MONTANA DPHHS
Healthy People. Healthy Communities.
Department of Public Health & Human Services

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

RESPONSE TO DPHHS-RFP-2020-0254T

February 18, 2020
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Section 4 – Offeror Qualifications, References and Resumes

Submitted electronically to:

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4.0 Offeror Qualifications

All subsections of Section 4 require a response. The Offeror must indicate certification of understanding for Sections and the offeror must restate the subsection number and the text immediately prior to your written response.

Team CNSI has addressed all subsections of Section 4, as required by the solicitation. In response to Section 4.1, Team CNSI has indicated its certification of understanding.

In response to Sections 4.2.1 and 4.2.2, Team CNSI has provided the necessary details for the minimum of three references, along with those of its subcontractor, as well as the company profile and experience of the prime, CNSI, and its team member, MAXIMUS.

Per Questions and Answers, Team CNSI has provided resumes to Section 4.2.3 as part of this proposal section. Each resume details the role the individual will perform along with related work experience and years of experience providing services similar to those required of this RFP, education, certifications, and skills, as applicable.

In response to Section 4.2.4, CNSI has demonstrated its financial stability to supply, install, and/or support the specified services by providing audited financial statements for the three consecutive years immediately preceding the issuance of the RFP. In accordance with Sections 2.3.1 and 2.3.2, the financial statements are not publicly available and are submitted separately to ensure the information is kept confidential.

In response to Section 4.2.5, Team CNSI has completed the Disclosure of Dark Money Spending declaration form in eMACS. We understand that vendors who mark "yes" will be required to submit a disclosure form. We have no contributions or expenditures that have been made in Montana elections.

In response to Section 4.2.6, Oral Presentation/Product Demonstration/Interview, Team CNSI looks forward to participating in this event as part of the overall evaluation. We understand that we must have a demonstration environment that is comprised of the proposed solution components that are currently operating in a production environment and that we are required to bring certain key personnel to the product demonstrations/interviews.

In response to Section 4.2.7, Team CNSI has indicated its certification of understanding. We have also included the certificate for Equal Pay for Montana Women, signed by an individual authorized by CNSI (as the prime), in response to Section 4.2.7.

4.1 State's Right to Investigate and Reject

The State may make such investigations as deemed necessary to determine the Offeror's ability to provide the supplies and or perform the services specified. The State reserves the right to reject a proposal if the information submitted by, or investigation of, the Offeror fails to satisfy the State's determination that the Offeror is properly qualified to perform the obligations of the contract. This includes the State's ability to reject the proposal based on negative references.

Team CNSI has proposed a solution that fully meets the State's requirements and our proposal demonstrates our ability to perform all obligations of the resulting contract. Team CNSI recognizes the State's right to investigate and reject our proposal in the unlikely event the State determines that Team CNSI is unqualified or unable to perform the obligations of the contract or if the State receives negative feedback from our references.

_✓_ Offeror has read, understands, and will comply with each requirement in this section.

4.2 Offeror Qualifications

To enable the State to determine the capabilities of an Offeror to provide the services specified in the RFP, the Offeror shall respond to the following regarding its ability to meet the State's requirements. THE RESPONSE, "(OFFEROR'S NAME) UNDERSTANDS AND WILL COMPLY," IS NOT APPROPRIATE FOR THIS SECTION.

NOTE: Each item must be thoroughly addressed. Offerors taking exception to any requirements listed in this section may be found nonresponsive or be subject to point deductions.

For the purposes of Offeror Qualifications, the Offeror must include company information, references, financial information, and other qualification information and materials for the entity that will be the actual Contracting Entity. For example: if corporation XYZ chooses to bid, and it plans to have its wholly owned affiliate ABC sign the contract, the proposal must include references, qualifications, financial and other reference information for the ABC affiliate. XYZ can also submit qualification material from XYZ Corporation but it won't be considered in evaluating the actual Contracting Entity.

This section describes the background of Team CNSI and its members, as well as the capabilities of each, to demonstrate that Team CNSI has the experience and skill to successfully perform the contract with the greatest value to the State. This section also describes the general structure of Team CNSI's prime contractor, CNSI, as well as how management of, and communication with, our subcontractor (MAXIMUS) will take place within that structure. With a proven SaaS modular MMIS solution and more than 20 years of experience in implementing and supporting health IT solutions, as well as a partnership with our subcontractor who brings more than 10 years of experience in healthcare administrative services, Team CNSI will demonstrate its ability to manage and coordinate the various types of activities required of the solicitation and deliver the services on time.

The Team CNSI Advantage

Team CNSI offers DPHHS a SaaS solution built upon more than 18 years of experience in the health IT industry, delivering innovation, collaboration, and transparency - a true partner for success.

- Proven leader with singular focus on Health IT for Federal and State customers
- Offering the industry's only truly modular MMIS solution, evoBrix X
- Launched the nation's first completely automated real-time and cloud-enabled Medicaid system, evoBrix X, in partnership with Michigan and Illinois in 2015
- In November 2018, CNSI migrated the complete Washington MMIS to the AWS Public Cloud, becoming the first state in the nation to run a full production MMIS on a public cloud
- Expert key personnel with experience as State Medicaid Administrators
- Partnered with MAXIMUS to support all call center operations

MTCPM-1.2.4-742

As reflected in Figure 4.0-1. Team CNSI. Team CNSI brings innovation, best practices, and IT solutions, founded on years of experience and driven by business-enabling technology., Team CNSI brings innovation, best practices, and IT solutions, founded on years of experience and driven by business-enabling technology, to deliver the system and the services for meeting the Department's needs for years to come. Our experience positions us to deliver services that meet the requirements of the Core solution and all Options (A, B and C).

Team Member	Experience	Relevance to DPHHS
CNSI	■ Founded in 1994 with more than 20 years of experience with Medicaid claims adjudication systems ■ Developed the first fully web-centric MMIS with eCAMS, currently the core component of Washington State's MMIS, ProviderOne (CMS certified), and the core component of the certified Michigan MMIS, CHAMPS (CMS certified) ■ Developed the first SaaS MMIS with **evoBrix X**, a re-platformed version of eCAMS and the next generation modular Medicaid platform that is currently being	✓ Demonstrated understanding of Medicaid and successful Claims Processing Services Module implementations assures similar success for the MT CPMS project ✓ Proven and operational SaaS-model hosted in FedRamp certified AWS cloud minimizes risk and provides security, reliability and scalability. ✓ Certification process that starts on Day One, with success demonstrated through CMS

Team Member	Experience	Relevance to DPHHS
	implemented in the states of Michigan and Illinois, *with the Claims Processing Management System (CPMS) already live in both states* ■ In addition to Michigan and Illinois, Utah will become the third state with its MMIS on the cloud as it is transitioned to evoBrix X and the cloud-hosted SaaS model ■ Gained vital multi-vendor work environment experience on the CMS Data Services Hub (DSH) project, one of the working components of Healthcare.gov ■ Three Operations Centers of Excellence providing best practices support for claims processing and resolution, financial management services, system operations and maintenance, and Tier 1-3 Operations Support	certifications achieved on the first attempt for both Washington and Michigan ✓ Modular design delivers Claims Processing Services Module for easy integration with the MPATH Integration Platform ✓ Collaborative approach with customer-centric focus that includes business objectives and outcomes as a core component of functional and business process design ✓ Expert key personnel with experience supporting modular implementations, based upon a foundation of Medicaid understanding derived from work as State Medicaid Administrators
MAXIMUS	■ More than 40 years of experience supporting critical health and human service programs at the State, Federal and local level ■ 29 U.S.-based customer service centers handling over 90 million calls ■ Largest provider of Medicaid enrollment broker services with projects serving 21 states and nearly 47 million members	✓ Proven experience at State, Federal and local level providing quality call center support services. ✓ Proven technologies based upon industry standard Cisco and leveraging AWS cloud hosting.

Figure 4.0-1. Team CNSI. Team CNSI brings innovation, best practices, and IT solutions, founded on years of experience and driven by business-enabling technology.

The Prime – CNSI's Corporate Skills and Background

Since 1994, CNSI has excelled at providing best-value IT solutions fueled by a philosophy of delivering innovation based on the need for change. The company has established itself as a change agent for effecting business transformation and enhancing the business processes of its customers. This has been a direct result of the company's philosophy of continuous improvement, customer focus, and process maturity. Improving business and health outcomes is the core focus of our approach with our evoBrix X platform as a technology enabler to streamline and automate business functions. CNSI has a history of challenging the status quo and delivering solutions that transform the healthcare enterprise. We do so in a manner that is unique in the industry – collaboratively, with relentless focus on improved business outcomes and customer satisfaction as part of a close partnership with our State clients, CMS, and other vendors.

CNSI has been involved in the healthcare and health IT industry since 1998, expanding our role from mere support of a legacy system to developing the first-of-its-kind Medicaid Management Information System (MMIS) platform. Over 80 percent of CNSI's revenues are derived from health IT and today we participate in a majority of the health IT initiatives underway across the country. These include the Affordable Care Act (ACA), HITECH, payment reform, Meaningful Use, transition to managed care, consumer engagement, and integrated care for the dually eligible. Our innovative team, armed with proven processes, methodologies, technologies, and health care knowledge, is more than capable of supporting the DPHHS through flexibility, adaptability, and rapid response to changes in programs and technologies.

CNSI brings a different business philosophy that encourages partnership and accountability and promotes visibility into our operations. This approach is comprised of the following key elements that help our clients achieve project success:

- **A Health Care Focus.** As a diversified healthcare solutions integrator, our commitment is to reducing healthcare administrative costs (i.e., operational costs) and improving provider and customer satisfaction by delivering the most advanced technology to automate and streamline business processes.
- **A Nimble, Responsive Organization and Management.** CNSI provides a lean, agile organization structure that not only empowers the project management staff, but also gives them access to a variety of seasoned professionals through our practice and shared services organizations.
- **Customer-centric Culture.** From the lowest to the highest levels, CNSI engenders a true culture of partnership and collaboration with the client, ensuring that the delivered solution and services meet their business needs.

In the health care arena, CNSI brings a thorough understanding of not only the requirements under federally-mandated standards, such as HIPAA and MITA, but also the key technical areas that must be addressed for a successful modular deployment to support continuous operations of critical Medicaid healthcare services. In fact, CNSI developed the first web-based MMIS, eCAMS, which went into production in the state of Maine in 2005. Since then, CNSI has continuously upgraded and updated the solution, integrating new technologies and functionality to meet the ever-changing market demands. Our MMIS solutions are currently operational in the states of Washington, Michigan and Illinois and we are in deployments in Utah and Wyoming. Our solution was certified by the Centers for Medicare & Medicaid Services (CMS) in 2011 on the first attempt with no findings. eCAMS was also the core component of the Michigan MMIS, CHAMPS, which received CMS certification that same year. The success of CHAMPS for the state of Michigan contributed to the establishment of an intergovernmental agreement (IGA) in 2013 between Michigan and Illinois, in which Illinois shares Michigan's MMIS. As part of this agreement, CNSI evolved eCAMS into the next generation modular Medicaid platform and the first cloud-based MMIS in the nation, evoBrix X. Designed to meet State Medicaid program objectives driven by CMS directives, evoBrix X is comprised of eight major modules, including a Claims Processing module, which is currently operational in the states of Michigan and Illinois.

In addition to our state MMIS engagements, CNSI has developed a diverse portfolio of health IT clients. CNSI is currently supporting CMS, architecting the Data Services Hub (DSH) component of Healthcare.gov – the only component that performed as designed without problems – and the Encounter Data Processing System (EDPS), which is based on the same core platform as evoBrix and has been tested and proven to adjudicate more than 690 million encounter claims per year. The Claims Processing Module stores and maintains claims processing information for Medicare. There are approximately 2 million providers enrolled in Medicare across the country and the Claims Processing Module interfaces with external CMS systems to receive, reconcile, and store monthly full files and daily partial updates. The encounter claim adjudication process validates provider specialty and active enrollment status against the Provider Module data.

evoBrix X: The only truly modular MMIS solution in the industry

evoBrix X is CNSI's next generation modular Medicaid platform. It enables client specific configuration and customization, reusable business functions, powerful modular options and tools and flexible integration using industry standard technologies. It is built based upon a service-oriented model ideally suited for environments that wish to implement a centralized enterprise service bus to take advantage of uncoupled microservices. Unlike legacy enterprise MMIS solutions, evoBrix X is highly flexible and adaptable to meet the needs of states of varying sizes, complexity, and technical maturity. evoBrix X offers eight modules of core functionality supported by several fully integrated tools and components. These modules include:

- Provider Management Module
- Consumer Engagement Module
- Medicaid Eligibility Module
- Claims Processing Module
- Compliance Tracking Module
- Electronic Health Record (EHR) Incentive Module
- Medicaid Analytics Module
- Add-on Module

The evoBrix X Claims Processing module is currently in production or being deployed in five states: Michigan, Illinois, Utah, Washington and Wyoming. In 2015, we were the first to migrate our modular MMIS solution to the cloud. Team CNSI is currently leveraging the vast capability, security, reliability, and scalability of Amazon Web Services as our cloud hosting provider. This provides a more dynamic environment to enable elastic scaling based on demand and easy deployment of additional processing power or memory to support our client's needs.

Other notable highlights of the evoBrix X solution include:

Production-ready. With the release of evoBrix X, and more specifically, the evoBrix X Claims Processing module, CNSI has been able to deploy the claims processing and management capabilities on the cloud for Michigan in 9 months and Illinois in 11 months – far less than the 18-24 months of previous implementations. Since the evoBrix X solution is designed in alignment with CMS MECT and MITA requirements, the solution meets the majority of DPPHS' requirements out of the box and can configure the remaining requirements, resulting in cost and time savings for the State. We work closely with each client to perform a detailed fit-gap analysis to clearly identify and document requirements that are available "out-of-the-box", requirements that are configurable and requirements that require customization. In many cases, we have found that it is more efficient to update and optimize business processes rather than undergo extensive and time-consuming customization.

Scalability. When Washington's claims processing and management module was first rolled out in 2008, it only needed to support fewer than 45,000 active providers. Now, nine years later, the system is supporting nearly 200,000 providers, without any change in service. It is still required to meet the same service level agreements (SLAs) – 99.9% availability during normal business hours and a daily average system response time that must not exceed 4 seconds. Similarly, the cloud-based evoBrix X delivers equal availability and response time to Michigan and its IGA partner, Illinois, with a combined total of more than 5.3 million members and 420,000 providers. Our solution scales easily and is bound only by the constraints of the platform on which it is hosted. For this reason, we propose a cloud-hosting solution as the most cost efficient, reliable, and rapid way to meet increases in demands or volumes.

In the Cloud. CNSI's cloud-based evoBrix X is the first CMS certified system– currently delivering Medicaid as a Service (MaaS). With a SaaS model already in place, CNSI's evoBrix X platform offers the state a low-risk, proven solution. For the State of Montana, we are proposing deployment to the FedRamp certified AWS cloud. AWS provides tremendous advantages ranging from scalability and cost efficiency, to government certified security.

Interoperability. Operating under the SaaS delivery model, evoBrix leverages commercial off-the-shelf (COTS) components to simplify the integration of the Claims Processing module with any other MMIS component, requiring only the interfaces to be configured. We use SOAP and REST APIs to enable easy integration with the MPATH Integration Platform (or similar SOA/ESB platforms), legacy systems, or third-party vendors and their modular solutions. evoBrix X comes with evoBrix Integrator, a critical tool that provides user friendly interfaces to support integration across a wide range of platforms and products. This translates to a low-risk option for DPHHS – an option that will help accelerate the state's ultimate goal of replacing its legacy MMIS.

The Subcontractor – MAXIMUS' Corporate Skills and Background

For this effort, CNSI engaged MAXIMUS to bring its 40-year history in healthcare, call center and mail room operations to support Option B Call Center services.

MAXIMUS Health Services, Inc., incorporated in 2007, is a wholly owned subsidiary of MAXIMUS, Inc. Since 1975, MAXIMUS has operated under our founding mission of Helping Government Serve the People®, enabling citizens around the globe to successfully engage with their governments at all levels across a variety of health and human services programs. MAXIMUS delivers innovative business process management and technology solutions that contribute to improved outcomes for citizens and higher levels of productivity, accuracy, accountability and efficiency of government-sponsored programs.

MAXIMUS has decades of successful contact center and mailroom operations experience and we focus on improving the Citizen Journey™ through government programs. We deliver a comprehensive solution for member and provider communication administration. MAXIMUS contact centers handle 43 million calls annually. Our member and provider communication services include traditional call center and mailroom functionality along with the optional ability to provide chat, mobile, secure e-mail and social media capabilities. MAXIMUS has high volume inbound and outbound mail center operating for Medicaid contracts for several clients including the California Department of Health Care Services, Texas Health and Human Services and New York Department of Health.

MAXIMUS Center for Health Literacy (CHL) is a key differentiator for the impact on a programs ability to effectively communicate with its constituents. From developing and designing understandable and empowering print materials, to launching and managing consumer research and testing to inform the next generation of program initiatives, to engaging targeted audiences through impactful media communication campaigns, the CHL can help change the view of a program for its citizenry.

Conclusion

Team CNSI offers DPHHS a scalable, low-risk, proven SaaS solution that can be implemented and achieve CMS certification rapidly. Team CNSI's evoBrix X CPMS solution is flexible, configurable, scalable, reliable, and secure. It leverages industry-standard technology, built upon a platform that is modular as part of its core design. Unlike competitive solutions, evoBrix X already exists and is in production as a fully modular, cloud-enabled solution. Additionally, Team CNSI brings the expertise and experience of team member MAXIMUS to deliver quality and customer-focused Call Center Services under Option B.

4.2.1 References

Offeror shall provide a minimum of 3 (three) references that are currently using or have previously used products and/or services of the type proposed in this RFP. The references may include state governments, universities, or comparable private sector projects for whom the Offeror, within the last 5 (five) years, has successfully implemented scope similar in nature to the MPATH Claims Processing and Management Services scope of work. At a minimum, the Offeror shall provide the company name, location where the products and/or services were provided, contact person(s), contact telephone number, e-mail address, and a complete description of the products and/or services provided, and dates of service. These references will be contacted to verify Offeror's ability to perform the contract. The State reserves the right to use any information or additional references deemed necessary to establish the ability of the Offeror to perform the contract. Negative references or the inability to contact the reference may be grounds for proposal disqualification. Provide the information above for each proposed subcontractor.

Since 1994, CNSI has excelled at providing best-value IT solutions fueled by a philosophy of delivering "innovation based on the need for change." We have been recognized by healthcare analysts and industry publications as a change agent for affecting business transformation and enhancing the business processes of its customers. This has been a direct result of CNSI's philosophy of continuous improvement, customer focus, and process maturity. Additionally, we have a proven track record of challenging the status quo and delivering solutions that transform the healthcare enterprise. We do so collaboratively, and with relentless focus on customer satisfaction. CNSI measures our success through the eyes of our customers. We also play a key role in health IT initiatives across the nation, such as the Affordable Care Act, HITECH, payment reform, transition to managed care, consumer engagement, and integrated care for the dually eligible.

CNSI has been building pioneering, web-centric healthcare solutions since 1999. Our first loosely-coupled and modular claims processing platform, eCAMS was developed for our MMIS implementation for Maine, which went live in January 2005. Enhanced versions of that system formed CNSI's modern, web-based, public domain claims adjudication platforms, evoBrix, for Washington and Michigan – both of which were certified by CMS with no findings. Our philosophy of continuous improvement and differentiation has been the impetus for the development of our evoBrix X platform. evoBrix X represents the next generation of modular claims processing platforms in the Medicaid domain, providing flexibility, adaptability, and scalability through its modern design.

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 fully modular, cloud-enabled MMIS platform, including Claims Processing and Financial Management Services. As a result of this expansion, more than 80 percent of CNSI's revenues are derived from health IT.

The proposed solution for Montana's Claims Processing and Management Services (MT CPMS) solicitation is CNSI's evoBrix X MMIS platform. This platform is the result of nearly 20 years of continuous experience with MMIS solutions including work for the states of Maryland, Maine, Washington, Michigan, Illinois and Arizona. We are also currently supporting Utah and Wyoming as they modernize their legacy MMIS solutions with our modular evoBrix X platform. All of these states' programs are comparable in size and scope to the MT CPMS project.

CNSI's experience with healthcare systems is directly relevant to the MT CPMS requirements and DPHHS' expectations and objectives for this effort. Since 2001, CNSI has invested in the design and development of a fully-modular, flexible, scalable and MITA-aligned solution that will enable states to divest themselves from costly, monolithic legacy systems. Our evoBrix X platform solution provides each state with the flexibility to implement the modules necessary for success within their environment. Additionally, this platform relies on industry standards for integration, including REST and SOAP APIs to support easy integration with legacy systems, other modular solutions, and other systems as needed. evoBrix X is based upon our eCAMS solution that was originally implemented for the States of Washington and Michigan, and subsequently has been configured for use in the Federal marketplace for the Departments of Labor and Veterans Affairs. This base platform has undergone continual improvement over the past 18 years, culminating in our highly successful evoBrix X platform. Unlike other contractors, evoBrix X is designed to meet the variable modular needs of different states, while allowing significant flexibility to configure the solution to each State's specific environment, requirements, and programs. evoBrix X has eight modules along with a number of other tools and solution components that allow state clients to procure only those elements that are necessary to meet their MMIS modernization needs. Additionally, our solution is MITA-aligned and has been previously certified by CMS. This provides for a low-risk transition from legacy MMIS systems to a 21st century solution – a scalable, modular, and proven solution to meet DPHHS' current and future needs.

CNSI will be providing the Core Claims Processing, Option A Financial Services, Option B Call Center and Option C Federal Reporting Services requested under this solicitation. We have selected MAXIMUS as our teammate to partner with on Option B based on their institutional knowledge and expertise in call center implementation and operations.

CNSI will have a project office in Helena, MT, where our Project Manager, Larry Iversen will be located. He will be supported by the Technology, Operations and Infrastructure, Delivery, and PMO teams along with corporate resources such as Human Resources, Recruiting and Talent Management, Accounting, Contracts, and Executive management. CNSI's headquarters are in Rockville, MD, and the company has

offices located in Tyson, VA; Lansing, MI; Olympia, WA; Chesapeake, VA; and Fort Lauderdale, FL. CNSI will open an office in Helena, MT, to support this contract. CNSI has more than 1,500 employees, and will locate specific personnel in Helena, MT as needed to provide the most effective support for this program. Resources located outside of our Helena, MT facility will be available to travel to MT upon request with advance notice to allow for travel planning.

Similar Past Projects

Team CNSI has provided a list of similar past projects that are currently using products and/or services of the type proposed in this proposal response.

State of Michigan Department of Health and Human Services. Since 2006 CNSI has been providing managed Medicaid services and solutions to the State of Michigan. In April 2006, CNSI was awarded a contract by the Michigan Department of Community Health (DCH) 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 $15 billion in provider payments for healthcare services, adjudicates over 80 million claims annually, and supports approximately 215,000 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: Similar to MT CPMS, the CHAMPS replaced a legacy system that had been in existence for more than 20 years. The legacy system's biggest drawback was that changes could not be implemented quickly, and it proved costly in terms of maintenance and updates. CNSI implemented the eCAMS platform and configured it while using the RuleIT rules engine to incorporate Michigan's specific workflows and business processes. This is the same solution we are proposing for DPHHS that was certified by CMS as fully-compliant with CMS requirements for an MMIS in 2011, with no findings.

State of Washington Health Care Authority. 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 230,000, adjudicates over 60 million claims per year, and issues on average over $11 billion in annual payments to the State's Medicaid providers across 31 programs and 165 Medicaid, waiver, 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: ProviderOne supports claims processing for professional, institutional, and dental claims. Provider One went live in May 2010. In July 2011, a little over a year after go-live, the solution was certified by CMS as meeting all requirements for an MMIS without requiring any corrective action – an industry first – based on the Medicaid Enterprise Certification Toolkit. Like the MT CPMS solution, the core component of the ProviderOne is eCAMS, with RuleIT rules engine, and is integrated with COTS products such as Oracle Financials, Edifecs suite of tools for EDI, Siebel CRM, Avaya for telephony and IVR, and Cognos BI suite of tools. This is on the AWS Public Cloud which is the same solution for DPHHS which will result in substantially increased performance and improved security at a lower cost for the State. The state is currently in the process of migrating our current eCAMS solution to the latest evoBrix X platform to take advantage of the functional and modular improvements that evoBrix X offers.

Centers for Medicare & Medicaid Services (CMS). CNSI serves as the prime contractor for the Encounter Data Processing System (EDPS) Next Generation (NextGen), a CMS AWS cloud-based solution that performs encounter data processing for Medicare Advantage. As the EDPS NextGen prime contractor, CNSI has developed, tested, and currently maintains the system that allows CMS to price Medicare Advantage (MA) encounters and establish risk adjustment models based on MA cost and utilization. EDPS NextGen provides CMS with the data and analytics to make relevant and accurate comparisons of MA encounters and Fee-For-Service (FFS) programs by performing similar edits on MA plan encounter data as those that are performed on FFS claims data. As a result, CMS gains more visibility into its MA program, and is able to look across the entire Medicare delivery system to identify trends and make policy changes as needed so that the program is strengthened for the nearly 47 million people depending on it for their healthcare services. Ingesting and processing 2-3 million 837X Version 5010 formatted encounters each day, EDPS NextGen is hosted on the CMS AWS cloud and features a three-tier architecture that meets CMS' Technical Reference Architecture (TRA) guidelines and uses an industry standard, open-source Java technology framework with Oracle 12c.

Relevance: Within this project, CNSI implemented and is operating, the next-generation Encounter Data Processing System (EDPS NextGen) for CMS that is adjudicating over a billion encounter claims per year, the most in the history of the Program. In fact, EDPS NextGen was selected as one of FedHealthIT magazine's 2018 Innovation Awardees for "its innovative use of scalable cloud-based technology that increases timeliness, capacity, and accuracy." EDPS NextGen is based on the same core components (eCAMS) as the evoBrix X solution proposed to meet the MT CPMS requirements.

U. S. Department of Veterans Affairs, Financial Services Center. The scope of this project covers the implementation of Healthcare Claims Adjudication Software based on our eCAMS HCE product to adjudicate, process, and prepare for payment healthcare claims submitted by providers. The current scope covers the implementation of the Community Care Non-Network Claims (CCNNC) program, to be released into production over four separate phases within 24 months.

Relevance: eCAMS HCE has transformed FSC's healthcare claims processing from a series of decentralized claims processing systems to a centralized, configurable, industry standard claims COTS-based solution. We are using our industry standard, configurable, web-based, and modular technology to support integrate with the VA's legacy technologies. Our system is performing adjudication, pre- and post-adjudication claims processing and business rules related to non-claim objects. eCAMS allows for the efficient receipt, processing, and resolution of healthcare claims from medical and dental providers; and payment through the VA Financial Management System (FMS) and other COTS accounting programs using a lean-agile framework. The system went live in 2019 and has supported more than a million claims transactions.

US Department of Labor, Office of Workers Compensation Programs (OWCP). The WCMBP project provides complete end to end solutions and business operations for workers compensation bills and supporting business processes; from mailroom, call-center, provider enrollment/re-enrollment, eligibility, reference data sets, bill processing, payment, and fraud waste & abuse detection services to OWCP's four programs (FECA, Energy, Coalmine and Longshore).

Relevance: The OWCP solution provides services to support consolidated processing of bills for the four OWCP programs and provides the ability to respond to inquiries related to medical services from claimants and providers. This is similar to the need to the MT CPMS solution in that it provides a centralized repository to process bills, with internal and external systems, in the Amazon Web Services (AWS) cloud.

State of New Hampshire. In April 2003, CNSI designed, developed, and implemented the Vital Record Information Network for the state of New Hampshire (NHVRIN), a web enabled, mobile solution that includes modules for death, birth, marriage, divorce, and fetal death registration. Supporting a state of

approximately one million residents, we successfully completed the project on-time, and transferred full operations to the state, as required under the contract and originally scheduled in December 2004. Currently, CNSI is continuing to collaborate with the State to enhance and extend the usability of the solution, enabling it for use by other states.

Relevance: For this contract, CNSI has exhibited innovation in solving a core business need for the State of New Hampshire. The solution is based upon our expertise in managing vital health data including PHI in a secure but accessible structure. Additionally, this solution is evidence of our innovation by enabling the solution to be used on mobile devices including phones and tablets. As a result, New Hampshire is able to capture and share vital records data in near real-time.

State of Utah Department of Health. 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 375,000, and provider enrollment of 25,000.

Relevance: CNSI is working with the State to deliver our evoBrix X modular platform as a replacement of the current legacy system. We are deploying the Core Claims module and leveraging evoBrix X Integrator to facilitate integration with existing legacy components. We are also using RuleIT to support business rules configuration and have worked with the state to identify existing business processes that can be fully automated or streamlined to improve business outcomes. Utah will also have access to our HealthBeat business monitoring tool to provide them with near real-time performance information on the system. These components are the same tools and modules proposed for the MT CPMS solution.

4.2.2.2 MAXIMUS' Company Profile and Experience

Founded in 1975, MAXIMUS has partnered with state, federal and local governments to provide communities with critical health and human service programs. We leverage our extensive experience to develop high-quality services and solutions that are cost effective and tailored to each communities' unique needs.

We offer governments the ability to implement programs rapidly with scalable operations and automated systems. From Medicaid and Medicare to welfare-to-work and program modernization, our comprehensive solutions help governments run effectively and efficiently to achieve their goals.

Our staff is dedicated to improving outcomes for the populations we serve. Our core mission, "Helping Government Serve the People®," underscores our commitment to enhance service delivery and the consumer experience.

We are an experienced partner that can execute across a broad spectrum of capabilities with the expertise to reduce administrative and operational costs, enhance client experience, and support improvement of population health outcomes. Collectively, MAXIMUS Inc. and its subsidiaries have unmatched experience helping diverse populations apply for, select, and enroll in a variety of government programs. As shown in 4.2.2-2, Nationwide Government Program Support, MAXIMUS operates over 100 programs with a call center component included in our scope of services.

100+ Contracts with Contact Center Components

United States (35 States + D.C.)

1	Arkansas	3	Kansas	3	New York
3	Arizona	3	Louisiana	1	North Carolina
8	California	6	Maryland	1	Ohio
4	Colorado	1	Massachusetts	1	Oklahoma
1	Delaware	3	Michigan	3	Pennsylvania
3	District of Columbia	3	Minnesota	3	South Carolina
4	Florida	2	Missouri	8	Tennessee
5	Georgia	1	Mississippi	4	Texas
1	Idaho	2	Nebraska	1	Vermont
3	Illinois	1	New Hampshire	3	Virginia
1	Indiana	2	New Jersey	1	West Virginia
4	Iowa	1	New Mexico	2	Wyoming

Nationwide

Census Bureau Questionnaire Assistance 2020

Federal Health Insurance Marketplace
- Contact Center Operations
- Eligibility Appeals

Federal Benefit Appeals

Federal Student Loan Debt Management

Ticket to Work Program

Tax Credit and Employer Services

4.2.2-2 Nationwide Government Program Support – MAXIMUS operates government programs in 35 states and the District of Columbia, as well as serving consumers under nationwide projects with the federal government

Our 29 U.S.-based customer service centers for our health and human services programs have handled nearly 90 million calls related to provider services and member eligibility and enrollment. Over the past 44 years of managing and operating projects, we have refined our technologies, processes, and overall approach to delivering quality services on programs similar to Montana. We are the nation's largest provider of Medicaid enrollment broker services, with projects in 21 states serving nearly 47 million individuals. Our core services in this area include:

- Beneficiary and Provider Services
- Dual Eligible and Long-Term Care Assessments & Enrollment
- Provider Directories and Management
- Application Tracking and Document Management
- Eligibility Screening and Referrals
- Choice Counseling and Enrollment
- Customer Service Contact Centers & Self-Service Tools
- Outreach, Education and Health Literacy

Similar Past Projects

Here we provide a list of similar past MAXIMUS projects using products and/or services of the type proposed in this proposal response.

Health Insurance BC. MAXIMUS Canada (MAXIMUS) administers the operations of the Medical Services Plan (MSP) and PharmaCare programs collectively known as Health Insurance BC, the third largest provincially funded medical and drug insurance plan in Canada. We have served the British Columbia Ministry of Health on this project since 2004. In this capacity, we provide health benefit operations and administrative services, including managing all Information System applications supporting MSP and PharmaCare. We administer premium subsidies for 830,000 low-income individuals and families, manage registration maintenance activities, facilitate the management of premium payments and account maintenance through employers and group administrators such as pension plans, and handle more than a million general inquiries annually.

MAXIMUS provides account and fundamental demographic information management for millions of families and individuals in the province. We deliver customer relationship management for program enrolment, account maintenance, and claims activities, covering the entire client life cycle from birth to death. Maintaining interfaces with government systems to access demographics and vital statistics (birth, adoption, marriage, and death registrations/certificates), MAXIMUS handles change notification processing related to program maintenance, marriage certificates, name changes, changes in citizenship status, family structure changes, and geographical changes.

We interface with various other government programs to support the management of all aspects of eligibility and premium determination for the MSP, as well as registration and qualification for financial assistance under Fair PharmaCare. We obtain information from the Canada Revenue Agency (CRA) to qualify our clients for Premium Assistance and transmit information regarding customer financial status to the Revenue Services of British Columbia (RSBC), which handles revenue processes for several provincial government programs, including MSP premium billing.

Iowa *hawk-i* Member and Provider Services. The Iowa ***hawk-i*** program provides low-cost insurance for children and has been managed for the past 18 years by MAXIMUS for Iowa Department of Human Services (DHS). MAXIMUS serves as the administrator for the CHIP program, and our core services include premium collection and refund processing. We operate with a commitment to timely and quality service to maintain and increase the enrollment within the ***hawk-i*** program. This results in children receiving affordable health care and dental coverage. Our proprietary system solution supports the enrollment of hawk-i members and management of the members' share of the cost. MAXIMUS continues to enhance and streamline this system functionality to help ensure a quality product, thus providing better service to Iowa families applying for health care coverage. Under the contract, MAXIMUS serves as the third-party administrative contractor for ***hawk-i***, and our services include operating a toll-free customer service call center and working through all phases of the application and enrollment processes with program participants. We also collect and process program participant premium payments through a lockbox operation. We maintain automated systems, which includes interface with the State's eligibility system, for exchange of enrollment information in a Health Insurance Portability and Accountability Act (HIPAA)-compliant 834 format, and with a lockbox for premium processing operations.

Iowa is an example of strong state partnership through transitions. Since Affordable Care Act (ACA) passage, the program has seen a 20 percent increase in enrollments. As a flexible committed partner, MAXIMUS has managed this significant increase shoulder-to-shoulder with our state client. In addition, we have also worked with Iowa during their process of combing Member and Provider services, enabling them to leverage their resources to serve program participants and process provider functions in a coordinated operation.

Oklahoma Customer Relationship Management. MAXIMUS was awarded a contract in 2013 by the State of Oklahoma Health Care Authority (OHCA) to operate a Customer Relationship Management solution for the Oklahoma Medicaid Program (SoonerCare). MAXIMUS is responsible for answering questions from clients and providers of both programs, which includes performing data entry into the Hewlett Packard-owned State MMIS system, taking inbound calls from members, potential members, contracted or potential health care providers, and other interested parties. Outbound calls are also required as directed by OHCA. MAXIMUS operates multiple call center queues for OHCA, but the scope of work can be divided into three (3) primary lines of business: SoonerCare (Medicaid) Helpline, Provider, and SoonerCare Apply by Phone. In FY2016, the call center handled approximately 1,105,000 calls across all lines of business and in FY 2017 call center handled approximately 980,000 calls across all lines of business. For the year 2018, the call center handled

approximately 710,966 calls and as of June 2019, we have handled 311,693 calls. We provide details regarding the three lines of business below.

SoonerCare Helpline: SoonerCare is a program offered by the State of Oklahoma that provides health care coverage to clients who are covered by Medicaid. SoonerCare offers numerous health benefit packages/programs, including SoonerCare Choice (Medical Home), SoonerCare Traditional (Fee-For-Service), Opportunities for Living Life (OLL), SoonerCare Supplemental, SoonerPlan (Family Planning), Soon-to-be-Sooners (STBS), Oklahoma Cares (Breast and Cervical Cancer), and the Tax Equity and Fiscal Responsibility Act (TEFRA). The SoonerCare Helpline provides timely, accurate, and courteous responses to SoonerCare member inquiries.

Provider: The OHCA Provider Helpline offers assistance to providers. A provider is any individual or facility that qualifies and meets all State and federal requirements and has a current agreement with OHCA to provide health-care services under SoonerCare or other OHCA-administered medical service programs (e.g. Insure Oklahoma). The OHCA Call Center (Provider Tier 1) provides timely, accurate, and courteous responses to provider inquiries, as well as member billing inquiries.

SoonerCare Apply by Phone: The MAXIMUS OKC Call Center has a small group of Customer Service Representatives (CSRs) who complete SoonerCare online applications for prospective members over the phone. The CSR reviews the applicant's rights and responsibilities with the applicant and enters the information into the online application. This process allows prospective SoonerCare members to apply, even if they do not have access to a computer. MAXIMUS uses existing state technology, including the Hewlett Packard-owned MMIS system as well as the Hewlett Packard telephony solution to perform the functions under this contract. The only software that MAXIMUS provides is an off-the-shelf solution called Open Span. This software will be configured to pull data from the current HP MMIS system and display it in a manner that will enable agents to answer questions more quickly and avoid flipping through numerous screens in the MMIS system.

4.2.3 Resumes

A resume or summary of qualifications, work experience, education, and skills must be provided for all key personnel, including any subcontractors, who will be performing any aspects of the contract. Include years of experience providing services similar to those required; education; and certifications where applicable. Identify what role each person would fulfill in performing work identified in this RFP.

Team CNSI has provided resumes for all key personnel for Core, Option A, Option B and Option C. We have provided resumes for DDI, Certification and Operations phases as required.

The following resumes have been provided as the proposed Team CNSI ley personnel:

Core Claims:

- Project Manager (DDI and Operations): Mr. Larry Iversen
- Technical Manager (DDI and Operations): Mr. Rajesh Kusam
- Contract Manager (DDI and Operations): Ms. Linda Mras
- Testing Lead (DDI): Mr. David Gulli
- Integration Lead (DDI): Mr. Sathish Anbarasan
- Certification Lead (DDI): Mrs. Katie DeLorensi
- Operations Manager (Operations): Mr. John Harding
- Claims Manager (DDI): Mr. Aditya Sakpal
- Claims Manager (Operations): Ms. Julie Dawson

Option A Financial:

- Financial Services Project Manager (DDI): Ms. Kim Laney-Gonzalez
- Financial Services Lead Analyst (DDI): Mr. Pranay Ponnala
- Financial Services Application Manager (Operations): Mr. Pranay Ponnala

Option B Call Center:

- Call Center Implementation Project Manager (DDI): Mr. Brandon Goad
- Call Center Lead Analyst (DDI): Ms. Tiffany Buchanan
- Provider Relations Manager (Operations): Ms. Paula Wales
- Enrollment Broker Manager (Operations): Ms. Christine Osterlund

Option C Federal Reporting (DDI and Operations):

- Federal Reporting Implementation Project Manager: Ms. Heidi Robbins-Brown
- Federal Reporting Lead Analyst for TMSIS: Mr. Vidyasagar Emmela
- Federal Reporting Lead Analyst for CMS-64, CMS-21, CMS-37: Mr. David Napoli
- Federal Reporting Lead Analyst for all other state and SURS, MARS and Federal reporting: Ms. Charlotte Lynds

4.2.4 Offeror Financial Stability

Offerors shall demonstrate their financial stability to supply, install, and/or support the services specified by: (1) providing annual financial statements, preferably audited (for publicly traded companies), audited financial statements (for privately held companies), or unaudited financial statements and tax returns (for privately held companies for which audited statements are not available), for the three consecutive years immediately preceding the issuance of this RFP. If an Offeror does not have three (3) years of such documentation, it shall submit the documentation that it does have going back no more than three Offeror fiscal years; and (2) providing copies of any quarterly financial statements that have been prepared since the end of the period reported by its most recent annual report. If financial statements aren't publicly available, Offeror must meet the requirements of Sections 2.3.1 and 2.3.2 to have the information kept confidential.

In response to Section 4.2.4, CNSI has demonstrated its financial stability to supply, install, and/or support the specified services by providing audited financial statements for the three consecutive years immediately preceding the issuance of the RFP. In accordance with Sections 2.3.1 and 2.3.2, the financial statements are not publicly available and are submitted separately to ensure the information is kept confidential.

Financial statements have been uploaded to the Supplier Attachments page on the eMACS web-site.

4.2.5 Disclosure of Dark Money Spending

By Executive Order 15-2018, entities seeking to do business with the State of Montana must disclose contributions or expenditures they have made in Montana elections. A copy of the Executive Order can be found at http://sfsd.mt.gov/Portals/24/SPB/Dark%20Money/EO-15-2018_Disclosure%20Requirement.pdf?ver=2019-04-25-124741-437.

All vendors must complete the declaration form in eMACS http://sfsd.mt.gov/Portals/24/SPB/Dark%20Money/EO_DECLARATION%20FORM_04102019.pdf?ver=2019-04-25-124741-453

Those vendors who mark "yes" on the declaration form, will be required to submit a disclosure form. http://sfsd.mt.gov/Portals/24/SPB/Dark%20Money/dark_Money_Disclosure_Template.xlsm

In response to Section 4.2.5, CNSI has provided our response in eMACS, Question 2.

We have completed and submitted the Dark Money Spending declaration form as required. CNSI has marked "No" on this form and therefore did not submit a Dark Money Spending disclosure form.

4.2.6 Oral Presentation/Product Demonstration/Interview

Offerors selected to participate in product demonstrations/interviews will be notified by the State in advance. For planning purposes, the State will submit an agenda and specific guidance as deemed appropriate to promote productive and efficient product demonstrations. The Offeror is expected to demonstrate and answer questions on the products and/or services outlined in the Offeror's proposal to meet the requirements of this RFP. It is required that the Contractor have a demonstration environment that is comprised of the proposed solution components that are currently operating in a production environment. Product Demonstrations/Interviews will be scheduled for all Offerors who received an 80% or higher score on the technical proposal.

Offerors will be required to bring certain key personnel to the product demonstrations/interviews. At a minimum, the following key staff for core services are expected to be present. Offerors are welcome to bring additional staff at their discretion.

Core Claims:

1. *Project Manager*
2. *Operations Manager*
3. *Claims Manager*
4. *Technical Manager*
5. *Contract Manager*
6. *Testing Lead*
7. *Integration Lead*
8. *Certification Lead*

Offerors should also bring their key personnel for each Optional Service in which they bid. At a minimum, the following key staff for optional services are expected to be present. Offerors are welcome to bring additional staff at their discretion.

Option A – Financial

1. *Financial Services Project Manager*
2. *Financial Services Lead Analyst*

Option B – Call Center

1. *Call Center Implementation Project Manager*
2. *Call Center Lead Analyst*

Option C – Federal Reporting

1. *Federal Reporting Implementation Project Manager*
2. *Federal Reporting Lead Analyst for TMSIS*
3. *Federal Reporting Lead Analyst for CMS-64, CMS-21, CMS-37*
4. *Federal Reporting Lead Analyst for all other state and Federal reporting*

Upon selection to participate in product demonstrations/interviews, Team CNSI will demonstrate and answer questions on the products and services detailed in our proposal to meet the RFP requirements. Our demonstration environment is comprised of the proposed solution components that are currently operating in a production environment in the state of Michigan. At a minimum, Team CNSI will bring the following key personnel:

Core Claims:

- Project Manager: Mr. Larry Iversen
- Operations Manager: Mr. John Harding
- Claims Manager: Mr. Aditya Sakpal
- Claims Manager: Ms. Julie Dawson
- Technical Manager: Mr. Rajesh Kusam
- Contract Manager: Ms. Linda Mras
- Testing Lead: Mr. David Gulli
- Integration Lead: Mr. Sathish Anbarasan
- Certification Lead: Mrs. Katie DeLorensi

Option A Financial:

- Financial Services Project Manager: Ms. Kim Laney-Gonzalez
- Financial Services Lead Analyst: Mr. Pranay Ponnala

Option B Call Center:

- Call Center Implementation Project Manager: Mr. Brandon Goad
- Call Center Lead Analyst: Ms. Tiffany Buchanan

Option C Federal Reporting:

- Federal Reporting Implementation Project Manager: Ms. Heidi Robbins-Brown
- Federal Reporting Lead Analyst for TMSIS: Mr. Vidyasagar Emmela
- Federal Reporting Lead Analyst for CMS-64, CMS-21, CMS-37: Mr. David Napoli
- Federal Reporting Lead Analyst for all other t and Federal reporting: Ms. Charlotte Lynds

✓ Offeror has read, understands, and will comply with each requirement in this section.

4.2.7 Equal Pay for Montana Women

Executive Order No. 12-2016 promoting equal pay for Montana women directs the Department of Administration to include incentives in the RFP process for contractors who engage in best practices to promote wage transparency. These best practices include the following:

a) posting salary ranges in employment listings;

b) certifying that the contractor will not ask about wage history in employee interviews; and

c) certifying that the contractor will not retaliate or discriminate against employees who discuss or disclose their wages in the workplace.

☐ *No, I do not agree.*

Company Name (Clearly Printed): _____

Authorized Signature: _____

Date: _____

Statement of Compliance with Equal Pay for Montana Women. *Offeror indicating it will comply with Executive Order No. 12-2016 will receive 5% of the total points available. Offerors who do not comply will not receive the available points. Offerors are required to sign and upload a PDF copy of this certification with their proposal to certify compliance.*

☐ *Yes, I agree and will comply with the best practices to promote wage transparency outlined in Executive Order No. 12-2016.*

CNSI agrees to comply with the best practices to promote wage transparency outlined in Executive Order No. 12-2016.

We have completed and signed the form as required. The signed document has been uploaded to eMACS, Question 3, as required.