

4.2.2 Company Profile and Experience

Offeror shall provide documentation establishing the individual or company submitting the proposal has the qualifications and experience to provide the supplies and/or services specified in this RFP, including, at a minimum:

- *a detailed description of any similar past projects, including the product/service type and dates the products and/or services were provided;*
- *the client for whom the services were provided; and*
- *a general description of the company including its primary source of business, organizational structure and size, number of employees, years of experience performing services similar to those described within this RFP;*
- *Provide the information above for each proposed subcontractor.*

4.2.2.1 CNSI's Company Profile and Experience

CNSI is an S corporation, and has been incorporated since April 1994. CNSI has been involved in the healthcare and health IT industry since 1998, expanding its role from support of a legacy MMIS to developing the first-of-its-kind MMIS platform, which includes the Provider Service Module component. As a result of this expansion, more than 80 percent of CNSI's revenues are derived from health IT.

The proposed solution for MT PSM, evoBrix PMIS, is the result of nearly 20 years of experience with MMIS solutions, starting with operations and maintenance support for Maryland's legacy MMIS, and moving to design, develop, and implement a modern system for Maine, a certified MMIS solution in Washington and Michigan, and an MMIS SaaS solution for Washington, Maine, and most recently, Utah. All of these states' programs are comparable in size and scope to the MT PSM project.

CNSI's experience with healthcare systems, specifically MMIS solutions for the states of Washington, Michigan, Illinois, and Utah, as further described below, is directly relevant to the MT PSM requirements and DPHHS' expectations and objectives for this effort. CNSI has developed, or is currently developing, MMIS solutions – and more specifically, Provider Services Modules – that are of the same or similar size, scope, and complexity as that of the MT PSM, and are meeting the needs of the enrolled providers. Team CNSI's experience with these previous and current implementations, the maturity and stability of the eCAMS-based solution and, in turn, the evoBrix platform will provide a low-risk transition from the legacy PSM to a 21st century solution – a scalable, modular, and proven solution to meet DPHHS' current and future needs.

CNSI will be providing the Base Provider Services and Option A Provider Services requested under this solicitation. We will partner with Noridian for the Option B work. CNSI's Health and Human Services division will be responsible for the work performed under the resulting contract. With CNSI's matrixed organizational structure, employee knowledge, skill, and talents are shared between the functional department and project management team. This, as well as minimal layers between staff and executives, makes CNSI agile and responsive.

PMIS in Production

State	Number of Providers
Illinois	255,000
Washington	201,000
Michigan	165,000
Utah	25,000

MTPSM-4-004

Figure 4-2 shows where the MT PSM project fits in the context of CNSI's corporate structure. The dark blue boxes represent those individuals or roles with more direct impact on the project, while the yellow

boxes reflect the corporate functions that indirectly support the project. At every level, CNSI will establish a partnership with DPHHS, promoting a collaborative environment that engenders success.

CNSI will have a project office in Helena, MT, where our Project Manager will be located. She will be supported by the Technology, Operations and Infrastructure, Delivery, and PMO teams within our Health and Human Services (HHS) division. CNSI’s operating structure for the services requested under this solicitation is shown in Figure 4.2.2-1.

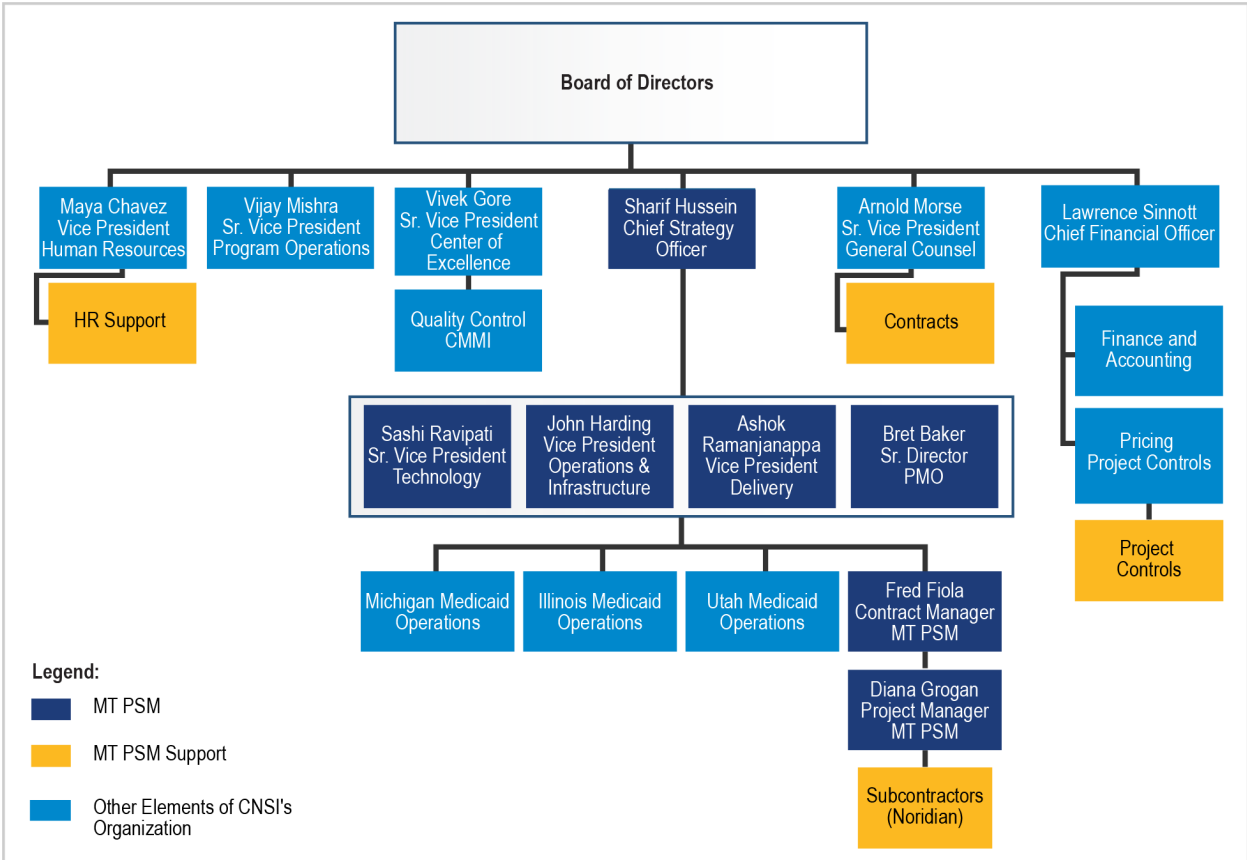


Figure 4.2.2-1. CNSI’s Organization Structure. Our Project Manager is empowered with the authority, corporate resources, and a direct line to executive leadership, to ensure project success.

Team CNSI’s Contract Manager, Mr. Fred Fiola, has more than 20 years of success supporting government and managed care operations. His technical, business planning, and management expertise spans systems planning and implementation, large project management, and production systems support for a variety of commercial and government organizations. Mr. Fiola will be Team CNSI's single point of contact for the MT PSM project, specifically for all matters related to contract performance. Mr. Fiola has full authority to make decisions that are binding to the contract, and has sole responsibility for the successful performance on this contract, including timely submission of all deliverables and on-time completion of the MT PSM project in accordance with all contractual obligations. Having served at the fiscal agent account manager for the Missouri Medicaid contract and directed five state MMIS implementations and/or operations, including Missouri, Mississippi, New Mexico, Florida, and Virginia, Mr. Fiola brings his extensive experience and expertise to the MT PSM project.

Mr. Fiola will be supported by Team CNSI's Project Manager, Ms. Diana Grogan, who is responsible for overall project delivery, with a focus on implementation through our Solution, Configuration, and Implementation (SCI) methodology (further discussed in Section 3.10.2.2). She has more than 15 years of experience managing complex IT and business services projects, including:

- Managing successful deployment of provider enrollment solutions for Illinois and South Dakota
- Leading deployment of a cloud-enablement solution for Michigan and a full MMIS implementation for Illinois
- Supervising Project Management Office (PMO) procedures and functions for Medicaid Management Information System (MMIS) deployments and other large complex projects

As a certified Project Management Professional (PMP), Ms. Grogan has successfully managed a broad range of IT initiatives, including mentoring, planning, managing and developing staff, along with analyzing and implementing IT solutions in support of business objectives in healthcare and other industries. She has a solid track record of developing effective and innovative solutions to support business requirements, including:

- Overseeing seven quarterly operations releases for the Provider Enrollment module on the Cloud framework for the states of Michigan and Illinois
- Coordinating leadership reviews and prioritization of Provider Enrollment operational enhancements for the states of Michigan and Illinois
- Facilitating issue resolution communication and escalation processes for Provider Enrollment system operations

Mr. Fiola will report directly to Mr. Ramanjanappa, CNSI's vice president of delivery, who will provide executive leadership for the MT PSM project. As shown in Figure 4.2.2-1, Mr. Ramanjanappa is part of the HHS executive management team. Designed to provide comprehensive project support, CNSI's corporate structure is comprised of four verticals – Technology, Operations and Infrastructure, Delivery, and PMO – each with led by a member of the HHS executive management team who will draw upon their areas of expertise to support the project. The technology vertical, led by Mr. Sashi Ravipati, will support technology solutions for implementation and operations. The operations and infrastructure vertical, led by Mr. John Harding, will provide executive leadership for system operations and integration with business operations, as well as project infrastructure and security. The PMO, under the direction of Mr. Bret Baker, will provide PMO oversight, quality management, and compliance.

The HHS executive management team reports directly to Sharif Hussein, CNSI's Chief Strategy Officer, who works with management to set CNSI's technology and business roadmap considering industry and government needs. Mr. Hussein has implemented and directed operations of the MMIS for the states of Michigan, Illinois (through an Intergovernmental Agreement with Michigan), and Utah. Of importance to the MT PSM project, Mr. Hussein led the development, implementation, and launch of evoBrix for Illinois, which is the same technology that Team CNSI is proposing for the DPHHS. Of even greater relevance, the delivery service approach for Illinois closely aligns with DPHHS' objectives, since it is also a Software-as-a-Service (SaaS) model. For Utah, Mr. Hussein has been instrumental in helping the state migrate the CNSI-designed MMIS solution to the cloud.

CNSI's headquarters are in Rockville, MD, and the company has offices located in Lansing, MI; Olympia, WA; Chesapeake, VA; and Fort Lauderdale, FL. CNSI will provide services from the corporate headquarters in Rockville, MD, and Lansing, MI, offices. Additionally, CNSI anticipates opening an office in Helena, MT, to support this contract. CNSI has more than 1,200 employees, and will locate specific personnel in Helena, MT.

Similar Past Projects

Detailed descriptions of CNSI’s similar past projects are provided below.

Medicaid Management Information System (MMIS) Procurement	
Company/Client Name	State of Michigan Department of Health and Human Services (DHHS, formerly Department of Community Health)
Product/Service Type	Provider Enrollment, Provider Management, Prior Authorization, MMIS, Contact Center
Dates Products/Services Provided	March 2006 - September 2018
Detailed Description	
In April 2006, CNSI was awarded a contract from the state of Michigan to design, develop, and implement an MMIS, identified as the Community Health Automated Medicaid Processing System (CHAMPS). Michigan went live with an early release of provider enrollment (PE) in 2008, a year in advance of the September 2009 go-live date, which allowed the provider community to establish their online credentials and validate their data prior to data conversion, ensuring accuracy of the taxonomy and billing details and minimizing the risk of any interruption in provider payment when the full MMIS went live. Currently, CHAMPS manages the expenditure of 25% of the entire state’s annual general funds appropriation, processes approximately \$12.5 billion in provider payments for healthcare services, adjudicates over 80 million claims annually, and supports approximately 160,000 active providers, who serve approximately 2.4 million beneficiaries annually. The system adjudicates 100% of the claims, and suspends claims based only on state requirements. CHAMPS was certified by CMS as fully-compliant with CMS requirements for an MMIS in 2011 with no findings. Relevance: CNSI implemented the automated PE system early to allow providers a chance to validate their current data as well as add data that was needed for the new system. Our approach reduced the amount of data entry that providers were required to perform for data that was already contained in the system by converting the existing legacy data into a usable format for the new system. This converted data was then pre-populated into provider records so that when they entered the new system to validate and re-enroll, their need for data entry was significantly reduced. CNSI assisted in developing operational procedures, training content information, end-user documentation, and online help to assist the state in transitioning from the legacy paper-based system to the new PE system with online application. The effort included data conversion of the legacy provider data. The technical and management processes that were used to support conversion to the Michigan implementation ensured traceability of legacy data and ensured smooth data transition. While working closely with the state, CNSI also conducted the production implementation, which involved the infrastructure setup and configuration, final data conversion, production readiness checklist review, training, and support. CNSI’s PE system created a centralized repository for consolidated provider data, and introduced operational efficiencies by providing real-time eligibility and benefit information to providers. CNSI’s Michigan MMIS, CHAMPS, has extensive online capabilities to submit claims, and its web portal for providers, integrated with CRM, supports dynamic provider access to status, billing information, and online help, thereby reducing administrative costs. The Provider Portal allows a provider to access their remittance advice, and can allow the provider to choose to have electronic delivery. It also allows providers to enter claims through a user-friendly set of screens. CHAMPS’ comprehensive web-based self-service portals for providers and members have significantly improved data quality, and have demonstrated quicker adoption of the new MMIS (e.g., provider verification in Michigan for 40,000 providers was completed in six months). Within the first year of go live, CHAMPS reduced the quantity of paper-based claims significantly, from 10% to less than 2% by providing the option of Direct Data Entry claim submissions. CNSI implemented its Electronic Health Record (EHR) Medicaid Incentive Payment Program (MIPP) solution, eMIPP, in phases, beginning with provider registration web services and federal CMS interface services in January 2011. Michigan was in the first group of states to process CMS registration information that allows providers to submit their registration and complete their attestation for MIPP. The final phase for Michigan was deployed in May 2011, a little less than a year after the effort was initiated through a contract modification. Similarly, CNSI implemented the 5010 transaction set well in advance of the CMS compliance date of January 1, 2012. In 2013, CNSI implemented Provider Credentialing Service (PCS) in the CHAMPS environment, introducing the first real-time provider credentialing solution in the U.S. PCS integrates with the LexisNexis Provider Screening Service and provides real-time provider data screening against national and state databases, such as NPPES, DEA, SSA, SAM, LEIE/OIG, and state licensing boards. Federal regulation mandates that all enrolled providers must re-enroll and be re-validated at least every five years. PCS maintains the re-enrollment schedule for each provider and facilitates an efficient re-enrollment process to ensure each provider continues to meet the eligibility requirement without service and payment disruptions. One of the many provisions of the Affordable Care Act (ACA) mandated new screening procedures for Medicare, Medicaid, and Children’s Health Insurance Program (CHIP) providers. The primary goal of these screenings is to ensure that the provider is actively functioning and servicing patients at the reported location, thereby reducing the chance of fraud, waste, or abuse. CMS categorized providers into three levels of fraud risk: Limited, Moderate, and High. The new screening procedure mandates that all providers classified as High and Moderate are subject to unscheduled and unannounced site visits. Periodic site visits are also required when existing providers re-validate their information with the timing	

Medicaid Management Information System (MMIS) Procurement

based on the risk categorization. To complete the Site Visit mandate, in the beginning, the state of Michigan developed labor intensive, manual, paper processes. In June 2014, CNSI introduced SiteVisitPro (SVP), a portable mobile-enabled application that business staff take directly to provider sites and perform the unannounced site visits, thereby eliminating the need for paper forms. This application supports the State in performing site visits using real-time provider information directly from the PMIS, eliminating redundant data entry. SVP also streamlines SiteVisitProcessing by reducing periods of no activity on the Site Visits through alerts to the appropriate State staff, and decreasing the time it takes to approve or reject a provider's application for enrollment.

Also in 2013, Michigan signed an intergovernmental agreement (IGA) with the state of Illinois, allowing Illinois to share the Michigan MMIS, creating savings for both states and the federal government, which provides funding for the MMIS. Out of this agreement, CNSI developed its cloud-based, next generation modular Medicaid platform, evoBrix, which was designed to meet the new CMS emphasis on Seven Standards and Conditions within the updated Certification requirements. More importantly, CNSI's evoBrix platform is deployed using a Software as a Service (SaaS) model. Via this IGA, Illinois is running under a full SaaS cloud, which includes delivery of applications and support using Michigan's cloud infrastructure and CNSI's evoBrix platform. The evoBrix PMIS module went live in July 2015 in Michigan and Illinois – supporting the 165,000 providers and 255,000 providers in each state respectively.

MMIS Replacement

Company/Client Name	State of Utah Department of Health
Product/Service Type	Provider Enrollment, Provider Management, Prior Authorization, MMIS, Contact Center
Dates Products/Services Provided	March 2013 - March 2018
Detailed Description	
In March 2013, the state of Utah awarded CNSI the contract to design, develop, and implement a replacement MMIS, Provider Reimbursement Information System for Medicaid (PRISM). The project is being implemented in four releases, three of which have been deployed. The third release was for provider enrollment, which was implemented in July 1, 2016. Once the fourth and final release has been implemented, the system will process approximately 22 million claims and \$1.9 billion payments per year, supporting a state population of nearly 3 million residents, member enrollment of 310,000, and provider enrollment of 25,000. Relevance. The PMIS introduces a self-service Provider Portal, allowing providers to complete enrollment applications online, update their records, re-credential, apply for the Electronic Health Record Medicaid Incentive Payment Program (eMIPP), and upload documents directly to their application and/or provider record. The new Provider Portal represents a significant change to the state's Provider Enrollment, eMIPP, and imaging processes, wherein providers can access web-based provider enrollment and eMIPP trainings. The Provider Management solution modernizes and streamlines the many paper and manual processes that had been used in the legacy environment, while substantially increasing the ability to respond to provider requests and improve customer service. It has replaced the Division's multiple provider files with a single database capable of managing enrollment and interrelationships of all types of providers. Its centralized database virtually eliminates duplicate enrollments, using a single master record to contain all relationships the provider may have with the Division of Medicaid and Health Financing (DMHF). Even if a provider has multiple provider types, the Provider Management solution retains the information under a single enrollment that is permanently linked to the provider's unique NPI and Taxpayer Identification Number (TIN). Utah is in the process of onboarding to the SaaS cloud platform, which will be live with the evoBrix PMIS module in 2018.	

MMIS Re-Procurement Project

Company/Client Name	State of Washington Health Care Authority (HCA, formerly Department of Social and Health Services)
Product/Service Type	Provider Enrollment, Provider Management, Prior Authorization, MMIS, Contact Center
Dates Products/Services Provided	January 2005 - June 2021

MMIS Re-Procurement Project

Detailed Description

In January 2005, CNSI was awarded a contract from the state of Washington to design, development, and implement an MMIS, identified as ProviderOne. The first phase, provider enrollment, was implemented in August 2008, far ahead of the ProviderOne go live in May 2010. ProviderOne is an enterprise, complex system that supports a Medicaid population of 1.9 million and provider enrollment of 201,000, adjudicates over 65 million claims per year, and issues on average over \$11 billion in annual payments to the State's Medicaid providers, social services providers, and managed care plans. One of the unique attributes of ProviderOne is its support for processing social services claims, which are completely different from medical claims, highlighting the extensive configurability of the platform.

Relevance. The early provider enrollment implementation was planned to support the provider community through the necessary security processes to establish their online credentials in the system, and to facilitate provider review and confirmation that the provider data conversion from the Legacy system into ProviderOne accurately represented the provider's taxonomy and billing details. This review and confirmation was desired because the conversion strategy included some provider record consolidation based on the implementation of taxonomy and NPI with the ProviderOne system. This early deployment of the provider enrollment module was a critical readiness factor to ensure no interruption to provider payment at the ProviderOne go live. The state did not have to issue any interim payments outside of the ProviderOne system. Additionally, having the provider enrollment module in production early also allowed the State and CNSI to refine operational procedures prior to the full ProviderOne implementation, based on lessons learned from running the provider enrollment and point-of-sale (POS) modules in production before the full MMIS.

Under the legacy model, the provider enrollment process was highly manual and laborious, fragmented across different business units. The PE Service automates the provider enrollment process and facilitates data management. The PE Service provides comprehensive decision management through enrollment business rules management, enrollment form wizard configuration, and credentialing requirements by provider and enrollment type. The solution offers a smart user interface to configure routing of applications with support for escalation, notification, and reminders for enterprise-wide tracking. Additionally, online reporting and dashboards offer real-time status updates and support for trending. A self-service portal offers providers easy-to-use enrollment wizards and self-maintenance of data in a secure environment, as well as the ability to search on application provider data, status of credentialing, and provider enrollment applications. The PE Service stores comprehensive provider data, including provider affiliations and different locations, and validates data against external sources such as license boards and registries to minimize fraud and abuse.

In January 2012, CNSI deployed a major release to upgrade ProviderOne to accommodate the HIPAA 5010 transaction. The state and CNSI received acknowledgment and recognition from providers for the smooth and on-time implementation of 5010 compliance.

In December 2015, CNSI completed the implementation of a Provider Compensation Subsystem and Services (PCSS) solution supporting reimbursements for social services providers employed by client of DSHS, replacing the legacy Social Service Payment System (SSPS). The PCSS solution supports a provider base of approximately 70,000 providers.

4.2.2.2 Subcontractor's (Noridian Healthcare Solutions, LLC's) Company Profile and Experience

Noridian Healthcare Solutions, LLC originated in 1966. At that time, its sole purpose was to provide government-funded health care administration as a Medicare carrier and fiscal intermediary to CMS. Its first contract was for Medicare Parts A and B for the state of North Dakota. Throughout the next several decades, Noridian was awarded numerous additional federal contracts, establishing itself as a fully capable provider of administrative services and setting the groundwork to take on Medicaid and commercial lines of business. Noridian has amassed more than 50 years of Medicare experience, including more than 30 years of DME experience, and 11 years' experience as a Medicaid fiscal agent.

Noridian has extensive experience in administrative services, including provider management functions such as enrollment, outreach and education, provider Contact Center, and reference data, predominantly for Medicare. However, as the core MMIS contractor for the Iowa Medicaid Enterprise (IME), Noridian interacts with the same functions while maintaining the workflow systems that support those areas of the IME.

As CNSI's subcontractor, Noridian's primary focus areas under the Option B scope of work are:

- Conduct Provider and Maintain Site Visits

- Provider Call Center
- Staffing, and
- Collect and Enter Provider Financial Information in State Financial Systems

Noridian is a wholly-owned subsidiary of Noridian Mutual Insurance Company, which does business in North Dakota as Blue Cross Blue Shield of North Dakota. Noridian is led by a Board of Directors, which meets six times per year. The eight Directors on the Bboard represent the business, government, and education sectors. Each director serves on one of two committees – Audit, Compliance, and Governance or Finance and Human Resources.

Noridian’s President and CEO reports directly to the Board, as does Noridian’s Vice President of Compliance and Audit. Noridian’s Senior Vice Presidents report directly to the CEO. Noridian employs 1,520 Medicare and Medicaid staff.

Similar Past Projects

Detailed descriptions of Noridian’s similar past projects are provided below.

A/B MAC Jurisdiction F	
Company/Client Name	Centers for Medicare & Medicaid Services (CMS)
Product/Service Type	The purpose of this contract is to provide specified health insurance benefit administration services, including Medicare claims processing, medical review, appeals, and payment services, in support of the Medicare program. This contract is for the MAC that serves Medicare beneficiaries and providers in the states of Alaska, Arizona, Idaho, Montana, North Dakota, Oregon, South Dakota, Utah, Washington, and Wyoming.
Dates Products/Services Provided	August 2011 – August 2018
Detailed Description	
Noridian provides specified health insurance benefit administration services, including Medicare claims processing and payment services, in support of the Medicare fee-for-service (FFS) program. Noridian performs numerous functions to support health care services for Medicare beneficiaries, which include performing claims-related activities and establishing relationships with providers of health care services, both institutional and professional, for a defined geographic area or “jurisdiction.” Noridian performs the requirements of this contract in accordance with applicable laws, regulations, Medicare manuals, and Centers for Medicare & Medicaid (CMS) requirements to ensure the financial integrity of the Medicare program. The Medicare program’s legal, policy, and operating environment is complex, and the Contractor will utilize or interact with certain CMS-required payment schedules, systems, equipment, and operational capabilities in the performance of its functions. Further, Noridian coordinates its activities not only with the CMS, but also with a broad range of agencies (at the federal, state, and local levels of government), other CMS partners and Contractors, and a diverse range of stakeholders within the health care system of the United States. Noridian receives and controls Medicare claims from institutional and professional providers, suppliers, and beneficiaries within its jurisdiction and performs standard or required editing on these claims to determine whether the claims are complete and should be paid. In addition, Noridian calculates Medicare payment amounts and arrange for remittance of these payments to the appropriate party. Noridian also enrolls new providers, conducts redeterminations on appeals of claims, operates a Provider Customer Service Program (PCSP) that educates providers about the Medicare program and responds to provider telephone and written inquiries, responds to complex inquiries from Call Center Operations (CCOs), and makes coverage decisions for new procedures and devices in local areas. Noridian also conducts a variety of different provider services, such as enrolling new providers in the program, answering written inquiries, and educating providers on Medicare’s rules, regulations, and billing procedures. Noridian furnishes services to all the providers CMS designates as within its workload, and that workload contains out-of-jurisdiction providers from time-to-time.	

DME MAC Jurisdiction D	
Company/Client Name	CMS
Product/Service Type	The purpose of this contract is to provide fee-for-service health insurance benefit administration services, including Medicare claims processing, payment services, medical review services, appeals and redeterminations for DME, and prosthetics, orthotics, and supplies. This contract includes the states of Alaska, American Samoa, Arizona, California, Guam, Hawaii, Idaho, Iowa, Kansas, Missouri, Montana, Nebraska, Nevada, North Dakota, Northern Mariana Islands, Oregon, South Dakota, Utah, Washington, and Wyoming.
Dates Products/Services Provided	September 2015 – August 2020
Detailed Description	
Noridian provides specified fee-for-service health insurance benefit administration services, including Medicare claims processing, payment services, medical review services, and appeals and redeterminations for durable medical equipment (DME), and prosthetics, orthotics, and supplies. Jurisdiction D covers the states and/or U.S. territories of Alaska, Arizona, California, Hawaii, Idaho, Iowa, Kansas, Missouri, Montana, Nebraska, Nevada, North Dakota, Oregon, South Dakota, Utah, Washington, Wyoming, American Samoa, Guam, and Northern Mariana Islands. Noridian communicates and coordinates with many entities, including CMS, other DME MACs, the Recovery Auditor, the Zone Program Integrity Contractors (ZPIC), the Qualified Independent Contractor (QIC), the Beneficiary Contact Center, the Program Safeguard Contractor, and the Enterprise Data Center. This DME MAC Jurisdiction D contract includes a special project: Medicare Remittance Advice (MRA) for Veterans Administration (VA) Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS) Claims. The MRA VA DMEPOS project requires the services of the DME MAC to process VA submitted claims for DMEPOS to secure a no-pay MRA from CMS. This project is funded by an Interagency Agreement between the Department of Veterans Affairs (VA) and the Department of Health and Human Services (DHHS), Centers for Medicare & Medicaid Services (CMS).	

Iowa Medicaid Enterprise Program	
Company/Client Name	State of Iowa Department of Human Services
Product/Service Type	The purpose of this contract is to perform management, maintenance, and enhancement of core Medicaid Management Information System activities and to perform operational support services for the mailroom functions and processing of Medicaid claims.
Dates Products/Services Provided	July 2004 – June 2018
Detailed Description	
Noridian performs management, maintenance, and enhancement of core Medicaid Management Information System activities as well as support services for the processing of Medicaid claims. Noridian implemented and manages the imaging system and workflow process management system for the Iowa Medicaid Enterprise, which is used by all contractors and state staff in the IME. Additional Noridian activities include managing all incoming mail, the change request control process used by all IME contractors, optical character recognition, and electronic data interchange (EDI) functions. When Noridian took over operation of the IME MMIS, it included implementing more than 60 system enhancements. Noridian integrated ancillary components (Member Services, Provider Services, Pharmacy, Surveillance and Utilization Review, Revenue Collection, Provider Audits and Rate Settings) with the Core's base MMIS, mailroom operations, and claims adjudication processes. Noridian completed the CMS certification process for the IME MMIS on schedule with zero findings. Since that time, Noridian has performed major modifications, such as the National Provider Identifier (NPI) transition, ICD 10 readiness, managed care implementation, as well as numerous enhancements including a new provider Web portal. Today, Noridian performs management, maintenance, and enhancements of the core MMIS for the IME while managing the inbound mail, scanning, and OCR for the full IME, fee-for-service claims processing and adjustments, and developing and maintaining the workflow that supports all IME contractors.	