliverables expectations, approvers, and other information in the Deliverables Expectations Document. ACS produces weekly and monthly status reports throughout the MMIS Re-procurement Project. We review the status reports with BMS during project status meetings. We document the frequency of these status meetings in the Communications Event Schedule. We anticipate that the BMS Project Manager identifies BMS resources who attend project status meetings. Executive management meetings will use the monthly status reports for discussion points. Written status reports include the following information, at a minimum. Items in bold are captured with, or supported by, our EPM reporting tool.

- A general status report
- **Activities and deliverables completed in the preceding reporting period**
- **Activities and deliverables planned for the next reporting period**
- Problems encountered and proposed/actual resolutions
- **Status of risks with special emphasis on change in risks**
- **Status of each task in the Project Schedule that is in progress, overdue, or planned to begin in next reporting period**
- **Status of active issues and/or action items**
- Quality assurance status
- **Identification of schedule slippage** and strategy for resolution
- Status of staff including planned and unplanned departures, vacancies, vacations, absences, and new staff additions

Monthly status reports summarize data from weekly reports and include clear identification of new or changed items, financial information related to expenses and billings for the project, and executive summaries for presentation to management and oversight bodies.

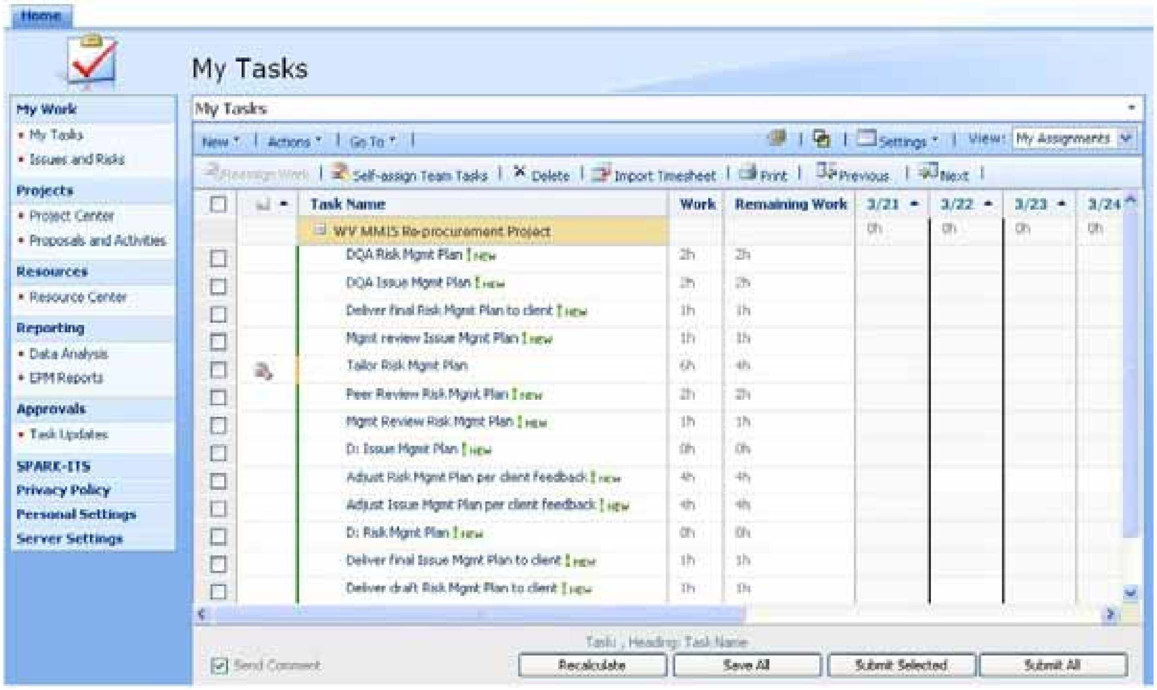
10.2.6 Integrated Project Management Tools

REQUIREMENT: The Vendor should apply integrated project management tools or (COTS) products to consolidate reports required for the management of Projects.

EPM Solution

As discussed earlier, we use Microsoft's comprehensive and advanced suite of project management support tools, referred to as the EPM Solution. EPM consists of Project Professional, PWA, and Project Server 2007. The suite enables dynamic scheduling, enhanced reporting, and constant communication across project resources regarding the project schedule and overall project health.

The project schedule is created using Microsoft Project Professional and stored on a Microsoft Project Server, rather than on local desktops. Individual team members do not need to have the desktop version of Microsoft Project software installed on their computers in order to access their tasks on the schedule. Instead, they simply log on to PWA using a Web browser to review their current and upcoming tasks in live mode. Team members submit their actual and remaining work on each task using PWA on a weekly basis. This frees the EPMO to comprehensively manage the tasks, deadlines, and resource allocations. Exhibit 10-8 shows the PWA page that enables a team member to view and update his or her current and upcoming tasks, durations, work, and deadlines.


Home
My Tasks
My Work
My Tasks
Issues and Risks
Projects
Project Center
Proposals and Activities
Resources
Resource Center
Reporting
Data Analysis
EPM Reports
Approvals
Task Updates
SPARK-ITS
Privacy Policy
Personal Settings
Server Settings
My Tasks
New
Actions
Go To
Settings
View: My Assignments
Reassign Work
Self-assign Team Tasks
Delete
Import Timesheet
Print
Previous
Next
Tasks , Heading: Task Name
Send Comment
Recalculate
Save All
Submit Selected
Submit All

☐	Task Name	Work	Remaining Work	3/21	3/22	3/23	3/24
	WV MMIS Re-procurement Project			0h	0h	0h	0h
☐	DQA Risk Mgmt Plan ! NEW	2h	2h				
☐	DQA Issue Mgmt Plan ! NEW	2h	2h				
☐	Deliver final Risk Mgmt Plan to client ! NEW	1h	1h				
☐	Mgmt review Issue Mgmt Plan ! NEW	1h	1h				
☐	Tailor Risk Mgmt Plan	6h	4h				
☐	Peer Review Risk Mgmt Plan ! NEW	2h	2h				
☐	Mgmt Review Risk Mgmt Plan ! NEW	1h	1h				
☐	D: Issue Mgmt Plan ! NEW	0h	0h				
☐	Adjust Risk Mgmt Plan per client feedback ! NEW	4h	4h				
☐	Adjust Issue Mgmt Plan per client feedback ! NEW	4h	4h				
☐	D: Risk Mgmt Plan ! NEW	0h	0h				
☐	Deliver final Issue Mgmt Plan to client ! NEW	1h	1h				
☐	Deliver draft Risk Mgmt Plan to client ! NEW	1h	1h				

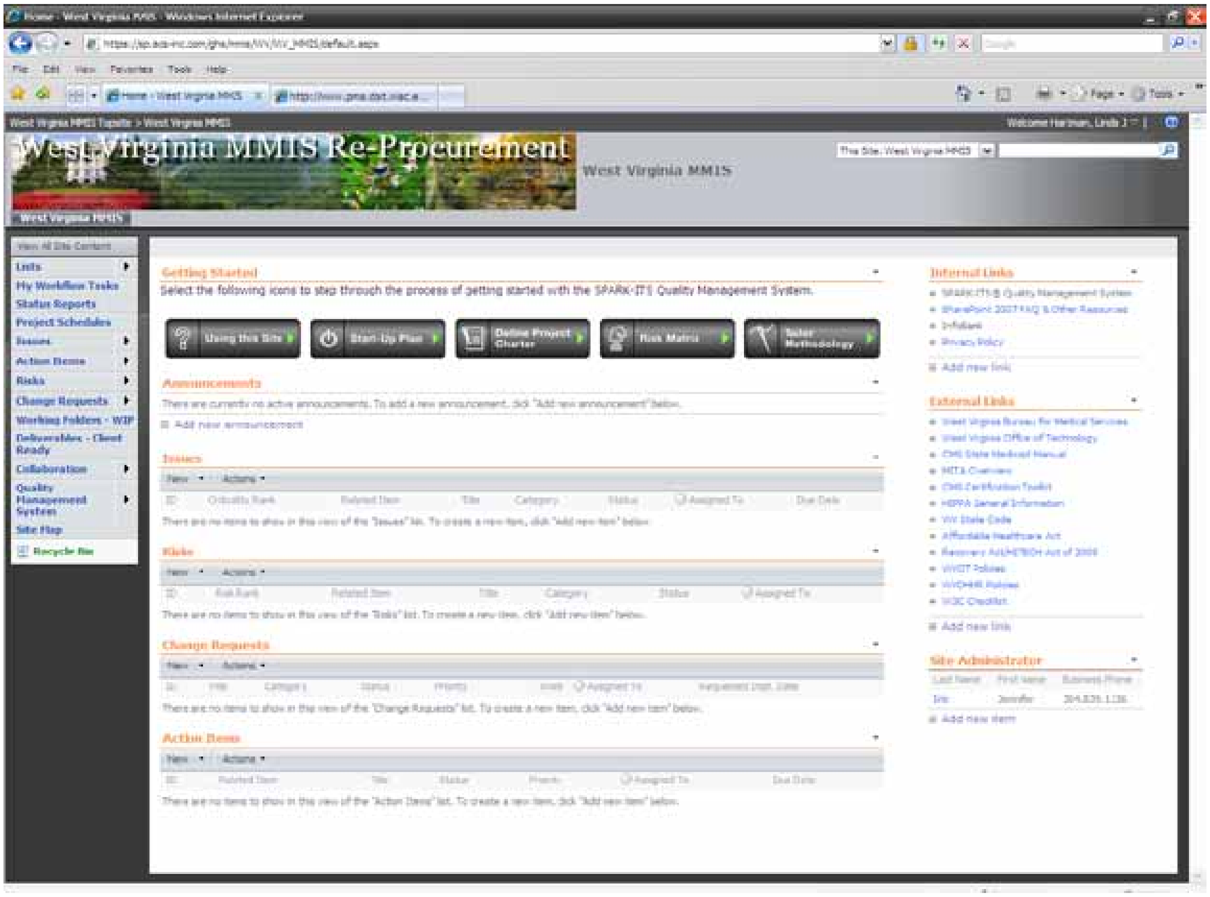
Exhibit 10-8. PWA: My Tasks

Team members can simply log on to their PWA site and review and update their current and upcoming tasks, durations, work, and deadlines in live mode.

Once the schedule is updated for the week, EPM provides a range of reporting options. Basic reports are built into PWA and are accessible via the Web at any time. Other reports can be exported to Excel in seconds; they include stoplight indicators (red, yellow, green) on project health, deliverables and milestones progress, and resource allocation.

SharePoint

SharePoint is our standard documentation, information management, and collaboration tool. During project initiation, the ACS Team establishes the project’s SharePoint site using a baseline SPARK-ITS QMS template. The site is complete with document libraries, baseline schedules, templates, and procedures, and is set up with list functionality to track and report on risks, issues, action items, and change requests in accordance with the SPARK-ITS PMM. The site also has an event calendar, wikis, discussion boards, a contact list, and announcements functionality to facilitate team collaboration and communication. SharePoint's workflow functionality provides automation, tracking, and notification of work product review and approval processes. Exhibit 10-9 shows the home page of the project site.


Home - West Virginia MMIS - Windows Internet Explorer
File
Edit
View
Favorites
Tools
Help
Home - West Virginia MMIS
West Virginia MMIS Topsite > West Virginia MMIS
West Virginia MMIS Re-Procurement
West Virginia MMIS
View All Site Content
Lists
My Workflow Tasks
Status Reports
Project Schedules
Issues
Action Items
Risks
Change Requests
Working Folders - WIP
Deliverables - Client Ready
Collaboration
Quality Management System
Site Map
Recycle Bin
Getting Started
Using this Site
Start-Up Plan
Define Project Charter
Risk Matrix
Tailor Methodology
Announcements
Add new announcement
Issues
New
Actions
ID
Criticality Rank
Related Item
Title
Category
Status
Assigned To
Due Date
Risks
Change Requests
Action Items
Internal Links
External Links
Add new link
Site Administrator
Last Name
First Name
Business Phone
Add new item

Select the following icons to step through the process of getting started with the SPARK-ITS Quality Management System.

There are currently no active announcements. To add a new announcement, click "Add new announcement" below.

There are no items to show in this view of the "Issues" list. To create a new item, click "Add new item" below.

There are no items to show in this view of the "Risks" list. To create a new item, click "Add new item" below.

There are no items to show in this view of the "Change Requests" list. To create a new item, click "Add new item" below.

There are no items to show in this view of the "Action Items" list. To create a new item, click "Add new item" below.

Internal Links

- SPARK-ITS® Quality Management System
- SharePoint 2007 FAQ & Other Resources
- InfoBank
- Privacy Policy

External Links

- West Virginia Bureau for Medical Services
- West Virginia Office of Technology
- CMS State Medicaid Manual
- MITA Overview
- CMS Certification Toolkit
- HIPAA General Information
- WV State Code
- Affordable Healthcare Act
- Recovery Act/HITECH Act of 2009
- WVOT Policies
- WVDHHR Policies
- W3C Checklist

Exhibit 10-9. West Virginia MMIS Re-procurement Project SharePoint Site Example
SharePoint holds project documents and facilitates project communication and workflow.

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	
[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	
[redacted]	[redacted]	[redacted]

[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	
[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	
[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	
[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	
[redacted]	[redacted]	[redacted]

[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	
[redacted]	[redacted]	
[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	
[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	
[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	
[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	
[redacted]	[redacted]	[redacted]

[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	
[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	
[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	
[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	
[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	
[redacted]	[redacted]	[redacted]

[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	
[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	
[redacted]	[redacted]	[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

10.4 Project Facilities

REQUIREMENT: RFP Section 3.2.4, pg, 73 of 99 and 3.2.4.1, pg.73 of 99

3.2.4.1 Vendor Response Requirements: The Vendor’s proposal should describe its approach to securing all workspaces and meeting the facility requirements, by project phase and activity as described above including:

The Bureau’s facility requirements are met with a newly renovated site that will provide modern accommodations to support the space and resources necessary for the life of the MMIS Re-procurement Project.

ACS will use a combination of our newly leased and renovated facility in Charleston and existing ACS facilities to provide the high-quality services BMS expects. Initially, we will lease 6,000 square feet of space at our Charleston site for our DDI staff; we will occupy additional space at the same location, once we move into the Operations Phase of the project. All other ACS sites at which we will perform work for BMS are currently in operation and are expected to remain so throughout the duration of the contract. We welcome site visits from BMS at any time.

10.4.1 Proposed Worksites

- Description of the work site(s) proposed, inclusive of offsite facilities, for work during each of the three project phases listed in Section 3.2.5.

Table 10-7 shows the locations at which we will perform work and the phase of the project in which that work will be performed. The critical sites are described in detail below.

Table 10-7. Work Sites for Each Project Phase

Location	Work Performed	Phase		
		1	2	3
Project Office Charleston, West Virginia	MMIS Replacement DDI and Certification Planning	X		
	Fiscal Agent Operations including: • Business operations • Claims receipt (hard copy) and pre-screening • Mail room • Data entry • Imaging operations • Exception claims processing • All call center operations • Provider enrollment and re-enrollment • Provider relations • Member relations • Account management • Quality assurance, EPMO, and Training • Designated system modification and enhancement • Financial management • Printing		X	X

Location	Work Performed	Phase		
		1	2	3
Data Center Pittsburgh, Pennsylvania	• Data center operations • Capacity planning • System maintenance • Production control • Network monitoring • Network management	X	X	X
Secure Backup Storage Moon Township, Pennsylvania	Secure storage of Pittsburgh Data Center backups	X	X	X
EDI Gateway Tallahassee Florida	Electronic data sharing gateway (EDSG) system supplemental support – used to support all incoming and outgoing interface files, including X-12 transactions	X	X	X
Data Center Business Continuity and Disaster Recovery Site Tarrytown, New York	Data center disaster recovery	X	X	X
Support Center Atlanta, Georgia	Corporate support location for supplemental staff required during the DDI and operations phases of the contract	X	X	X
Operations Business Continuity and Call Center Disaster Recovery Ridgeland, Mississippi	Operations business continuity and call center disaster recovery site		X	X
Printing Business Continuity and Disaster Recovery North Wales, Pennsylvania	Print fulfillment business continuity and disaster recovery site		X	X
Thomson Reuters locations in Ann Arbor, Michigan and Atlanta, Georgia	Data management – data conversion/data mapping and supplemental support	X	X	X
Thomson Reuters locations in Ann Arbor, Michigan, Atlanta, Georgia, Nashville, Tennessee, and Baltimore, Maryland	Data analysis/business analysis – Supplemental support to the Charleston-based team	X	X	X
Thomson Reuters locations in Ann Arbor, Michigan	Installation consultation/technical support – product installation/configuration support and supplemental technical support	X	X	X

Project Office – Charleston, West Virginia

ACS worked closely with our real estate representative and a local real estate broker to locate adequate space for our operations in Charleston. Based upon the combined knowledge of ACS and our real estate broker, personal visits to potential sites by Doug Tomlin and Andy Fontalbert, and advice from our corporate real estate representative, we have selected the Chase Tower at 707 Virginia Street East for our Project Office in downtown Charleston (see Exhibit 10-17). In selecting this site, we considered the following criteria:

- Located within five miles of BMS
- Single location with flexibility to start with a smaller footprint for DDI, expand for fiscal agent operations, and provide room for growth, if needed

- Modern, clean, and well-maintained facility with
  - Up-to-date emergency preparedness for fire and environmental disaster
  - Ability to upgrade security features to meet our stringent requirements
  - Sufficient conference room space for project team meetings, work sessions, and training, as well as meetings with BMS staff
  - Potential to provide a comfortable and pleasant work environment for our personnel and the BMS staff member on site
  - Proximity to food service
  - Sufficient parking

Exhibit 10-17. ACS' Charleston Project Office
Our location offers comfortable and secure office space for BMS personnel and the MMIS Re-procurement Project.

ACS' proven facility implementation and management techniques ensure that all aspects of the MMIS Re-procurement Project are fully supported by well-planned, scalable facilities that meet or exceed RFP requirements and provide the foundation for future project needs. We effectively plan and maintain the facilities and support services critical to fiscal agent operations. We apply our collective experience in implementing facilities nationwide to install and maintain the appropriate facilities and resources necessary to successfully perform the scope of work required for this project. Exhibits 10-18 and 10-19 illustrate ACS' approach to providing functional yet comfortable surroundings for employees and visitors. Please note that this and subsequent artist's renderings are not an exact depiction of all components.

Exhibit 10-18. Charleston Facility – Reception Area
The reception area, where visitors are greeted and sign-in, has a secure entrance to the side of the receptionist's desk to prevent unauthorized individuals from entering.

Exhibit 10-19. Charleston Facility – Overall View
Modern cubicles provide efficient workspace for staff, based on their job responsibilities.

The BMS staff located in our facility will have an office that can be individually locked and is equipped with furniture; telephone service; a personal computer with access to the MMIS, Microsoft Office™ Suite, and the internet; and access to a printer and copier. We will also provide one reserved parking space to accommodate the designated BMS staff and six general visitor parking spaces. Exhibit 10-20 shows an artist's rendering of the typical office we will provide.

Conference space at our facility will be accessible by BMS, fully furnished, and equipped with a computer, a projector for displaying Internet-based and Windows PowerPoint™ presentations, and a high-quality speakerphone for multiple remote staff to attend meetings by telephone. The space will be large enough for DDI review, planning, testing, and training sessions. In addition the conference space will accommodate video conferencing and Web-based application sharing for attendees. Exhibit 10-21 is an artist's rendering of a proposed conference space.

Exhibit 10-20. Charleston – BMS Office
The office provided to BMS staff is a modern and attractive space that provides an efficient and functional work area.

Exhibit 10-21. Charleston – Conference Room
Conference rooms, equipped as required by BMS, are available for BMS to use as needed.

Data Center – Pittsburgh, Pennsylvania

Providing a safe and secure location for the computer hardware, software, and associated ancillary equipment necessary for the successful ongoing operation of the MMIS is important in meeting BMS' objectives. Foremost is implementation of the West Virginia MMIS with no disruption in service or claims processing—and to continue forward on that basis. To help achieve this, the MMIS Re-procurement Project hardware and software is housed in a secure, environmentally stable data center and is supported for disaster recovery through a back-up data center. The proposed ACS data center for the West Virginia MMIS is located in Pittsburgh, Pennsylvania, 10 miles south of the Pittsburgh International Airport and is shown in Exhibit 10-22.

Threats to the data center from surrounding businesses or from natural disasters, such as flooding, are minimal. This 133,000-square-foot facility, which includes nearly 64,000 square feet of raised floor, is designed exclusively for data center processing activities. The facility is surrounded by an eight-foot chain-link fence topped with layers of razor wire and equipped with sonar detectors that alert a central security command center if anything touches the fence. A closed-circuit television system constantly scans the entire campus on a 24/7/365 basis. Security guards observe these monitors around the clock. The data center operates on the basis of redundant telecommunications services using multiple vendors to ensure communications continuity for the new MMIS.

Exhibit 10-22. ACS' Pittsburgh Data Center
This center houses the equipment, systems, and personnel necessary to provide world-class quality and cost-efficient services.

Doors to the Pittsburgh Data Center are kept locked at all times. Access into and within the Data Center is controlled by a multi-level security system. Picture identification badges limit employee, vendor, and visitor access to sensitive areas. Visitors to the facility must sign in and out, must wear a badge, and must be escorted by an ACS employee at all times. The security system automatically monitors and records the movement of all building occupants and records unauthorized access attempts.

The Data Center is segmented into zones fully equipped with fire-, smoke-, and moisture-detection systems to protect against environmental hazards. The facility is protected by a fire protection "Pre-Action" sprinkler system and is monitored by a security protection vendor on a 24/7 basis. Critical support systems are monitored by our site monitoring system. A remote annunciation monitor is located in the Data Center Command Center and is also monitored 24/7.

All computer, data communications, and environmental equipment are served with sophisticated power conditioning equipment to minimize disruptions in service due to exterior power fluctuations. Electrical power to the facility is supplied by a single utility feed entering at two separate locations to the Data Center and is backed up by a secondary circuit that is used only in the event of an extended outage to the primary feed. Six emergency generators provide emergency power. In addition, the facility also has three separate uninterrupted power supply (UPS) systems. Batteries attached to these UPS systems provide support for critical processing loads for up to 15 minutes in the event of a total outage. The emergency generators are programmed to start after seven seconds of power interruption. The entire process of going from loss of utility to an environment totally supported by emergency generators takes 15 to 17 seconds.

Data Center Business Continuity and Disaster Recovery Site – Tarrytown, New York

ACS occupies two floors in an office building with 18,000 square feet of raised floor data center space and 50,000 square feet of office space, which accommodates approximately 46 support services personnel. The facility owner, Biomed, provides 24/7 physical security for the site. This state-of-the-art facility has redundant power supplies, multiple air conditioning systems, fault detection and communication systems, and strong physical security.

Network architecture between the Pittsburgh and Tarrytown facilities is based on high availability, redundancy, scalability, and security. Our wide-area network (WAN) employs multiprotocol label switching (MPLS) topology, with redundant telecommunications providers and permanent virtual circuits (PVCs), and industry-leading WAN security, equipment and software, such as Cisco routers, switches, network intrusion detection devices, and firewalls.

Other Locations

The other locations from which ACS provides services offer similar levels of physical and data security, fire protection, heating and air conditioning systems, and attention to the work needs and comfort of both ACS and client personnel.

10.4.2 Description of Work to be Performed Off Site

- Description of any work to be performed off site. If any of the work is performed offsite, including work of subcontractor(s), the bidder should describe the assurance of quality and timeliness of work.

As mentioned earlier in this section, our primary office location is the Chase Tower at 707 Virginia Street East, Charleston, West Virginia. In addition to our primary location, we leverage other existing locations, as shown in Table 10-8 below, to support the MMIS Re-procurement Project

Table 10-8. Offsite Work Locations

Location	Tasks Performed
Existing ACS location in Pittsburgh, Pennsylvania	Data center operations
Existing ACS location in Moon Township, Pennsylvania	Secure storage for backup copies from our Pittsburgh Data Center
Existing ACS location in Tarrytown, New York	Business continuity and disaster recovery data center
Existing ACS location in Atlanta, Georgia	Specialized resources to provide supplemental support to Charleston-based personnel as needed
Existing ACS location in Tallahassee, Florida	Supplemental electronic data interchange (EDI) support as needed
Existing ACS MMIS location in Ridgeland, Mississippi	Operations business continuity and call center disaster recovery
Existing ACS facility in North Wales, Pennsylvania	Disaster recovery and business continuity for print fulfillment
Existing Thomson Reuters locations in Ann Arbor, Michigan and Atlanta, Georgia	Data management – data conversion/data mapping during DDI and supplemental support during the operations phase
Existing Thomson Reuters locations in Ann Arbor, Michigan, Atlanta, Georgia, Nashville, Tennessee, and Baltimore, Maryland	Data analysis/business analysis – Supplemental support during the DDI/operations phases to the Charleston-based team
Existing Thomson Reuters locations in Ann Arbor, Michigan	Installation consultation/technical support – product installation/configuration support during the DDI phase and supplemental technical support during the operations phase

Assurance of Quality

Work performed at an offsite work location will be under the management of Charleston-based ACS personnel at ACS-operated sites. Our sites consistently employ the quality management system described in Proposal Section 9.2.1 ACS SPARK-ITS Quality Management System Overview to ensure both quality and timeliness.

10.5 Project Phase Overview

REQUIREMENT: RFP Section 3.2.5, pg, 73 of 99

This section of our proposal addresses our approach to completing the RFP-defined phases of the MMIS Re-procurement Project and is organized into the following proposal sections:

- 10.6 Phase 1: MMIS Replacement DDI and CMS Certification Planning
- 10.6.1 Phase 1a: Start-Up
- 10.6.2 Phase 1b: Analysis and Design
- 10.6.3 Phase 1c: Development, Testing, Data Conversion, and Training
- 10.6.4 Phase 1d: Implementation
- 10.6.5 Phase 1e: CMS Certification Planning
- 10.7 Phase 2: Fiscal Agent Operations
- 10.7.1 Phase 2a: Routine Operations
- 10.7.2 Phase 2b: CMS Certification
- 10.7.3 Phase 2c: MMIS Modifications and Enhancements
- 10.8 Phase 3: Turnover and Close-Out

Provider enrollment or re-enrollment is one of the most critical ingredients of success for a state Medicaid program. BMS is responsible for oversight of enrolling providers in accordance with federal and state regulations, as well as the maintenance of provider enrollment information for all participating providers.

Our long-term commitment to Medicaid and our extensive provider enrollment experience, including implementation and maintenance of provider Web portals, make us the low-risk contractor for the Bureau in this vital procurement. We have developed a solid and reliable solution to ensure provider needs are met and/or exceeded. ACS' approach to provider re-enrollment focuses on several tools and a proven process workflow for the various media types submitted by all West Virginia Medicaid providers.

10.6 Phase 1: MMIS Replacement DDI & CMS Certification Planning

REQUIREMENT: RFP Section 3.2.6, pg. 74 of 99

Proven project management approaches and controls govern the design, development, and implementation (DDI) activities that comprise Phase 1 and establish a solid foundation for a successful MMIS Re-procurement Project.

ACS' approach and methodologies for designing, developing, and implementing the West Virginia MMIS Re-procurement solution and fiscal agent operations are based on our proven MMIS experience and industry best practices. We incorporate leading project management standards and practices from the Project Management Institute's Project Management Body of Knowledge® (PMBOK)–Fourth Edition and the Software Engineering Institute's Capability Maturity Model® Integration (CMMI). This practical and verifiable application of best practices and continued process maturity engages the tools, techniques, and resources that result in execution excellence, on-time delivery, quality assurance, and managed risk. It also ensures that CMS certification planning activities support qualification for the highest eligible Federal Financial Participation (FFP) rate.

Our Phase 1 approach provides market-leading technology, combined with proven methodologies and tools, to develop, implement, and operate the new system. ACS has structured our team and solution to meet the current and future needs of BMS.

Proposal Section 10.6 includes five sections based on the requirements from Section 3.2.6 of the RFP:

- **10.6.1, Phase 1a: Start-up Phase** – This section explains our approach to completing BMS' project initiation requirements. It describes our approach to completing initial risk identification and mitigation planning and introduces the initial plans required by BMS.
- **10.6.2, Phase 1b: Analysis and Design Phase** – This section describes our approach to completing the analysis and design deliverables that will guide the configuration and development of the proposed West Virginia MMIS.
- **10.6.3, Phase 1c: Development, Testing, Data Conversion and Training** – This section addresses BMS' requirements for the development and thorough testing of the proposed MMIS and our approach to data conversion and training.
- **10.6.4, Phase 1d: Implementation Readiness** – This section describes the planning, preparation, and finalization of the activities ACS completes to gain BMS approval to implement Health Enterprise and assume West Virginia Fiscal Agent responsibilities.
- **10.6.5, Phase 1e: CMS Certification Planning** – This section describes the planning activities associated with obtaining Federal certification of the MMIS.

Key Features of our Phase 1 Approach

- EPMO leads project planning and monitoring, process controls, accurate change management, and consistent reporting
- SPARK-ITS QMS provides project management, system development and training methodologies founded upon Project Management Institute (PMI) principles
- Quality management, assurance, and control explicitly embedded into delivery and management channels
- Transparency and automation in reporting provided through the project's SharePoint site

10.6.1 Phase 1a: Start-up Phase

REQUIREMENT: RFP Section 3.2.6.1 to 3.2.6.1.1, pg. 74 of 99

3.2.6.1.1 Phase 1a: Vendor Response Requirements. The Vendor's proposal should present a narrative description of the Vendor's proposed approach to completion of the Start-Up Phase, including the proposed:

The planning that occurs in Phase 1a, Start-Up establishes a collaborative partnership between BMS and ACS that results in agreed upon deliverables, milestones, and deadlines.

ACS works closely with BMS during the Start-up Phase to make sure all project planning documents reflect BMS' intentions and that all deliverables meet or exceed BMS' expectations. By fostering open communication and addressing risk management from the first day of the project, ACS delivers a high quality MMIS that responds to the BMS' business needs on time and on budget.

10.6.1.1 Approach to Deliverables and Milestones

REQUIREMENT:

1. Approach to the completion of the Phase 1a Deliverables and Milestones (as listed in Appendix C), including methodology for updating deliverables throughout the lifecycle of the project.

As discussed in Proposal Section 10.2, Project Management, our system development methodology includes nine workflows that are executed in sequence to complete design, development, and implementation (DDI) activities. The first workflow is called the Planning Workflow; it aligns with the RFP Phase 1a. It sets the stage for the project's success by analyzing baseline processes, procedures, templates, and tools and tailoring them to the specific needs of the West Virginia MMIS Re-procurement Project. During the Planning Workflow, ACS establishes the Enterprise Project Management Office (EPMO) and on-boards initial project staff.

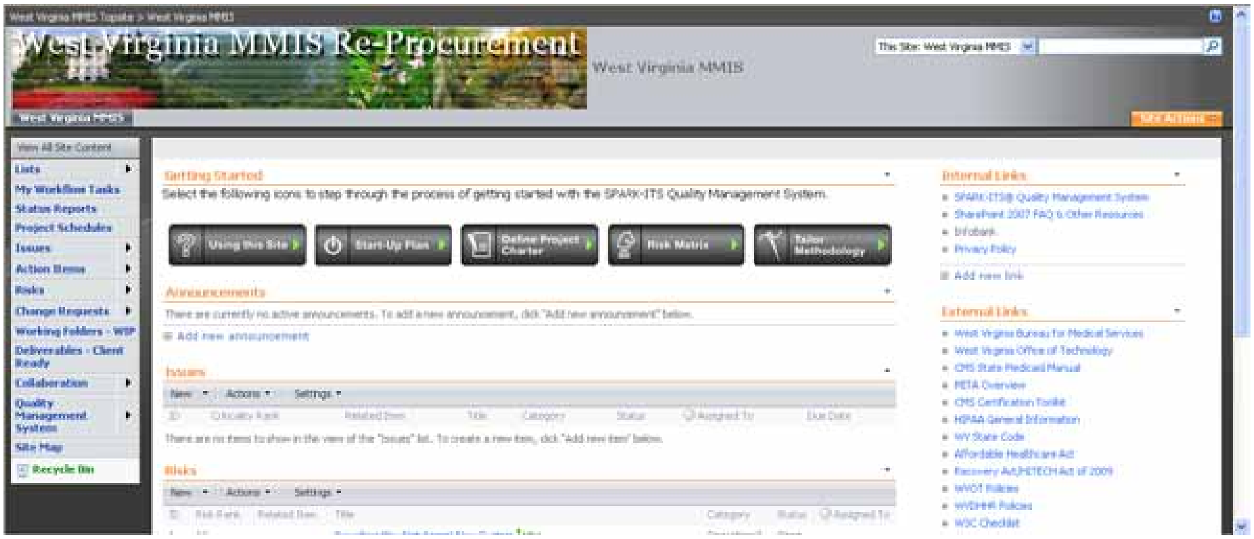
Establish a Solid Project Foundation

- Create a common understanding of project objectives, processes, practices, tools, and responsibilities
- Lay the groundwork for open communication and trust
- Establish the physical facilities needed for project activities
- Update project plans designed for execution excellence, scope control, on-time delivery, and quality assurance

In Phase 1a, we conduct the project kick-off meeting, establish the project charter, perform stakeholder analysis, update our project management plans, establish the project site facility, and finalize report templates. The project kick-off meeting is essential for beginning the process of working together towards common goals, establishing shared expectations, defining roles and responsibilities, and providing an overview of the project management and system development methodologies. Within 45 days of contract execution, all of the Phase 1a start-up activities will be complete; many deliverables will be submitted earlier, as required by BMS in Appendix C and noted in our Project Schedule found in the Appendix, in Proposal Section 15.4.11. The completion of the Phase 1a deliverables enables us to achieve Milestones 36 (Project Site Facility Established) and 37 (Completion and BMS Approval of Phase 1a) and move on to Phase 1b.

Our methodology for updating deliverables uses repeatable processes for producing high-quality documents that meet or exceed BMS' expectations and for providing an efficient means for BMS resources to provide feedback and request changes. Included in our methodology are two internal review cycles—peer reviews and document quality assurance reviews—to verify that deliverables are accurate and complete before submitting them to BMS. These two reviews are the minimum required. Some deliverables may also require informal or formal walkthroughs, both of which are documented in our methodology. Once we have completed our internal reviews, we submit deliverables to BMS for review and comments. We modify the deliverable per BMS' direction, conduct an additional internal review if appropriate, and submit the final deliverable to BMS for approval.

For convenience, collaboration, and transparency, we use a Web-accessible SharePoint site for storing deliverables and automating the assignment and tracking of editing and review responsibilities. Exhibit 10-23 shows the home page of the project site. Users are required to follow check-out/check-in procedures that support document version control. We create SharePoint workflows that contain rules for triggering automatic email notifications when a deliverable has been edited and is ready for review, either internally or by BMS. This notification prompts the recipient to review the deliverable and provide comments and notifies the original author/editor when comments are ready. Once comments are addressed and deliverables are ready for BMS review and approval, the EPMO uses SharePoint to send an automatic notification to the BMS Project Officer for signature of acceptance. Our automated methodology enhances productivity and efficiency and reduces the need for maintaining hard copies of documents. Our file system and database backup process includes backing up the SharePoint site.


West Virginia MMIS Topsite > West Virginia MMIS
West Virginia MMIS Re-Procurement
West Virginia MMIS
This Site: West Virginia MMIS
West Virginia MMIS
Site Actions
View All Site Content
Lists
My Workflow Tasks
Status Reports
Project Schedules
Issues
Action Items
Risks
Change Requests
Working Folders - WIP
Deliverables - Client Ready
Collaboration
Quality Management System
Site Map
Recycle Bin
Getting Started
Using this Site
Start-Up Plan
Define Project Charter
Risk Matrix
Tailor Methodology
Announcements
Add new announcement
Issues
New
Actions
Settings
ID
Criticality Rank
Related Item
Title
Category
Status
Assigned To
Due Date
Risks
New
Actions
Settings
ID
Risk Rank
Related Item
Title
Category
Status
Assigned To
Internal Links
SPARK-ITS® Quality Management System
SharePoint 2007 FAQ & Other Resources
Infobank
Privacy Policy
Add new link
External Links
West Virginia Bureau for Medical Services
West Virginia Office of Technology
CMS State Medicaid Manual
MITA Overview
CMS Certification Toolkit
HIPAA General Information
WV State Code
Affordable Healthcare Act
Recovery Act/HITECH Act of 2009
WVOT Policies
WVDHHR Policies
W3C Checklist

Select the following icons to step through the process of getting started with the SPARK-ITS Quality Management System.

There are currently no active announcements. To add a new announcement, click "Add new announcement" below.

There are no items to show in the view of the "Issues" list. To create a new item, click "Add new item" below.

Exhibit 10-23. West Virginia MMIS Re-procurement Project SharePoint Site Example
SharePoint holds project documents and facilitates project communication and workflow.

During Phase 1a, we coordinate with BMS to ensure that our SharePoint site is configured to meet BMS' expectations, and we train project team members on use of the site to optimize communication and collaboration.

10.6.1.2 Approach to Obtaining BMS Approval

REQUIREMENT:

2. Approach to obtaining BMS approval of the completion of Phase 1a, including proposed Acceptance Criteria for each Milestone throughout Phase 1a.

As discussed above, as part of our project management methodology, ACS has a structured, documented process for reviewing and obtaining BMS approval of all deliverables and milestones. Please see Proposal Section 10.2.3, Process for Acquiring Deliverable Acceptance by BMS, for details regarding this process.

During Project Start-Up, ACS works with BMS to create a Deliverables Expectations Document (DED) that details the description, location, constraints, assumptions, content, format, and approvers for each contractual deliverable. Additionally, we review the Project Schedule to gain BMS approval of its tasks, deliverables, milestones, durations, initial resources, and dependencies. The Project Schedule includes milestones, identified with the prefix "M:," and deliverables with the prefix "D:." Using the DED and Project Schedule, BMS and ACS agree upon measurable acceptance criteria for the outputs of each task of the MMIS Re-procurement Project. Table 10-9 contains the proposed acceptance criteria for the Phase 1a milestones that would be incorporated into the DED and Project Schedule.

Table 10-9. Proposed Acceptance Criteria for Phase 1a, Start-Up Milestones

Milestone	Acceptance Criteria
1 – Contract execution	Contract signed
36 – Project site facility established	The following have been completed and approved: Facility Plan, Security, Privacy, and Confidentiality Plan, Data Records and Retention Plan The physical facility is established according to approved plans and ready for use
37 – Completion and BMS approval of Phase 1a	The following have been completed and approved: Contract Execution; Project Kick-Off Meeting; Project Charter; Stakeholder Analysis; Facility Plan; Staffing Plan; Documentation Management Plan; Training Plan; Workflow Management Plan; Problem Management Plan; Integrated Test Environment (ITE) Plan; Testing Plan; Scope Management Plan; Work Breakdown Structure (WBS); Project Schedule; Schedule Management Plan; Cost Management Plan; Quality Management Plan; Human Resources Management; Communication Management Plan; Risk Management Plan; Issue Management Plan; Change Management Plan; Integration Management Plan; Security, Privacy and Confidentiality Plan; Configuration Management Plan; Data Conversion Plan; Disaster Recovery and Business Continuity Plan; Data Records and Retention Plan; Transition Plan; Weekly Project Status Report Template; Weekly Project Status Report; Monthly Project Status Report Template; Monthly Project Status Report; Project Site Facility Established

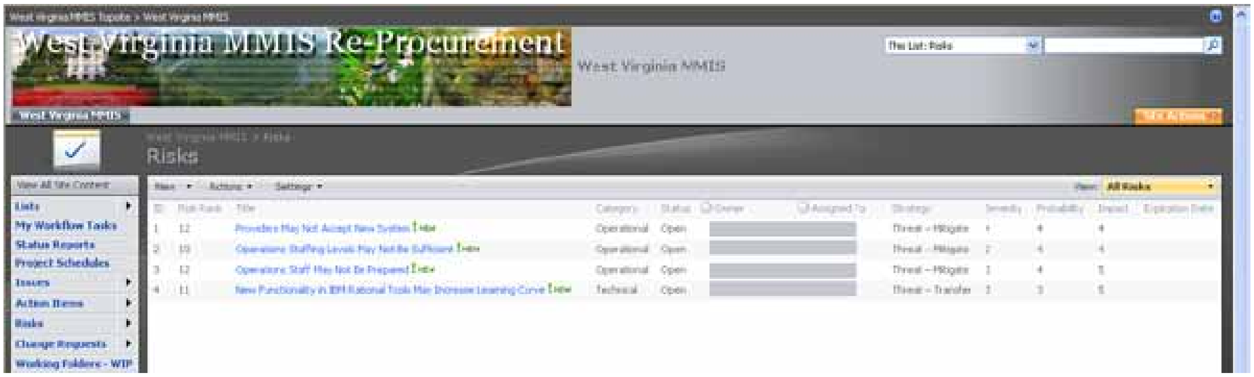
10.6.1.3 Approach to Initial Risk Assessment and Mitigation

REQUIREMENT:

3. Approach to initial risk assessment and mitigation during the Project Start-Up Phase.

ACS provides transparency to BMS in every aspect of our operations. The key to our risk management approach, starting with initial risk assessment, is to communicate openly with BMS about any risk issues that arise. We have an established process for identifying risks and tracking risks from identification through closure.

All project team members are responsible for identifying and communicating potential project risks. Risks are documented in the risk list, shown in Exhibit 10-24, and provided in the Project's SharePoint site. Critical information required to document risks includes a detailed description, category, severity, probability, control level, exposure, owner, and trigger. SharePoint provides BMS and ACS with an at-a-glance view of the project's risks and produces standard reports and user-defined ad hoc reports to aid in the management of project risks.



ID	Risk Rank	Title	Category	Status	Owner	Assigned To	Strategy	Severity	Probability	Impact	Expiration Date
1	12	Providers May Not Accept New System	Operational	Open	[redacted]		Threat – Mitigate	1	4	4	
2	10	Operations Staffing Levels May Not Be Sufficient	Operational	Open	[redacted]		Threat – Mitigate	2	4	4	
3	12	Operations Staff May Not Be Prepared	Operational	Open	[redacted]		Threat – Mitigate	2	4	5	
4	11	New Functionality in IBM Rational Tools May Increase Learning Curve	Technical	Open	[redacted]		Threat – Transfer	2	3	5	

Exhibit 10-24. Risk Tracking Tool

The risk tracking tool in SharePoint promotes transparency and enables users to sort or filter risks based on a variety of elements such as rank, severity, and probability.

As part of Deliverable 22, updating the Risk Management Plan, we work with BMS to formalize procedures for identifying, analyzing, and mitigating risks and communicating with the appropriate BMS staff when there are risks that may affect the project. We also work with BMS to update our Issue Management Plan (Deliverable 23) and Problem Management Plan (Deliverable 10). Initial versions of these deliverables are contained in Proposal Section 15.4, Sample Reports, Forms, and Deliverable Formats, in the Appendix.

During Phase 1a, we begin identifying risks on an ongoing basis and developing mitigation and response strategies to eliminate, control, or resolve risks before they can adversely affect the project. We start by populating our risk list, shown above, with common risks from similar projects. For each risk, we develop a risk mitigation plan that identifies the risk owner, the specific steps that will take place to address the risk, any assignment of these steps to specific individuals, contingency plans (where appropriate), and the specific timing of the mitigation plan along with the timing of projected risk closures. We track each risk from identification through closure.

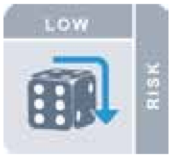
10.6.1.4 Initial Security, Privacy, and Confidentiality Plan

REQUIREMENT:

4. Comprehensive, initial Security, Privacy, and Confidentiality Plan which addresses potential security issues and the steps to be taken to ensure these issues do not compromise the operation of the MMIS and the data stored therein. The Plan should be an overarching plan for all levels of security. It is expected that data is only viewable by those who are explicitly permitted to view or receive it. The security model developed to support the MMIS should be one that is based upon security access roles and organizational affiliation. It is critical that the BMS have a method for tracking access to, use of, and changes to data. Data should be physically safe and adequately protected at all times. The Plan should detail how the Vendor is fully compliant with HIPAA requirements, including Administrative, Physical and Technical safeguards, and how the Vendor is compliant with National Institute of Standards and Technology (NIST) security controls. At a minimum, the security plan should include:

The initial Security, Privacy, and Confidentiality Plan, contained in Proposal Section 15.4.21, Deliverable 26 - Security, Privacy and Confidentiality Plan, in the Appendix, addresses the steps ACS takes to provide a physically and technically secure environment for the MMIS, data stored in the system, and data and materials archived as required. As part of Phase 1, ACS will refine and update the initial plan and submit it within 30 calendar days of contract execution. The updated Security, Privacy, and Confidentiality Plan is a living document that we review and update as needed throughout the project. The plan is rooted in ACS' extensive experience in developing security plans for our MMIS and information technology outsourcing customers, assuring BMS that the result will be sound, compliant, and detailed. In addition, inherent in Health Enterprise is the ability to provide a secure technical environment.

ACS is responsible for security and privacy activities for the MMIS Re-procurement Project throughout the term of the contract. These responsibilities include safeguarding MMIS technology, facilities, and employees. Our Security and Facilities Coordinator, working with the EDI Manager/Web Portal Manager (who serves as our HIPAA Compliance Officer), provides the overall approach and strategies to successfully protect Protected Health Information (PHI) and other confidential information. To protect the privacy, integrity, and availability of information that is created, processed, stored, and transmitted by ACS at all ACS sites, we make data viewable only by those who are explicitly permitted to view or receive it. We provide security and privacy for all data, regardless of transmission method or medium, and all facilities, equipment, and staff associated with ACS.



Our plan details how we adhere to State and federal statutes and regulations – including the Health Insurance Portability and Accountability Act (HIPAA) regulations regarding security and privacy of PHI; Exhibit D(F), Provision 13; OMB Circular A-130, National Institute of Standards and Technology (NIST) SP; and Exhibit H, HIPAA Business Associate Addendum – and are consistent with Payment Card Industry (PCI) standards and security industry best practices. We comply with the International Organization for Standardization (ISO), using NIST special publications, and all current and future security policies and procedures of DHHR, BMS, and the West Virginia Office of Technology as well as ACS corporate security and confidentiality standards. We also maintain the Security, Privacy, and Confidentiality Plan to comply with evolving regulations and BMS directions.

10.6.1.4.1 Security Administration

a. Security Administration for All Proposed Networks and Platforms.
  i. Computer and Data Security Policies and Responsibilities.

ACS develops, disseminates, and annually reviews and updates as necessary computer and data security policies, including an Identification and Authentication policy, and the procedures that implement the those policies. The Security and Facilities Coordinator who is responsible for physical security, leads the process of ensuring that all proposed networks and platforms are secure, and is responsible for updating documents related to physical, system, and network security.

Physical Security Policies, Equipment Use, Inventory and Audit, and Network Access

  ii. Physical Security Policies, Equipment Use, Inventory and Audit, and Network Access.

ACS develops, disseminates, and annually reviews and updates as necessary policies on physical security and safety, equipment use, inventory control and audit, and network access. Concurrently, we review local physical security and safety procedures to verify that BMS and ACS physical security and safety policies are implemented consistently. Our physical security and privacy policies are appropriate for the MMIS and fiscal agent services and include proposed equipment, sites, processing areas, mailroom and storage areas at our proposed sites. To protect BMS' data, we also implement additional precautions as necessary to take into account special local conditions. We monitor security compliance of our facilities through internal audits, reviews, and key process control measurements.

Software Policies, Copyright, COTS Change Management Controls, Platform Systems Software, Distributed Systems

iii. Software Policies, Copyright, COTS Change Management Controls, Platform Systems Software, Distributed Systems.

Our plan contains details of our software policies, including license maintenance for compliance with copyright laws for all ACS computer environments. The plan details hardware, operating system, and system software maintenance controls for COTS products, platform systems software, and distributed systems. The policies and controls apply to all computer environments and include hardware, software, firmware, and documentation. The Security and Facilities Coordinator is responsible for enforcing copyright restrictions on all non-ACS software. Changes to both Health Enterprise and COTS software are made using the change management controls described in Proposal Section 10.7.3.1, Change Request Process.

ACS establishes and maintains baseline configurations and inventories of organizational information systems. We establish and enforce security settings for information technology products. Throughout the contract, we monitor and control changes to the baseline configurations and to the constituent components of the systems.

10.6.1.4.2 Key Positions

b. Responsibility of Key Information Security Positions:
i. Details of Security Roles and Responsibilities.

EXPERIENCED
STAFF

The ACS plan describes the security roles and responsibilities of our privacy and security team. The team is led by the Security and Facilities Coordinator and supplemented as needed by other ACS resources with expertise in physical, administrative, and technical security policy development, implementation, and compliance and security analysis. The full-time, on-site Security and Facilities Coordinator, who is dedicated to the project and located in the Charleston Project Office, coordinates with BMS to develop, implement, and enforce compliance with privacy and security policies and procedures that safeguard all protected or confidential material associated with the project, including PHI and ePHI. The Security and Facilities Coordinator also establishes security guidelines and policies for each component layer of the system, as well as all potential entry points into the Health Enterprise environment. For site security administration, system penetration testing, system security monitoring, and security tools installation and maintenance, the Security and Facilities Coordinator is supported by the EPMO and supplemental corporate expertise.

10.6.1.4.3 Incident Monitoring and Reporting

c. Incident Monitoring and Reporting:
i. Incident Monitoring, Violation Reporting and Notification.

ACS' operational incident monitoring, violation reporting, notification, and response capability includes adequate preparation, detection, analysis, containment, recovery, and user response activities. We track, document, and report security incidents as appropriate to higher level ACS officials, BMS, and/or law enforcement authorities. The Incident Response policy and the procedures that implement the policy are included in our updated Security, Privacy, and Confidentiality Plan and are annually reviewed and updated. To increase compliance with the procedures, we train employees in security incident response roles and responsibilities and provide refresher training at least annually. The plan is validated by testing our incident response capability for information systems at least annually using tests and exercises that determine incident response effectiveness. We document the results of our testing and use those results and data from an annual IT security vulnerability assessment to identify and help correct potential security incidents specific to the location.

In addition, our plan addresses how we identify and respond to accidental or unauthorized disclosure, modification, or destruction of PHI or confidential information by ACS employees, subcontractors, or vendors as well as through criminal acts, and/or natural disasters.

Management of Responses and Security Follow-up

ii. Management of Responses and Security Follow-up.

ACS' plan contains details of our management of responses and security follow-up to incidents. We immediately investigate each security incident, breach, or unauthorized use or disclosure of PHI or confidential data and provide an initial report to BMS within 72 hours of discovery. ACS submits a final investigation report to BMS within 10 working days of discovery. The report includes detailed corrective actions. The ACS Security and Facilities Coordinator logs security incidents and retains all documentation for at least six years to satisfy HIPAA Security Rule requirements.

10.6.1.4.4 Physical Security

d. Physical Security for All Proposed Facilities:

i. Facility Access Controls To Buildings and Spaces; Power, HVAC (Heating Ventilation Air Conditioning), and Fire Detection/Suppression.

Facility Access Controls to Buildings and Spaces: The ACS Security and Facilities Coordinator works with BMS management to develop security protocols addressing access of ACS and BMS personnel to the facility and sensitive interior locations. We maintain a single point of entry and reception for visitors, which is manned and secured separately from any work area. Unmanned doors remain locked at all times. ACS has strict visitor and vendor control procedures and a program to train/educate personnel in complying with those procedures.

Power, HVAC, and Fire Protection: Each facility's requirements for power and HVAC are assessed and arrangements made for services that meet peak needs. Backup systems exist at each facility to maintain the safety of employees and equipment. The Charleston facility complies with existing local, West Virginia, and federal fire safety regulations. Other ACS facilities comply with their local, state, and federal requirements. ACS employs and maintains fire detection and suppression devices/systems that activate automatically in the event of a fire. We also place manual fire extinguishers in break rooms, server/data rooms, and other strategic locations; and we recertify each device annually.

Physical Access Management

ii. Physical Access Management.

As part of physical access management, ACS requires photo identification badges that control employee, BMS, vendor, and visitor access based on job requirements, restricting access to the minimum required for the person to perform their job functions. We strictly limit access to server/data rooms to only those personnel with a business need to enter. Everyone entering server/data rooms must sign in and out on a server room access log in addition to using a badge.

Each employee’s manager, working with the Security and Facilities Coordinator, establishes the appropriate level of access privileges during on-boarding and reviews them regularly, including each time the employee’s job responsibilities change. We immediately cancel physical and application access when an employee’s employment is involuntarily terminated; when an employee resigns or retires, we cancel access by the end of the final business day worked.

Visitors are issued a badge clearly identifying them as such and must be escorted by an ACS or BMS employee or a security guard at all times. Vendors also are clearly identified; escort requirements for vendors vary depending on the nature of business to be conducted. Upon entry, each visitor or vendor must sign a visitors’ log and is issued a badge that limits access to specific areas of the facility. Visitors are required to return badges upon departure.

ACS’ comprehensive physical security policies, maintained by the Security and Facilities Coordinator, define our processes for the physical security of documents and define how we handle labeling, storing, handling, and destroying proprietary and confidential information. We properly label and identify proprietary and confidential electronic and removable magnetic media as well as hard copy and train our personnel on the proper handling of proprietary and confidential information.

Environmental Controls

iii. Environmental Controls.

Environmental controls for our facilities are designed with equipment performance, media preservation, and employee comfort and efficiency in mind. We provide the appropriate levels of temperature and humidity control for various locations within each facility based upon the primary function of the location. Our updated Security, Privacy, and Confidentiality plan will contain specific details of environmental control.

10.6.1.4.5 Information Security/Access Control

e. Information Security/Access Control for All Proposed Applications:
i. Security Software for All Proposed Platforms.

COTS EXCELLENCE

As a critical part of maintaining overall security, ACS uses security software on all proposed platforms based upon their function. For the MMIS, we use IBM’s Tivoli Identity Manager (TIM) and Tivoli Access Manager (TAM) to provide the strong level of security necessary for safeguarding BMS’ data. TIM, TAM, and WebSeal protect MMIS and all associated COTS. Exhibit 10-25 illustrates how we use these products to provide multiple layers of security. Our updated Security, Privacy, and Confidentiality Plan will contain details of the specific security used on each platform.

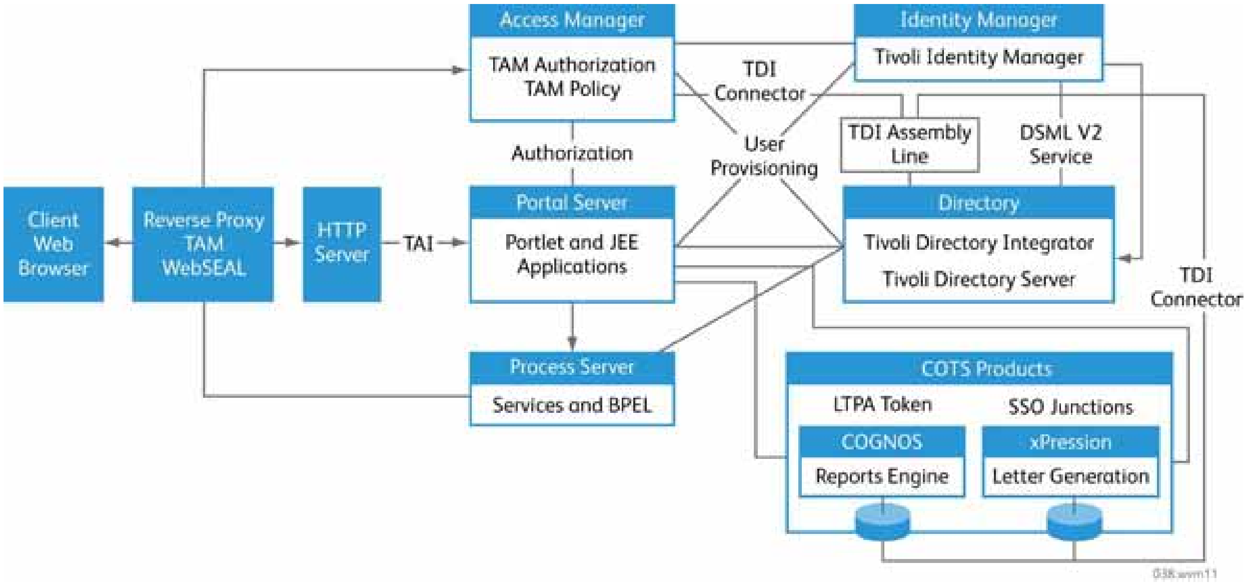

Access Manager
TAM Authorization
TAM Policy
Identity Manager
Tivoli Identity Manager
TDI Connector
User Provisioning
TDI Assembly Line
DSML V2 Service
Authorization
Client Web Browser
Reverse Proxy TAM WebSEAL
HTTP Server
TAI
Portal Server
Portlet and JEE Applications
Directory
Tivoli Directory Integrator
Tivoli Directory Server
TDI Connector
Process Server
Services and BPEL
COTS Products
LTPA Token
SSO Junctions
COGNOS
Reports Engine
xPression
Letter Generation
038.wvm11

Exhibit 10-25. Health Enterprise Key Security Components
Health Enterprise is protected by multiple layers of application security.

We use 128-bit SSL encryption, which prevents hackers from “sniffing” data in transit. Firewalls prevent unauthorized access to the Web servers, and the Health Enterprise’s distributed architecture imposes more firewall constraints on access to the application servers and database servers. The system is further protected by a network intrusion detection system (NIDS) that monitors the network.

Health Enterprise data resides in an Oracle database, which maintains a full audit trail of all transactions by user ID and system process. Data audit trails are critical to identifying any security breaches and providing information on system access. All updates, insertions, or deletions of data are monitored and audited by an Oracle background process, which dates and time stamps field-by-field additions and changes.

Information Access Management

ii. Information Access Management (Logon ID Procedures).

To manage access to information, the Health Enterprise portal provides a single sign-on point for all users, simplifying use and improving security by reducing the number of logins a user has to manage. Role-based authentication limits user access to only that data and those functions for which the user is approved.

All users are properly authenticated prior to accessing any restricted and/or confidential information via the ACS network to validate the identities of users. Each user with access to a system or network has a unique ID and password. Shared and generic logons are prohibited. We conduct a review for unused accounts every 30 days. Accounts not used within a 90-day period are disabled. We promptly disable accounts of terminated employees upon notification of their termination. Archival of disabled accounts occurs after 120 days of inactivity.

ACS securely distributes passwords in a way that includes validation of user identity. We enforce password policies regarding length, use of special characters, and mandatory expiration unless changed. To secure administrative passwords, we implement an exact process by which they can be changed, logged, distributed, and stored.

For remote users, information systems identify and confirm the authorization of specific devices before establishing a connection. ACS uniquely and positively identifies users requesting connection to an ACS system before granting access.

10.6.1.4.6 Education and Training

f. Education and Training for Vendor and BMS Staff and Users.

We provide comprehensive, mandatory initial and ongoing security, privacy, and safety training and education for BMS staff, ACS full- and part-time staff, consultants, and subcontractors, including how to access and use online user security manuals. Structured training is part of a mature and complete awareness program that emphasizes maintaining continual vigilance regarding all aspects of security, privacy, and safety in our project facilities. We are committed to providing a safe and secure project operational and technical environment.

10.6.1.5 Initial Configuration Management Plan

REQUIREMENT:
5. Comprehensive, initial Configuration Management Plan, which describes the following components…

Effective configuration management ensures that staff members perform work according to the most current design specifications and use proper versions of code in a correctly configured environment to minimize defects and rework. ACS' configuration management approach, a component of our SPARK-ITS Quality Management System (QMS), uses standard, proven business processes and tools to provide an effective configuration management structure that integrates with related change and release management activities for the MMIS Re-procurement Project. Proposal Section 15.4, Sample Reports, Forms, and Deliverable Formats, in the Appendix, contains our proposed Configuration Management Plan. During Phase 1a – Start Up, we tailor the initial Configuration Management Plan to West Virginia, providing the updated plan to BMS within 30 calendar days of contract execution to comply with the requirements of Appendix C of the RFP, Deliverable 27.

10.6.1.5.1 Methodology

a. Configuration Management Methodology.

ACS' Configuration Management Plan, developed based on guidance from the Project Integration Management knowledge area of the Project Management Body of Knowledge (PMBOK® Guide) as well as Capability Maturity Model Integration (CMMI) practices, governs our configuration management activities and incorporates industry standards and best practices. Our configuration management process, which is tightly integrated with our release and change management processes, documents how we identify and manage configuration items. Configuration items are typically software or hardware components but can also be work products such as requirements, design deliverables and process documents. The process includes stringent check-out/check-in procedures, testing, and migration readiness reviews to manage changes and verify that configuration activities contribute to high-quality work products. We require that changes to hardware, software, baselined documentation, and operational procedures occur only with approved change requests, and releases occur only with appropriate configuration control.

Our configuration management methodology includes the following steps, which are elaborated upon in our initial plan in the Appendix: establish Configuration Management Authorization Group and Migration Team; plan and maintain the configuration scheme and configuration rules; identify configuration items; manage configuration items; conduct configuration audits; and report configuration item information.

10.6.1.5.2 Integrated Test Environment

b. Development, implementation and use of an Integrated Test Environment (ITE) that includes multiple isolated test environments (e.g., development, test, UAT, training, production, and business continuity). The Vendor should describe the separate test environments to be used during the testing phase of DDI and during production.

ACS' Configuration Management Plan supports the development, implementation, and use of an Integrated Test Environment (ITE) which includes multiple isolated test environments. These environments are documented in the ITE Plan, also included in the proposal Appendix. All changes to Health Enterprise undergo a series of required testing stages before they are promoted into the production environment. ACS uses integrated processes for configuration, change, and release management as we modify and release code from development to testing to production.

Following is a brief description of the separate test environments used during DDI and production:

- **Development Test Environment** – Changes to Health Enterprise components are performed initially in the development environment. Unit testing is required whenever any enhancements or modifications are made to the base system's code.
- **System and Integration Testing Environment** – In the system and integration testing environment, ACS affirms the end-to-end quality of the system. System testing validates that related groups of functionality have been coded and configured to align with design specifications. Integration testing validates end-to-end processes. Also in this environment, we perform regression testing to validate that changes—such as functional enhancements, patches, or configuration changes—work correctly with previously functional code.
- **User Acceptance Testing (UAT) Environment** – The UAT environment supports several different types of tests, including user acceptance testing and operational readiness testing (ORT) during DDI. UAT provides the users of the system an opportunity to review and accept system components prior to production.
- **Training Environment** – Once a change is made and fully tested, it is migrated to production and mirrored in the training environment. This ensures that the training that occurs throughout the life of the project remains current with any changes that occur to Health Enterprise's configuration or code.
- **Production Test Environment** – Once West Virginia Health Enterprise goes live, we maintain development/unit test, system, integration, and UAT environments to support full testing of changes and enhancements made during operations.

- **Disaster Recovery** – Once changes are migrated to production, the fully tested changes are mirrored in the disaster recovery/business continuity environment to provide a full backup of all changes in the event that any of the testing or production environments experience interruption. This enables us to comply with BMS' system downtime and failover requirements specified in the RFP.

If defects are discovered during testing, the component in question is returned to the development team for evaluation and correction. Components are retested at each of the defined test stages. Our migration procedures coordinate and communicate changes while maintaining the quality and stability of the receiving environment.

10.6.1.5.3 Promotion and Version Control Procedures

c. Promotion and version control procedures that include the performance of regression tests whenever a code change or new software version is installed, including maintaining an established baseline of test cases to be executed before and after each update to identify differences.

As part of our promotion and version control procedures, ACS applies consistent and repeatable processes supported by the IBM Rational suite of products. The Rational design and development tools allow developers to create and test individual components during all facets of the MMIS Re-procurement Project—from requirements gathering through testing—while maintaining version integrity and control of code across multiple environments.

ACS uses Team Concert, IBM Rational's newest integrated configuration and test management solution, to manage concurrent checkout, modification, and merging of updated code components. Team Concert provides controlled access to software development assets and version control to align with the SPARK-ITS Configuration Management Plan.

Our promotion and version control procedures include the execution of regression tests when code is migrated from one environment to the next and when a code change or new software version is installed. Regression testing provides a consistent, repeatable validation of each new release of Health Enterprise as West Virginia-specific requirements are built or configured. Initially, we use an existing test bed to validate that we have successfully installed Health Enterprise in the next DDI environment. Each time we integrate new functionality, we execute regression testing to confirm new components work correctly with previously functional code.

During fiscal agent operations, regression testing takes place prior to implementation of software enhancements or updates to validate that no unexpected results or conditions have been introduced into Health Enterprise. We establish a baseline of test cases to be executed before and after each update to identify differences. We compare new regression test results to the previous version's results to confirm that differences between the previous production version and the new version reflect the intended upgrades or enhancements. During this process, we identify, track, and resolve defects, and conduct additional regression testing on any test cases or scripts that detected an error.

As discussed in Proposal Section 10.6.3.2, Testing Task, ACS' Comprehensive Test Strategy identifies the regression test requirements and standards as well as a reuse strategy for new test cases.

10.6.1.5.4 Environment Controls

d. Multiple environment controls including the management of simultaneous activities across multiple environments.

ACS uses Rational Team Concert's proven controls for managing simultaneous activities across multiple environments. These controls enable the concurrent development of functionality across multiple environments while maintaining version control and system integrity. Our process and supporting tools also control code across environments and maintains a history of how the version of the build/code moves from one environment to the next. We use Rational Team Concert to manage code and Concurrent Versions System (CVS) to integrate changes into the business rules engine.

ACS uses IBM Rational Build Forge to automate steps in our build process, including updating views, creating symbolic links, baselining code, checking out code, executing build scripts, packaging the build, and copying the compiled packages to the vault (the location of all our build/releases) for deployment. Using Health Enterprise install/deploy scripts, we can then deploy code to the appropriate environment(s). Following the successful deployment, Build Forge initiates an automated regression test of the build to test the new version of Health Enterprise. Upon completion of this test, Build Forge sends out an email notification regarding the successes and failures of the test to the deployment team, test team, development leads, and environment owners.

Health Enterprise also uses BMC BladeLogic tools to support automated pushing of operating system patches, WebSphere tool patches, COTS products patches and other system/configuration patches. This information is also stored in a centralized BladeLogic repository. BladeLogic also provides discrepancy reports of any configuration and version level mismatches across all environments.

Using the above processes and tools, ACS' multiple environment controls enable us to control simultaneous activities across multiple environments. ACS maintains a log or history of how the version of the build/code moved from one environment to ensure that fidelity across code environments is maintained. To support this important aspect of configuration and release management, Health Enterprise maintains a database that provides the information about all the environments and the version of the build in each environment.

10.6.1.5.5 Tools and Business Processes

e. Tools and business processes to control software development, including check in/checkout procedures and a responsibility audit trail.

ACS uses proven tools and processes that include check-in/check-out procedures, responsibility audit trails, and version histories to control software development. Just as ACS conducts requirements validation and system design incrementally by MITA business process, we execute development tasks in the same manner. Developers configure, modify, and enhance baseline functionality for individual business processes as each process completes its business and technical design. As subsequent business processes are designed and developed, they are integrated with each other, gradually transforming the baseline Health Enterprise into West Virginia Health Enterprise.

As dictated by our Configuration Management Plan, developers and analysts must check out work products before making modifications and check them back in using the SharePoint Repository (for documentation deliverables) or Rational Team Concert (for code). These configuration management control databases track version history and trace impacted functionality to the approved change requests. Additionally, we use the tools described in Table 10-10 to control software development.

Table 10-10. Tools to Control Software Development

Tools	Applicable Features
Ant with Cruise Control/Anthill	• Automates Java build processes • Allows developers to compile, assemble, test, and run Java applications
BMC BladeLogic	• Automates application release management • Provides preview and rollback of changes • Enforces configuration management policy through audits, reporting, and error detection
CVS within FICO Blaze Advisor	• Provides integrated version control for the business rules engine
IBM Rational Build Forge	• Automates the development and build process • Provides error reporting
IBM Rational DOORS	• Includes version history and change tracking of all requirements • Integrates with Rational Team Concert to require that baselined components are only modified via an approved change request
IBM Rational Quality Manager	• Enables comprehensive test case management • Integrates with DOORS and Team Concert so test cases can be traced to change requests and requirements
IBM Rational Team Concert	• Serves as a source code library • Provides controlled access to software development assets and version control to align with the Configuration Management Plan
JUnit	• Acts as a framework to write repeatable unit tests

10.6.1.5.6 Controlling Migration Code

f. Business processes and procedures for controlling the migration of code from design through coding, testing phases (e.g., unit, integration, acceptance) and promotion into production.

IMPROVED FUNCTIONALITY

ACS' change, configuration, and release management processes are tightly interrelated and integrated to control the migration of code from design through coding, testing, and into production. The integration of tools from the Rational suite enables us to manage requirements (in DOORS), source code (in Team Concert), and track testing back to requirements (via Quality Manager). In the Configuration Items List, each document and software work product is assigned a level of configuration and a method for configuration management. These items are guided by configuration rules, which indicate the process, tracking, and documentation requirements for modifications. The SPARK-ITS QMS contains a Release Management Plan that includes business processes to control the release of code from the testing environment(s) to production.

As features of Health Enterprise are successfully developed and unit tested, they are migrated from the development and unit test environment to the system and integration test environment, then to subsequent environments. All software components within Health Enterprise are managed through a defined migration process integrated with testing and problem tracking. Each level of migration requires signoff by the owner of the receiving environment through the Team Concert tracking system. Migration is performed through an automatic managed process by the use of Team Concert, Ant with Cruise Control/Anthill, JUnit, and Build Forge to engage in the industry best practice of continuous integration. All migrations are recorded and documented through the configuration management software including change delta reports. Migrated changes can be backed out, if necessary, through managed processes within the configuration management systems.

To further control the migration of code, ACS conducts periodic configuration audits. During configuration audits, we gather information about the production environment (or status of a release), compare it to the registered information in the configuration management database, and create a list of the differences. The SPARK-ITS QMS includes a Configuration Audit template to document audit results.

10.6.1.5.7 Organizational Structure

g. Organizational structure to control all system development and maintenance

The primary work of configuration management lies with the systems team. During Phase 1a – Start-Up, ACS establishes a Configuration Management Authorization Group and Migration Team that include select staff from the development, migration, and implementation teams. The Configuration Management Authorization Group guides, documents, and provides oversight to configuration management activities. This group is responsible for updating the Configuration Management Plan and verifying that all team members adhere to the standards and processes that are defined in the plan. The Migration Team coordinates and participates in release meetings and approves software, hardware, and documentation configuration items for release. The Migration Team is responsible for managing and maintaining configuration items and ensuring processes have been followed prior to migrating code from one environment to the next.

These teams direct and execute configuration management activities and form the primary organizational structure to control all system development and maintenance activities for the MMIS Re-procurement Project. They are supported by the project leadership, project documentation and training professionals, and members of our technical and systems teams.

10.6.1.5.8 Promotion Procedures

h. Approach to maintaining documented, proven code promotion procedures from the initiation of unit testing through the final implementation to production.

The SPARK-ITS QMS provides a systematic approach to maintaining documented, proven code promotion procedures from the initiation of unit testing through final implementation to production. The project maintains a Configuration Items List in SharePoint that identifies the work products, such as a code module or document, which have been identified for management of its configurations.

In the Configuration Items List, each work product or category of work products receives a level of configuration and a method for configuration management. Items under full configuration have a rule that defines what, when, where, why, and how they are to be configured. Items under limited configuration have an owner who is responsible for management of the item. A member of the Configuration Management Authorization Group verifies that the specified configuration items are managed as defined in the Configuration Items List. The team member validates changes, updates approved changes, and creates relationships between configuration items as necessary.

10.6.1.6 Initial Data Conversion Plan

REQUIREMENT:

6. Comprehensive, initial Data Conversion Plan which details, at a minimum, the following…

EXPERIENCED STAFF

ACS follows a proven conversion approach used successfully in MMIS conversion projects for New Mexico, Mississippi, and Washington D.C. and current data conversion projects in Alaska, North Dakota, New Hampshire, and California. Our methodologies are based on industry best practices that require converted data to go through several validation checks to ensure that it has been converted correctly. We complement our data conversion experience by including two subcontractors on our team—Oleen Pinnacle and Ninestone—that each bring 15 years of experience with TriZetto QMACS/QNXT-based products and are familiar with the underlying data structure of West Virginia's legacy system. Together, we offer the experience required to evaluate current data, identify any data anomalies, and move data efficiently and accurately from the legacy system to Health Enterprise.

10.6.1.6.1 Methodology and Approach

a. Methodology and approach…

  i. Updating the Data Conversion Plan as necessary to meet the current BMS business and technical environment.

Our initial proposed Data Conversion Plan is contained in Proposal Section 15.4, Sample Reports, Forms, and Deliverable Formats, in the Appendix. During Project Start-up and throughout the project as necessary, ACS updates the Data Conversion Plan to meet the current BMS business and technical environment. This plan describes our conversion methodology and summarizes the approach and tasks necessary to convert source data into Health Enterprise. It describes the conversion of all necessary tables, data validation, and final conversion requirements. It includes details about the conversion schedule, files available for conversion, legacy data analysis, metrics for monitoring data quality, conversion testing, contingency planning strategies, data reconciliation procedures, process verification, procedures for tracking and correcting conversion problems, deliverable documentation, and process for creating updates. The Data Conversion Plan is enhanced over the course of the contract and validated during the systems and integration testing activities. The updated plan will be delivered to BMS within 30 calendar days of contract execution to satisfy Deliverable 28 in Appendix C of the RFP.

Conversion Programs, Tools, or Existing Extract Routines

  ii. Development and/or use of conversion programs, tools, or existing extract routines….

During requirements Joint Application Design (JAD) sessions, our Data Conversion Specialist, data analysts and functional area subject matter experts (SMEs) work with BMS SMEs to identify the source files/tables that need to be converted into Health Enterprise and discuss system key structures and source file layouts. Once layout documentation and sample files/tables are received, we load the source data into our conversion source environment and analyze it to determine organization, referential integrity rules, and adherence to data definition, as well as to look for data anomalies.

We use Informatica PowerCenter tools as the foundation of our data profiling approach. These browser-based tools enable us to perform statistical analysis on the data, discover and analyze anomalies across data structures, and create reports on all data in a source file or table. The resulting reports provide all of the values used in a particular field, identify fields with no data, find duplication, assess high/low values or ranges of unexpected values, and determine when fields contain invalid types. Data profiling identifies source data issues before the data is converted and allows time for the data analysts to work with BMS and the current vendor to determine how to resolve potential data anomalies.

The next step in the conversion process is the identification of conversion rules by field. Many decisions are made for each data element: whether the field will be converted from legacy, manually loaded, or set to default or null values. Data relationships and index values are determined in the data design step. Analysts begin the process of mapping source data to target fields, documenting the detailed conversion rules in our Mapping Analysis and Tracking Tool (MATT). MATT captures the source and target data elements, the relationships between them, and their respective metadata; it also creates various conversion reports. The analysts create conversion rules to identify the transformation requirements and source(s) of data for all of the fields that we need to populate Health Enterprise. Oleen Pinnacle and Ninestone's familiarity with the existing database structure will streamline and expedite this process. In some cases, we may recommend that anomalous data be repaired in the legacy data structure prior to final conversion. We will work with BMS during conversion design to evaluate the need for this remediation.

After the data mapping process, we conduct a data gap analysis to identify current and existing data that does not have a corresponding location in Health Enterprise or where Health Enterprise requires data in a column with no counterpart in the legacy system. Through this process, our functional teams define data transformation requirements for each functional area, ensuring that "downstream" components of Health Enterprise have the data necessary for each respective functional process. Based on the files identified, and once conversion rules and source to target maps have been documented, our data management team constructs conversion programs and sequences for each Health Enterprise table requiring converted data.

Validation of the Data Conversion Software

iii. Validation of the data conversion software, including description of a system test of all conversion software to demonstrate its functionality and performance before conversion.

Each conversion program and procedure goes through multiple peer reviews and extensive testing to demonstrate its functionality and performance before executing conversion using our selected and proven COTS solution, Informatica. Peer reviewers use a variety of toolsets to verify accuracy and completeness of conversion, including reports produced as a result of the conversion process, SQL queries, data access and manipulation utilities, and viewing data via Health Enterprise Web pages. Testing includes:

- **Conversion Unit Testing** – Developers are responsible for running their code with real data and loading it into the development target schema. Developers view the code to verify that it meets the specifications documented in MATT. Any anomalies are addressed, corrected, and unit tested again.
- **Functional Unit Testing** – Once the data management team has completed unit testing, conversion load files are created and uploaded to the functional area database schema in the developer's environment. We validate that the data meets the database constraints and requirements of the functional components for the area. Any issues/anomalies are documented and reviewed with BMS.

- **System and Integration Testing** – We run the conversion process with updated code and load the converted data into the system and integration environment. We do a “side by side” walkthrough of converted data with BMS to compare the data in the source system with the data in Health Enterprise.

Once we have completed system and integration testing, identified and corrected data anomalies, and BMS has reviewed and approved the mapping rules, our data management team runs another conversion with a new copy of source data for user acceptance testing (UAT).

Contingency Planning

iv. Contingency planning to mitigate data conversion risks, including development of a Data Conversion Risk Identification and Contingency Plan.

Part of our Data Conversion Plan, the Data Conversion Risk Identification and Contingency Plan describes strategies for identifying and mitigating conversion risk and identifies back-up strategies for dealing with possible scenarios that have an impact on data conversion. The plan poses questions that might be asked to help troubleshoot possible conversion risks, such as:

- Can the source system data be provided earlier?
- Can specific tables be loaded prior to the legacy system freeze?
- Can the conversion jobs be modified so that they run quicker?
- Does all of the source data need to be converted prior to implementation?
- How does early deployment of provider enrollment functionality affect conversion?
- Have there been any data definition changes in the legacy system between the times of establishing conversion requirements and implementation of Health Enterprise?
- Can different conversion jobs be run in parallel as opposed to in sequence?

The Data Conversion Risk Identification and Contingency Plan abides by our proven risk management processes to identify, mitigate, and develop contingency plans for risks related to conversion.

Parallel System and Subcomponent Runs

v. Conducting parallel system and subcomponent runs to validate data conversion results.

We conduct parallel system and subcomponent runs by using production data converted from the legacy environment whenever possible during system and integration testing to validate the data conversion results. We document, research, and correct discrepancies and variances. This is an iterative process, with corrections being made and testing repeated, until all results are validated.

Data Cleansing

vi. Data cleansing, including development of a Data Conversion Specifications Document containing the specific data cleansing and conversion criteria for all data elements.

The Data Conversion Specifications Document describes the process for identifying and resolving errors, inconsistencies, and abnormalities in the data. For example, if the values “M” or “F” are expected in the gender field, but values other than these are discovered, there is an anomaly in the source data that must be corrected. We report these anomalies to BMS and determine the appropriate course of action to ensure that we load Health Enterprise with valid data that supports successful operations. We use Informatica PowerCenter Advanced Edition to support data profiling and cleansing.

Data Conversion Test Scripts

vii. Development and use of data conversion test scripts.

As part of our conversion methodology we create test plans for each functional area that contain the test scripts included in the conversion process. In addition to the test scripts, the document contains instructions on how to load the tables for each functional area in the correct order, dependencies on other functional areas, data validation instructions, balancing instructions, and procedures for verification of data integrity. The conversion testing follows the standard protocols, reviews, approvals, and retesting called for in our standard testing methodology.

ACS performs data conversion test scripts to ensure that conversion mappings are correct before the actual full conversion begins. We prepare the test scripts, including the test data and the expected results for each conversion test scenario summary. We develop test scripts through the use of IBM Rational Functional Tester Plus (RFT+), an advanced, functional, and regression testing tool for test script customization, editing, and debugging. Using RFT+, our data conversion process automates conversion jobs to run and re-run, throughout the conversion effort, to support all of the testing of converted data.

We run a sample set of data through a conversion script to validate the accuracy of the mappings before starting the actual conversions. For example, if we have 40 million claim records to covert, we run a small subset to validate the conversion. If there are errors, we fix them, and re-run the test scripts. We repeat this process until the mappings are accurate and we are ready to convert all of the records.

Support for User Acceptance Testing

viii. Support for User Acceptance Testing (UAT) of converted data.

Once BMS has reviewed, approved the mapping rules, and has seen the converted data working successfully in Health Enterprise during system and integration testing, we load converted data into the UAT region. In addition to providing converted data, ACS supports UAT by providing balancing and reconciliation reports to BMS both before and after UAT to track all data records and demonstrate that key fields reconcile between the source system and Health Enterprise. We correct conversion problems identified during UAT to ensure that data is converted accurately and to BMS' satisfaction.

Updating the Data Conversion Requirements Document

ix. Updating the Data Conversion Requirements Document, including the use of the MMIS RSD and the DSD documents to determine which data elements are required for the conversion process, and working with BMS to establish the requirements for data conversion.

We use the MMIS Requirements Specification Document (RSD) and Detailed Systems Design (DSD) document to determine which data elements are required for the data conversion process and work with BMS to establish the requirements for data conversion. ACS analysts thoroughly review legacy data definitions and sample data, the RSD, and the DSD to assess support data mapping. Their analysis describes how the data will be used during configuration and how it will be converted into the solution.

Using this information, we work closely with BMS to establish the project's data conversion requirements, which are recorded in our Data Conversion Requirements Document. Conversion business rules are refined, modified, or added as we progress further into the development and testing efforts. We work with BMS to update business rules and requirements documentation as needed throughout the conversion effort. This information will be maintained on the project's SharePoint site.

10.6.1.6.2 Approach to Data Conversion Reconciliation

b. Approach to data conversion reconciliation…
i. Trial conversions.

To provide an additional level of confidence in the conversion effort, our data management, functional, and development teams and representatives from BMS perform trial conversions of small samples of data prior to converting the entire database. We provide converted data to the functional teams for their unit testing. If an error occurs within the source data, (e.g., ACS received a non-numeric value in a numeric field), the data analyst documents the error, works with the functional area team to identify possible solutions, and coordinates with BMS to determine the best solution to resolve the error. Once the issue is resolved, the data analyst runs another conversion and provides the source data to the functional team for re-testing. This cycle repeats until all issues have been identified and addressed.

Results Reporting and Analysis

ii. Results reporting and analysis, including reports to assure that there are adequate checks and balances in the data conversion process.

We use MATT to document the mapping rules for conversion. Reports from MATT assist in the conversion effort and provide checks and balances in the data conversion process, including:

- **Conversion Specification Mapping Report** – Compares source fields/tables to target fields/tables and identifies the default values and applicable business rules.
- **Source Gap Report** – Lists all the fields in the source data that are not being converted into Health Enterprise. We review this report with BMS to determine if the field is needed, where it should be housed in Health Enterprise, or if this is a field that is no longer required.
- **Target Gap Report** – Identifies target fields in Health Enterprise that do not have a business rule or default value assigned to them. Our data management team works with the functional team and BMS to determine the values that need to be moved into each Health Enterprise field.
- **Target Table Analysis Report** – Provides an inventory of each table in Health Enterprise and how that table is going to get populated during the conversion effort.
- **Balancing Report** – Tracks the amount of records during the conversion process, from the time we receive the original source data until the converted data is loaded into Health Enterprise.

In addition, our data management team performs trial reconciliations of key data fields. This information is documented in our reconciliation reports. For example, when we convert the member data, we perform counts on the number of members living in each ZIP code and the number of members per aid category and compare the numbers between the legacy MMIS and Health Enterprise.

Verification of Pilot Implementation Data

iii. Verification of pilot implementation data.

We conduct a pilot test as part of the ORT period. A selected group of providers submit actual claims via Health Enterprise and we test the full process—from accepting the claim to claims adjudication, payment, and all supporting operational processes. We analyze results and feedback from pilot testing to validate the accuracy of converted data and determine if any rules need to be adjusted or if any reconversion must occur. Proposal Section 10.6.3.2, Testing Task provides details about pilot testing.

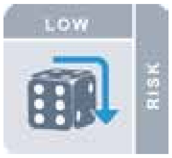
Verification of System-Wide Implementation Data

iv. Verification of system-wide implementation data.

During data reconciliation, ACS verifies system-wide implementation data by running balancing and reconciliation reports to confirm that the final conversion was executed appropriately. By tracking the number of records from the start of the process (receiving the data from the legacy system) through upload into Health Enterprise, the balancing report accounts for all records and validates that the number of records in Health Enterprise aligns with the mapping rules. We run reconciliation reports to provide an additional level of validation. We choose a minimum of five checkpoints per functional area to reconcile against. When the reconciliation numbers balance, we know that we can account for all the data. Another method we use to verify the converted data across the Health Enterprise system is the use of this data during systems and integration and user acceptance testing. Using converted data as a baseline for these testing phases verifies that the converted data works as expected with the Health Enterprise system.

Strategy for Data That Does Not Convert

v. Strategy for any data that does not convert.



As a preventative measure, during source gap analysis, we identify data fields from the legacy system that do not convert. We create a Source Gap Report to share with BMS. As we work through our analysis and map source data to its proper place, items are removed from the Source Gap Report. By the time we are at the end of data conversion, all data is accounted for and is either moved into its appropriate Health Enterprise field, disposed of per BMS request, or kept in a staging repository until a mutual resolution is identified. Any records that are unexpectedly rejected by the conversion process are identified by our balancing reports. If need be, after data anomalies and/or business logic are remedied, this data can be re-processed.

Data Conversion Test Scripts

vi. Approach to development and use of Data Conversion Test Scripts.

ACS verifies conversion data using a variety of strategies, including the use of data conversion test scripts. After conversion, we re-run the data conversion test scripts, described earlier, to confirm that data has converted accurately.

10.6.1.7 Initial Disaster Recovery and Business Continuity Plan

REQUIREMENT:

7. Comprehensive, initial Disaster Recovery and Business Continuity Plan, which details, at a minimum, the following:

Because we view Disaster Recovery and Business Continuity as separate processes, ACS provides two comprehensive, initial plans to fulfill the requirement: a Disaster Recovery Plan and a Business Continuity Plan. Should a disaster occur that made it impossible to continue any operations for a prolonged period at the Charleston facility, we would implement both the Disaster Recovery Plan and Business Continuity Plan; however, if there were a temporary condition that made business processing impossible (for example, a power outage), we would implement only the Business Continuity Plan. Having two plans allows us to focus the scope of our response and provide the services required to resolve the situation. Initial versions of these deliverables are contained in Proposal Section 15.4, Sample Reports, Forms, and Deliverable Formats, in the Appendix.

Disaster Recovery and Business Continuity Focus

- Instantaneous failover, which is inherent to the design of the Health Enterprise solution
- Dedicated disaster recovery environment that provides the same processing capacity as the production environment
- Experience in supporting more than 550 recoveries, including more than 55 clients that declared emergencies during Hurricanes Dennis, Katrina,

The updated versions of the plans will be developed, implemented, and maintained on the basis of our proven corporate templates and tools. ACS will deliver the updated plans to BMS within 45 days after the start of the contract. These plans are based upon our hands-on experience and corporate best practices and incorporates industry disaster recovery and business continuity best practices and standards as these evolve across time. Throughout the life of the contract, ongoing reviews help ensure our plans are updated as necessary to reflect changes to business continuity needs and that the disaster recovery configuration remains compatible with the production environment.

ACS' Disaster Recovery Plan presents a strategy and detailed steps for safeguarding the West Virginia MMIS and restoring operations in the event of a disaster. Upon contract award, ACS meets with BMS to update this initial plan to cover disaster recovery contingencies specific to the West Virginia MMIS. The final plan is presented to BMS for review and approval prior to the start of operations. Additionally, we review and update the plan throughout the life of the contract to reflect operational, system, or personnel changes, or upon request of BMS. All changes are submitted to BMS for review and approval before final publication.

ACS' disaster recovery solution is implemented along with the Health Enterprise solution. All functionality has been designed and developed using methods based on industry best practices and the valuable practical experience gleaned through supporting disaster recovery efforts for Medicaid programs during major crises such as Hurricanes Dennis, Gustav, Ike, Katrina, Rita, and Wilma and the eruption of Mt. Redoubt in Alaska, which caused earthquake tremors for more than 100 miles from the site of the volcano. Our goal is to identify and mitigate risks as early as possible and reduce the potential operational impact to the business, ensuring that providers can continue to serve members' medical care needs should a disaster occur.

As a part of our approach to disaster planning and recovery, ACS identifies areas or situations that might cause or contribute to a disaster and takes action to eliminate or minimize those threats. By safeguarding our facilities and equipping them to handle threats caused by fire, sabotage, or environmental hazards, we minimize service disruptions.

Our Business Continuity Plan outlines the decisions, tasks, and actions that should be performed to prevent or respond to a situation that disrupts normal business processes. To enable us to respond to a disruptive event in a manner that ensures critical business functions can continue effectively, our Business Continuity Plan documents our advance arrangements and procedures. Our plan identifies key system processing functions, such as claims processing, network connectivity, and call center operations, then presents solutions for backup processing or relocation to alternative worksites. Execution of the Business Continuity Plan ensures continuation of BMS’ business processes in case the primary business site becomes unsafe or inoperable.

10.6.1.7.1 Back-up Plan and Procedures

a. Back-up plan and procedures, to include files, software, hardware, and network back-up.

Rapid recovery is crucial after a catastrophic event. Not only is it important that backups of critical data and functionality be maintained, it is also imperative that operations continue effectively through a service disruption. To accomplish this goal of operational resiliency for the MMIS Re-procurement Project, ACS puts plans and processes in place to support the continuation of business operations. We build redundancy into key points of our architectural solution, minimizing the risk of hardware, network, or other system failures. ACS has designed our solution to include a full failover primary data center and a disaster recovery data center with parallel hardware and continually replicated data. These centers are available within the proposed recovery time objective and recovery point objective in case of disaster. Recognizing that the security of hardware and data files alone cannot guarantee business continuity, we also back up the processes and procedures contained in the SharePoint project repository and make those backups available quickly, enabling us to continue operations.

To reduce the risk of lost data and to enable effective recovery, ACS establishes and maintains adequate and secure backup for all system software, servers, data, and user documentation (in magnetic and non-magnetic form) on a daily basis. The backups will be maintained at two secure off-site locations, one near the Pittsburgh data center at the ACS vault in Moon Township, Pennsylvania, and one near the disaster recovery data center in Tarrytown, New York.

In the event of a disaster or major hardware problem at our Charleston facility, ACS provides backup operational capabilities at an alternate operational site, ensuring that normal claims processing services can continue. A full-featured fiscal agent office in Ridgeland, Mississippi, which is currently providing services similar to those BMS requires for the West Virginia MMIS, provides a compatible environment and a secure location for continued operations. Our load balanced, clustered system in Pittsburgh has built-in redundancy to provide immediate failover. We use our Tarrytown facility for full disaster recovery.

10.6.1.7.2 Description of Off-site Storage Procedures

b. Description of off-site storage procedures, including a detailed schedule for file back-up.

Backup Schedule: ACS replicates data from the West Virginia MMIS in near real-time to our disaster recovery site in Tarrytown, New York. Using procedures described below, we also perform regular file backups on all data and systems. Daily incremental backups are taken of all data; full backups occur once a week. We backup software and operating system updates immediately upon update and include all software in our weekly backups.

Off-Site Storage Procedures: Health Enterprise makes use of Oracle Hot Backups to allow for continued use of the system during system backups. For recovery processing requirements, we use Oracle's Recovery Manager (RMAN), a component of the Oracle database that provides a tightly integrated method for creating, managing, restoring, and recovering Oracle database backups.

Nightly incremental backups for all files and databases capture changes to data that have occurred since the last backup. Incremental backup tapes are stored onsite, while copies are rotated to the offsite storage facility. Full backups are taken weekly, and they are sent offsite to the vault in Moon Township, Pennsylvania immediately upon creation.

ACS uses VERITAS NetBackup to manage our backup processes on UNIX and Windows servers. The NetBackup product features a centralized Administration Console, which gives system administrators the capability to manage all our servers from one administrative control window. System administrators can review logs of previous backups, analyze backup performance and speed, and optimize the backup process if necessary (change backup job priority, change backup frequency, etc.). In addition, if either a backup or recovery job fails, the failed backup or recovery job can be resumed from the last checkpoint. ACS also uses VERITAS Storage Foundation to manage our storage environment and automate storage management tasks. Storage Foundation also mirrors data for redundancy and automatically migrates data from failing disks to healthy disks to reduce downtime from unplanned events.

We regularly back up master files and databases and archives, and we store a minimum of two copies in the Pittsburgh data center for immediate recovery. A full copy of the backed up data is also kept in the Tarrytown data center for disaster recovery. We store tape backups, CDs, DVDs, and other required media in the offsite vault.

All Pittsburgh data center production servers are subject to either daily or weekly backups, depending on the server's function. Tape librarians perform scheduled full file backup procedures on a weekly basis, including tape file rotation for the offsite vault in Moon Township, Pennsylvania. The tape librarians use a tape management system to log and track all tapes entering and leaving the data center. All remaining computer software, operating programs, databases, files, and documentation are backed up and sent to an offsite storage facility at least once a week.

10.6.1.7.3 Proposed Recovery Time and Recovery Point Objectives

c. Proposed recovery time and recovery point objectives.

ACS proposes a recovery time objective of no more than 72 hours and a recovery point objective of no more than four hours.

10.6.1.7.4 Risk Analysis and Risk Mitigation

d. Risk analysis and risk mitigation for each core business process.

As part of our standard risk management process, we analyze the potential risks for each core business process, determine the probability of each risk, define a risk mitigation strategy to prevent occurrence, and define a contingency plan to be followed should the risk occur. Using that assessment, we incorporate any mitigating strategies applicable to disaster recovery or business continuity into the appropriate plan. Please see Proposal Section 10.6.1.3, Approach to Initial Risk Assessment and Mitigation for a description of our initial risk assessment and mitigation approach.

10.6.1.7.5 Processes and Procedures for Testing and Reporting

e. Processes and procedures for testing and reporting of the DR/Business Continuity Plan to include:

As part of our standard corporate procedures, ACS annually simulates a disaster recovery to check the efficiency of our recovery and backup procedures once operations begin. The first annual disaster recovery exercise is performed during UAT. During each exercise, disaster recovery personnel test their ability to bring up backup systems and ensure that the West Virginia Health Enterprise system can be accessed from the existing fiscal agent operations office.

For each test, ACS creates a testing document and submits this document to BMS for review and approval. This document outlines the scope of the test exercise, sets the test objectives and estimated timelines for completion including the schedule of all test-planning activities, and includes a detailed task plan for all test activities, outlining where BMS participation is needed. Each component of the Disaster Recovery Plan and Business Continuity Plan is evaluated during this exercise. We measure test results against the originally defined test objectives and determine the actual times required for completion of each task. Within 10 days after testing is complete, we deliver the results of the tests to BMS for approval. Included with the test results is a description of issues we encountered and recommendations for improvement.

An example of a typical disaster recovery test is one we conducted in September 2010. We successfully completed a multiple-client, annual MMIS/PBM/EDI disaster recovery exercise, which included a full MMIS/PBM mainframe/server operating system, systems and applications software DB2 and VSAM database recovery, based on a simulated total loss of the ACS data center. The 128-hour exercise included restoration of the mainframe operating system and software; recovery of four client DB2-based MMIS applications and databases; recovery of five client legacy VSAM based MMISs; recovery of DB2 POS application for PBM multi-client application; establishment of network connectivity between disaster recovery vendor facility and ACS networks; and restoration of connectivity to client Web servers, automated prior authorization environment in Richmond, Virginia, and PowerBuilder Windows database and middle-tier environment in an alternate ACS facility.

These tests help us identify potential problems in processes, equipment, or connectivity. Issues identified in the testing phase are far easier to resolve than those discovered during an actual disaster. We document all issues discovered during each exercise and track resolution tasks through to completion.

Failover/Fallback

i. Failover/Fallback functionality.

Testing of our Disaster Recovery Plan and Business Continuity Plan includes verifying that failover and fallback functionality performs as expected, so we can recover from a disaster or business disruption.

Backup/Recovery

ii. Back Up/Recovery functionality.

As described in our response above, we regularly test our backup/recovery functionality to validate that it will function correctly in an emergency. Our updated Business Continuity Plan will contain details of how we perform backups and recoveries.

Business Continuity

iii. Business Continuity.

We test business continuity as agreed upon with BMS in our test plan. Typically testing includes simulation of a takeover by the recovery site rather than actual relocation of personnel and complete takeover by the recovery site.

The recovery process emphasizes the continuity of operations during a highly disruptive event. The Business Continuity Plan includes the information needed to make the decision-making processes as efficient as possible during an incident. Because our business continuity site in Ridgeland, Mississippi, uses similar operational and business processes as the Charleston facility and has connectivity to both the Pittsburgh and Tarrytown locations, ACS personnel in Ridgeland are able to assume temporary responsibility for West Virginia’s system with minimal training. Select personnel assigned to Charleston relocate as needed to Mississippi to resume support for West Virginia’s MMIS until the incident is resolved, and the Charleston facility can return to operation.

The plan contains specific guidance to the recovery teams in executing comprehensive, documented procedures to recover the production environment in the predefined recovery time objective. Throughout this process, it is essential that communications flow freely among BMS, ACS leadership, the recovering site, and the backup sites.

Plan Update Process

iv. Process for updating the plan (as necessary) through the life of the contract.

Throughout the life of the contract, ongoing reviews of the Business Continuity Plan provide updated information required for recovery of business processes to reflect changes to business continuity needs. Our review of the Disaster Recovery Plan verifies that the disaster recovery configuration remains compatible with the production environment. At a minimum these reviews take place on an annual basis. In addition, should results of Disaster Recovery and Business Continuity testing or information from the change management process indicate changes to the plans are necessary or the system architecture/configuration has been altered, we update the plans as necessary to support BMS’ environments.

10.6.1.8 Initial Data and Records Retention Plan

REQUIREMENT:

8. Comprehensive, initial Data and Records Retention Plan, which includes the following:

LOW RISK

BMS' confidence that program records are consistently received, maintained, and readily available for review to support the uninterrupted access to healthcare services for members is critical. Through the use of proven technology and rigorous quality management, ACS handles BMS' electronic and paper records in a secure manner from initial receipt through destruction in accordance with BMS, West Virginia, and federal requirements to ensure the privacy, reliability, and accessibility of data. ACS provides access to archived records through proven processes that are user friendly and efficient. Whether seeking a claims record or correspondence, the proposed solution emphasizes the critical nature of maintaining archived records.

Our integrated approach to archiving provides a solid foundation from which to deploy the records retention functions for the West Virginia MMIS. Using best practices and industry standards for records management, we continually refine our approach, drawing on experience from other Medicaid fiscal agent accounts to deliver the best solution for West Virginia.

The updated Data and Records Retention Plan that ACS will deliver to BMS within 45 days after the start of the contract will be based upon the initial plan provided in Proposal Section 15.4.25 in the Appendix.

10.6.1.8.1 Detailed Schedules

a. Detailed schedules, to ensure that data maintained on the MMIS or in other system/manual files is properly and routinely purged; archived; and protected from loss, unauthorized access, or destruction in accordance with the BMS Data Retention policy referenced in Section 3.1.

ACS' Initial Data and Records Retention Plan is based upon BMS (Draft) Policy #104: BMS Records Retention and Destruction Guidelines, dated February 09, 2011. ACS follows the schedules contained in Tables 2 and 3 of Appendix A Records Retention V2 02092011.doc to maintain records on the MMIS or in other system/manual files as required; properly and routinely archive both electronic and paper files; and protect records from loss, unauthorized access, or improper destruction. We also comply with the requirements to purge files.

Within 45 calendar days after contract execution, ACS delivers an updated version of the plan to BMS. We review and update the plan on at least an annual basis. Should the policy or requirements change, ACS updates the Data and Records Retention Plan to reflect the new requirements.

10.6.1.8.2 Retention Methodology

b. Retention methodology for all data and records associated with each of the project phases described herein.

ACS' Data and Records Retention Plan, based upon the criteria provided by BMS, directs the storage, retrieval, and long-term preservation of records during every phase of the project for which we are responsible for handling data and records.

During Phase 1 – MMIS Replacement DDI and CMS Certification, we meet with BMS and the current contractor, as directed by BMS, to determine the appropriate disposition of West Virginia's Medicaid records. BMS and ACS determine which data should be retained, how much data should be retained, the retention and retrieval time periods, and who should have access to the data and records. Disposition of records include the transfer of specific records and documents to ACS as approved by BMS.

During Phase 2 – Fiscal Agent Operations data and records retention is discussed in the section below.

During Phase 3 – Turnover and Close-Out, ACS works with BMS and the incoming fiscal agent, as directed by BMS, to track and maintain a written record of paper and electronic data, which is securely transferred to BMS and the incoming Fiscal Agent. ACS purges the data and records from our files once confirmation of receipt has been received from BMS and the incoming fiscal agent.

Document Support and Maintenance

The Document Control Team is lead by the Mailroom/Document Control Team Lead, who reports directly to the Medical/Dental Deputy Account Manager/Operations Manager. This team is responsible for administering the records retention program for BMS and making certain that all records are maintained in accordance with requirements for:

- Preserving original hard copy documents
- Maintaining electronic and magnetic media records
- Creating high-quality images of all records received
- Providing timely access to and reproductions of records to authorized users
- Extended retention for lifetime claims, records involved in litigation, and other circumstances identified by BMS
- Purging and confidentially destroying records in accordance with BMS, State, and federal requirements

Electronic Files

During the monthly history archive cycle, all eligible claims are removed from history and migrated to the archive files. Typically the data is migrated to archive files when the payment date is more than three years old and purged when the date is more than six years old. However, as required, some claims and transactions are retained in the history tables for longer periods of time to ensure accurate processing. Others, such as lifetime claims, are stored indefinitely.

Data archives are indexed and have search capabilities, so files and parts of files can be easily located and retrieved. All claims on the history tables are accessible for making online inquiry, audit processing, adjustment processing, and generating printed responses to claims inquiries. The history tables are the primary source of historical claim information in Health Enterprise and contain all data originally submitted on the claim, attached to the claim, or derived or retrieved during the adjudication of the claim.

Based upon BMS criteria, Health Enterprise moves data that is no longer needed for online access to a separate data storage device for long-term retention. Even though the data is no longer required to be accessible online, it is still important and necessary for future reference. Certain data must also be retained for regulatory compliance. Health Enterprise is used to manage the document locations and any possible electronic document archive or purge requirements defined by BMS. It is a configurable, rules-based module that can move older documents from real-time to near-time retrieval status based on BMS' criteria.

To facilitate easy access for BMS users, Health Enterprise provides innovative capabilities to store and access electronic files and images of records from a single, well-organized project repository. Each image is assigned a document control number (DCN) and access is supported through that DCN. Once assigned, the control number allows the retrieval of the document electronically for viewing by authorized users via a Web browser at any workstation.

Within Health Enterprise, reports, claims, authorizations, other documents, and related attachments are associated with the designated control number. Users from functional areas are able to request and retrieve copies of images directly from the system without requiring the user to stop and access another system. The fully integrated records retention function supports linking document(s) to the correct Health Enterprise file records, allowing access to all information related to a case, provider, member, or other functional area from the accessed record. The system provides the capabilities BMS and ACS staff needs to support the Medicaid program, while introducing automation and operational efficiencies to reduce or eliminate paperwork and streamline tasks.

Paper Files

Document storage is also included in the archival and retrieval process. Once imaged, original paper documents are stored in the primary facility following BMS-approved procedures for retention and destruction of stored documents. After the hardcopy claims/documents have been scanned, they are prepared for filing and storage by the Document Control area using a batch control process that is integrated into Health Enterprise. This process facilitates filing and retrieval of documents and also enables ACS to manage record retention efficiently based upon the retention periods established by BMS. We will request BMS approval for records destruction as retention expiration dates approach. Based on BMS' directives and policy, the retention period for the batch can be reset or the batch scheduled for confidential destruction.

Storage boxes are categorized by batch number in an archive room that is located in the primary facility in Charleston, West Virginia. Should the volume of retained paper documents exceed the capacity of the archive room, we will use a second archive facility to store documents that must be retained for longer periods of time. Both of these secured facilities have temperature and humidity controls as well as fire detection and suppression protection. Only authorized personnel have access to these storage facilities.

BMS employees and other authorized program stakeholders sometimes need original documents. When we receive a request for an original document, whether by email or as a workflow task, we log the request and review it to verify the nature of the request, such as a legal or appeals investigation; validate that the requester is authorized; and determine whether the request is specific enough to retrieve the records from storage. If we need additional information, we obtain it from the requester.

Once we retrieve the appropriate box of records from the archive facility, we pull the document and any associated attachments. The document control specialist makes clear, readable photocopies of the original(s). The copy is stamped with the word "copy" and labeled with the date and the name of the requester. The copy is then filed in the storage box from which the original document was extracted and returned to secure storage.

To complete the process, the document control specialist updates the retrieval request log, including the disposition of the hard copy document(s). When the originals have been returned, we again retrieve the appropriate box from storage and re-file the originals. Based on modern best practices and hands-on experience, our record retrieval process helps ensure that retrieved documents are secure, tracked, and accounted for at all times.

Disposal

ACS takes necessary precautions to ensure that paper documents containing PHI remain confidential. Using the instructions provided in Table 3: Medicaid Management Information System (MMIS) Paper Retention of Appendix A Records Retention V2 02092011.doc, we will determine the retention and destruction schedule for each document.

Paper document destruction after scanning will be handled by an authorized ACS employee, using procedures jointly developed by BMS and ACS to meet HIPAA, PHI, and other applicable security requirements. This procedure will include temporary storage of paper documents until destruction approval has been received. Once that approval has been received, the documents are placed in a locked shred bin until they can be shredded. ACS will contract with a reliable, bonded, and insured secure document management company for the secure destruction of documents containing PHI.

In addition to the processes and tools we use to protect data during processing, transmission, and storage, we also implement strict guidelines for disposal and destruction of media containing confidential information, regardless of media type. We follow NIST Special Publication 800-88 policy, BMS policy, and applicable State and federal rules and regulations.

ACS sanitizes or destroys system information contained in digital media before disposal or release for reuse to prevent unauthorized individuals from gaining access to and using the information contained on the media. We purge all equipment containing electronically stored data and software in accordance with the DoD 5220.22-M, National Industrial Security Program Operating Manual (NISPOM) Clearing and Sanitization Matrix prior to disposing of such equipment.

10.6.2 Phase 1b: Analysis and Design

REQUIREMENT: RFP Section 3.2.6.2 to 3.2.6.2.1, pg. 77 of 99

3.2.6.2.1 Phase 1b: Vendor Response Requirements. The Vendor should propose an approach to review, validate and update requirements specified in this RFP. In their description, the Vendor should include the proposed approach to working with BMS staff to fully understand the scope, purpose, and implications of each requirement, and the thorough review of all appropriate BMS programs and policies. The Vendor should describe their process for identifying and resolving gaps between the proposed system and the BMS system in order to meet BMS's business and technical requirements. The Vendor should propose an approach descr bing how the MMIS Replacement design integrates with ancillary systems and activities as defined by BMS and how design decisions are coordinated across all functional areas. The Vendor's proposal should also present a narrative description of the Vendor's proposed approach to completion of the Analysis and Design Phase, including the Vendor's:

ACS works with the BMS Re-procurement Team to fully understand the business and technical requirements and confirm the alignment of our proposed solution.

BMS has invested significant time and resources in developing an RFP that accurately reflects State-specific functional and nonfunctional MMIS requirements, as well as comprehensive As-Is and To-Be business processes designed to achieve BMS' MITA goals and objectives. During Phase 1b, Analysis and Design, we work with the BMS Re-procurement Team to perform thorough requirements analysis and validation activities. Together, we come to a full understanding of BMS' requirements, business processes, rules, and policies, forming the critical foundation for delivering technical outcomes that fully align with the Bureau's business objectives. Subsequent to the Planning Workflow described in Proposal Section 10.6.1, Proposal Start-Up Phase, our SPARK-ITS® System Development Methodology (SDM) includes three workflows to achieve the requirements and deliverables of the Analysis and Design Phase: the Requirements Analysis Workflow, the Solution Analysis Workflow, and the Detail Design Workflow.

Fully functional baseline system aligned with 85% of BMS' requirements results in reduced analysis and design work

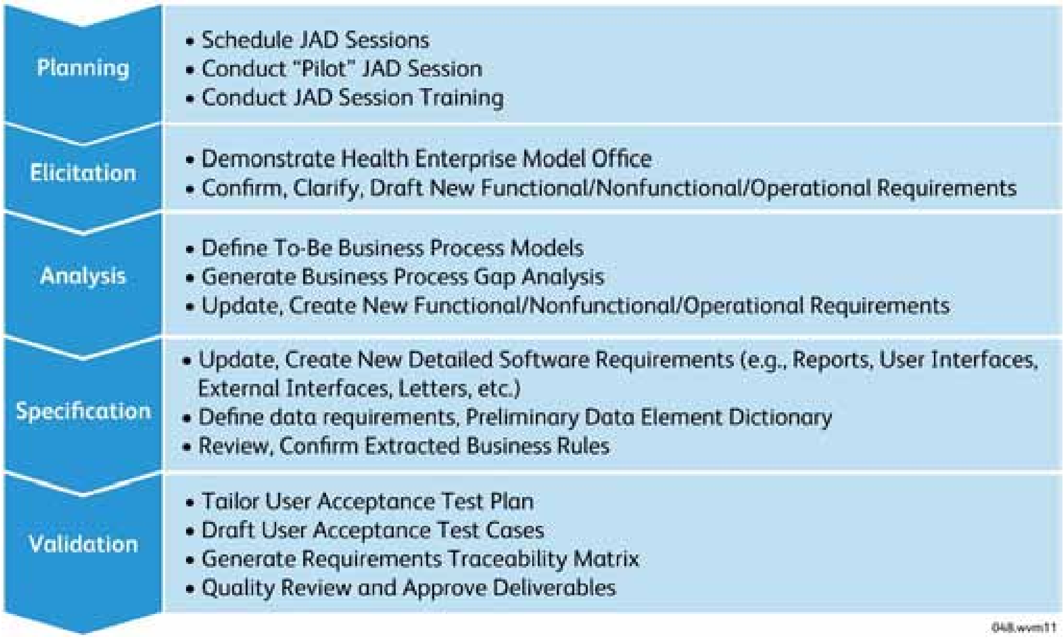
- Incremental, process-centric, policy-intensive analysis and design eliminates gaps between Health Enterprise functionality and BMS' requirements
- Experience live functionality during requirements elicitation with demonstration of the Health Enterprise Model Office

ACS offers the only true service-oriented architecture (SOA) Medicaid-based product in the MMIS marketplace with the Health Enterprise solution. Our preliminary gap analysis has established that more than 85 percent of the functional requirements are already present in the base Health Enterprise system. The Bureau benefits from this exceptionally close alignment in several ways. During requirements analysis, we present our baseline system, Health Enterprise Model Office, demonstrating the vast majority of the desired functionality very early in the process. We offer a streamlined Analysis and Design Phase because we are installing a fully functional system, allowing us to focus requirements and design activities on the gaps remaining between Health Enterprise and required functionality. We leverage existing Health Enterprise documentation applicable to the MMIS Re-procurement Project reducing time and resources required for development of deliverables and enabling a higher level of quality within these deliverables.

In his renowned book, "Seven Habits of Highly Effective People," Stephen Covey names habit #5 "Seek first to understand, then to be understood." This is the primary purpose of the requirements analysis process. Through interactive Joint Application Design (JAD) sessions with BMS at the outset of Phase 1b, we review, validate, and clarify functional and nonfunctional requirements and we present our base system to confirm the alignment of our proposed solution with clarified requirements. We document our findings in our Requirements Specification Document and Gap Analysis Design Document. The resulting analysis and design approach, our decades of MMIS experience, and detailed validation processes enable us to collect accurate information necessary to configure and modify Health Enterprise to meet BMS requirements.

Approach to Review, Validate and Update Requirements

The SPARK-ITS SDM Requirements Analysis Workflow centers on open communication while maintaining a business process focus. The five tasks, shown in Exhibit 10-26, provide an iterative approach to ACS' thorough and documented understanding of the requirements well beyond the content of the RFP. This multi-step approach includes demonstration of the base Health Enterprise system, clarifying discussions and walkthroughs, process reviews, and a business rules extraction and validation exercise; all leading to clear requirements and artifacts to be installed or designed in Health Enterprise. This strategic investment of time required to perform comprehensive requirements analysis returns benefits to BMS in the long-run in the form of high-quality technical solutions, comprehensive and correct documentation, streamlined and automated business processes, and functionality that aligns with business objectives all with fewer and less critical issues during implementation.



Planning	• Schedule JAD Sessions • Conduct "Pilot" JAD Session • Conduct JAD Session Training
Elicitation	• Demonstrate Health Enterprise Model Office • Confirm, Clarify, Draft New Functional/Nonfunctional/Operational Requirements
Analysis	• Define To-Be Business Process Models • Generate Business Process Gap Analysis • Update, Create New Functional/Nonfunctional/Operational Requirements
Specification	• Update, Create New Detailed Software Requirements (e.g., Reports, User Interfaces, External Interfaces, Letters, etc.) • Define data requirements, Preliminary Data Element Dictionary • Review, Confirm Extracted Business Rules
Validation	• Tailor User Acceptance Test Plan • Draft User Acceptance Test Cases • Generate Requirements Traceability Matrix • Quality Review and Approve Deliverables

Exhibit 10-26. Five Major Tasks of Requirements Review, Update and Validation

This incremental, industry-standard approach is conducted for each functional area, and yields specific, measurable, and testable requirements that align with BMS business objectives.

Through these progressive steps, ACS gains a keen understanding of the Bureau's current and desired processes and captures the clarified, updated, and validated needs in formal requirements deliverables, primarily the Requirements Specification Document (RSD). The steps are as follows:

Planning. Upon receipt of the Formal Notice to Proceed for Phase 1b, Analysis and Design, we schedule iterative and incremental JAD sessions, each based on a MITA Business Area or set of Business Processes. In developing the JAD session schedule, ACS considers all stakeholders, their expertise, and their availability along with the division of and dependencies among work for the phase of the contract. This approach to developing the JAD session schedule ensures the right parties are present at requirements and design JAD sessions to gain understanding, facilitate agreement, and make decisions. JAD sessions are carefully organized, multi-step efforts requiring attendance by team members from both BMS and ACS. It is critical that all participants adequately understand the entire process and the specific roles they play within each JAD session. We provide training for BMS and ACS project members who participate in JAD sessions to ensure roles and responsibilities are understood and that all parties participate effectively. We provide expert facilitators for the JAD sessions to provide for well-run meetings that optimize resources' time and maximize outputs, establish and confirm achievement of defined goals and objectives, and document remaining issues and action items.

Elicitation. We begin the interactive requirements JAD sessions to jointly review, analyze, update, and validate RFP requirements and confirm the alignment of our proposed solution to confirm the end solution meets the Bureau's needs. During JAD sessions ACS uses demonstrations as a pivotal technique for confirming requirements and our proposed solutions. While documentation review is critical to formalizing decisions, it has been our experience that demonstrations provide a more tangible, user-friendly, and interactive method for collaboration. ACS establishes the Health Enterprise Model Office. This is a functional version of Health Enterprise that can be used to confirm alignment of requirements, validate design decisions, and experience the live system. During requirements JAD sessions, our primary focus is to validate the functional requirements that we currently believe to be “matched” functionality, (e.g., functionality that requires no code modification and to be leveraged for West Virginia MMIS). For the remaining requirements, our focus will be to confirm, clarify, and validate our understanding of those requirements so that we document the requirements fully and clearly in the RSD for the benefit of ensuing design activities. In addition to the model office presentations, we use prototypes/mock-ups, documentation review, surveys, interviews, and other techniques to develop deliverables and come to a mutual understanding of BMS' business goals and functional requirements.

ACS’ Business Analyst, supported by the IBM Rational DOORS requirements management tool, ensures each RFP requirement is covered in at least one JAD session and categorized appropriately.

Analysis. Once all RFP requirements have been placed into the draft RSD, allocated to the right team, assigned owners, and clarified, ACS embarks on the next step of progressive elaboration to review BMS' business processes and how the requirements fit into each process. To prepare for this activity, team members modify use cases (structured process descriptions) to reflect requirements and processing needs. The teams review the clarified and validated RFP requirements and compares them to the processes documented in the use cases. The teams review and refine requirements, analyzing their priority, status, complexity, work estimates, and clarity. This data is updated within attributes in the DOORS requirements management tool.

Specification. The objective of specification is to define the detailed software requirements and data requirements. Now that the tailored use cases and functional and non-functional requirements are drafted, ACS reviews the existing design artifacts that comprise Health Enterprise to form detailed software requirements. Design artifacts include User Interfaces (UIs), reports, letters, and other items within the technical solution. We also review business rules, policies, and standards contained in policy documentation, which serves as a source of additional detailed software requirements. Detailed software requirements are written at a level to be translated later into design specifications. These requirements include but are not limited to UI/Web page requirements, report requirements, letter/e-mail correspondence requirements, external interface requirements, and business rule requirements.

Validation. Validation activities allow ACS to collaborate with BMS to review and confirm all requirements documentation drafted to date, including the RSD and tailored use cases. The primary method for validating the work products is the JAD sessions. Additional techniques are leveraged to maximize the efficiency of the team, such as interviews, surveys, one-on-one meetings, and offline documentation reviews. At this time we also perform other validation activities including preliminary UAT planning and requirements management using DOORS. At the conclusion of the validation JAD sessions, we provide the RSD and related requirements deliverables and work products to BMS for review and approval.

Business Rules Extraction. ACS’ business rules extraction approach enables the Bureau to modernize its MMIS and transition seamlessly from the legacy system to the replacement system. Along with our partners – Oleen Pinnacle and Ninestone – we conduct an integrated business rules extraction and validation process that supports accuracy and fidelity to current Medicaid law and program policy.

We begin by working with BMS to extract the business rules from the legacy system. We identify and extract applicable policies from sources such as Medicaid program and procedure manuals, and load extracted business rules data and policy text into DOORS for comparison and validation. Discrepancies and gaps are documented and coordinated to create new rules when needed and identify obsolete ones. The rules are grouped into categories to be reviewed, modified, and either decommissioned or moved into Health Enterprise. Edit Rules Documentation are developed to include all policy and business rules identified, supported, and moved into Health Enterprise.

Our approach reflects our experience transitioning MMIS programs, our long history supporting West Virginia MMIS, and our partners' direct experience with HealthPAS and other TriZetto QMACS/QNXT-based products. Our business rules extraction approach supports a successful, streamlined transition from the legacy system to Health Enterprise and minimizes transition risks.

Approach to Working with BMS Staff to Fully Understand Requirements

PARTNERSHIP

ACS knows from experience that requirements analysis exercises are most successful when a variety of participants from both BMS and ACS are involved. Even though design decisions are not being made during requirements analysis, it is critical to have both business (e.g., Medicaid, operational, and test planning) and technical (i.e., data management, conversion, development, and architecture) input so the requirements are documented sufficiently to allow downstream teams to execute the requirements accurately in system designs, user documentation, and testing. We conduct a stakeholder analysis during Start-Up to identify technical, business, and other stakeholders. By having a wide range of subject matter experts at the table, all aspects of a particular requirement or process can be considered.

We use Microsoft Office SharePoint Server (SharePoint) as the communication hub between BMS and ACS during Analysis and Design and throughout contract performance. Any deliverables produced by supporting tools are stored in SharePoint for the Bureau's review and approval. This approach defines one "system of record" for all deliverables even though multiple tools are in use during the Analysis and Design Phase.

Process for Identifying and Resolving Gaps

Our process for identifying gaps begins prior to contract award, when ACS imports the RFP requirements into the DOORS requirements management tool. During this process we establish an initial "solution analysis identifier" (match, modification, configuration, or enhancement) for each requirement.

After contract award, we work with BMS during JAD sessions, demonstrations and discussions, to review requirements in the context of the available functionality in Health Enterprise and confirm, clarify, and reword RFP requirements into standard and testable functional and nonfunctional requirements. This analysis helps us confirm or correct our initial gap analysis and adjust the solution analysis identifiers accordingly. We use the gap analysis to confirm or adjust our iterative design, development, and testing process that follows requirements analysis.

Our next step is to review the BMS To-Be business processes and compare these processes to Health Enterprise base processes and functions to identify gaps in required functionality. We then compare the gaps to the RFP requirements and, as needed, create new requirements and add them into DOORS. By including gaps as requirements, ACS ensures the RSD, designs, tests, operational procedures, and the final solution incorporates all requirements identified during the JAD sessions. ACS generates a Business Process Mapping Document and a Gap Analysis Design Document during this phase using DOORS data through the Rational Publishing Engine.

How the MMIS Replacement Design Integrates with Ancillary Systems and Activities

As our requirements analysis progresses, we continue to meet with BMS and representatives of functional areas in JAD sessions to make sure cross functional area impacts are identified and addressed. We work with BMS to verify interface and integration points between the legacy MMIS and ancillary systems, such as FACTS and RAPIDS and others identified in the RFP and procurement library; then we identify these same integration points where they occur with Health Enterprise to foster a smooth integration with the Bureau's systems. During JAD sessions we clarify any requirements around Health Enterprise's interfaces with FACTS, RAPIDS, and other interfaces. We capture the external interface requirements in the RSD, which drives the DSD external interface specifications. At the end of Phase 1b, we meet again with the BMS Re-procurement Team and functional area representatives to make sure interfaces and integration points are properly designed and coordinated across all functional areas.

Health Enterprise provides multiple access channels for integration with external systems and COTS. We leverage the integration-rich framework of WebSphere Process Server (WPS), which includes an Enterprise Service Bus (ESB). Health Enterprise takes advantage of the inherent capabilities of the WPS and employs specific implementations for external and internal integration points. The ESB provides open, standards-based connectivity for processes and applications and acts as an intermediary through which reusable business services are made available within the system and to external systems. Health Enterprise uses the ESB to integrate with COTS and other external systems through Web Services and other real-time protocols in a transaction environment.

Health Enterprise's multiprotocol support also includes integration with external systems by exchanging files through its electronic data sharing gateway (EDSG). Through its EDSG, Health Enterprise supports multiple connectivity protocols as well as interoperability with a variety of third party middleware products. The EDSG supports exchange of electronic data interchange (EDI) and non-EDI data transmissions between third parties and Health Enterprise in a secure, efficient manner providing transaction validation, transaction response, and any-to-any translation services. The EDSG provides connectivity for the flow of data among providers, facilities, claims payment agencies, state offices, clearinghouses, and various other data trading partners that exchange data with Health Enterprise.

The EDSG uses the Informatica suite of COTS products to manage each step in the data receipt, transformation, and delivery process. Informatica Data Transfer serves as the translator tool for easy mapping. Part of the Informatica tools is the EDIFECS XEngine tool, a compliance check module that includes data validation and compliance reporting. Built into this process is a complete tracking and reporting component that allows the system to identify each file, record statistics for each file, and report file status at any point in time. This solution is captured in our Detailed System Design (DSD), which is specified in tandem with our Technical Architecture Description.

The DSD is divided into "chapters" according to the MITA business areas, so that functionality can be incrementally designed, tested, and developed. In the DSD, analysts add detail and technical specifications to address the detailed software requirements of the Requirements Specification. For example, where the detailed software requirement indicates a daily report on Provider Enrollment levels, the DSD lays out the report, lists the data presented on the report and its identifier within the data model, identifies any security restrictions, and describes sorting, filtering, calculations, or grouping within the report.

At the completion of the Analysis and Design Phase, the EPMO follows our internal workflow closure procedure and, in doing so, evaluates the exit criteria of each workflow to confirm the project's readiness to proceed to the next phase. The EPMO verifies that we have accurately executed processes, elicited feedback, and implemented continuous process improvements along the way. We collaborate with BMS to confirm our findings and ensure that the BMS Re-procurement Team is also ready to proceed to the next phase.

Supporting Tools

We use Rational DOORS, our selected requirements management system, as a repository for functional and non-functional requirements. We use this tool to develop and trace deliverables required during Phase 1b, including the RSD, Gap Analysis Design Document, and Requirements Traceability Matrix (RTM). These are exported from DOORS using the Rational Publishing Engine and published in SharePoint.

We use Embarcadero ER/Studio to track data elements and develop the MMIS Glossary and validated data models, which are also available to BMS through SharePoint.

The Microsoft Office suite, primarily Microsoft Word, is used for most deliverables, work products agendas, meeting minutes, the DSD, and System Documentation. The JAD Schedule is included in a SharePoint calendar and also reflected as tasks in the Project Schedule. Action items, issues, risks, and decisions that may surface during the Analysis and Design Phase are stored and tracked to closure in the SharePoint project repository.

Whenever feasible, ACS prefers to have these tools running and work products editable in real time during the JAD sessions so we can incorporate stakeholder feedback as it is provided by attendees.

10.6.2.1 Approach to Completion of Phase 1b Deliverables and Milestones

1. Approach to the completion of the Phase 1b Deliverables and Phase 1b Milestones (as listed in Appendix C), including methodology for updating deliverables throughout the lifecycle of the project.

IMPROVED SDLC

During Phase 1b, we follow our SDLC Requirements Analysis, Solution Analysis and Detailed Design Workflows that have been tailored to meet BMS' requirements. This phase includes all requirements review, update, and validation activities including performance of a gap analysis to determine the extent to which Health Enterprise meets BMS requirements. The MMIS Re-procurement Project's success is contingent on thoroughly analyzing baseline requirements, business processes and procedures, templates, and tools and tailoring them to the specific needs of the MMIS Re-procurement Project. During Analysis and Design, ACS lays the foundation for requirements traceability and management, which is continued throughout contract operations.

For the Analysis and Design Phase, we initiate our iterative approach—performing requirements analysis and gap analysis, and documenting these concepts and decisions in the RSD, the Gap Analysis Design Document, and the DSD for each MITA business process, with each deliverable building on the decisions and designs of its predecessors. ACS relies on its extensive Medicaid experience to guide the sequence of iterations and the dependencies among them. The sequence of iterations is presented in the Project Schedule in Proposal Section 15.4.11, within the Appendix.

As Phase 1b progresses, we keep deliverables current by documenting and updating the Business Processing Mapping Document, the Edit Rules Documentation (delivered with the DSD), Requirements Traceability Matrix (RTM), RSD, Gap Analysis Design Document, and DSD that includes the design of BMS-specific reports and standard output reports. We also maintain the linkages across these deliverables and keep them in sync using DOORS. Throughout the process, our EPMO oversees the development of weekly and monthly status reports.

10.6.2.2 Approach to Obtaining BMS Approval of Phase Completion

2. Approach to obtaining BMS approval of phase completion

As part of our project management methodology (PMM), ACS has a structured, documented process for reviewing and obtaining BMS' approval of the Analysis and Design deliverables and milestones listed in RFP Appendix C. Additionally, our PMM, SDM, and Project Schedule accommodate the updating of deliverables throughout the lifecycle of the project, and updates to deliverables are subject to the same review and approval processes as the original submissions. Our Documentation Management Plan includes quality review steps for peer review, quality assurance review by the EPMO, and BMS review. Formal reviews use a common, straightforward, and streamlined deficit-logging process in SharePoint that allows for simple logging, rapid remediation, and audit tracking of deliverable deficits. Please refer to Proposal Section 10.2.3, Process for Acquiring Deliverable Acceptance by BMS, for details regarding this process.

During Project Start-Up, ACS works with BMS to create a Deliverables Expectations Document (DED) that details the description, location, constraints, assumptions, content, format, and approvers for each contractual deliverable. Additionally, we review the Project Schedule to gain BMS approval of its tasks, deliverables, milestones, durations, initial resources, and dependencies. The Project Schedule includes milestones, identified with the prefix "M:" and final deliverables with the prefix "D:." Using the DED and Project Schedule, BMS and ACS agree upon measurable acceptance criteria for the outputs of each task of the MMIS Re-procurement Project. Table 10-11 contains the proposed acceptance criteria for Phase 1b, Analysis and Design, that will be incorporated into the DED and Project Schedule.

Table 10-11. Proposed Acceptance Criteria for Analysis and Design Milestones

Milestone	Acceptance Criteria
Milestone 38 – Completion and BMS Approval of Phase 1b, Analysis and Design	The following have been completed and approved: Business Process Mapping Document; Edit Rule Documentation; Requirements Traceability Matrix (RTM); Requirements Specification Document (RSD); Gap Analysis Design Document (also called the Solutions Analysis Report); Detailed Systems Design (DSD) Document; List of All Standard Output Reports (part of the DSD); List of BMS-Specific Reports (part of the DSD); MMIS Glossary; Weekly Project Status Reports; Monthly Project Status Reports

10.6.2.3 Meeting MITA Requirements

3. Description of how the proposed solution meets the following MITA requirements:

At the heart of ACS' MITA Technical Architecture are shared services governed by a SOA that provides the flexibility, scalability, reusability, and adaptability necessary to support the current and evolving needs of Medicaid programs. Our MITA-aligned Health Enterprise solution provides the technical and architectural foundation to help BMS achieve its goal of increasing the MITA maturity of 14 business processes from Level One to Level Two, and for delivering a reliable transaction processing system that enhances existing processes and allows BMS to concentrate on its healthcare mission. The technical architecture of Health Enterprise is well-aligned with the MITA 2.0 business framework and based fully upon the MITA 2.0 technical architecture specifications. Table 10-12 shows how Health Enterprise meets MITA requirements. Please see Proposal Section 10.1.4, Meeting MITA Requirements, for additional details regarding how our proposed solution meets MITA requirements.

Table 10-12. How Health Enterprise Meets MITA Requirements

Requirement	Health Enterprise Alignment
a. Industry based, open architectural standards.	• Architected following MITA principles of an open, standards-based architecture
b. Modular components.	• Modular components which can be combined and re-configured allowing rapid integration of new functionality
c. Relational or object oriented database:	• Uses Oracle's Relational Database Management System technology (Real Application Cluster; Recovery Manager; Enterprise Monitoring)
d. Web and real-time processing.	• 100% Web-enabled; delivering real-time processing of transactions
e. Rules Engine management.	• Incorporates COTS business rules engine (FICO) • Provides Web-based entry and maintenance of business rules
f. Data privacy, security, and integrity with access limited by staff role.	• Security framework provides single sign-on access to a Web portal through Tivoli WebSEAL and WebSphere Portal through Secure Socket Layer
g. Interoperable systems that support e-communication and processing between systems.	• Separates applications to communicate even running on different operating systems with different technologies or programming languages • Interoperability using an Enterprise Service Bus (ESB)

10.6.2.4 Approach to Development and Use of Design Documentation

4. Design Documentation: Approach to the development and use of the following deliverables and their components.

The Analysis and Design portion of the SPARK-ITS SDLC is captured primarily within three successive, incremental deliverables: the RSD, the Gap Analysis Design Document, and the DSD. The RTM serves as evidence that we maintain scope as we move from one deliverable to the next. In addition to refining and reviewing these deliverables with BMS in JAD sessions, we verify adherence to standards and alignment with MMIS Re-procurement Project requirements, each deliverable receives a peer review, walk-throughs, quality assurance review, and BMS review and approval. The contents of the RSD, RTM, and DSD are described in the sections below.

System Requirements Specification Document (RSD)

a. System Requirements Specification Document (RSD), including methodologies for:
   i. BMS review to finalize requirements;
   ii. Requirements updates, to include the evaluation of business model/process changes and approved changes to the current Medicaid system since the RFP release date and identification of corresponding requirements;
   iii. Means of measurement determining satisfaction of requirement.

The RSD is divided into "chapters" according to the MITA business areas, so that functionality can be incrementally analyzed, designed, tested, and developed. Each chapter includes the following contents:

- Narrative, Assumptions, Dependencies, Constraints
- Functional and nonfunctional requirements:
  - Each RFP requirement becomes one or more functional or nonfunctional requirement in the RSD.
  - We write each requirement according to a specific sentence structure so it is appropriately allocated and is clear, concise, unique, measurable, and testable.
  - In some cases, requirements are simply copied from the RFP into the RSD. In other cases, requirements are split, modified, or combined to align with industry-standard sentence structure so the requirement meets all quality and testability criteria.
- Detailed Software Requirements, including:
  - UI/Web Page Requirements – Captures the business purpose, information collected, options for user, and other requirements for the user interface.
  - Report Requirements – Documents the business purpose, basic content, recipients, frequency, etc. for each report.
  - Correspondence Requirements – Lists the purpose, recipient, trigger, and other attributes for letters, e-mails, and other correspondence.
  - External Interface Requirements – Identifies the initiating system, protocol, and information transferred, for each external interface.
  - Business Rule Requirements – Identifies which legacy business rules and policies will be maintained and which need to be modified for implementation.

These artifacts are captured in the RSD and traced from the RFP requirements to verify full traceability to the final delivered system. As discussed earlier, we draft the RSD and review it with BMS in collaborative requirements JAD sessions. We then conduct internal quality reviews prior to submitting it to BMS via SharePoint for review and approval.

We have provided our standard RSD template in Proposal Section 15.4.30, Sample Requirements Specification Document, in the Appendix. We will review this template with BMS as a part of Deliverables Expectations Document discussions and tailor it to meet project-specific needs.

Requirements Traceability Matrix (RTM) and Requirements Management System

b. Requirements Traceability Matrix (RTM) to ensure that the RSD requirements are traceable back to the requirements specified in this RFP (including all Appendices).

c. Requirements Management and Tracking System to maintain and report on requirements throughout the development life cycle, from requirement specification through production deployment including CMS certification.

As shown in Exhibit 10-27, the RTM reflects the progressive elaboration of requirements throughout the life of the project. The RTM is a set of reports generated by Rational Publishing Engine using DOORS data that demonstrates how requirements are realized, elaborated upon, and traced throughout the SDLC. The RTM depicts validated and updated RFP requirements and how they flow through to the RSD's and DSD's functional, non-functional, and detailed software requirements. We continually revise traceability information in the DOORS requirements management and tracking system so that the repository always reflects the current scope of the project. Tracing ensures all refined requirements link back to contractual commitments in the RFP. Any additions to scope are documented as change requests and trace back to the RFP requirements as well.

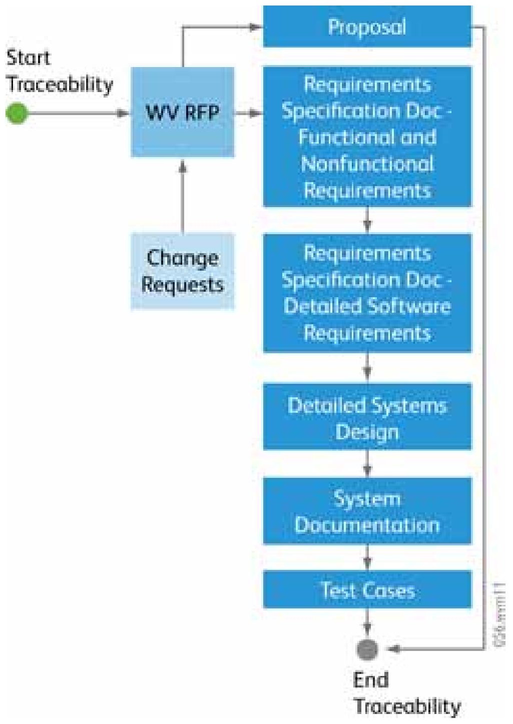

Start Traceability
WV RFP
Change Requests
Proposal
Requirements Specification Doc - Functional and Nonfunctional Requirements
Requirements Specification Doc - Detailed Software Requirements
Detailed Systems Design
System Documentation
Test Cases
End Traceability

Exhibit 10-27. Requirements Traceability

RFP requirements are tracked from requirements analysis through testing.

Detailed Systems Design (DSD) Document

d. Detailed Systems Design (DSD) document, including (but not limited to) the following components:

i. BMS review, including walkthroughs of the Design Documents and demonstrations during the development of the design specification to enhance BMS's understanding and to facilitate the approval process.

ii. Identification of system files and processing architecture.

iii. A general narrative of the entire system and the flow of data through the system.

iv. Detailed description and diagram of the system architecture identifying how components are integrated to meet RFP requirements.

v. General and detailed subsystem narratives describing each function, process, and feature.

vi. Security design description for each business area that defines access control including specifying roles, role locations, and a matrix of roles by inputs/outputs.

vii. Flow diagram of each subsystem, identifying all major inputs, processes, and outputs.

viii. Lists of all inputs and outputs by subsystem.

ix. Hardware/software detail.

x. High level data model and a detailed and physically specific data model.

In the DSD, analysts add detail and technical specifications to address the detailed software requirements of the RSD. Each functional requirement in the RSD is captured in at least one detailed software requirement (a screen, report, or other artifact), and then each detailed software requirement is specified in the DSD, generally with a detailed definition, layout/mockup, and field-by-field specification. The DSD provides the detail for technical analysts (developers) to perform technical design in system documentation and then to code, configure, and enhance Health Enterprise to meet BMS requirements, identifying the sequence of interacting classes, methods, files, and other elements. While creating the RSD and DSD, we continually update the RTM in DOORS. Our standard DSD includes a description of the process used to develop the deliverable, an explanation of its contents, and a description of the overall system being designed. Individual chapters follow for each functional or topic area that includes the following artifacts:

- Narrative of all related processes
- Use cases, which depict how the user interacts with the system to accomplish business goals
- UI definitions, layouts, and field-by-field specifications
- Report definitions, layouts, and field-by-field specifications
- Correspondence definitions, layouts, and field-by-field specifications
- Interface definitions, layouts, and field-by-field specifications
- Exhibits, such as calculations, UML analysis diagrams, other flow diagrams or supporting tables or exhibits
- Business rules and error messages are delivered as complete catalogs that span the entire system

We have provided our standard DSD template in Proposal Section 15.4.30 in the Appendix. We will review this template with BMS as a part of Deliverables Expectations Document discussions and tailor it to meet project-specific needs and any BMS requirements that are not part of our standard template.

We draft DSD contents and conduct design JAD sessions to review the DSD chapters with BMS staff and gain feedback prior to making final updates, conducting quality reviews, and delivering the documents incrementally to BMS.

During DSD preparation and review, we also create several companion work products:

- Technical Architecture Description, which includes processing architecture, component integration, COTS product information, and hardware/software detail
- Security/Role Matrix
- High level data model (which we call a Logical Data Model, or LDM) and physically specific data model (which we call a Physical Data Model, or PDM), described below.

10.6.2.5 Demonstration of the Creation of Validated Data Models

5. Demonstration of the creation of validated data models

ACS uses Embarcadero ER/Studio to create and maintain all data models. ER/Studio is a powerful and innovative modeling tool for analyzing, visualizing, and communicating database and application designs for data architecture. The tool is used to create and maintain large and complex models. The primary outputs of ER/Studio include entity-relationship diagrams, metadata reports, and Structured Query Language Data Definition Language scripts.

Health Enterprise data models, through the use of standard diagrams and textual reports, represent both the logical data requirements and the physical data structures of the enterprise. Data models provide a key component of the application design by providing a definition of the interrelationships and format of data. Combined with our data management strategy, the Health Enterprise LDM and PDM form primary components of our MITA-aligned information architecture. The information architecture describes the flow of information, internally and externally, to support our business architecture and technical architecture. The Health Enterprise information architecture is the product of decades of Medicaid experience and continuous improvement. Our relational database strategy began over 15 years ago and has evolved into the optimized, efficient, effective model integrated into Health Enterprise today.

The LDM underlies the physical data model and communicates data structures with various stakeholders using entity relationship diagrams (ERDs). To aid in the area of communication, we publish the ERDs and textual metadata reports periodically as agreed to with the Bureau. In structure, the PDM matches the physical database. Where the LDM is the “source of truth” regarding data structures as they relate to functional requirements, the PDM is the “source of truth” for the physical database. In other words, the LDM is used to create the PDM and is manipulated as necessary to represent the eventual physical structures. Our approach to data modeling includes several points of review as changes move from requirements gathering and validation, to LDM, PDM, and database updates. LDM changes are identified and validated in business area JAD sessions and vetted as part of the review of JAD documents. LDM changes are also vetted by the business analysts and Database Architects, and then used to modify the PDM. The contents of the PDM are used to create the physical database ensuring that all aspects of the data model have been validated prior to the creation of the physical database.

10.6.3 Phase 1c: Development, Testing, Data Conversion and Training

REQUIREMENT: RFP Section 3.2.6.3, pg. 79 of 99

With our proposed West Virginia solution already supporting a large percentage of BMS' requirements, development and testing activities can focus on configuration, modification, and validation of the tailored base system. We apply a systematic and proven conversion methodology that takes advantage of our standard Health Enterprise data structure. Furthermore, we produce training materials that are reusable and adaptable to West Virginia specific needs.

The Development, Testing, Data Conversion, and Training Tasks of Phase 1c begin upon BMS' issuance of Formal Notice to Proceed. In the subsections below, we describe the benefits of our approach to these tasks including the following:

- Configuration, development, and thorough testing of our functionally rich base application
- Configurability that allows BMS' policies to be applied to existing functionality
- Flexible methodology that accommodates both the DDI effort and modifications during operations
- Streamlined testing approach made possible by comprehensive, already-tested base functionality
- Best practices in conversion gained through knowledge and experience of our data management team
- Industry leading COTS tool, Informatica, for data transformation, profiling, and cleansing
- Experienced training team with a history of successful system implementations and operations
- Methods and tools to deliver asynchronous, convenient training to users statewide
- Comprehensive tracking and reporting of learners' participation and training effectiveness

The subsections are as follows:

- 10.6.3.1 – Development Task
- 10.6.3.2 – Testing Task
- 10.6.3.3 – Data Conversion Task
- 10.6.3.4 – Training Task

10.6.3.1 Development Task

REQUIREMENT: RFP Section 3.2.6.3.1 to 3.2.6.3.1.1, pg. 79 of 99

3.2.6.3.1.1 Phase 1c: Development Task Vendor Response Requirements: The Vendor's proposal should present a narrative description of the Vendor's proposed approach to completion of the Development Task, including the Vendor's proposed:

Of the nine workflows of the Standardized Process and Resource Kit for Implementing Technology Solutions (SPARK-ITS®) system development life cycle (SDLC), the "Configuration, Modification, and New Development" Workflow maps directly to BMS' Development Task, as shown in Exhibit 10-28.

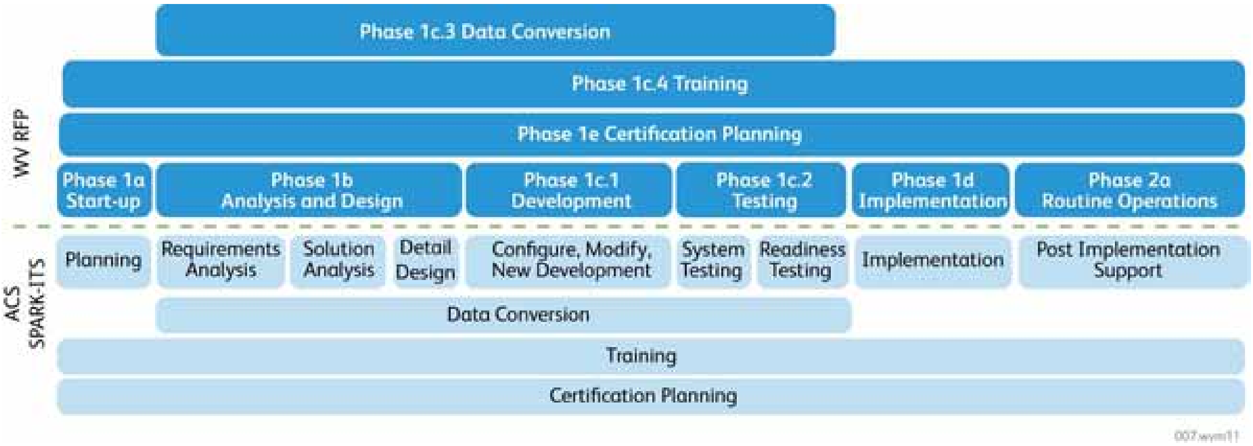

WV RFP
Phase 1c.3 Data Conversion
Phase 1c.4 Training
Phase 1e Certification Planning
Phase 1a Start-up
Phase 1b Analysis and Design
Phase 1c.1 Development
Phase 1c.2 Testing
Phase 1d Implementation
Phase 2a Routine Operations
ACS SPARK-ITS
Planning
Requirements Analysis
Solution Analysis
Detail Design
Configure, Modify, New Development
System Testing
Readiness Testing
Implementation
Post Implementation Support
Data Conversion
Training
Certification Planning
007.wvm11

Exhibit 10-28. Comparison of WV RFP Tasks to the SPARK-ITS SDLC

Phase 1c.1, Development Task, maps to the SPARK-ITS Configuration, Modification, and New Development Workflow.

The Configuration, Modification, and new Development Workflow reflects our goal to configure or modify code and documentation as much as possible in place of ground-up technical design and development. Reuse of functionality saves time, and allows BMS to focus on confirming that the proposed solution meets requirements, provides improved service levels, increases fraud prevention, and streamlines operations. The Configuration, Modification, and New Development Workflow includes activities for transferring, configuring, modifying, and coding Health Enterprise to the specifications defined in the Detail Design Workflow. During this task, we configure and modify Health Enterprise based on which of the following solution identifiers we selected during requirements validation and design activities:

- **Matched Requirements**. The SPARK-ITS system development methodology (SDM) promotes regression testing (automated when feasible) to validate previously functional code being leveraged for the West Virginia Health Enterprise solution.
- **Configuration**. The SPARK-ITS QMS includes processes and templates to establish and configure business rules and other settings to align the base solution with BMS specifications.
- **Modification**. Our SDLC includes processes and standards to modify code in the base solution to meet BMS requirements and to validate the new functionality with system and integration testing.
- **Enhancement**. We have processes and technical standards for the development of enhancements and execution of unit testing to validate functionality of stand-alone components.

For functionality that is part of ACS' base system, the Development Task focuses on transferring, enabling, or configuring rules within the base functionality and conducting regression and user acceptance testing (UAT) to validate it functions properly and according to user requirements. For functionality that requires code changes, the modifications are coded and followed by appropriate levels of testing based on the complexity and cross-functional impact of the change. For enhancements (i.e., functionality not offered in the base system), the full SDLC is invoked, ensuring each enhancement's design is validated, programmed, and completely tested to integrate properly with the system as a whole.

10.6.3.1.1 Approach to Completion of Development Task Deliverables and Milestones

1. Approach to the completion of the Development Task Deliverables and Milestones (as listed in Appendix C), including methodology for updating deliverables throughout the lifecycle of the project.

We use the Configuration, Modification, and New Development Workflow to convert the concepts and decisions documented in the Detailed System Design (DSD) into technical designs within System Documentation and into working system functionality. The processes of this workflow build upon the Requirements Specification Document (RSD), Gap Analysis Design Document (which the SPARK-ITS SDM calls the Solution Analysis Report), DSD, data models, and other artifacts. Developers use these deliverables to configure, modify, develop, and unit test the technical solution. This is the period when BMS sees its business goals and functional requirements evolve into a streamlined, tailored, and powerful technical solution.

For the Development Task, we continue our iterative approach—performing technical design, coding, and unit testing of each MITA business process; with each functional area building on the decisions and designs of its predecessors. ACS relies on its extensive Medicaid experience to guide the sequence of iterations and the dependencies among them, acknowledging that some MITA business processes such as provider and reference precede more complex, dependent processes such as claims processing. The sequence of iterations is presented in the Project Schedule in Proposal Section 15.4.11 in the Appendix.

As the Development Task progresses, we keep deliverables current by updating the business processing mapping, Edit Rules Documentation, Requirements Traceability Matrix (RTM), RSD, Gap Analysis Design Document, and DSD that includes the design of BMS-specific reports and standard output reports. Technical staff develops the System Documentation to reflect the technical design of the system. Documentation specialists prepare user documentation and provider documentation to reflect proper usage of the system. As developers modify code, they prepare unit test checklists and use JUnit to prepare unit test results. Throughout the process, our Enterprise Project Management Office (EPMO) oversees the development of weekly and monthly status reports.

10.6.3.1.2 Approach to Obtaining BMS Approval of Task Completion

2. Approach to obtaining BMS approval of the completion of Phase 1c, including proposed Acceptance Criteria for each Milestone.

As part of our PMM, ACS has a structured, documented process for reviewing and obtaining BMS' approval of the Development Task deliverables and milestones listed in RFP Appendix C. Additionally, our PMM and SDM plans and Project Schedule accommodate the updating of deliverables throughout the lifecycle of the project, and updates to deliverables are subject to the same review and approval processes as the original submissions. Our Documentation Management Plan includes quality review steps for peer review, quality assurance review by the EPMO, and BMS review. Formal reviews use a common, straightforward, and streamlined deficit-logging process in SharePoint that allows for simple logging, rapid remediation, and audit tracking of deliverable deficits. Please refer to Proposal Section 10.2.3, Process for Acquiring Deliverable Acceptance by BMS, for details regarding this process.

During Project Start-Up, ACS works with BMS to create a Deliverables Expectations Document (DED) that details the description, location, constraints, assumptions, content, format, and approvers for each contractual deliverable. Additionally, we review the Project Schedule to gain BMS approval of its tasks, deliverables, milestones, durations, initial resources, and dependencies. The Project Schedule includes milestones, identified with the prefix "M:," and final deliverables with the prefix "D:." Using the DED and Project Schedule, BMS and ACS agree upon measurable acceptance criteria for the outputs of each task of the MMIS Re-procurement Project. Table 10-13 contains the proposed acceptance criteria for the Development Task that would be incorporated into the DED and Project Schedule.

Table 10-13. Proposed Acceptance Criteria for Development Task Milestones

Milestone	Acceptance Criteria
62 – Completion and BMS Approval of Unit Testing	• Unit Test Plan’s defined exit criteria met • Unit test summary results delivered to BMS
65 – Completion and BMS Approval of Standard Output Reports	• BMS review and approval of DSD, which includes definitions, layouts, and specifications of standard output reports • BMS review and approval of standard output reports configured in Health Enterprise
66 – Completion and BMS Approval of BMS-Specific Reports	• BMS review and approval of DSD, which includes definitions, layouts, and specifications of BMS-specific reports • BMS review and approval of BMS-specific output reports configured in Health Enterprise

10.6.3.1.3 Software/Hardware Configuration

3. Software/Hardware Configuration: Software/hardware solution, including a description of the solution’s ability to accommodate the current and future needs of the West Virginia Medicaid Program (e.g., changes in the Program, changes in standards and transactions, and increased transaction volumes). The solution should also describe the methodology and approach for the following:
   a) Regular system maintenance, performance optimization, resource capacity utilization, capacity planning and capacity expansion.

ACS’ hardware and software configuration provides several key benefits to the Bureau. It is a high availability system through the use of clustering and load balancing. It is a flexible, scalable solution that can expand to meet the future needs of the West Virginia Medicaid Program. Its configuration has been designed to optimize the performance of key system components, and it provides redundancy needed to eliminate single points of failure.

Health Enterprise incorporates the best of ACS’ proven Medicaid systems and products surrounded by best-in-class COTS products that are chosen for their power, effectiveness, and integration capabilities. This combination of custom development and COTS usage means that we can expand capacity to keep pace with the growth and changes in the West Virginia Medicaid Program. Health Enterprise is designed with leading-edge service-oriented architecture (SOA) that supports the MITA business areas, providing increased flexibility and adaptability for future policy changes.

Through regular system maintenance, we adjust performance and sizing by monitoring and measuring user transactions and resource capacity utilization relative to the underlying infrastructure components, with the goal of assuring appropriate performance levels to meet business objectives. To be effective, performance planning and optimization must be a proactive, ongoing process that directly measures service performance in the context of the interdependent infrastructure elements that make up that service.

Health Enterprise provides a comprehensive performance measurement and management infrastructure, as well as tools that allow administrators to visualize and analyze performance data collected in real time from various areas of the business application environment. System monitoring provides both BMS and ACS with quantified analysis of the system's performance and adherence to response time requirements. These monitoring products support reporting on performance thresholds and provide critical information for administrators to intervene proactively, instead of reacting after an event has been reported. Monitors can be set to create alerts when specified thresholds are breached and used to highlight the source of issues before they become critical. The tools provide real-time problem detection and analysis to help maintain availability of the system and monitor viability and response times of transactions and sub-components. ITCAM for WebSphere provides a view of all Java Enterprise Edition (JEE) transactions as they execute, to uncover the root cause of bottlenecks and memory utilization issues. It helps to correlate and profile transactions, even those that span across multiple components, and it provides key performance metrics that allow support teams to spot trends and potential delays before they occur. The ITCAM monitoring products are used for low-level data gathering and diagnostics and to monitor response time of transactions and individual transaction components.

Health Enterprise has been architected so that it is scalable, with the addition of hardware and software, to a size capable of handling increasing transaction volumes. Rational Performance Tester uses realistic transactions and production loads to verify performance testing and to generate repeatable load test inputs and to monitor and track results. With Rational Performance Tester, tests are recorded that correspond to typical transaction volumes and types used on average. These tests can be played back to generate a load level that simulates as many simultaneous users as required. The tool delivers high-level and detailed views of tests with a rich, tree-based editor. It provides the means to execute load tests to provide inputs to capacity planning processes.

The ACS Operations Center provides 24/7/365 monitoring of the network for availability and performance. Additionally, our LAN/WAN staff perform many other LAN support functions so Health Enterprise continues to meet or exceed BMS' operational needs.

Compatibility of Hardware, Software and Communication Components

b) Compatibility of all hardware, software or communications components installed for use by BMS staff with BMS currently supported versions of the Microsoft™ Operating System, Microsoft Office™ Suite and Internet Explorer™; and current technologies for data interchange.

Functions within Health Enterprise are accessed via a single user interface, the Web portal. The Web portal provides public access to program information and secure access to authorized and authenticated users. The only software required to access Health Enterprise functionality through the Web portal is a Web browser. There is no additional software that has to be installed on the user's desktop PC. As such, Health Enterprise will be compatible with currently supported versions of the Microsoft Operating System, Microsoft Office Suite, and Internet Explorer.

Any proposed interfaces or data interchanges between Health Enterprise and the BMS systems and environment will comply with BMS and State hardware, software, middleware, and telecommunications configurations and standards. ACS will work with BMS during design and development to confirm interface or data interchange requirements and adherence.

10.6.3.1.4 Systems Documentation

4. Systems Documentation: Methodology and approach for implementing and maintaining MMIS systems documentation, including data structures, Entity Relationship Diagrams (ERD), user manuals, business rules, and all other documentation appropriate to the MMIS platform, operating system and programming language.

As depicted in Exhibit 10-29, System Documentation marks the culmination of requirements, gap analysis, design, and testing activities during DDI and serves as the document of record that details the delivered Health Enterprise solution.

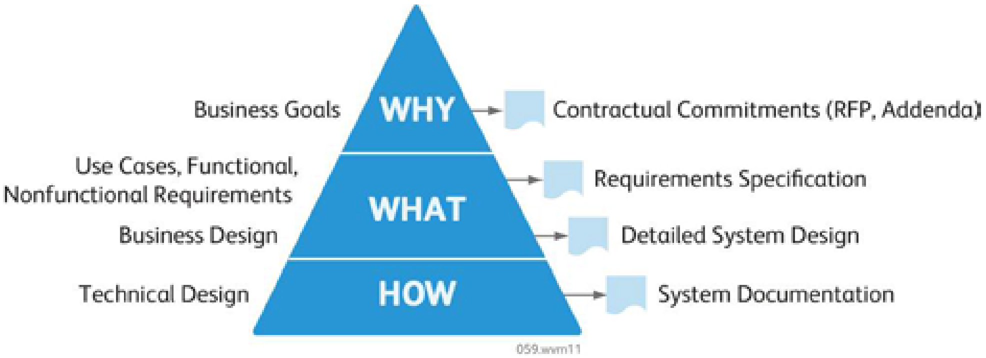

Business Goals
WHY
Contractual Commitments (RFP, Addenda)
Use Cases, Functional, Nonfunctional Requirements
WHAT
Requirements Specification
Business Design
Detailed System Design
Technical Design
HOW
System Documentation
059.wvm11

Exhibit 10-29. Progressive Elaboration

ACS' SDLC approach fosters progressive elaboration of requirements and design documentation, with each deliverable providing more detail than its predecessor, culminating with System Documentation to reflect the completed and tested West Virginia Health Enterprise system.

System Documentation is drafted during development, updated throughout testing, and delivered in final form at the end of the Implementation Task. ACS updates System Documentation throughout DDI and operations as changes are made, either through change requests, defect resolutions, or other approved change protocols.

System Documentation includes narratives, diagrams, and other business-focused and process-centric content as well as technical content necessary for system maintenance and modification. Technical content in System Documentation is maintained in Rational Software Architect (for Unified Modeling Language diagrams and other design models) or Embarcadero ER/Studio (for data structures and Entity Relationship Diagrams) and exported to or referenced within the deliverable, and other content, such as narratives and specifications, is maintained directly in the Microsoft Office Word document. Business rules that were validated during the Business Rules Extraction task and formally specified within the Edit Rules Documentation are tracked in the System Documentation in their final form. User manuals and operating procedures can be referenced from System Documentation but are maintained in separate documents due to their different audience (as described below under the response to Requirement #5, User Documentation).

10.6.3.1.5 User Documentation

5. User Documentation: Methodology and approach to preparing, maintaining and distributing user documentation for each business process including a description of how it is be used as the basis for user acceptance testing and training, as well as the use of final versions for training before the start of operations.

ACS produces a range of user documentation, with the primary outputs being online help, and operating procedures. Developed by documentation specialists using MadCap Flare, ACS' online help provides context-sensitive help with step-by-step instructions for sequential functions, tasks, creating reports, fixing errors, and troubleshooting. MadCap Flare facilitates the development of "single source" content, meaning that a single set of content can be exported to multiple "targets." A target is defined as an output for a specific audience with a specific format and tailored content. For example, we can generate content for document-based review of the complete online help materials for BMS review and approval. We can separately generate a stand-alone help file that is specific to Fiscal Agent staff. We also generate integrated online help that is incorporated into the Health Enterprise user interface and linked to system functions to provide context-sensitive help. The integrated online help is the primary vehicle through which users access help documentation; not through traditional printed paper help documents, but through online topics that are directly related to the function the user is currently performing.

Our online help covers system functions and is supplemented by Microsoft Word-based operating procedures, which address end-to-end business processes including non-system functions and are made available to users within the Microsoft Office SharePoint Server (SharePoint) Project Repository. We provide these documents to users during UAT to not only validate the system but the supporting documentation and related training. Our training specialists use the operating procedures as a basis for and reference within training materials, and they instruct users to use the online help as a main source of system usage information.

10.6.3.1.6 Provider Documentation

6. Provider Documentation: Methodology and approach to preparing, maintaining, and distr buting Provider documentation, including a description of how the documentation is to be used in conjunction with provider training.

As the West Virginia MMIS Re-procurement Project enters the Development Task, the required functionality of West Virginia Health Enterprise is defined and serves as input to the creation of accurate and thorough provider documentation. We create provider documentation and ongoing communications such as bulletins, flyers, quarterly newsletters, handouts for provider conferences, and manuals, so providers have the most current program and system information to submit claim records accurately.

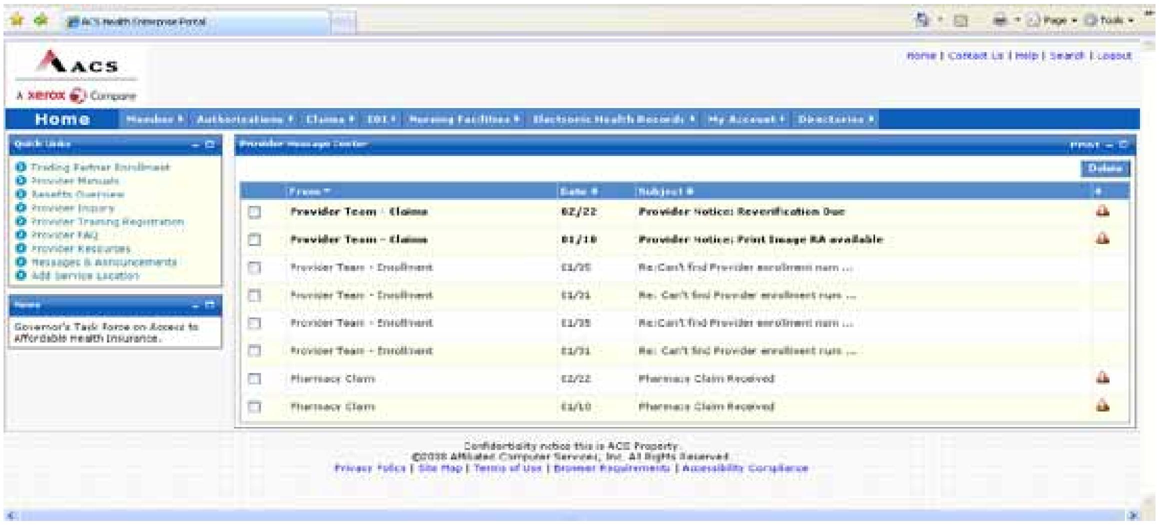
We ensure that all published provider information is current, complete, and accurate by:

- Creating production schedules that give BMS and designated stakeholders adequate time to review and revise materials
- Working with BMS and specific program subject matter experts (SMEs) to research, recommend, and revise Program information
- Coordinating the publication of materials related to implementation of new and revised policies so that information is disseminated in the appropriate bulletins, manuals, and training materials
- Reviewing and editing all materials to check that the text is clear, concise, and meets all style guide and program standards
- Drafting the provider documentation during development and updating it when affected by testing or other activities
- Working with training staff so they can use provider documentation as a source and supplement for training materials

Provider documentation is a visual representation of the West Virginia Medicaid Program and, as such, it influences how providers perceive the Program and how it operates. Our goal is to make sure that providers have the information they need to understand program policies and to correctly submit claims records in the proper format and receive appropriate reimbursement. Manuals serve as important resources for providers—not only for information about the program, but also for complete step-by-step billing instructions.

Provider communications (e.g., bulletins, flyers, monthly newsletters, handouts for provider conferences) are written, updated, and distributed on an as needed basis, as directed by the BMS-approved production schedule. We provide access to the provider manuals and other communications on the provider Web portal of Health Enterprise.

Exhibit 10-30 depicts how registered providers can access a full complement of policy, procedural, and educational materials, including manuals and frequently asked questions. High-priority messages and links are identified in the right-most column with a red icon. The "Provider Resources" link on the left side provides quick access to training, manuals, downloads, and contact departments and numbers.


ACS Health Enterprise Portal
Page
Tools
ACS
A xerox Company
Home | Contact Us | Help | Search | Logout
Home
Member
Authorizations
Claims
EDI
Nursing Facilities
Electronic Health Records
My Account
Directories
Quick Links
Trading Partner Enrollment
Provider Manuals
Benefits Overview
Provider Inquiry
Provider Training Registration
Provider FAQ
Provider Resources
Messages & Announcements
Add Service Location
News
Provider Message Center
Print
Delete

Governor's Task Force on Access to Affordable Health Insurance.

	From	Date	Subject	
☐	**Provider Team - Claims**	**02/22**	**Provider Notice: Reverification Due**	⚠
☐	**Provider Team - Claims**	**01/10**	**Provider Notice: Print Image RA available**	⚠
☐	Provider Team - Enrollment	01/25	Re:Can't find Provider enrollment num ...	
☐	Provider Team - Enrollment	01/31	Re: Can't find Provider enrollment num ...	
☐	Provider Team - Enrollment	01/25	Re:Can't find Provider enrollment num ...	
☐	Provider Team - Enrollment	01/31	Re: Can't find Provider enrollment num ...	
☐	Pharmacy Claim	02/22	Pharmacy Claim Received	⚠
☐	Pharmacy Claim	01/10	Pharmacy Claim Received	⚠

Confidentiality notice this is ACS Property.
©2008 Affiliated Computer Services, Inc. All Rights Reserved
Privacy Policy | Site Map | Terms of Use | Browser Requirements | Accessibility Compliance

Exhibit 10-30. Health Enterprise Provider Web Portal

The provider Web portal puts access to announcements, training materials, billing and policy manuals, and other relevant documentation at the fingertips of the provider community.

During requirements validation, we work with the Bureau to validate the desired content (e.g., policy and education documents) and location (e.g., secure/non-secure) for document distribution through the Web portal.

10.6.3.1.7 Development and Unit Testing

7. Development and Unit Testing: Methodology and approach to programming and unit testing on all system functions to ensure that a single component is resilient and can function correctly on a stand-alone basis.

A benefit ACS brings to the MMIS Re-procurement Project is the fact that development and unit testing are limited to a small percentage of requirements identified as “modifications” or “enhancements” to our base system. As shown in Table 10-14, the system development task continues the streamlined approach based on the gap analysis between BMS requirements and Health Enterprise base functionality. Note that the only tests conducted in this workflow are unit tests by the developers. Other test levels are covered in the next section, 10.6.3.2, Testing Task.

Table 10-14. Development Efforts Driven by Requirements Alignment with Health Enterprise

Solution Identifier	Design Effort	Development Effort	Unit Testing Effort
Match	Pull existing system documentation for these features directly into the DSD and System Documentation.	None	None
Configuration	Take existing documentation and update DSD and data models to align with BMS rules, policies, and standards.	Configure the rules in FICO™ Blaze Advisor®, user interface, data elements, and other aspects of the system to align with design specifications.	None
Modification	Take existing Health Enterprise documentation, copy into WV DSD, and modify it to align with requirements. Highlight modifications so technical staff can pinpoint changes specific to the West Virginia implementation.	Modify code and architecture to align with design specifications.	Technical staff conducts unit testing as needed.
Enhancement	Use design templates to document the enhancements from inception and illustrate relationships between the enhancements and existing functionality.	Perform full coding of enhancements based on new or modified design specifications.	Technical staff conducts unit testing.

During the Development Task, developers perform technical design and update System Documentation in accordance with DSD specifications. They install and enhance or modify components of the proposed system according to the DSD and System Documentation specifications. System development activities and work products are subject to rigorous standards that ACS has created through many years of successful systems development. Developers adhere to these standards so programs are well documented, are easily maintained, and can handle projected production volumes.

Through inspection and unit testing, developers work in the development and unit test environment to verify that each single component can function correctly on a stand-alone basis. Unit testing for software modifications and enhancements to the existing base system consists of the developer verifying the accuracy of each executable program or module before turning it over for system testing. In conducting a unit test, developers follow the procedures and standards documented in the Unit Test Plan. Statements and paths are tested for all possible sets of input data, and the unit is tested against a unit test checklist. Developers demonstrate that each planned condition processed correctly and produced the correct results. For each program they develop, analysts complete checklists for management review to ensure that all functionality for the program has been evaluated. If a program fails the unit test, the developer identifies the root cause of the defect, makes the fix in the development environment (or, if applicable, works with the business analyst to correct the documentation), and performs unit testing again to validate the fix.

We perform internal technical reviews and formal and informal peer reviews to demonstrate progress and how the code aligns with requirements. ACS uses quality reviews by the EPMO and technical peer reviews by various team members and SMEs to check for adherence to standards. Concurrently, test analysts modify existing or create new test scenarios, test cases, and test scripts for subsequent system and integration testing.

We use IBM Rational Team Concert (RTC) to execute our configuration management methodology. RTC allows concurrent checkout, modification, and merging of updated code components. Base code and code changes are kept isolated during maintenance. Concurrent code changes are resolved through a manual merge process that is facilitated by the RTC. This is provided on demand and is automatically enforced by the tool as developers check in code modules for which other changes have been made since their code was initially checked out.

In addition to RTC, the following tools are used in the development effort:

- **Apache Ant™.** Ant is an open-source Java tool released by Apache Software that automates Java build processes. It allows the developer to compile, assemble, test, and run Java applications.
- **FICO Blaze Advisor.** Blaze Advisor is a COTS tool that is integrated into the core of Health Enterprise to allow for rules creation and configuration.
- **IBM Rational Build Forge.** Automates software assembly processes with job process optimization, efficient use of hardware for fast build cycles, error detection, and more.
- **IBM Rational Software Architect.** This is a comprehensive modeling and development environment that leverages the UML for designing architecture for Java applications and web services.
- **IBM Rational Application Developer.** This tool provides a visual construction environment to design, develop, assemble, test, and deploy Java applications, Portal, Web services, and SOA applications.
- **IBM WebSphere Integration Developer.** This is an integrated development environment, authoring, and process modeling tool for building applications by assembling SOA components using Business Process Execution Language (BPEL).
- **JUnit.** JUnit is a simple framework to write repeatable unit tests for each required configuration, modification, or new development activity for Health Enterprise.
- **Toad® for Oracle.** Toad, by Quest Software, is an Oracle database tool that allows developers to develop, administer, and view data before and after running their code to confirm results.

10.6.3.1.8 Meeting Design Criteria and Specifications

8. Ensure that the developed solution meets design criteria and satisfies the intended purpose.
9. Ensure installation and enhancement or modification of the components of the proposed system meets specifications developed and approved by BMS in the Analysis and Design Phase.

ACS applies the consistent and repeatable processes of requirements management, quality assurance, and quality control and conducts verification and validation activities with the support of IBM Rational tools and testing processes to confirm: 1) the enhanced and modified code and configurations meet design specifications approved by BMS and 2) the solution satisfies the intended purpose. We ensure that the installation and enhancements or modifications of the system meet the specifications developed and approved by BMS during the Analysis and Design Phase through the following practices:

- Prior to delivery, ACS business analysts and developers perform peer review of work products to check for alignment with requirements and design as well as business accuracy and correctness.
- The EPMO oversees quality reviews of code modules to ensure alignment with applicable coding and technical standards and other deliverables expectations prior to delivery.
- ACS conducts internal walkthroughs of source code, particularly for requirements identified as enhancements or modifications to the baseline product where the source code has been altered.
- We use Rational DOORS to produce an RTM that validates end-to-end traceability from requirements to design and test cases and to maintain scope adherence throughout the SDLC.

- We execute unit, system, and integration testing to validate the system aligns with specifications. System and integration testing are discussed in Proposal Section 10.6.3.2, Testing Task.
- We report on and monitor defects, their resolution, and their root cause with the support of RTC and Rational Quality Manager (RQM).

Using the integration between RTC, RQM, and DOORS, ACS traces defects back to specific resources, documents, business processes, or requirements. If indicated, we use this information to communicate improvement opportunities to team members. We also review root cause analysis of defects and implement corrective actions and process improvements, lowering risk for subsequent development and testing activities. These activities are performed so the developed solution meets design criteria and satisfies the intended purpose and objectives of the MMIS Re-procurement Project.

10.6.3.1.9 Standard Output Reports

10. Development of all standard output reports.

TRANSPARENCY

Timely access to complete and accurate reports is crucial to the administration of the Program. Health Enterprise has an Online Analytical Processing (OLAP) reporting repository and leading a COTS reporting tool to meet reporting and data analysis needs. This MITA-aligned solution is built around the Cognos suite of business intelligence tools. Our reporting capabilities provide the flexibility, scalability, and extensibility to support the evolving needs of BMS. The Health Enterprise reporting solution consists of three major components:

Enterprise Operational Reporting. This component provides a robust online library of over 500 predefined operational reports to monitor the day-to-day activity of Health Enterprise. Enterprise Operational Reporting is a valuable tool not only for a casual user who occasionally runs a prepackaged report, but is also a resource for Bureau users who are experienced in building their own complex reports.

Ad Hoc Reporting. We use the Cognos suite to provide ad hoc reporting capabilities. Our solution includes Query Studio, an intuitive reporting tool that is simple enough for basic users and robust enough for advanced users; and Reporting Studio, a tool for very advanced users. Reporting Studio provides the same functionality of Query Studio, but also allows for advanced reporting concepts (sub-queries, complex filters and calculations, etc.), and advanced formatting capabilities.

Performance Reporting. We monitor and report on service level agreements and other key performance indicators with the help of Cognos Metrics Manager. The integrated scorecards and dashboards provide senior management with insight into critical performance metrics (e.g., enrollment statistics, expenditure trends, etc.). The easy-to-use interface supports the ongoing monitoring of program performance by analyzing events that have already occurred to anticipate the impact on events that have not yet occurred. It allows stakeholders to communicate goals consistently, manage strategy, and assign ownership for each metric to drive accountability.

Our solution also incorporates experienced and highly-knowledgeable staff to assist the Bureau in taking maximum advantage of the reporting capabilities provided. During the Operations Phase, for example, we provide staff to train Bureau users how to develop their own queries and analyze data.

During the Analysis and Design Phase, we confirm the list of standard output and BMS-specific reporting requirements in the RSD, and we design specifications of custom reports using the DSD. During the Development Task, we develop or configure reports to align to the approved specifications.

10.6.3.2 Testing Task

REQUIREMENT: RFP Section 3.2.6.3.2 to 3.2.6.3.2.1, pg. 81 of 99

3.2.6.3.2.1 Testing Task Vendor Response Requirements. The Vendor's proposal should present a narrative description of the Vendor's proposed approach to completion of the Testing Task, including the Vendor's proposed:

A cornerstone to build BMS' confidence in a successful replacement system implementation is rigorously planned and executed application testing. Comprehensive testing reduces application defect risk and leads the way to successful implementation of Health Enterprise in West Virginia.

ACS' System Testing and Readiness Testing Workflows align with the Testing Task of the West Virginia RFP. The System Testing Workflow includes activities to execute system testing of the solution, both within each component and end-to-end. The Readiness Testing Workflow includes several forms of acceptance testing: UAT, ORT, and pilot tests. Completion of the test levels that comprise readiness testing is the primary indicator of implementation readiness.

The SDM employs the V-Model approach to testing. The V-Model approach is a widely accepted best practice used to infuse quality throughout the project lifecycle. The primary tenet of this approach is that it combines verification activities (e.g., requirements specification, quality assurance) directly with appropriate validation activities. For example, because acceptance testing validates that the system aligns with the user and business requirements, we propose development of the User Acceptance Test (UAT) Plan and UAT criteria during development of the Requirements Specification Document (RSD).

ACS has adapted the V-Model approach for Health Enterprise implementations. Our adapted model benefits from a streamlined approach that is tailored based on the solution identifier (gap analysis) for each requirement.

The required testing varies based on the solution identifier documented in the Gap Analysis Design Document. For matched functionality (functionality already present and tested in Health Enterprise), existing documentation is transferred to client-facing documentation, and only regression (automated when feasible) and UAT are executed. We use traceability information in our requirements management tool, IBM Rational DOORS, to help determine linkages between functions to confirm that testing is comprehensive enough so that matched functionality, when integrated with changed functionality, works as intended. At the other end of the spectrum, newly built enhancements are fully designed, coded, and tested across the entire SDLC.

Exhibit 10-31 depicts ACS' modified V-Model approach.

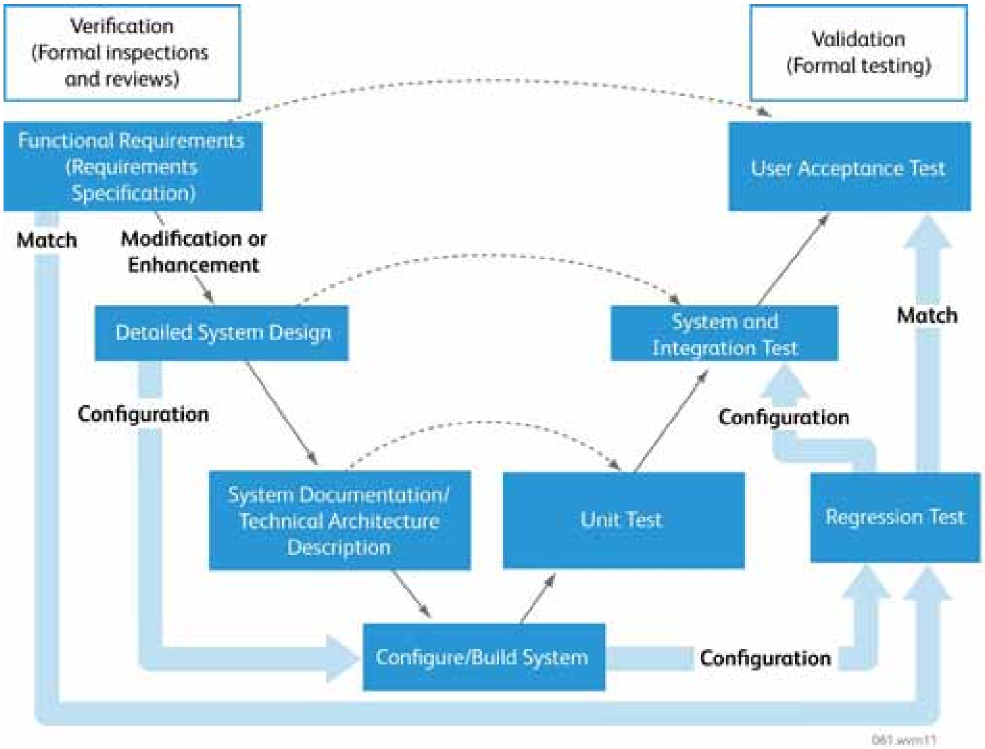

Verification (Formal inspections and reviews)
Validation (Formal testing)
Functional Requirements (Requirements Specification)
User Acceptance Test
Match
Modification or Enhancement
Detailed System Design
System and Integration Test
Match
Configuration
Configuration
System Documentation/ Technical Architecture Description
Unit Test
Regression Test
Configure/Build System
Configuration
061.wvm11

Exhibit 10-31. Modified V-Model Based on Solution Identifier

The Modified V-Model depicts the industry-standard V-Model approach with streamlined processes made possible when similar functionality is already present in the base system.

10.6.3.2.1 Approach to Completion of Deliverables

1. Approach to the completion of the Testing Task Deliverables and Milestones (as listed in Appendix C), including methodology for updating deliverables throughout the lifecycle of the project.

By following a structured methodology for building test plans and conducting tests, each type of test is designed and executed according to the overarching approach in the Comprehensive Test Strategy and test plans for each test level. The Comprehensive Test Strategy meets multiple West Virginia RFP deliverable requirements as follows:

- It aligns with Appendix C deliverable #12, Testing Plan
- It references test-specific risks, exported from our SharePoint site to form the Test Risk Identification and Contingency Plan in accordance with IEEE and RFP Appendix C deliverable #67
- It references test environment specifications per RFP Appendix C deliverable #68, Integrated Test Environment Plan

We develop the Comprehensive Test Strategy during Project Start-Up and maintain it as needed throughout the life of the project. Subsequent to tailoring the Comprehensive Test Strategy for the West Virginia MMIS Re-procurement Project, we develop test plans, test cases, test scripts, and test results for each of the following test levels:

- System and Integration Testing (Appendix C deliverables 69, 70)
- Regression Testing (deliverables 72, 73)

- Load/stress Testing including capacity analysis (deliverables 75, 76, 77)
- User Acceptance Testing (deliverables 79, 80, 81)
- Operational Readiness Testing (deliverables 83, 84)

We also produce weekly and monthly status reports that include test progress, results, and metrics.

10.6.3.2.2 Approach to Obtaining BMS Approval of Completion of Testing Task

2. Approach to obtaining BMS approval of the completion of Testing Task, including proposed Acceptance Criteria for each Milestone.

As part of our project management methodology (PMM), ACS has a structured, documented process for reviewing and obtaining BMS' approval of the test plans (including exit criteria for each test level) and all other Testing Task deliverables listed in RFP Appendix C. Additionally, our PMM and SDM plans coupled with the Project Schedule support the updating of deliverables throughout the lifecycle of the project; updates to deliverables are subject to the same review and approval processes as the original submissions. Our Documentation Management Plan includes quality review steps for peer review, quality assurance review by the EPMO, and BMS review. Formal reviews use a common, straightforward, and streamlined deficit-logging process in SharePoint that allows for simple logging, rapid remediation, and audit tracking of deliverable deficits. Please refer to Proposal Section 10.2.3, Process for Acquiring Deliverable Acceptance by BMS, for details regarding this process.

During Project Start-Up, ACS works with BMS to create a Deliverables Expectations Document (DED) that details the description, location, constraints, assumptions, content, format, and approvers for each contractual deliverable. Additionally, we review the Project Schedule to gain BMS approval of its tasks, deliverables, milestones, durations, initial resources, and dependencies. The Project Schedule includes milestones, identified with the prefix "M:," and final deliverables with the prefix "D:." Using the DED and Project Schedule, BMS and ACS agree upon measurable acceptance criteria for the outputs of each task of the MMIS Re-procurement Project. Table 10-15 contains the proposed acceptance criteria for the Development Task that would be incorporated into the DED and Project Schedule.

Table 10-15. Proposed Acceptance Criteria for Testing Task Milestones

Milestone	Acceptance Criteria
71 – Completion and the Bureau Approval of System Integration Testing	• System and Integration Test Plan's defined exit criteria met • System and integration test summary results delivered to BMS
74 – Completion and the Bureau Approval of Regression Testing	• Regression testing is ongoing throughout the life of the contract. ACS will work with BMS to determine an acceptable approach to meeting this milestone.
78 – Completion and the Bureau Approval of Load/Stress Testing	• Load/stress Test Plan's defined exit criteria met • Load/stress test summary results delivered to BMS
82 – Completion and the Bureau Approval of User Acceptance Testing	• User Acceptance Test Plan's defined exit criteria met • User acceptance test summary results delivered to BMS
85 – Completion and the Bureau Approval of Operational Readiness Testing	• Operational Readiness Test Plan's defined exit criteria met • Operational readiness test summary results delivered to BMS

10.6.3.2.3 Approach to Partnership, Development, and Documentation of Testing

3. Approach to:
   a. Working with the BMS MMIS Re-procurement team during all testing phases.
   b. Development of test cases and test scripts to thoroughly test system functionality and contingency planning to address risks that may be encountered during MMIS testing.
   c. Providing documentation of each test phase.

Our testing framework follows a logical sequence of planning, design, and execution and reporting, with plans and artifacts reviewed with BMS at each stage. We address the requirements above, as well as our interaction with BMS, within the context of this framework.

Planning. Our SDM emphasizes planning, monitoring, and the use of best practices in all activities related to testing. Our SDM includes a Comprehensive Test Strategy that addresses the overall testing effort, roles, defect tracking and resolution procedures, risk identification and contingency planning, environments, and definitions for each test level. The Comprehensive Test Strategy ties together all levels of testing—unit, system, integration, user acceptance, load/stress, regression, pilot, and operational readiness.

The Comprehensive Test Strategy includes a process for test readiness review. The test readiness review is used to formally assess our readiness to progress from one test level to the next. We lead a test readiness review before executing each test level to verify that all critical components are ready to support test execution and all activities from the prior test level are completed. During the test readiness review, test team members present evidence to BMS and ACS management that the test level entry criteria for that test have been met, or that deviations, if any, pose an acceptable risk to proceeding with the test. The entry criteria are documented in the test level test plan. To complete the test readiness review, BMS and ACS management jointly agree that the test activities should proceed.

We work with the BMS MMIS Re-procurement team to finalize the Comprehensive Test Strategy (Testing Plan) during the Start-Up Phase to prepare BMS and ACS for the test activities that will occur throughout the project lifecycle. To supplement the Comprehensive Test Strategy, and in accordance with SPARK-ITS SDM and Institute for Electronics and Electrical Engineers (IEEE) standards, we produce test plans for each test level. The plans identify the items to be tested for that test level, test objectives, entry/exit criteria, personnel requirements, reporting requirements, evaluation criteria, defect resolution, data management requirements, and any risks requiring contingency planning. Any test plans included in Appendix C of the RFP are delivered to BMS for formal review and approval. We provide any remaining, non-required test plans to BMS for courtesy review. This documentation is not contractually required, so we list such test plans in the Project Schedule as work products instead of deliverables.

Design. Test design is largely comprised of two main activities – detailed test planning in IBM Rational Quality Manager (RQM) and test case design and automation. The initial step in accomplishing test design is performing detailed test planning in RQM, including identifying test scenarios. Each identified feature or scenario will become one or more test cases. We use the integration between DOORS and RQM to trace scenarios and test cases to requirements in order to confirm test coverage of requirements.

Once the necessary test cases and their priorities and dependencies have been identified, we begin test case design and automation. Re-use of test cases is an important consideration in test case design. Health Enterprise’s development environment already contains thousands of test cases which can be used for West Virginia Health Enterprise testing. We will also design new test cases that are specific to functionality developed for West Virginia. We review the documentation, including test scenarios, cases, and scripts, with the BMS MMIS Re-procurement team regularly to build confidence in our approach and test coverage. Many of our system and integration test scripts can be reused for UAT, so BMS buy-in to these cases and scripts will help streamline the test planning and design during UAT.

Execution and Reporting. The test execution and reporting stage involves the execution of test cases and scripts using specific test data as defined during test design. The testing of each component includes:

- Verifying all edits, audits, and creation of data
- Assuring that the system conforms to requirements and specifications
- Validating that links between programs and subsystems are working as designed
- Validating the operating environment
- Validating the accuracy of the processing logic
- Confirming operating performance
- Verifying that response times meet BMS requirements under load (full production volume, stress test)
- Validating the accuracy of the converted data

The test analyst executes the test cases and captures test results in RQM. The test analyst verifies the test results against the expected results of the test cases. Any known defects or issues associated with the execution are identified, documented, and tracked in RQM. ACS utilizes IBM Rational Team Concert for defect tracking to manage and report on defects and to perform root cause analysis. The process involves compiling information on defects found during testing or system operation, analyzing that information, and reporting on it so that trends and significant events are recognized. We develop summary reports using RQM and Rational Team Concert and export them to SharePoint for BMS review at regular intervals and for approval at the conclusion of each test level.

10.6.3.2.4 Methodologies for Individual Test Levels

4. Methodologies for the following testing activities:
   a. Data Validation Test.
   b. System Test.
   c. Integration Test.
   d. Regression (Baseline) Test.
   e. Load/Stress Test, including testing to the point of system failure.
   f. User Acceptance Test (UAT) including support of UAT activities for users as defined by BMS.
   g. Operational Readiness Test, including pilot testing of actual claims processing in a full operational environment, and disaster recovery processing.
   h. Pilot Tests, including testing of system components that affect external users, such as Web Portals, Web-based claims submission, claims software, and data entry by other vendors. Pilot Testing is a part of the Operational Readiness Testing Period.

Data Validation Test. Converted data from the legacy system are used to perform the system test. We include production data converted from the legacy system such as claims, provider, reference, and member data so that they can be processed through the Health Enterprise adjudication cycle to yield accurate and representative test results for system and integration testing. We also use converted data for other test levels such as UAT and pilot testing to validate data quality. Furthermore, during integration testing we review data transmissions from incoming interfaces to validate that both the incoming data formats as well as our translation business rules and mappings are accurate.

System and Integration Test. System testing includes validation of functionality that is related because of the underlying business problem it solves or based on functionality that is technically related such as elemental utilities (e.g., data access, logging/auditing, and error handling). This process verifies that related groups of functionality have been coded and configured to align with design specifications. System testing also verifies the requirements for an iteration or release. We tie test cases and scripts back to requirements to confirm coverage. We use DOORS and RQM to manage requirements traceability and report test results.

For the configuration and development of West Virginia Health Enterprise, ACS conducts system testing in an iterative and incremental manner similar to the sequencing used during requirements and design activities. As demonstrated in the V-Model exhibit earlier in this section, system testing is conducted for requirements defined as modifications, configurations, or enhancements (plus selected matched requirements depending on their integration with and dependencies on other functions). Test cases and scripts are stored in RQM and linked to the requirement(s) that they validate.

We conduct system test in a staggered and incremental fashion concluding with an overall integration test. The benefits of this staggered, incremental approach are as follows:

- The system is tested in a logical processing sequence
- The early functional areas tend to require less development and test effort; testing these areas immediately upon completion of development and configuration allows ACS and BMS to begin testing sooner, and then to move on to other complex and dependent system functions
- Early testing allows BMS and ACS to validate that the testing infrastructure, processes, and staff are ready to test the more complex functions
- This approach aligns with the natural dependencies within the system

Once the functional areas are system tested, we conduct integration testing across functional areas. While system testing validates that the system functions properly as defined in the project artifacts for modified or new functionality, integration testing validates the solution from an end-to-end, or business lifecycle, perspective. For example, integration testing validates the end-to-end testing of a claim (process flow) through the system, as well as return processing and error messages to the submitter. Integration testing often involves interfacing with other systems and partners/vendors’ external systems to confirm the systems are exchanging data correctly, that requirements are met, and that interactions between them are working as designed.

Regression (Baseline) Test. Regression testing is considered a test type and is executed as part of testing across the test levels. Regression testing is the repeated running of test cases to verify a software modification has not broken previously functional code, ensuring that defects found are relevant to the new code. The SPARK-ITS Comprehensive Test Strategy clarifies conditions under which regression testing should be conducted.

We execute regression testing throughout DDI and operations. We execute our first critical set of regression tests to validate that we have successfully installed our base system into the West Virginia environment. Subsequently, we execute regression testing each time we integrate or release new functionality to check that previously functional code continues to perform correctly after the introduction of new components. We conduct regression testing when new code builds are delivered from the development team. The regression test validates that the essential features of the system work. This is internal testing that is conducted immediately after a new code base has been installed in the system test environment, testing the stability of the newly applied code release.

Load/Stress Test. Load and stress testing are performed to confirm that the technical, application, data, storage, network utilization, and network architectures are sufficiently designed and sized to meet the anticipated transaction volume or workload as defined by the traceable performance requirements documented in DOORS. Load/stress testing demonstrates that the software and hardware will provide the intended functionality and meet performance requirements under production conditions. Stress testing introduces greater and greater loads on the hardware and software until it fails, while performance testing measures software response time under light, average, and heavy loads. ACS focuses load and stress testing on three business-critical and transaction-intensive areas: user interfaces, claims processing, and data exchange. Test results are incorporated into RQM to support automated reporting.

User Acceptance Test. The purpose of UAT is for testers – who are defined by BMS as representatives of the user population – to test the system in a production-like environment to verify that the system is performing according to the RFP requirements. UAT provides BMS and other stakeholders an opportunity to review and accept system components prior to production implementation of the West Virginia MMIS. It allows BMS to confirm, through hands-on testing in an environment closely simulating production, the developed system meets business functional requirements and can be accepted for implementation and commencement of operations.

Operational Readiness Test. This important test level executes and validates the critical business functions that characterize our fiscal agent operations. Preparation for ORT requires not only establishment of the infrastructure for executing all operational procedures, but also the preparation of operations staff members to perform their attendant business functions. Training courses, training materials, user documentation, desk procedures, and other forms of instruction are utilized and validated during execution of ORT.

For ORT we prepare extensive checklists and test all operational components against the checklists. Checklists address implementation management, system functionality, data, and interface readiness. More importantly, they include scenarios to analyze the user and organizational readiness of our operations staff and supporting business functions. They include steps to analyze whether users are trained and ready and if procedures are in place to support the staff members' accurate execution of business processes. Scenarios assess the technical infrastructure, operating procedures, and integrated support functions such as the mailroom and phone systems to be sure they are ready to support the application and users. Checklists also include steps to review whether external interface partners, providers, and members are prepared for the system change. ACS reviews the set of ORT checklists with BMS stakeholders who will participate in the readiness tests.

Operational readiness tests are essentially "dress rehearsals" of end-to-end business functions performed by actual operations staff and observed by a tester. We execute a range of business processes with each team, department, and business function. Scenarios include accepting inquiries by phone, imaging documents that are received by the mailroom, returning invalid claims to providers via mail, and transferring calls from one department to another. The checklists detail each scenario planned for execution. As each business function is carried out, the tester records any potential problems or areas of improvement. We review identified defects and determine with BMS necessary corrective actions. Corrective actions might include changes to procedures, modifications to the training approach or materials, system or equipment changes, and more. We discuss defects and their corrective actions at regular and frequent operational readiness status meetings with BMS.

Because disaster recovery is an operational function, we conduct a disaster recovery test as part of ORT. This ensures our procedures, facilities, and personnel are ready from day one of operations to handle a disaster and provide business continuity in the event of a serious interruption.

The culmination of ORT is the execution a pilot test. During pilot testing, described immediately below, we execute all business functions in a true production setting with a select group of providers and other stakeholders to make any final modifications and to build confidence in BMS, ACS, and the operations staff that we are production-ready.

Pilot Test. We conduct pilot testing as part of ORT to allow users to experience the system and to test new capabilities, as well as provide feedback on the effectiveness and user-friendliness of the traditional and new functionality of West Virginia Health Enterprise. Specifically, pilot testing allows providers to test their ability to access Health Enterprise to submit claims through electronic data interchange (EDI) and our portal, to receive payment, and to engage in other activities that constitute the normal interaction of external users with the system. During pilot testing, we identify a cross-section of provider types to submit actual claims using Health Enterprise. The pilot test validates our ability to accept, adjudicate, and pay claims and to provide supporting operational processes. ACS develops a Pilot Test Plan that identifies the approach, timing, users involved, steps, and necessary communications to prepare for the pilot test.

10.6.3.2.5 Test Environments and Data

5. Test Environment(s), including approach to creating data to drive load/stress testing, UAT, and operational readiness testing, as well as data for user training prior to implementation.

ACS follows rigorous, documented, and tightly controlled configuration and release management processes to migrate code and configurations from the development environment to the various test environments for validation. We document the configuration of our integrated test environment in the RFP-required Integrated Test Environment Plan, and we capture our planned release path in the Configuration Management Plan. We staff a migration team to approve the release of code from one environment to the next by performing test readiness reviews, evaluating exit criteria for completed test levels, and reviewing entry criteria for upcoming test levels. Our configuration management authorization group verifies the test environments such as the development test and UAT environments are properly configured and ready for use in testing, and that data are populated for use in test script execution. Our data management team provides converted data from the legacy environment to maximize effectiveness and accuracy of load/stress, UAT, ORT, and other test results and also for user training prior to implementation.

10.6.3.2.6 Test Plan Methodologies

6. Test Plan methodologies for:
   a. Management of the testing processes

Our test management processes are documented in the Comprehensive Test Strategy and are applied to all test levels and resulting test plans. Our management approach dovetails with our project management process areas such as risk, issue, schedule, and human resource (staffing) management so we can properly handle delays, defects, back-up plans and personnel, and other potential events that may have a negative effect on test progress. Furthermore, our test plans for each test level include management activities to oversee test progress. For example, we execute test readiness reviews to evaluate entry criteria to begin each test level. At the conclusion of each test level, we evaluate the exit criteria stated in the test plan to gain consensus to conclude test execution activities.

Our methodology for system development and testing conforms to standards such as IEEE 829, 12207, and other applicable standards. Our practices for project management, design, development, and testing are not only based on industry standards and benchmarks such as Project Management Body of Knowledge (PMBOK), IEEE, the Rational Unified Process (RUP), and Capability Maturity Model Integration (CMMI); but are also tailored based on ACS' 40 years of MMIS DDI experience. These practices are consistent, repeatable, and quality-infused, and they are captured in our SPARK-ITS PMM and SDM plans, procedures, templates, training, and supporting tools. In our Project Schedule, we include tasks to review and gain BMS approval of test plans and related deliverables. We have scheduled these tasks to occur during project start-up, and we review them with BMS at the outset of each SDLC workflow and adjust as needed based on project progress, lessons learned, and other factors.

Validation

b. Use of the Requirements Traceability Matrix (RTM), Requirements Specification Document (RSD), and Detailed Systems Design document (DSD) to validate linkage from testing to requirements.

Once we complete each test plan and identification of test scenarios, we conduct detailed test planning in RQM to define the test cases, sequence them, and trace them from the RSD and DSD to verify complete and adequate coverage. This coverage is depicted in our Requirements Traceability Matrix (RTM), which shows the growth and progression of requirements through design and testing across the SDLC.

Automation of Functional Tests

c. Automation of functional tests.

We continually evaluate manual test cases to determine if they are suitable for automation and if so, we enter them into our automation tool, Rational Functional Tester Plus. Care must be exercised in determining which test cases to automate. Considerations in determining manual test case candidates for automation include:

- Test cases that need maximum effort
- Test cases that require a high number of test data inputs
- Test cases that are likely to be executed during the later release cycles
- Test cases that have pre-requisites related to test environment setup
- Test cases with a significant amount of reuse and high frequency of test case re-execution
- Technical system test cases with little or no user interaction

Test Data Development

d. Test data development though the use of a sample of preliminary converted files.

To accommodate all data scenarios, test cases and test scripts derive data from three primary source areas: converted data, manipulated data, and created data. The main repository for test data is an Oracle® relational database system. Each test environment has its own schema within this database so the test data for each test level remains independent. Test data is distributed among test analysts within the various functional areas. This segmenting of test data allows multiple test analysts to test in the same environment without adversely impacting one another.

COTS Products Testing

e. COTS products testing (if applicable).

We integrate COTS testing into all test levels, with the emphasis on integration testing. As we begin integration testing, West Virginia Health Enterprise functionality has been validated through system testing, demonstrating our readiness to integrate with COTS products and external interfaces. Therefore, the Integration Test Plan includes approach and schedule for testing COTS products.

Defect Identification

f. Defect identification, tracking and resolution.

ACS' procedures for tracking and correcting deficiencies are captured in the defect management component of our Comprehensive Test Strategy. We use Team Concert to support defect reporting, monitoring, updates, and tracking to closure including a defect dashboard for the management with root causes of defects.

The development and test leads make sure the status of each defect is understood and the defect is quickly moved through the analysis and resolution process. We generate weekly defect reports to inform BMS and ACS of defect resolution progress and to drive weekly defect review meetings. Throughout test execution, ACS recommends conducting periodic (e.g., weekly) defect review meetings to review the status of severity one and two defects (resolved, outstanding), discuss aging defects, identify any cross-functional issues or escalation items, prioritize new defects, and analyze defect trends.

Exhibit 10-32 outlines the typical defect management process applied by ACS.

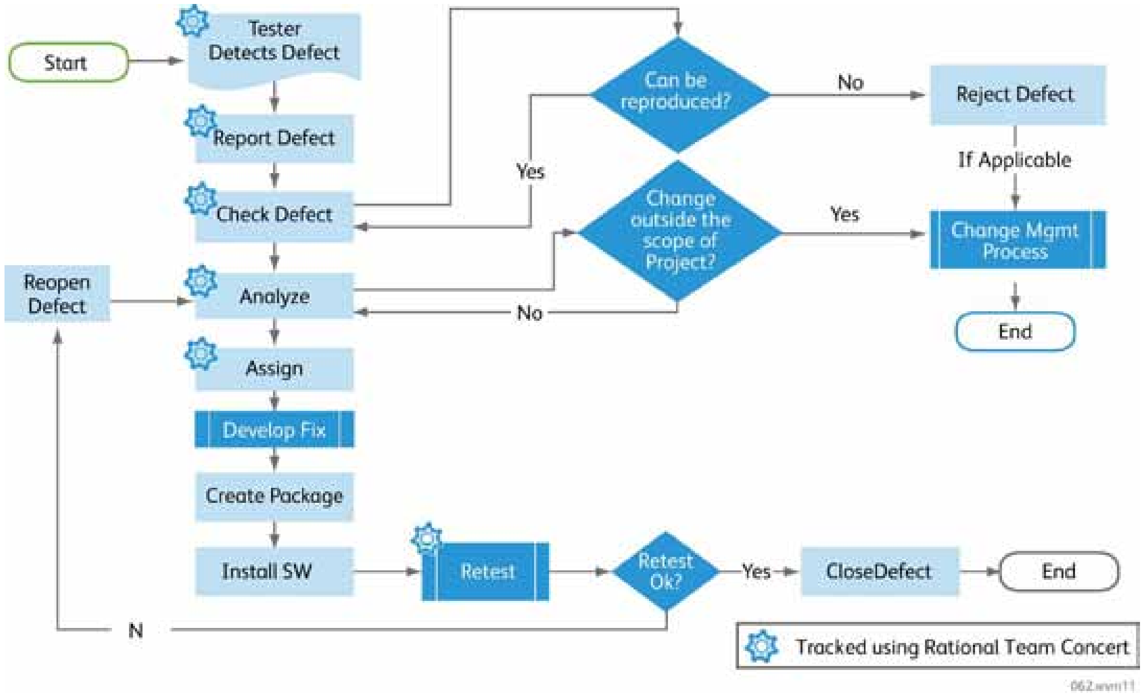

Start
Tester Detects Defect
Report Defect
Check Defect
Analyze
Assign
Develop Fix
Create Package
Install SW
Reopen Defect
Can be reproduced?
No
Yes
Reject Defect
If Applicable
Change outside the scope of Project?
Yes
No
Change Mgmt Process
End
Retest
Retest Ok?
Yes
CloseDefect
End
N
Tracked using Rational Team Concert
062.wvm11

Exhibit 10-32. Defect Management Process Flow

All defects move through a consistent identification, management, and resolution flow regardless of the test level that surfaced the defect.

Documentation Updates

g. Documentation updates.

Once the development team member (e.g., developer, database analyst, configuration analyst, etc.) corrects and unit tests the defect and works with the business analyst to update the related design documentation, they schedule the update for the next release to the system test environment. The fix is migrated using our software configuration processes into the system test environment so the tester can validate that the code works correctly. Analysis and results are documented in Team Concert.

Problem Handling

h. Problem handling, including procedures for notifying BMS of problems discovered in testing, testing progress, adherence to the test schedule, etc.

Our Comprehensive Test Strategy includes processes for problem handling, escalation, contingency planning, and other activities integrated with our PMM processes such as risk, issues, and action items management in order to escalate and resolve issues in a timely manner. We also have the RFP-required Problem Management Plan, which references processes for resolving outstanding issues, defects, and other problems.

Test Results Reporting

i. Test Results Reporting

The test plans indicate that ACS test analysts are responsible for documenting test results as the tests are executed. Detailed test results are maintained in RQM with ACS generating reports regularly and storing them in SharePoint for stakeholder review. We also generate status reports to provide statistics on test cases executed, passed, and failed; and defects identified and fixed. The test plan captures the frequency for this reporting, and we share results with BMS at these predetermined intervals.

10.6.3.2.7 UAT Support

7. UAT Support: Approach to providing BMS User Acceptance Testing support, including methodologies for:
   a) User Acceptance Test (UAT) Plan development, including documentation of UAT scripts, procedures, timelines, and processes.
   b) Test data development, including formal notification that all data necessary to perform UAT has been provided.
   c) Results analysis, including identification of necessary corrections.
   d) Defect tracking and repair, including the use of a defect-tracking tool, UAT reporting, and RTM updating.
   e) UAT Final Report development, including a summary of results, a written certification letter certifying that UAT was successfully completed, and a list of all issues ranked as critical by the Bureau have been corrected.

In executing User Acceptance Testing, ACS and BMS collaborate with the common goal of validating that West Virginia Health Enterprise meets the requirements of the West Virginia MMIS Re-procurement Project. We support the Bureau throughout all acceptance testing activities including providing test documentation and procedures, supplying or helping to develop test cases, defining test data, and evaluating unexpected results to determine if changes to the system, documentation, training, or procedures must ensue. UAT follows the standard stages of planning, design, and execution and reporting; and we support BMS across the stages of UAT as follows:

Planning. Provide subject matter experts, business and test analysts, and technical staff to help BMS plan the effort and to support UAT ongoing. The ACS testing manager works with BMS during UAT planning to detail all necessary components of acceptance test in the UAT Plan. This includes defining the approach, scope, entry and exit criteria, roles (BMS, ACS, and IV&V), traceability, procedures, timelines, processes, tracking, and monitoring. ACS recommends that UAT planning be completed concurrently with requirements analysis activities so UAT criteria are adequately defined and requirements’ testability may be confirmed. Prior to the start of acceptance testing, ACS trains both BMS and IV&V staff responsible for the UAT process.

Design. Provide system and integration test cases for use during UAT if desired by the Bureau, and we train and support the Bureau in designing test cases, scripts, and procedures for executing UAT. We notify BMS when we have provided needed data so testers can finalize their test scripts and begin execution.

Execution and Reporting. Support testers in executing the tests, and we perform triage and analysis on identified problems. If we determine a problem found during UAT is a defect, we log it in Team Concert, our defect-tracking tool, and we execute our normal defect resolution process including analysis, correction, repair, migration, and retesting. As with all other test levels, we maintain the RTM throughout the UAT process to ensure requirements are traced to test cases, scripts, and relevant defects. We prepare a UAT Final Report that includes a summary of results, a written certification letter indicating UAT was successfully completed, and a list of issues ranked as critical by BMS and their resolution.

10.6.3.2.8 Operational Readiness Test Approach and Reporting

8. Operational Readiness Test Reporting: Approach to Operational Readiness Test reporting, including details of the results of the operational readiness assessments, and certification that the MMIS, its subsystems, functions, processes, operational procedures, staffing, telecommunications, and all other associated support is in place and ready for operation.

To demonstrate operational readiness to the Bureau and provide a smooth transition into the production environment, ORT validates that production methods, procedures, hardware, and software are correct and understood sufficiently by operations staff to allow a smooth transition to Health Enterprise. ACS works closely with the Bureau to plan the ORT schedule, identify or modify ORT scenarios, and confirm reporting needs. Working with the Bureau in a series of ORT planning meetings, we tailor our baseline Operational Readiness Test Plan that describes the strategy and procedures followed during ORT, roles and responsibilities of those involved, scenarios employed, test readiness criteria, and exit criteria.

We prepare checklists for ORT under the six areas that were described earlier in this section: implementation management, Health Enterprise functionality, user and organizational readiness, data readiness, production operations readiness, and external interface and customer readiness. ACS reviews the checklists with BMS stakeholders who will participate in ORT.

To execute ORT, we confirm that the system and operations components listed on the checklist are production-ready. The evaluator logs and assesses any problems encountered by the tester. Problems can be logged as defects, issues, action items, or change requests depending on the nature of the finding. Corrective actions could include making a configuration change in the system, changing an operations procedure, adding a new training module or topic, or updating systems documentation to more accurately reflect a function in the system, among other solutions. We review defects and corrective actions taken at regular and frequent operational readiness status meetings with BMS. At the conclusion of each operational readiness test, ACS prepares results and records progress on status reports including the status of corrective actions.

10.6.3.2.9 Validated Traceability

9. Validated traceability of requirements throughout the full testing process.

The SPARK-ITS QMS includes a Requirements Management Plan that drives and enforces the traceability path from RSD to DSD to testing. Not only does our EPMO make sure our deliverables are fully traced according to the path, we also trace defects to requirements for purposes of impact analysis, root cause determination, and detection of problems and patterns. (See Exhibit 10-33)

With the assistance of DOORS and Team Concert, ACS tracks requirements from analysis to design and to each test level. Our RTM provides evidence of validated and complete traceability of the Bureau's requirements. Our EPMO uses DOORS to check requirements for completion of attributes, ownership, and enforcement of traceability rules. When we import the RFP requirements into DOORS, we set an attribute called "Planned Test Level." Via this attribute, business analysts associate each requirement with one or more test levels so testing is planned in advance, executed to verify the right set of requirements, and traceable as appropriate to the type of requirement.

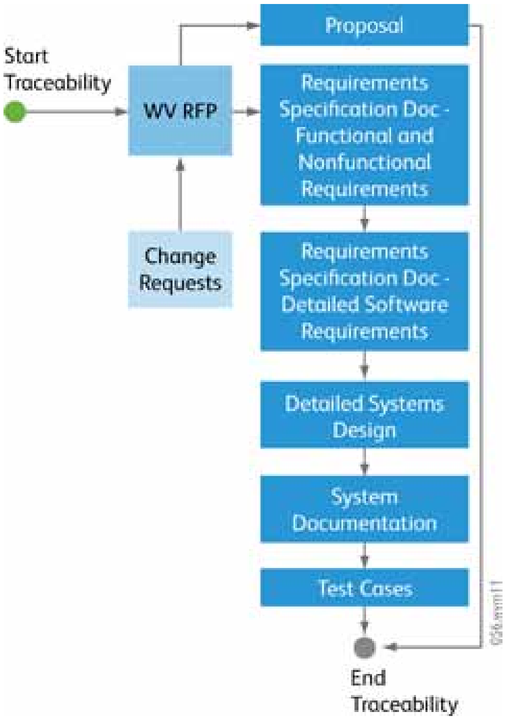

Start Traceability
WV RFP
Change Requests
Proposal
Requirements Specification Doc - Functional and Nonfunctional Requirements
Requirements Specification Doc - Detailed Software Requirements
Detailed Systems Design
System Documentation
Test Cases
End Traceability

Exhibit 10-33. Standard Traceability Path
Our Requirements Management Plan details the required traceability path to demonstrate that requirements have been fulfilled and validated.

10.6.3.3 Data Conversion Task

REQUIREMENT: RFP Section 3.2.6.3.3 to 3.2.6.3.3.1, pg. 83 of 99

3.2.6.3.3.1 Data Conversion Task Vendor Response Requirements. The Vendor's proposal should present a narrative description of the Vendor's proposed approach to completion of the Data Conversion Task, including the Vendor's proposed:

The ACS SPARK-ITS Quality Management System (QMS) defines conversion as a "coordinated task" rather than a stand-alone workflow due to the complexity of the tasks. The result is that data conversion consists of its own lifecycle and touch points to the primary system development life cycle. ACS begins conversion efforts early—during the requirements analysis workflow—in which data analysts are involved in requirements Joint Application Design (JAD) sessions to gain an understanding of data conversion requirements for each functional area. These discussions drive updates to the Data Conversion Plan and the formation of the Conversion Requirements Document, Data Conversion Specifications Document, and conversion development and testing. Data conversion programs are completed prior to system testing so that Health Enterprise can be tested with converted production data from the legacy system. This provides the opportunity for more meaningful results during user acceptance and operational readiness testing.

ACS converts data in accordance with the requirements of the RFP, including two years of historical and active data elements for operations in the current system needed to support the MMIS Re-procurement Project requirements.

Our Experienced Team

ACS is well positioned to support data conversion for the MMIS Re-procurement Project. The ACS Data Management Team members assigned to the MMIS Re-procurement Project conversion team are 100% dedicated to ensuring that data elements currently stored in the legacy system are successfully extracted, transformed, and loaded into Health Enterprise. Our conversion team members bring experience with our conversion methodology and in-depth knowledge of the data structures of Health Enterprise. Furthermore, we have partnered with Olene Pinnacle and Ninestone, who have experience with the QMACS/QNXT platform and can provide the subject matter expertise on the data structures of the source data from Health PAS.

Our joint team will execute conversion according to BMS requirements using our standard conversion approach. This approach is reflected in the Conversion Plan located in Proposal Section 15.4.23 in the Appendix. We have successfully converted other MMIS projects with this methodology such as Georgia, Mississippi, and Washington, DC. This knowledge uniquely positions ACS to support data conversion for the MMIS Re-procurement Project in extracting, transforming, and loading data from the legacy system into Health Enterprise.

Approach to Health Enterprise Transition

Health Enterprise provides new functionality and capabilities to BMS through innovative use of data-driven and configurable business rules. Accurately converted data from the legacy system helps streamline the transition to West Virginia Health Enterprise. We review and analyze the source data, evaluate and understand the uses of each data element, carefully map source to target, construct conversion with stringent referential integrity rules, test conversion programs, test the conversion loads, and then test West Virginia Health Enterprise with converted data. In addition to conversion of data, we construct tables of data that have no direct corresponding source. These additional tables hold valid value lists, system parameters, or reference metadata that are required for the first day of operations.

Our high-level approach is discussed in the paragraphs below. Our conversion approach is detailed in Proposal Section 10.6.1.6, Initial Data Conversion Plan.

Requirements Gathering. The first step is to determine which source tables and files are to be converted. ACS conversion data analysts attend requirements elicitation sessions in which we review, confirm, and clarify functional and nonfunctional requirements and present Health Enterprise functionality to BMS to verify alignment with requirements. The conversion data analyst gains a firm understanding of the Bureau's data requirements and how they relate to the data structure of Health Enterprise. The analyst studies the data needs of Health Enterprise and identifies possible data sources. Each file is analyzed to determine data organization and format. Special information relevant to conversion activities for each component is identified and documented by the analyst.

Analysis. Early evaluation of data is vital to executing a well-planned, successful conversion effort and to preparing ACS for meaningful discussions with BMS during solution demonstrations. ACS analysts review legacy data and provide data assessments that assist us in mapping the data, determining how the data will be used during configuration, and deciding how the data will be converted into Health Enterprise. We gain a better understanding of the Bureau's data and how it is currently used, uncovering any potential data challenges that might exist early on. This approach has the following benefits:

- It allows us to discover additional details about the data that were not mentioned in the RFP
- It allows BMS and ACS to identify data anomalies beyond those mentioned in the RFP
- It contributes to the quality of the information we receive as well as to our understanding of the Bureau's business processes

Information obtained through data analysis serves as the basis for developing the Table Mapping Report and the Table Mapping Gap Report.

Once we analyze the source data, we identify conversion rules by field. Many decisions are made for each data element: whether the field will be converted from the legacy system, manually loaded, or set to default or null values. Data relationships and index values are determined in the data design step. For each Health Enterprise functional area, analysts research each field and identify and document the detailed conversion rules in our Mapping Analysis and Tracking Tool (MATT). MATT is used by the conversion team to capture the source and target data elements, to document the relationships between the elements, to record their respective metadata, and to create various conversion reports and the Data Conversion Specifications Document.

Gap Analysis. Gap analysis exposes differences in data models where legacy data has no counterpart in Health Enterprise, or where Health Enterprise has a table and/or column with no counterpart in the legacy system. Through this process, our functional teams identify new columns on the Health Enterprise database, and the developers define their data transformation requirements. Information obtained through data gap analysis serves as the basis for developing the Data Conversion Specifications Document.

Design. Data analysts define the initial load strategy immediately following table-level mapping, make necessary modifications, and maintain the load strategy detail throughout the conversion effort. MATT produces a Target Table Gap Analysis Report, which documents a load strategy for each target system table broken out by MITA business area. The load strategy for a given table includes tables loaded with converted data, manually entered or configured data, data acquired through an interface, data transferred from the baseline system, or tables that remain empty at go-live. Once data elements are defined and cataloged, the data conversion team works with the MITA business area functional and BMS teams to define conversion business rules for each field. These rules describe either the transformation required to migrate a legacy system value to a Health Enterprise field, or the calculation or process required to derive a value for a Health Enterprise field. We define rules in the data element business rules catalog to be reused across multiple system tables and fields.

Construction. Extract, Transform, and Load (ETL) developers develop code based on mapping specifications and test the code at the unit level. The data conversion team works closely with the various MITA business area functional teams to have a clear understanding of the mapping rules and the target database layout. They also make use of data profiling, assisted by Informatica PowerCenter® Data Profiler, to analyze data files to identify erroneous data and valid values and to obtain data statistics. Informatica PowerCenter is also an important tool for ETL developers to use when building their conversion jobs. The tool allows an engineer to visually map legacy system data to Health Enterprise structures and to perform data manipulation using a real-time and batch data-mapping user interface. It allows users to define rules for record filtering, error and reject record handling, and error logging. ETL developers perform coding to the mapping specifications documented in MATT, unit test their code, resolve discrepancies identified during testing, and run coding error, balancing, and reconciliation reports. These reports assist the test team and BMS in validating converted data.

Conversion Testing. We thoroughly unit and system test each of the conversion programs described above. Each of the programs provides detailed record counts for each file being converted and generates associated error reports. Our staff validates conversion data using a variety of tools, including reports produced as a result of the conversion process, SQL queries, other data access and manipulation utilities, and Health Enterprise Web pages. These tools allow our data management team to capture before and after images of data for verification and validation.

Provide Converted Data for System and Integration Testing. The data conversion team provides converted data for functional teams to use during system and integration testing. The conversion effort is iterative, meaning conversion business rules will be refined, modified, or added as we progress further into the development and testing efforts. We work with the Bureau and within the change management guidelines to update business rules as needed throughout the conversion effort.

Validate Data during UAT. We start with the data extraction jobs and run them in the same sequence as planned for go-live. The conversion jobs run in the correct order and are timed. If any unexpected defects or conversion timing issues are encountered, we have the time to correct the defects prior to go-live, while still delivering converted data for UAT and ORT.

Execute Final Conversion. The data conversion team coordinates final conversion with many other tasks in the days and weeks before Health Enterprise goes live. Tasks specific to final conversion development and migration include reviewing the go-live portion of the Conversion Plan, executing conversion, and verifying conversion. The team runs reports to verify record counts and samples the data to verify the accuracy of the final conversion process. A final go/no-go decision is made based on whether any errors are encountered during final conversion. The data conversion team uses the statistics to plan for the final conversion production run. The data conversion team works with the Bureau to establish contingency plans in the event source data is not received on schedule or a table load has not completed within expected timeframes. Because of the trial conversion runs during UAT, we will know far in advance the necessary timeframes to achieve timely table loads.

10.6.3.3.1 Approach to Completion of Conversion Deliverables and Milestones

1. Approach to the completion of the Data Conversion Task Deliverables and Milestones (as listed in Appendix C), including methodology for updating deliverables throughout the lifecycle of the project.

As noted in our approach discussed above, we produce and update the conversion deliverables listed in Appendix C as follows:

- Provide an initial Data Conversion Plan with this proposal in Proposal Section 15.4.2.3, Deliverable 28 – Data Conversion Plan in the Appendix. During the Project Start-up Phase, we update the plan specifically for West Virginia and submit it for BMS approval. The plan includes a Conversion Risk Identification and Contingency Plan

- Participate in requirements JAD sessions to understand the requirements that affect data or the conversion effort and document these requirements in the Data Conversion Requirements Document.
- Perform analysis, gap analysis, and design of conversion rules and mappings to form the Data Conversion Specifications Document, which is delivered for BMS approval and maintained under full configuration management throughout the life cycle to ensure it captures all business rules for conversion.
- Use Informatica, a leading industry-standard COTS tool, instead of developing customized conversion software to convert data. Informatica has been tested by ACS and proven effective in previous ACS MMIS conversion projects. We test the mappings and conversion rules developed in Informatica and provide a Conversion Software Readiness Certification Letter confirming the tested mappings and rules.
- Plan for conversion testing and develop Conversion and Reconciliation Test Cases/Scripts.
- Test the conversion and provide summary-level results and balancing and reconciliation reports in the Conversion and Reconciliation Testing Results. The reports are discussed in Proposal Section 10.6.1.6, Initial Data Conversion Plan.
- Provide data for UAT execution and document the test results to form the User Acceptance Testing of Converted Data deliverable.

While not listed as a contractual deliverable, our typical practice advocates reviewing the results of conversion with BMS to gain approval of an accurate and complete final conversion effort.

10.6.3.3.2 Approach to Obtaining BMS Approval of Task Completion

2. Approach to obtaining BMS approval of the completion of Data Conversion Task, including proposed Acceptance Criteria for each Milestone.

The SPARK-ITS PMM has a structured, documented process for reviewing and obtaining BMS approval of the Data Conversion Plan and related conversion deliverables and milestones listed in RFP Appendix C. Additionally, our PMM and SDM plans and Project Schedule accommodate the updating of deliverables throughout the lifecycle of the project, and updates to deliverables are subject to the same review and approval processes as the original submissions. Our Documentation Management Plan includes quality review steps for peer review, quality assurance review by the EPMO, and BMS review. Formal reviews use a common, straightforward, and streamlined deficit-logging process in SharePoint that allows for simple logging, rapid remediation, and audit tracking of deliverable deficits. Please refer to Proposal Section 10.2.3, Process for Acquiring Deliverable Acceptance by BMS, for details regarding this process.

During Project Start-Up, ACS works with BMS to create a Deliverables Expectations Document (DED) that details the description, location, constraints, assumptions, content, format, and approvers for each contractual deliverable. Additionally, we review with BMS the Project Schedule, which includes milestones, identified with the prefix "M:," and final deliverables with the prefix "D:." Using the DED and Project Schedule, BMS and ACS agree upon measurable acceptance criteria for the outputs of each task of the MMIS Re-procurement Project. Table 10-16 contains the proposed acceptance criteria for the Data Conversion Task that is incorporated into the DED and Project Schedule.

Table 10-16. Proposed Acceptance Criteria for Data Conversion Task Milestones

Milestone	Acceptance Criteria
94 – Completion and BMS Approval of Data Conversion and Reconciliation for Implementation	The following have been completed and approved: Conversion Risk Identification And Contingency Plan, Data Cleansing And Conversion Specification Document, Data Conversion Requirements Document, Conversion Software Readiness Certification Letter, Conversion and Reconciliation Test Cases/Scripts, Conversion and Reconciliation Testing Results
96 – Completion and BMS Approval of User Acceptance Testing	Completed and approved UAT using converted data

10.6.3.3.3 Process to Update the Data Conversion Plan

3. Process to update the Data Conversion Plan as defined in Section 3.2.6.1.1.

The Data Conversion Plan describes our conversion methodology and the steps taken to complete a successful conversion. We have developed our conversion methodology using lessons learned from past conversion experiences, and we continue to refine the conversion methodology with each implementation. We have provided with the proposal a version of our Data Conversion Plan. During Project Start-up, we work with BMS to further adapt it to reflect the needs and requirements of the West Virginia MMIS Re-procurement Project. We submit it for BMS review and approval, and update it thereafter as specified in the Project Schedule and additionally if needed through approved change management processes. For more information on the Data Conversion Plan, please refer to Proposal Section 10.6.1.6, Initial Data Conversion Plan.

10.6.3.4 Training Task

REQUIREMENT: RFP Section 3.2.6.3.4 to 3.2.6.3.4.1, pg. 83 of 99

3.2.6.3.4.1 Training Task Vendor Response Requirements. The Vendor’s proposal should present a narrative description of the Vendor’s proposed approach to completion of the Training Task, including the Vendor’s proposed:

At the heart of any program’s success is a well trained and committed work force. We bring the training processes, technology, and subject expertise the Bureau needs, ensuring positive results. During our more than 40 years of experience as an MMIS contractor and our history of successful MMIS implementations, we have developed training methodologies centered on the requirements for every critical role in fiscal agent operations. Our experience in planning, developing, and delivering large-scale training programs tells us that effective training during implementation lays the foundation for success in the operations phase. We use training time wisely to focus on what each stakeholder needs to know to do their job.

Our training methodologies combined with our development and implementation experience enables us to deliver high-impact training programs tailored to meet the unique needs of BMS, which leads to improvements to productivity and performance. During Phase 1, we show stakeholders—including BMS, providers, Health Enterprise users, trainers, administrators, managers, test teams, and others—how to interact with the system. During subsequent phases, we provide training on how to support ongoing operations and maintenance with ongoing development and provide a seamless transition to a new contractor, when required. We produce positive results by developing the specific skills stakeholders need.

When change occurs, effective communication and training are critical, and we make that a priority. Training helps providers and their staff, BMS personnel, and ACS adapt to changes in health care programs, improve service, and promote efficiency. Immediate access to information stabilizes provider services and program operations. Well-designed and presented training helps promote acceptance of the West Virginia Health Enterprise system by providers and provider staff, resulting in a smooth and seamless transition, reducing risk for BMS.

10.6.3.4.1 Approach to Completion of Deliverables

1. Approach to the completion of the Training Task Deliverables and Milestones (as listed in Appendix C), including methodology for updating deliverables throughout the lifecycle of the project.

To complete the Training Task deliverables and milestones, we apply the SPARK-ITS Training Methodology, a comprehensive, learner-centric, and closely monitored learning approach, in concert with the Analysis, Design, Develop, Implement, and Evaluate (ADDIE) framework as shown in Exhibit 10-34. We first perform a training analysis (delivered as the Training Assessment and Gap Analysis of Pre-Implementation System User Training) to define the specific training needs of stakeholders and develop a learning matrix that describes the training modules needed to support those needs. We then develop a training strategy and learning plan (delivered as Final Training Plan/Schedule) and create the training modules and training database, which we deliver as Electronic Training Documentation and Training Database and Application Software. At that point, we create and deliver to BMS the Letter Certifying Training Database is Built and Software is Operational (deliverable #103) and baseline the training documents using the Document Version Control Plan (deliverable #104), which we deliver as a standalone document, or preferably as part of the Document Management Plan, Deliverable 7 in Appendix C of the RFP.

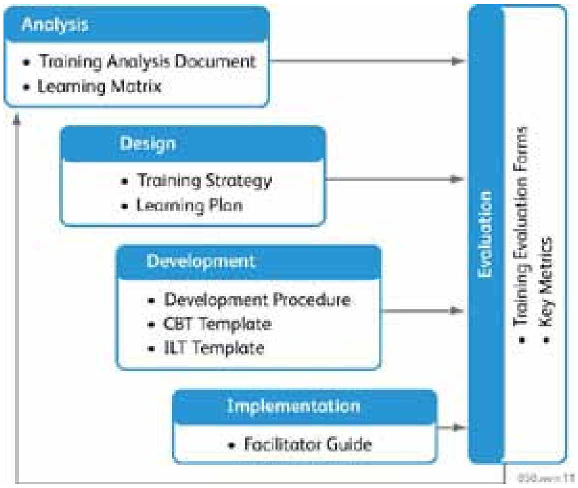


Exhibit 10-34. Training Lifecycle: ADDIE and SPARK-ITS QMS

ADDIE is a proven approach to developing and evaluating training programs. SPARK-ITS QMS Training Methodology offers structured processes and templates for standardization.

As part of the ADDIE framework, we develop training evaluation forms (delivered as Evaluation Survey Tools). During implementation, we deliver training to stakeholders and track and report on training participation to BMS on a weekly basis in the Training Report. We deliver a Letter Certifying Completion of Training (deliverable #105) when all user and provider training is agreed upon in the Training Plan is complete. Beginning at contract execution, we report on training status as part of our Weekly Project Status Report and Monthly Project Status Report deliverables.

Our methodology for updating deliverables uses repeatable processes for producing high-quality deliverables that meet or exceed BMS' expectations and provide an efficient means for BMS resources to provide feedback and request changes. Included in our methodology are two internal review cycles—peer reviews and document quality assurance reviews—to verify that deliverables are accurate and complete before submitting them to BMS. Once we have completed our internal reviews, we submit deliverables to BMS for review and comments. We modify the deliverables per BMS' direction, conduct an additional internal review if appropriate, and submit the final deliverables to BMS for approval.

10.6.3.4.2 Approach to Obtaining BMS Approval

2. Approach to obtaining BMS approval of the completion of Training Task, including proposed Acceptance Criteria for each Milestone.

As part of our Project Management Methodology, ACS has a structured, documented process for reviewing and obtaining BMS' approval of the Training Task deliverables and milestones listed in RFP Appendix C. Additionally, our project management methodology (PMM) and SDM plans and Project Schedule accommodate the updating of deliverables throughout the lifecycle of the project, and updates to deliverables are subject to the same review and approval processes as the original submissions. Our Documentation Management Plan includes quality review steps for peer review, quality assurance review by the EPMO, and BMS review. Formal reviews use a common, straightforward, and streamlined deficit-logging process in SharePoint that allows for simple logging, rapid remediation, and audit tracking of deliverable deficits. Please refer to Proposal Section 10.2.3, Process for Acquiring Deliverable Acceptance by BMS, for details regarding this process.

During Project Start-Up, ACS works with BMS to create a Deliverables Expectations Document (DED) that details the description, location, constraints, assumptions, content, format, and approvers for each contractual deliverable. Additionally, we review the Project Schedule to gain BMS approval of its tasks, deliverables, milestones, durations, initial resources, and dependencies. The Project Schedule includes milestones, identified with the prefix "M," client task with the prefix "C:," and final deliverables with the prefix "D:." Using the DED and Project Schedule, BMS and ACS agree upon measurable acceptance criteria for the outputs of each task of the MMIS Re-procurement Project. Table 10-17 contains the proposed acceptance criteria for the Training Task that would be incorporated into the DED and Project Schedule.

Table 10-17. Proposed Acceptance Criteria for Training Milestones

Milestone	Proposed Acceptance Criteria
110–Completion and BMS Approval of Provider Training	The following items have been completed and approved for provider training: Training Assessment and Gap Analysis, Final Training Plan/Schedule, Electronic Training Documentation, Training Database and Application Software, Letter Certifying Training Database is Built and Software is Operational, Document Version Control Plan, Letter Certifying Completion of Training, Evaluation Survey Tools, Training Report
111–Completion and BMS Approval of Pre-Implementation System User Training	The following items have been completed and approved for user training: Training Assessment and Gap Analysis, Final Training Plan/Schedule, Electronic Training Documentation, Training Database and Application Software, Letter Certifying Training Database is Built and Software is Operational, Document Version Control Plan, Letter Certifying Completion of Training, Evaluation Survey Tools, Training Report
112–Completion and BMS Approval of Phase 1c	The following items have been completed and approved: Training Assessment and Gap Analysis. Final Training Plan/Schedule, Electronic Training Documentation, Training Database and Application Software, Letter Certifying Training Database is Built and Software is Operational, Document Version Control Plan, Letter Certifying Completion of Training, Evaluation Survey Tools, Training Report

Milestone	Proposed Acceptance Criteria
147– Completion and BMS Approval of Turnover Training	Training is complete as agreed upon in the Turnover Plan

10.6.3.4.3 Approach to Training Plan

3. Approach to development, maintenance and implementation of the Training Plan, including methodologies addressing:
   a. Assessment of internal and external training needs, including gap analysis

Assessment begins by identifying the groups of people needing training. These groups may include BMS staff, providers, providers' staffs, ACS personnel, provider associations, and members. Because each user has access to only the information and features necessary to perform the tasks assigned to his or her role, our training approach is highly role based. During DDI, ACS reaches out to stakeholders to determine their immediate and long-term training needs, including providers and their office staff. We work with front- and back-office management staff to determine what training modules, curricula, and tools are most effective in delivering training. We also offer training to office staff or third party billers who submit claims on behalf of third-party providers, to reduce errors and denial rates. This process allows us to collaboratively establish training goals that help create and deliver a dynamic training curriculum that meets the needs of all stakeholders, including BMS staff. Once operational, we will review quality assurance findings to facilitate the development of more effective training activities.

During DDI, ACS develops an MMIS Training Course Matrix, which contains a list of recommended training courses for stakeholders. The matrix identifies those stakeholders for whom particular courses are most appropriate. We also provide a Training Course Content Overview that gives the intended audiences insight into course scope. We work with BMS early in Phase 1 to refine our training artifacts, customizing them for the stakeholders' needs, based upon the West Virginia Medicaid program.

BMS User Training

b. Approach to BMS user training, supporting all MMIS business processes as identified in the RFP

The development of BMS user training begins with the results of any relevant needs and gap assessments. These results allow us to tailor a training approach specific to the roles of each user group. We leverage project management best practices, such as project planning, by including activities to address the PMBOK® Guide process groups of Initiate, Plan, Execute, Control, and Close. Our methodology is continually refined based on factors such as industry trends, project feedback, client satisfaction surveys, and internal improvement efforts.

Each stakeholder group must know how to interact with Health Enterprise to maximize its functionality in the performance of specific job responsibilities. Our experience with comparable implementations across numerous Medicaid agencies allows for faster design, delivery, and implementation of training efforts. We build courses based on the privileges in the Health Enterprise role-privileges matrix, to ensure nothing is overlooked. We then build a curriculum that corresponds with each role to ensure that when BMS users receive their Health Enterprise credentials, a curriculum is available to cover all of the functions to which they have access. We also provide training that covers the associated business processes. For example, modules might cover the Provider Enrollment business process and details of screening providers for exclusions and sanctions. More detailed modules teach the Health Enterprise functions that support those processes.

Our industry-leading training solutions, such as the Work Instruction Wiki, provide online, on-demand performance support tools to stakeholders. We integrate video clips into courses to increase engagement, and we use computer-based testing to assess learning retention and identify users in need of additional support. Using a blended learning methodology increases benefits to BMS, as Table 10-18 demonstrates.

Table 10-18. Blended Learning Results in Tangible Benefits to BMS

Key Feature	Tangible Benefits to BMS
Learning Management System (LMS)	• Consolidated access to training content and courses • Consistent delivery of training content • Highly participatory, self-service experience • Reduction in costs • Consistent operational efficiency • Improved strategic results • Established training goals to monitor participants against plan • Efficient measurement and reporting capability • Tracking and reporting of participation and performance • Year-round access to initial and refresher training for providers
Computer-Based Training (CBT)	• Presented via computer at learner’s location • Reduces travel costs and environmental impact • Available at learner’s convenience, on demand (asynchronous learning) • Allows training to be paused, stopped, and resumed as needed • Uses video and software simulations
Training via Webinar	• Statewide delivery to reach dispersed audiences • Live instructor presenting content • Reduced travel costs
Instructor-led Classroom Training	• Coaching, simulations, and at-elbow learning • Problem-centered instruction
Work Instruction Wiki (analogous to Wikipedia)	• Policy and Procedure content always up to date • Search capability • Version history • Print as needed (in whole or in part) to reduce printing, shipping, and storage costs and environmental impact
Train the Trainer	• Provider field representatives are trained in methodology and content so they can present effective, up to date training at a provider’s location, other training location, or remotely via computer • BMS staff can more readily transfer knowledge on a particular subject to a learner group
Provider Workshops	• Annual provider workshops • Special workshops to address major program changes • Online group tutorials • One-on-one training

Provider Training

c. Approach to provider training, including but not limited to training on the topics of claim submission, claim processing and edits, prior authorization, provider enrollment, and use of the Web Portal

Our goal is to ensure providers and their office staffs understand how to interact with Health Enterprise and are informed quickly about changes. We conduct training for providers and their staffs that includes topics such as claims submission, claims processing and edits, service authorization, provider enrollment, and use of the Web portal, to name just a few topics. Providers will be given an opportunity to choose the format of training that works best for them or is necessary for the training event based upon our interaction with the provider. This training, performed by regionally based provider representatives, can be done online with small or large groups. A regionally based provider representative then follows up with on-site training tailored to the provider's specific needs and issues.

Through regular provider and BMS training seminars, provider association meeting workshops, provider training sessions, BMS meetings, and provider site visits, we offer providers a multitude of venues and topics to choose from for continuing development. We track provider, BMS, and ACS participation in learning activities using our proven LMS.

The LMS allows learners to take the training they need where and when they want, tracks their participation, and allows users to see their progress. When we host live events online (sometimes called webinars or synchronous online training), we make that training available on-demand through the LMS for those who could not attend or wish to review the information at a later date.

Ongoing Training

d. Delivery of ongoing training throughout the DDI and Operations phases

As with any new system, training is imperative for successful operation. Based upon the BMS-approved training plan, our skilled and knowledgeable training professionals provide initial and ongoing education to BMS staff, providers, and other stakeholders during DDI and Operations phases. Our outreach program encourages training attendance, promotes tutorials and other digital media presentations to the Web portal for self-service access, communicates training schedules, and recommends additional relevant training. This training covers the range of job functions required for successful operations.

Our LMS allows us to schedule follow-up messages to training participants, encouraging them to participate in additional courses that may be relevant to their needs and refer them to additional useful resources. In doing so, we build relationships with learners, so they feel supported throughout DDI and ongoing Operations.

Development and Use of Training Materials

e. 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

The ACS LMS is built on the award-winning Adobe® Connect™ platform, one of the leading learning management platforms available. This system allows any user of a modern Web-browser with Adobe Flash Player 10™, which is already on 99.5 percent of all desktops connected to the internet, to access training materials on demand. In the LMS, BMS staff, providers, and other stakeholders access training schedules and learning information to meet their needs. When they want to participate in webinars, workshops, traditional instructor-led classroom training, or on-demand courses, users will find that the self-service registration tools make registering for training easy.

Throughout our training process, we teach participants to use online resources built into Health Enterprise, including online help, our Work Instruction Wiki, and online manuals, so they are comfortable with those resources and confident about their ability to perform their job functions when training is complete. Our Work Instruction Wiki, built using the MediaWiki platform that powers Wikipedia, allows quick and efficient searching through procedures and linking between procedures. The Work Instruction Wiki is easy to update, ensuring the information is current and has comprehensive version tracking.

We also produce workbooks and other ancillary materials when helpful to accompany synchronous and asynchronous training, whether online or in person. These workbooks help expand upon and reinforce training concepts and also give training participants a document to take with them for future reference. Samples of these workbooks are available.

Web Seminar and Video-based Training

f. Development and use of Web seminar and video-based training for providers

We have developed and continue to develop a broad range of Web seminars (Webinars) and video-based training for providers and their office staff, supplemented by support from regionally based provider representatives. Our LMS allows users to sign up for courses through the Web portal and access them through their Web browsers. Training modules can provide many of the same features of classroom training without the scheduling constraints of traditional classroom-based training. We identify learning needs and develop Web-based courseware at different levels to meet the varied knowledge levels and needs of targeted learners.

Version Control and Maintenance of Training Documentation

g. Version control and maintenance of training documentation

Our training materials are stored in the SharePoint Project Repository, which provides version control. We update training materials as needed, based upon the changes to Health Enterprise, changes to Medicaid requirements, and feedback from training surveys. This disciplined approach continues through the life of the contract. When changes to the system, operations, or program occur, we identify the people affected and assess the need for training. We identify existing training materials needing revision and any knowledge gaps that need to be filled with new training materials. This process ensures BMS staff, providers, and other stakeholders will have the knowledge and skill to adapt as change occurs. When training materials are approved for distribution, we create an archival copy that is retained for future reference.

Training Evaluation

h. Training evaluation, including the use of evaluation survey tools to determine whether the trainings produced the expected results

We know that training is useful only to the extent that it changes behavior and drives business results. Whether we address functionality, procedures, processes, interfaces, data structures, quality activities, reports, or other aspects of the system, the ACS training team's goal is to help BMS program operations and policy personnel effectively and efficiently use Health Enterprise and other solution components to perform their day-to-day functions.

To ensure that participants understand and incorporate training class information into their daily work, we use an evaluation plan based in part on Donald L. Kirkpatrick's Evaluating Training Programs: The Four Levels (3rd Edition). As part of the course materials, we give assessments to participants to measure knowledge, skills, and/or attitudes about the course material at the beginning and end of each course. Immediately following each course, we issue a short survey to each participant that includes questions about the course, relevance of the course, the instructor, course materials, and the environment. We use results of these evaluations to improve the overall effectiveness of future training sessions.

Training Results Reporting

i. Training results reporting, including information such as, but not limited to, 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

Record-keeping of the training sessions is critical, so we can document that stakeholders received training, provide a record of training for each individual that can be used in career plans or during performance evaluations, and empower stakeholders with the skills and knowledge to perform well in the workplace. Our LMS serves as a repository for training completion records for each learner, regardless of delivery method. Sign-in sheet data is used for classroom training.

We follow up with trainees who need additional training with specific recommendations of training modules to assist in their skill development. In addition, we use an outreach program and follow-up emails to remind all users of training opportunities.

We review course evaluation data to ensure that we provide all necessary training and that our training is well comprehended. When warranted, we modify existing training modules or develop new modules to improve training outcomes. By beginning with needs assessments and then following through to assess how well those needs were met, our approach to training ensures that we provide BMS effective training throughout the life of the contract.

10.6.4 Phase 1d: Implementation Readiness

REQUIREMENT: RFP Section 3.2.6.4 to 3.2.6.4.1, pg. 84 of 99

3.2.6.4.1 Phase 1d Vendor Response Requirements. The Vendor's proposal should present a narrative description of the Vendor's proposed approach to completion of the Implementation Phase, including the Vendor's proposed:

Detailed plans and checklists, early deployment of functionality, proactive risk mitigation, and contingency planning contribute to a successful implementation.

Achieving Implementation Phase Success

- Partner with BMS in implementation planning, decisions, and activities
- Start implementation and contingency planning at the beginning of the contract
- Provide visibility, accountability, and control through the EPMO and Account Leadership

In preparing for and conducting the MMIS Re-procurement Project implementation, ACS demonstrates our depth of project management expertise and our extensive experience in deploying MMIS solutions. The collaborative effort that BMS and ACS have contributed to requirements, design, configuration, and testing comes to fruition with the implementation of Health Enterprise. Our implementation strategy focuses upon operating in a spirit of partnership with the Bureau that promotes transparency, accountability, comprehensive contingency planning, and control.

While the Implementation Workflow is the eighth of nine workflows in the SPARK-ITS System Development Methodology (SDM), we plan for implementation throughout the project. Our phased implementation is driven by a common approach documented in the Implementation Plan, and we develop deployment-specific checklists for provider re-enrollment, deployment of functionality for pilot testing, and full MMIS implementation. Our Project Schedule includes tasks and dependencies to accomplish the phased deployment. Within the SPARK-ITS SDM, the Implementation Workflow is immediately followed by the Post-Implementation Support Workflow, which includes the processes critical to providing appropriate support and phase closure tasks after go-live.

The primary objective of the Implementation Phase is to design and execute a timely, efficient, and accurate transition from the legacy system to Health Enterprise without adversely affecting day-to-day operations and without disrupting BMS, member, or provider services. Our shared goal is uninterrupted service to stakeholders, in particular, to the members who depend upon the West Virginia Medicaid Program for their healthcare and to the providers who deliver those services.

10.6.4.1 Approach to Completion of Deliverables and Milestones

1. Approach to the completion of the Implementation Readiness Phase Deliverables and Milestones (as listed in Appendix C), including methodology for updating deliverables throughout the lifecycle of the project.

ACS tailors our baseline SPARK-ITS SDM Implementation Plan early in the project and updates it throughout the project. We develop checklists, specific to each deployment (provider re-enrollment, pilot test, and MMIS go-live), that supplement the reusable implementation process. Our Project Schedule details the timelines for ACS submission of the RFP Appendix C deliverables: the Implementation Plan, Report Distribution Schedule, Software Release Plan, Emergency Back Out Plan, Backup and Recovery Plan, Business Continuity Plan, System Modification and Enhancement Plan, Final User Documentation, Final Provider Documentation, Implementation Checklist, Updated Project Management Plan, and Weekly and Monthly Project Status Reports.

As part of our project management methodology (PMM), ACS has a structured, documented process for reviewing and obtaining BMS approval of the Implementation Readiness Phase deliverables and milestones listed in RFP Appendix C. Furthermore, our PMM and SDM plans and Project Schedule accommodate the updating of deliverables throughout the lifecycle of the project, and updates to deliverables are subject to the same review and approval processes as the original submissions. Our Documentation Management Plan includes quality review steps for peer review, quality assurance review by the EPMO, and BMS review. Formal reviews use a common, straightforward, and streamlined deficit-logging process in SharePoint that allows for tracking of deliverable deficits. Please refer to Proposal Section 10.2.3, Process for Acquiring Deliverable Acceptance by BMS, for details regarding this process.

10.6.4.2 Approach to Obtaining BMS Approval of Phase Completion

2. Approach to obtaining BMS approval of the completion of Implementation Readiness Phase, including proposed Acceptance Criteria for each Milestone.

During Project Start-Up, ACS works with BMS to create a Deliverables Expectations Document (DED) that details the description, location, constraints, assumptions, content, format, and approvers for each contractual deliverable. Additionally, we review the Project Schedule to gain BMS approval of its tasks, deliverables, milestones, durations, initial resources, and dependencies. The Project Schedule includes milestones, identified with the prefix "M:" and final deliverables with the prefix "D:." Using the DED and Project Schedule, BMS and ACS agree upon measurable acceptance criteria for the outputs of each task of the MMIS Re-procurement Project. Table 10-19 contains the proposed acceptance criteria for the Implementation Readiness Phase that is incorporated into the DED and Project Schedule. In addition to the Appendix C milestones, we also include a milestone in the Project Schedule to gain BMS approval and acceptance of the operational system after completion of go-live and transition to operations.

Table 10-19. Proposed Acceptance Criteria for Implementation Readiness Milestones

Milestone	Acceptance Criteria
Completion and BMS Approval of Provider Re- enrollment	• Provider components of Health Enterprise tested through User Acceptance Testing (UAT) and Operational Readiness Testing (ORT) and deployed • Provider Re-enrollment process completed as agreed
Completion and BMS Approval of Phase 1d (Replacement MMIS becomes the system of record)	• Implementation Readiness Phase deliverables submitted to BMS and approved • Replacement MMIS operational and verified by BMS

10.6.4.3 Approach to Implementation Plan

3. Approach to development and deployment of an Implementation Plan, including methodologies for:

Objectives of the Implementation Plan are to accomplish the following:

- Confirm that Health Enterprise is ready for implementation prior to operations
- Describe the approach to deploying the system, as well as roles and responsibilities for related tasks
- Proactively identify and mitigate risks that can cause implementation delays or issues
- Facilitate smooth and successful go-live and transition to operations, minimizing interruptions to provider and member services
- Provide executives and stakeholders with timely information regarding the implementation status

Implementation Scheduling

a. Implementation scheduling, including plan to phase in operations on a schedule to minimize risk.

The Implementation Plan includes a carefully orchestrated schedule; it is more detailed than the daily or weekly tasks in the Project Schedule. Tasks are assigned to individuals and scheduled on an hour-by-hour basis. The high-level schedule is included in our proposed Project Schedule, presented in Proposal Section 15.4.11 in the Appendix.

The Implementation Plan references detailed Implementation Checklists specific to each deployment. The checklists are categorized by functional area and include milestones for operational and technical preparation. The DDI and fiscal agent management teams perform a comprehensive walkthrough during ORT to validate the checklists for completeness. We review the checklists with BMS when they are created, as a part of the go-live decision making process, and during implementation.

The checklists include activities such as releasing software packages, opening the Web portal, implementing and verifying EDI, setting "day zero" parameters, performing final data conversion, and conducting any final training. They also include information on publishing any user, system, and provider documentation or preliminary communications specific to that release.

Assessment of Implementation Readiness

b. Assessment of Implementation (go-live) Readiness.

ACS' Implementation Plan includes a set of checklists to confirm that each component of Health Enterprise is ready to be implemented and that all necessary Bureau approvals have been obtained prior to beginning operations. Included in the checklists are items to check that deliverables such as final system documentation, user documentation, and training documentation have been approved. The implementation checklists include these critical project tasks and are approved as complete by BMS prior to the go-live date of each deployment as shown in the Project Schedule. We conduct a go/no-go meeting to confirm the system and operations are ready for go-live. Below are some of the factors that determine our readiness to proceed with go-live. Each item has one or more associated checklists so we can confirm readiness at a detailed level:

- Facility and infrastructure
- Telecommunications
- External interfaces
- State, user, and provider training
- Operations manuals
- Confirmation of UAT/ORT completion
- Mailroom operations
- Imaging operations
- System and building security
- Backup and recovery procedures
- Hardware and software installation

Once we determine we are ready to deploy, we generate the Implementation Certification Letter and seek BMS approval to begin deployment.

c. Preparation and delivery to BMS all documentation necessary to assess implementation readiness.

We include time in the Project Schedule to account for BMS review of all final deliverables to confirm readiness for go-live.

Satisfaction of Requirements

d. Demonstration that the new MMIS satisfies requirements specified in the RFP (including all Appendices) and all requirements documented during the requirements analysis and systems design activities.

We use the Requirements Traceability Matrix (RTM) to show how project artifacts, requirements from the RSD, gap analysis information from the Gap Analysis Design Document, design elements from the DSD, and test cases with results are mapped back to original requirements in the RFP. The RTM verifies that requirements are met in system design and testing so they may be fulfilled in the implemented system and confirmed during CMS certification. We publish the RTM upon achievement of major SDM milestones (RSD, DSD, System Documentation, and completion of test levels) and finally at implementation.

Integrated Testing Environment

e. Creation of an integrated testing environment (ITE) as detailed in the Configuration Management Plan referenced in Section 3.2.6.1.1.

Once Health Enterprise is operational, we maintain (rather than create new) the ITE that was used during the DDI Phase, including the development test, system and integration test, and UAT environments. For details of the ITE, please refer to Proposal Section 10.6.1.5, Initial Configuration Management Plan.

User Access

f. Demonstration that BMS users can access the new West Virginia MMIS according to the established system accessibility and performance requirements.

In addition to UAT and load/stress testing already completed, we validate user access to West Virginia Health Enterprise through pilot testing that immediately precedes implementation. Through pilot testing, we deploy our production environment to a select group of providers to submit actual claims, allowing us to validate system accessibility, performance requirements, and operational readiness, and allowing providers to experience the new system and provide critical feedback.

Cutover

g. Ensuring the cutover to the new MMIS is transparent to the member and provider communities.

LOW RISK

We aim for a transition that is transparent to members and seamless to BMS and the provider community. While the Implementation Plan identifies procedures for system deployment and assumption of operations, the Transition Plan identifies processes to transition from legacy system operations to Health Enterprise operations and maintenance functions. It identifies cutover procedures, and includes a calendar indicating dates for submittal of claim records on electronic media claims and hard copy. We work to keep the provider community constantly informed of the upcoming process, how they are affected, and status of our progress.

Our cutover process involves working with BMS and the incumbent fiscal agent to set mutually agreeable cut-off and start-up dates for claims processing and other system and operational functions. We develop the schedule to minimize impact on the provider community. The cutover schedule, documented in the Transition Plan, identifies dates for accepting and processing claims in the legacy system and Health Enterprise, and it identifies a process for handling work-in-process and pended claims during this transition period. The Transition Plan also identifies other processes and best practices to minimize impact to the member and provider communities, including continuity of ACS staff (keeping a portion of DDI staff on board as we transition to operations, and likewise, having ACS fiscal agent staff ramp on during the DDI effort); continuous and informative provider communications; cooperation and collaboration with the incumbent fiscal agent in planning and executing transition activities; and proactive risk identification, mitigation, and contingency planning.

By reviewing the implementation checklist, we make sure each task is performed on schedule. Risk mitigation planning assesses potential breakdowns and provides contingency strategies to maintain service level agreements and to continue paying providers.

System Walkthroughs and Demonstrations

h. Conducting system walkthroughs and system demonstrations for BMS and designated staff.

The DDI and fiscal agent management teams perform walkthroughs during ORT to validate checklists for completeness. We review the checklists with BMS when they are created, as a part of the go-live decision making process, and during final implementation. As requested by BMS, and as necessary to supplement UAT and ORT activities already performed, we will conduct system walkthroughs and demonstrations so the Bureau can confirm system readiness for implementation. In addition to any requested walkthroughs and system demonstrations, we provide BMS and designated staff with access to a range of training opportunities via computer-based training tracked in our learning management system.

Readiness

i. Providing an Implementation Certification Letter that certifies that the system is ready for production.
j. Obtain written approval from BMS to start operations.
k. Begin operations (as described in RFP Part 3.2.7.1 Routine Operations).

ACS conducts a readiness meeting to confirm implementation readiness. Upon our own internal “go” recommendation, we submit our implementation certification letter for BMS review and approval certifying that the system is ready for production. Upon BMS approval, we execute the Implementation Plan and checklists and transition to operations according to our Transition Plan. Our Transition Plan was described in Proposal Section 10.2.5.10, Transition Plan, and our approach to operations can be found in Proposal Section 10.7, Phase 2: Fiscal Agent Operations.

10.6.4.4 Approach to Completing Deliverables Initiated Prior to Implementation Phase

4. Methodology and approach to completing and finalizing (per BMS' approval) the following deliverables initiated prior to the Implementation Phase:

During the Implementation Phase, we update or finalize deliverables that we initiated prior to the Implementation Phase. We store the updated documents in SharePoint and notify BMS when they are ready for review and approval. Table 10-20 below lists the required deliverables and our general approach for completion. Specific proposed dates can be found in the Project Schedule in Proposal Section 15.4.11 in the Appendix.

Table 10-20. Implementation Deliverables and General Approach for Completion.

Requirement	General Approach for Completion
a. Operational Readiness Testing, repeating portions of these testing activities as requested by BMS.	Entry criteria for the Implementation Phase includes completing and gaining approval of ORT. At the end of the readiness test period, we submit ORT results (deliverable #84 of RFP Appendix C) to BMS for review and approval and repeat any testing activities requested by BMS. We mutually agree that the exit criteria for these test levels have been achieved, and we proceed to the Implementation Phase.
b. Emergency Back Out Strategy	During the Implementation Phase and in preparation for go-live we make final updates to the Emergency Back Out Strategy (listed in Appendix C as the Emergency Back Out Plan, deliverable #116). This document is a component of the Implementation Plan, and updates may be the result of new information revealed, defects discovered and resolved, ACS peer review findings, or BMS feedback of the Emergency Back Out Plan or the overall Implementation Plan.
c. Pilot Testing.	Entry criteria for the Implementation Phase include completing and gaining approval of the pilot test. At the end of the readiness test period, we submit pilot test results to BMS for review and approval. We mutually agree that the exit criteria for this test level have been achieved, and we proceed to the Implementation Phase.
d. System Documentation. e. User Documentation. f. Provider Documentation. g. Standard output and BMS-specific reports.	During the Implementation Phase and in preparation for go-live we make final updates to the System, User, and Provider Documentation (deliverables 57, 121, and 122 of RFP Appendix C). The system documentation includes specifications for standard output and BMS-specific reports. Updates may be the result of new information revealed, test defects discovered and resolved, ACS peer review findings, or BMS feedback.
h. Report Distribution Schedule.	During the Implementation Phase and in preparation for go-live we make final updates to the report distribution schedule, deliverable #114 of RFP Appendix C. Updates may be the result of new information revealed, defects discovered and resolved, ACS peer review findings, or BMS feedback.
i. Security, Privacy and Confidentiality Plan.	During the Implementation Phase and in preparation for go-live we make final updates to the Security, Privacy, and Confidentiality Plan, deliverable #26 in RFP Appendix C. Updates may be the result of new information revealed, defects discovered and resolved, ACS peer review findings, or BMS feedback.
j. Production environment including final production schedule.	During the Implementation Phase and in preparation for go-live we make final updates to the production environment and final production schedule within the Implementation Plan. Updates may be the result of new information revealed, defects discovered and resolved, ACS peer review findings, or BMS feedback of the production environment or overall Implementation Plan.
k. Business Continuity Plan including backup and recovery procedures.	During the Implementation Phase and in preparation for go-live we make final updates to the Business Continuity and Disaster Recovery Plans including backup and recovery procedures (deliverables 29, 117, and 118 in RFP Appendix C). Updates may be the result of new information revealed, defects discovered and resolved, ACS peer review findings, or BMS feedback.

Requirement	General Approach for Completion
l. Data conversion.	As part of the Implementation Phase, we execute final data conversion and provide a report of the final conversion results for BMS review and approval.
m. Pre-Implementation training.	During the Implementation Phase, we complete any pre-implementation training of providers, fiscal agent staff, or other stakeholders as documented in the Training Plan.
n. Update of Phase 1 Project Management Plans for Phase 2.	During the Implementation Phase we finalize plans for Phase 2, including any updates to the Project Management Plans. Because our project management plans are PMBOK aligned and designed to provide appropriate and reusable oversight processes for all project tasks, we anticipate few adjustments to the project management plans as we enter Phase 2.
o. Modifications and Enhancements Plan is ready to implement, including BMS approval of management and staffing plan that includes detailed proposed staffing for managing future modifications and enhancements.	During the Implementation Phase we finalize the Modifications and Enhancements Plan including staffing. The Modifications and Enhancements Plan describes processes for modifying and enhancing the system during operations and is described in Proposal Section 10.7.3, Phase 2c, MMIS Modifications and Enhancements.
p. Confirmation of stakeholder readiness for new system implementation (where stakeholders are defined as the vendor, BMS, providers, and others are determined by BMS).	Once ACS conducts an internal go/no-go meeting and determines we are ready to go live, we submit a Certification of Implementation Readiness Letter to BMS and seek BMS and other stakeholders' confirmation of implementation readiness. Upon stakeholder and BMS approval, we execute the activities documented in the Implementation Plan, Implementation Checklists, and related artifacts.

In our over 40 year history of MMIS implementations, ACS has deployed 11 systems with a 100% certification success rate. ACS brings this strong experience to the MMIS Re-procurement Project so BMS can share in this success.

10.6.5 Phase 1e: CMS Certification Planning

REQUIREMENT: RFP Section 3.2.6.5 to 3.2.6.5.1, pg. 86 of 99

BMS can rely on our extensive experience with CMS certification, as well as our West Virginia specific MMIS experience, to assure thorough preparation for a smooth, successful certification. ACS is committed to ensuring West Virginia Health Enterprise achieves CMS certification within 12 months of system go-live through detailed planning and our proven certification approach.

Timely certification of Health Enterprise by the Centers for Medicare and Medicaid Services (CMS) helps to ensure that the Bureau receives the maximum allowable Federal Financial Participation (FFP) for the MMIS Re-procurement Project and protects the ongoing funding of services for West Virginia members. By working with a contractor with an established record of successfully managing the certification process and experience working with the Medicaid Enterprise Certification Toolkit (MECT), we maximize the likelihood of achieving timely certification. Health Enterprise, ACS' fourth generation MMIS, brings BMS the flexibility of a modern architecture specifically built for MITA alignment, combined with the lessons learned and best business process practices of three previous generations of 100% successfully certified ACS MMIS solutions. Drawing on ACS' experience and proven methodology in achieving successful CMS certifications in 10 states and the District of Columbia, with all certifications retroactive to the date requested, BMS can be confident in achieving timely certification of Health Enterprise retroactive to the first day of operations.

Proven Track Record of Successful CMS Certifications

- Supported BMS in the past taking over the legacy MMIS in 1993, and implementing Y2K upgrades to the system in 1999
- Successful CMS certifications in 10 states and the District of Columbia
- Certification planning from Day 1 of contract execution
- Facilitated by alignment with MECT
- Easy access to certification materials through the SharePoint repository

As an MMIS developer since 1972, and a Medicaid fiscal agent contractor since 1982, ACS has more industry experience than any other firm. Since the beginning, we have addressed federal mandates and appropriate state statutes and regulations as they have evolved during design and implementation of our Medicaid claims processing systems. We brought our experience and methodologies for meeting federal laws and regulations to our successful performance on West Virginia’s MMIS and fiscal agent operations from 1992 to 2004, including implementation of Y2K upgrades to the system. As one of the first fiscal agents participating in certification based on the MECT, ACS was invited to present our recommendations of best practices for certification review preparation at the 2010 National MMIS Conference.

ACS has engaged the services of a consultant well known to BMS to assist in planning and coordinating the CMS Certification process as a benefit to the MMIS Re-procurement Project. Mr. Leonard Kelley, who served for 15 years as the Deputy Commissioner for BMS, is available in an exclusive arrangement with ACS to serve in this role for West Virginia. He will work closely with Judith Hanson, our proposed CMS Certification Manager who has more than 25 years of broad experience as a national MMIS and Medicaid subject matter expert, to help coordinate certification tasks and activities.

We follow a proven, documented, and repeatable approach to preparing for federal certification of the MMIS Re-procurement Project. We have aligned our approach to certification to match the MECT on our most recent MMIS projects: Alaska, North Dakota, New Hampshire, and the District of Columbia. The detailed system review criteria incorporated in the MECT checklists already have been mapped in these Health Enterprise implementation projects.

Our track record of successful certifications attests to the effectiveness of our project management oversight and organized approach to documentation collection. Two of our certification projects highlight our experience and effectiveness in CMS certification efforts. Our Mississippi MMIS received certification only eight months after system implementation. Our Georgia MMIS certification resulted in enhanced FFP with the level of eligible Medicaid administrative costs incurred by the State of Georgia increased from the previous level of 50 percent to 75 percent.

10.6.5.1 Approach to Completion of the Certification Planning Phase Deliverables and Milestones

3.2.6.5.1 Phase 1e Vendor Response Requirements. The Vendor’s proposal should present a narrative description of the Vendor’s proposed approach to completion of the CMS Planning Phase, including the Vendor’s proposed:

1. Approach to the completion of the Certification Planning Phase Deliverables and Milestones (as listed in Appendix C), including methodology for updating deliverables throughout the lifecycle of the project.

Accomplishing the detailed planning required for CMS Certification is a true collaboration of the BMS Re-procurement Team and ACS staff. The MECT, the Requirements Traceability Matrix (RTM), and our experienced MMIS Re-procurement Project team are the core components of our overall strategy for certification.

ACS begins Phase 1e, CMS Certification Planning, concurrent with Phase 1a, Start-up, with a one-month "deep dive" into all the supporting documents we need to review as part of our West Virginia focus. We confirm BMS' efforts in working with MECT and continue those efforts as a partnership with the Bureau, the CMS Regional Office in Philadelphia, and with the Berry, Dunn, McNeil and Parker Team. We collect and review five key pieces of supporting material to develop the approach for Certification planning. These include the mapping of the Health Enterprise baseline system to the MECT checklists and to the RFP requirements, and any mapping of the RFP requirements to the MECT checklists that BMS has performed, as well as any CMS updates to the MECT, and BMS' Yes/No responses on the checklists already submitted to the CMS Regional Office. These reviews provide the certification planning teams with a mutual understanding of how far along the project is in the certification planning process. We use the outcome of these reviews to develop the initial Certification Readiness Plan, including West Virginia Health Enterprise-specific tailored checklists that are mapped to the RTM, to outline the process for tracking design changes to the CMS checklists and mutually determine go-forward steps to achieve certification within 12 months of "go live." Changes to the RTM can then be linked back to artifacts collected to support checklist assessments. The Certification Plan includes the detailed certification schedule, including planning and execution. During this phase, we identify the project resources that will be dedicated to the certification preparations and process, and we create the repository in SharePoint for all MECT materials, providing BMS visibility and access to these materials.

10.6.5.2 Approach to Obtaining BMS Approval of the Completion of Certification Planning Phase

2. Approach to obtaining BMS approval of the completion of Certification Planning Phase, including proposed Acceptance Criteria for each Milestone.

As part of our Project Management Methodology, ACS has a structured, documented process for reviewing and obtaining BMS approval of all deliverables. Each deliverable is accompanied by ACS' Deliverable Review Comments Form which documents each step of the deliverable reviews, both internal and by BMS, as well as BMS Project Officer signatory approval of each deliverable. Please see proposal Section 10.2.3, Process for Acquiring Deliverable Acceptance by BMS, for details regarding this process.

During planning, ACS team members work with the BMS Re-procurement Team to create a Deliverables Expectations Document that details the description, location, constraints and assumptions, and key stakeholders for all contractual deliverables. Using this document, we work with BMS staff to generate mutual understanding and define measureable acceptance criteria for the work products to be designed and delivered throughout the project. Specific proposed acceptance criteria for CMS Certification Planning are shown at Table 10-21.

Table 10-21. Proposed Acceptance Criteria for CMS Certification Milestones

Milestone	Acceptance Criteria
Completion and BMS Approval of Phase 1e	The following have been completed and approved: • Certification Readiness Plan with Initial Checklist and Reporting During Certification Planning • CMS Certification Planning schedule is approved by BMS, and maintained up to date by the ACS EPMO and the Certification Planning team.

10.6.5.3 Adhering to MECT or its Successor in Preparing MMIS and BMS for Certification Review

3. Approach and methodology to: a. Adhering to the preparation guidelines in the MECT (MECT), or its successor, in preparing the MMIS and BMS for the Certification Review.

ACS has invested considerable effort in evaluating the current MECT released by CMS in September 2007 to gain an understanding of changes in the CMS certification practices over the past few years. As the toolkit evolves, we continue to integrate updates and changes into our functional requirements and processes. The detailed functionality outlined in the 20 certification checklists is mapped to Health Enterprise's functional requirements to validate that it fully satisfies CMS business requirements. The effort goes beyond the initial mapping to track and link changes to requirements and artifacts to MECT System Review Criteria. The linkage among RFP requirements, the Toolkit, and Health Enterprise is maintained in SharePoint to support tracking and updates to documentation. Using these automated tools, documents are appropriately identified, collected, indexed, stored, and updated in the SharePoint repository. A special location is reserved specifically for certification documentation, artifacts, and project management information in order to facilitate access to information specific to certification.

Task Coordination

b. Coordinating tasks between the BMS Re-procurement Team and Vendor Certification Lead (SME) to plan to obtain CMS certification for the new West Virginia MMIS within 12 months of the production start date, in accordance with the following: Title 42 U.S.C. section 1996 b (a)(3)(B) provides seventy-five percent (75%) Federal financial participation (FFP) for operation of mechanized claims payment and information retrieval systems approved by CMS. Up to ninety percent (90%) FFP is available for MMIS-related development costs prior approved by CMS in BMS's APD and at contract signing.

EXPERIENCED
STAFF

A critical success factor in our approach to certification is a planning process that encourages cooperation and communication between the BMS Re-procurement Team and the ACS Certification Team. As with all of our MMIS contracts, we assign an experienced MMIS professional to serve as our Certification Manager, to coordinate task accomplishment between the BMS Re-procurement Team and ACS.

We are pleased to have Judith Hanson serving in this role. Judith has more than 25 years of broad experience as a national MMIS and Medicaid subject matter expert. Her systems expertise spans several areas including MMIS requirements analysis, testing, implementation, and federal certification in both program consulting and independent validation and verification roles. Ms. Hanson currently provides guidance to ACS New Hampshire certification staff as needed. As a national subject matter expert on Certification, Judith has worked with Certification Teams from CMS Central Office, and with Regional staff from every CMS region regarding certification issues. Her input to Certification Readiness planning will address timing issues related to the Request for Certification and proposed site visit dates to meet the 12-month certification date.

As Certification Manager, Judith continuously assesses all certification activities, identifies potential risks, develops recommended resolutions, and ensures certification deliverables are submitted on time. Judith coordinates certification planning and preparation tasks between the BMS Re-procurement Team and ACS to ensure Health Enterprise receives certification within 12 months of “go live.” She meets weekly with BMS Re-procurement Team members to coordinate certification activities, identify risks, and address any issues related to CMS Certification. During the Implementation Phase, Judith works with the design teams to compare design documentation with MECT checklists to ensure that Health Enterprise achieves CMS certification.

Judith heads a team dedicated to certification activities that are drawn from West Virginia DDI and operations staff supporting testing and training. This blend brings together Health Enterprise expertise, West Virginia presence, and a cadre of trained resources that BMS can count on. Ongoing certification planning for ACS Health Enterprise projects in other states will not affect the West Virginia CMS Certification resources or scheduling. In fact, certification for the West Virginia Health Enterprise will benefit from the fact that Health Enterprise will have already completed certification planning and preparations in three previous states. BMS representatives will have the opportunity to observe a live CMS site visit in another state at least one year prior to the West Virginia “Go live.”

ACS has engaged the services of Mr. Leonard Kelley, a consultant with a broad understanding of the CMS Certification process and West Virginia’s unique MMIS requirements, to assist in planning and coordinating the CMS Certification tasks and process. Mr. Kelley joined West Virginia’s Medicaid Program in late 1992 and served for 15 years in various roles for the MMIS project. Through his experience working for the Department of Health and Human Resources, he brings a deep understanding of the Medicaid program, and the challenges of implementing, operating, and certifying the complex MMIS for West Virginia. He will work closely with Judith Hanson and the CMS Certification team members to coordinate activities associated with certification tasks.

Ensuring Traceability to CMS Certification Requirements

c. Ensuring traceability to CMS Certification requirements through design, development, and testing.

By incorporating the MECT and MITA-aligned business objectives and review criteria into our analysis and design process, Health Enterprise is designed as a true MITA-aligned MMIS. Checklist mapping documentation resides in the Health Enterprise requirements management tool, Rational DOORS, tracking certification requirements through each step of the system development lifecycle.

One of the best practices that has evolved from our experience working with the new MECT on our current CMS Certification planning and preparations being conducted in Alaska, New Hampshire, and North Dakota is that we begin tracing certification requirements as part of the Requirements Traceability Matrix (RTM) early in the project. We use the DOORS tool to map every requirement and system artifact back to the CMS Certification requirements. Using the RTM, we already have traced certification requirements in Health Enterprise from design through development and testing for Alaska; from development through testing in North Dakota, and from testing through implementation in New Hampshire. The MMIS Re-procurement Project benefits directly from our experience working on certification in these current Health Enterprise projects.

Preparing a Certification Readiness Plan

d. Preparing a Certification Readiness Plan to be used during the Certification Phase (Phase 2b) to prove fulfillment of all Federal and state requirements for certification and submit to BMS for approval no less than nine (9) months prior to system implementation; e. Updating the Certification Readiness Plan to provide contingencies for any system or business defects identified during system testing and UAT.

ACS starts planning for certification from day one of the contract and begins development of the Certification Readiness Plan early in the certification process. The plan ensures that we perform all the needed activities required in preparation for certification, both to substantiate clearly that the West Virginia Health Enterprise is certifiable and to satisfy the requirements and procedures outlined in the MECT. The plan incorporates key information from the MECT, milestones to meet, and the protocols to follow to ensure that all MECT checklist items and other certification deliverables are complete and ready for timely delivery to CMS representatives, and all reports and operation artifacts from Day 1 are available for CMS review. The plan ensures that all supporting documents, process flows, and testing documents requested by CMS are collected, stored, and updated in the SharePoint repository prior to submission of the letter to CMS requesting certification, and that BMS can make all required statements regarding ACS performance. We update the plan to reflect decisions made jointly by BMS and ACS as requirements change, such as during Unit Acceptance Test and system test, which may affect MECT business objectives. We work with BMS to finalize the plan months prior to beginning of operations, ensuring submittal of the final approved plan nine months prior to “go live” as required by the RFP.

Certification Scheduling

f. Certification scheduling, including the creation of a schedule for certification activities.

ACS closely follows the MECT approach, incorporating each CMS prescribed step of the certification process into our project schedule and adding tasks, milestones, and deliverables expected by both BMS and CMS. It is important that BMS and ACS work closely together to review and fine-tune the key activities in the certification schedule. We track and report progress for each certification step using the same standards, processes, and tools that are employed for all project activities, ensuring that all preparation activities for the CMS on-site visit, demonstrations, and reviews are completed on time.

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted] [redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

10.7.2 Phase 2b: CMS Certification

REQUIREMENT: RFP Section 3.2.7.2 to 3.2.7.2.1, pg. 88 of 99

Our highly qualified staff, experienced in CMS Medicaid Enterprise Certification Toolkit (MECT) criteria, and equipped with specialized WV experience and ACS' proven processes, supports timely completion of the CMS Certification Phase to ensure the West Virginia Health Enterprise qualifies for the highest eligible FFP rate retroactive to the first day of operation.

Our proposed Certification Manager for West Virginia Health Enterprise, Judith Hanson, is leading Certification Planning, Phase 1e, from Day 1 of the contract. Judith has participated in eight previous certifications and is currently advising the New Hampshire certification project team, one of the first to use the CMS MECT. In addition, our certification team includes ACS Consultant Leonard Kelley, who brings West Virginia Medicaid institutional knowledge to support the certification process.

Organized preparations throughout Phase 1 expedite the completion of CMS certification activities at go-live. Updated certification checklists, confirmed certification artifacts, an inventory of Health Enterprise reports, and staff resources are ready for efficient completion of post-implementation certification tasks.

The Bureau and ACS are close partners throughout CMS Certification Review Protocols

- ACS has a proven track record with successful CMS Certifications
- Dedicated Certification Support Team and Certification Manager experienced with the CMS MECT
- ACS follows CMS MECT protocols to collect and store required CMS documentation and prepare for onsite reviews

10.7.2.1 Approach to Completion of the CMS Certification Phase

3.2.7.2.1 Phase 2b: Vendor Response Requirements. The Vendor's proposal should present a narrative description of the Vendor's proposed approach to completion of the CMS Certification Phase, including the Vendor's proposed:

Our history of successful MMIS certifications attests to our organized approach to post-implementation certification activities for the collection of documentation and timely completion of this contract phase (Please refer to Proposal Section 10.6.5, Phase 1e, CMS Certification Planning). We understand the BMS certification team's role in CMS Certification is paramount to success, and we provide efficient tools, well-organized material, and expert training to ensure the team is well-equipped for all certification activities.

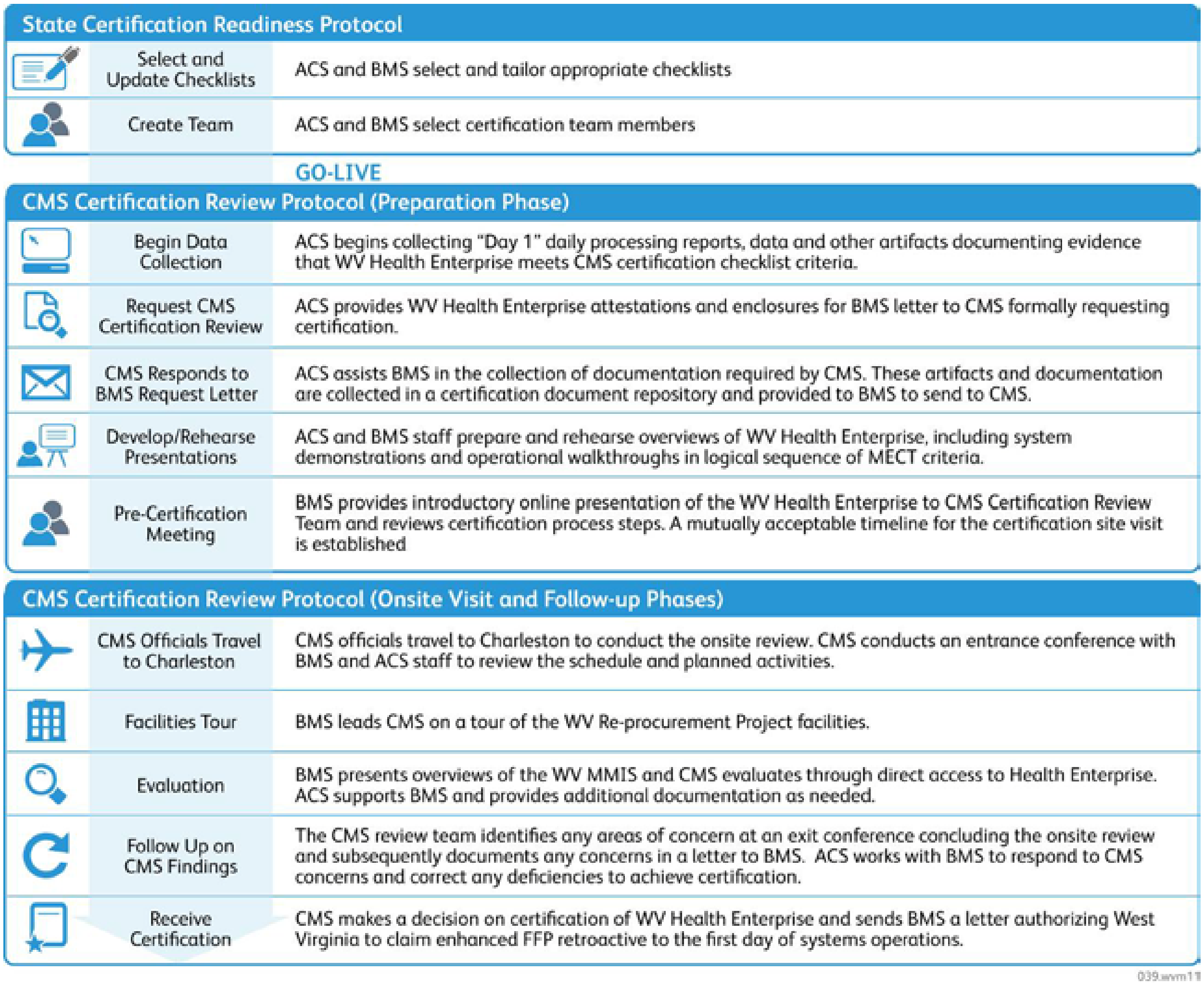
10.7.2.1.1 Completion of Phase 2b Deliverables and Milestones

1. Approach to the completion of the Phase 2b Deliverables and Milestones (as listed in Appendix C) within the specified time period.

ACS streamlines the CMS Certification task by continuously updating the checklists throughout Phase 1 of the MMIS Re-procurement Project to reflect new artifacts and West Virginia business rules that address specific system review criteria. With completed checklists, MMIS report inventory, and updated readiness schedule at go-live, we immediately begin to collect the requested documentation to meet the CMS response to the state's Request for Certification Letter. During the Certification task, we also build storyboards and demonstration scripts for BMS staff presentations of the system for CMS reviewers.

Completion of certification activities follows the schedule developed in coordination with the BMS Re-procurement team and our Certification Manager during Certification Planning (Proposal Section 10.6.5). To ensure the West Virginia Health Enterprise system obtains certification within 12 months of the production start date, each CMS-prescribed step of the certification process is integrated into our project schedule for EPMO oversight of the deliverables and milestones as described in Appendix C of the RFP.

Exhibit 10-37, CMS MMIS Certification Process Flow, provides an overview of the certification process and represents the different phases of the project that must be incorporated for completion of this contract phase.



State Certification Readiness Protocol

Select and Update Checklists	ACS and BMS select and tailor appropriate checklists
Create Team	ACS and BMS select certification team members

GO-LIVE

CMS Certification Review Protocol (Preparation Phase)

Begin Data Collection	ACS begins collecting “Day 1” daily processing reports, data and other artifacts documenting evidence that WV Health Enterprise meets CMS certification checklist criteria.
Request CMS Certification Review	ACS provides WV Health Enterprise attestations and enclosures for BMS letter to CMS formally requesting certification.
CMS Responds to BMS Request Letter	ACS assists BMS in the collection of documentation required by CMS. These artifacts and documentation are collected in a certification document repository and provided to BMS to send to CMS.
Develop/Rehearse Presentations	ACS and BMS staff prepare and rehearse overviews of WV Health Enterprise, including system demonstrations and operational walkthroughs in logical sequence of MECT criteria.
Pre-Certification Meeting	BMS provides introductory online presentation of the WV Health Enterprise to CMS Certification Review Team and reviews certification process steps. A mutually acceptable timeline for the certification site visit is established

CMS Certification Review Protocol (Onsite Visit and Follow-up Phases)

CMS Officials Travel to Charleston	CMS officials travel to Charleston to conduct the onsite review. CMS conducts an entrance conference with BMS and ACS staff to review the schedule and planned activities.
Facilities Tour	BMS leads CMS on a tour of the WV Re-procurement Project facilities.
Evaluation	BMS presents overviews of the WV MMIS and CMS evaluates through direct access to Health Enterprise. ACS supports BMS and provides additional documentation as needed.
Follow Up on CMS Findings	The CMS review team identifies any areas of concern at an exit conference concluding the onsite review and subsequently documents any concerns in a letter to BMS. ACS works with BMS to respond to CMS concerns and correct any deficiencies to achieve certification.
Receive Certification	CMS makes a decision on certification of WV Health Enterprise and sends BMS a letter authorizing West Virginia to claim enhanced FFP retroactive to the first day of systems operations.

039.wvm11

Exhibit 10-37. WV MMIS Certification Process Flow

MMIS certification process flow for West Virginia is aligned with the new CMS MECT Protocol Steps.

10.7.2.1.2 Obtaining BMS Approval of Phase 2b, CMS Certification Completion

2. Approach to obtaining BMS approval of the completion of Phase 2b, including proposed Acceptance Criteria for each Milestone.

The ACS in-depth CMS MECT experience, use of the certification checklists, collaborative Certification Planning, and internal demonstrations of the system during testing all support the BMS approval process. Our analysts also prepare storyboards to demonstrate Health Enterprise system functionality in a logical sequence, organized according to the system review criteria for each business objective of the CMS MECT. These storyboards form the basis for BMS Re-procurement team member training to prepare for presentation of West Virginia Health Enterprise to CMS reviewers.

West Virginia also will benefit from the prior completion of three separate CMS reviews of Health Enterprise in New Hampshire, Alaska, and North Dakota, using the new CMS MECT criteria. Knowledge and experience gained from these certifications will streamline the West Virginia review process, allowing it to center on specific West Virginia Health Enterprise enhancements and spotlight State-specific business objectives and areas we know are of interest to CMS. CMS representatives in the

Philadelphia region already will be familiar with the overall functionality of Health Enterprise's and the commercial off-the-shelf solutions integrated with Health Enterprise.

During weekly certification status meetings with BMS, we review certification artifacts, deliverables, and a certification progress dashboard that tracks review progress for each certification checklist. We track action items and any issues identified. This weekly meeting is also the primary communications channel for questions from ACS to BMS that may need to be raised with the CMS regional office.

Phase 2b CMS Certification Milestones and proposed acceptance criteria are shown in Table 10-25.

Table 10-25. Proposed Acceptance Criteria for Certification Phase Milestones

Milestone	Proposed Acceptance Criteria	Timeline
138 – Completion and BMS Approval of Certification Readiness Planning Meetings	• ACS submits updated Certification Readiness Plan • ACS submits fully completed checklists showing all criteria which demonstrate that Federal and State requirements have been satisfied. BMS reviews criteria checklists for Y/N compliance and identification of other stakeholders	• 2-3 months after go-live
139 – Pre-Certification Meeting and/or CMS Call	• ACS submits collected daily processing reports, data and other artifacts documenting evidence that Health Enterprise meets CMS certification checklist criteria for review • ACS ensures all criteria are supplied to BMS for the Certification Readiness Checklist in preparation for BMS submission to CMS Regional Office • ACS completes participation in Regional Office Briefing and Approval of Checklist • **CMS Certification Request Letter**. ACS delivers draft letter to BMS which includes Declaration that West Virginia Health Enterprise meets all of the requirements of law along with other attestations • ACS submits data package in response to any CMS request for additional data needs and completes delivery of all compiled documentation outlined on Chapter 3, page 15 of the CMS MECT Protocol. These artifacts and documentation are collected in a shared certification document repository and provided to BMS to send to CMS • ACS collects and maintains timely documentation for BMS in preparation for the CMS onsite visit • ACS supports BMS participation in Regional Office briefing • ACS supports BMS participation in the Pre-Certification Meeting/Call with the CMS review team	• 3-5 months after go-live • 6 months after go-live
140 – CMS Certification (This is considered the final deliverable for DDI)	• ACS develops training material and delivers BMS training; prepares and rehearses overviews of Health Enterprise including system demonstrations and operational walkthroughs. Using the CMS MECT checklists as a guide, storyboards are prepared to facilitate the presentations. • ACS and BMS work together to schedule on-site visit and conduct Health Enterprise walkthroughs • All steps in the CMS onsite visit completed including ACS support of BMS in the entrance conference, evaluation of West Virginia Health Enterprise, and exit conference debriefing • ACS submits completed post-review analysis and follow-up: all CMS requests for analysis of data, resolution of issues, all checklist items dispositioned and Corrective Action Plans (CAPs) completed • BMS receives the CMS Certification Review Final Report concluding that the West Virginia Health Enterprise meets all State Medicaid Manual and other	• 7-8 months after go-live • 10 months after go-live

Milestone	Proposed Acceptance Criteria	Timeline
	Federal requirements for certification and a confirmation to certify the West Virginia Health Enterprise retroactive to the first day of operations of the MMIS Re-procurement Project to ensure full Federal financial participation.	

SharePoint's workflow management capability allows all BMS and ACS team members to efficiently and easily track the progress of deliverables throughout the review and approval process. Please refer to Proposal Section 10.2.3, Process for Acquiring Deliverable Acceptance by BMS, for additional information on the deliverable review process.

10.7.2.1.3 CMS Certification Methodology and Approach

3. Methodology and Approach

During the CMS Certification task Judith meets weekly with the BMS certification team and our MMIS Account Manager, Doug Tomlin, to provide status updates and address any questions or issues. Our WV consultant, Leonard Kelley, is also available to participate in certification status meetings. Leonard provides a valuable historical reference point for MMIS certification and expert guidance for certification communication and coordination.

We use our established proven project management methodology (PMM) standards to ensure continued success throughout Phase 2b. Our SPARK-ITS methodologies provide a framework for standardizing the entire spectrum of activities and help the certification team produce quality results, manage risk, and track progress (please see Proposal Section 10.2, Project Management).

Updating the Certification Readiness Plan

3a. Updating the Certification Readiness Plan, including contingencies for any system or business defects identified during system testing and UAT

After completion of UAT, the Certification Readiness Plan is updated to include any system or business operations defects that were identified, corrected, retested, and resolved during system testing and user acceptance testing. Our requirements management tool, Rational DOORS, supports efficient, accurate completion of this activity. We link RFP requirements as well as MECT system review criteria to the Requirement System Design, Detail System Design, and testing, to provide evidence of full traceability. Rational DOORS produces the Requirements Traceability Matrix (RTM) which maintains linkages to alert us to any certification artifacts that need updating in preparation for CMS review. Maintaining accurate, current, and verifiable linkages between certification documentation and system functionality supports a smooth review process.

Supporting Certification System Remediation

3b. System remediation in the instance that CMS determines that the MMIS (including all component parts) does not meet certification standards.

After the CMS exit conference with BMS, the CMS MECT protocol steps allow a period for additional questions, requests for information, or identification of issues. During this period, ACS works with BMS to answer any questions, provide additional documentation, or establish corrective action plans for any identified deficiencies. ACS also assists the BMS certification team in tracking a consolidated list of questions or issues. We maintain the list of issues and action items and work through all steps until the issues are resolved and certification is achieved.

CMS Certification Resource Support

3c. Maintaining appropriate resource levels to achieve CMS Certification while performing fiscal agent operations.

EXPERIENCED
STAFF

Our Certification Manager, Judith Hanson, in conjunction with the ACS certification team, coordinates the technical and operational resources necessary to conduct certification tasks without disruption to ongoing fiscal agent operations. Judith oversees the capture of documentation to support the certification effort. Our staffing model provides business analysts and documentation specialists designated to perform these certification tasks. Prior to go-live, ACS business analysts begin gathering certification documentation, thereby reducing the certification work effort to be performed during fiscal agent operations. Our EPMO Director works closely with Judith and the BMS Re-procurement team to ensure that all preparation for the CMS on-site visit is completed on time and that appropriate resources are made available for each certification milestone.

10.7.2.1.4 Certification Support

4. Certification Support: Approach to providing support to BMS including (but not limited to)

ACS' experienced certification resources, effective tools, training, and proven processes support the BMS certification team for timely submission of the Certification Request Letter, certification documentation gathering, and electronic document storage activities.

Support for BMS' request for CMS Certification Review and Approval

a. Preparing and submitting BMS' request for CMS certification review and approval.

The formal CMS certification review begins when BMS requests certification through a formal letter to CMS. The letter contains BMS' formal MMIS system acceptance, declaration that West Virginia Health Enterprise meets all requirements of law and regulation, date the system went live, and a suggestion of when the on-site visit could occur. This letter can be sent as early as two months after go-live and sets the wheels in motion for CMS to prepare for the on-site visit and Health Enterprise review. ACS assists BMS by preparing all enclosures and attestations, ensuring that all required statements regarding performance can be made by BMS in the certification request letter for West Virginia Health Enterprise.

Preparing CMS Certification Documentation

4b. Preparing all documentation and operational examples to demonstrate criteria are met and system and fiscal agent operations address all business functions and performance standards and business model expectations for certification.

ACS compiles all data and documentation required for BMS submission to CMS. This documentation is used to demonstrate full certification compliance back to the first day of operation. The list of certification data needs is extensive and includes such items as system documentation, network components, MMIS error code listings, records layouts, and MSIS data. A complete list may be found in Chapter 3, page 15 of the CMS Protocol.

Business operations and systems analysts begin the collection of this documentation during DDI and are assigned to each CMS MECT checklist for the duration of the certification process. Post-implementation, ACS business analysts ensure that required Day 1 reports are generated to provide documentation of production operations on the go-live date. Documentation specialists also collect data and reports and coordinate delivery of supporting documents, process flows, and other certification data needs. These certification artifacts are migrated to designated electronic folders in the project repository certification directory where the entire CMS review package is stored throughout the certification period.

Certification Document Storage and Access

4c. Shared electronic document storage where certification materials and supporting documentation can be uploaded, organized and accessed by CMS during onsite review.

ACS establishes and maintains a designated electronic document storage location on our project repository for shared access to certification documentation by CMS reviewers during the onsite review. This location provides a centralized store for Health Enterprise reports for Day 1 and onward, operational and technical artifacts, and project-related information. Documents are appropriately identified, collected, indexed, and stored. Updates are managed through electronic version control to help organize vast amounts of information and to simplify locating documents during the CMS on-site visit.

10.7.3 Phase 2c: MMIS Modifications and Enhancements

REQUIREMENT: RFP Section 3.2.7.3 to 3.2.7.3.1, pg. 89 of 99

3.2.7.3.1 Phase 2c Vendor Response Requirement: The Vendor's proposal should present a narrative description of the Vendor's proposed approach to completion of the Modifications and Enhancements Phase, including the Vendor's proposed:

The expertise of ACS' dedicated management staff, the proven management processes of our SPARK-ITS® Quality Management System (QMS), and the flexibility of Health Enterprise combine to ensure that all system modifications and enhancements meet BMS' business needs.

BMS faces significant challenges in modifying and enhancing the existing legacy MMIS to continue to meet changing federal mandates and improve Medicaid services to its citizens. Recognizing these constraints, BMS seeks an MMIS that supports continuous improvement of West Virginia's ability to provide efficient, effective, and economical management of the Medicaid program and to provide its Medicaid members with improved access to quality healthcare.

ACS offers a modern and innovative MMIS solution and broad Medicaid experience to help BMS meet its Medicaid goals. The component-based, Medicaid Information Technology Architecture (MITA)-aligned approach of Health Enterprise provides BMS with significant flexibility to include or exclude various functions driven by specific program requirements, and provides greater ease in maintaining and modifying system documentation and functionality. We work with the BMS Re-procurement Team to identify, develop, and implement enhancements specifically designed to achieve advanced MITA maturity levels. ACS built Health

Ongoing Rigorous Management of Modifications and Enhancements

- Health Enterprise's component-based architecture allows modifications and enhancements to be incorporated quickly and easily
- EPMO uses well-defined processes to manage enhancement and maintenance resources
- Change management tools and processes provide flexibility to accommodate BMS requests
- Management team with decades of experience managing changes in complex MMIS environments

Enterprise from the ground up to support Medicaid Services. We developed and own the Health Enterprise software, giving us direct control over the process for system changes, modifications, and enhancements, supporting timely implementation. Through proper prioritization and scheduling, detailed tracking and status reporting, and constant communications with all MMIS Re-procurement Project stakeholders, we minimize impact on MMIS users, while implementing approved changes.

10.7.3.1 Methodology and Approach to Change Request Process

1a. Methodology and approach to Change Request process to provide a framework for submitting, reviewing, approving, prioritizing, and monitoring all modifications and enhancements.

Our methodology for managing changes from initial request to final implementation and closeout requires that changes to hardware, software, baselined documentation, and operational procedures occur only with approved change requests (CRs), and CR releases occur only with appropriate configuration control. Requests for system enhancements and modifications are submitted in a format approved by BMS and include all necessary documentation identified in the Change Management Plan. This serves as the trigger for initiating, tracking, and controlling changes to the production system and contract scope of work. By limiting system change activities to those triggered by a change request, we ensure that no changes are made to the system without a rigorous process of review, assessment, and evaluation. The main components of ACS’ approach to managing CRs are listed in Table 10-26.

Table 10-26. Key Components of Our Approach to Managing Change Requests

Change Management Components	Description
SPARK-ITS ® QMS, Configuration Management, Change Management, and Release Management Plans	These tightly-integrated plans identify which project elements require what level of change control, how change control works, and how changes are released. Methodology processes and workflows are the same as those followed in the earlier phases of the project.
Microsoft® Office SharePoint ® (SharePoint)	SharePoint is our standard documentation, information management, and collaboration tool. Among other things, it is used to enter, track, and report maintenance support and system enhancement requests throughout the project and provides access to BMS to monitor performance and progress of all aspects of the project, including change requests during Phase 1c.
Change Control Board (CCB)	This joint team comprised of BMS and ACS staff reviews and approves or rejects all change requests.
EPM Solution, including Project Web Access (PWA)	This suite of products is used to manage project resources (including their time spent on maintenance and enhancement activities) and to create earned value and other summary reports.
Enterprise Project Management Office (EPMO)	ACS’ dedicated project management staff administer, monitor, and report on all aspects of the MMIS Re-procurement Project, including maintenance and enhancement activities.

By adhering to our documented change management processes from change identification through implementation and final closure, we provide seamless integration and execution of all system enhancements and maintenance support requests approved by BMS. Our change and other project management tools provide both BMS and ACS with a ready, effective way to schedule, report on, and monitor all change requests from start to finish.

Our Configuration Management Plan (discussed further in Proposal Section 10.6.1.5, Initial Configuration Management Plan) identifies which project artifacts are subject to configuration management, the types of configuration management that the project has adopted (typically items can be under full configuration—meaning there is a written rule that defines how they are managed, or limited configuration—meaning they have an identified owner who is responsible for managing their configuration), and the processes and roles associated with the project's configuration management.

The Change Management Plan specifies the framework and processes for handling proposed changes to project artifacts. It addresses how to request a change; how changes are analyzed, prioritized, developed, implemented, managed, and reported; and the processes and roles pertaining to change management.

Finally, the Release Management Plan details the process for releasing new software code and other associated components, including documentation and training, to system test and/or production environments or delivery channels.

Approved CRs are traced to their affected contractual commitments through the Requirements Traceability Matrix. This ensures that each requirement can be linked to any and all CRs that affect the requirement’s scope, intent, or consequence.

Throughout this process, we provide appropriate control through our EPMO. Our Medical/Dental Systems Manager, acting as our Technical Director/Chief Information Officer during operations, Tim Bastian, works with BMS leadership to discuss potential new capabilities, upcoming federal requirements, and system capabilities at other ACS projects that may be beneficial to West Virginia. Tim brings 23 years of experience in systems development and analysis, including management of large teams of technical and business resources crafting technical solutions for complex business needs including nine years in Medicaid. The POS Systems Manager, Ed Jingluski, and the Medical/Dental Application Manager, Bill Schneider, supported by the Technical, Design and Configuration teams, oversee the system maintenance activities using the knowledge of the West Virginia Health Enterprise system gained during system design, development, and implementation. Ed brings more than 20 years of management experience including senior management, and extensive experience with MMIS/POS solutions. Bill Schneider has 16 years of MMIS-specific experience, including current implementation experience in Health Enterprise. These three key roles are responsible for handling change management activities throughout Phase 2c, MMIS Modifications and Enhancements.

Change management staff in the EPMO work with staff in the systems group and other functional groups to analyze each CR and provide estimates for the change. Their findings are documented in SharePoint and provided to the CCB for review. Providing oversight of the process, the CCB is a leadership team that provides direction and business prioritization to the change control/management process. Comprised primarily of BMS and ACS management leadership, the CCB discusses proposed changes with regard to contract scope, reviews potential business and project impacts and risks, and approves or rejects proposed changes. Members of the BMS Team actively participate on the CCB, providing visibility and control of the change management process to BMS. Dependencies are analyzed and fully represented relative to the change in order to avoid unintended consequences.

Based on our experience managing changes in the complex MMIS environment, we understand the need for coordination of the many change management activities. We provide a dedicated CR Coordinator (part of the EPMO) who is responsible for maintaining the Change Request Log in SharePoint; preparing documents for CCB meetings; and communicating with change submitters about CR approval, scheduling, and completion.

Exhibit 10-38 depicts our high level change request process flow. Changes outside the contract scope requiring additional funding are submitted to the BMS Project Officer for review and approval prior to implementation. Approved CRs are returned to the EPMO, updated in SharePoint, and the work is prioritized and scheduled.

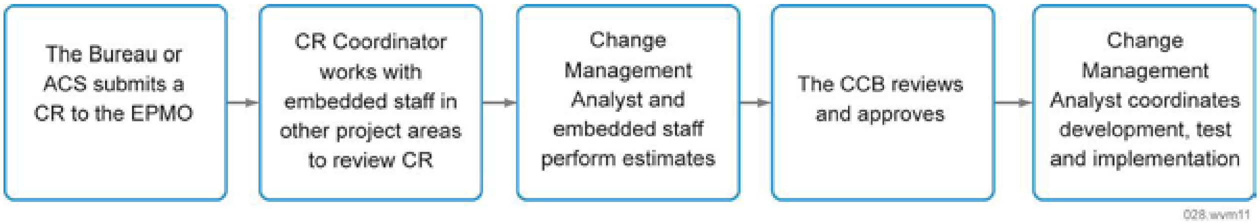

The Bureau or ACS submits a CR to the EPMO
CR Coordinator works with embedded staff in other project areas to review CR
Change Management Analyst and embedded staff perform estimates
The CCB reviews and approves
Change Management Analyst coordinates development, test and implementation
028.wvm11

Exhibit 10-38. Change Request Process Flow

Our change request process flow ensures all changes follow strict procedures to maintain consistency and control throughout the project.

10.7.3.2 Methodology and Approach to Managing Development and Implementation of Modifications and Enhancements

1b. Methodology and approach to Managing development and implementation of modifications and enhancements, including methodologies for project management and application development.

During Phase 2c, MMIS Modifications and Enhancements, we continue our strict adherence to the SPARK-ITS® QMS. The change management process provides the mechanism for defining, analyzing, estimating, and approving potential changes. Approved changes then go through the same design, development, and implementation process as the DDI Phase did initially. Exhibit 10-39 depicts the high level process flow used to develop and implement modifications and enhancements.

We treat each CR as a mini-project, following the same System Development Methodology (SDM) Spark-ITS® workflows as during the earlier phases of the MMIS Re-procurement Project. Following approval of a CR by the CCB, the CR Coordinator works with the change requester regarding implementation dates, resolves any conflicts between on-going scheduled CRs, and notifies all affected parties of the final schedule for each CR. A team lead is assigned responsibility for each CR to coordinate the expected completion date with the EPMO and to monitor and control work on the CR. The team lead assigns the CR to a team member with the appropriate skill set who is available for work. The team member is responsible for designing, developing, testing, and implementing the CR. The assigned team member also is responsible for preparing the CR for promotion and migration following our detailed release management process, and for maintaining the CR Log information in SharePoint. The team lead is responsible for providing a weekly status report of all CRs to the project manager.

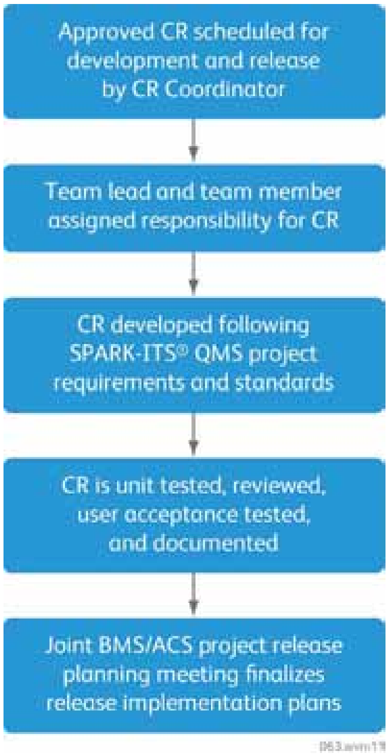

Approved CR scheduled for development and release by CR Coordinator
Team lead and team member assigned responsibility for CR
CR developed following SPARK-ITS® QMS project requirements and standards
CR is unit tested, reviewed, user acceptance tested, and documented
Joint BMS/ACS project release planning meeting finalizes release implementation plans

Exhibit 10-39. CR Development and Implementation Process

SPARK-ITS® QMS ensures all CRs are developed and implemented using the same processes and controls as the initial Health Enterprise system.

Just as we begin any project, the team lead and responsible team member conduct a thorough review of all the CR details assuring there are no ambiguities in the CR documentation. They prioritize release development activities, determine impacts of releases and their development on services, and ensure that all requirements have been incorporated into release designs and activities.

Following the SPARK-ITS® SDM, the team member develops the CR based on requirements, impact assessments, defect history, and successful release criteria, making all changes in compliance with the MMIS Re-procurement Project's documentation and technical standards. We perform unit tests, conduct informal code reviews or formal peer reviews, prepare Implementation Checklists, and conduct user acceptance testing prior to final approval of a CR for release. The CR team member creates a migration package encompassing all of the program elements that must move from development into acceptance.

A project release planning meeting involving BMS and ACS managers and team leads associated with the CRs is held prior to the release. CRs identified for the release are discussed to develop release strategy and implementation plans. Preliminary Release Notes are produced when the CR is introduced to acceptance and are delivered to all teams in order to provide awareness of the functionality currently planned for delivery.

A migration package is created to encompass all of the software/program elements that must move from acceptance to production for build rollout. Actions are coordinated to obtain approval for releases to go into production and to handle non-technical aspects of releases, such as training and communicating release status to the appropriate business units as needed.

10.7.3.3 Implementing Modifications/Enhancements with Minimal Disruption to Users

1c. Implementing modifications and enhancements with minimal disruption to users.

One of the primary objectives of implementing a Change Management Plan is to ensure that changes are made with minimum disruption to the services committed to its users, providing additional functionality and performance enhancements to systems while maintaining an acceptable level of user service. The CCB reviews proposed changes, works with the Release Manager to establish the contents of each release, and schedules appropriate release dates.

Change releases are scheduled to go live during non-peak usage hours. Notices regarding system non-availability for scheduled maintenance and enhancement activities are posted on the website a week in advance of a scheduled down-time for Health Enterprise. Contact information for the Call Center is provided on the website to ensure users have access to needed information and assistance.

10.7.3.4 Monitoring, Tracking, and Reporting on the Development and Implementation of Enhancements or Modifications

1d. Monitoring and reporting on the development and implementation of enhancements or modifications to the new West Virginia MMIS;
1e. Tracking, reviewing and reporting.

Our methodology and approach to monitoring, tracking, and reporting change management activities ensures complete transparency of the development and implementation of enhancements and modifications to the West Virginia Health Enterprise system. BMS and ACS members of the CCB review, approve, monitor, and report on all proposed and implemented changes to Health Enterprise throughout the project. Members of the BMS Re-procurement Team actively participate on the CCB, giving BMS direct visibility into and involvement in the change management process. During CCB meetings, the status of each change is presented and reviewed with BMS. The meeting covers introduction and review of potential new changes including business justification, assumptions, benefits, risks, and potential impacts associated with the decision to implement or not implement the changes. Contract scope is reviewed to determine if the change is outside the scope of the baseline project.

The CCB also reviews the progress and status of all changes being developed and implemented. After reviewing and approving the CR, the CCB confirms the change schedule and release dates. The CR Coordinator compiles a consolidated CR schedule for all approved changes which is maintained in SharePoint, where BMS can monitor system change requests at any time. The CR Log also is maintained in SharePoint by the CR Coordinator and updated by assigned team leads and team members responsible for designing, developing, and implementing each CR. The CR coordinator prepares status reports that list all emergency, open (sorted by highest priority, oldest first), waiting, approved, and current week closed CRs. The status of each CR also is included in the weekly and monthly Project Status Reports submitted to BMS. Preliminary and Final Release Notes identify CRs expected and approved for each release.

10.8 Phase 3: Turnover and Close-Out

REQUIREMENT: RFP Section 3.2.8 to 3.2.8.1, pg. 90 of 99

The Bureau requires a trusted partner to conduct a smooth, orderly transition of all fiscal agent responsibilities to a successor contractor during the Turnover and Close-out Phase without jeopardizing the continued delivery or quality of services. ACS' proven Turnover management, quality focus, and advanced reporting capabilities help lead to a successful low-risk transition.

We recognize the competitive bid process is of great importance to the Bureau and essential to obtaining the best value for the citizens of West Virginia. Regardless of the outcome of the next procurement, we value our relationships with the Bureau very highly, and take our responsibility to successfully transition knowledge and materials to the successor seriously. A successful turnover is a key element in preserving our relationship with the Bureau and our reputation in the marketplace.

- Close coordination with the Bureau and successor contractor
- No adverse impact on providers, members, or ongoing operations
- Experienced team with a long history of successful operations and turnovers
- Comprehensive tools for efficient management tracking and reporting

The Bureau experienced first-hand ACS' commitment to a successful turnover during the 2003-2004 transition of the WV MMIS to a successor contractor. At the conclusion of that effort, BMS expressed its appreciation in a Letter of Commendation to ACS for our level of professionalism and dedication to ensure the turnover was a success. We again bring you expert, trusted Turnover and Close-out leadership. Andy Fontalbert, Medical/Dental Deputy Account Manager/Operations Manager, serves as our Turnover Coordinator, reporting directly to MMIS Account Manager Doug Tomlin to plan and manage the transition in a cooperative and controlled manner. Our specific hands-on experience with the WV Medicaid and our dual experience as both an outgoing and—more often—as the incoming contractor on other successful turnovers and takeovers gives us a clear understanding of each party's responsibilities and the key factors that contribute to a successful MMIS Re-procurement Project turnover and close-out.

10.8.1 Approach to Completion of Phase 3 Deliverables and Milestones

3.2.8.1 Phase 3 Vendor Response Requirements: The Vendor's proposal should present a narrative description of the Vendor's proposed approach to completion of the Turnover and Closeout Phase, including the Vendor's proposed: 1. Approach to the completion of the Phase 3 Deliverables and Milestones (as listed in Appendix C

We have learned that flexibility, coupled with effective communication, is the most critical turnover success factor. We maintain flexibility within the schedule, understanding that it is driven by BMS' transition schedule for the successor contractor. Our plan includes a turnover checklist to ensure all components of the operation are addressed, and we work cooperatively with both BMS and the successor to coordinate plans and synchronize transition activities. Our Enterprise Project Management Office (EPMO), which includes a Quality Assurance team, remains in place throughout the Turnover Phase and through the last day of operations, ensuring that all schedules, requirements, and quality standards are met.

The project repository provides access to current copies of the Turnover Plan, project schedules, risk and issue logs, draft deliverables, and other documents to keep BMS continually informed regarding Turnover activities and status. Before turnover activities are scheduled to begin, we submit a final update of the Turnover Plan to BMS that defines all tasks and deliverables required to effect a smooth, orderly turnover to the successor. Our Turnover Plan also includes the final delivery of a Turnover Results Report summarizing the completion of all turnover activities.

The Turnover Training Plan is developed to support the requirements for the successor's Implementation Plan following turnover coordination meetings with BMS and the successor (please refer to Proposal Section 10.6.3.4, Training Task). The plan is designed to ensure consistency with the successor's implementation approach as approved by BMS.

10.8.2 Approach to Obtaining BMS Approval

2. Approach to obtaining BMS approval of the completion of Phase 3, including proposed Acceptance Criteria for each Milestone.

Our approach to obtaining BMS approval for Phase 3 includes weekly meetings to review turnover and close-out deliverables and track any issues identified. This weekly meeting is also the primary communications channel for questions from ACS to BMS and the successor. ACS conducts walkthroughs of the key documentation, maintenance processes and procedures, and the SharePoint folder structure with BMS and the successor to allow an opportunity for questions and comments.

Specific proposed acceptance criteria for the Phase 3: Turnover and Close-out Milestones are shown in Table 10-27.

Table 10-27. Proposed Acceptance Criteria for Turnover and Close-out Milestones

Milestone	Proposed Acceptance Criteria
147 – Completion and BMS Approval of Turnover Training	• Completion of successor contractor(s) training as agreed in the Turnover Plan (Proposal section 10.6.3.4, Training Task)

Milestone	Proposed Acceptance Criteria
148 – Completion and BMS Approval of Turnover and Contract Close-out	• Completed and approved Turnover Plan • Completed and approved Turnover Project Schedule • Completed Turnover Plan tasks and activities including: – Approved MMIS Requirement Statement – Approved MMIS Software, Files, and Operations and User Documentation – Approved MMIS inventory report • Submission of final operational reports • Submission of final Financial Reconciliation • Submission of final invoice and completion of the settlement/retainage assessment review • Submission of Turnover Results Report

The EPMO reviews all deliverables to ensure they comply with document format, structure, and content requirements. Quality reviews are also performed on all documentation before submission to BMS or the successor contractor to confirm that it meets project standards and signatures are obtained to confirm receipt. Please refer to Proposal Section 10.2.3, Process for Acquiring Deliverable Acceptance, for additional information on the deliverables review process.

10.8.3 Methodology and Approach to Turnover and Close-out

Methodology and approach to:

Our Turnover and Close-out methodology and approach includes detailed project planning via the Turnover Plan, open and frequent communications as defined by the BMS-approved Communications Management Plan, quality reviews, and reports. We maintain careful control of activity against the Turnover Plan and the inventory of West Virginia Health Enterprise components transferred to ensure an orderly, complete, and controlled transition to a successor contractor.

We implement strategies to maintain staffing levels that allow us to continue to meet performance standards and work with BMS and the successor to ensure continued uninterrupted services. All components of the operation and all documentation are kept current and of high quality, ensuring complete availability of up-to-date materials throughout the project and at turnover.

> ***During our extended transition to our new Medicaid fiscal agent, ACS exceeded our expectations in providing professional and courteous support to BMS and the State of West Virginia. ACS' account team provided the data and information necessary to support the new fiscal agent's conversion and ACS' leadership openly communicated with BMS to ensure that ACS was prepared and responsive to our needs.***
>
> *Pat Miller, Director MMIS Operations, Bureau for Medical Services (WVDHHR)*

10.8.3.1 Turnover and Close-out Management

3a) Turnover and close-out management.

Our Turnover Coordinator, Medical/Dental Deputy Account Manager/Operations Manager, Andy Fontalbert, assembles the turnover management team (please refer to Proposal Section 10.3 Project

Staffing) and manages the final planning and detailed activities of the Turnover and Close-out Phase. Andy's in-depth knowledge of West Virginia Health Enterprise and project operations ideally equips him to serve as the ACS primary point of contact to accomplish a successful transition with no disruption of service operations. Andy works cooperatively with BMS and the successor contractor to direct and resolve all turnover related issues with an approach that emphasizes flexibility and open and timely communication.

Andy oversees all resource planning and staff transition, while maintaining a positive workplace environment, and manages the maintenance and turnover of an up-to-date inventory database of hardware, system and application software, network and communications components, deliverables, contract and operational documents, work-in-process, office equipment, and all other components of the operation.

10.8.3.2 Approach to Conducting the Transition

3b. Working cooperatively with the successor Fiscal Agent, other vendors, and BMS to create and carry out a plan that is designed to ensure a smooth and orderly transition to the new vendor.

We work cooperatively with BMS and the successor contractor's implementation plan to ensure our planned activities are synchronized with the successor's activities and that the products of our turnover activities are available to the successor when needed.

FLEXIBILITY

Our turnover management team led by Andy Fontalbert, with EPMO oversight, carefully tracks progress against the Turnover Plan. We provide weekly status updates to BMS, which include our plans to correct any conditions that could jeopardize the turnover schedule or quality. We prepare a contingency plan for early identification and resolution of potential turnover schedule issues and, with the Bureau's approval, we amend the turnover project schedule as necessary. If needed, we add ACS resources or make other adjustments required to keep our activities on schedule.

We provide an understanding of the operational functions and facility requirements necessary to support operations. Issues surrounding equipment, program materials, and other operational components are identified early. We review all equipment, leases, and other components to ensure full readiness for the transition. We supply office layout diagrams, together with supporting diagrams depicting equipment locations, communications links, disaster recovery plans, and any other necessary information related to project facilities and provide tours of our facility at BMS' request to help effect a smooth turnover process.

From the technical standpoint our Service-oriented Architecture (SOA) also eases the turnover process. Our extensive use of industry-standard commercial off-the-shelf (COTS) products minimizes the learning curve related to Health Enterprise technology.

We conduct successor staff training so as not to adversely affect ongoing operational services. Most training activities, including Computer Based Training (CBT) classes, can be taken at any time—within or outside of normal working hours—in order to further help ensure that operations are not disrupted. Please refer to Proposal Section 10.6.3.4, Training Task, for more information on our Turnover Training Plan.

10.8.3.3 Transition Resource Planning

3c. Providing the necessary resources to ensure a smooth turnover while performing fiscal agent operations through the close-out of the Vendor’s contract, including the development of a Staff Transition Plan.

The ACS management organization is designed to facilitate a successful turnover of project operations and provide continuing operations with no interruption in service. We avoid disruption by providing highly experienced staff to manage the planning and execution of turnover activities, leaving operations staff free to complete their ongoing operational responsibilities. We draw upon the experience and knowledge of our operations staff to help plan the Turnover and Close-out Phase, providing supplemental operational resources where necessary to ensure that continued operations are not disrupted. Any time-consuming activities which could distract operational staff from their day-to-day duties are scheduled outside of normal service hours.

Each submission of our turnover plan and its annual updates contains a detailed resource statement covering both the human and technical resources required for successful execution of the Turnover Phase. In addition to our turnover staff resources, we maintain a complete inventory of all technical components of the operation that includes hardware, system and application software, network and communications components, and supporting office equipment.

Our Staff Transition Plan identifies the additional human resources necessary to plan and conduct the turnover process without draining operational resources. We add incremental staff if necessary to provide continuity of operational services. Our turnover team includes staff members who have been a part of the overall project organization and have an in-depth understanding of Health Enterprise, as well as hands-on experience with West Virginia’s fiscal agent operations. Please refer to Proposal Section 10.3 Project Staffing, for an organization chart showing our turnover organization and a summary of the policies we employ to mitigate the impact of transition on our staff.

PARTNERSHIP

Our collaborative approach allows both ACS and the successor to establish guiding principles that support continuity, coordinate opportunities for staff to participate in job interviews, and to dedicate the resources to support and protect the interests of our respective teams. We believe a carefully planned process of transferring the right people at the right time works best. We work closely with BMS and the successor contractor to transition ACS employees hired by the successor on a timetable and schedule that ensures continued, uninterrupted operational services.

10.8.4 Approach to Financial Reconciliation

4. Approach to contract close-out financial reconciliation, including methodologies for:
   a) Final settlement of all Vendor invoices.
   b) Final reconciliation of all accounts receivable.
   c) Final assessment of payment retainage and damages.

Our EPMO oversees the identification and tracking of all contract close-out financial reconciliation tasks and deliverables in our Turnover Plan. Our SPARK-ITS Quality Management System (QMS) continues to govern our overall approach to the Turnover and Close-out Phase and includes proven practices and standards for conducting contract close-out financial reconciliations.

ACS' Financial Manager, Dave Fontalbert, maintains responsibility for all financial close-out activities, including settlement of all final invoices, bank and accounts receivable reconciliation, final assessment of payment retainage, and any outstanding liquidated damages. He also arranges the independent bank account audit and responds to any discrepancies discovered during the audit.

We generate and deliver to BMS a final series of financial reports, including reconciliation reports of bank accounts and accounts receivable. We use these final reports to identify any outstanding financial transactions and work with BMS, the bank, or any appropriate external parties to resolve these transactions.

We conduct a final settlement with BMS of all ACS invoiced amounts once final processing operations are complete. This assessment is conducted by BMS with Dave for final settlement of any payment retainage and damages. We are committed to continued adherence to all defined service levels and performance standards for both business operations and through completion of the Turnover and Close-out contract phase.

Following completion of Turnover to the successor, we deliver a Final Turnover Results Report to BMS. This report summarizes the outcome of the detailed project schedule activities against the Turnover Plan, including the results of the handover of fiscal agent operations and electronic data, necessary documentation, software and other components of the operation, successor training, and final settlement of all vendor invoices, accounts receivable, and payments.

ACS continues to support the Bureau in identifying and resolving any potential turnover related issues following the completion of the turnover process. Our experienced turnover management team, including both Andy Fontalbert and Doug Tomlin, and any other necessary resources to include operations staff, business analysts, or technical specialists, are available for a mutually agreed upon timeframe after the turnover date to answer BMS questions about ACS system and project operations. The team answers questions or helps the Bureau and successor contractor troubleshoot any problems related to the turnover process.

10.9 Drug Rebate Solution

REQUIREMENT: RFP Section 3.2.9 to 3.2.9.1 pg. 91 of 99

3.2.9.1 Drug Rebate System Vendor Response Requirement: At a minimum, the Vendor's proposed solution should include a detailed description of the following system features:

The ACS Drug Rebate solution combines our extensive drug rebate experience with an easy-to-use system that not only meets West Virginia's current needs, but provides expandability to align with the Bureau's future vision of its pharmacy and drug programs.

Pharmacy benefits represent one of the fastest growing segments of healthcare budgets today. As drug costs rise, states increasingly use drug rebates to help manage these escalating program costs. Drug manufacturers enter into contracts with the Center for Medicaid and Medicare Services (CMS), allowing both the states and CMS to receive drug manufacturer rebates on drugs that are reimbursed under Title XIX provisions within the Social Security Act. This program allows Medicaid to benefit

ACS successfully uses DRAMS for the administration of drug rebate invoicing, tracking, and payment collections for:

- 12 Medicaid programs
- 6 state programs
- 8 supplemental programs

from high-volume drug purchases and to receive prices similar to those paid by other large purchasers. CMS calculates the unit rebate amount (URA) from pricing data submitted quarterly by manufacturers, and then provides the URAs to states. In turn, states use the URAs to invoice approved manufacturers for Medicaid drug costs.

EXPERIENCED STAFF

For 16 years, ACS has been a leader in the Pharmacy Benefit Management (PBM) industry, continually expanding and upgrading our professional and technical services. We also have extensive experience with the administration of drug rebate programs. For example, ACS currently administers drug rebate invoicing, tracking, and payment collections for 12 Medicaid programs—with two more states to be added soon—six state programs, and eight supplemental programs. State-specific programs include a wide range of program types, such as AIDS and elder care programs, as well as a program focused on specific disease conditions. We have helped a total of 13 states collect over $6B in rebates based on $21.5B in drug payments. In 2002, we assumed responsibility for the District of Columbia’s drug rebate administration, and by 2006, the District’s rebate collections were more than 54 percent higher.

The drug rebate component of our Health Enterprise system is called the Drug Rebate Analysis and Management System (DRAMS)—which is an ACS system that supports all CMS-required drug rebate functions through a single sign-on. It places all key program data at the fingertips of the user and can support four different plan types, including Medicaid, Supplemental Medicaid, State, and Commercial. The system is already developed and ready for BMS program specifications. On the following pages, we explain how DRAMS handles drug rebate processes and the benefits this system can provide for BMS.

10.9.1 Interface Capabilities

REQUIREMENT. 1. Interface capabilities (e.g., CMS, MCOs, drug manufacturers, supplemental rebate vendor.

FLEXIBILITY

Health Enterprise easily interfaces with external entities for the exchange of pertinent information and services. Interfaces include electronic file transfers between systems, processing of electronic information online or interactively, and the processing of data received or extracted on disk or tape media. Files are exchanged via Secure File Transfer Protocol (SFTP), Web services, or other secure transmissions.

SOAP. Drug Rebate data files are accepted into Health Enterprise via our RebateWeb portal or through an electronic “Bulletin Board,” from which posted files are retrieved and loaded into the system. Health Enterprise accepts and processes all approved ANSI ASC X12N HIPAA transactions from authorized submitters and can interface with State, federal, provider, or health plan software and systems. Our system supports Simple Object Access Protocol (SOAP), which allows separate applications to communicate—even if they are running on different operating systems—with different technologies, and/or different programming languages.

EDSG and Informatica. An Electronic Data Sharing Gateway (EDSG) component of Health Enterprise serves as a “capture zone” for external interfaces. The EDSG is comprised of a suite of Data Transformation commercial off-the-shelf (COTS) products—called Informatica—that manage each step in the data receipt, transformation, and delivery process. As files are received by EDSG, Informatica validates—through the use of user IDs, passwords, digital certificates, and other keys—that the file was submitted by an authorized trading partner. Once authenticated, files are processed either immediately (via Web services) or through batch mode at pre-scheduled timeframes.

MFT and ESB. EDSG exchanges data files with external systems through the Data Exchange Managed File Transfer (MFT) applications that move files regardless of their source. As data files pass through the MFT proxy, the transmission protocol and port are changed to prevent unauthorized access to internal applications. An Enterprise Service Bus (ESB) provides open, standards-based connectivity infrastructure for a service-oriented architecture—allowing applications to quickly and flexibly exchange structured information about business events including messages, documents, and business objects.

Data Transformation. Once a transaction is accepted from MFT or the ESB, it enters the translation engine, Informatica Data Transformation (DT), that allows for easy mapping to a common format or to a proprietary format for use within another application. Informatica uses this business-to-business (B2B) DT tool for HIPAA compliance checking, data validation, and compliance reporting.

Drug Rebate Data. Upon receipt ACS loads the CMS tape into Health Enterprise, and DRAMS uses the data to calculate rebate amounts. CMS also sends a drug file, with current-quarter URAs and any modified prior-quarter URA adjustments. This information is added to the database, with corresponding system-generated load dates. When CMS is able to electronically transmit quarterly tape data, ACS can upload the files automatically. Manufacturers and contracts for programs that do not use CMS data can be received electronically for uploading into DRAMS or maintained manually in system pages. CMS data is protected in the system and cannot be changed manually. Through a Procedure Results Web page, rebate specialists can confirm that file uploading jobs ran as scheduled.

10.9.2 Integration with Proposed MMIS Solution

REQUIREMENT. 2. Integration with the proposed MMIS solution, including but not limited to access/use of claims data, drug data file, provider data, integration with system components, such as financial processing, and EDMS.

Because DRAMS is a component of Health Enterprise, it is fully integrated within our overall system solution and contains all functionality required to process and report drug rebate information, including financial processing.

EDMS. Upon receipt of hardcopy drug rebate information in the ACS mailroom, documents are prepped and scanned. Images from both scanned and electronically received data are uploaded into Health Enterprise's Electronic Document Management System (EDMS)—which is supported by the FileNet P8 product suite—where a unique identification number is assigned to each document according to type and program. Images are indexed and stored in the EDMS, and our workflow management system automatically routes images to rebate specialists for data-entry and/or processing. Health Enterprise checks to see if received data already exists in the system and automatically adds new manufacturer information or appropriately changes existing data.

Pharmacy Related Claims Data. Health Enterprise contains a Pharmacy Point of Sale (POS) component for the processing of pharmacy claims, while the medical portion of Health Enterprise continues to process claims containing physician administered drugs with J, Q, and S codes. For all processed drug-related claims, the system checks for drug coding accuracy, determines whether or not the drug is rebateable, and looks for the presence of NDC unit conversions. If the claim does not have an accurate or rebateable drug code, the system rejects the claim. If the claim's only fault is that NDC unit conversions are lacking, Health Enterprise uses a cross-walk to apply NDC conversions and align the claim units to the CMS unit type. If the drug code is accurate, rebateable, and includes appropriate NDC conversion units, the system uploads the drug information—via claim extracts—directly into DRAMS to serve as the basis for units invoiced. For historical and tracking purposes, the original number of units submitted on the claim is retained in the database, as well as the number of units after conversion. If a review of all claim details are required for disputes or provider-initiated adjustments, rebate specialists can view the claims within the MMIS or Pharmacy POS components of Health Enterprise.

Financial Processing. Health Enterprise maintains interfaces for the exchange of electronic payment and reconciliation data. Electronic Funds Transfer (EFT) offers providers the option of having their payments deposited directly into a bank account through an Automated Clearing House (ACH), and bank lockbox receipts are transmitted to ACS on a daily basis. DRAMS handles its own financial processing.

10.9.3 Data Conversion and Integration of Existing System Data

REQUIREMENT. 3. Data conversion and integration of existing system data.

We are proposing Informatica PowerCenter Standard Edition as our solution for converting and integrating existing system data. Informatica offers an open, comprehensive, unified, and economical platform that allows for the converion of different file formats into Health Enterprise’s formats. Informatica’s PowerExchange® is flexible and can process various file types and convert them into Health Enterprise schemas.

Data Exchange. Because Informatica and Health Enterprise both use Oracle as their native database structures, Informatica easily integrates with Health Enterprise. The MITA business area of Business Relationship Management has processes that facilitate electronic data exchange between the Medicaid program and its providers and contractors. Health Enterprise supports transactions required for four types of business relationships including: Trading Partner and Security Agreement (TPSA); Electronic Transmitter Identification Number (ETIN); Web portal user; and EFT.

Data Conversion and Integration. Upon receipt of any required source data, we load the data onto our conversion source environment and begin analyzing the data to identify data anomalies, valid values, and data volumes. Health Enterprise then begins mapping source files/tables to target tables—as well as source fields to target fields. The mapping rules are documented in our Mapping and Analysis Tracking Tool (MATT) that captures the source and target file/table layouts, the link between source and target fields, and the business rules needed to transform the source data to the target schema. Please refer to Proposal Section, 10.6.1.6, Initial Data Conversion Plan, for additional information.

10.9.4 Integration of Supplemental Rebate Pricing and Utilization Data from Current/Previous Vendors

REQUIREMENT. 4. Integration of supplemental rebate pricing and utilization data from current/previous vendors.

Some rebate programs do not use URAs supplied by CMS. For example, supplemental agreements are made between manufacturers and the state, rather than with CMS. DRAMS maintains a drug manufacturer database that contains all data needed for managing supplemental drug rebates and for the generation of accurate rebate invoices. For these supplemental programs, DRAMS accommodates other

URAs and/or pricing data through manual or batch uploading processes. If the state program is designated as having manufacturers and contracts based on CMS' manufacturers and contracts, then—as the CMS tape is uploaded—information is updated for both federal and state programs. DRAMS also handles both supplemental and ancillary plans that use URAs. New and updated unit rebate amounts are written to the database, and a row is written to drug history to record prior quarter URA changes. The most current unit rebate price is used in the principal-due calculation to reflect current payment amounts that are due.

10.9.5 Integration and Maintenance of Historical Rebate Data

REQUIREMENT. 5. Integration and maintenance of historical rebate data.

The history tables in Health Enterprise and its Pharmacy POS component contain all data originally submitted or derived during processing and serve as the primary source of historical claim information. All transactions on the history tables are accessible by authorized users for online inquiry, audit processing, adjustment processing, or to generate printed responses to inquiries.

History Tables. DRAMS maintains full historical drug rebate information for each rebate program including, but not limited to: CMS drug and manufacturer information, all contract data (federal, state and supplemental), all paid claims, pricing, T-bill rates, invoices, and historical payment data back to 1991 when the federal drug rebate program started—or as far back as electronic data is available for conversion. Menu driven windows allow easy access by authorized users to all drug rebate data, which is stored indefinitely.

Archived Data. Based on BMS criteria, we move data that is no longer needed for online access to a separate data storage device for long-term retention, future reference, or for regulatory compliance. During the monthly history archive cycle, all specified data are removed from history and migrated to the archive files. Data archives are indexed and have search capabilities so that files and parts of files can be easily located and retrieved. Using retention expiration dates, ACS requests BMS approval for record destruction as expiration dates approach. A process summary report provides BMS with a complete audit trail of database update activity.

10.9.6 Financial Reconciliation Process/Ensure Invoicing Expenditure Data is Captured

REQUIREMENT: 6. Financial reconciliation process to ensure all expenditure data is captured for invoicing.

Because DRAMS is parameter driven, it can produce rebate invoices according to specific rules established for each program and appropriately create a separate invoice for each rebate program and quarter. We will work closely with BMS representatives prior to the creation of any invoices to establish invoice audit criteria for each program. Invoice pre-processing in DRAMS requires that all claims, pricing, and reference data are loaded into the system throughout the quarter. As invoices are loaded, audits are created. Outlier reports are produced to proactively identify unusual or discrepant rebate invoice amounts that may result in a dispute. Invoices are calculated and reviewed along with any NDC or manufacturer-level audits that were created during the calculation process. Rebate specialists review each invoice on the report to determine the cause of the discrepancy and to make appropriate changes based on BMS business rules. Unit changes can be made and invoices recalculated as many times as necessary. Once it is determined that an invoice is correct and finalized, an invoice "freeze date" is entered—after which invoices can be printed and mailed or transmitted electronically. Separate invoices are sent to manufacturers who also participate in the supplemental rebate program.

10.9.7 Electronic Document Management

REQUIREMENT: 7. Electronic document management.

ACS stays on the leading edge of business solutions by providing automated and electronic HIPAA-compliant processes for almost all transactions. We provide innovative capabilities to store and access electronic files and images of records from a single, well-organized document repository. Each image is assigned a unique document control number (DCN). Reports, claims, authorizations, other documents, and related attachments are associated with the DCN, which allows—via a Web browser from any workstation—authorized users to retrieve the document for viewing without having to stop and access another system. Electronic output is archived, and ACS backs up all databases on a periodic basis to ensure that system information is safely stored off-line.

Electronic Documents. Health Enterprise provides a workflow management system. Hardcopy batch and check information is scanned and imaged upon receipt, after which images are indexed and stored in the FileNet Content Management System—where they are easily viewed by authorized users and automatically routed to the appropriate workgroups. Our drug rebate information can be exported to electronic format and saved on any agreed-upon media. We maintain interfaces for the exchange of payment and reconciliation information, and EFT capabilities are available for electronic remittance of payments.

RebateWeb. We also have a Web portal feature, RebateWeb, which is a secure 128-bit encrypted e-commerce Web portal that facilitates the electronic transfer of rebate information. Authorized rebate staff and registered manufacturers are able to securely log into the Web portal to conduct appropriate business functions, including: view and retrieve electronic invoices, transfer electronic payment information, and view and mark claims for dispute. The Web portal offers intuitive point-and-click navigation, including features such as drop-down sub-menus and radio buttons. Search screens and detail pages adhere to ACS user interface (UI) style guide standards. The exchange of data through this Web feature is accomplished using CMS standards for invoicing.

Electronic Notifications. We provide capabilities for e-mail, blast e-mail, and a Web portal Message Center for electronic notification alerts, messages, announcements, and responses to questions or queries. Text e-mail messages offer a “push” communication, instead of expecting manufacturers to go to a website to “pull” information. Records of all electronic transmissions are stored in the system and available for research, auditing, and dispute purposes.

10.9.8 Call Management

REQUIREMENT: 8. Call management.

In accordance with Appendix F of the RFP, manufacturers and their designated office staff may access the ACS call center using our toll-free number.

Call Center. Because manufacturers have unique questions, we maintain a separate drug rebate queue that can be selected from the call menu. After authenticating the caller, our specially trained drug rebate staff members efficiently answer and resolve inquiries with the use of information in DRAMS. We answer questions related to rebate invoices and payments received, provide program information, and have easy access to reference materials through the RebateWeb portal—as well as to online procedure and program policy manuals. We can generate rebate-specific letters, transmit or generate print requests for program brochures, and can expertly walk a caller through the process of downloading invoices or accessing dispute resolution information via RebateWeb.

Contact Management. For each answered call, a screen pop provides the caller information, such as manufacturer name, address, and telephone number, as well as the nature of the call (call category). This information is automatically captured and stored by the system. During the call, we can enter system notes, including the specific reason for the call; any associated information, such as a transaction tracking number from RebateWeb; and the resolution or proposed next steps—all of which are stored in the Contact Management System for future reference and reporting purposes.

10.9.9 Interest Calculations

REQUIREMENT: 9. Interest calculations.

Once invoices are printed or electronically transmitted, the mailed date is entered into the system. If for any reason an invoice must be re-printed and re-sent, it is important for the mail date to be updated, as it is used in the interest calculation process to determine lateness of payment. At the request of rebate specialists, DRAMS calculates interest due amounts on outstanding accounts receivables. Interest calculations may be requested at any time and are performed according to all federal and BMS requirements. To calculate interest, the rebate specialist enters the criteria to be used and requests that interest be calculated immediately or during nightly processing. The system's ability to calculate interest at the 11-digit NDC level allows rebate specialists to validate the interest remitted by a manufacturer and mark interest as settled for all drugs—or for only some, if insufficient interest has been submitted. DRAMS currently supports two interest calculation methods: (1) T-bill rates based on the CMS interest rate calculation method and (2) fixed rates. The interest calculation method that was previously recorded at the program level determines which method is used for the calculation. Interest due amounts are identified by program, manufacturer, NDC, and rebate quarter.

10.9.10 System Query Capabilities

REQUIREMENT: 10. System query capabilities.

DRAMS is comprised of multiple screens/pages that accommodate the activities required for every data rebate function—as well as access to multiple research and reporting screens that provide authorized users immediate access to the status of all rebate invoices, payments, disputes, and related activities. Because DRAMS is a component of Health Enterprise, authorized users may also query MMIS claims history and information within the Pharmacy POS component. Our RebateWeb portal allows rebate specialists to view and maintain drug database tables online, transmit electronic invoices, and communicate electronically with manufacturers via the Message Center, email, and fax. Once invoices are uploaded into the system, manufacturers receive an electronic notification that their invoices are ready for viewing. Registered users can access current or past-quarter invoices and view the contents online. Additionally, they can drill down to view NDC level information for current or past-quarter invoices, view a list of claims invoiced, and see details about each claim. Screens are also provided for the recording and resolution of disputes, as well as all financial and reconciliation processes associated with the drug rebate program.

10.9.11 Reporting Capabilities

REQUIREMENT: 11. Reporting capabilities, including Federally mandated and State defined and ad hoc.

DRAMS provides robust reporting capabilities, with over fifty standard reports such as: CMS 649r, invoice register, batch totals, checks, accounts receivable, dispute codes, disputed amounts, and claims. We will work closely with BMS to develop monthly, quarterly, and annual reports that meet the specific needs of West Virginia's Medicaid program. We have chosen to use the Cognos Business Intelligence suite that allows BMS to monitor all key aspects of each rebate program's performance. Cognos offers a stable and mature platform that is fully Web-based, and produces reports that are exportable in PDF, Excel, or text format files. Cognos Metrics Manager can be used to produce a set of dashboard reports for dispute reporting, as well as important scorecard performance measures.

10.9.12 Invoice Processing and Mailing Operations

REQUIREMENT: 12. Invoice processing and mailing operations including Statement of Accounts.

After invoices are calculated, reviewed, and frozen, DRAMS allows the creation of paper or electronic invoices—for one or more manufacturer and federal or supplemental programs—along with paper or electronic Claim Level Detail (CLD) or Statement of Accounts reports.

Invoice Processing. Manufacturers use simple RebateWeb menu choices to select their preferred invoice media and formats, and rebate specialists request the generation of invoices according to individual manufacturer preference. Electronic invoices are mailed or accessed by registered manufacturers through RebateWeb. While invoices are typically created 60 days from the end of the prior quarter, they can be created at any time after the claims and CMS quarterly data are loaded into DRAMS and the audits are completed. During the invoice process, reason codes are assigned that allow DRAMS to track units invoiced and those not invoiced. DRAMS records mailed and electronically transmitted dates for future use in the interest calculation process—as well as download dates from RebateWeb. Manufacturers that have ended their participation in a rebate program will continue to receive rebate invoices for a period of time. These invoices capture any changes made to original and adjusted payments during their participation, as well as changes to URAs reported after the end of their participation period.

Mailing Operations. Hardcopy rebate invoices are system-generated, printed, and mailed in accordance with standard mailroom procedures. All drug rebate documents received from USPS or a courier service are logged, opened, and sorted by mailroom personnel. The documents are batched by type and prepared for scanning and indexing. Based on the type of document and pre-determined business rules, documents are then routed to the optical character recognition (OCR) or data entry component to be entered.

Security Procedures. For security purposes, mail containing payments is handled by courier staff thoroughly trained in security procedures, and we adhere to a rigid logging and tracking process for all received checks. Checks are handled by a dual-person control process and are never allowed to be managed by a single individual. Before and after imaging, all checks are kept in a locked file or room. Our facility mailroom has an automated door lock system that can be opened only by card readers, and our security system records every entry into the controlled space for management review. From the mailroom, checks are collected by the financial services staff and subsequently transferred to a designated drug rebate specialist. The transfer from one person to another is documented, while all transfer receipts are endorsed and imaged. Within 24 hours of receipt, we deposit checks—batched and categorized by type—to a designated bank account and provide BMS with a report of deposit receipt information, including copies of the deposited checks.

10.9.13 Payment Posting and Reconciliation

REQUIREMENT: 13. Payment posting and reconciliation.

To avoid interest penalties, manufacturers are required to send payments and/or dispute information for all invoiced NDCs within a pre-determined number of days from the invoice postmark date. Manufacturers have the option of submitting rebate payments by check or EFT. However, along with the payment, they must submit either a hardcopy or electronic version of the Reconciliation of State Invoices (ROSI)/Prior Quarter Adjustment Statements (PQAS) form. This reconciliation statement is required so that payments can be applied according to the manufacturer’s wishes and because it may be needed for dispute processing.

Bank Lockbox. ACS works with BMS to establish a lockbox account that is maintained by BMS in a BMS-designated financial institution. At the same time, an EFT process is established with the lockbox bank. BMS determines whether hardcopy payments are mailed directly to the lockbox or to the ACS mailroom. If checks are mailed to the lockbox, the bank personnel forward each day’s deposit information to ACS via overnight courier. Upon receipt, we scan and image all documents and link images to the appropriate account.

Electronic Payments. When EFT payments and electronic ROSI/PQAS forms—or Automated Clearing House (ACH) transmissions—are transmitted directly to the lockbox, the bank transmits a daily receipt file to ACS. The file information is loaded into our system. Based on data supplied in the file headers, DRAMS automatically searches for the corresponding invoices and correctly applies payments received. If the number of checks associated with each batch and their respective payment amounts equal the batch information, the system indicates that the batch is “complete.” If any component of the information does not equate, the batch remains in an “incomplete” status until completed or corrected.

Payment Posting. DRAMS produces alerts for all incomplete reconciliations, and rebate specialists complete the process manually by logging each individual check into the Check Log page. The system assigns a unique check log number to each entry—which includes the batch number, batch date, check number, check issuer, manufacturer number, payment date, postmark date, received date, payment amount, payee, check format, and whether the payment includes a dispute resolution payment.

Reconciliation. We allocate payments to each invoiced NDC and cross-check both hardcopy and EFT batch file information to ensure the correct numbers and payment amounts are entered for each batch. Throughout the payment reconciliation process, credits may be created when utilization or URAs change. Allocation of both credits and debits are entered individually. The system automatically sums payment amounts entered, keeping a running total of the money allocated from the payment. If more payments are allocated than available, then the allocated amount field turns red as an alert that more monies have been applied than are currently available for allocation. If at the end of the allocation process there is an overpayment or a credit balance, the payment is suspended so that rebate specialists can create an "unallocated balance." Allocations are made from this amount until it is at a zero balance. If the payment is fully allocated, the check is declared "complete," and the check no longer appears on the list of checks available for allocation.

10.9.14 Dispute Resolution/AR Management

REQUIREMENT: 14. Dispute Resolution/AR Management.

In designing DRAMS, ACS created a powerful dispute resolution function based on input from dispute resolution specialists and pharmacists across the nation. The system supports all dispute resolution functions in accordance with OBRA 1990 drug rebate program guidelines, as well as those outlined in the *CMS Best Practices* guidelines. It has been our experience that most manufacturers want to comply with rebate program requirements and have stated their primary reason for dispute is the unavailability of detailed data to support the invoices. With DRAMS, registered manufactuers have access to their drug rebate data through RebateWeb and have the option of downloading electronic invoices or viewing account status.

Additional Information. Requests from manufacturers for additional information can be submitted to ACS via e-mail or letter. Letter templates are stored in the Contact Management System and generated through our Automated Letter Generation System. Claim information such as Claims Level Detail (CLD), date of service, NDC, product name, units, URA, provider number, prescription number, third party liability (TPL), co-pay amount, and reimbursement amounts can be printed and mailed or exported from the system and electronically transmitted to the manufacturer. The manufacturer then reviews claim level detail, marks specific claims in dispute, and returns the disputed information to ACS.

Dispute Resolution. Disputes are initiated by a manufacturer through ROSI/PQAS remittance documentation. Within DRAMS, rebate personnel can drill down to a list of disputed NDCs, claims data, and drug history for a particular program and quarter—including original invoices, unit changes, URA changes, payments, interest calculated, interest paid, and refunds. If a dispute should proceed to the formal dispute resolution hearing phase, our Health Enterprise system can provide all related documents.

Dispute resolution is initiated by rebate specialists with a personalized system-generated letter. The rebate specialist and manufacturer can communicate electronically or by mail. DRAMS compiles and summarizes dispute activities, including the date the dispute was initiated, assigned, resolved, and the date a recap letter was mailed—while a Dispute Activity Report provides information about the actions taken to resolve the dispute. All dispute correspondence is stored in the system along with the correspondence date, time, contact name, and subject line information (for e-mails)—as well as the ID of rebate specialists assigned to the work. Dispute resolution documents are tracked and automatically routed through our Contact Management System, including dispute resolution agreements and comments that are linked to specific invoices and drugs.

A dispute can be resolved in three ways: (1) claims may be adjusted through the claims payment systems, resulting in a situation where units have been decreased and the remaining units have all been paid; (2) a correction to erroneous units within the system may reduce disputed units to zero; and (3) a payment can be received that covers all formerly disputed units. If a dispute is resolved with the manufacturer owing additional amounts to BMS, a collection letter can be sent for the unpaid disputed amount. For unresponsive manufacturers, DRAMS allows further communications as directed by BMS.

Accounts Receivable (A/R). There are various pages and reports available in DRAMS used to research and view payment information, including the Research Accounts Receivable page. From here, rebate specialists can drill down to view data by a specific quarter or manufacturer—as well as values such as principal due, principal paid, current invoiced amount, disputed amount, unpaid amount, interest due, interest paid, and NDC/UPN details. Once a payment has been fully allocated and balanced, the status becomes "complete," and the check no longer appears on the list. If a credit exists after all payments and credits are applied, then an unallocated balance is created and tracked until used or refunded. Credit balances are displayed on invoice cover letters to alert manufacturers of the credit amount.

10.9.15 Providing and Updating of User Guides

REQUIREMENT: 15. Providing and updating user guides, including operational and technical documents.

As we work with BMS subject matter experts to determine drug rebate business requirements, we begin the task of documenting related policies, procedures, and processes. Once approved, we finalize the documentation and incorporate the policies and procedures into our training materials. We also work closely with BMS to develop and design online support materials for manufacturers—such as manuals, forms, bulletins, and Help aids. When drug rebate policies, procedures, or processes are changed, we modify all affected manuals, user guides, and training materials. On an annual basis, we also re-review all manuals/user guides to ensure that we have not overlooked needed changes. Automated tools within Health Enterprise send banner messages to all affected employees, alerting them to the fact that something has changed. Additionally, our leaders and trainers inform and educate employees about the modifications during team meetings and specially scheduled training classes.

10.9.16 Drug Rebate Staffing

REQUIREMENT: 3.2.9.2 Drug Rebate Staffing, pg. 91 of 99

In response to RFP-related questions, BMS has clarified that requirement 3.2.9.2, Drug Rebate Staffing, is an optional requirement for staff that are needed to complete the tasks of Dispute Resolution/AR Management and Payment Posting/Reconciliation. Please refer to Proposal Section 10.3, Project Staffing, for information related to our proposed drug rebate staff.

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]

[redacted]	[redacted]	[redacted]
		[redacted]
[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]

[redacted]

[redacted]

[redacted]

[redacted]	[redacted]
[redacted]	[redacted]

[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

11 Subcontracting

REQUIREMENT: 4.1.11, pg. 96 of 99

4.1.11 Subcontracting. Identify the required services that you intend to subcontract, if any.

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]

[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]

12 Special Terms and Conditions

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

State of West Virginia

Certificate

I, Natalie E. Tennant, Secretary of State of the State of West Virginia, herby certify that

ACS STATE HEALTHCARE, LLC

was duly authorized under the laws of this state to transact business in West Virginia as a foreign limited liability company on August 03, 2001.

The company is filed as an at-will company, for an indefinite period.

I further certify that the LLC (PLLC) has not been revoked by the State of West Virginia nor has a Certificate of Cancellation been issued.

Therefore, 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
April 04, 2011

Natalie E Tennant

Secretary of State

WORK FORCE
West Virginia
USA

Joe Manchin III, *Governor*
Russell L. Fry, *Acting Executive Director*
Kelley Goes, *Cabinet Secretary*

January 26, 2012

ACS State Healthcare LLC
Suite 700
9040 Roswell Road
Atlanta, GA 30350

Account Number: 22363-8

FEIN: 58-2479287

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,

Beverly Morris

Beverly Morris
Assistant Director

elk

Audit and Compliance Section, Unemployment Compensation Division
112 California Avenue, Charleston, WV 25305-0112
304-558-2451

An agency of the Department of Commerce
An equal opportunity employer/program and auxiliary aids are available upon request to individuals with disabilities.
www.workforcewv.org

13 Signed Forms

REQUIREMENT: RFP Section 4.1.13, pg. 96 of 99 and Appendix I and Appendix J

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). If applicable, sign and submit a Resident Vendor Preference Certificate with the proposal.

ACS has completed and signed all requested forms including the MED-96 form (Appendix I) and the Purchasing Affidavit form (Appendix J). ACS acknowledges that we will comply with the HIPAA Business Associate Addendum (BAA) as provided in Appendix K of the RFP.

We have provided the following signed forms beginning on the next page:

- MED 96 Agreement Addendum
- MED Purchasing Affidavit

Additionally, per the State’s answer to question 1 on page 112 of 124, Addendum No. 3, we have provided the signed addenda forms in the Appendix. Please see Proposal Section, 15.1 Addenda Forms, for the following signed addenda:

- Addendum No. 1
- Addendum No. 2
- Addendum No. 3
- Addendum No. 4
- Addendum No. 5
- Addendum No. 6

Page Intentionally Left Blank

RFQ No. MED11014

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: ACS State Healthcare, LLC

Authorized Signature:. Date: 4/19/11

State of GEORGIA

County of DEKALB, to-wit:

Taken, subscribed, and sworn to before me this 19th day of April, 20 11.

My Commission expires 11/30, 2013.

AFFIX SEAL HERE **NOTORY PUBLIC** Victoria L Martin

Victoria L. Martin
NOTARY PUBLIC
DeKalb County, Georgia
My Commission Expires 11/30/2013

MED-96

AGREEMENT ADDENDUM

In the event of conflict between this addendum and the agreement, this addendum shall control:

1. **DISPUTES** - Any references in the agreement to arbitration or to the jurisdiction of any court are hereby deleted. Disputes arising out of the agreement shall be presented to the West Virginia Court of Claims.

2. **HOLD HARMLESS** - Any clause requiring the Agency to indemnify or hold harmless any party is hereby deleted in its entirety.

3. **GOVERNING LAW** - The agreement shall be governed by the laws of the State of West Virginia. This provision replaces any references to any other State's governing law.

4. **TAXES** - Provisions in the agreement requiring the Agency to pay taxes are deleted. As a State entity, the Agency is exempt from Federal, State, and local taxes and will not pay taxes for any Vendor including individuals, nor will the Agency file any tax returns or reports on behalf of Vendor or any other party.

5. **PAYMENT** - Any references to prepayment are deleted. Payment will be in arrears.

6. **INTEREST** - Should the agreement include a provision for interest on late payments, the Agency agrees to pay the maximum legal rate under West Virginia law. All other references to interest or late charges are deleted.

7. **RECOUPMENT** - Any language in the agreement waiving the Agency's right to set-off, counterclaim, recoupment, or other defense is hereby deleted.

8. **FISCAL YEAR FUNDING** - Service performed under the agreement may be continued in succeeding fiscal years for the term of the agreement, contingent upon funds being appropriated by the Legislature or otherwise being available for this service. In the event funds are not appropriated or otherwise available for this service, the agreement shall terminate without penalty on June 30. After that date, the agreement becomes of no effect and is null and void. However, the Agency agrees to use its best efforts to have the amounts contemplated under the agreement included in its budget. Non-appropriation or non-funding shall not be considered an event of default.

9. **STATUTE OF LIMITATION** - Any clauses limiting the time in which the Agency may bring suit against the Vendor, lessor, individual, or any other party are deleted.

10. **SIMILAR SERVICES** - Any provisions limiting the Agency's right to obtain similar services or equipment in the event of default or non-funding during the term of the agreement are hereby deleted.

11. **ATTORNEY FEES** - The Agency recognizes an obligation to pay attorney's fees or costs only when assessed by a court of competent jurisdiction. Any other provision is invalid and considered null and void.

12. **ASSIGNMENT** - Notwithstanding any clause to the contrary, the Agency reserves the right to assign the agreement to another State of West Virginia agency, board or commission upon thirty (30) days written notice to the Vendor and Vendor shall obtain the written consent of Agency prior to assigning the agreement.

13. **LIMITATION OF LIABILITY** - The Agency, as a State entity, cannot agree to assume the potential liability of a Vendor. Accordingly, any provision limiting the Vendor's liability for direct damages to a certain dollar amount or to the amount of the agreement is hereby deleted. Limitations on special, incidental or consequential damages are acceptable. In addition, any limitation is null and void to the extent that it precludes any action for injury to persons or for damages to personal property.

14. **RIGHT TO TERMINATE** - Agency shall have the right to terminate the agreement upon thirty (30) days written notice to Vendor. Agency agrees to pay Vendor for services rendered or goods received prior to the effective date of termination.

15. **TERMINATION CHARGES** - Any provision requiring the Agency to pay a fixed amount or liquidated damages upon termination of the agreement is hereby deleted. The Agency may only agree to reimburse a Vendor for actual costs incurred or losses sustained during the current fiscal year due to wrongful termination by the Agency prior to the end of any current agreement term.

16. **RENEWAL** - Any reference to automatic renewal is hereby deleted. The agreement may be renewed only upon mutual written agreement of the parties.

17. **INSURANCE** - Any provision requiring the Agency to insure equipment or property of any kind and name the Vendor as beneficiary or as an additional insured is hereby deleted.

18. **RIGHT TO NOTICE** - Any provision for repossession of equipment without notice is hereby deleted. However, the Agency does recognize a right of repossession with notice.

19. **ACCELERATION** - Any reference to acceleration of payments in the event of default or non-funding is hereby deleted.

20. **CONFIDENTIALITY:** -Any provision regarding confidentiality of the terms and conditions of the agreement is hereby deleted. State contracts are public records under the West Virginia Freedom of Information Act.

21. **AMENDMENTS** - All amendments, modifications, alterations or changes to the agreement shall be in writing and signed by both parties. No amendment, modification, alteration or change may be made to this addendum without the express written approval of the Purchasing Division and the Attorney General.

ACCEPTED BY DHHR OFFICE OF PURCHASING:

Spending Unit: ______________________

Signed: ______________________

Title: ______________________

Date: ______________________

VENDOR

Company Name: ACS State Healthcare, LLC

Signed: ______________________

Title: acting President and COO, ACS State Healthcare, LLC

Date: 4/19/11

14 RFP Requirements Checklist

REQUIREMENT: RFP Section 4.1.14, pg. 95 of 99

4.1.14 RFP Requirements Checklist. Vendor must complete and submit with their proposal an RFP Requirements Checklist found in Attachment II.

Below, we provide a completed Attachment II RFP Requirements Checklist. Per the State's answer to the second question on page 9 of 124 of Addendum No. 3 and question 26 on page 9 of Addendum No. 5, we have not added the requirements in RFP Sections 3.2 Scope of Work and 3.3 Special Terms and Conditions to Column A of the checklist, as the State has advised that those requirements were intentionally left off of Attachment II.

Additionally, we have not restated the requirement text in Column A, per the State's answer to question #2 on page 32 of 124 in Adendum No. 3.

A		B	C
MMIS RFP Requirements		Proposal Section	Proposal Page No.
3.1		9 Project Approach and Solution	9-11
3.1.1		9 Project Approach and Solution	9-11
3.1.2		9 Project Approach and Solution	9-11
3.1.3		9 Project Approach and Solution	9-12
3.1.4		9 Project Approach and Solution	9-12
3.1.5		9 Project Approach and Solution	9-12 and 9-15
3.1.6		9 Project Approach and Solution	9-12
3.1.7		9 Project Approach and Solution	9-12
3.1.8		9 Project Approach and Solution	9-12 and 9-16
3.1.9		9 Project Approach and Solution	9-12
3.1.10		9 Project Approach and Solution	9-12
3.1.11		9 Project Approach and Solution	9-12 and 9-17
3.1.12		9 Project Approach and Solution	9-12 and 9-17
3.1.13		9 Project Approach and Solution	9-12
3.1.14		9 Project Approach and Solution	9-12 and 9-18
3.1.15		9 Project Approach and Solution	9-12
3.1.16		9 Project Approach and Solution	9-12
3.1.17		9 Project Approach and Solution	9-12 and 9-19

A		B	C
MMIS RFP Requirements		**Proposal Section**	**Proposal Page No.**
3.1.18		9 Project Approach and Solution	9-12 and 9-19
3.1.19		9 Project Approach and Solution	9-13 and 9-20
3.1.20		9 Project Approach and Solution	9-13
3.1.21		9 Project Approach and Solution	9-13
3.1.22		9 Project Approach and Solution	9-13
3.1.23		9 Project Approach and Solution	9-13
3.1.24		9 Project Approach and Solution	9-13
3.1.25		9 Project Approach and Solution	9-13 and 9-21
3.1.26		9 Project Approach and Solution	9-13 and 9- 21
3.1.27		9 Project Approach and Solution	9-13 and 9-21
3.1.28		9 Project Approach and Solution	9-13
3.1.29		9 Project Approach and Solution	9-13
3.1.30		9 Project Approach and Solution	9-13
3.1.31		9 Project Approach and Solution	9-13
3.1.32		9 Project Approach and Solution	9-13 and 9-22
3.1.33		9 Project Approach and Solution	9-13 and 9-22
3.1.34		9 Project Approach and Solution	9-13 and 9-23
3.1.35		9 Project Approach and Solution	9-13
3.1.36		9 Project Approach and Solution	9-14 and 9- 24
3.1.37		9 Project Approach and Solution	9-14 and 9-24
3.1.38		9 Project Approach and Solution	9-14
3.1.39		9 Project Approach and Solution	9-14
3.1.40		9 Project Approach and Solution	9-14 and 9-25
3.1.41		9 Project Approach and Solution	9-14
3.1.42		9 Project Approach and Solution	9-15
3.1.43		9 Project Approach and Solution	9-15

A		B	C
MMIS RFP Requirements		Proposal Section	Proposal Page No.
3.1.44		9 Project Approach and Solution	9-15 and 9-25
3.1.45		9 Project Approach and Solution	9-15
3.1.46		9 Project Approach and Solution	9-15
3.1.47		9 Project Approach and Solution	9-15
3.1.48		9 Project Approach and Solution	9-15
3.1.49		9 Project Approach and Solution	9-15
4.1		Technical Proposal	Technical Binder
4.1.1		1 Title Page	1-1
4.1.2		2 Transmittal Letter	2-1
4.1.3		3 Table of Contents	3-1
4.1.4		4 Executive Summary	4- 1
4.1.5		5 Vendor’s Organization	5-1
4.1.6		6 Location	6-1
4.1.7		7 Vendor Capacity, Qualitifications, References and Experience	7-1
4.1.8		8 Staff Capacity, Qualifications and Experience	8-1
4.1.9		9 Prjoject Approach and Soution	9- 1
4.1.10		10 Solution Allignment with BMS’ Business and Technical Needs	10-1
		10.1 Proposed West Virginia MMIS	10-3
		10.2 Project Management	10-17
		10.3 Project Stafffing	10-33
		10.4 Project Facilities	10-61
		10.5 Project Phase Overview	10-67
		10.6 Phase 1 MMIS Replacement DDI & CMS Certification Planning.	10-67
		10.6.1 Phase 1a: Start-up Phase	10-68
		10.6.2 Phase 1b: Analysis and Design Phase	10-98
		10.6.3 Phase 1c: Development, Testing, Data Conversion and Training	10-111
		10.6.3.1 Development Task	10-111
		10.6.3.2 Testing Task	10-122
		10.6.3.3 Data Conversion Task	10-135
		10.6.3.4 Training Task	10-140
		10.6.4 Phase 1d: Implementation Readiness	10-147
		10.6.5 Phase 1e: CMS Certification Planning	10-154
		10.7 Phase 2 Fiscal Agent Operations.	10-159

A		B	C
MMIS RFP Requirements		**Proposal Section**	**Proposal Page No.**
		10.7.1 Phase 2a: Routine Operations	10-161
		10.7.2 Phase 2b: CMS Certification Phase	10-188
		10.7.3 Phase 2c: MMIS Modifications and Enhancements Phase	10-193
		10.8 Phase 3 Turnover and Close-Out	10-199
		10.9 Drug Rebate Solution	10-204
		10.10 Support of MITA Maturity	10-215
		10.11 Vendor Proposed Services	10.11-1
		10.12 BMS Optional Services	10.12-1
		Attachment 1, Appendix E – Business and Technical Requirements	ATT1--1
4.1.11		11 Subcontracting	11-1
4.1.12		12 Special Terms and Conditions	12-1
4.1.13		13 Signed forms	13-1
4.1.14		14 RFP Requirements Checklist	14-1
4.1.15		1 Cost Summary (Separately Sealed Cost Binder)	1-1
4.1.16		No response required per Addendum No. 3, answer to third question on page 59 of 124 and fourth question on page 81 of 124.	Not applicable
4.1.17		14 RFP Requirements Checklist	14- 1

15.4.1 Deliverable 5 – Facility Plan

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

ACS

A xerox Company

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]		[redacted]		
		[redacted]		
[redacted]	[redacted]			
[redacted]	[redacted]			
[redacted]	[redacted]	[redacted]		
[redacted]	[redacted]			
[redacted]	[redacted]	[redacted]		
[redacted]	[redacted]	[redacted]		
[redacted]	[redacted]	[redacted]		

| [redacted] | | [redacted] | | |
		[redacted]		
[redacted]	[redacted]			
[redacted]	[redacted]			

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

- [redacted]
- [redacted]
- [redacted]
- [redacted]

[redacted]

[redacted]

[redacted]	
[redacted]	[redacted]
[redacted]	

15.4.2 Deliverable 6 – Staffing Plan

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]

[redacted]

[redacted]

[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]

[redacted]

[redacted]

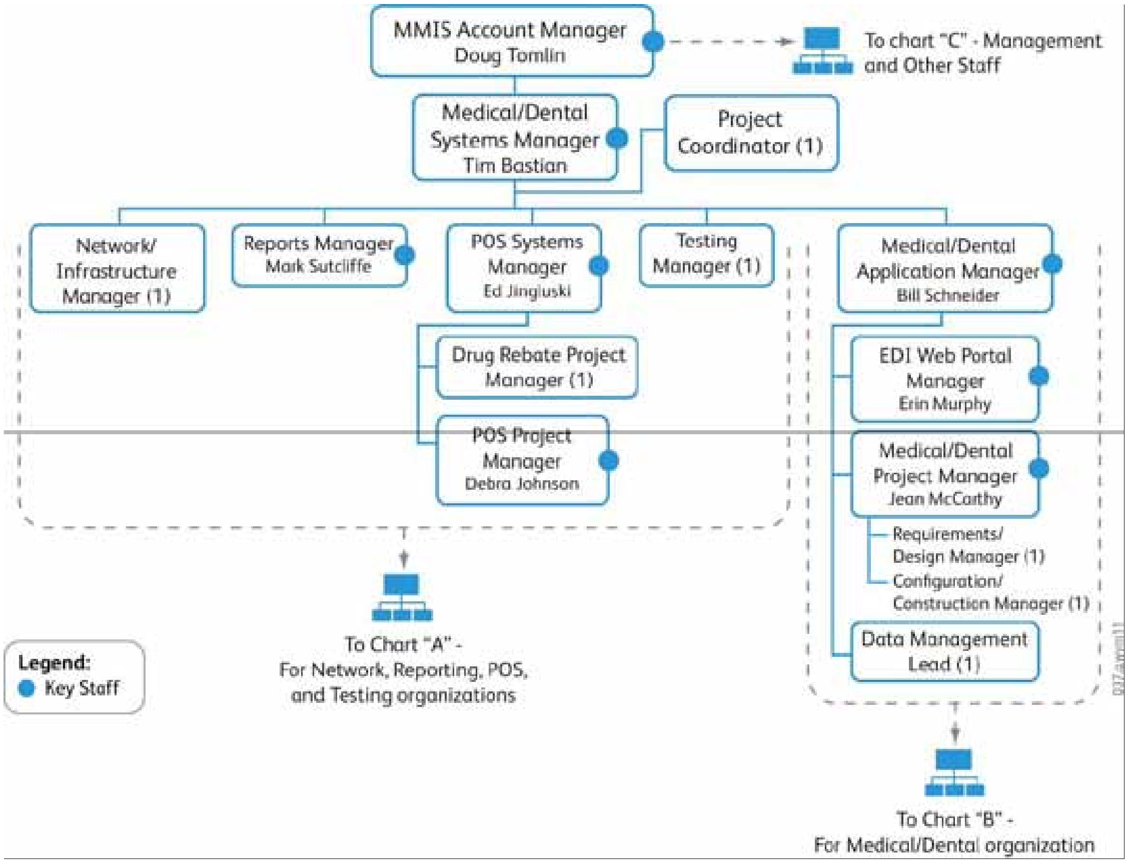
[redacted]

[redacted]

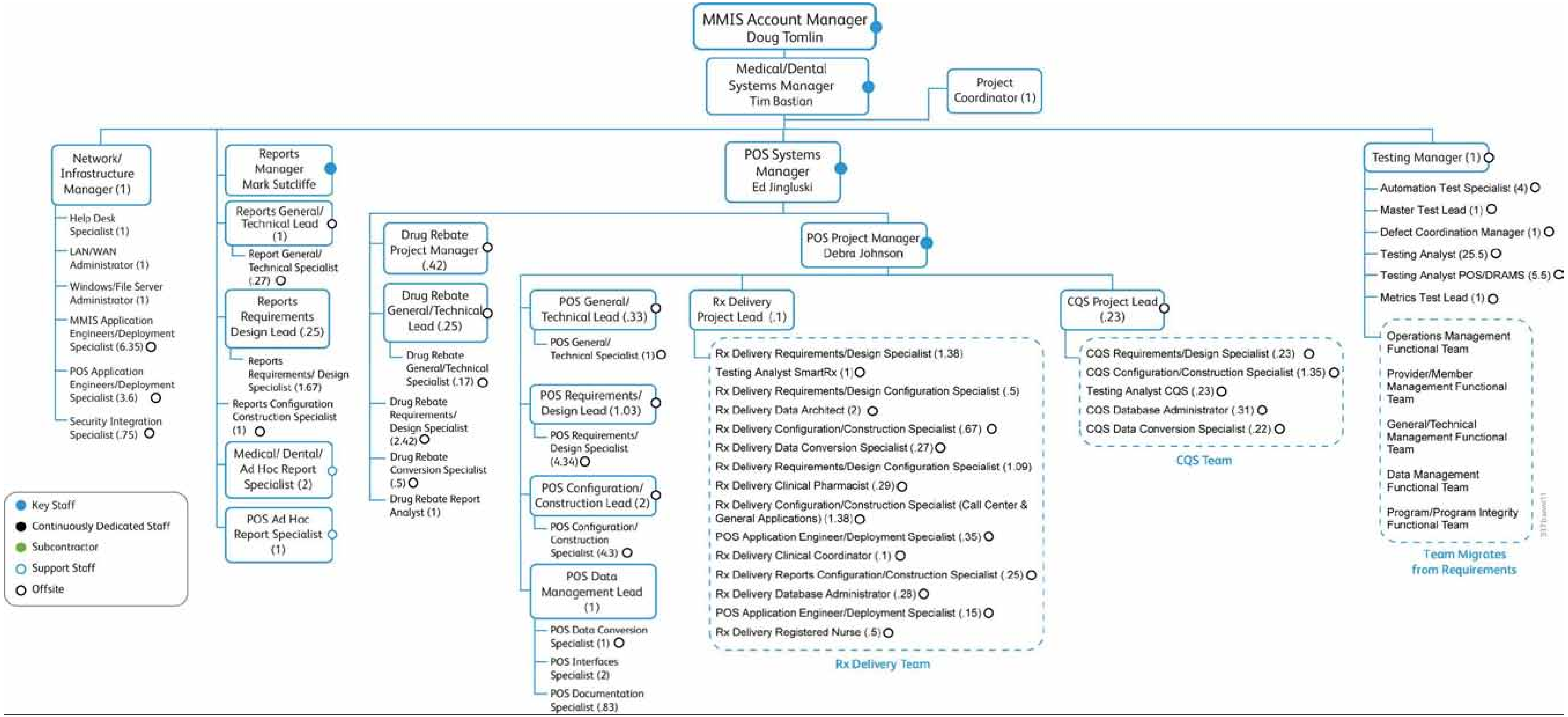
[redacted]

[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]

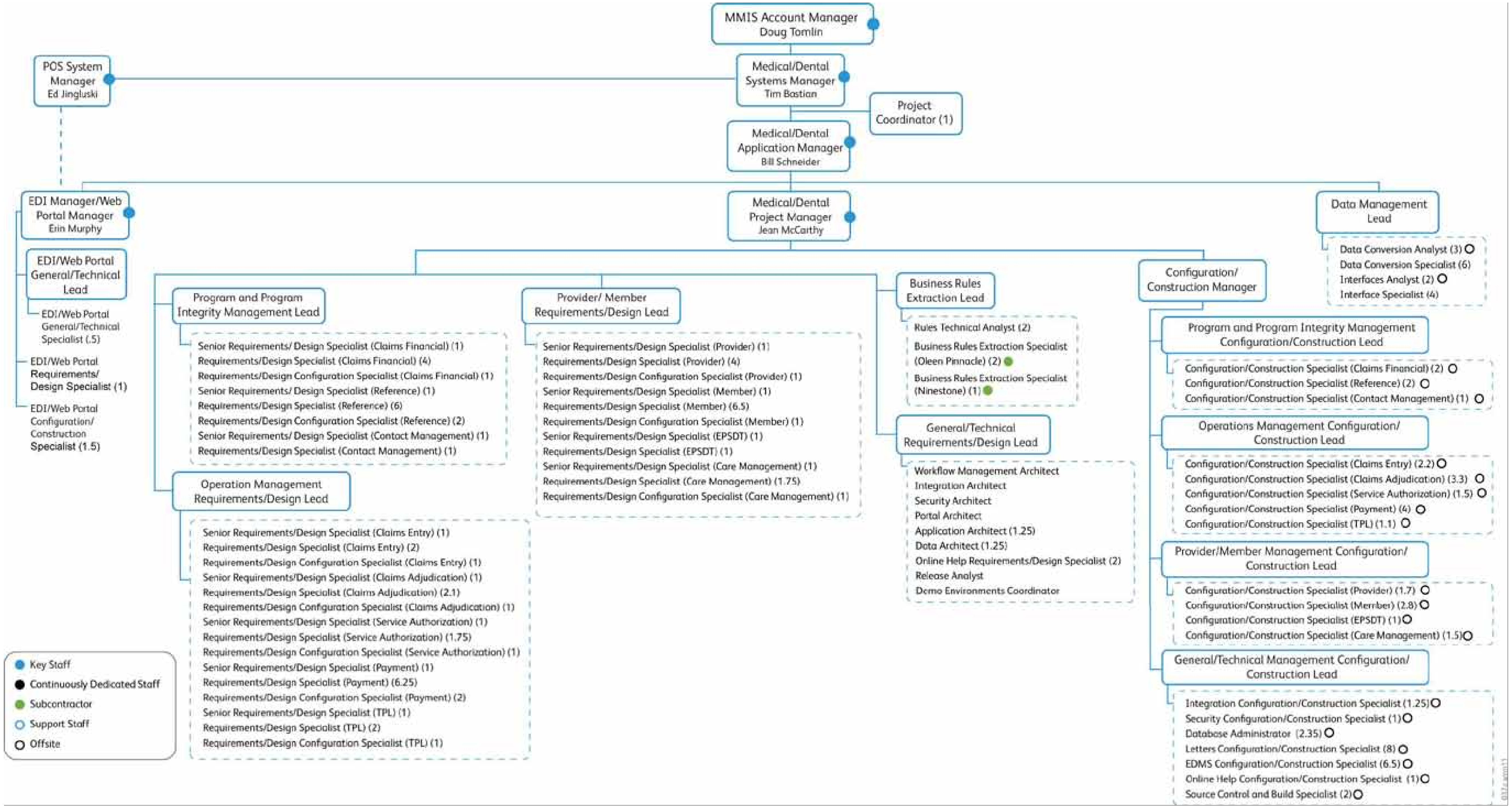
[redacted]


MMIS Account Manager
Doug Tomlin
To chart "C" - Management and Other Staff
Medical/Dental Systems Manager
Tim Bastian
Project Coordinator (1)
Network/ Infrastructure Manager (1)
Reports Manager
Mark Sutcliffe
POS Systems Manager
Ed Jingluski
Testing Manager (1)
Medical/Dental Application Manager
Bill Schneider
Drug Rebate Project Manager (1)
POS Project Manager
Debra Johnson
EDI Web Portal Manager
Erin Murphy
Medical/Dental Project Manager
Jean McCarthy
Requirements/ Design Manager (1)
Configuration/ Construction Manager (1)
Data Management Lead (1)
Legend:
● Key Staff
To Chart "A" - For Network, Reporting, POS, and Testing organizations
To Chart "B" - For Medical/Dental organization

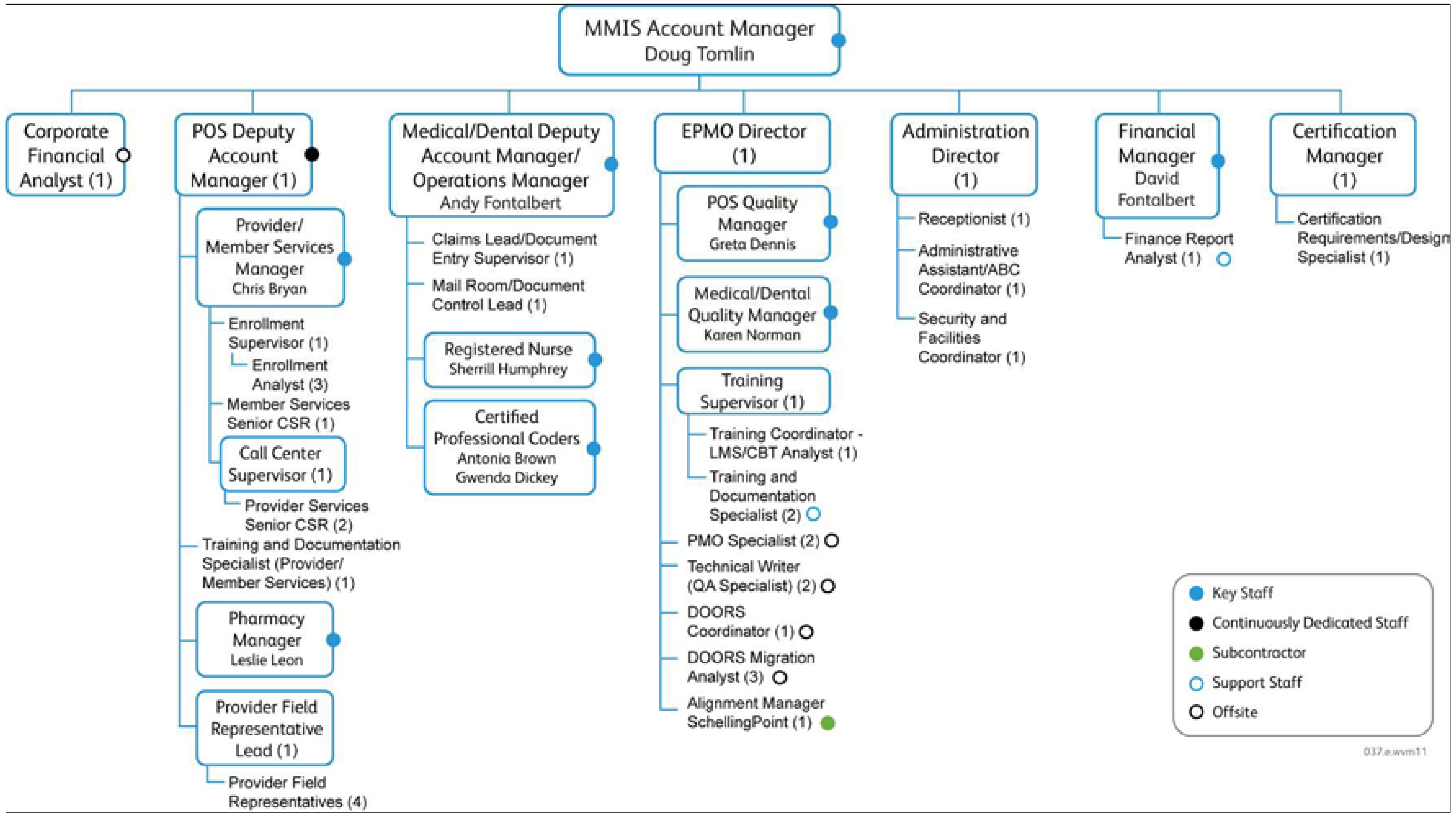
[redacted]


MMIS Account Manager
Doug Tomlin
Medical/Dental Systems Manager
Tim Bastian
Project Coordinator (1)
Network/ Infrastructure Manager (1)
Help Desk Specialist (1)
LAN/WAN Administrator (1)
Windows/File Server Administrator (1)
MMIS Application Engineers/Deployment Specialist (6.35)
POS Application Engineers/Deployment Specialist (3.6)
Security Integration Specialist (.75)
Reports Manager
Mark Sutcliffe
Reports General/ Technical Lead (1)
Report General/ Technical Specialist (.27)
Reports Requirements Design Lead (.25)
Reports Requirements/ Design Specialist (1.67)
Reports Configuration Construction Specialist (1)
Medical/ Dental/ Ad Hoc Report Specialist (2)
POS Ad Hoc Report Specialist (1)
POS Systems Manager
Ed Jingluski
Drug Rebate Project Manager (.42)
Drug Rebate General/Technical Lead (.25)
Drug Rebate General/Technical Specialist (.17)
Drug Rebate Requirements/ Design Specialist (2.42)
Drug Rebate Conversion Specialist (.5)
Drug Rebate Report Analyst (1)
POS Project Manager
Debra Johnson
POS General/ Technical Lead (.33)
POS General/ Technical Specialist (1)
POS Requirements/ Design Lead (1.03)
POS Requirements/ Design Specialist (4.34)
POS Configuration/ Construction Lead (2)
POS Configuration/ Construction Specialist (4.3)
POS Data Management Lead (1)
POS Data Conversion Specialist (1)
POS Interfaces Specialist (2)
POS Documentation Specialist (.83)
Rx Delivery Project Lead (.1)
Rx Delivery Requirements/Design Specialist (1.38)
Testing Analyst SmartRx (1)
Rx Delivery Requirements/Design Configuration Specialist (.5)
Rx Delivery Data Architect (2)
Rx Delivery Configuration/Construction Specialist (.67)
Rx Delivery Data Conversion Specialist (.27)
Rx Delivery Requirements/Design Configuration Specialist (1.09)
Rx Delivery Clinical Pharmacist (.29)
Rx Delivery Configuration/Construction Specialist (Call Center & General Applications) (1.38)
POS Application Engineer/Deployment Specialist (.35)
Rx Delivery Clinical Coordinator (.1)
Rx Delivery Reports Configuration/Construction Specialist (.25)
Rx Delivery Database Administrator (.28)
POS Application Engineer/Deployment Specialist (.15)
Rx Delivery Registered Nurse (.5)
Rx Delivery Team
CQS Project Lead (.23)
CQS Requirements/Design Specialist (.23)
CQS Configuration/Construction Specialist (1.35)
Testing Analyst CQS (.23)
CQS Database Administrator (.31)
CQS Data Conversion Specialist (.22)
CQS Team
Testing Manager (1)
Automation Test Specialist (4)
Master Test Lead (1)
Defect Coordination Manager (1)
Testing Analyst (25.5)
Testing Analyst POS/DRAMS (5.5)
Metrics Test Lead (1)
Operations Management Functional Team
Provider/Member Management Functional Team
General/Technical Management Functional Team
Data Management Functional Team
Program/Program Integrity Functional Team
Team Migrates from Requirements
● Key Staff
● Continuously Dedicated Staff
● Subcontractor
○ Support Staff
○ Offsite

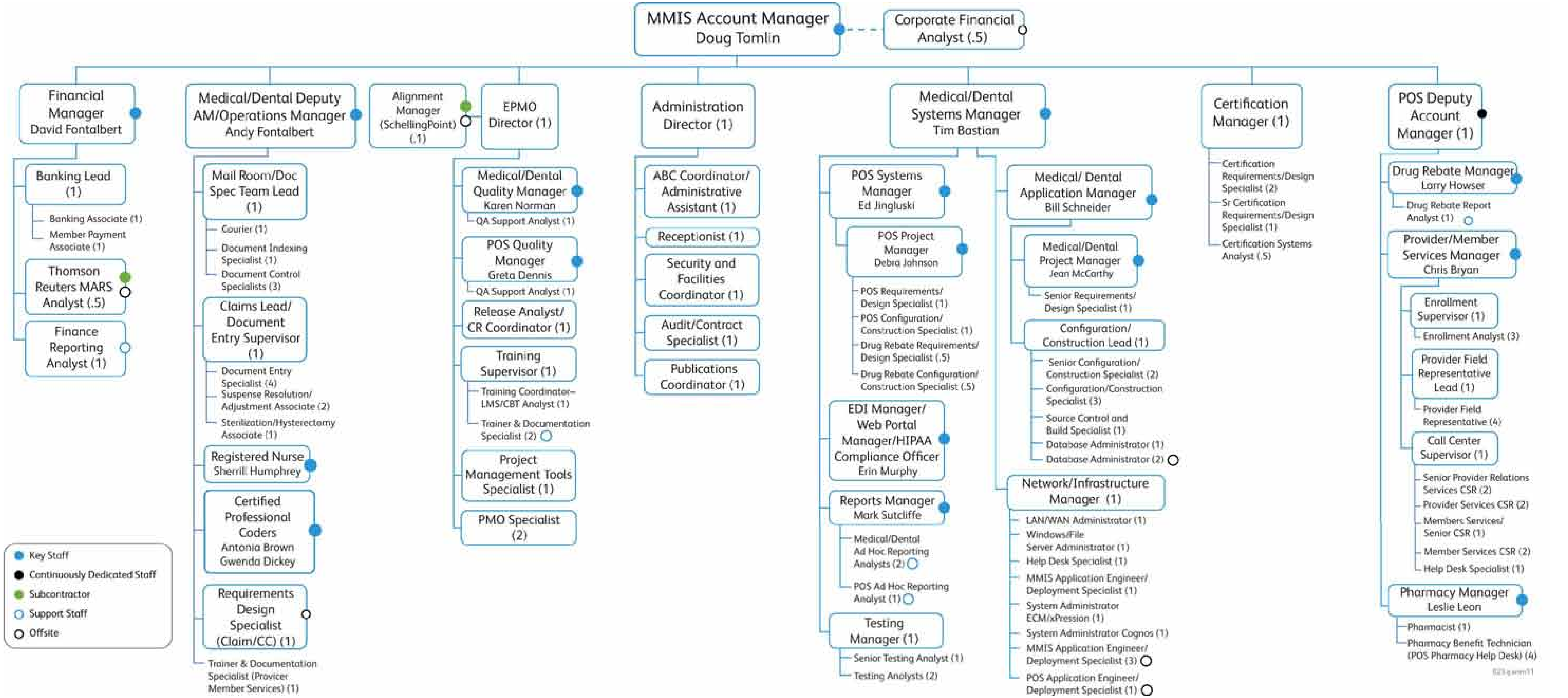
[redacted]


MMIS Account Manager
Doug Tomlin
POS System Manager
Ed Jingluski
Medical/Dental Systems Manager
Tim Bastian
Project Coordinator (1)
Medical/Dental Application Manager
Bill Schneider
EDI Manager/Web Portal Manager
Erin Murphy
EDI/Web Portal General/Technical Lead
EDI/Web Portal General/Technical Specialist (.5)
EDI/Web Portal Requirements/ Design Specialist (1)
EDI/Web Portal Configuration/ Construction Specialist (1.5)
Medical/Dental Project Manager
Jean McCarthy
Data Management Lead
Data Conversion Analyst (3)
Data Conversion Specialist (6)
Interfaces Analyst (2)
Interface Specialist (4)
Program and Program Integrity Management Lead
Senior Requirements/ Design Specialist (Claims Financial) (1)
Requirements/Design Specialist (Claims Financial) (4)
Requirements/Design Configuration Specialist (Claims Financial) (1)
Senior Requirements/ Design Specialist (Reference) (1)
Requirements/Design Specialist (Reference) (6)
Requirements/Design Configuration Specialist (Reference) (2)
Senior Requirements/ Design Specialist (Contact Management) (1)
Requirements/Design Specialist (Contact Management) (1)
Operation Management Requirements/Design Lead
Senior Requirements/Design Specialist (Claims Entry) (1)
Requirements/Design Specialist (Claims Entry) (2)
Requirements/Design Configuration Specialist (Claims Entry) (1)
Senior Requirements/Design Specialist (Claims Adjudication) (1)
Requirements/Design Specialist (Claims Adjudication) (2.1)
Requirements/Design Configuration Specialist (Claims Adjudication) (1)
Senior Requirements/Design Specialist (Service Authorization) (1)
Requirements/Design Specialist (Service Authorization) (1.75)
Requirements/Design Configuration Specialist (Service Authorization) (1)
Senior Requirements/Design Specialist (Payment) (1)
Requirements/Design Specialist (Payment) (6.25)
Requirements/Design Configuration Specialist (Payment) (2)
Senior Requirements/Design Specialist (TPL) (1)
Requirements/Design Specialist (TPL) (2)
Requirements/Design Configuration Specialist (TPL) (1)
Provider/ Member Requirements/Design Lead
Senior Requirements/Design Specialist (Provider) (1)
Requirements/Design Specialist (Provider) (4)
Requirements/Design Configuration Specialist (Provider) (1)
Senior Requirements/Design Specialist (Member) (1)
Requirements/Design Specialist (Member) (6.5)
Requirements/Design Configuration Specialist (Member) (1)
Senior Requirements/Design Specialist (EPSDT) (1)
Requirements/Design Specialist (EPSDT) (1)
Senior Requirements/Design Specialist (Care Management) (1)
Requirements/Design Specialist (Care Management) (1.75)
Requirements/Design Configuration Specialist (Care Management) (1)
Business Rules Extraction Lead
Rules Technical Analyst (2)
Business Rules Extraction Specialist (Oleen Pinnacle) (2)
Business Rules Extraction Specialist (Ninestone) (1)
General/Technical Requirements/Design Lead
Workflow Management Architect
Integration Architect
Security Architect
Portal Architect
Application Architect (1.25)
Data Architect (1.25)
Online Help Requirements/Design Specialist (2)
Release Analyst
Demo Environments Coordinator
Configuration/ Construction Manager
Program and Program Integrity Management Configuration/Construction Lead
Configuration/Construction Specialist (Claims Financial) (2)
Configuration/Construction Specialist (Reference) (2)
Configuration/Construction Specialist (Contact Management) (1)
Operations Management Configuration/ Construction Lead
Configuration/Construction Specialist (Claims Entry) (2.2)
Configuration/Construction Specialist (Claims Adjudication) (3.3)
Configuration/Construction Specialist (Service Authorization) (1.5)
Configuration/Construction Specialist (Payment) (4)
Configuration/Construction Specialist (TPL) (1.1)
Provider/Member Management Configuration/ Construction Lead
Configuration/Construction Specialist (Provider) (1.7)
Configuration/Construction Specialist (Member) (2.8)
Configuration/Construction Specialist (EPSDT) (1)
Configuration/Construction Specialist (Care Management) (1.5)
General/Technical Management Configuration/ Construction Lead
Integration Configuration/Construction Specialist (1.25)
Security Configuration/Construction Specialist (1)
Database Administrator (2.35)
Letters Configuration/Construction Specialist (8)
EDMS Configuration/Construction Specialist (6.5)
Online Help Configuration/Construction Specialist (1)
Source Control and Build Specialist (2)
● Key Staff
● Continuously Dedicated Staff
● Subcontractor
○ Support Staff
○ Offsite

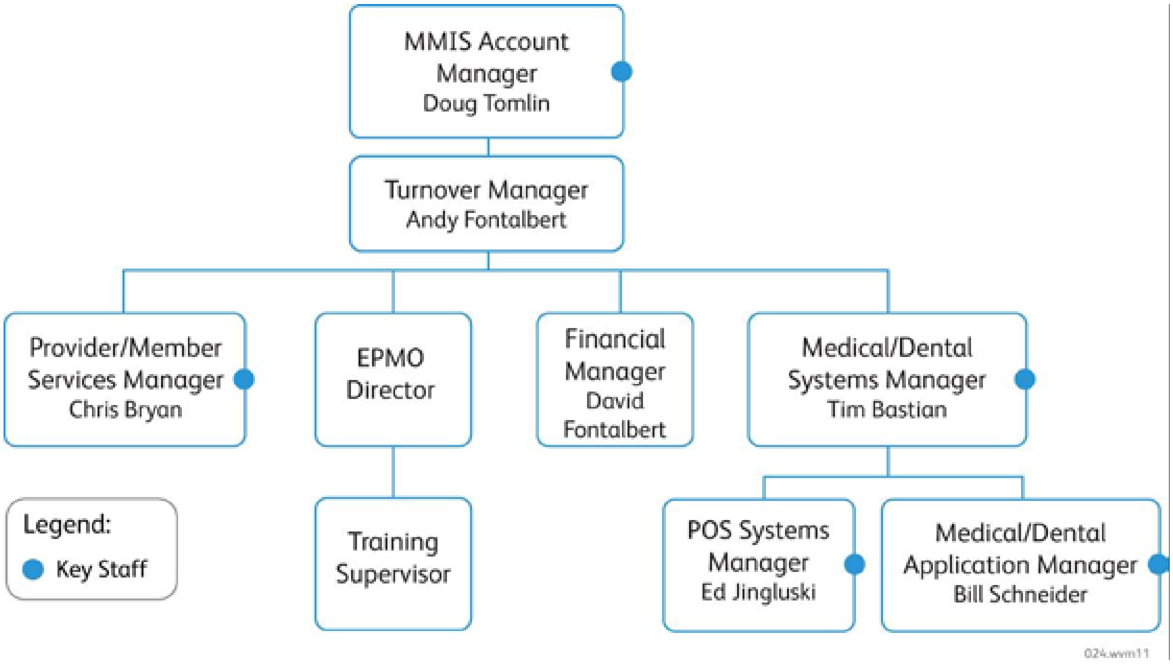
[redacted]


MMIS Account Manager
Doug Tomlin
Corporate Financial Analyst (1)
POS Deputy Account Manager (1)
Provider/ Member Services Manager
Chris Bryan
Enrollment Supervisor (1)
Enrollment Analyst (3)
Member Services Senior CSR (1)
Call Center Supervisor (1)
Provider Services Senior CSR (2)
Training and Documentation Specialist (Provider/ Member Services) (1)
Pharmacy Manager
Leslie Leon
Provider Field Representative Lead (1)
Provider Field Representatives (4)
Medical/Dental Deputy Account Manager/ Operations Manager
Andy Fontalbert
Claims Lead/Document Entry Supervisor (1)
Mail Room/Document Control Lead (1)
Registered Nurse
Sherrill Humphrey
Certified Professional Coders
Antonia Brown
Gwenda Dickey
EPMO Director (1)
POS Quality Manager
Greta Dennis
Medical/Dental Quality Manager
Karen Norman
Training Supervisor (1)
Training Coordinator - LMS/CBT Analyst (1)
Training and Documentation Specialist (2)
PMO Specialist (2)
Technical Writer (QA Specialist) (2)
DOORS Coordinator (1)
DOORS Migration Analyst (3)
Alignment Manager SchellingPoint (1)
Administration Director (1)
Receptionist (1)
Administrative Assistant/ABC Coordinator (1)
Security and Facilities Coordinator (1)
Financial Manager
David Fontalbert
Finance Report Analyst (1)
Certification Manager (1)
Certification Requirements/Design Specialist (1)
Key Staff
Continuously Dedicated Staff
Subcontractor
Support Staff
Offsite
037.e.wvm11

[redacted]


MMIS Account Manager
Doug Tomlin
Corporate Financial Analyst (.5)
Financial Manager
David Fontalbert
Banking Lead (1)
Banking Associate (1)
Member Payment Associate (1)
Thomson Reuters MARS Analyst (.5)
Finance Reporting Analyst (1)
Medical/Dental Deputy AM/Operations Manager
Andy Fontalbert
Mail Room/Doc Spec Team Lead (1)
Courier (1)
Document Indexing Specialist (1)
Document Control Specialists (3)
Claims Lead/ Document Entry Supervisor (1)
Document Entry Specialist (4)
Suspense Resolution/ Adjustment Associate (2)
Sterilization/Hysterectomy Associate (1)
Registered Nurse
Sherrill Humphrey
Certified Professional Coders
Antonia Brown
Gwenda Dickey
Requirements Design Specialist (Claim/CC) (1)
Trainer & Documentation Specialist (Provider Member Services) (1)
Alignment Manager (SchellingPoint) (.1)
EPMO Director (1)
Medical/Dental Quality Manager
Karen Norman
QA Support Analyst (1)
POS Quality Manager
Greta Dennis
QA Support Analyst (1)
Release Analyst/ CR Coordinator (1)
Training Supervisor (1)
Training Coordinator– LMS/CBT Analyst (1)
Trainer & Documentation Specialist (2)
Project Management Tools Specialist (1)
PMO Specialist (2)
Administration Director (1)
ABC Coordinator/ Administrative Assistant (1)
Receptionist (1)
Security and Facilities Coordinator (1)
Audit/Contract Specialist (1)
Publications Coordinator (1)
Medical/Dental Systems Manager
Tim Bastian
POS Systems Manager
Ed Jingluski
POS Project Manager
Debra Johnson
POS Requirements/ Design Specialist (1)
POS Configuration/ Construction Specialist (1)
Drug Rebate Requirements/ Design Specialist (.5)
Drug Rebate Configuration/ Construction Specialist (.5)
EDI Manager/ Web Portal Manager/HIPAA Compliance Officer
Erin Murphy
Reports Manager
Mark Sutcliffe
Medical/Dental Ad Hoc Reporting Analysts (2)
POS Ad Hoc Reporting Analyst (1)
Testing Manager (1)
Senior Testing Analyst (1)
Testing Analysts (2)
Medical/ Dental Application Manager
Bill Schneider
Medical/Dental Project Manager
Jean McCarthy
Senior Requirements/ Design Specialist (1)
Configuration/ Construction Lead (1)
Senior Configuration/ Construction Specialist (2)
Configuration/Construction Specialist (3)
Source Control and Build Specialist (1)
Database Administrator (1)
Database Administrator (2)
Network/Infrastructure Manager (1)
LAN/WAN Administrator (1)
Windows/File Server Administrator (1)
Help Desk Specialist (1)
MMIS Application Engineer/ Deployment Specialist (1)
System Administrator ECM/xPression (1)
System Administrator Cognos (1)
MMIS Application Engineer/ Deployment Specialist (3)
POS Application Engineer/ Deployment Specialist (1)
Certification Manager (1)
Certification Requirements/Design Specialist (2)
Sr Certification Requirements/Design Specialist (1)
Certification Systems Analyst (.5)
POS Deputy Account Manager (1)
Drug Rebate Manager
Larry Howser
Drug Rebate Report Analyst (1)
Provider/Member Services Manager
Chris Bryan
Enrollment Supervisor (1)
Enrollment Analyst (3)
Provider Field Representative Lead (1)
Provider Field Representative (4)
Call Center Supervisor (1)
Senior Provider Relations Services CSR (2)
Provider Services CSR (2)
Members Services/ Senior CSR (1)
Member Services CSR (2)
Help Desk Specialist (1)
Pharmacy Manager
Leslie Leon
Pharmacist (1)
Pharmacy Benefit Technician (POS Pharmacy Help Desk) (4)
● Key Staff
● Continuously Dedicated Staff
● Subcontractor
○ Support Staff
○ Offsite

[redacted]


MMIS Account Manager
Doug Tomlin
Turnover Manager
Andy Fontalbert
Provider/Member Services Manager
Chris Bryan
EPMO Director
Financial Manager
David Fontalbert
Medical/Dental Systems Manager
Tim Bastian
Legend:
● Key Staff
Training Supervisor
POS Systems Manager
Ed Jingluski
Medical/Dental Application Manager
Bill Schneider
024.wvm11

[redacted]

[redacted]

[redacted]

[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]			
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]			
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]			
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]			
[redacted]		[redacted]	[redacted]										
[redacted]		[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]					
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]			
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]			
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]			
[redacted]		[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]			
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]			
[redacted]								[redacted]	[redacted]	[redacted]			
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]			
[redacted]		[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]			
[redacted]			[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]			
[redacted]			[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]			

[redacted]

[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]			[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]			
[redacted]		[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]			
[redacted]		[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]			
[redacted]			[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]			
[redacted]			[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]			
[redacted]		[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]			
[redacted]			[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]			
[redacted]			[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]			
[redacted]			[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]			
[redacted]													
[redacted]							[redacted]	[redacted]	[redacted]	[redacted]			
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]			
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]			
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]			
[redacted]						[redacted]	[redacted]	[redacted]	[redacted]	[redacted]			
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]			
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]		
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]		

[redacted]

[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]		
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]			
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]			
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]									
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]			
[redacted]	[redacted]												
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]		
[redacted]				[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]				
[redacted]			[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]		
[redacted]						[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]		
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]			
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]		
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]			
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]			
[redacted]			[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]			
[redacted]		[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]			
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]					
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]

[redacted]

[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]			
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]			
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]			
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]			
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]			
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]			
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]			
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]			[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]			
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]			
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]		
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]			
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]			
[redacted]								[redacted]	[redacted]	[redacted]			
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]			
[redacted]				[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]			

[redacted]

[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]												
[redacted]	[redacted]												
[redacted]													
[redacted]	[redacted]												
[redacted]	[redacted]												
[redacted]													
[redacted]													
[redacted]													
[redacted]	[redacted]												
[redacted]													
[redacted]			[redacted]										
[redacted]	[redacted]												
[redacted]	[redacted]												
[redacted]		[redacted]											
[redacted]													
[redacted]													
[redacted]													
[redacted]													

[redacted]

[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]			
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]		
[redacted]				[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]		
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]		
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]					
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]		
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]		
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]		
[redacted]				[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]		
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]		
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]			
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	
[redacted]		[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]		
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]			
[redacted]		[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]			
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]			
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]			

[redacted]

[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]						[redacted]	[redacted]	[redacted]	[redacted]	[redacted]			
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]			
[redacted]		[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]			
[redacted]						[redacted]	[redacted]	[redacted]	[redacted]	[redacted]			
[redacted]									[redacted]	[redacted]			
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]			
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]			
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]			
[redacted]					[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]			
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]						
[redacted]				[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]			
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]			
[redacted]			[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]			
[redacted]			[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]			
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]			

[redacted]

[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]		[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]			
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]			
[redacted]		[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]			
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]			
[redacted]		[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]			
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]			
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]			
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]			
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]			
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]			
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]					
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]					

[redacted]

[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]						
[redacted]		[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]					
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]					
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]					
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]					
[redacted]		[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]					
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]					
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]					
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]					
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]					
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]			
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]			
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]			
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]			
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]			

[redacted]

[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]							[redacted]						
[redacted]		[redacted]											
[redacted]													
[redacted]													
[redacted]								[redacted]					
[redacted]	[redacted]												
[redacted]	[redacted]												
[redacted]	[redacted]												
[redacted]													
[redacted]			[redacted]										
[redacted]													
[redacted]	[redacted]												
[redacted]		[redacted]											
[redacted]	[redacted]												
[redacted]	[redacted]												

[redacted]

[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]												
[redacted]	[redacted]												
[redacted]		[redacted]											
[redacted]	[redacted]												
[redacted]	[redacted]												
[redacted]	[redacted]												
[redacted]	[redacted]												
[redacted]	[redacted]												
[redacted]													
[redacted]													
[redacted]													
[redacted]													
[redacted]													
[redacted]													
[redacted]	[redacted]												
[redacted]				[redacted]									
[redacted]													
[redacted]	[redacted]												

[redacted]

[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]													
[redacted]													

[redacted]

[redacted]

[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]						
[redacted]	[redacted]	[redacted]						
[redacted]	[redacted]	[redacted]						
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]						
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]

[redacted]

[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]

[redacted]

[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]

[redacted]

[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]							
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]

[redacted]

[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]												
[redacted]	[redacted]											
[redacted]												
[redacted]												
[redacted]												
[redacted]	[redacted]											
[redacted]												
[redacted]												
[redacted]	[redacted]											
[redacted]	[redacted]											

[redacted]

15.4.4 Deliverable 8 – Training Plan

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

ACS
A xerox Company

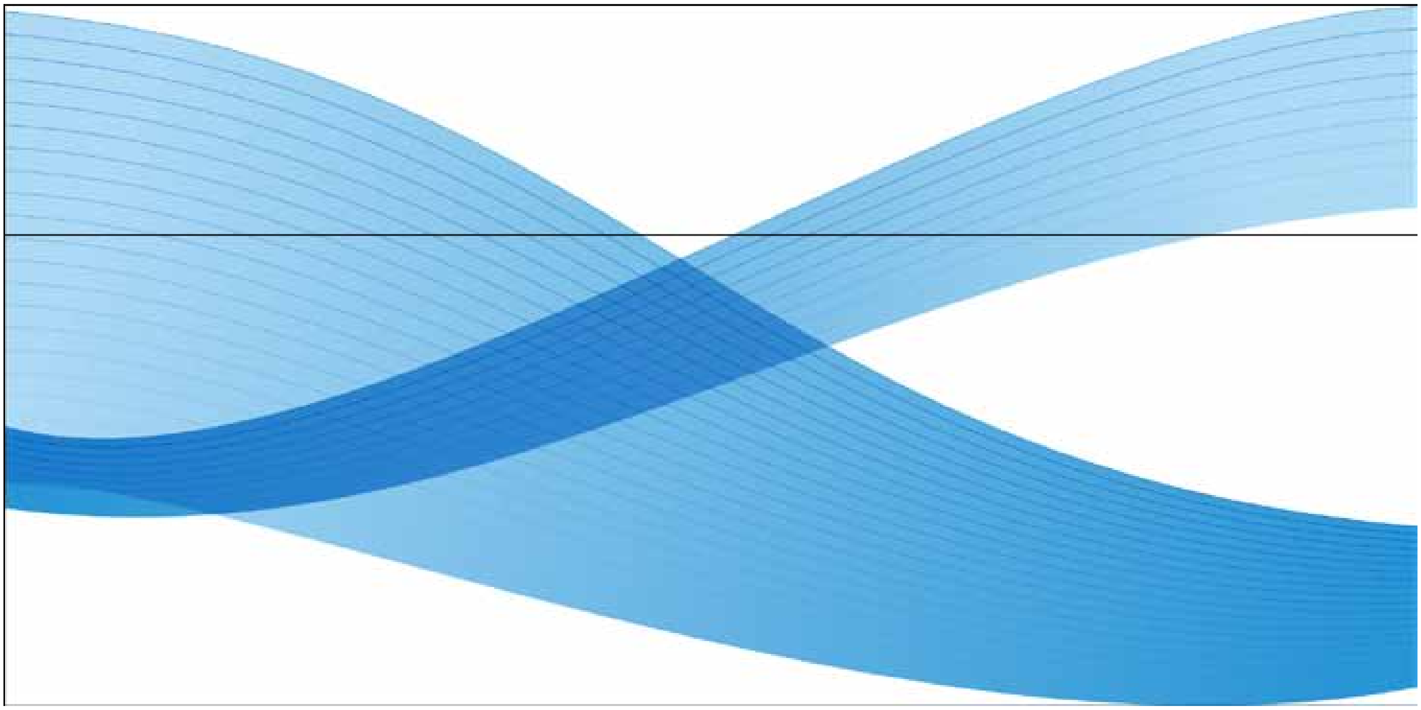
[redacted]

[redacted]

[redacted]

[redacted]

[redacted]



[redacted]

[redacted]

[redacted]

[redacted]

[redacted]			
[redacted]			

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]	
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]	[redacted]
[redacted]	[redacted]

15.4.5 Deliverable 9 – Workflow Management Plan

[redacted]

[redacted]

[redacted]

[redacted]

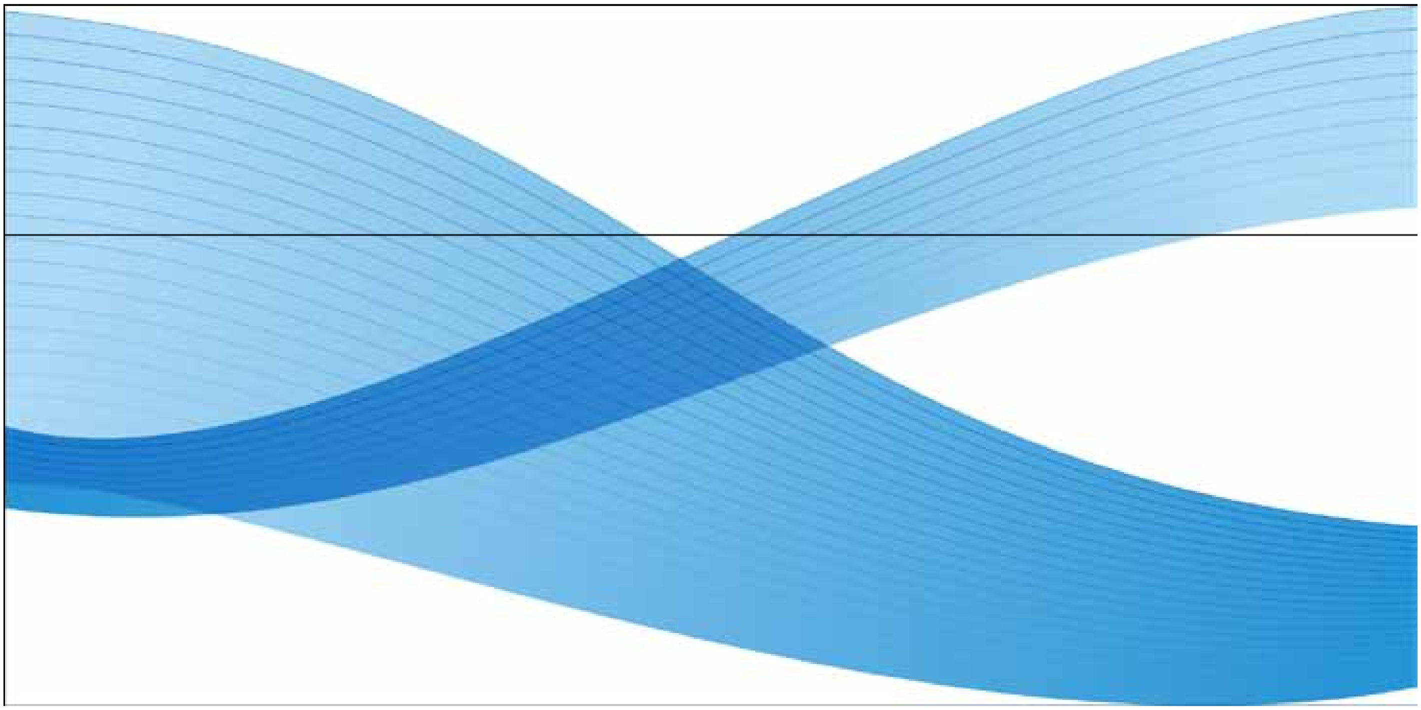
[redacted]

[redacted]

[redacted]

[redacted]

[redacted]



[redacted]

[redacted]

[redacted]

[redacted]

[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

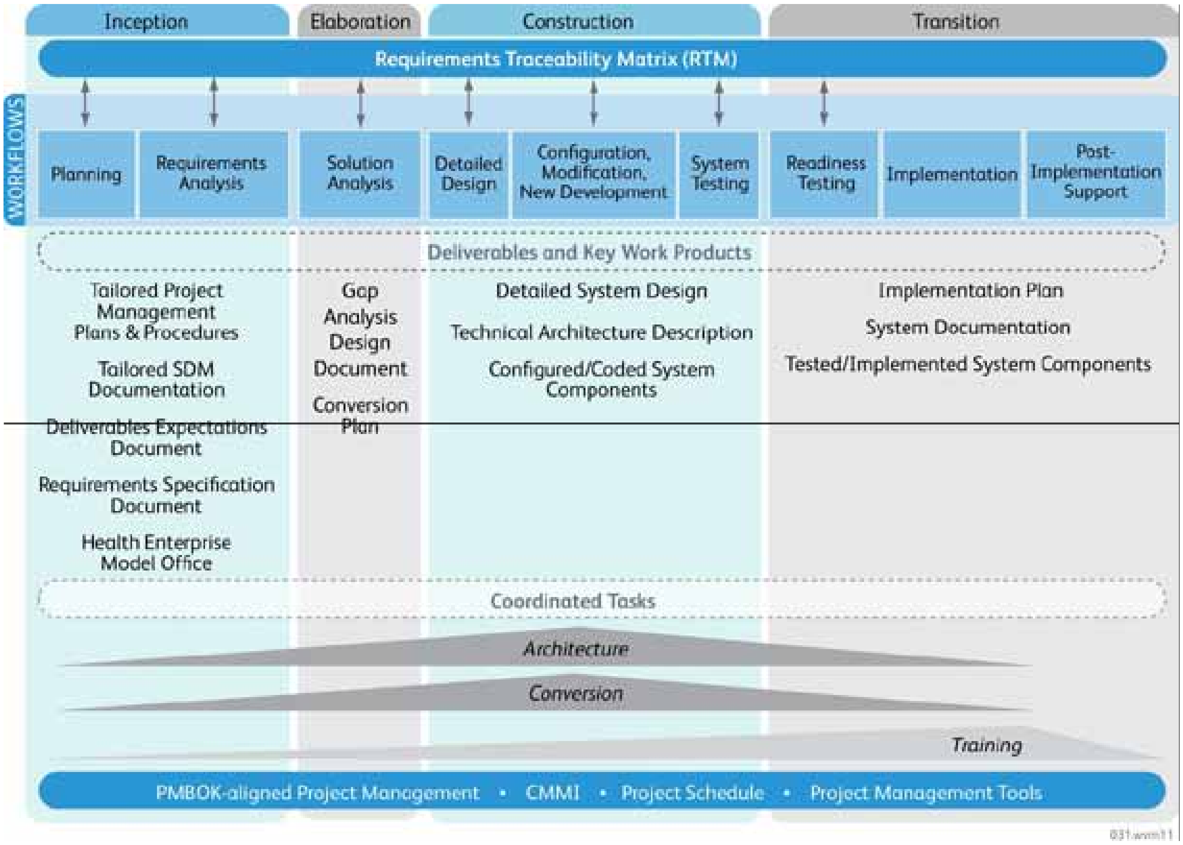
[redacted]

[redacted]

[redacted]

[redacted]

[redacted]


Inception
Elaboration
Construction
Transition
Requirements Traceability Matrix (RTM)
WORKFLOWS
Planning
Requirements Analysis
Solution Analysis
Detailed Design
Configuration, Modification, New Development
System Testing
Readiness Testing
Implementation
Post-Implementation Support
Deliverables and Key Work Products
Tailored Project Management Plans & Procedures
Tailored SDM Documentation
Deliverables Expectations Document
Requirements Specification Document
Health Enterprise Model Office
Gap Analysis Design Document
Conversion Plan
Detailed System Design
Technical Architecture Description
Configured/Coded System Components
Implementation Plan
System Documentation
Tested/Implemented System Components
Coordinated Tasks
Architecture
Conversion
Training
PMBOK-aligned Project Management • CMMI • Project Schedule • Project Management Tools
031.wmm11

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

- [redacted]
  - [redacted]
  - [redacted]
- [redacted]
  - [redacted]
- [redacted]
  - [redacted]
  - [redacted]
  - [redacted]
- [redacted]
- [redacted]
  - [redacted]
  - [redacted]
  - [redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]						
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]

[redacted]

[redacted]

[redacted]

15.4.6 Deliverable 10 – Problem Management Plan

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]	[redacted]
[redacted]	

15.4.7 Deliverable 11 – Integrated Test Environment (ITE) Plan

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

ACS
A xerox Company

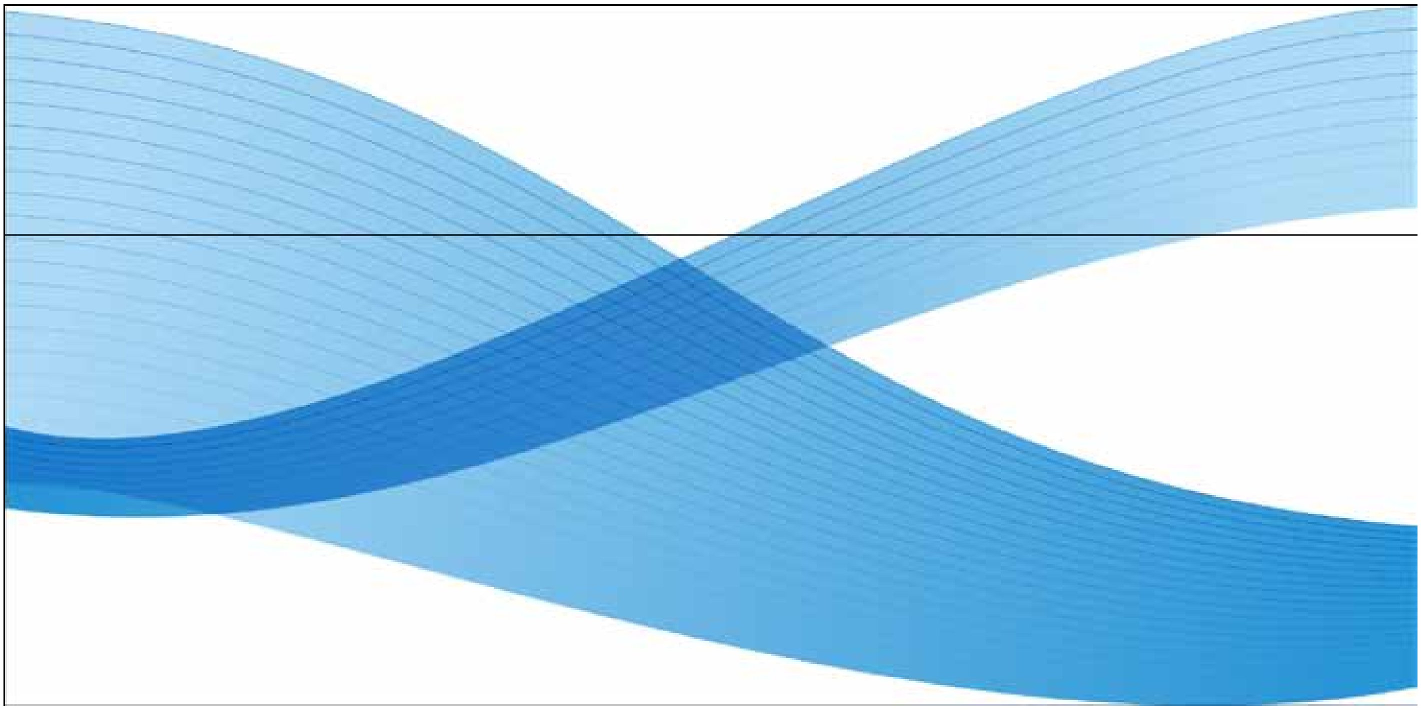
[redacted]

[redacted]

[redacted]

[redacted]

[redacted]



[redacted]

[redacted]

[redacted]

[redacted]

[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]		
[redacted]	[redacted]	
[redacted]	[redacted]	
[redacted]	[redacted]	

[redacted]		
[redacted]	[redacted]	
[redacted]	[redacted]	
[redacted]	[redacted]	
[redacted]	[redacted]	
[redacted]	[redacted]	

[redacted]		
[redacted]	[redacted]	
[redacted]	[redacted]	
[redacted]	[redacted]	
[redacted]	[redacted]	
[redacted]	[redacted]	
[redacted]	[redacted]	
[redacted]	[redacted]	

15.4.8 Deliverable 12 – Testing Plan

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

ACS
A xerox Company

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

- [redacted]
- [redacted]
- [redacted]
- [redacted]
- [redacted]

[redacted]

[redacted]

[redacted]

- [redacted]
- [redacted]
- [redacted]
- [redacted]
- [redacted]
- [redacted]

[redacted]

[redacted]

- [redacted]
- [redacted]
- [redacted]
- [redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

- [redacted]
- [redacted]
- [redacted]
- [redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

- [redacted]
- [redacted]
- [redacted]
- [redacted]
- [redacted]
- [redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

- [redacted]
- [redacted]
- [redacted]
- [redacted]
- [redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

- [redacted]
- [redacted]
- [redacted]
- [redacted]

[redacted]

[redacted]

- [redacted]
- [redacted]
- [redacted]
- [redacted]
- [redacted]
- [redacted]
- [redacted]
- [redacted]
- [redacted]
- [redacted]

[redacted]

[redacted]

- [redacted]
- [redacted]
- [redacted]
- [redacted]

[redacted]

- [redacted]
- [redacted]
- [redacted]
- [redacted]
- [redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

- [redacted]
- [redacted]
- [redacted]
- [redacted]
- [redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

- [redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

- [redacted]
- [redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

- [redacted]
- [redacted]
- [redacted]
- [redacted]
- [redacted]

[redacted]

- [redacted]
- [redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]		
[redacted]	[redacted]	
[redacted]	[redacted]	
[redacted]	[redacted]	
[redacted]	[redacted]	
[redacted]	[redacted]	

[redacted]		
[redacted]	[redacted]	
[redacted]	[redacted]	
[redacted]	[redacted]	
[redacted]	[redacted]	
[redacted]	[redacted]	
[redacted]	[redacted]	

[redacted]		
[redacted]	[redacted]	
[redacted]	[redacted]	
[redacted]	[redacted]	
[redacted]	[redacted]	

[redacted]

[redacted]

[redacted]		
[redacted]	[redacted]	
[redacted]	[redacted]	
[redacted]	[redacted]	
[redacted]	[redacted]	

[redacted]

[redacted]

[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]	
[redacted]	[redacted]
[redacted]	[redacted]

[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]

15.4.9 Deliverable 13 – Scope Management Plan

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

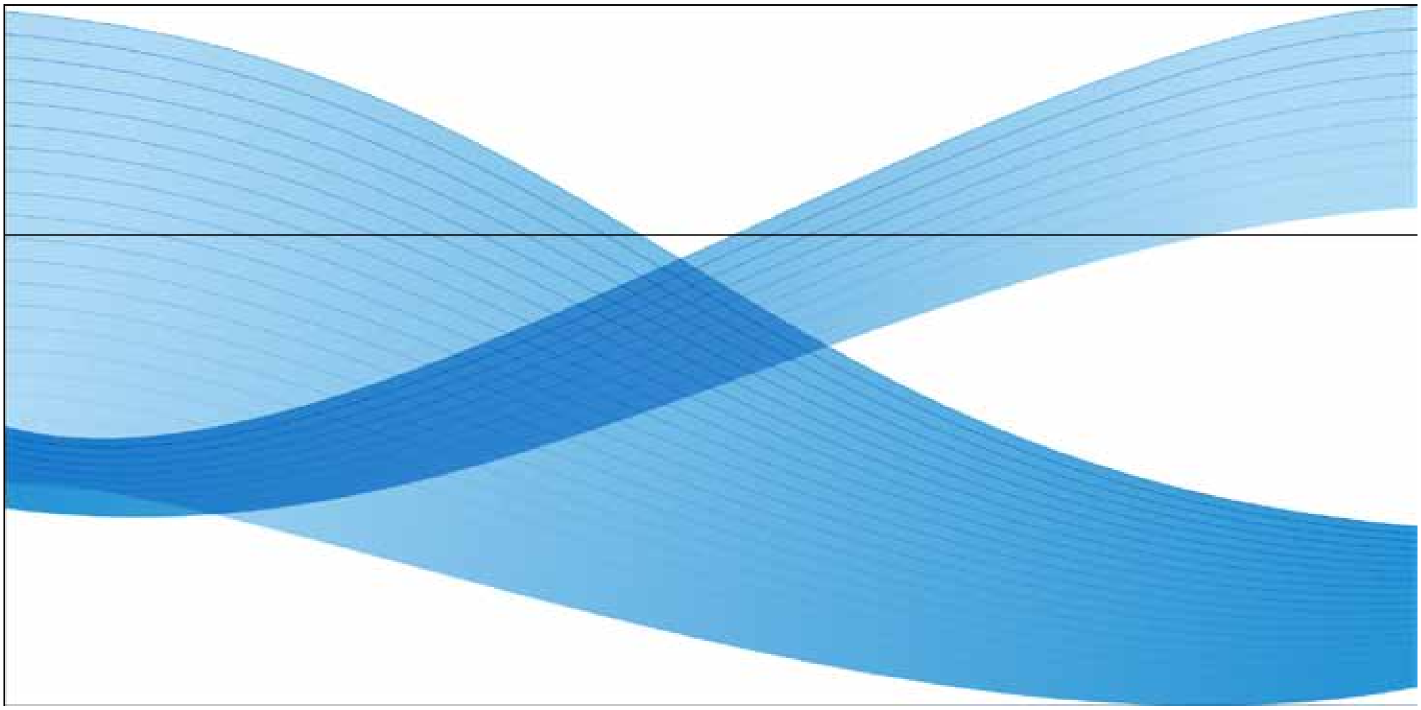
[redacted]

[redacted]

[redacted]

[redacted]

[redacted]



[redacted]

[redacted]

[redacted]

[redacted]

[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

- [redacted]
- [redacted]
- [redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]

[redacted]

[redacted]

[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]

15.4.10 Deliverable 14 – Work Breakdown Structure

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

ACS

A xerox Company

[redacted]

[redacted]

[redacted] [redacted]

[redacted]

[redacted]

[redacted] [redacted]
[redacted]

[redacted] [redacted]
[redacted]

[redacted]

[redacted]

[redacted]

[redacted] [redacted]
[redacted]

[redacted]

[redacted]

[redacted] [redacted]
[redacted]

[redacted]

[redacted] [redacted]
[redacted]

[redacted] [redacted]
[redacted]

[redacted]

[redacted] [redacted]
[redacted]

[redacted]

[redacted] [redacted]

[redacted]

[redacted]

ACS

A xerox Company

[redacted]

[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]

[redacted]

[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]
	[redacted]	
[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]
	[redacted]	
[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]

[redacted]

[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]

[redacted]

[redacted]

[redacted]

[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]
	[redacted]	
[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]

[redacted]

[redacted]

[redacted]

[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]

15.4.11 Deliverable 15 – Project Schedule

In accordance with RFP Section 1.16.3, Freedom of Information/Disclosure, ACS has clearly identified which data we consider proprietary within our proposal. We consider this section proprietary and, therefore, have removed it from our proposal.

15.4.12 Deliverable 16 – Schedule Management Plan

[redacted]

[redacted]

[redacted]

[redacted]

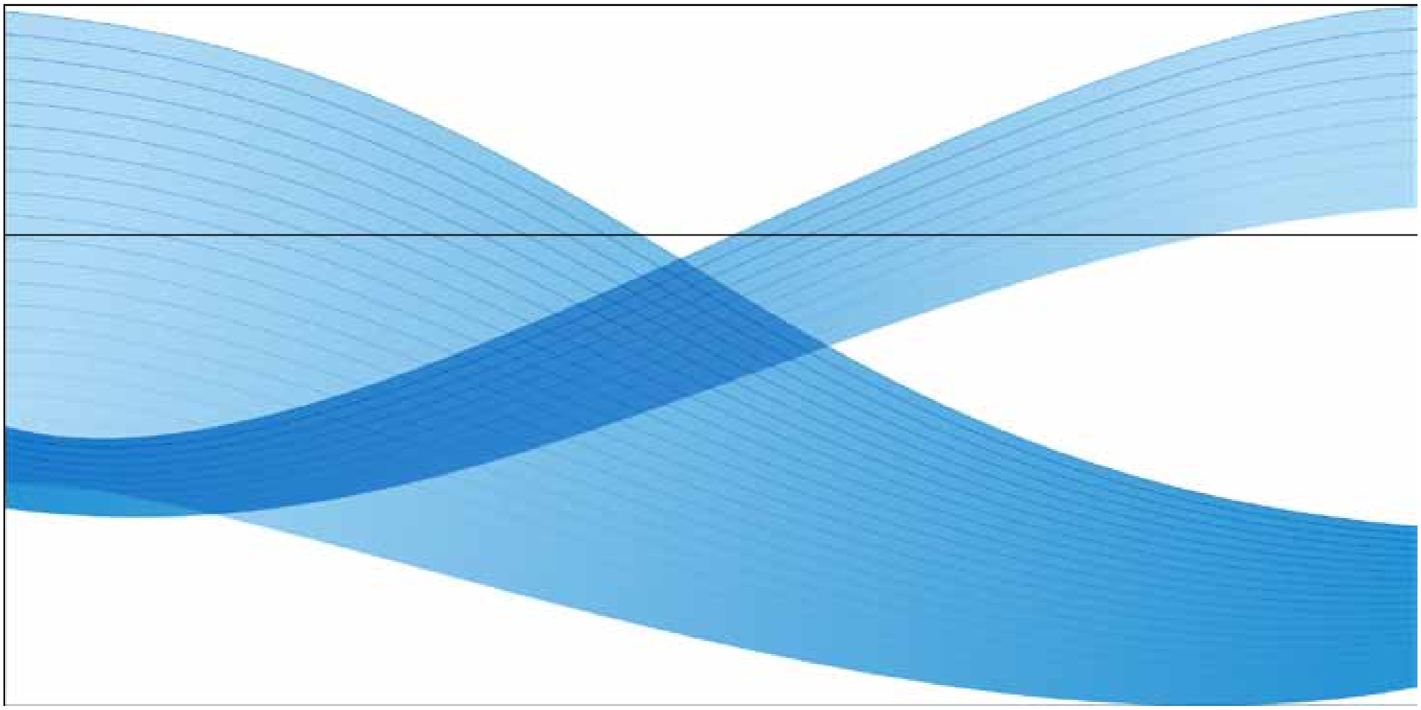
[redacted]

[redacted]

[redacted]

[redacted]

[redacted]



[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]			
[redacted]			

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]
[redacted]
[redacted]
[redacted]

[redacted]
[redacted]
[redacted]

[redacted]

[redacted]

- [redacted]
  - [redacted]
  - [redacted]
  - [redacted]
  - [redacted]
- [redacted]
  - [redacted]
  - [redacted]
  - [redacted]
  - [redacted]
- [redacted]
  - [redacted]
  - [redacted]
  - [redacted]
  - [redacted]
  - [redacted]
  - [redacted]
- [redacted]
  - [redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

- [redacted]
- [redacted]
- [redacted]
- [redacted]
- [redacted]
- [redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]

[redacted]

[redacted]

[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]

[redacted]

[redacted]

[redacted]	[redacted]	[redacted]	[redacted]

15.4.13 Deliverable 17 – Cost Management Plan

[redacted]

[redacted]

[redacted]

[redacted]

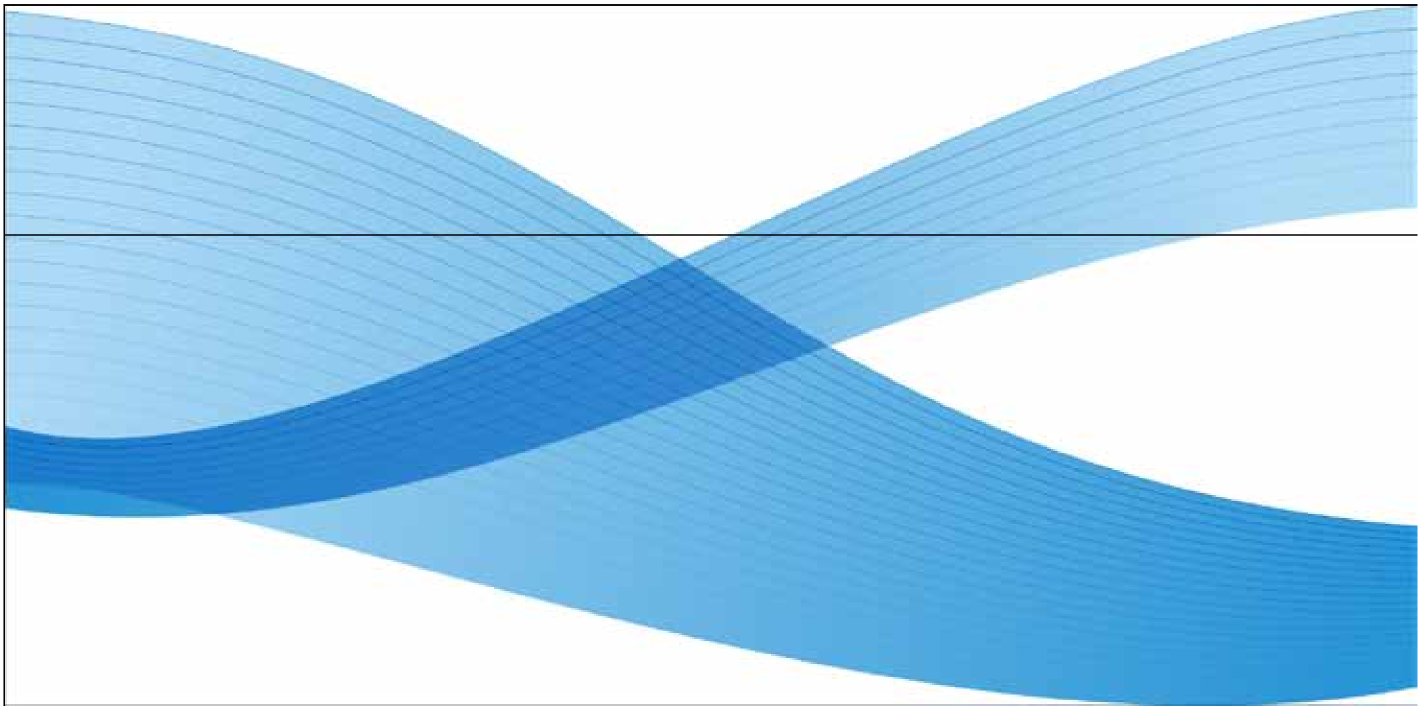
[redacted]

[redacted]

[redacted]

[redacted]

[redacted]



[redacted]

[redacted]

[redacted]

[redacted]			
[redacted]			

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]

[redacted]

[redacted]

[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]

15.4.14 Deliverable 18 – Quality Management Plan

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]			
[redacted]			

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]	
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]	
[redacted]	

15.4.15 Deliverable 20 – Human Resource Management Plan

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

ACS

A xerox Company

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]

[redacted]

[redacted]

[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]	
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]

15.4.16 Deliverable 21 – Communication Management Plan

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]			
[redacted]			

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]
	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]
	[redacted]	[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

- [redacted]
- [redacted]
- [redacted]
- [redacted]
- [redacted]
  - [redacted]
  - [redacted]
  - [redacted]
  - [redacted]
  - [redacted]
  - [redacted]
  - [redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]

[redacted]

[redacted]

[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]	
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted] [redacted] [redacted]
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted] [redacted]
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	

[redacted]	[redacted]
[redacted]	
[redacted]	[redacted]
[redacted]	[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

15.4.17 Deliverable 22 – Risk Management Plan

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

ACS

A xerox Company

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]

[redacted]

[redacted]

[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]	
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]

[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]

[redacted]

[redacted]

[redacted]

15.4.18 Deliverable 23 – Issue Management Plan

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

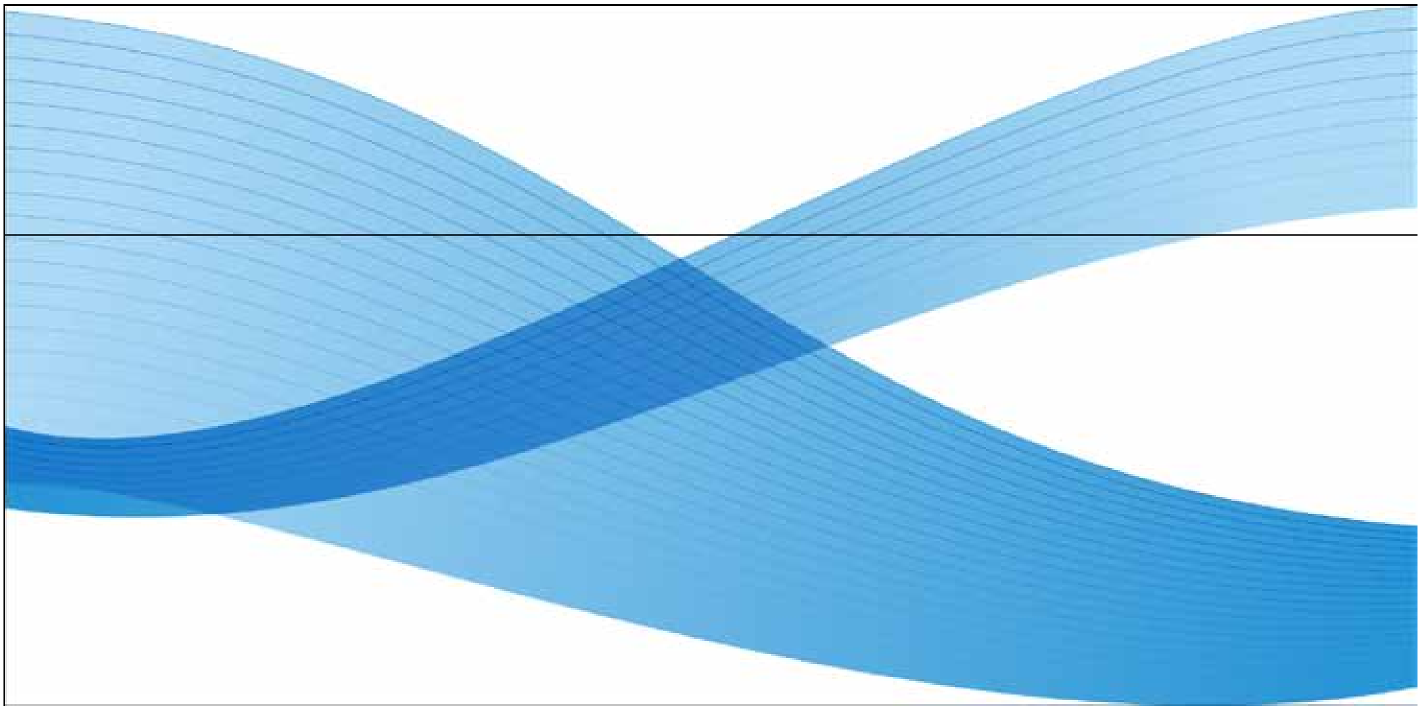
[redacted]

[redacted]

[redacted]

[redacted]

[redacted]



[redacted]

[redacted]

[redacted]

[redacted]

[redacted]			
[redacted]			

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]

[redacted]

[redacted]

[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]

[redacted]

[redacted]

[redacted]

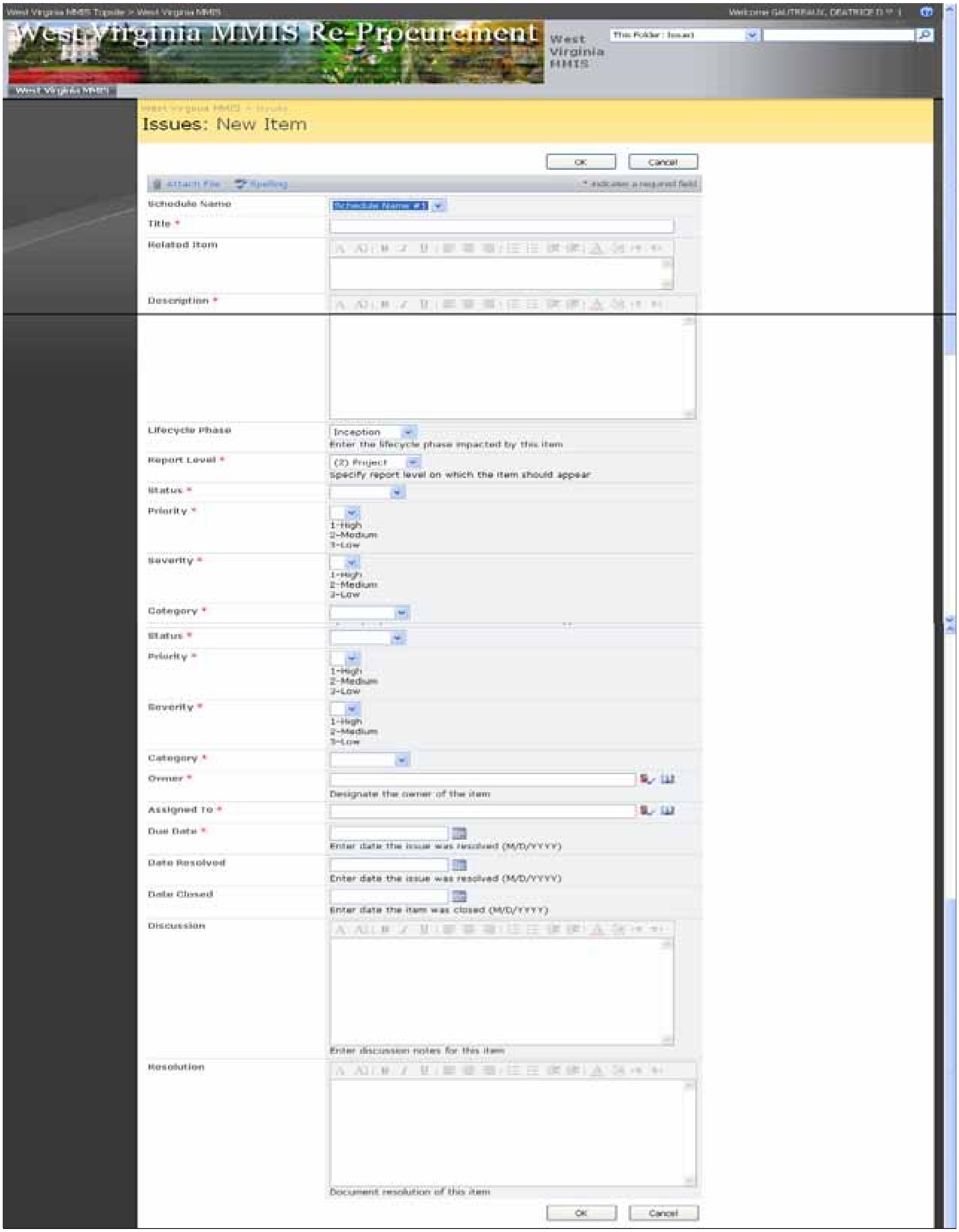
[redacted]

[redacted]

[redacted]	
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	
[redacted]	
[redacted]	
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]

[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]

[redacted]



West Virginia MMIS Topsite > West Virginia MMIS

West Virginia MMIS Re-Procurement

West Virginia MMIS

This Folder: Issues

West Virginia MMIS > Issues

Issues: New Item

OK Cancel

Attach File Spelling

* indicates a required field

Schedule Name: Schedule Name #1

Title *

Related Item

Description *

Lifecycle Phase: Inception
Enter the lifecycle phase impacted by this item

Report Level *: (2) Project
Specify report level on which the item should appear

Status *

Priority *
1-High
2-Medium
3-Low

Severity *
1-High
2-Medium
3-Low

Category *

Status *

Priority *
1-High
2-Medium
3-Low

Severity *
1-High
2-Medium
3-Low

Category *

Owner *
Designate the owner of the item

Assigned To *

Due Date *
Enter date the issue was resolved (M/D/YYYY)

Date Resolved
Enter date the issue was resolved (M/D/YYYY)

Date Closed
Enter date the item was closed (M/D/YYYY)

Discussion
Enter discussion notes for this item

Resolution
Document resolution of this item

OK Cancel

15.4.19 Deliverable 24 – Change Management Plan

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

ACS

A xerox Company

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

- [redacted]
- [redacted]
- [redacted]
- [redacted]
- [redacted]
- [redacted]
- [redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

- [redacted]
- [redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]	[redacted]										
[redacted]	[redacted]										

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]

[redacted]

[redacted]

[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]

[redacted]	[redacted]
[redacted]	
[redacted]	[redacted]
[redacted]	[redacted]

[redacted]

[redacted]

15.4.20 Deliverable 25 – Integration Management Plan

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

ACS

A xerox Company

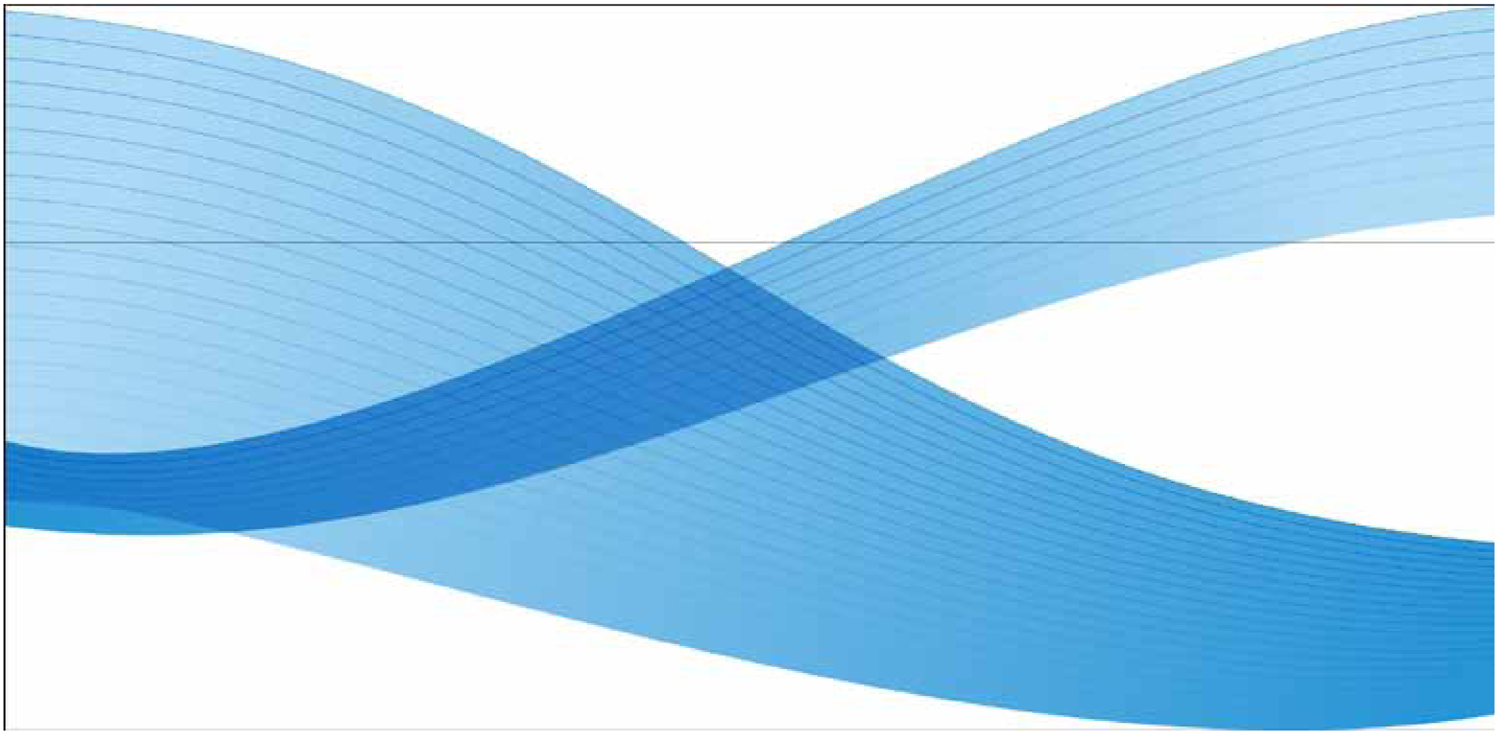
[redacted]

[redacted]

[redacted]

[redacted]

[redacted]



Proprietary and Confidential

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]			
[redacted]			

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]	
[redacted]	[redacted]
[redacted]	

[redacted]

[redacted]

[redacted]	
[redacted]	
[redacted]	

15.4.21 Deliverable 26 – Security, Privacy and Confidentiality Plan

[redacted]

[redacted]

[redacted]

[redacted]

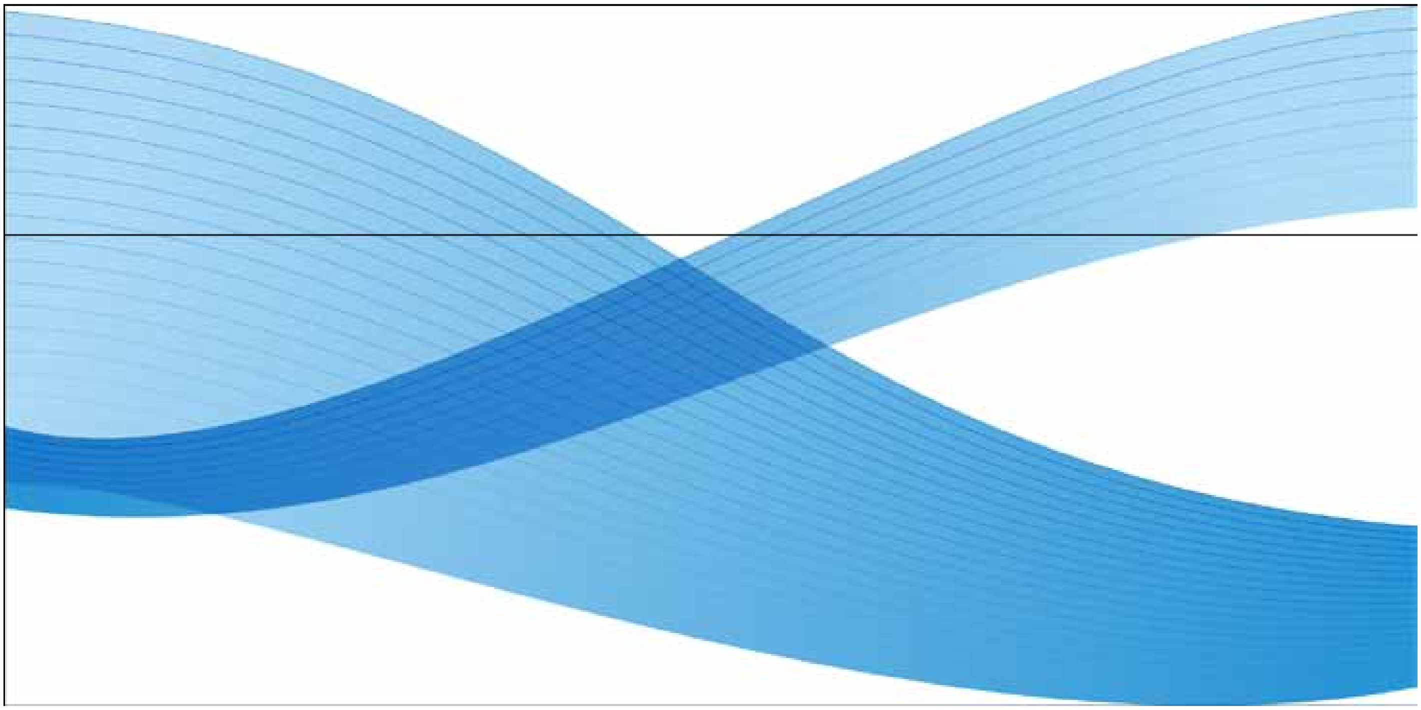
[redacted]

[redacted]

[redacted]

[redacted]

[redacted]



[redacted]

[redacted]

[redacted]

[redacted]

[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]	
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]

[redacted]

[redacted]	
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]

[redacted]

[redacted]	
[redacted]	
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]	[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]	
[redacted]	

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

- [redacted]
  - [redacted]
- [redacted]
  - [redacted]
- [redacted]
- [redacted]
  - [redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	
[redacted]	
[redacted]	
[redacted]	
[redacted]	
[redacted]	
[redacted]	
[redacted]	
[redacted]	
[redacted]	
[redacted]	
[redacted]	
[redacted]	
[redacted]	

[redacted]

[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]

[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]

[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

15.4.22 Deliverable 27 – Configuration Management Plan

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

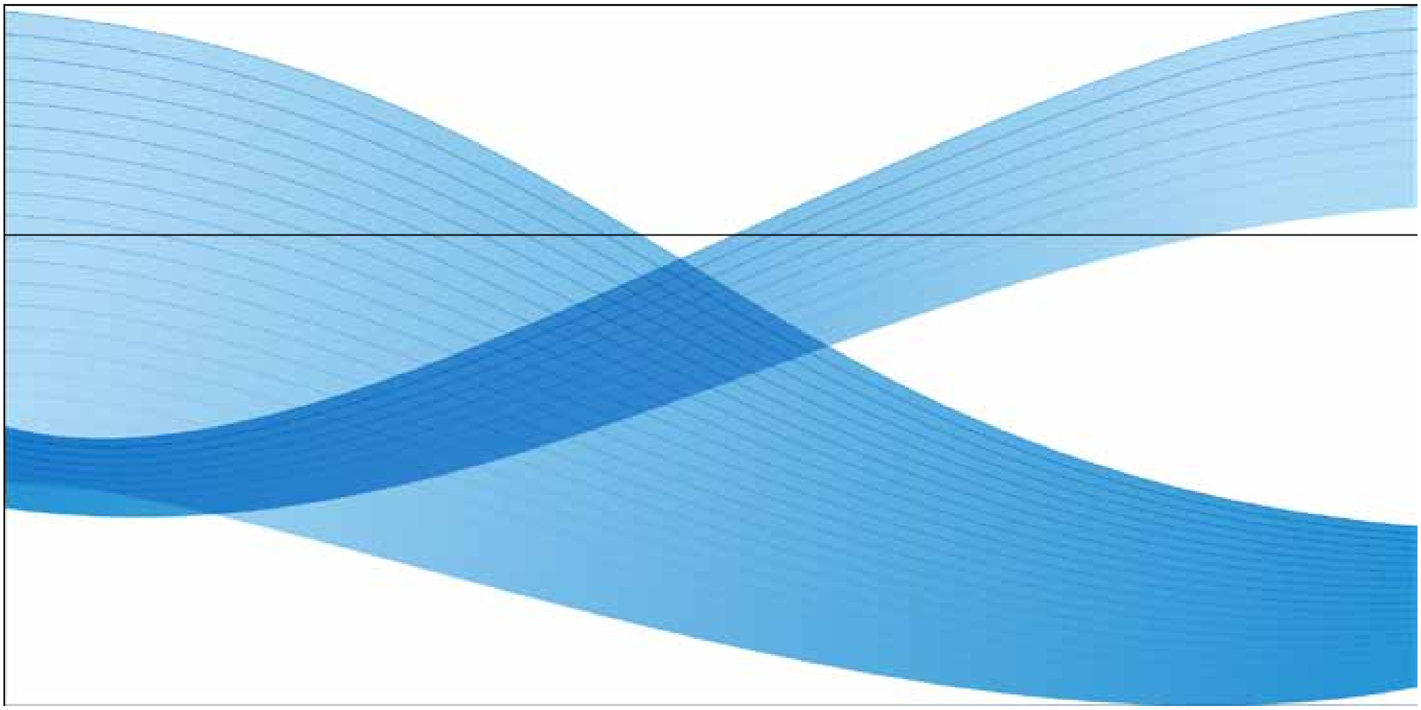
[redacted]

[redacted]

[redacted]

[redacted]

[redacted]



[redacted]

[redacted]

[redacted]

[redacted]

[redacted]			
[redacted]			

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

- [redacted]
- [redacted]
- [redacted]
- [redacted]
- [redacted]
- [redacted]
- [redacted]
- [redacted]
- [redacted]
- [redacted]
- [redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]	
[redacted]	[redacted]
[redacted]	

[redacted]

[redacted]

[redacted]	
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	
[redacted]	[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]	
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]

[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]

[redacted]

[redacted]

[redacted]	
[redacted]	
[redacted]	
[redacted]	
[redacted]	[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]	
[redacted]	[redacted]

[redacted]	
	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]

[redacted]	[redacted]
	[redacted]

15.4.23 Deliverable 28 – Data Conversion Plan

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

ACS

A xerox Company

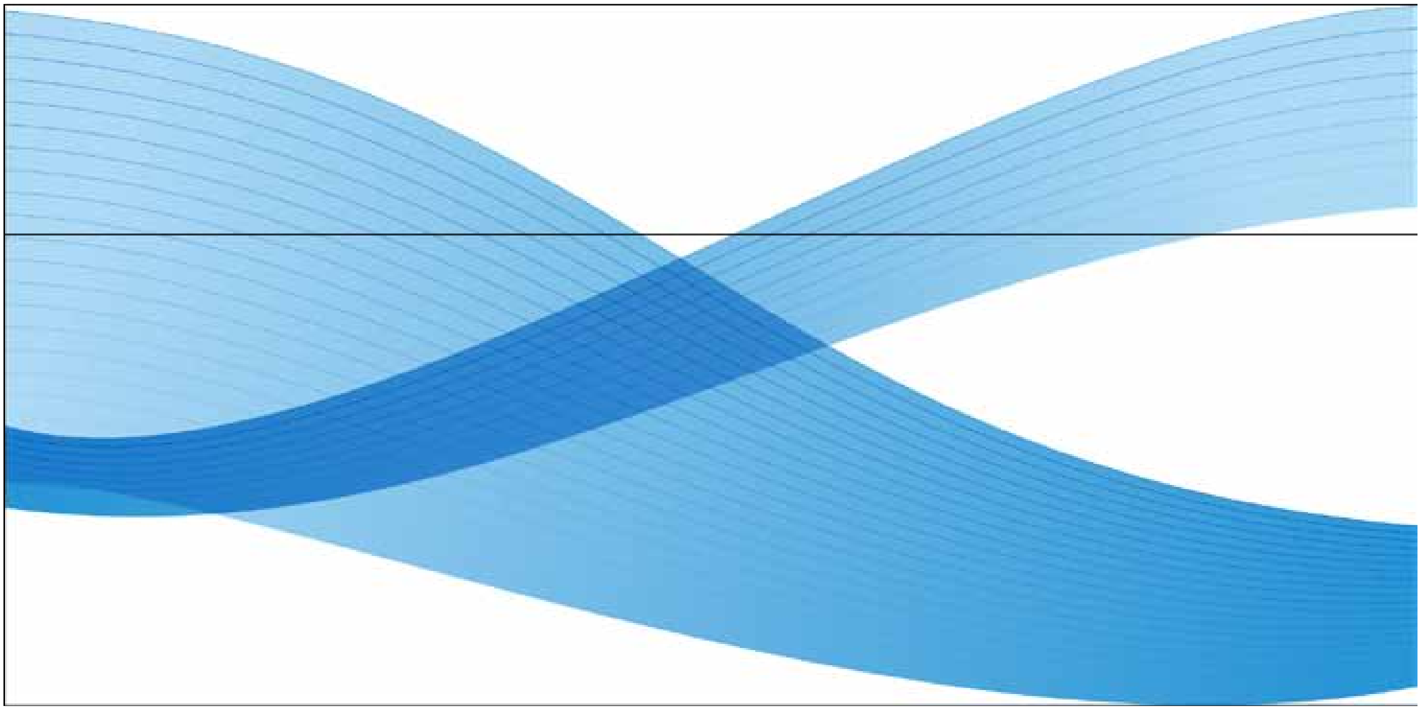
[redacted]

[redacted]

[redacted]

[redacted]

[redacted]



[redacted]

[redacted]

[redacted]

[redacted]

[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

- [redacted]
- [redacted]
- [redacted]
- [redacted]
- [redacted]
- [redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

- [redacted]
- [redacted]
- [redacted]
- [redacted]
- [redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

- [redacted]
- [redacted]
- [redacted]
- [redacted]
- [redacted]
- [redacted]
- [redacted]

[redacted]

[redacted]

[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]

[redacted]

[redacted]

[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]	[redacted]
[redacted]	[redacted]

15.4.24 Deliverable 29 – Disaster Recovery and Business Continuity Plans

In accordance with RFP Section 1.16.3, Freedom of Information/Disclosure, ACS has clearly identified which data we consider proprietary within our proposal. We consider this section proprietary and, therefore, have removed it from our proposal.

15.4.25 Deliverable 30 – Data and Records Retention Plan

[redacted]

[redacted]

[redacted]

[redacted]

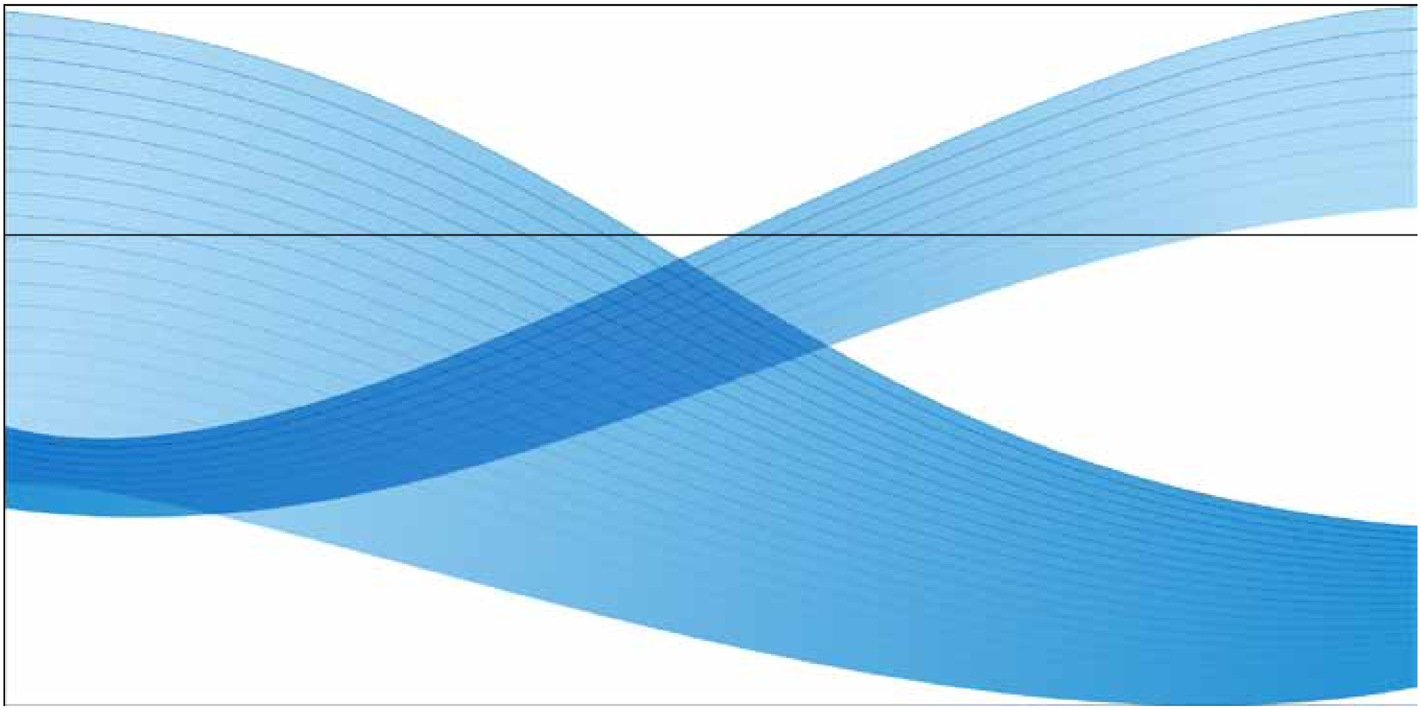
[redacted]

[redacted]

[redacted]

[redacted]

[redacted]



[redacted]

[redacted]

[redacted]

[redacted]

[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]	
[redacted]	
[redacted]	[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

15.4.26 Deliverable 31 – Transition Plan

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

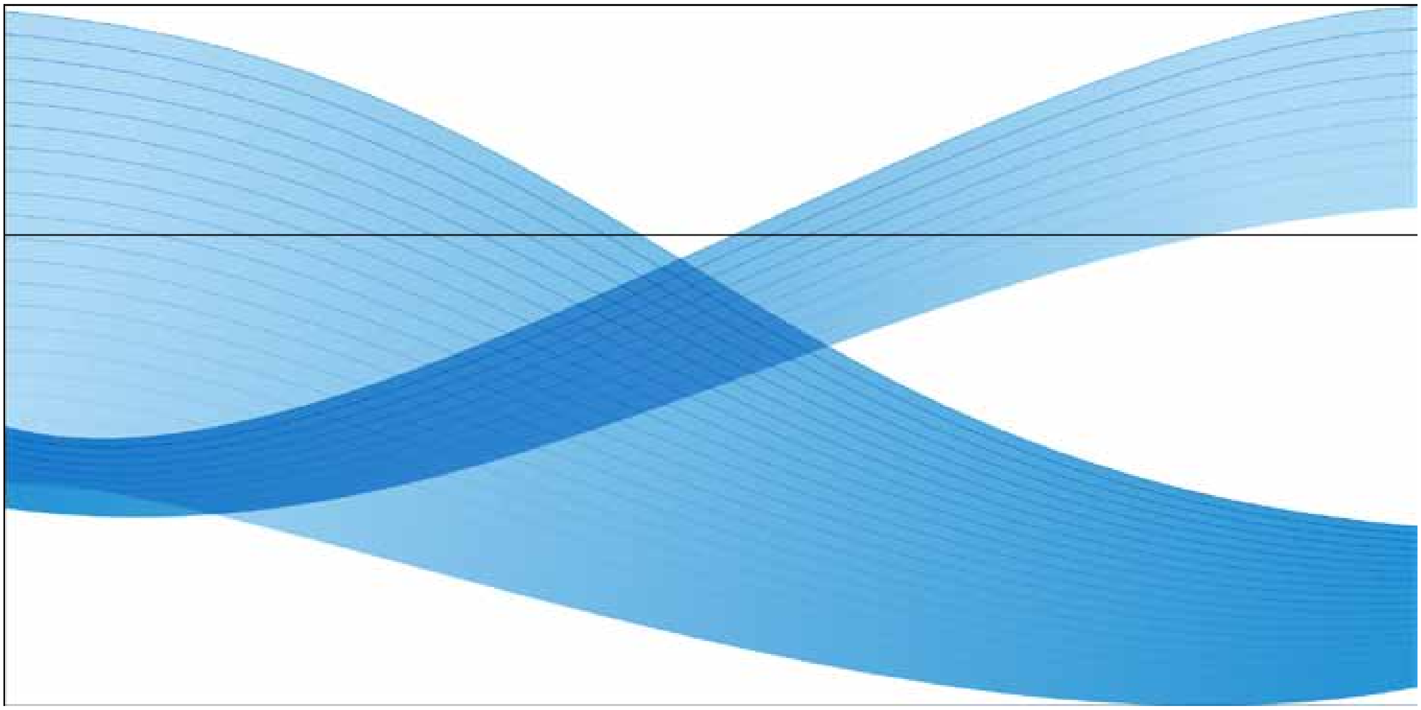
[redacted]

[redacted]

[redacted]

[redacted]

[redacted]



[redacted]

[redacted]

[redacted]

[redacted]

[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]

[redacted]

15.4.27 Deliverable 32 – Weekly Project Status Report Template

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

© Affiliated Computer Services, Inc. (ACS) 2011

ACS® and the ACS design are trademarks of ACS Marketing LP in the US and/or other countries. XEROX® and XEROX and Design® are trademarks of Xerox Corporation in the United States and/or other countries.

[redacted]			
[redacted]	[redacted]		

[redacted]				
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]

[redacted]				
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]

[redacted]			
[redacted]		[redacted]	
	[redacted]		
[redacted]	[redacted]	[redacted]	[redacted]

[redacted]		
[redacted]		
[redacted]	[redacted]	[redacted]
[redacted]		
[redacted]		
[redacted]		

© Affiliated Computer Services, Inc. (ACS) 2011

ACS® and the ACS design are trademarks of ACS Marketing LP in the US and/or other countries. XEROX® and XEROX and Design® are trademarks of Xerox Corporation in the United States and/or other countries.

[redacted]		
[redacted]	[redacted]	[redacted]

[redacted]			
[redacted]			
			[redacted]
[redacted]	[redacted]	[redacted]	

[redacted]			
[redacted]			
	■	▲	●
[redacted]	[redacted]		
[redacted]	[redacted]		
[redacted]	[redacted]		

© Affiliated Computer Services, Inc. (ACS) 2011

ACS® and the ACS design are trademarks of ACS Marketing LP in the US and/or other countries. XEROX® and XEROX and Design® are trademarks of Xerox Corporation in the United States and/or other countries.

Proprietary and Confidential

15.4.28 Deliverable 33 – Weekly Project Status Report

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

15.4.29 Deliverable 34 – Monthly Project Status Report Template

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]		[redacted]		[redacted]		[redacted]	
[redacted]		[redacted]		[redacted]		[redacted]	
[redacted]		[redacted]		[redacted]		[redacted]	
[redacted]		[redacted]		[redacted]		[redacted]	
[redacted]		[redacted]		[redacted]		[redacted]	
[redacted]		[redacted]		[redacted]		[redacted]	
[redacted]		[redacted]		[redacted]			

[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	

[redacted]

[redacted]	[redacted]		
[redacted]	[redacted]		
[redacted]			
[redacted]	[redacted]		
	[redacted]	[redacted]	[redacted]
	[redacted]	[redacted]	
	[redacted]	[redacted]	
	[redacted]	[redacted]	
	[redacted]	[redacted]	
	[redacted]	[redacted]	
	[redacted]	[redacted]	
	[redacted]	[redacted]	[redacted]
	[redacted]	[redacted]	
	[redacted]	[redacted]	
	[redacted]	[redacted]	
	[redacted]	[redacted]	
		[redacted]	

[redacted]

15.4.3 Deliverable 7 – Documentation Management Plan

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

ACS

A xerox Company

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]			
[redacted]			

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]

[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
	[redacted]			
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]

[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
	[redacted]			
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]

[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]
[redacted]			

[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]		[redacted]
[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]	
[redacted]	
[redacted]	
[redacted]	
[redacted]	
[redacted]	
[redacted]	
[redacted]	
[redacted]	
[redacted]	
[redacted]	
[redacted]	

[redacted]

[redacted]

[redacted]	
[redacted]	
[redacted]	
[redacted]	
[redacted]	
[redacted]	
[redacted]	
[redacted]	
[redacted]	
[redacted]	
[redacted]	
[redacted]	
[redacted]	
[redacted]	
[redacted]	
[redacted]	
[redacted]	
[redacted]	

[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]

15.4.30 Sample DSD Deliverable Format

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

ACS

A xerox Company

[redacted]

[redacted]

[redacted]

[redacted]			
[redacted]	[redacted]	[redacted]	[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

© Affiliated Computer Services, Inc. (ACS) 2011 Proprietary and Confidential

ACS® and the ACS design are trademarks of ACS Marketing LP in the US and/or other countries. XEROX® and XEROX and Design® are trademarks of Xerox Corporation in the United States and/or other countries.

[redacted]

[redacted]

ACS® and the ACS design are trademarks of ACS Marketing LP in the US and/or other countries. XEROX® and XEROX and Design® are trademarks of Xerox Corporation in the United States and/or other countries.

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

ACS® and the ACS design are trademarks of ACS Marketing LP in the US and/or other countries. XEROX® and XEROX and Design® are trademarks of Xerox Corporation in the United States and/or other countries.

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

ACS® and the ACS design are trademarks of ACS Marketing LP in the US and/or other countries. XEROX® and XEROX and Design® are trademarks of Xerox Corporation in the United States and/or other countries.

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

ACS® and the ACS design are trademarks of ACS Marketing LP in the US and/or other countries. XEROX® and XEROX and Design® are trademarks of Xerox Corporation in the United States and/or other countries.

[redacted]

[redacted]

[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
	[redacted]	[redacted]	[redacted]		

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
	[redacted]	[redacted]	[redacted]		

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
	[redacted]	[redacted]	[redacted]		

ACS® and the ACS design are trademarks of ACS Marketing LP in the US and/or other countries. XEROX® and XEROX and Design® are trademarks of Xerox Corporation in the United States and/or other countries.

[redacted]

[redacted]

[redacted]

[redacted]

ACS® and the ACS design are trademarks of ACS Marketing LP in the US and/or other countries. XEROX® and XEROX and Design® are trademarks of Xerox Corporation in the United States and/or other countries.

[redacted]

[redacted]

[redacted]

ACS® and the ACS design are trademarks of ACS Marketing LP in the US and/or other countries. XEROX® and XEROX and Design® are trademarks of Xerox Corporation in the United States and/or other countries.

[redacted]

ACS® and the ACS design are trademarks of ACS Marketing LP in the US and/or other countries. XEROX® and XEROX and Design® are trademarks of Xerox Corporation in the United States and/or other countries.

[redacted]

[redacted]

[redacted]	
[redacted]	
[redacted]	
[redacted]	
[redacted]	
[redacted]	
[redacted]	
[redacted]	
[redacted]	
[redacted]	[redacted] [redacted]
[redacted]	
[redacted]	
[redacted]	
[redacted]	
[redacted]	

ACS® and the ACS design are trademarks of ACS Marketing LP in the US and/or other countries. XEROX® and XEROX and Design® are trademarks of Xerox Corporation in the United States and/or other countries

[redacted]

[redacted]

ACS® and the ACS design are trademarks of ACS Marketing LP in the US and/or other countries. XEROX® and XEROX and Design® are trademarks of Xerox Corporation in the United States and/or other countries.

[redacted]

[redacted]											
[redacted]			[redacted]			[redacted]					[redacted]
	[redacted]										

[redacted]

[redacted]

ACS® and the ACS design are trademarks of ACS Marketing LP in the US and/or other countries. XEROX® and XEROX and Design® are trademarks of Xerox Corporation in the United States and/or other countries.

[redacted]

[redacted]

[redacted]				
[redacted]				
	[redacted]			

[redacted]

ACS® and the ACS design are trademarks of ACS Marketing LP in the US and/or other countries. XEROX® and XEROX and Design® are trademarks of Xerox Corporation in the United States and/or other countries.

[redacted]

[redacted]

[redacted]

- [redacted]
- [redacted]
- [redacted]

ACS® and the ACS design are trademarks of ACS Marketing LP in the US and/or other countries. XEROX® and XEROX and Design® are trademarks of Xerox Corporation in the United States and/or other countries.

[redacted]

ACS® and the ACS design are trademarks of ACS Marketing LP in the US and/or other countries. XEROX® and XEROX and Design® are trademarks of Xerox Corporation in the United States and/or other countries.

[redacted]

[redacted]

[redacted]		
[redacted]		
[redacted]		
[redacted]		
[redacted]	[redacted]	
[redacted]	[redacted]	[redacted]
[redacted]		
[redacted]		
[redacted]	[redacted]	
[redacted]		
[redacted]	[redacted]	
[redacted]	[redacted] [redacted]	[redacted]

ACS® and the ACS design are trademarks of ACS Marketing LP in the US and/or other countries. XEROX® and XEROX and Design® are trademarks of Xerox Corporation in the United States and/or other countries.

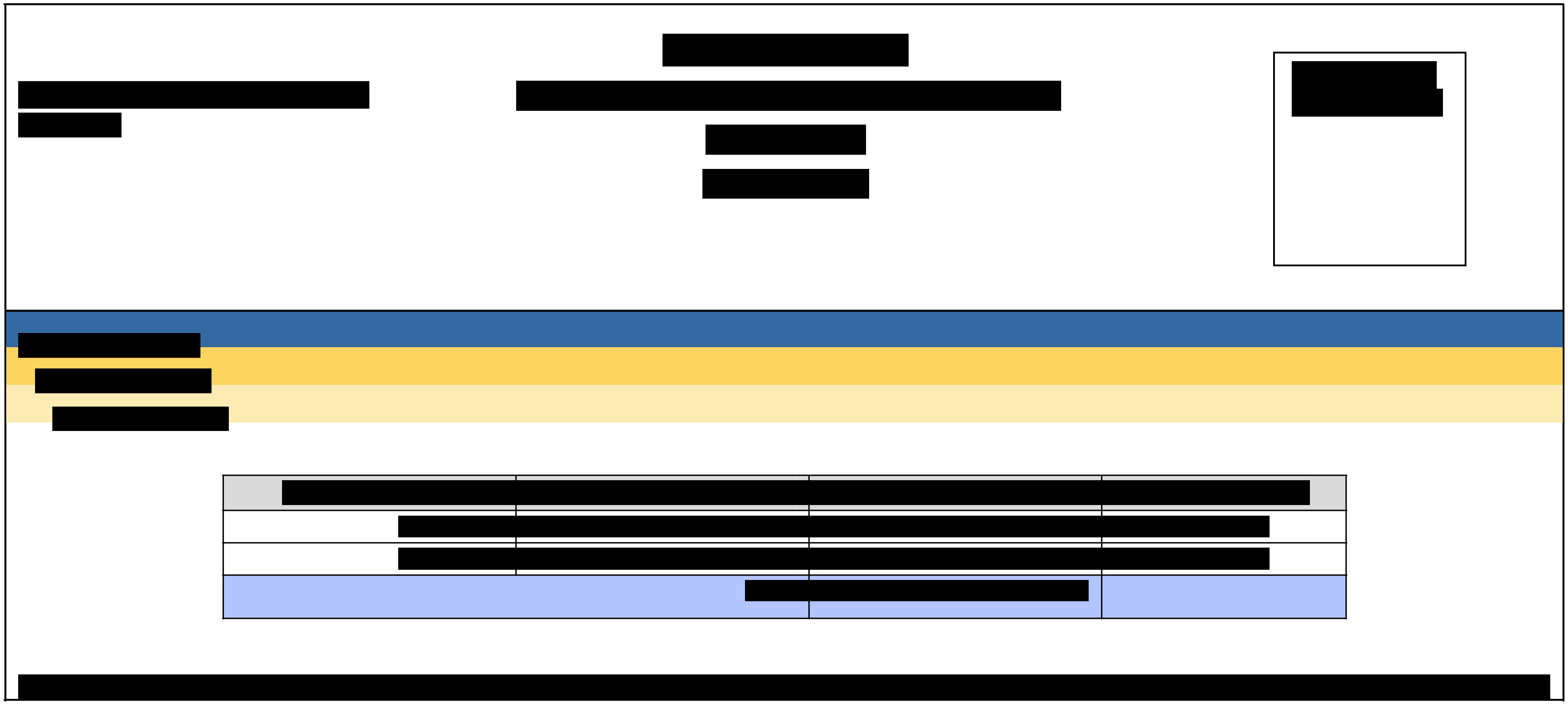
[redacted]					
[redacted]		[redacted]			
[redacted]		[redacted]			
				[redacted]	
				[redacted]	
[redacted]					
[redacted]					
[redacted]				[redacted]	
				[redacted]	
[redacted]	[redacted]				
	[redacted]				
[redacted]	[redacted]				
	[redacted]				
	[redacted]				
[redacted]	[redacted]				
	[redacted]				
	[redacted]				
[redacted]					
[redacted]					
[redacted]		[redacted]			
[redacted]					
[redacted]					

ACS® and the ACS design are trademarks of ACS Marketing LP in the US and/or other countries. XEROX® and XEROX and Design® are trademarks of Xerox Corporation in the United States and/or other countries.

[redacted]		
[redacted]		
[redacted]	[redacted]	
[redacted]		
[redacted]		
[redacted]		
[redacted]	[redacted]	
	[redacted]	[redacted] [redacted]
[redacted]		
[redacted]		
[redacted]		

ACS® and the ACS design are trademarks of ACS Marketing LP in the US and/or other countries. XEROX® and XEROX and Design® are trademarks of Xerox Corporation in the United States and/or other countries.

[redacted]



[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

ACS® and the ACS design are trademarks of ACS Marketing LP in the US and/or other countries. XEROX® and XEROX and Design® are trademarks of Xerox Corporation in the United States and/or other countries.

[redacted]

[redacted]			
[redacted]	[redacted] [redacted] [redacted] [redacted]	[redacted] [redacted] [redacted] [redacted]	[redacted] [redacted]

[redacted]	

[redacted]		
[redacted]		

[redacted]	

[redacted]	
[redacted]	

[redacted]	

[redacted]						
[redacted]						

[redacted]		
[redacted]		

[redacted]	

ACS® and the ACS design are trademarks of ACS Marketing LP in the US and/or other countries. XEROX® and XEROX and Design® are trademarks of Xerox Corporation in the United States and/or other countries.

[redacted]		
[redacted]		
[redacted]	[redacted]	[redacted]
[redacted]		
[redacted]		
[redacted]		
[redacted]		
[redacted]	[redacted]	[redacted]
[redacted]		

[redacted]

ACS® and the ACS design are trademarks of ACS Marketing LP in the US and/or other countries. XEROX® and XEROX and Design® are trademarks of Xerox Corporation in the United States and/or other countries.

[redacted]

[redacted]

[redacted]

ACS® and the ACS design are trademarks of ACS Marketing LP in the US and/or other countries. XEROX® and XEROX and Design® are trademarks of Xerox Corporation in the United States and/or other countries.

[redacted]

ACS® and the ACS design are trademarks of ACS Marketing LP in the US and/or other countries. XEROX® and XEROX and Design® are trademarks of Xerox Corporation in the United States and/or other countries.

[redacted]

[redacted]		
[redacted]		
[redacted]		
[redacted]		
[redacted]	[redacted]	
[redacted]	[redacted]	[redacted]
[redacted]		
[redacted]		
[redacted]	[redacted]	
[redacted]	[redacted]	
[redacted]	[redacted]	
	[redacted]	[redacted]

ACS® and the ACS design are trademarks of ACS Marketing LP in the US and/or other countries. XEROX® and XEROX and Design® are trademarks of Xerox Corporation in the United States and/or other countries.

[redacted]		
[redacted]	[redacted]	
[redacted]		
[redacted]		
[redacted]		
[redacted]	[redacted] [redacted]	[redacted]
[redacted]		
[redacted]	[redacted] [redacted] [redacted]	
[redacted]		
[redacted]		
[redacted]		
[redacted]		
[redacted]	[redacted]	
[redacted]		
[redacted]		
[redacted]		

ACS® and the ACS design are trademarks of ACS Marketing LP in the US and/or other countries. XEROX® and XEROX and Design® are trademarks of Xerox Corporation in the United States and/or other countries.

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

ACS® and the ACS design are trademarks of ACS Marketing LP in the US and/or other countries. XEROX® and XEROX and Design® are trademarks of Xerox Corporation in the United States and/or other countries.

[redacted]

ACS® and the ACS design are trademarks of ACS Marketing LP in the US and/or other countries. XEROX® and XEROX and Design® are trademarks of Xerox Corporation in the United States and/or other countries.

[redacted]

[redacted]	
[redacted]	
[redacted]	

[redacted]						
[redacted]						[redacted]

[redacted]						
[redacted]						[redacted]

[redacted]

[redacted]		
[redacted]		

[redacted]			
[redacted]			[redacted]

[redacted]

© Affiliated Computer Services, Inc. (ACS) 2011 Proprietary and Confidential

ACS® and the ACS design are trademarks of ACS Marketing LP in the US and/or other countries. XEROX® and XEROX and Design® are trademarks of Xerox Corporation in the United States and/or other countries.

[redacted]

ACS® and the ACS design are trademarks of ACS Marketing LP in the US and/or other countries. XEROX® and XEROX and Design® are trademarks of Xerox Corporation in the United States and/or other countries.

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

ACS® and the ACS design are trademarks of ACS Marketing LP in the US and/or other countries. XEROX® and XEROX and Design® are trademarks of Xerox Corporation in the United States and/or other countries.

[redacted]

ACS® and the ACS design are trademarks of ACS Marketing LP in the US and/or other countries. XEROX® and XEROX and Design® are trademarks of Xerox Corporation in the United States and/or other countries.

[redacted]

[redacted]

[redacted]	
[redacted]	
[redacted]	[redacted] [redacted]
[redacted]	
[redacted]	
[redacted]	
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	
[redacted]	
[redacted]	
[redacted]	

ACS® and the ACS design are trademarks of ACS Marketing LP in the US and/or other countries. XEROX® and XEROX and Design® are trademarks of Xerox Corporation in the United States and/or other countries.

[redacted]

[redacted]	
[redacted]	
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]
	[redacted]
	[redacted]
	[redacted]
	[redacted]
	[redacted]
	[redacted]
	[redacted]

ACS® and the ACS design are trademarks of ACS Marketing LP in the US and/or other countries. XEROX® and XEROX and Design® are trademarks of Xerox Corporation in the United States and/or other countries.

[redacted]	
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	
[redacted]	
[redacted]	
[redacted]	[redacted]
[redacted]	
[redacted]	
[redacted]	
[redacted]	
[redacted]	
[redacted]	
[redacted]	[redacted]

© Affiliated Computer Services, Inc. (ACS) 2011 Proprietary and Confidential

ACS® and the ACS design are trademarks of ACS Marketing LP in the US and/or other countries. XEROX® and XEROX and Design® are trademarks of Xerox Corporation in the United States and/or other countries.

[redacted]		
[redacted]	[redacted]	
[redacted]	[redacted]	[redacted]
	[redacted]	[redacted]
[redacted]		
[redacted]		

ACS® and the ACS design are trademarks of ACS Marketing LP in the US and/or other countries. XEROX® and XEROX and Design® are trademarks of Xerox Corporation in the United States and/or other countries.

[redacted]	
[redacted]	
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	
[redacted]	
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	
[redacted]	
[redacted]	[redacted]
[redacted]	[redacted]

ACS® and the ACS design are trademarks of ACS Marketing LP in the US and/or other countries. XEROX® and XEROX and Design® are trademarks of Xerox Corporation in the United States and/or other countries.

[redacted]		
[redacted]	[redacted]	
[redacted]	[redacted]	[redacted]
	[redacted]	[redacted]
[redacted]		
[redacted]		

ACS® and the ACS design are trademarks of ACS Marketing LP in the US and/or other countries. XEROX® and XEROX and Design® are trademarks of Xerox Corporation in the United States and/or other countries.

[redacted]		
[redacted]		
[redacted]	[redacted]	
[redacted]	[redacted]	
	[redacted]	
	[redacted]	
[redacted]	[redacted]	
	[redacted]	
	[redacted]	
[redacted]	[redacted]	
[redacted]	[redacted] [redacted]	
[redacted]		
[redacted]		
[redacted]		
[redacted]	[redacted]	
[redacted]		
[redacted]		
[redacted]		
[redacted]		
[redacted]		
[redacted]		

ACS® and the ACS design are trademarks of ACS Marketing LP in the US and/or other countries. XEROX® and XEROX and Design® are trademarks of Xerox Corporation in the United States and/or other countries.

[redacted]		
[redacted]	[redacted]	
[redacted]	[redacted]	
[redacted]	[redacted]	[redacted]
	[redacted]	[redacted]
[redacted]		
[redacted]		

ACS® and the ACS design are trademarks of ACS Marketing LP in the US and/or other countries. XEROX® and XEROX and Design® are trademarks of Xerox Corporation in the United States and/or other countries.

[redacted]			
[redacted]			
[redacted]	[redacted]		
[redacted]	[redacted]		
	[redacted]		
	[redacted]		
	[redacted]		
	[redacted]		
	[redacted]		
	[redacted]		
	[redacted]		
	[redacted]		
	[redacted]		
	[redacted]		
[redacted]	[redacted]		
[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]

ACS® and the ACS design are trademarks of ACS Marketing LP in the US and/or other countries. XEROX® and XEROX and Design® are trademarks of Xerox Corporation in the United States and/or other countries.

[redacted]			
[redacted]	[redacted]		
[redacted]			
[redacted]			
[redacted]	[redacted]		
[redacted]	[redacted]		
[redacted]	[redacted]		
[redacted]	[redacted]		
[redacted]	[redacted]		
[redacted]			
[redacted]			
[redacted]	[redacted]		
[redacted]	[redacted]		
[redacted]	[redacted]		

ACS® and the ACS design are trademarks of ACS Marketing LP in the US and/or other countries. XEROX® and XEROX and Design® are trademarks of Xerox Corporation in the United States and/or other countries.

[redacted]		
[redacted]	[redacted]	[redacted]
	[redacted]	[redacted]
[redacted]		
[redacted]		

ACS® and the ACS design are trademarks of ACS Marketing LP in the US and/or other countries. XEROX® and XEROX and Design® are trademarks of Xerox Corporation in the United States and/or other countries.

[redacted]

[redacted]					
[redacted]					

[redacted]

ACS® and the ACS design are trademarks of ACS Marketing LP in the US and/or other countries. XEROX® and XEROX and Design® are trademarks of Xerox Corporation in the United States and/or other countries.

[redacted]

[redacted]								
[redacted]						[redacted]		
[redacted]								
[redacted]								

[redacted]

[redacted]

ACS® and the ACS design are trademarks of ACS Marketing LP in the US and/or other countries. XEROX® and XEROX and Design® are trademarks of Xerox Corporation in the United States and/or other countries.

[redacted]

ACS® and the ACS design are trademarks of ACS Marketing LP in the US and/or other countries. XEROX® and XEROX and Design® are trademarks of Xerox Corporation in the United States and/or other countries.

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

ACS® and the ACS design are trademarks of ACS Marketing LP in the US and/or other countries. XEROX® and XEROX and Design® are trademarks of Xerox Corporation in the United States and/or other countries.

[redacted]

[redacted]

[redacted]

[redacted]					
[redacted]					

[redacted]

© Affiliated Computer Services, Inc. (ACS) 2011 Proprietary and Confidential

ACS® and the ACS design are trademarks of ACS Marketing LP in the US and/or other countries. XEROX® and XEROX and Design® are trademarks of Xerox Corporation in the United States and/or other countries.

[redacted]

[redacted]

[redacted]

[redacted]								
[redacted]								
[redacted]								
[redacted]								

[redacted]

[redacted]

ACS® and the ACS design are trademarks of ACS Marketing LP in the US and/or other countries. XEROX® and XEROX and Design® are trademarks of Xerox Corporation in the United States and/or other countries.

[redacted]

© Affiliated Computer Services, Inc. (ACS) 2011 Proprietary and Confidential

ACS® and the ACS design are trademarks of ACS Marketing LP in the US and/or other countries. XEROX® and XEROX and Design® are trademarks of Xerox Corporation in the United States and/or other countries.

[redacted]

[redacted]

[redacted]

[redacted]				
[redacted]				

[redacted]

ACS® and the ACS design are trademarks of ACS Marketing LP in the US and/or other countries. XEROX® and XEROX and Design® are trademarks of Xerox Corporation in the United States and/or other countries.

[redacted]

ACS® and the ACS design are trademarks of ACS Marketing LP in the US and/or other countries. XEROX® and XEROX and Design® are trademarks of Xerox Corporation in the United States and/or other countries.

[redacted]

[redacted]

[redacted]

[redacted]						
[redacted]						

[redacted]

ACS® and the ACS design are trademarks of ACS Marketing LP in the US and/or other countries. XEROX® and XEROX and Design® are trademarks of Xerox Corporation in the United States and/or other countries.

[redacted]

ACS® and the ACS design are trademarks of ACS Marketing LP in the US and/or other countries. XEROX® and XEROX and Design® are trademarks of Xerox Corporation in the United States and/or other countries.

[redacted]

[redacted]

[redacted]

- [redacted]
- [redacted]
- [redacted]
- [redacted]
- [redacted]
- [redacted]

[redacted]

[redacted]

ACS® and the ACS design are trademarks of ACS Marketing LP in the US and/or other countries. XEROX® and XEROX and Design® are trademarks of Xerox Corporation in the United States and/or other countries.

[redacted]

ACS® and the ACS design are trademarks of ACS Marketing LP in the US and/or other countries. XEROX® and XEROX and Design® are trademarks of Xerox Corporation in the United States and/or other countries.

[redacted]

[redacted]	[redacted]	[redacted]	[redacted]
		[redacted]	
[redacted]			
[redacted]			

[redacted]

ACS® and the ACS design are trademarks of ACS Marketing LP in the US and/or other countries. XEROX® and XEROX and Design® are trademarks of Xerox Corporation in the United States and/or other countries.

[redacted]

[redacted]																			
[redacted]																			

[redacted]

ACS® and the ACS design are trademarks of ACS Marketing LP in the US and/or other countries. XEROX® and XEROX and Design® are trademarks of Xerox Corporation in the United States and/or other countries.

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

ACS® and the ACS design are trademarks of ACS Marketing LP in the US and/or other countries. XEROX® and XEROX and Design® are trademarks of Xerox Corporation in the United States and/or other countries.

[redacted]

[redacted]

[redacted]

[redacted]

ACS® and the ACS design are trademarks of ACS Marketing LP in the US and/or other countries. XEROX® and XEROX and Design® are trademarks of Xerox Corporation in the United States and/or other countries.

[redacted]

[redacted]

[redacted]

[redacted]

- [redacted]
- [redacted]
- [redacted]
- [redacted]
- [redacted]
- [redacted]
- [redacted]
- [redacted]
- [redacted]

ACS® and the ACS design are trademarks of ACS Marketing LP in the US and/or other countries. XEROX® and XEROX and Design® are trademarks of Xerox Corporation in the United States and/or other countries.

[redacted]

ACS® and the ACS design are trademarks of ACS Marketing LP in the US and/or other countries. XEROX® and XEROX and Design® are trademarks of Xerox Corporation in the United States and/or other countries.

[redacted]

[redacted]								
[redacted]	[redacted]	[redacted]						

[redacted]

ACS® and the ACS design are trademarks of ACS Marketing LP in the US and/or other countries. XEROX® and XEROX and Design® are trademarks of Xerox Corporation in the United States and/or other countries.

[redacted]

ACS® and the ACS design are trademarks of ACS Marketing LP in the US and/or other countries. XEROX® and XEROX and Design® are trademarks of Xerox Corporation in the United States and/or other countries.

15.4.31 Sample Requirements Specification Document

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

ACS

A xerox Company

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]			
[redacted]	[redacted]	[redacted]	[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

© Affiliated Computer Services, Inc. (ACS) 2011 ACS Proprietary and Confidential

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]	

[redacted]

[redacted]

[redacted]

[redacted]		

[redacted]

[redacted]

[redacted]	[redacted]			[redacted]
			[redacted]	
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]

[redacted]

- [redacted]
- [redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]	

[redacted]

- [redacted]
- [redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]	

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]	

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

- [redacted]
- [redacted]
- [redacted]
- [redacted]
- [redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]				
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]				
[redacted]				

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]				
[redacted]				

[redacted]

[redacted]

[redacted]

[redacted]				
[redacted]				

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]				
[redacted]				

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]				
[redacted]				

[redacted]				

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]	
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]

[redacted]

[redacted]	
[redacted]	
[redacted]	
[redacted]	
[redacted]	
[redacted]	
[redacted]	
[redacted]	

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]	
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]

[redacted]

[redacted]	
[redacted]	
[redacted]	
[redacted]	
[redacted]	
[redacted]	
[redacted]	

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]	
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]

[redacted]

[redacted]	
[redacted]	
[redacted]	
[redacted]	
[redacted]	
[redacted]	
[redacted]	

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]	
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]

[redacted]

[redacted]	
[redacted]	
[redacted]	
[redacted]	
[redacted]	
[redacted]	
[redacted]	
[redacted]	

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

15 Appendix - Introduction

[redacted]

[redacted]

[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]

[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]

15.1 Addenda Forms

Per the State’s answer to question 1 on page 112 of 124, Addendum No. 3, we have provided the following signed addenda forms in this Appendix.

- Addendum No. 1
- Addendum No. 2
- Addendum No. 3
- Addendum No. 4
- Addendum No. 5
- Addendum No. 6

Page Intentionally Left Blank

15.2 Roles, Responsibilities, and Skill Sets

REQUIREMENT: RFP Section 3.2.3, pg, 54 of 99 and 3.2.3.3, pg.72 of 99

2. Description of the roles, responsibilities, and skill sets associated with each position on the organization chart.

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]	
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	
[redacted]	
[redacted]	
[redacted]	
[redacted]	
[redacted]	

[redacted]

[redacted]	
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	
[redacted] [redacted]	
[redacted]	
[redacted] [redacted] [redacted] [redacted] [redacted] [redacted] [redacted] [redacted] [redacted] [redacted] [redacted] [redacted] [redacted] [redacted] [redacted]	
[redacted]	
[redacted] [redacted] [redacted]	

[redacted]

[redacted]	
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	
[redacted]	
[redacted]	
[redacted]	
[redacted]	
[redacted]	

[redacted]

[redacted]	
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	
[redacted]	
[redacted]	
[redacted]	
[redacted]	
[redacted]	

[redacted]

[redacted]	
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	
[redacted]	
[redacted]	
[redacted]	
[redacted]	
[redacted]	

[redacted]

[redacted]	
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	
[redacted]	
[redacted]	
[redacted]	
[redacted]	
[redacted]	

[redacted]

[redacted]	
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	
[redacted]	
[redacted]	
[redacted]	
[redacted]	
[redacted]	

[redacted]

[redacted]	
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	
[redacted]	
[redacted]	
[redacted]	
[redacted]	
[redacted]	

[redacted]

<table>
<tr><th colspan="2">[redacted]</th></tr>
<tr><td>[redacted]</td><td>[redacted]</td></tr>
<tr><td>[redacted]</td><td>[redacted]</td></tr>
<tr><td colspan="2">[redacted]</td></tr>
<tr><td colspan="2">[redacted]</td></tr>
<tr><td colspan="2">[redacted]</td></tr>
<tr><td colspan="2">[redacted]</td></tr>
<tr><td colspan="2">[redacted]</td></tr>
<tr><td colspan="2">[redacted]</td></tr>
</table>

[redacted]

[redacted]	
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	
[redacted]	
[redacted]	
[redacted]	
[redacted]	
[redacted]	

[redacted]

[redacted]	
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	
[redacted]	
[redacted]	
[redacted]	
[redacted]	
[redacted]	

[redacted]

[redacted]	
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	
[redacted]	
[redacted]	
[redacted]	
[redacted]	
[redacted]	

[redacted]

[redacted]	
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	
[redacted]	
[redacted]	
[redacted]	
[redacted]	
[redacted]	

[redacted]

[redacted]	
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	
[redacted]	
[redacted]	
[redacted]	
[redacted]	
[redacted]	

[redacted]

[redacted]	
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	
[redacted]	
[redacted]	
[redacted]	
[redacted]	
[redacted]	

[redacted]

[redacted]	
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	
[redacted]	
[redacted]	
[redacted]	
[redacted]	
[redacted]	

[redacted]

[redacted]	
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	
[redacted]	
[redacted]	
[redacted]	
[redacted]	
[redacted]	

[redacted]

[redacted]

[redacted]

[redacted]	
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	
[redacted]	
[redacted]	
[redacted]	
[redacted]	
[redacted]	

[redacted]

[redacted]	
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	
[redacted]	
[redacted]	
[redacted]	
[redacted]	
[redacted]	

[redacted]

<table>
<tr><th colspan="2">[redacted]</th></tr>
<tr><td>[redacted]</td><td>[redacted]</td></tr>
<tr><td>[redacted]</td><td>[redacted]</td></tr>
<tr><td colspan="2">[redacted]</td></tr>
<tr><td colspan="2">[redacted]</td></tr>
<tr><td colspan="2">[redacted]</td></tr>
<tr><td colspan="2">[redacted]</td></tr>
<tr><td colspan="2">[redacted]</td></tr>
<tr><td colspan="2">[redacted]</td></tr>
</table>

[redacted]

[redacted]

[redacted]

[redacted]	
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	
[redacted]	
[redacted]	
[redacted]	
[redacted]	
[redacted]	

[redacted]

[redacted]	
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	
[redacted]	
[redacted]	
[redacted]	
[redacted]	
[redacted]	

[redacted]

[redacted]	
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	
[redacted]	
[redacted]	
[redacted]	
[redacted]	
[redacted]	

[redacted]

[redacted]	
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	
[redacted]	
[redacted]	
[redacted]	
[redacted]	
[redacted]	

[redacted]

[redacted]	
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	
[redacted]	
[redacted]	
[redacted]	
[redacted]	
[redacted]	

[redacted]

[redacted]

[redacted]

[redacted]	
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	
[redacted]	
[redacted]	
[redacted]	
[redacted]	
[redacted]	

[redacted]

[redacted]	
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	
[redacted]	
[redacted]	
[redacted]	
[redacted]	
[redacted]	

[redacted]

[redacted]	
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	
[redacted]	
[redacted]	
[redacted]	
[redacted]	
[redacted]	

[redacted]

[redacted]	
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	
[redacted]	
[redacted]	
[redacted]	
[redacted]	
[redacted]	

[redacted]

[redacted]	
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	
[redacted]	
[redacted]	
[redacted]	
[redacted]	
[redacted]	

[redacted]

[redacted]	
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	
[redacted]	
[redacted]	
[redacted]	
[redacted]	
[redacted]	

[redacted]

[redacted]	
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	
[redacted]	
[redacted]	
[redacted]	
[redacted]	
[redacted]	

[redacted]

[redacted]	
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	
[redacted]	
[redacted]	
[redacted]	
[redacted]	
[redacted]	

[redacted]

[redacted]	
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	
[redacted]	
[redacted]	
[redacted]	
[redacted]	
[redacted]	

[redacted]

[redacted]	
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	
[redacted]	
[redacted]	
[redacted]	
[redacted]	
[redacted]	

[redacted]

[redacted]	
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	
[redacted]	
[redacted]	
[redacted]	
[redacted]	
[redacted]	

[redacted]

[redacted]	
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	
[redacted]	
[redacted]	
[redacted]	
[redacted]	
[redacted]	

[redacted]

[redacted]	
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	
[redacted]	
[redacted]	
[redacted]	
[redacted]	
[redacted]	

[redacted]

[redacted]	
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	
[redacted]	
[redacted]	
[redacted]	
[redacted]	
[redacted]	

[redacted]

[redacted]	
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	
[redacted]	
[redacted]	
[redacted]	
[redacted]	
[redacted]	

[redacted]

[redacted]	
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	
[redacted]	
[redacted]	
[redacted]	
[redacted]	
[redacted]	

[redacted]

[redacted]	
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	
[redacted]	
[redacted]	
[redacted]	
[redacted]	
[redacted]	

[redacted]

<table>
<tr><th colspan="2">[redacted]</th></tr>
<tr><td>[redacted]</td><td>[redacted]</td></tr>
<tr><td>[redacted]</td><td>[redacted]</td></tr>
<tr><td colspan="2">[redacted]</td></tr>
<tr><td colspan="2">[redacted]</td></tr>
<tr><td colspan="2">[redacted]</td></tr>
<tr><td colspan="2">[redacted]</td></tr>
<tr><td colspan="2">[redacted]</td></tr>
<tr><td colspan="2">[redacted]</td></tr>
</table>

[redacted]

[redacted]	
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	
[redacted]	
[redacted]	
[redacted]	
[redacted]	
[redacted]	

[redacted]

[redacted]	
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	
[redacted]	
[redacted]	
[redacted]	
[redacted]	
[redacted]	

[redacted]

[redacted]	
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	
[redacted]	
[redacted]	
[redacted]	
[redacted]	
[redacted]	

[redacted]

[redacted]	
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	
[redacted]	
[redacted]	
[redacted]	
[redacted]	
[redacted]	

[redacted]

[redacted]	
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	
[redacted]	
[redacted]	
[redacted]	
[redacted]	
[redacted]	

[redacted]

[redacted]	
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	
[redacted]	
[redacted]	
[redacted]	
[redacted]	
[redacted]	

[redacted]

[redacted]	
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	
[redacted]	
[redacted]	
[redacted]	
[redacted]	
[redacted]	

[redacted]

[redacted]	
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	
[redacted]	
[redacted]	
[redacted]	
[redacted]	
[redacted]	

[redacted]

[redacted]	
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	
[redacted]	
[redacted]	
[redacted]	
[redacted]	
[redacted]	

[redacted]

[redacted]	
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	
[redacted]	
[redacted]	
[redacted]	
[redacted]	
[redacted]	

[redacted]

[redacted]	
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	
[redacted]	
[redacted]	
[redacted]	
[redacted]	
[redacted]	

[redacted]

[redacted]	
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	
[redacted]	
[redacted]	
[redacted]	
[redacted]	
[redacted]	

[redacted]

[redacted]	
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	
[redacted]	
[redacted]	
[redacted]	
[redacted]	
[redacted]	

[redacted]

[redacted]	
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	
[redacted]	
[redacted]	
[redacted]	
[redacted]	
[redacted]	

[redacted]

[redacted]	
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	
[redacted]	
[redacted]	
[redacted]	
[redacted]	
[redacted]	

[redacted]

[redacted]	
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	
[redacted]	
[redacted]	
[redacted]	
[redacted]	
[redacted]	

[redacted]

[redacted]	
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	
[redacted]	
[redacted]	
[redacted]	
[redacted]	
[redacted]	

[redacted]

[redacted]	
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	
[redacted]	
[redacted]	
[redacted]	
[redacted]	
[redacted]	

[redacted]

[redacted]	
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	
[redacted]	
[redacted]	
[redacted]	
[redacted]	
[redacted]	

[redacted]

[redacted]	
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	
[redacted]	
[redacted]	
[redacted]	
[redacted]	
[redacted]	

[redacted]

[redacted]	
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	
[redacted]	
[redacted]	
[redacted]	
[redacted]	
[redacted]	

[redacted]

[redacted]	
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	
[redacted]	
[redacted]	
[redacted]	
[redacted]	
[redacted]	

[redacted]

[redacted]	
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	
[redacted]	
[redacted]	
[redacted]	
[redacted]	
[redacted]	

[redacted]

[redacted]	
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	
[redacted]	
[redacted]	
[redacted]	
[redacted]	
[redacted]	

[redacted]

[redacted]	
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	
[redacted]	
[redacted]	
[redacted]	
[redacted]	
[redacted]	

[redacted]

<table>
<tr><th colspan="2">[redacted]</th></tr>
<tr><td>[redacted]</td><td>[redacted]</td></tr>
<tr><td>[redacted]</td><td>[redacted]</td></tr>
<tr><td colspan="2">[redacted]</td></tr>
<tr><td colspan="2">[redacted]</td></tr>
<tr><td colspan="2">[redacted]</td></tr>
<tr><td colspan="2">[redacted]</td></tr>
<tr><td colspan="2">[redacted]</td></tr>
<tr><td colspan="2">[redacted]</td></tr>
</table>

[redacted]

[redacted]	
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	
[redacted]	
[redacted]	
[redacted]	
[redacted]	
[redacted]	

[redacted]

[redacted]	
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	
[redacted]	
[redacted]	
[redacted]	
[redacted]	
[redacted]	

[redacted]

[redacted]	
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	
[redacted]	
[redacted]	
[redacted]	
[redacted]	
[redacted]	

[redacted]

[redacted]	
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	
[redacted]	
[redacted]	
[redacted]	
[redacted]	
[redacted]	

[redacted]

[redacted]	
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	
[redacted]	
[redacted]	
[redacted] [redacted] [redacted] [redacted] [redacted] [redacted] [redacted]	
[redacted]	
[redacted]	

[redacted]

<table>
<tr><th colspan="2">[redacted]</th></tr>
<tr><td>[redacted]</td><td>[redacted]</td></tr>
<tr><td>[redacted]</td><td>[redacted]</td></tr>
<tr><td colspan="2">[redacted]</td></tr>
<tr><td colspan="2">[redacted]</td></tr>
<tr><td colspan="2">[redacted]</td></tr>
<tr><td colspan="2">[redacted]</td></tr>
<tr><td colspan="2">[redacted]</td></tr>
<tr><td colspan="2">[redacted]</td></tr>
</table>

[redacted]

[redacted]	
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	
[redacted]	
[redacted]	
[redacted]	
[redacted]	
[redacted]	

[redacted]

[redacted]	
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	
[redacted]	
[redacted]	
[redacted]	
[redacted]	
[redacted]	

[redacted]

[redacted]	
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	
[redacted]	
[redacted]	
[redacted]	
[redacted]	
[redacted]	

[redacted]

[redacted]	
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	
[redacted]	
[redacted]	
[redacted]	
[redacted]	
[redacted]	

[redacted]

[redacted]	
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	
[redacted]	
[redacted]	
[redacted]	
[redacted]	
[redacted]	

[redacted]

[redacted]	
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	
[redacted]	
[redacted]	
[redacted] [redacted] [redacted]	
[redacted]	
[redacted] [redacted] [redacted] [redacted] [redacted] [redacted] [redacted]	

[redacted]

[redacted]	
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	
[redacted]	
[redacted]	
[redacted]	
[redacted]	
[redacted]	

[redacted]

[redacted]	
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	
[redacted]	
[redacted]	
[redacted]	
[redacted]	
[redacted]	

[redacted]

[redacted]	
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	
[redacted]	
[redacted]	
[redacted]	
[redacted]	
[redacted]	

[redacted]

[redacted]	
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	
[redacted]	
[redacted]	
[redacted]	
[redacted]	
[redacted]	

[redacted]

[redacted]	
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	
[redacted]	
[redacted]	
[redacted]	
[redacted]	
[redacted]	

[redacted]

<table>
<tr><th colspan="2">[redacted]</th></tr>
<tr><td>[redacted]</td><td>[redacted]</td></tr>
<tr><td>[redacted]</td><td>[redacted]</td></tr>
<tr><td colspan="2">[redacted]</td></tr>
<tr><td colspan="2">[redacted]</td></tr>
<tr><td colspan="2">[redacted]</td></tr>
<tr><td colspan="2">[redacted]</td></tr>
<tr><td colspan="2">[redacted]</td></tr>
<tr><td colspan="2">[redacted]</td></tr>
</table>

[redacted]

[redacted]	
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	
[redacted]	
[redacted]	
[redacted]	
[redacted]	
[redacted]	

[redacted]

[redacted]	
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	
[redacted]	
[redacted]	
[redacted]	
[redacted]	
[redacted]	

[redacted]

[redacted]	
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	
[redacted]	
[redacted]	
[redacted]	
[redacted]	
[redacted]	

[redacted]

[redacted]	
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	
[redacted]	
[redacted]	
[redacted]	
[redacted]	
[redacted]	

[redacted]

[redacted]	
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	
[redacted]	
[redacted]	
[redacted]	
[redacted]	
[redacted]	

[redacted]

[redacted]	
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	
[redacted]	
[redacted]	
[redacted]	
[redacted]	
[redacted]	

[redacted]

[redacted]	
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	
[redacted]	
[redacted]	
[redacted]	
[redacted]	
[redacted]	

[redacted]

[redacted]	
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	
[redacted]	
[redacted]	
[redacted]	
[redacted]	
[redacted]	

[redacted]

[redacted]	
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	
[redacted]	
[redacted]	
[redacted]	
[redacted]	
[redacted]	

[redacted]

[redacted]	
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	
[redacted]	
[redacted]	
[redacted]	
[redacted]	
[redacted]	

[redacted]

[redacted]	
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	
[redacted]	
[redacted]	
[redacted]	
[redacted]	
[redacted]	

[redacted]

[redacted]	
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	
[redacted]	
[redacted]	
[redacted]	
[redacted]	
[redacted]	

[redacted]

[redacted]	
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	
[redacted]	
[redacted]	
[redacted]	
[redacted]	
[redacted]	

[redacted]

[redacted]	
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	
[redacted]	
[redacted]	
[redacted]	
[redacted]	
[redacted]	

[redacted]

[redacted]	
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	
[redacted]	
[redacted]	
[redacted]	
[redacted]	
[redacted]	

[redacted]

[redacted]	
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	
[redacted]	
[redacted]	
[redacted] [redacted] [redacted] [redacted] [redacted] [redacted]	
[redacted]	
[redacted] [redacted] [redacted] [redacted] [redacted]	

[redacted]

[redacted]	
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	
[redacted]	
[redacted]	
[redacted]	
[redacted]	
[redacted]	

[redacted]

[redacted]	
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	
[redacted]	
[redacted]	
[redacted]	
[redacted]	
[redacted]	

[redacted]

[redacted]	
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	
[redacted]	
[redacted]	
[redacted]	
[redacted]	
[redacted]	

[redacted]

[redacted]	
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	
[redacted]	
[redacted]	
[redacted]	
[redacted]	
[redacted]	

[redacted]

[redacted]	
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	
[redacted]	
[redacted]	
[redacted]	
[redacted]	
[redacted]	

[redacted]

[redacted]	
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	
[redacted]	
[redacted]	
[redacted]	
[redacted]	
[redacted]	

[redacted]

[redacted]	
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	
[redacted]	
[redacted]	
[redacted]	
[redacted]	
[redacted]	

[redacted]

[redacted]	
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	
[redacted]	
[redacted]	
[redacted]	
[redacted]	
[redacted]	

[redacted]

[redacted]	
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	
[redacted]	
[redacted]	
[redacted]	
[redacted]	
[redacted]	

[redacted]

[redacted]	
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	
[redacted]	
[redacted]	
[redacted]	
[redacted]	
[redacted]	

[redacted]

[redacted]	
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	
[redacted]	
[redacted]	
[redacted]	
[redacted]	
[redacted]	

[redacted]

[redacted]	
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	
[redacted]	
[redacted]	
[redacted]	
[redacted]	
[redacted]	

[redacted]

[redacted]	
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	
[redacted]	
[redacted]	
[redacted]	
[redacted]	
[redacted]	

[redacted]

[redacted]	
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	
[redacted]	
[redacted]	
[redacted]	
[redacted]	
[redacted]	

[redacted]

[redacted]	
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	
[redacted]	
[redacted]	
[redacted]	
[redacted]	
[redacted]	

[redacted]

[redacted]	
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	
[redacted]	
[redacted]	
[redacted]	
[redacted]	
[redacted]	

[redacted]

[redacted]	
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	
[redacted]	
[redacted]	
[redacted]	
[redacted]	
[redacted]	

[redacted]

[redacted]	
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	
[redacted]	
[redacted]	
[redacted]	
[redacted]	
[redacted]	

[redacted]

<table>
<tr><th colspan="2">[redacted]</th></tr>
<tr><td>[redacted]</td><td>[redacted]</td></tr>
<tr><td>[redacted]</td><td>[redacted]</td></tr>
<tr><td colspan="2">[redacted]</td></tr>
<tr><td colspan="2">[redacted]</td></tr>
<tr><td colspan="2">[redacted]</td></tr>
<tr><td colspan="2">[redacted]</td></tr>
<tr><td colspan="2">[redacted]</td></tr>
<tr><td colspan="2">[redacted]</td></tr>
</table>

[redacted]

[redacted]	
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	
[redacted]	
[redacted]	
[redacted]	
[redacted]	
[redacted]	

[redacted]

[redacted]	
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	
[redacted]	
[redacted]	
[redacted]	
[redacted]	
[redacted]	

[redacted]

[redacted]	
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	
[redacted]	
[redacted]	
[redacted]	
[redacted]	
[redacted]	

[redacted]

[redacted]	
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	
[redacted]	
[redacted]	
[redacted]	
[redacted]	
[redacted]	

[redacted]

[redacted]	
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	
[redacted]	
[redacted]	
[redacted]	
[redacted]	
[redacted]	

[redacted]

[redacted]	
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	
[redacted]	
[redacted]	
[redacted]	
[redacted]	
[redacted]	

[redacted]

<table>
<tr><th colspan="2">[redacted]</th></tr>
<tr><td>[redacted]</td><td>[redacted]</td></tr>
<tr><td>[redacted]</td><td>[redacted]</td></tr>
<tr><td colspan="2">[redacted]</td></tr>
<tr><td colspan="2">[redacted]</td></tr>
<tr><td colspan="2">[redacted]</td></tr>
<tr><td colspan="2">[redacted]</td></tr>
<tr><td colspan="2">[redacted]</td></tr>
<tr><td colspan="2">[redacted]</td></tr>
</table>

[redacted]

[redacted]	
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	
[redacted]	
[redacted]	
[redacted]	
[redacted]	
[redacted]	

[redacted]

[redacted]	
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	
[redacted]	
[redacted]	
[redacted]	
[redacted]	
[redacted]	

[redacted]

[redacted]	
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	
[redacted]	
[redacted]	
[redacted]	
[redacted]	
[redacted]	

[redacted]

[redacted]	
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	
[redacted]	
[redacted]	
[redacted]	
[redacted]	
[redacted]	

[redacted]

[redacted]	
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	
[redacted]	
[redacted]	
[redacted]	
[redacted]	
[redacted]	

[redacted]

[redacted]	
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	
[redacted]	
[redacted]	
[redacted]	
[redacted]	
[redacted]	

[redacted]

[redacted]	
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	
[redacted]	
[redacted]	
[redacted]	
[redacted]	
[redacted]	

[redacted]

[redacted]	
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	
[redacted]	
[redacted]	
[redacted]	
[redacted]	
[redacted]	

[redacted]

[redacted]	
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	
[redacted]	
[redacted]	
[redacted]	
[redacted]	
[redacted]	

[redacted]

[redacted]	
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	
[redacted]	
[redacted]	
[redacted]	
[redacted]	
[redacted]	

[redacted]

[redacted]	
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	
[redacted]	
[redacted]	
[redacted]	
[redacted]	
[redacted]	

[redacted]

[redacted]	
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	
[redacted]	
[redacted]	
[redacted]	
[redacted]	
[redacted]	

[redacted]

<table>
<tr><th colspan="2">[redacted]</th></tr>
<tr><td>[redacted]</td><td>[redacted]</td></tr>
<tr><td>[redacted]</td><td>[redacted]</td></tr>
<tr><th colspan="2">[redacted]</th></tr>
<tr><td colspan="2">[redacted]</td></tr>
<tr><th colspan="2">[redacted]</th></tr>
<tr><td colspan="2">[redacted]</td></tr>
<tr><th colspan="2">[redacted]</th></tr>
<tr><td colspan="2">[redacted]</td></tr>
</table>

[redacted]

[redacted]	
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	
[redacted]	
[redacted]	
[redacted]	
[redacted]	
[redacted]	

[redacted]

[redacted]	
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	
[redacted]	
[redacted]	
[redacted]	
[redacted]	
[redacted]	

[redacted]

[redacted]	
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	
[redacted]	
[redacted]	
[redacted]	
[redacted]	
[redacted]	

[redacted]

[redacted]	
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	
[redacted]	
[redacted]	
[redacted]	
[redacted]	
[redacted]	

[redacted]

<table>
<tr><th colspan="2">[redacted]</th></tr>
<tr><td>[redacted]</td><td>[redacted]</td></tr>
<tr><td>[redacted]</td><td>[redacted]</td></tr>
<tr><td colspan="2">[redacted]</td></tr>
<tr><td colspan="2">[redacted]</td></tr>
<tr><td colspan="2">[redacted]</td></tr>
<tr><td colspan="2">[redacted]</td></tr>
<tr><td colspan="2">[redacted]</td></tr>
<tr><td colspan="2">[redacted]</td></tr>
</table>

[redacted]

[redacted]	
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	
[redacted]	
[redacted]	
[redacted]	
[redacted]	
[redacted]	

[redacted]

[redacted]	
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	
[redacted]	
[redacted]	
[redacted]	
[redacted]	
[redacted]	

[redacted]

[redacted]	
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	
[redacted]	
[redacted]	
[redacted]	
[redacted]	
[redacted]	

[redacted]

[redacted]	
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	
[redacted]	
[redacted]	
[redacted]	
[redacted]	
[redacted]	

[redacted]

[redacted]	
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	
[redacted]	
[redacted]	
[redacted]	
[redacted]	
[redacted]	

[redacted]

[redacted]	
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	
[redacted]	
[redacted]	
[redacted]	
[redacted]	
[redacted]	

[redacted]

[redacted]	
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	
[redacted]	
[redacted]	
[redacted]	
[redacted]	
[redacted]	

[redacted]

[redacted]	
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	
[redacted]	
[redacted]	
[redacted] [redacted] [redacted] [redacted] [redacted] [redacted] [redacted] [redacted]	
[redacted]	
[redacted] [redacted] [redacted]	

[redacted]

[redacted]	
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	
[redacted]	
[redacted]	
[redacted]	
[redacted]	
[redacted]	

[redacted]

[redacted]	
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	
[redacted]	
[redacted]	
[redacted]	
[redacted]	
[redacted]	

[redacted]

[redacted]	
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	
[redacted]	
[redacted]	
[redacted]	
[redacted]	
[redacted]	

[redacted]

<table>
<tr><th colspan="2">[redacted]</th></tr>
<tr><td>[redacted]</td><td>[redacted]</td></tr>
<tr><td>[redacted]</td><td>[redacted]</td></tr>
<tr><th colspan="2">[redacted]</th></tr>
<tr><td colspan="2">[redacted]</td></tr>
<tr><th colspan="2">[redacted]</th></tr>
<tr><td colspan="2">[redacted]</td></tr>
<tr><th colspan="2">[redacted]</th></tr>
<tr><td colspan="2">[redacted]</td></tr>
</table>

[redacted]

[redacted]	
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	
[redacted]	
[redacted]	
[redacted]	
[redacted]	
[redacted]	

[redacted]

[redacted]	
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	
[redacted]	
[redacted]	
[redacted]	
[redacted]	
[redacted]	

[redacted]

[redacted]	
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	
[redacted]	
[redacted]	
[redacted]	
[redacted]	
[redacted]	

[redacted]

<table>
<tr><th colspan="2">[redacted]</th></tr>
<tr><td>[redacted]</td><td>[redacted]</td></tr>
<tr><td>[redacted]</td><td>[redacted]</td></tr>
<tr><td colspan="2">[redacted]</td></tr>
<tr><td colspan="2">[redacted]</td></tr>
<tr><td colspan="2">[redacted]</td></tr>
<tr><td colspan="2">[redacted]</td></tr>
<tr><td colspan="2">[redacted]</td></tr>
<tr><td colspan="2">[redacted]</td></tr>
</table>

[redacted]

[redacted]	
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	
[redacted]	
[redacted]	
[redacted]	
[redacted]	
[redacted]	

[redacted]

[redacted]	
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	
[redacted]	
[redacted]	
[redacted]	
[redacted]	
[redacted]	

[redacted]

[redacted]	
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	
[redacted]	
[redacted]	
[redacted]	
[redacted]	
[redacted]	

[redacted]

[redacted]	
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	
[redacted]	
[redacted]	
[redacted]	
[redacted]	
[redacted]	

15.3 Additional ACS Offerings

REQUIREMENT: RFP Section 4.1.10, p. 95 of 99 ….The vendor may include additional materials, in a separately labeled section at the back of the proposal.

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]	[redacted]	
[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]	[redacted]	[redacted]	[redacted]
[redacted]			
[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]

[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]
[redacted]			
[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]
[redacted]			
[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]
[redacted]			
[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]
[redacted]			
[redacted]	[redacted]	[redacted]	[redacted]

[redacted]	[redacted]	[redacted]	[redacted]
[redacted]			
[redacted]	[redacted]	[redacted]	[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

15.4 Sample Reports, Forms and Deliverable Formats

REQUIREMENT: RFP Section 3.2.2.1, pg. 53 of 99
The Vendor should include sample reports, forms and deliverable formats in a separate section at the back of their proposal.

[redacted]

[redacted]

[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
	[redacted]	[redacted]	[redacted]	[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

Disclosure Attachment

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]