

Claims Processing and Management Services for Montana's Program for Automating and Transforming Healthcare (MPATH)

RESPONSE TO DPHHS-RFP-2020-0254T

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Section 3.10.18

Option C: Federal Reporting (FDR, FDRP)

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3.10.18 Option C. Federal Reporting

In addition to the Core scope of the Claims Processing and Management Services module, states may procure additional components and services for activities not categorized in Sections 3.10.1 through 3.10.15. The Offeror's solution will need to provide comprehensive Federal Reporting functionality, including receiving and storing data and generating reports, to satisfy a state's reporting Federal requirements.

3.10.18.1 Federal Reporting

This section outlines the requirements necessary to meet Federal reporting in compliance with applicable guidelines. The solution must collect, group, and analyze data to generate all applicable federal reports and processes (e.g., CMS-64, CMS-21, CMS-416, CMS-372, Transformed Medicaid Statistical Information System (T-MSIS), Payment Error Rate Measurement (PERM)). If the Offeror chooses to include these services in their proposal the Offeror must describe in detail their approach to meet each of the Federal Reporting requirements in Attachment F, Requirements Response Matrix. The Offeror simply repeating the RFP requirements does not qualify as a good response as defined in Section 6.1.1 of this RFP.

As Medicaid health care programs have been in a constant state of transformation for the last decade, Federal and State reporting has become more complex, tedious, and volatile, requiring progressively more resources to manipulate and modify data and reports simply to achieve compliance. Accurate, timely and complete federal reporting is critical because the federal government uses the data and information communicated through federal reports to determine items such as the State's share of federally allocated funds, the federal share of any disallowed payments that do not comply with federal regulations, and a State's overall Medicaid payment error rate – just to name a few.

CNSI built its evoBrix X Medicaid Reporting solution to comply with evolving Medicaid health care reporting requirements with reduced administrative burden that supports reporting across disparate data sources and systems. At the same time, our reporting solution architecture positions the State to anticipate and comply with future federal reporting requirements as they occur. Within this section, CNSI describes its approach to meeting federal reporting requirements per Attachment F along with the benefits of our reporting solution, including positioning for the future. Rather than respond to each specific report, we have grouped the reports and responded by reporting category for ease of review.

Historical Perspective

The administrative burden for complying with Federal Medicaid reporting is understood by all States. Traditionally, Federal reports have been created by State resources manually, selecting data collected and stored within several systems and cobbling together required content in the required format. Often these manual processes require extensive investment in the form of fiscal and human capital. Due to the degree of data “massaging” required to meet federal reporting requirements, it can be difficult to drill down to the transactional level behind summary or “roll up” data in the event of questions or audits. Historically, lack of appropriate or defensible detail has had fiscal impacts as well through potential disallowance of federal funds.

The NASPO vehicle creates a new opportunity with a data framework that leverages a State's Integration Platform that enables data from a variety of systems to be consolidated into a data lake which can be used by reporting tools integrated with the platform to configure these reports. The data lake provides a reporting data repository that easily merges, appends, and summarizes data in standard formats while

The Team CNSI Advantage

Team CNSI's evoBrix X Medicaid Reporting Solution provides an innovative approach to providing accurate, timely and comprehensive federal reporting capability that:

- Reduces administrative burden for State staff
- Supports report creation from disparate data sources or systems of truth
- Responds easily to a changing regulatory and business landscape
- Expands and supports Federal mandates such as promoting interoperability between systems
- Provides compatibility with all industry Business Intelligence (BI)/ analytic tools
- Promotes reusability across multiple States through an open-ended architecture

MTCPM-1.2.4-848

maintaining the integrity of transactional detail for drilling down/rolling up data so it is easily understood as auditable. As a result, it is feasible for modular systems, such as Team CNSI's evoBrix X platform, to integrate a reporting solution to produce a comprehensive set of federally required reports as part of its standard functionality. In addition to addressing federal compliance requirements, our approach facilitates improved decision-making for the State through robust data analytics, providing the NASPO State Customer with a mechanism to more effectively manage the Medicaid program by enhancing the business and health outcomes for the State and its constituents.

Given that these reports have long been the domain of the government, this functionality is currently not widely available as part of existing MMIS solutions. However, Team CNSI is at the forefront of this innovation as demonstrated by customer experience in the States of Washington, Michigan, and Utah, each of which have requested Team CNSI provide a subset of federal reporting requirements to support their business needs. As a result, Team CNSI's evoBrix X Medicaid Reporting solution already includes the ability to create several federally required reports, including the highly critically CMS-64 reports, CMS-416 reports, T-MSIS extracts, and other federal operational reports. While the platform is not currently configured to meet every functional reporting requirement out-of-the-box, our solution is highly configurable and capable of enabling these reports working in collaboration with the NASPO State Customer once full requirements are detailed and defined.

The RFP includes an array of reports requested in Attachment F. Team CNSI will work with State partners to ensure reliable processes are established to create, validate, and deliver these mandatory reports to the right place, in the right formats, at the right time, and in a secured fashion. The required reports are all equally mandatory; however, they are not of equal importance and value to the State – some serving as more of a federal compliance exercise rather than a useful management tool for the State.

Report Grouping

Team CNSI's evoBrix X Medicaid Reporting solution will provide the full list of reports as presented in Attachment F. For purposes of this response and to avoid writing about each individual report causing unnecessary repetition, we have decided to present responses without repeating similar information over and over. Team CNSI presents its response by the following six (6) report groupings - being clear that all report requirements are included in one of the groupings below:

1. Medicaid and CHIP Budget and Expenditure Reports
2. Transformed Medicaid Statistical Information System (T-MSIS) Extracts
3. Aggregate Federal Reports
4. Operational Insight Reports
5. Compliance Monitoring Reports
6. Provider and Member Insight Reports

As part of our analysis of these requirements, Team CNSI has mapped every requirement of Attachment F to one of the report groups and we have identified this mapping within our discussion of each section. We also identify the specific reports included in each report grouping and discuss our understanding of the nature and importance of these reports at the grouping level. We grouped individual identified reports based upon our collective Medicaid experience and acknowledge that some reports may belong to one or more groupings.

Report Grouping

1. Medicaid and CHIP Budget and Expenditure Reports

Medicaid and CHIP Budget and Expenditure
Provides comprehensive financial reporting including CMS-64, CMS-21, and CMS-37
Requirements Mapping to Attachment F FDRP03, FDRP06, FDRP07, FDRP08, FDRP09, FDRP15, FDRP16, FDRP17, FDRP62

Medicaid and CHIP Budget and Expenditures are communicated through three (3) critically important reports (i.e., CMS-64, CMS-21, and CMS-37):

- **CMS-37:** Based on the CMS-37 submission of anticipated expenditures, CMS issues the State a grant award authorizing Federal funding to the State for the certified quarter.
- **CMS-64:** The State submits the CMS-64 report as a statement of actual expenditures, which reconciles to the monetary advance requested in the CMS-37 report. In submitting these reports, States are certifying the availability of the required State and local matching funds that are – or will be – available.
- **CMS-21:** Finally, the CMS-21 report pertains to standalone Children’s Insurance Program (CHIP) budget and expenditures as promulgated in Title XXI.

These reports work together to ensure continuity of the federal cost allocation of each State’s Medicaid budget. These highly critical reports are compiled by States using data from multiple systems and sources and submitted to CMS through the Medicaid and SCHIP Budget and Expenditure Systems (MBES/CBES), and the financial budget and grant systems. This first grouping of federal reports are required to be submitted on a quarterly basis and include both estimated and actual program and administrative expenditures. Because detailed information can change, Team CNSI’s solution supports the submission of revised reports as information changes.

The data supplied on these reports is used by the federal government for research and analysis of historical expenditures to predict future trends, and for developing Federal Medicaid legislation, policy, and budgets. CNSI understands the importance of bringing a proven solution and reliable service to our State partners. CNSI has specific expertise in establishing the data models, data loading and preparation, and queries required for these reports on our state of Washington ProviderOne project. These reports are complex and require the subject matter expertise that we have accumulated in production since 2010.

Comprehensive Federal and State reporting functionalities supported by Team CNSI’s BI analytical and reporting framework, evoBrix X Medicaid Reporting solution, enables the Core MMIS to analyze, report, target, and achieve progressively higher levels of MITA maturity and compliance. At a minimum, the framework of federal reports will support various functionalities in the core MMIS. Our evoBrix X Medicaid Reporting solution provides expenditure reports at different levels. State users are able to view expenditures at different levels through drill down capabilities. The Team CNSI solution also provides a rich set of executive level management reports that are used to assess the Medicaid program in the areas of Pharmacy, Facilities, DME, ER, and Access to Care. These reports will assist the State in determining whether policy needs to change or whether the State needs to take some other program management action.

The evoBrix X Medicaid Reporting solution also supports generating budget, expenditure, and related statistical information for a specific fiscal year for federal reporting purposes based on tabulations of actual, documented Medicaid expenditures at the transactional level, including cost settlement information. Team CNSI’s solution supports different timescales and reporting periods specified by the State in order to meet federal regulations to support proactive management and control of current and

projected financials. The evoBrix X Medicaid Reporting solution provides the functionality to maintain/manage MMIS related program budget information and all expenditures maintained through the curated data available in the Data Lake.

2. **Transformed Medicaid Statistical Information System (T-MSIS) Extracts**

Transformed Medicaid Statistical Information System (T-MSIS)
Demographic and enrollment-related information on each person enrolled in Medicaid and CHIP
Requirements Mapping to Attachment F
FDRP04, FDRP11, FDRP14

Besides supporting budget and expenditure reporting identified in the first grouping, Team CNSI’s evoBrix X Medicaid Reporting solution supports demographic and enrollment-related reporting. For decades, CMS has been collecting utilization and claims data, as well as other key Medicaid and CHIP program information from States through its Medicaid Statistical Information System (MSIS). As more current, accurate, and timely data is needed to keep pace with the changing health care delivery system, the States and CMS have been working to facilitate delivery of Transformed MSIS (T-MSIS) data. Transformation of MSIS reporting and data is intended to gain insight into ways to improve beneficiary quality of care, assess beneficiary care and enrollment, and improve Medicaid program integrity. Ultimately, T-MSIS will offer states, CMS, and others the ability, at the state and national levels, to:

- Study encounters, claims, and enrollment data by claim and beneficiary attributes;
- Analyze expenditures by medical assistance and administration categories;
- Monitor expenditures within delivery systems and assess the impact of different types of delivery system models on beneficiary outcomes;
- Examine the enrollment, service provision, and expenditure experience of providers who participate in our programs (as well as in Medicare); and
- Observe trends or patterns indicating potential fraud, waste, and abuse in the programs so we can prevent or mitigate the impact of these activities.

In addition, T-MSIS benefits states in the following ways:

- Reduces the number of reports and data requests CMS requires of states. T-MSIS will be a main source of Medicaid and CHIP operational data, and CMS intends to use the T-MSIS data to calculate and derive other reports states are currently required to submit, such as Early Periodic Screening, Diagnosis and Treatment Program (EPSDT) and Children’s Health Insurance Program Annual Reporting Template System (CARTS). Availability of T-MSIS will also reduce the number of ad hoc data requests CMS makes of states in the absence of a more robust reporting system.
- Analyze data in a national repository. Over time, CMS plans to incorporate capabilities for states to conduct their own analyses of data available in the national repository and, eventually, to enable states to bring their own data to analyze alongside the national repository.
- Leverage enhanced anti-fraud, waste, and abuse capabilities. States will be able to analyze their data along with other information in the CMS data repositories, including Medicare data, enhancing abilities to better identify potential anomalies for further investigation.

In the past few years, no set of reporting has garnered more attention and scrutiny than MSIS as federal regulators are anxious to acquire quality data to better monitor and analyze State Medicaid activity. In fact, at the November 2019 National Medicaid Directors Conference, United States Senate health policy staff stated that obtaining useful reporting based on T-MSIS data is a top priority of Congress and that CMS and States should expect to see most federal legislation or budget items pertaining to Medicaid will require an accompanying report based on T-MSIS data. Further, CMS is reporting State T-MSIS submission quality as a measure in the State Administrative Accountability Scorecard for Medicaid on the

CMS.gov website. In short, CNSI understands that the stakes are high for this area of reporting and as a committed State partner, we are prepared to deliver.

CNSI has a proven track record of working with current customers to meet T-MSIS reporting requirements. Our history with T-MSIS goes back to the genesis of the program. The state of Washington was one of the twelve States selected for T-MSIS pilot program in 2012/2013. We completed Operational Readiness Testing (ORT) for T-MSIS in a record five weeks given the national visibility of the T-MSIS program. CNSI has created modular code for Non-Claim T-MSIS files which enabled the switch between snapshot to full-refresh file submission method within a short period of time. As a result, the state of Washington State has received numerous accolades for prompt responses to CMS data quality enquiries. Since January 2015, we have submitted approximately 217 million encounter claims, 110 million fee for service claims and 294 million managed care transactions.

Our T-MSIS submissions are current and have cleared the initial Top Priority Data Issues (TPIs). We are currently working with our State partners to address subsequently released TPIs as well. Because we expect this area of reporting to continue to evolve over time, we are carefully anticipating and tracking proposed and actual changes at the Federal level.

3. Aggregate Federal Reports

Aggregate Federal Reports
CMS-416, CMS-372, Medicaid Drug Rebate
Requirements Mapping to Attachment F
FDRP10, FDRP12, FDRP18, FDRP50, FDRP51, FDRP52, FDRP53, FDRP54, FDRP55, FDRP56, FDRP57, FDRP58, FDRP59, FDRP60, FDRP61, FDRP68, FDRP69, FDRP70, FDRP96, FDRP97, FDRP98

Early and Periodic Screening, Diagnostic and Treatment (EPSDT), Home and Community Based Services (HCBS) and Drug Rebate reporting are bundled under the grouping of aggregated federal reports. All three program utilization reports are extremely important for securing federal matching funds and meeting federal reporting compliance requirements.

- **EPSDT: CMS-416:** With the emphasis on children’s health care, EPSDT reporting provides basic information on participation in the Medicaid child health program, including occurrence of proactive wellness services. The information is used to assess the effectiveness of State EPSDT programs in terms of the number of individuals under the age of 21 (by age group and basis of Medicaid eligibility) who are provided child health screening services, referred for corrective treatment, and receiving dental services. The completed report demonstrates the State’s achievement of its participation and screening goals and is now measured in alignment with CMS recommended children’s health quality measures for achieving childhood wellness. State performance is published on the CMS Medicaid scorecard. Participation and screening goals are two different standards against which EPSDT performance (or penetration) is measured on the form CMS-416.
- **HCBS: CMS-372:** In recent years, additional attention is being drawn to State HCBS waiver programs and how well States are meeting the needs of the senior and disabled populations who wish to remain in their home and community rather than reside in a long-term institutional setting. The 372(S) reports identify the number of people who received HCBS and Medicaid expenditures under a section 1915(c) waiver program and documents whether a waiver meets federal cost neutrality, health and welfare, and other quality assurance requirements.
- **Drug Rebate:** Medicaid drug rebate programs are complex and require reporting to the federal government by States, Pharmacy Benefit Managers, and Drug Manufacturers – to name the key submitters. CNSI understands the importance of these reports and the significant revenue generated to States from the rebate programs – traditional and supplemental, based on Medicaid beneficiary utilization through Pharmacy POS transactions.

4. Operational Insight Reports

Operational Insights
Daily, weekly, monthly operational data to manage the Medicaid enterprise Requirements Mapping to Attachment F FDRP19, FDRP20, FDRP22, FDRP23, FDRP24, FDRP25, FDRP26, FDRP31, FDRP32, FDRP44, FDRP48, FDRP63, FDRP65, FDRP66, FDRP67, FDRP71, FDRP73, FDRP74, FDRP76, FDRP82, FDRP83, FDRP87, FDRP88, FDRP89, FDRP90, FDRP91, FDRP92, FDRP95, FDRP101, FDRP102, FDRP103, FDRP106, FDRP119, FDRP123, FDRP126, FDRP129, FDRP132, FDRP142, FDRP143, FDRP144, FDRP145, FDRP146, FDRP151, FDRP152, FDRP155, FDRP156, FDRP157, FDRP158, FDRP159, FDRP160, FDRP161, FDRP162, FDRP163, FDRP166, FDRP168, FDRP169, FDRP170, FDRP171, FDRP172, FDRP173, FDRP174, FDRP176, FDRP177 <i>*Note – Daily reports provide data from the prior business day</i>

It is important for states to produce the necessary reporting required to manage the Medicaid enterprise by reviewing daily, weekly, and monthly operational data reports. Many of these reports represent both detailed and summary level data from overall expenditures, claims analysis, and coordination of benefits, to very discrete program expenditures for items like sterilization and self-directed care to name a few of the reporting sub-categories.

Team CNSI routinely produces these types of reports for current clients, drawing data from multiple sources and presenting information necessary to both monitor and oversee the State’s comprehensive program operations. Typically, reports are parameter driven where the user enters the selection criteria for running the report (period, geographical/regional limitations, beneficiary characteristics, provider characteristics, etc.) so that a single report can fulfill many business needs and operational requirements without the typical administrative burden.

5. Compliance Monitoring Reports

Compliance Monitoring
Ensure compliance with policy, regulation, and law Requirements Mapping to Attachment F FDRP01, FDRP02, FDRP05, FDRP13

Team CNSI grouped the reports around compliance monitoring in one section to include, but not be limited to, important items such as tracking prompt payment of Medicaid funds to providers and health plans, overpayments identified – thereby triggering repayment of the federal matching funds within 60 days, and Third-Party Liability recoveries.

Because Team CNSI’s architectural solution captures data at the transactional level from multiple sources in the Data Lake, it can be collected, joined and reported in a myriad of ways for meeting the requirements of each reporting grouping. Each of these reports provides accurate, timely and reliable compliance reporting, with the ability to drill down and roll up data to assure predictability and correct allocation of Medicaid funding between States and CMS with minimal administrative burden on behalf of the State. As an example, for the state of Washington, CNSI generates Report# 10496 - CLM Federal Claims Processing Standards Compliance Report. This report provides the percentage of Title XIX Claims paid within 30 Days and within 90 Days with perspective of CMS reporting requirements (In accordance with ARRA Act 2009).

6. Provider & Member Insights Reports

Provider & Member Insights
Reports and analytics to review utilization, provider rankings, and other insights related to members and providers. This includes SURS and MARS reporting. Requirements Mapping to Attachment F FDRP21, FDRP27, FDRP28, FDRP29, FDRP30, FDRP33, FDRP34, FDRP35, FDRP36, FDRP37, FDRP41, FDRP42, FDRP43, FDRP45, FDRP46, FDRP47, FDRP49, FDRP64, FDRP72, FDRP75, FDRP77, FDRP78, FDRP79, FDRP80, FDRP81, FDRP84, FDRP85, FDRP86, FDRP93, FDRP94, FDRP99, FDRP100, FDRP104, FDRP105, FDRP107, FDRP108, FDRP109, FDRP110, FDRP111, FDRP112, FDRP113, FDRP114, FDRP115, FDRP116, FDRP117, FDRP118, FDRP120, FDRP121, FDRP122, FDRP124, FDRP125, FDRP127, FDRP128, FDRP130, FDRP131, FDRP133, FDRP134, FDRP135, FDRP136, FDRP137, FDRP138, FDRP139, FDRP140, FDRP141, FDRP147, FDRP148, FDRP149, FDRP150, FDRP153, FDRP154, FDRP164, FDRP165, FDRP167, FDRP175

Within this final reporting category, CNSI has included what are generally considered the Management, Analysis and Reporting Subsystem (MARS) and Surveillance and Utilization Review Subsystem (SURS) reports.

- **MARS Reports:** This first report sub-grouping includes monthly, quarterly, and yearly reports reflecting Medicaid payments, provider and beneficiary enrollment, program participation, and claims adjudication to help States compare Medicaid's actual performance to its budget. Analysis of MARS reporting then helps the State take any corrective action that may be necessary.
- **SURS Reports:** This second report sub-grouping is responsible for monitoring claims to identify indicators of provider fraud, waste, and abuse where reports are designed to highlight duplicate, inconsistent, or excessive visits in relation to diagnoses and visits provided in State systems. For example, comparing provider office visits and frequency of treatments can easily identify outliers that may be indicators of fraud, waste, and/or abuse giving the State indicators of where to follow-up and potentially take action.

Collectively, all of the aforementioned reports assist with the day-to-day reporting of Medicaid as required by State and federal entities to explain and support the Medicaid budget and expenditures. CNSI brings significant experience in generating management reports that draw information from multiple sources including claims, financial, recipient, reference, and provider modules within the evoBrix X Medicaid Reporting solution. Data and reporting integrity are achieved through appropriate data modeling with unique keys for joining data from multiple sources.

Solution Overview



Team CNSI is a leader in innovative healthcare solutions and brings a proven technology to implement a

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

component/modular level meaning the solution can flex and adapt. The specific technical components are

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

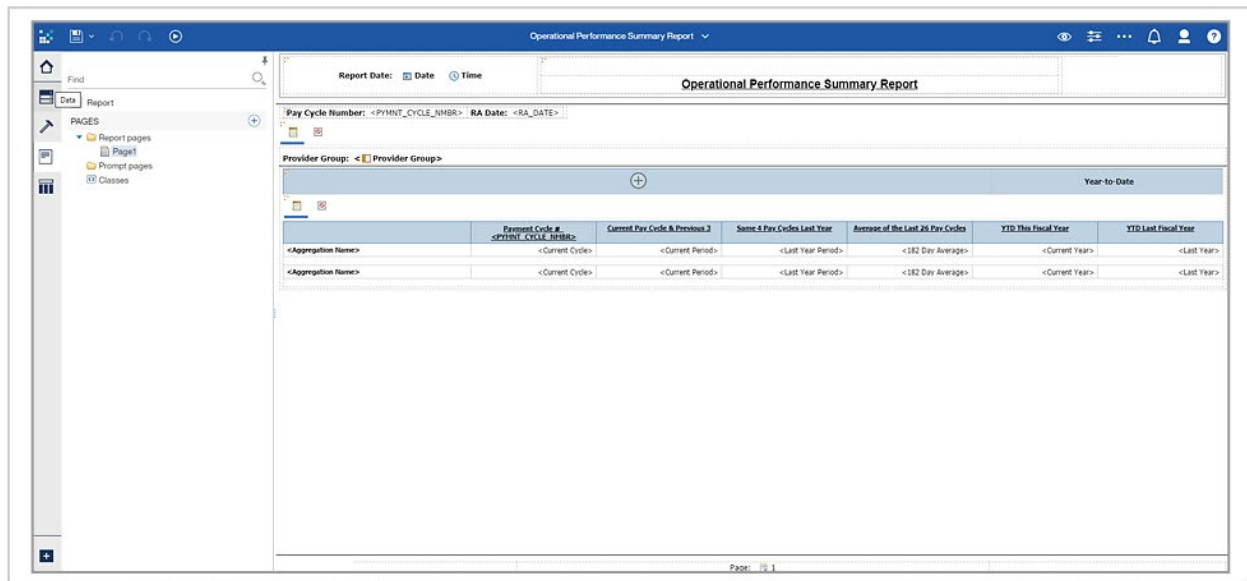
1. [REDACTED]

[REDACTED]

Reporting and Business Intelligence Solution for NASPO

Team CNSI's evoBrix X Medicaid Reporting solution offers a robust and comprehensive framework to provide powerful reporting capabilities and analytic needs.

as shown in Figure 3.10.18-2. Reports can be easily changed and added once they are operational as governed by the State's data governance body.



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Figure 3.10.18-2. Cognos Analytics Workspace. This sample screenshot depicts how authorized users can modify canned reports from this workspace.

Types of Reports Supported

Team CNSI's evoBrix X Medicaid Reporting solution provides two types of pre-built reports for meeting NASPO State customer's business needs as follows:

- **Scheduled reports** that run at specific times at regular intervals and with a fixed structure which will be finalized in collaboration with the State.

- **On-demand reports** that run as needed by the users, often parameterized but with a fixed structure. On-demand reports are generally parameterized and require some user input before the report is executed. It will be up to the discretion of the user to save the reports or view and discard them. The user will have the capability to save the reports in standard formats such as PDF, Excel, and text.

Reports Security and Privacy

The evoBrix X Medicaid Reporting solution provides a secure system for executing reports and conducting analytics. Team CNSI will integrate security controls with cloud directory services to enable secure and auditable access to the reporting solution. State specific security requirements for establishing the user roles and defining the data sensitivity for access will be handled through a participating addendum.

[REDACTED]

[REDACTED] security will be enforced at multiple levels, including:

- Log-in: User validation at time of log-in
- Report level: only authorized users get to see specific reports
- Report element level: certain elements can be hidden from certain users by applying user-based filters
- Row level: Filters can be set so that users can only see a subset of the data, such as only their own enrollees

[REDACTED]

Operations, Maintenance, and Configuration (Requirements # OMC36 and #OMC37)

Team CNSI has proposed to provide 3,000 system enhancement pool hours for the duration of the Design, Development, and Implementation (DDI) phase of the contract. The cost of these 3,000 system enhancement pool hours are included our fixed price and included in Attachment G Pricing Schedules, Schedule D-Enhancement Pool Hours. Similarly, Team CNSI has proposed to provide 2,000 system enhancement pool hours during the Operations phase per operations year.

In the following subsections, Team CNSI describes operational considerations addressing Stabilization, Data Loading, Maintenance, and Certification.

Solution Stabilization

Team CNSI will ensure readiness of all components required for a successful implementation of the evoBrix X Medicaid Reporting solution and then a seamless transition into operations and certification. We will apply our proven ITIL-based processes to transition the solution into production. There are many moving parts in the transition of the solution to operations, including AWS configuration and implementation, application software, updated business processes and training the users, and certification readiness.

Team CNSI will perform solution stabilization activities for a period up to 30 days after go-live of the evoBrix X Medicaid Reporting solution. Utilizing shared services and matrixed approaches, Team CNSI will ensure experienced staff are available across all the roles needed to support the system and in sufficient numbers to address issues at any time. Additionally, this ensures that, as new team members come on board, they are quickly paired with knowledgeable staff that can quickly bring them up-to-speed on the systems or applications that they will be supporting.

Solution stabilization activities will ensure that the evoBrix X Medicaid Reporting solution meets agreed upon threshold criteria. The following list of thresholds provides a sample of the types of items the NASPO State customers will require the system to meet before it is turned over for operations and maintenance activities. The actual list of thresholds, their associated performance measure, and the

method of calculation will be documented during implementation planning and in collaboration with NASPO State customers:

- 100% of data loads successfully conducted within established performance timeframes
- [REDACTED]
- 100% of reports available
- Monitoring tools in place and operational
- System meets availability Service Level Agreements (SLA) during defined business hours

Data Loading

The evoBrix X Medicaid Reporting solution performs data loading into the Data Lake on a data source by data source basis. Data from evoBrix X transactional database is loaded daily while other data sources may be subject to weekly or monthly loads. Weekly and monthly loads are preferably completed during non-peak hours such as on weekends.

[REDACTED]

Maintenance

Team CNSI will develop the maintenance schedule for the evoBrix X Medicaid Reporting solution in collaboration with the State and will seek formal approval before implementing it or making any changes. This is an Information Technology Infrastructure Library (ITIL)-based practice we have established with current State customers. Team CNSI will maintain an upgrade plan for all software products and patches that are part of the evoBrix X Medicaid Reporting solution. Every month the upgrade plan will be reviewed, and recommendations will be made by Team CNSI for certain upgrades to be performed during the month, if appropriate. Every recommended upgrade will be accompanied with an impact analysis and the timeline required for the upgrade. Team CNSI will seek the State's approval prior to implementing any upgrade.

Key Personnel (Requirement #KR39 and #KR43)

Team CNSI evoBrix X Medicaid Reporting solution will be led by our Federal Reporting Manager. Our Federal Reporting Implementation Project Manager works closing with the Federal Reporting Manager during DDI and operations to deliver on the technology, data infrastructure, and reports required to support Federal reporting requirements. Three Federal Reporting Lead Analysts will support the following areas as required by the RFP:

- T-MSIS (aligns with our T-MSIS Extracts Reporting Group)
- CMS-64, CMS-21, CMS-37 (aligns with our Medicaid and CHIP Budget and Expenditure Reports)
- All other state and Federal reporting (aligns with our remaining reporting groups: Aggregate Federal Reports, Operational Insight Reports, Compliance Monitoring Reports, and Provider and Member Insight Reports)

The Future of Federal Reporting

“The only constant is change” is an overused quote, is repeatedly used because it is universally true – especially for those of us dedicated to the publicly funded health care system. In performing our federal reporting functions under Option C, Team CNSI will work with our State partners to seamlessly transition their current federal reporting capabilities to meet all current federal reporting requirements. However, to

be a full partner, Team CNSI commits to growing with our State customers in the face of reporting changes, as well as, technology, regulatory, and process changes to the report production process.

Over many years we have seen modernization through various pieces of federal legislation, to include, but not limited to:

- Balanced Budget Act
- Medicaid Modernization Act
- Health Insurance Portability and Accountability Act
- Deficit Reduction Act
- Health Information Technology for Economic and Clinical Health
- Patient Protection and Affordable Care Act
- Managed Care mega rule of 2016

Each of these laws have affected reporting in some way – fields, formats, timeliness, precision, and content. Given the investment in and evolution of T-MSIS in particular, it is our belief that we are due for a holistic review of the regular data and information CMS requires of States and that further changes to federal reporting – again in content, format, detail, timeliness and delivery methods – will occur in the coming months and years. CNSI carefully monitors prospective reporting changes and participates in discussions aimed to help shape the future of federal reporting.

We believe the federal reporting area will be ripe for updating through MITA and to support a move away from flat files and towards Fast Healthcare Interoperability Resources (FHIR)/APIs for exchanging data. FHIR enables standardization across a broad spectrum of health care processes. The investment in the evoBrix X Medicaid Reporting solution will mean NASPO State Customers will be able to support integrated data solutions of the future. The flexibility to support open APIs and resiliency and flexibility of the FHIR standard will enable the State to incorporate additional reporting use cases and evolve the capability over time. Our State partners support this innovation and forward thinking and CNSI intends to continue to be a leader in this area - building solutions that will work for many States, avoiding one-off solutions, continue to modernize over time, and provide shared savings across State partners through economies of scale. Team CNSI is proud of our clients' accomplishments and intends to continue supporting continued advancements in Medicaid program administration and management through our service offering of evoBrix X.