Third Party Liability Services
for the State of Georgia in conjunction with NASPO ValuePoint

Technical Proposal
Redacted Copy – Available for Public Review

eRFP (Event) Number: 41900-DCH0000120
Due Date: December 29, 2020

Submitted by:
Conduent State Healthcare, LLC

Portions of our proposal response contain proprietary information, ideas, know-how, concepts, processes, and trade secrets that are the sole property of Conduent. Pages containing proprietary content are designated in the footer as "Confidential" or "Conduent Trade Secret" and the specific content is identified with a light blue or light orange background, *when only portions of the page are protected*. If there is no light blue or light orange shading, the entire page is considered "Confidential" or "Conduent Trade Secret". The proprietary contents of this proposal are intended solely for use in the procurement process and may not be disclosed except to persons who are involved in the evaluation of the proposal or award of the contract. The contents may not be duplicated, used, or disclosed in whole or in part for any purpose except the procurement process. Release of Conduent proprietary, confidential, and trade secret information would place Conduent at a serious and irreparable competitive disadvantage in future procurements by providing competitors with information that Conduent maintains strictly confidential and which is unavailable to any third-party except under restrictions contained in a nondisclosure agreement or protections that cover this information under applicable law. If a third-party makes a request for disclosure of any of the contents of this proposal, please notify Conduent immediately so that Conduent will have an opportunity to provide assistance in protecting the proprietary contents of this proposal from unauthorized disclosure.

Redaction Table [RFP Attachment A]

REQUIREMENT: RFP Attachment A

2.1.12. Public Access to Procurement Records

Solicitation opportunities will be publicly advertised as required by law and the provisions of the Georgia Procurement Manual. The State Purchasing Act delays the release of certain procurement records in the event the public disclosure of those records prior to the Lead State's public announcements of the results of a solicitation would undermine the public purpose of obtaining the best value for the State such as cost estimates, proposals/bids, evaluation criteria, supplier evaluations, negotiation documents, offers and counter-offers, and certain records revealing preparation for the procurement. The State Purchasing Act requires bids and proposals to be available for public inspection, upon request, within one business day of the Lead State's posting of the Notice of Intent to Award (or the Notice of Award in the event the Lead State does not issue the Notice of Intent to Award). Audited financial statements not otherwise publicly available but required to be submitted as part of the supplier's response shall not be subject to public disclosure. The Lead State is allowed to assess a reasonable charge to defray the cost of reproducing documents. A state employee should be present during the time of onsite inspection of documents. PLEASE NOTE: Even though information (financial or other information) submitted by a supplier may be marked as "confidential", "proprietary", etc., the State will make its own determination regarding what information may or may not be withheld from disclosure.

2.1.12.1. Marketing Submissions as "Confidential", "Proprietary", or "Trade Secret": If a Supplier considers any portion of the documents, data, or records submitted in response to this solicitation to be exempt from disclosure under Georgia law, the Supplier must clearly mark each such submission, or portions of the submission, considered to be exempt from disclosure as "Confidential," "Proprietary", or "Trade Secret." All markings must be conspicuous; use color, bold, underlining, or some other method to conspicuously distinguish the mark from the other text. Wholesale designation of a response or substantial parts of a response as "Confidential" will not be accepted by the State. If only portions of a page are subject to some protection, Supplier should not mark the entire page. The State is required to make its own determination regarding what information may or may not be withheld from disclosure regardless of the designation made by the Supplier.

2.1.12.2. Submission of Redacted Copies: If Supplier considers any portion of its bid/proposal to the solicitation to be trade secret or otherwise not subject to public disclosure under Georgia Open Records Act, Supplier must, in addition to the required original documents, provide a separate redacted electronic copy of its bid/proposal, preferably in PDF format, and briefly describe in a separate writing, as to each item redacted, the grounds for claiming exemption from the public records law, including citation to the appropriate exemption form disclosure requirements provided under Georgia law. This redacted copy should be clearly marked "Redacted Copy-Available for Public Review." In addition, the electronic file name should include the words "Redacted Copy_Conduent" at the beginning of the file name. The redacted copy shall be submitted at the same time Supplier submits its bid/proposal and must only exclude or redact those specific portions that are claimed not subject to disclosure. The redacted copy should reflect the same pagination as the original and show the location from which information was redacted. Except for the redacted information, the redacted electronic copy must be identical to the original bid/proposal. If Supplier fails to submit a redacted copy with its bid/proposal, the State is authorized to produce the Supplier's bid/proposal with the exception of audited financial statements in answer to any public records request under the Georgia Open Records Act. The redacted copy will be open to public inspection under the Georgia Open Records Act without further notice to the Supplier. If the State of Georgia deems redacted information to be subject to disclosure under the Georgia Open Records Act, the Supplier will be contacted prior to the release of this information. Generally, the State does not consider pricing information to be confidential or proprietary.

2.1.12.3. Trade Secret: In addition, if the Supplier claims that certain information in its bid/proposal may be withheld as trade secret pursuant to O.C.G.A. 50-18-72(a)(34), the Supplier shall include with its bid/proposal submission, an affidavit indicating the specific information that the Supplier identifies as trade secret, affirmatively declaring that such information is trade secret. Along with the affidavit, the Supplier shall provide a justification regarding how and why each redaction request constitutes a trade secret pursuant to Georgia Law. Designation of a "trade secret" shall not be binding on the State, but the State will review and consider the designation. If the Supplier does not include an affidavit with its bid/proposal submission, the State is authorized to produce the Supplier's bid/proposal with the exception of audited financial statements in answer to any public records request under the Georgia Open Records Act. Wholesale designation of a response or substantial parts of a response as "trade secrets" will not be accepted by the State. In general, the State does not consider pricing information to be trade secret.

Portions of our proposal response contain proprietary information, ideas, know-how, concepts, processes, and trade secrets that are the sole property of Conduent. Pages containing proprietary content are designated in the footer as "Confidential" or "Conduent Trade Secret" and the specific content is identified with a light blue or light orange background, *when only portions of the page are protected*. If there is no light blue or light orange shading, the entire page is considered "Confidential" or "Conduent Trade Secret".

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The proprietary contents of this proposal are intended solely for use in the procurement process and may not be disclosed except to persons who are involved in the evaluation of the proposal or award of the contract.

The contents may not be duplicated, used, or disclosed in whole or in part for any purpose except the procurement process. Release of Conduent proprietary, confidential, and trade secret information would place Conduent at a serious and irreparable competitive disadvantage in future procurements by providing competitors with information that Conduent maintains strictly confidential and which is unavailable to any third-party except under restrictions contained in a nondisclosure agreement or protections that cover this information under applicable law. If a third-party makes a request for disclosure of any of the contents of this proposal, please notify Conduent immediately so that Conduent will have an opportunity to provide assistance in protecting the proprietary contents of this proposal from unauthorized disclosure.

Table RL-1 provides an overview of the proprietary information contained in our response.

Table RL-1. List of Items for Redaction

Section	Pages	Description of Item to Redact	Reason Claiming Exemption	Exemption from Georgia Law
00.3_Attachment DD – Reference Form	2, 3	Client Contact Information and Cost Savings	CONDUENT TRADE SECRET This section contains client contact information. This section specifically deals with our negotiation strategy with regards to the eRFP specifications. Disclosure of these trade secrets to competitors would result in substantial harm to Conduent.	O.C.G.A. § 10-1-761(4).
00.4.1_Attachment BB_Master Agreement Contract	All Pages	Contract Exceptions	CONDUENT TRADE SECRET This section specifically deals with our negotiation strategy with regards to the RFP specifications.	O.C.G.A. § 10-1-761(4).

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Section	Pages	Description of Item to Redact	Reason Claiming Exemption	Exemption from Georgia Law
00.4.1_Attachment CC_Contract Exceptions Template	All Pages	Contract Exceptions	CONDUENT TRADE SECRET This section specifically deals with our negotiation strategy with regards to the RFP specifications.	O.C.G.A. § 10-1-761(4).
00.6.0 Supplier Responsibility Questionnaire	5, 6	Questionnaire Responses	**TRADE SECRET** Response to questionnaire includes financial data and other information which is not commonly known by or available to the public.	O.C.G.A. § 10-1-761(4).
2.01.03_Conduent_Attachment EE – Immigration and Security Form_Subcontractor 1	All Pages	Disclosure of Subcontractor	**CONFIDENTIAL**	Competitively sensitive information.
2.01.03_Conduent_Attachment EE – Immigration and Security Form_Subcontractor 2	All Pages	Disclosure of Subcontractor	**CONFIDENTIAL**	Competitively sensitive information.
3.1 Business Continuity and Disaster Recovery Requirements Response_ Base, BCDR02	G1-12	Figure G1-5 Cloud-Native Architecture Hosted in Azure for Business Continuity/Disaster Recovery. The BC/DR Plan addresses a broad array of actions required to recover from a disaster and restore business continuity.	**CONDUENT TRADE SECRET** Contains Conduent internal security, best practices and solution	O.C.G.A. § 10-1-761(4).

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Section	Pages	Description of Item to Redact	Reason Claiming Exemption	Exemption from Georgia Law
3.2 MECT Certification Requirements Response_Base Requirements, CERT13	G2-13	Figure G2-3 Example Certification Document Repository Folder Structure. We used our file structure, named by CMS as a "best practice," in four recent Medicaid certifications secured by our State partners and Conduent.	**CONDUENT TRADE SECRET** Contains Conduent internal best practices for innovations.	O.C.G.A. § 10-1-761(4).
3.4 Correspondence Management Requirements_Base, COR07	G4-9	Figure G4-2 Examples of TPL Letters. Our correspondence management component generates letters for a variety of TPL cases, in these examples, a request for information to a member, a request to reprocess claims to an insurance carrier, and a recoupment request to a provider.	**CONDUENT TRADE SECRET** Contains Conduent internal best practices for innovations.	O.C.G.A. § 10-1-761(4).

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Section	Pages	Description of Item to Redact	Reason Claiming Exemption	Exemption from Georgia Law
3.5 Data Conversion, Cleansing and Migration Requirements Response_Base Requirements, DM01	G5-16	Figure G5-3 Data analysis and Data Conversion Process. Decades of system implementation projects have helped us refine our detailed, quality-oriented conversion process and work products.	**CONDUENT TRADE SECRET** Contains Conduent internal best practices for innovations.	O.C.G.A. § 10-1-761(4).
3.6 Data Management Requirements Response_ Base Requirements, DM01	G6-2	Figure G6-1 Suppressing Generation of Documents with Member Information. Screen shot shows Member Details that includes codes for suppressing documents containing confidential information.	**CONDUENT TRADE SECRET** Contains internal screen shots of Conduent proprietary CMdS-TPL solution	O.C.G.A. § 10-1-761(4).
3.6 Data Management Requirements Response_ Base Requirements, DM04	G6-4	Figure G6-2 Granular Audit Trail Extends to Field Level. We capture audit details showing before and after values, timestamp, and user (redacted here for privacy and security purposes).	**CONDUENT TRADE SECRET** Contains internal screen shots of Conduent proprietary CMdS-TPL solution	O.C.G.A. § 10-1-761(4).

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Section	Pages	Description of Item to Redact	Reason Claiming Exemption	Exemption from Georgia Law
3.7 Design, Configuration and Build Response_Base, DCB01	G7-5	Figure G7-2 The Application Configuration and Maintenance Plan Documents Our Approach, Tasks, Timelines and Standards. We index content in well-defined chapters for ease of use.	**CONDUENT TRADE SECRET** Contains Conduent internal best practices for innovations.	O.C.G.A. § 10-1-761(4).
3.9 Implementation and Acceptance Requirements_Base, IA01	G9-6	Figure G9-2 Implementation Plan. Our Implementation Plan details the framework for managing and coordinating the wide variety of activities that occurs before, during, and after implementation	**CONDUENT TRADE SECRET** This section contains technical information relating to Conduent's' distinctive methods for implementing the proposed solution. This information is treated by the company as proprietary and confidential information. This section contains information that reflects Conduent's own proprietary methods and strategies for organizing the work effort, implementation approach and best practices. These approaches have been developed within Conduent and are disclosed only on a "need-to-know" basis.	O.C.G.A. § 10-1-761(4).

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Section	Pages	Description of Item to Redact	Reason Claiming Exemption	Exemption from Georgia Law
3.10 Integration Requirements _Base,INT01	G10-3	Figure G10-1 CMdS Error Notification. Sequence of actions to identify errors and notify source systems through the System Integrator.	**CONDUENT TRADE SECRET** Contains internal screen shots of Conduent proprietary CMdS-TPL solution	O.C.G.A. § 10-1-761(4).
3.10 Integration Requirements _Base,INT01	G10-5	Figure G10-2 Provider Geographical Indicators. This screen shows the provider address information stored in CMdS	**CONDUENT TRADE SECRET** Contains internal screen shots of Conduent proprietary CMdS-TPL solution	O.C.G.A. § 10-1-761(4).
3.10 Integration Requirements _Base, INT06	G10-8	Figure G10-3 Email Notification Generated for Import Errors. This shows an example of an email communication generated real-time due to transactional import errors	**CONDUENT TRADE SECRET** Contains internal screen shots of Conduent proprietary CMdS-TPL solution	O.C.G.A. § 10-1-761(4).
3.10 Integration Requirements _Base, INT09	G10-10	Figure G10-4 CMdS Modular Integration. CMdS Service Oriented Integration through the System Integrator.	**CONDUENT TRADE SECRET** Contains internal screen shots of Conduent proprietary CMdS-TPL solution	O.C.G.A. § 10-1-761(4).

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Section	Pages	Description of Item to Redact	Reason Claiming Exemption	Exemption from Georgia Law
3.10 Integration Requirements _Base And INT13	G10-13	Figure G10-5 Searching for uploaded documents. Our ECM solution provides users with multiple search options.	**CONDUENT TRADE SECRET** Contains internal screen shots of Conduent proprietary CMdS-TPL solution	O.C.G.A. § 10-1-761(4).
3.10 Integration Requirements _Base, INT16	G10-15	Figure G10-6 CMdS Data Federation. This graphic illustrates how we federate and share data using Conduent EDI solution, API Gateway, and the SI's ESB.	**CONDUENT TRADE SECRET** Contains internal screen shots of Conduent proprietary CMdS-TPL solution	O.C.G.A. § 10-1-761(4).
3.10 Integration Requirements _Base INT19	G10-17	Figure G10-7 CMdS Fault Tolerant Architecture. System infrastructure architecture provides redundancy and fault tolerance to support performance and disaster recovery.	**CONDUENT TRADE SECRET** Contains internal screen shots of Conduent proprietary CMdS-TPL solution	O.C.G.A. § 10-1-761(4).
3.10 Integration Requirements _Base,INT22	G10-19	Figure G10-8 CMdS Cloud Native Architecture. System describes cloud-native system built with loosely coupled services.	**CONDUENT TRADE SECRET** Contains internal screen shots of Conduent proprietary CMdS-TPL solution	O.C.G.A. § 10-1-761(4).

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Section	Pages	Description of Item to Redact	Reason Claiming Exemption	Exemption from Georgia Law
3.10 Integration Requirements _Base,INT25	G10-21	Figure G10-9 CMdS Context-Sensitive Help. System context-sensitive help throughout our user interfaces	**CONDUENT TRADE SECRET** Contains internal screen shots of Conduent proprietary CMdS-TPL solution	O.C.G.A. § 10-1-761(4).
3.10 Integration Requirements _Base,INT31	G10-24	Figure G10-10 CMdS Data Federation. Real-time data exchange with API Gateway and Conduent Digital Hub.	**CONDUENT TRADE SECRET** Contains internal screen shots of Conduent proprietary CMdS-TPL solution	O.C.G.A. § 10-1-761(4).
3.11 Interface Requirements_Base, INR02	G11-3	Figure G11-1 The Conduent Digital Hub. Conduent Digital Hub and API gateway enable real-time discrete data exchange.	**CONDUENT TRADE SECRET** Contains internal screen shots of Conduent proprietary CMdS-TPL solution	O.C.G.A. § 10-1-761(4).
3.11 Interface Requirements_Base, INR04	G11-5	Figure G11-2 Interface Control Document Sample. This is an example of the details captured in our ICD documentation.	**CONDUENT TRADE SECRET** Contains internal screen shots of Conduent proprietary CMdS-TPL solution	O.C.G.A. § 10-1-761(4).

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3.15 Project Management Requirements_Base, PMT21	G15-33	Figure G15-11 Timeline for the TPL Service Project. Our sample timeline depicts the overall schedule for implementation of the TPL solution and associated business services.	**CONDUENT TRADE SECRET** This section contains technical information relating to Conduent's' distinctive methods for implementing the proposed solution. This information is treated by the company as proprietary and confidential information. This section contains information that reflects Conduent's own proprietary methods and strategies for organizing the work effort, implementation approach and best practices. These approaches have been developed within Conduent and are disclosed only on a "need-to-know" basis.	O.C.G.A. § 10-1-761(4).
3.16 Subcontractor Requirements_Base	G16-2,G16-3,G16-4,G16-5	Disclosure of Subcontractor	**CONFIDENTIAL**	Competitively sensitive information.
3.19 Systems Integration Requirements_Base, SI01	G19-2	Figure G19-1 The Conduent Digital Hub. Conduent Digital Hub and API gateway enable real-time data exchange.	**CONDUENT TRADE SECRET** Contains internal screen shots of Conduent proprietary CMdS-TPL solution	O.C.G.A. § 10-1-761(4).

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Section	Pages	Description of Item to Redact	Reason Claiming Exemption	Exemption from Georgia Law
4.1 Attachment K TPL Recovery Services Mandatory Scored Worksheet	I-52	Disclosure of Subcontractor	**CONFIDENTIAL**	Competitively sensitive information.
4.1.1.A Attachment DD – Reference Form	2,3	Client Contact Information and Cost Savings	**CONDUENT TRADE SECRET** This section contains client contact information. This section specifically deals with our negotiation strategy with regards to the eRFP specifications. Disclosure of these trade secrets to competitors would result in substantial harm to Conduent.	O.C.G.A. § 10-1-761(4).
4.1.21 A. Data Match Agreements_Recovery Services	All	Data Match Agreements	**CONDUENT TRADE SECRET** This section contains information that reflects Conduent's own proprietary methods and strategies for organizing the work effort, implementation approach and best practices. These approaches have been developed within Conduent and are disclosed only on a "need-to-know" basis.	O.C.G.A. § 10-1-761(4).
4.1.23.A Sample Notice_ Recovery Services	All	Sample of work item	**CONDUENT TRADE SECRET** This section contains technical information relating to Conduent's' distinctive methods	O.C.G.A. § 10-1-761(4).

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			for implementing the proposed solution. This information is treated by the company as proprietary and confidential information.	
4.1.34.A Training Example_Recovery Services	All	Subcontractor Training Material	**Confidential**	O.C.G.A. § 10-1-761(4).
4.1.44.A Sample Carrier Refund Request Form_Recovery Services	1	Conduent refund form sent to carriers	**CONDUENT TRADE SECRET** This section contains technical information relating to Conduent's' distinctive methods for implementing the proposed solution. This information is treated by the company as proprietary and confidential information.	O.C.G.A. § 10-1-761(4).
4.1.47.A Sample Implementation Report_ Recovery Services	All	Implementation Report	**CONDUENT TRADE SECRET** This section contains technical information relating to Conduent's' distinctive methods for implementing the proposed solution. This information is treated by the company as proprietary and confidential information.	O.C.G.A. § 10-1-761(4).
4.2 Attachment K TPL Comm Recoup Mandatory Scored Worksheet	K-3, K-7, K-8, K-9, K-10, K-11, K-12, K-13, K-14, K-16,	Disclosure of Subcontractor	**CONFIDENTIAL**	Competitively sensitive information.

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Section	Pages	Description of Item to Redact	Reason Claiming Exemption	Exemption from Georgia Law
	K-21, K-22, K-25, K-26, K-33, K-34, K-35, K-38, K-40, K-43, K-44, K-45, K-46, K-48, K-49, K-51, K-54, K-55, K-56, K-57, K-58, K-59, K-60, K-62, K-63			
4.2 Attachment K TPL Comm Recoup Mandatory Scored Worksheet	K-8	Figure K-1 Overview of Our Process with [Subcontractor]. This overview shows our process with [Subcontractor] to identify and verify other coverage.	**CONFIDENTIAL**	Competitively sensitive information.
4.2 Attachment K TPL Comm Recoup Mandatory Scored Worksheet, Q5, CREC2 – CREC5	K-11	Figure K-2 Example Input File for [Subcontractor] to Research. This example illustrates a portion of the fields we can include in the input file that we send to [Subcontractor]. In their research, they match this data to insurance	**CONFIDENTIAL**	Competitively sensitive information.

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Section	Pages	Description of Item to Redact	Reason Claiming Exemption	Exemption from Georgia Law
		information stored in their extensive database.		
4.2 Attachment K TPL Comm Recoup Mandatory Scored Worksheet, Q5, CREC2 – CREC5	K-12	Figure K-3 Example Results File from [Subcontractor]. [Subcontractor] generates a results file containing verified OHI extracted from their database. This example shows a portion of the data fields that could be included and describes what each field could address.	**CONFIDENTIAL**	Competitively sensitive information.
4.2 Attachment K TPL Comm Recoup Mandatory Scored Worksheet – Q2 CREC4, item g	K-18	Figure K-4 PL Policy and Procedure Manual. This graphic shows part of the first page of the Table of Contents from our existing manual that we use as a starting point to develop the Agency's manual.	**CONDUENT TRADE SECRET** Contains internal screen shots of Conduent proprietary CMdS-TPL solution	O.C.G.A. § 10-1-761(4).
4.2 Attachment K TPL Comm Recoup Mandatory Scored Worksheet – Q2 CREC4, item i	K-20	Figure K-5 Examples of TPL Letters. Our correspondence management component generates letters for a variety of TPL cases. These examples show a request	**CONDUENT TRADE SECRET** Contains internal screen shots of Conduent proprietary CMdS-TPL solution	O.C.G.A. § 10-1-761(4).

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Section	Pages	Description of Item to Redact	Reason Claiming Exemption	Exemption from Georgia Law
		for information to a member, a request to reprocess claims to an insurance carrier, and a recoupment request to a provider.		
4.2.1.A Attachment DD Reference Form	2, 3	Client Contact Information and Cost Savings	**CONDUENT TRADE SECRET** This section contains client contact information. This section specifically deals with our negotiation strategy with regards to the eRFP specifications. Disclosure of these trade secrets to competitors would result in substantial harm to Conduent.	O.C.G.A. § 10-1-761(4).
4.2.20.A Sample Carrier Refund Request Form_Commercial Recoupment Services Attachment	All	Copy of request form	**CONDUENT TRADE SECRET** Contains internal screen shots of Conduent proprietary CMdS-TPL solution	O.C.G.A. § 10-1-761(4).
4.3 Attachment M, TPL HospPhys Mandatory Scored Worksheet	M-2, M-3,M-5, M-6, M-7,M-8, M-9, M-10, M-11, M-12, M-13, M-14, M-16, M-17, M-18,M-19, M-20, M-22, M-23, M-25, M-26	Disclosure of Subcontractor	**CONFIDENTIAL**	Competitively sensitive information.

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Section	Pages	Description of Item to Redact	Reason Claiming Exemption	Exemption from Georgia Law
4.3 Attachment M, TPL HospPhys Mandatory Scored Worksheet, Q.5 HOSPHYS3	M-9	Figure M-1 Hospital/Physician Insurance Discovery Flow. This overview shows our process with [Subcontractor] to identify and verify other coverage.	**CONFIDENTIAL**	Competitively sensitive information.
4.3 Attachment M, TPL HospPhys Mandatory Scored Worksheet, Q.11 HOSPHYS16	M-30	Figure M-2 Data Transformation. Our comprehensive ad hoc reporting solution transforms TPL data into knowledge, providing insight into where the program is heading.	**CONDUENT TRADE SECRET** Contains internal screen shots of Conduent proprietary CMdS-TPL solution	O.C.G.A. § 10-1-761(4).
4.3.1.A_Attachment DD – Reference Form	2, 3	Client Contact Information and Cost Savings	**CONDUENT TRADE SECRET** This section contains client contact information. This section specifically deals with our negotiation strategy with regards to the eRFP specifications. Disclosure of these trade secrets to competitors would result in substantial harm to Conduent.	O.C.G.A. § 10-1-761(4).
4.4 Attachment O TPL CMO Come Behind Services MS RESP Wkst	O-7, O-30, O-32,O-35, O-36, O-37, O-38, O-39, O-40, O-44,	Disclosure of Subcontractor	**CONFIDENTIAL**	Competitively sensitive information.

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Section	Pages	Description of Item to Redact	Reason Claiming Exemption	Exemption from Georgia Law
	O-46, O-47, O-49			
4.4 Attachment O TPL CMO Come Behind Services MS RESP Wkst, Q,13 CMOCB16	O-27	Figure O-1 Examples of TPL Letters. Our correspondence management component generates letters for a variety of TPL cases. These examples show a request for information to a member, a request to reprocess claims to an insurance carrier, and a recoupment request to a provider.	**CONDUENT TRADE SECRET** Contains internal screen shots of Conduent proprietary CMdS-TPL solution	O.C.G.A. § 10-1-761(4).
4.4.1.A_Attachment DD – Reference Form	2, 3	Client Contact Information and Cost Savings	**CONDUENT TRADE SECRET** This section contains client contact information. This section specifically deals with our negotiation strategy with regards to the eRFP specifications. Disclosure of these trade secrets to competitors would result in substantial harm to Conduent.	O.C.G.A. § 10-1-761(4).
4.4.10.A_Sample Carrier Refund Request Form_ CMO Come Behind Services	All	Conduent refund form sent to carriers	**CONDUENT TRADE SECRET** Contains internal screen shots of Conduent proprietary CMdS-TPL solution	O.C.G.A. § 10-1-761(4).

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4.5 Attachment Q – Mandatory Score Questions- TPL System Module – Q.1 SYSMOD1	Q-3	Figure Q-1 Recovery Case Included Claims Totals. This page illustrates the claims included, total amount for recovery on a recovery case, and allows for additional filtering of the available claims using a variety of criteria specified in the drop down values. The information presented here was created for demonstration purposes. Any similarity to real information would be coincidental.	**CONDUENT TRADE SECRET** Contains internal screen shots of Conduent proprietary CMdS-TPL solution	O.C.G.A. § 10-1-761(4).
4.5 Attachment Q – Mandatory Score Questions- TPL System Module – Q.1 SYSMOD1	Q-4	Figure Q-2 Recovery Case Included Claims Totals. This page illustrates the claims included and totaled for collection on a recovery case. The information presented here was created for demonstration purposes. Any similarity to real information would be coincidental.	**CONDUENT TRADE SECRET** Contains internal screen shots of Conduent proprietary CMdS-TPL solution	O.C.G.A. § 10-1-761(4).

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Section	Pages	Description of Item to Redact	Reason Claiming Exemption	Exemption from Georgia Law
4.5 Attachment Q – Mandatory Score Questions- TPL System Module – Q.1 SYSMOD1	Q-5	Figure Q-3 Recovery Lien and Interest Party Fees. This page illustrates the ability to capture lien and fees associated with a settlement on a recovery case.	**CONDUENT TRADE SECRET** Contains internal screen shots of Conduent proprietary CMdS-TPL solution	O.C.G.A. § 10-1-761(4).
4.5 Attachment Q – Mandatory Score Questions- TPL System Module – Q.1 SYSMOD2	Q-7	Figure Q-4 Recovery Case Detail. This screen shows the recovery case details including the reimbursement amount of the included claims, the total recovered and the case status. The information presented here was created for demonstration purposes. Any similarity to real information would be coincidental.	**CONDUENT TRADE SECRET** Contains internal screen shots of Conduent proprietary CMdS-TPL solution	O.C.G.A. § 10-1-761(4).

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Section	Pages	Description of Item to Redact	Reason Claiming Exemption	Exemption from Georgia Law
4.5 Attachment Q – Mandatory Score Questions- TPL System Module – Q.1 SYSMOD2	Q-8	Figure Q-5 Recovery Case Response. This figure illustrates how funds received are applied to the claims within a recovery case and the recovery reason codes documented for recovered claims.	**CONDUENT TRADE SECRET** Contains internal screen shots of Conduent proprietary CMdS-TPL solution	O.C.G.A. § 10-1-761(4).
4.5 Attachment Q – Mandatory Score Questions- TPL System Module – Q.1 SYSMOD2	Q-9	Figure Q-6 Recovery Estate Tab. This page allows for the entry of a hardship indicator and associated liens, in support of the case.	**CONDUENT TRADE SECRET** Contains internal screen shots of Conduent proprietary CMdS-TPL solution	O.C.G.A. § 10-1-761(4).
4.5 Attachment Q – Mandatory Score Questions- TPL System Module – Q.1 SYSMOD6	Q-11-Q13	Figure Q-7 Recovery Case Detail Report (Multiple Screen Shots). This report show the claim level detail related to each recovery case.	**CONDUENT TRADE SECRET** Contains internal screen shots of Conduent proprietary CMdS-TPL solution	O.C.G.A. § 10-1-761(4).
4.5 Attachment Q – Mandatory Score Questions- TPL System Module – Q.1 SYSMOD6	Q-13	Figure Q-8 Recovery Case Included Claims Summary Report. This report shows the member claims that were included in the recovery case.	**CONDUENT TRADE SECRET** Contains internal screen shots of Conduent proprietary CMdS-TPL solution	O.C.G.A. § 10-1-761(4).

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4.5 Attachment Q – Mandatory Score Questions- TPL System Module – Q.1 SYSMOD6	Q-14	Figure Q-9 Recovery Case Outstanding Balance Report. This report shows This report lists information on all open recovery cases which have had notices sent and for which insufficient recoveries were received.	**CONDUENT TRADE SECRET** Contains internal screen shots of Conduent proprietary CMdS-TPL solution	O.C.G.A. § 10-1-761(4).
4.5 Attachment Q – Mandatory Score Questions- TPL System Module – Q.1 SYSMOD8	Q-16	Figure Q-10 TPL Policy Search Page. This page illustrates the ability to search and select TPL policies to view or update. There are multiple search options across the tabs of this user interface. Users can view all policies by member, carrier policyholder, etc. The information presented here was created for demonstration purposes. Any similarity to real information would be coincidental.	**CONDUENT TRADE SECRET** Contains internal screen shots of Conduent proprietary CMdS-TPL solution	O.C.G.A. § 10-1-761(4).

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4.5 Attachment Q – Mandatory Score Questions- TPL System Module – Q.1 SYSMOD8	Q-17	Figure Q-11 Member Inquiry TPL/Medicare. This page illustrates the ability to view the TPL and Medicare policies associated with an individual member. The information presented here was created for demonstration purposes. Any similarity to real information would be coincidental.	**CONDUENT TRADE SECRET** Contains internal screen shots of Conduent proprietary CMdS-TPL solution	O.C.G.A. § 10-1-761(4).
4.5 Attachment Q – Mandatory Score Questions- TPL System Module – Q.1 SYSMOD9	Q-18	Figure Q-12 TPL Policy Coverage Code Selection. The TPL policy coverage code selection page allows the user to select the coverage codes for a policy. The information presented here was created for demonstration purposes. Any similarity to real information would be coincidental.	**CONDUENT TRADE SECRET** Contains internal screen shots of Conduent proprietary CMdS-TPL solution	O.C.G.A. § 10-1-761(4).

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4.5 Attachment Q – Mandatory Score Questions- TPL System Module – Q.1 SYSMOD10	Q-19	Figure Q-13 TPL Carrier Search Tabs. The TPL search page offers multiple options to search carrier information.	**CONDUENT TRADE SECRET** Contains internal screen shots of Conduent proprietary CMdS-TPL solution	O.C.G.A. § 10-1-761(4).
4.5 Attachment Q – Mandatory Score Questions- TPL System Module – Q.1 SYSMOD10	Q-20	Figure Q-14 TPL Policy Search Tabs. The TPL policy search page offers multiple options to search policy information. The information presented here was created for demonstration purposes. Any similarity to real information would be coincidental.	**CONDUENT TRADE SECRET** Contains internal screen shots of Conduent proprietary CMdS-TPL solution	O.C.G.A. § 10-1-761(4).
4.5 Attachment Q – Mandatory Score Questions- TPL System Module – Q.1 SYSMOD10	Q-21	Figure Q-15 TPL Recovery Case Search Tabs. The TPL recovery search page offers multiple options to search recovery case information. The information presented here was created for demonstration purposes. Any similarity to real information would be coincidental.	**CONDUENT TRADE SECRET** Contains internal screen shots of Conduent proprietary CMdS-TPL solution	O.C.G.A. § 10-1-761(4).

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4.5 Attachment Q – Mandatory Score Questions- TPL System Module – Q.1 SYSMOD11	Q-22	Figure Q-16 TPL Matrix. The TPL Matrix allows authorized users to configure the business rules that are used to approve or deny a providers request.	**CONDUENT TRADE SECRET** Contains internal screen shots of Conduent proprietary CMdS-TPL solution	O.C.G.A. § 10-1-761(4).
4.5 Attachment Q – Mandatory Score Questions- TPL System Module – Q.1 SYSMOD13	Q-24	Figure Q-17 Recovery Case Included Claims. This page shows the selection criteria available to determine which claims are included on a recovery case.	**CONDUENT TRADE SECRET** Contains internal screen shots of Conduent proprietary CMdS-TPL solution	O.C.G.A. § 10-1-761(4).
4.5 Attachment Q – Mandatory Score Questions- TPL System Module – Q.1 SYSMOD14	Q-26	Figure Q-18 Billing Re-issue Periods. This screen allows the user to enter billing re-issue frequency parameters into the system list.	**CONDUENT TRADE SECRET** Contains internal screen shots of Conduent proprietary CMdS-TPL solution	O.C.G.A. § 10-1-761(4).
4.5 Attachment Q – Mandatory Score Questions- TPL System Module – Q.1 SYSMOD16	Q-29	Figure Q-19 Business Rule Catalog (BRC). This is an example of some rules defined in the BRC.	**CONDUENT TRADE SECRET** Contains internal screen shots of Conduent proprietary CMdS-TPL solution	O.C.G.A. § 10-1-761(4).

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4.5 Attachment Q – Mandatory Score Questions- TPL System Module – Q.1 SYSMOD20	Q-32	Figure Q-20 Online Data Dictionary Valid Values. This is an example of the online data dictionary used to maintain valid values configuration.	**CONDUENT TRADE SECRET** Contains internal screen shots of Conduent proprietary CMdS-TPL solution	O.C.G.A. § 10-1-761(4).
4.5 Attachment Q – Mandatory Score Questions- TPL System Module – Q.1 SYSMOD25	Q-35	Figure Q-22 Business Rule to Use Case Mapping with the Where Used	**CONDUENT TRADE SECRET** Contains internal screen shots of Conduent proprietary CMdS-TPL solution	O.C.G.A. § 10-1-761(4).
4.5 Attachment Q – Mandatory Score Questions- TPL System Module – Q.1 SYSMOD26	Q-36	Figure Q-23 Rule Report. Using the capabilities of our BRE, we can produce rule tracing in an XML format.	**CONDUENT TRADE SECRET** Contains internal screen shots of Conduent proprietary CMdS-TPL solution	O.C.G.A. § 10-1-761(4).
4.5 Attachment Q – Mandatory Score Questions- TPL System Module – Q.1 SYSMOD28	Q-38	Figure Q-24 BRE Natural Language. Using the capabilities of our BRE, rules are presented in human readable natural language.	**CONDUENT TRADE SECRET** Contains internal screen shots of Conduent proprietary CMdS-TPL solution	O.C.G.A. § 10-1-761(4).
4.5 Attachment Q – Mandatory Score Questions- TPL System Module – Q.2 SYSMOD146	Q-45	Figure Q-26 Eligibility and Enrollment Quick View. This page shows member eligibility data. The information presented here was created for demonstration purposes. Any similarity to	**CONDUENT TRADE SECRET** Contains internal screen shots of Conduent proprietary CMdS-TPL solution	O.C.G.A. § 10-1-761(4).

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		real information would be coincidental.		
4.5 Attachment Q – Mandatory Score Questions- TPL System Module – Q.2 SYSMOD146	Q-46	Figure Q-27 Case Information. This page shows member case information. The information presented here was created for demonstration purposes. Any similarity to real information would be coincidental.	**CONDUENT TRADE SECRET** Contains internal screen shots of Conduent proprietary CMdS-TPL solution	O.C.G.A. § 10-1-761(4).
4.5 Attachment Q – Mandatory Score Questions- TPL System Module – Q.2 SYSMOD146	Q-47	Figure Q-28 Primary Care Provider. This screen illustrates the MCO primary case spans for the member. The information presented here was created for demonstration purposes. Any similarity to real information would be coincidental.	**CONDUENT TRADE SECRET** Contains internal screen shots of Conduent proprietary CMdS-TPL solution	O.C.G.A. § 10-1-761(4).
4.5 Attachment Q – Mandatory Score Questions- TPL System Module – Q.2 SYSMOD146	Q-48	Figure Q-29 Spenddown Information. This page illustrates how CMdS displays member spenddown data. The information presented here was created for demonstration purposes.	**CONDUENT TRADE SECRET** Contains internal screen shots of Conduent proprietary CMdS-TPL solution	O.C.G.A. § 10-1-761(4).

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		Any similarity to real information would be coincidental.		
4.5 Attachment Q – Mandatory Score Questions- TPL System Module – Q.2 SYSMOD146	Q-49-51	Figure Q-30 Medicare and TPL Information. These pages show the TPL/Medicare data for a member. The information presented here was created for demonstration purposes. Any similarity to real information would be coincidental.	**CONDUENT TRADE SECRET** Contains internal screen shots of Conduent proprietary CMdS-TPL solution	O.C.G.A. § 10-1-761(4).
4.5 Attachment Q – Mandatory Score Questions- TPL System Module – Q.2 SYSMOD146	Q-52	Figure Q-31 Buy-in Transaction File History Data. This page shows all of the information received on the Buy-in inbound file for a member. The information presented here was created for demonstration purposes. Any similarity to real information would be coincidental.	**CONDUENT TRADE SECRET** Contains internal screen shots of Conduent proprietary CMdS-TPL solution	O.C.G.A. § 10-1-761(4).
4.5 Attachment Q – Mandatory Score Questions- TPL System Module – Q.2 SYSMOD148	Q-53	Figure Q-32 Recovery Case. This screen displays an example of a recovery case with the total	**CONDUENT TRADE SECRET** Contains internal screen shots of Conduent proprietary CMdS-TPL solution	O.C.G.A. § 10-1-761(4).

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		recovered amount for the case along with the individual claims associated with the case that is available to send to other entities.		
4.5 Attachment Q – Mandatory Score Questions- TPL System Module – Q.3 SYSMOD196	Q-61	Figure Q-34 Workflow Queues Example. Workflow configuration details for a specific workflow are shown as an example of how workflows are displayed.	**CONDUENT TRADE SECRET** Contains internal screen shots of Conduent proprietary CMdS-TPL solution	O.C.G.A. § 10-1-761(4).
4.5 Attachment Q – Mandatory Score Questions- TPL System Module – Q.3 SYSMOD198	Q-63	Figure Q-35 Editing a Workflow. Using our user interface, you can configure new or modify existing workflows.	**CONDUENT TRADE SECRET** Contains internal screen shots of Conduent proprietary CMdS-TPL solution	O.C.G.A. § 10-1-761(4).
4.5 Attachment Q – Mandatory Score Questions- TPL System Module – Q.3SYSMOD199	Q-64	Figure Q-36 Workflow Queues Example. Workflow configuration details for a specific workflow are shown as an example of how workflows are displayed.	**CONDUENT TRADE SECRET** Contains internal screen shots of Conduent proprietary CMdS-TPL solution	O.C.G.A. § 10-1-761(4).
4.5 Attachment Q – Mandatory Score Questions- TPL System Module – Q.3 SYSMOD200	Q-66	Figure Q-37 Workflow Configuration GUI. Authorized users, based on their role, can	**CONDUENT TRADE SECRET** Contains internal screen shots of Conduent proprietary CMdS-TPL solution	O.C.G.A. § 10-1-761(4).

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		easily define and configure workflow steps, including processes managed by Conduent, Agency staff, or both.		
4.5 Attachment Q – Mandatory Score Questions- TPL System Module – Q.5 SYSMOD174	Q-76	Figure Q-38 TPL HIPP Preliminary Payment Listing Report. Preliminary Totals of the HIPP Premium Payments Paid.	**CONDUENT TRADE SECRET** Contains internal screen shots of Conduent proprietary CMdS-TPL solution	O.C.G.A. § 10-1-761(4).
4.5 Attachment Q – Mandatory Score Questions- TPL System Module – Q.5 SYSMOD174	Q-76	Figure Q-39 TPL HIPP Final Payment Listing Report. Final Totals of the HIPP Premium Payments Paid.	**CONDUENT TRADE SECRET** Contains internal screen shots of Conduent proprietary CMdS-TPL solution	O.C.G.A. § 10-1-761(4).
4.5 Attachment Q – Mandatory Score Questions- TPL System Module – Q.5 SYSMOD175	Q-78 – Q82	Figure Q-40 (Multiple Screen Shots) HIPP Case Detail Report. The HIPP Case Detail report layout includes all of the demographic information and relevant case details for each HIPP case, including case specific cost savings and summary level cost savings details.	**CONDUENT TRADE SECRET** Contains internal screen shots of Conduent proprietary CMdS-TPL solution	O.C.G.A. § 10-1-761(4).

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4.5 Attachment Q – Mandatory Score Questions- TPL System Module – Q.5 SYSMOD176	Q-83	Figure Q-41 Medicaid Benefits Paid Report. Totals of Medicaid Benefits Paid.	**CONDUENT TRADE SECRET** Contains internal screen shots of Conduent proprietary CMdS-TPL solution	O.C.G.A. § 10-1-761(4).
4.5 Attachment Q – Mandatory Score Questions- TPL System Module – Q.5 SYSMOD177	Q-84	Figure Q-42 TPL Recovery Case Outstanding Balance Report. This Report lists Counts By Recovery Case and Worker with the Recovery Amount and Outstanding Balance Amount.	**CONDUENT TRADE SECRET** Contains internal screen shots of Conduent proprietary CMdS-TPL solution	O.C.G.A. § 10-1-761(4).
4.5 Attachment Q – Mandatory Score Questions- TPL System Module – Q.5 SYSMOD177	Q-85	Figure Q-43 TPL Carrier Invoice Report. This Report lists Counts By Carrier and Claim Type for the Number of Claims Invoiced and the Medicaid Payment Amount.	**CONDUENT TRADE SECRET** Contains internal screen shots of Conduent proprietary CMdS-TPL solution	O.C.G.A. § 10-1-761(4).
4.5 Attachment Q – Mandatory Score Questions- TPL System Module – Q.5 SYSMOD177	Q-85	Figure Q-44 TPL Recoupment For Medicare Report. This Report lists Counts By Provider for the Number of Claims and the dollar amount of Medicare Recoupment.	**CONDUENT TRADE SECRET** Contains internal screen shots of Conduent proprietary CMdS-TPL solution	O.C.G.A. § 10-1-761(4).

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4.5 Attachment Q – Mandatory Score Questions- TPL System Module – Q.6 SYSMOD34	Q-87-88	Figure Q-45 TPL Billing Claims Response Page. This page allows for the entry and tracking of carrier paid claims. The information presented here was created for demonstration purposes. Any similarity to real information would be coincidental.	**CONDUENT TRADE SECRET** Contains internal screen shots of Conduent proprietary CMdS-TPL solution	O.C.G.A. § 10-1-761(4).
4.5 Attachment Q – Mandatory Score Questions- TPL System Module – Q.6 SYSMOD35	Q-89	Figure Q-46 TPL Billing Invoice History. This user interface shows the carrier billing invoice details, previous invoices and response details and the payment history.	**CONDUENT TRADE SECRET** Contains internal screen shots of Conduent proprietary CMdS-TPL solution	O.C.G.A. § 10-1-761(4).
4.5 Attachment Q – Mandatory Score Questions- TPL System Module – Q.6 SYSMOD35	Q-90	Figure Q-47 CMdS-Insights On-Demand Criteria Selection. When using our on-demand library of reports, you can filter the results using prompts.	**CONDUENT TRADE SECRET** Contains internal screen shots of Conduent proprietary CMdS-TPL solution	O.C.G.A. § 10-1-761(4).

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4.5 Attachment Q – Mandatory Score Questions- TPL System Module – Q.6 SYSMOD36	Q-91	Figure Q-48 TPL Policy Period Coverage. This page shows details for selecting the appropriate coverage codes for a particular carrier's policy.	**CONDUENT TRADE SECRET** Contains internal screen shots of Conduent proprietary CMdS-TPL solution	O.C.G.A. § 10-1-761(4).
4.5 Attachment Q – Mandatory Score Questions- TPL System Module – Q.6 SYSMOD37	Q-92	Figure Q-49 TPL Invoiced Claim Detail Page. This page shows details for invoiced claims including all billed amounts and payments received.	**CONDUENT TRADE SECRET** Contains internal screen shots of Conduent proprietary CMdS-TPL solution	O.C.G.A. § 10-1-761(4).
4.5 Attachment Q – Mandatory Score Questions- TPL System Module – Q.7 SYSMOD107	Q-95	Figure Q-50 HIPP Premium Payment Page. This screen allows authorized user to define and configure both the premium and any additional HIPP disbursement payments for the HIPP case.	**CONDUENT TRADE SECRET** Contains internal screen shots of Conduent proprietary CMdS-TPL solution	O.C.G.A. § 10-1-761(4).
4.5 Attachment Q – Mandatory Score Questions- TPL System Module – Q.7 SYSMOD108	Q-96	Figure Q-51 HIPP Payee Information. This screen shows how a HIPP case is defined for a payee other than the member.	**CONDUENT TRADE SECRET** Contains internal screen shots of Conduent proprietary CMdS-TPL solution	O.C.G.A. § 10-1-761(4).

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4.5 Attachment Q – Mandatory Score Questions- TPL System Module – Q.7 SYSMOD108	Q-97	Figure Q-52 HIPP Payee Information. This top portion of this screen shows the HIPP payee information.	**CONDUENT TRADE SECRET** Contains internal screen shots of Conduent proprietary CMdS-TPL solution	O.C.G.A. § 10-1-761(4).
4.5 Attachment Q – Mandatory Score Questions- TPL System Module – Q.7 SYSMOD109	Q-98	Figure Q-53 HIPP Payee Entity Type Selection. Authorized users select the payee type from the drop-down list on this web page to designate the payee who should receive the HIPP payments.	**CONDUENT TRADE SECRET** Contains internal screen shots of Conduent proprietary CMdS-TPL solution	O.C.G.A. § 10-1-761(4).
4.5 Attachment Q – Mandatory Score Questions- TPL System Module –Q.7 SYSMOD110	Q-99	Figure Q-54 HIPP Case Policyholder and Member Details. This screen allows the entry of detailed policyholder information and covered individuals (members) associated with the HIPP case.	**CONDUENT TRADE SECRET** Contains internal screen shots of Conduent proprietary CMdS-TPL solution	O.C.G.A. § 10-1-761(4).
4.5 Attachment Q – Mandatory Score Questions- TPL System Module – Q.7 SYSMOD111	Q-100	Figure Q-55 HIPP Cost Effective Calculation Page. This screen shows the HIPP Case cost effectiveness calculation page.	**CONDUENT TRADE SECRET** Contains internal screen shots of Conduent proprietary CMdS-TPL solution	O.C.G.A. § 10-1-761(4).

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4.5 Attachment Q – Mandatory Score Questions- TPL System Module – Q.7 SYSMOD111	Q-101	Figure Q-56 CMdS-Notes. This screen shows the HIPP Case cost effectiveness calculation page.	**CONDUENT TRADE SECRET** Contains internal screen shots of Conduent proprietary CMdS-TPL solution	O.C.G.A. § 10-1-761(4).
4.5 Attachment Q – Mandatory Score Questions- TPL System Module – Q.7 SYSMOD111	Q-102	Figure Q-57 CMdS-Attachments. This screen shows the HIPP Attachment section of the user interface.	**CONDUENT TRADE SECRET** Contains internal screen shots of Conduent proprietary CMdS-TPL solution	O.C.G.A. § 10-1-761(4).
4.5 Attachment Q – Mandatory Score Questions- TPL System Module – Q.7 SYSMOD113	Q-103	Figure Q-58 HIPP Case Information. This user interface allows the creating, viewing and maintaining the detailed information about the HIPP case such as status, effective dates, member ID, and more.	**CONDUENT TRADE SECRET** Contains internal screen shots of Conduent proprietary CMdS-TPL solution	O.C.G.A. § 10-1-761(4).
4.5 Attachment Q – Mandatory Score Questions- TPL System Module – Q.7 SYSMOD114	Q-104	Figure Q-59 HIPP Case Search Results. This user interface shows the HIPP case numbers assigned to each case in the search results.	**CONDUENT TRADE SECRET** Contains internal screen shots of Conduent proprietary CMdS-TPL solution	O.C.G.A. § 10-1-761(4).
4.5 Attachment Q – Mandatory Score Questions- TPL System Module – Q.7 SYSMOD115	Q-105	Figure Q-60 HIPP Policy Web Page. This screen shows the policy	**CONDUENT TRADE SECRET**	O.C.G.A. § 10-1-761(4).

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		associated with the HIPP Case.	Contains internal screen shots of Conduent proprietary CMdS-TPL solution	
4.5 Attachment Q – Mandatory Score Questions- TPL System Module – Q.7 SYSMOD115	Q-106	Figure Q-61 HIPP Case Carrier Web Page. This screen shows the carrier associated with the HIPP Case.	**CONDUENT TRADE SECRET** Contains internal screen shots of Conduent proprietary CMdS-TPL solution	O.C.G.A. § 10-1-761(4).
4.5 Attachment Q – Mandatory Score Questions- TPL System Module – Q.7 SYSMOD116	Q-107	Figure Q-62 HIPP Cost Effectiveness History. This user interface shows the cost effectiveness calculation history associated with the HIPP Case.	**CONDUENT TRADE SECRET** Contains internal screen shots of Conduent proprietary CMdS-TPL solution	O.C.G.A. § 10-1-761(4).
4.5 Attachment Q – Mandatory Score Questions- TPL System Module – Q.7 SYSMOD118	Q-108	Figure Q-63 HIPP Case Covered Individual Page. This web page shows how a non-member is associated with a HIPP case.	**CONDUENT TRADE SECRET** Contains internal screen shots of Conduent proprietary CMdS-TPL solution	O.C.G.A. § 10-1-761(4).
4.5 Attachment Q – Mandatory Score Questions- TPL System Module – Q.7 SYSMOD119	Q-109	Figure Q-64 Financial Entity Page. This web page allows users to enter and view financial payee information.	**CONDUENT TRADE SECRET** Contains internal screen shots of Conduent proprietary CMdS-TPL solution	O.C.G.A. § 10-1-761(4).

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4.5 Attachment Q – Mandatory Score Questions- TPL System Module – Q.7 SYSMOD120	Q-110	Figure Q-65 Financial Payout Page. This web page allows users to enter and view financial payout information.	**CONDUENT TRADE SECRET** Contains internal screen shots of Conduent proprietary CMdS-TPL solution	O.C.G.A. § 10-1-761(4).
4.5 Attachment Q – Mandatory Score Questions- TPL System Module – Q.7 SYSMOD121	Q-111	Figure Q-66 CMdS Notes Entry Page. Users can enter notes from any of the CMdS-TPL web pages and view the note history.	**CONDUENT TRADE SECRET** Contains internal screen shots of Conduent proprietary CMdS-TPL solution	O.C.G.A. § 10-1-761(4).
4.5 Attachment Q – Mandatory Score Questions- TPL System Module – Q.8 SYSMOD157	Q-113	Figure Q-67 Buy-in History Inquiry. Users can view the buy-in history through the inquiry user interface using the search results for the member.	**CONDUENT TRADE SECRET** Contains internal screen shots of Conduent proprietary CMdS-TPL solution	O.C.G.A. § 10-1-761(4).
4.5 Attachment Q – Mandatory Score Questions- TPL System Module – Q.8 SYSMOD157	Q-114	Figure Q-68 Buy-in Part A State Agency Billing Records. Users can view the buy-in historical records from the CMS billing file by record type.	**CONDUENT TRADE SECRET** Contains internal screen shots of Conduent proprietary CMdS-TPL solution	O.C.G.A. § 10-1-761(4).
4.5 Attachment Q – Mandatory Score Questions- TPL System Module – Q.8 SYSMOD159	Q-115	Figure Q-69 Buy-In Financial Transactions. Users can view the monthly Buy-In	**CONDUENT TRADE SECRET** Contains internal screen shots of Conduent proprietary CMdS-TPL solution	O.C.G.A. § 10-1-761(4).

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		financial transactions from this web page. The		
4.5 Attachment Q – Mandatory Score Questions- TPL System Module – Q.8 SYSMOD161	Q-117	Figure Q-70 Medicare Spans. This screen allows users to view and maintain the member's Medicare spans.	**CONDUENT TRADE SECRET** Contains internal screen shots of Conduent proprietary CMdS-TPL solution	O.C.G.A. § 10-1-761(4).
4.5 Attachment Q – Mandatory Score Questions- TPL System Module – Q.8 SYSMOD163	Q-119	Figure Q-71 Member Demographic Data. This web page displays the member's demographic information such as gender, date of birth, address, and phone numbers.	**CONDUENT TRADE SECRET** Contains internal screen shots of Conduent proprietary CMdS-TPL solution	O.C.G.A. § 10-1-761(4).
4.5 Attachment Q – Mandatory Score Questions- TPL System Module – Q.8 SYSMOD163	Q-120	Figure Q-72 Member Medicare Data. This screen displays the member's Medicare spans including the types of coverage and eligibility dates.	**CONDUENT TRADE SECRET** Contains internal screen shots of Conduent proprietary CMdS-TPL solution	O.C.G.A. § 10-1-761(4).
4.5 Attachment Q – Mandatory Score Questions- TPL System Module – Q.9 SYSMOD178	Q-122	Figure Q-73 Recovery Case Detail. This web page shows the summary information for the recovery case.	**CONDUENT TRADE SECRET** Contains internal screen shots of Conduent proprietary CMdS-TPL solution	O.C.G.A. § 10-1-761(4).

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4.5 Attachment Q – Mandatory Score Questions- TPL System Module – Q.9 SYSMOD178	Q-123	Figure Q-74 Recovery Case Claims. This web page shows the claim details associated with the recovery case.	**CONDUENT TRADE SECRET** Contains internal screen shots of Conduent proprietary CMdS-TPL solution	O.C.G.A. § 10-1-761(4).
4.5 Attachment Q – Mandatory Score Questions- TPL System Module – Q.9 SYSMOD179	Q-124	Figure Q-75 Member Inquiry Previous Information. This web page shows the member previous case, name, and additional detail that is maintained historically for the member.	**CONDUENT TRADE SECRET** Contains internal screen shots of Conduent proprietary CMdS-TPL solution	O.C.G.A. § 10-1-761(4).
4.5 Attachment Q – Mandatory Score Questions- TPL System Module – Q.9 SYSMOD179	Q-125	Figure Q-76 Member TPL Policy and Medicare. This web page shows the member TPL policy and Medicare data.	**CONDUENT TRADE SECRET** Contains internal screen shots of Conduent proprietary CMdS-TPL solution	O.C.G.A. § 10-1-761(4).
4.5 Attachment Q – Mandatory Score Questions- TPL System Module – Q.9 SYSMOD180	Q-126	Figure Q-77 Diagnosis Code Indicators. This screen is used to indicate if a diagnosis code is accident related.	**CONDUENT TRADE SECRET** Contains internal screen shots of Conduent proprietary CMdS-TPL solution	O.C.G.A. § 10-1-761(4).
4.5 Attachment Q – Mandatory Score Questions- TPL System Module – Q.9 SYSMOD180	Q-127	Figure Q-78 External Cause Diagnosis Codes. This screen is an example of the external cause diagnosis codes that are stored and can be used	**CONDUENT TRADE SECRET** Contains internal screen shots of Conduent proprietary CMdS-TPL solution	O.C.G.A. § 10-1-761(4).

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Section	Pages	Description of Item to Redact	Reason Claiming Exemption	Exemption from Georgia Law
		to identify claims that should be investigated for other insurance or responsible party.		
4.5 Attachment Q – Mandatory Score Questions- TPL System Module – Q.9 SYSMOD180	Q-128	Figure Q-79 Claim Accident Indicators. This screen is an example the accident indicators that can be stored with the claim and used to identify claims that should be investigated for other insurance or responsible party.	**CONDUENT TRADE SECRET** Contains internal screen shots of Conduent proprietary CMdS-TPL solution	O.C.G.A. § 10-1-761(4).
4.5 Attachment Q – Mandatory Score Questions- TPL System Module – Q.9 SYSMOD185	Q-130	Figure Q-80 CMdS Audit Logging. This page illustrates the CMdS audit logging feature.	**CONDUENT TRADE SECRET** Contains internal screen shots of Conduent proprietary CMdS-TPL solution	O.C.G.A. § 10-1-761(4).
4.5 Attachment Q – Mandatory Score Questions- TPL System Module – Q.9 SYSMOD186	Q-131	Figure Q-81 Add TPL Policy. This page illustrates the CMdS add TPL policy capabilities.	**CONDUENT TRADE SECRET** Contains internal screen shots of Conduent proprietary CMdS-TPL solution	O.C.G.A. § 10-1-761(4).
4.5 Attachment Q – Mandatory Score Questions- TPL System Module – Q.9 SYSMOD187	Q-132	Figure Q-82 Recovery Case Included Claims. This page illustrates how posted receipts are indicated within a recovery case.	**CONDUENT TRADE SECRET** Contains internal screen shots of Conduent proprietary CMdS-TPL solution	O.C.G.A. § 10-1-761(4).

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Section	Pages	Description of Item to Redact	Reason Claiming Exemption	Exemption from Georgia Law
4.5 Attachment Q – Mandatory Score Questions- TPL System Module – Q.9 SYSMOD188	Q-133	Figure Q-83 CMdS Audit Logging. This page illustrates the CMdS audit logging feature.	**CONDUENT TRADE SECRET** Contains internal screen shots of Conduent proprietary CMdS-TPL solution	O.C.G.A. § 10-1-761(4).
4.5 Attachment Q – Mandatory Score Questions- TPL System Module – Q.9 SYSMOD189	Q-134	Figure Q-84 Billing Frequency System List. This page illustrates the CMdS billing frequency system list.	**CONDUENT TRADE SECRET** Contains internal screen shots of Conduent proprietary CMdS-TPL solution	O.C.G.A. § 10-1-761(4).
4.5 Attachment Q – Mandatory Score Questions- TPL System Module – Q.9 SYSMOD190	Q-135	Figure Q-85 Recovery Notes Section. This page illustrates the CMdS recovery case notes. Notes can be added as needed and the history is retained for reference.	**CONDUENT TRADE SECRET** Contains internal screen shots of Conduent proprietary CMdS-TPL solution	O.C.G.A. § 10-1-761(4).
4.5 Attachment Q – Mandatory Score Questions- TPL System Module – Q.9 SYSMOD191	Q-136	Figure Q-86 Workflow Dashboard Example. This page illustrates the CMdS workflow dashboard. All	**CONDUENT TRADE SECRET** Contains internal screen shots of Conduent proprietary CMdS-TPL solution	O.C.G.A. § 10-1-761(4).
4.5 Attachment Q – Mandatory Score Questions- TPL System Module – Q.11 SYSMOD39	Q-141	Figure Q-87 Interface Load Transaction Errors. The report provides the errors encountered while loading a standard interface file.	**CONDUENT TRADE SECRET** Contains internal screen shots of Conduent proprietary CMdS-TPL solution	O.C.G.A. § 10-1-761(4).

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Section	Pages	Description of Item to Redact	Reason Claiming Exemption	Exemption from Georgia Law
4.5 Attachment Q – Mandatory Score Questions- TPL System Module – Q.11 SYSMOD39	Q-142	Figure Q-88 Global Audit Search. The global audit search capability enables authorized users to search for update processing errors.	**CONDUENT TRADE SECRET** Contains internal screen shots of Conduent proprietary CMdS-TPL solution	O.C.G.A. § 10-1-761(4).
4.5 Attachment Q – Mandatory Score Questions- TPL System Module – Q.11 SYSMOD40	Q-144	Figure Q-89 Member Case Representative and Custodial/Absent Parent Information. These screens show how the case representative and custodial/absent parent information is stored and viewed in CMdS-TPL.	**CONDUENT TRADE SECRET** Contains internal screen shots of Conduent proprietary CMdS-TPL solution	O.C.G.A. § 10-1-761(4).
4.5 Attachment Q – Mandatory Score Questions- TPL System Module – Q.11 SYSMOD41	Q-145	Figure Q-90 Data Element Valid Values. This web page displays the codes and descriptions associated with a data element.	**CONDUENT TRADE SECRET** Contains internal screen shots of Conduent proprietary CMdS-TPL solution	O.C.G.A. § 10-1-761(4).
4.5 Attachment Q – Mandatory Score Questions- TPL System Module – Q.11 SYSMOD42	Q-146	Figure Q-91 Data Element Valid Values. This web page shows a data element, data format and size, table and column cross-reference, valid	**CONDUENT TRADE SECRET** Contains internal screen shots of Conduent proprietary CMdS-TPL solution	O.C.G.A. § 10-1-761(4).

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Section	Pages	Description of Item to Redact	Reason Claiming Exemption	Exemption from Georgia Law
		values and short and long descriptions		
4.5 Attachment Q – Mandatory Score Questions- TPL System Module – Q.11 SYSMOD43	Q-147	Figure Q-92 Sample Communication from Conduent's Payment Method Development team	**CONDUENT TRADE SECRET** Contains internal screen shots of Conduent proprietary CMdS-TPL solution	O.C.G.A. § 10-1-761(4).
4.5 Attachment Q – Mandatory Score Questions- TPL System Module – Q.11 SYSMOD45	Q-149	Figure Q-93 Procedure Indicator Update. This screen illustrates the audit log of changes to the general indicators on a procedure code.	**CONDUENT TRADE SECRET** Contains internal screen shots of Conduent proprietary CMdS-TPL solution	O.C.G.A. § 10-1-761(4).
4.5 Attachment Q – Mandatory Score Questions- TPL System Module – Q.11 SYSMOD48	Q-152	Figure Q-95 Member ID link on a Recovery Case. This screen illustrates the blue hyperlinks common throughout CMdS-TPL used to easily link to relevant information throughout our user interfaces.	**CONDUENT TRADE SECRET** Contains internal screen shots of Conduent proprietary CMdS-TPL solution	O.C.G.A. § 10-1-761(4).
4.5 Attachment Q – Mandatory Score Questions- TPL System Module – Q.11 SYSMOD50	Q-154	Figure Q-96 CMdS Conceptual Data Model. CMdS Conceptual Data Model helps align to MITA business architecture as a founding principle for underlying logical schema.	**CONDUENT TRADE SECRET** Contains internal screen shots of Conduent proprietary CMdS-TPL solution	O.C.G.A. § 10-1-761(4).

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Section	Pages	Description of Item to Redact	Reason Claiming Exemption	Exemption from Georgia Law
4.5 Attachment Q – Mandatory Score Questions- TPL System Module – Q.11 SYSMOD55	Q-157	Figure Q-97 Member Search Criteria. Users can easily enter a variety of search criteria based on the information available to locate the member information.	**CONDUENT TRADE SECRET** Contains internal screen shots of Conduent proprietary CMdS-TPL solution	O.C.G.A. § 10-1-761(4).
4.5 Attachment Q – Mandatory Score Questions- TPL System Module – Q.11 SYSMOD57	Q-158	Figure Q-98 CMdS-Insights On-Demand Criteria Selection. When using our on-demand library of reports, you can filter the results using prompts.	**CONDUENT TRADE SECRET** Contains internal screen shots of Conduent proprietary CMdS-TPL solution	O.C.G.A. § 10-1-761(4).
4.5 Attachment Q – Mandatory Score Questions- TPL System Module – Q.11 SYSMOD60	Q-160	Figure Q-99 Member Eligibility and Enrollment. This screen shows the member detail information, including eligibility span data at the bottom, maintained within date spans so that we have a history of the member's eligibility and plan enrollment at adjudication or payment.	**CONDUENT TRADE SECRET** Contains internal screen shots of Conduent proprietary CMdS-TPL solution	O.C.G.A. § 10-1-761(4).
4.5 Attachment Q – Mandatory Score Questions- TPL System Module – Q.11 SYSMOD64	Q-164	Figure Q-101 Provider Identifiers. CMdS-TPL stores multiple begin	**CONDUENT TRADE SECRET** Contains internal screen shots of	O.C.G.A. § 10-1-761(4).

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Section	Pages	Description of Item to Redact	Reason Claiming Exemption	Exemption from Georgia Law
		and end dated provider identifiers.	Conduent proprietary CMdS-TPL solution	
4.5 Attachment Q – Mandatory Score Questions- TPL System Module – Q.11 SYSMOD67	Q-166	Figure Q-102 Service Authorization Search. This screen illustrates the various search criteria available to search for service authorizations.	**CONDUENT TRADE SECRET** Contains internal screen shots of Conduent proprietary CMdS-TPL solution	O.C.G.A. § 10-1-761(4).
4.5 Attachment Q – Mandatory Score Questions- TPL System Module – Q.11 SYSMOD68	Q-167	Figure Q-103 Procedure Code Display. This screen illustrates the search and display web page for procedure codes.	**CONDUENT TRADE SECRET** Contains internal screen shots of Conduent proprietary CMdS-TPL solution	O.C.G.A. § 10-1-761(4).
4.5 Attachment Q – Mandatory Score Questions- TPL System Module – Q.11 SYSMOD69	Q-168	Figure Q-104 Message Text Maintenance. This screen shows how CMdS maintains adjustment reason code message text for use in reviewing carrier billing responses.	**CONDUENT TRADE SECRET** Contains internal screen shots of Conduent proprietary CMdS-TPL solution	O.C.G.A. § 10-1-761(4).
4.5 Attachment Q – Mandatory Score Questions- TPL System Module – Q.11 SYSMOD74	Q-170	Figure Q-105 Provider Maintenance NPI. This screen shows how CMdS displays an error message if the provider NPI doesn't pass the validation rules.	**CONDUENT TRADE SECRET** Contains internal screen shots of Conduent proprietary CMdS-TPL solution	O.C.G.A. § 10-1-761(4).

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Section	Pages	Description of Item to Redact	Reason Claiming Exemption	Exemption from Georgia Law
4.5 Attachment Q – Mandatory Score Questions- TPL System Module – Q.12 SYSMOD82	Q-180	Figure Q-108 CMdS Online Help. The CMdS product includes comprehensive and context-sensitive online help.	**CONDUENT TRADE SECRET** Contains internal screen shots of Conduent proprietary CMdS-TPL solution	O.C.G.A. § 10-1-761(4).
4.5 Attachment Q – Mandatory Score Questions- TPL System Module – Q.12 SYSMOD88	Q-183	Figure Q-109 Entire Screen for Printing. CMdS is compatible with screen-print tools such as Snipping Tool and TechSmith Snagit® to allow users to print visible and/or scrolling screens and associated data in the application.	**CONDUENT TRADE SECRET** Contains internal screen shots of Conduent proprietary CMdS-TPL solution	O.C.G.A. § 10-1-761(4).
4.5 Attachment Q – Mandatory Score Questions- TPL System Module – Q.13 SYSMOD98	Q-189	Figure Q-110 Document Search Page. This page shows some of the document search options available within the ECM solution.	**CONDUENT TRADE SECRET** Contains internal screen shots of Conduent proprietary CMdS-TPL solution	O.C.G.A. § 10-1-761(4).
4.5 Attachment Q – Mandatory Score Questions- TPL System Module – Q.16 SYSMOD129	Q-202	Figure Q-114 CMdS Architecture with High Availability, Auto Scaling and CI/CD Conduent's CMdS product is scalable and fully capable of supporting State's	**CONDUENT TRADE SECRET** Contains internal screen shots of Conduent proprietary CMdS-TPL solution	O.C.G.A. § 10-1-761(4).

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Section	Pages	Description of Item to Redact	Reason Claiming Exemption	Exemption from Georgia Law
		infrastructure and application scaling requirements to meet increases in demand.		
4.5 Attachment Q – Mandatory Score Questions- TPL System Module – Q.16 SYSMOD132	Q-205	Figure Q-115 Real-time and Batch Messaging. This graphic represents the real-time and batch/ETL messaging using the Conduent Digital Hub.	**CONDUENT TRADE SECRET** Contains internal screen shots of Conduent proprietary CMdS-TPL solution	O.C.G.A. § 10-1-761(4).
4.5 Attachment Q – Mandatory Score Questions- TPL System Module – Q.16 SYSMOD133	Q-206	Figure Q-116 CMdS Cloud Native Architecture. CMdS is a cloud-native system built with loosely-coupled services.	**CONDUENT TRADE SECRET** Contains internal screen shots of Conduent proprietary CMdS-TPL solution	O.C.G.A. § 10-1-761(4).
4.5 Attachment Q – Mandatory Score Questions- TPL System Module – Q.16 SYSMOD141	Q-212	Figure Q-117 API Endpoint Management. We manage API definitions using CMdS API Management Suite.	**CONDUENT TRADE SECRET** Contains internal screen shots of Conduent proprietary CMdS-TPL solution	O.C.G.A. § 10-1-761(4).
4.5 Attachment Q – Mandatory Score Questions- TPL System Module – Q.18 SYSMOD172	Q-218	Figure Q-118 Conduent Performance Management Suite Dashboard Sample: System Availability SLA Dashboard. This sample dashboard focuses on system	**CONDUENT TRADE SECRET** Contains internal screen shots of proprietary software solution	O.C.G.A. § 10-1-761(4).

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Section	Pages	Description of Item to Redact	Reason Claiming Exemption	Exemption from Georgia Law
		availability and applicable metrics.		
Cost Narrative	All	Describes Conduent's pricing information	**CONDUENT TRADE SECRET** This section contains technical information relating to Conduent's' distinctive methods for implementing the proposed solution. This information is treated by the company as proprietary and confidential information. The organizational structures and staffing models identified in this section are trade secrets of Conduent and contain Personally Identifiable Information (PII) related to the staff of the project.	O.C.G.A. § 10-1-761(4).

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TAX COMPLIANCE

INSTRUCTIONS TO SUPPLIERS
Please complete the following information:

- Supplier's Name: **Conduent State Healthcare, LLC**
- Physical Location Address: 9601 Amberglen Blvd, Suite 200, Austin, TX 78727
- Federal Identification Number (FEI): 58-2479287
- Have you ever been registered in the State of Georgia? Yes
- If so, please provide the following information, if applicable:
    - State Taxpayer Identification Number (STI): 582479287
    - Sales and Use Tax Number: 300700710
    - Withholding Tax Number: 2063635-RZ
- What type of service will you perform? Third Party Liability Services
- Will you sell any tangible personal property or goods? No
- Supplier's Affiliate's Name: N/A
    - FEI: N/A
    - STI: N/A
    - Sales and Use Tax Number: N/A
    - Withholding Tax Number: N/A

  If there is more than one affiliate, please attach a separate sheet listing the information above.
- Person responsible for handling supplier's tax issues (such as the CFO, the company tax officer, etc.):
    - Name: Keith Kruger
    - Telephone Number: 203-722-6984
    - E-mail Address: keith.kruger2@conduent.com

NOTICE TO SUPPLIER:
In the event the supplier is considered for contract award, the information provided in the form will be submitted by the State Entity to the Georgia Department of Revenue ("DOR") for a determination as to whether the supplier is a "prohibited source" (as defined by O.C.G.A. §50-5-82) or whether there are any other outstanding tax issues. MISSING, INCOMPLETE, OR ERRONEOUS DATA MAY DELAY OR PROHIBIT VERIFICATION OF YOUR ELIGIBILITY FOR CONTRACT AWARD. NO PROHIBITED SOURCE MAY RECEIVE CONTRACT AWARD; THEREFORE, YOU ARE STRONGLY ENCOURAGED TO CHECK YOUR TAX STATUS NOW AND RESOLVE ANY OUTSTANDING TAX LIABILITIES AND/OR MISSING TAX RETURNS.

STATE ENTITY: Please submit this form via email to DOR at tsd-state-contractors@dor.ga.gov for processing in accordance with the *Georgia Procurement Manual*.

STATEMENT OF CHRISTOPHER SCOTT MORROW IN SUPPORT OF CLAIM THAT INFORMATION IN REDACTED PROPOSAL IS PROTECTED UNDER GEORGIA LAW FROM DISCLOSURE TO THE PUBLIC

1. My name is Christopher Scott Morrow. I am an Assistant General Counsel of Conduent, Inc., the ultimate parent company of Conduent State Healthcare, LLC ("Conduent"). In this role I am authorized to provide this Statement.

2. Conduent has submitted a proposal in response to eRFP 41900-DCH0000120 issued by the Georgia Department of Administrative Services ("DOAS"). Conduent has also submitted a redacted copy of this proposal ("Redacted Proposal"). The information redacted in the Redacted Proposal is protected under the Georgia Open Records Act, O.C.G.A. § 50-18-70, et seq., from disclosure to the public.

3. The Georgia Open Records Act provides, in pertinent part, that public disclosure shall not be required for records that are "trade secrets obtained from a person or business entity that are required by law, regulation, bid, or request for proposal to be submitted to an agency." O.C.G.A. § 50-18-72(a)(34).

4. The Georgia Trade Secrets Act, O.C.G.A. § 10-1-760, et seq., provides that a "trade secret" is:

> [I]nformation, without regard to form, including, but not limited to, technical or nontechnical data, a formula, a pattern, a compilation, a program, a device, a method, a technique, a drawing, a process, financial data, financial plans, product plans, or a list of actual or potential customers or suppliers which is not commonly known by or available to the public and which information: (A) Derives economic value, actual or potential, from not being generally known to, and not being readily ascertainable by proper means by, other persons who can obtain economic value from its disclosure or use; and (B) Is the subject of efforts that are reasonable under the circumstances to maintain its secrecy.

O.C.G.A. § 10-1-761(4).

5. The information redacted in the Redacted Proposal includes technical and nontechnical data as well as financial and other information that is not commonly known by or available to the public, which derives economic value from not being generally known, and which Conduent takes efforts to maintain in secrecy. As such, the redacted information constitutes trade secrets pursuant to the Georgia Trade Secrets Act.

6. Conduent understands that submittal of the Redacted Proposal does not mean that DOAS agrees or has made a determination that the information redacted by Conduent is protected under the Georgia Open Records Act from disclosure to the public. However, we understand that Section 50-18-72(a)(34) of the Georgia Open Records Act proscribes a procedure for producing the designated information in response to a request under that Act.

Dated: December 21, 2020

Christopher Scott Morrow
Assistant General Counsel - Government Sector
Conduent, Inc.
750 First Street, NE
Washington, DC 20002
(202) 840-7093 - office
(703) 286-9640 - cell

Legal Entity Name	State ID (FEIN)	Sales Tax Acct #	Withholding Acct #
Conduent State Healthcare, LLC	58-2479287	300700710	2063635-RZ
Conduent Education Services, LLC	95-2501112		2027072-CQ
Conduent Human Resource Services, LLC	20-2185976		2336349-ZZ
Conduent ParkIndy, LLC	27-4066566		3264456-WR
Conduent Mortgage Services, Inc.	58-2585929	308402721	3249416-QW
Conduent Healthcare Knowledge Solutions, Inc.	59-3236696		2078036-BV
Conduent Care Solutions, LLC	59-3159126		2075767-BN
Conduent Public Health Solutions, Inc.	13-4248335		3383485-TZ
Conduent Healthy Communities Corporation	30-0484431		3116554-ZA
Conduent Patient Access Solutions, LLC	42-1634554		3217143-BK
Conduent Heritage, LLC	04-2846830		2287401-NP
Conduent Care and Quality Solutions, Inc.	39-1677922		2401577-AZ
Conduent Federal Solutions, LLC	86-1131395		2308314-BF
Conduent EDI Solutions, Inc.	61-1429060		3338169-KP
Conduent Care Management, Inc.	75-2751324		2053617-AS
Conduent Business Process Optimization Services, Inc.	74-2884791		3047945-ZP
Conduent Transport Solutions, Inc.	58-1417067	067225419	2746814-BB
Conduent Commercial Solutions, LLC	87-0476606	308584314	3091485-HI
Conduent Payment Integrity Solutions, Inc.	36-4129784		3047005-BL
Conduent Bill Review Corporation	33-0803325		3091414-BL
Conduent Learning Services, Inc.	91-1954275		2277074-TP
Conduent Image Solutions, Inc.	64-0394095	200027760	8629248-IR
Conduent HR Services, LLC	04-3609848		2255857-IR
Conduent Health Administration, Inc.	13-4230412		2263264-KW
Conduent Business Services, LLC	32-0293031	175830804	3007283-SR
Conduent Credit Balance Solutions, LLC	52-2299520		3048637-YQ
Conduent State & Local Solutions, Inc	13-1996647	214271389	1856755-YT

Form **W-9**
(Rev. October 2018)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

▶ Go to *www.irs.gov/FormW9* for instructions and the latest information.

Give Form to the requester. Do not send to the IRS.

Print or type. See Specific Instructions on page 3.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.

CONDUENT INCORPORATED

2 Business name/disregarded entity name, if different from above

CONDUENT STATE HEALTHCARE, LLC (TIN 58-2479287)

3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only **one** of the following seven boxes.

☐ Individual/sole proprietor or single-member LLC ☑ C Corporation ☐ S Corporation ☐ Partnership ☐ Trust/estate

☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____

Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is **not** disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.

☐ Other (see instructions) ▶

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Exempt payee code (if any) 5

Exemption from FATCA reporting code (if any) D

(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.) See instructions.

100 CAMPUS DRIVE SUITE 200 EAST

Requester's name and address (optional)

6 City, state, and ZIP code

FLORHAM PARK, NJ 07932

7 List account number(s) here (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number

			–			–				

or

Employer identification number

8	1	–	2	9	8	3	6	2	3

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here **Signature of U.S. person** ▶ Sonea R. Hollies **Date** ▶ 1/7/2020

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to *www.irs.gov/FormW9*.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, *later.*

By signing the filled-out form, you:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),

2. Certify that you are not subject to backup withholding, or

3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and

4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting*, later, for further information.

Note: If you are a U.S. person and a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien;
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States;
- An estate (other than a foreign estate); or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax under section 1446 on any foreign partners' share of effectively connected taxable income from such business. Further, in certain cases where a Form W-9 has not been received, the rules under section 1446 require a partnership to presume that a partner is a foreign person, and pay the section 1446 withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid section 1446 withholding on your share of partnership income.

In the cases below, the following person must give Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States.

- In the case of a disregarded entity with a U.S. owner, the U.S. owner of the disregarded entity and not the entity;
- In the case of a grantor trust with a U.S. grantor or other U.S. owner, generally, the U.S. grantor or other U.S. owner of the grantor trust and not the trust; and
- In the case of a U.S. trust (other than a grantor trust), the U.S. trust (other than a grantor trust) and not the beneficiaries of the trust.

Foreign person. If you are a foreign person or the U.S. branch of a foreign bank that has elected to be treated as a U.S. person, do not use Form W-9. Instead, use the appropriate Form W-8 or Form 8233 (see Pub. 515, Withholding of Tax on Nonresident Aliens and Foreign Entities).

Nonresident alien who becomes a resident alien. Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a "saving clause." Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the payee has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement to Form W-9 that specifies the following five items.

1. The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.

2. The treaty article addressing the income.

3. The article number (or location) in the tax treaty that contains the saving clause and its exceptions.

4. The type and amount of income that qualifies for the exemption from tax.

5. Sufficient facts to justify the exemption from tax under the terms of the treaty article.

Example. Article 20 of the U.S.-China income tax treaty allows an exemption from tax for scholarship income received by a Chinese student temporarily present in the United States. Under U.S. law, this student will become a resident alien for tax purposes if his or her stay in the United States exceeds 5 calendar years. However, paragraph 2 of the first Protocol to the U.S.-China treaty (dated April 30, 1984) allows the provisions of Article 20 to continue to apply even after the Chinese student becomes a resident alien of the United States. A Chinese student who qualifies for this exception (under paragraph 2 of the first protocol) and is relying on this exception to claim an exemption from tax on his or her scholarship or fellowship income would attach to Form W-9 a statement that includes the information described above to support that exemption.

If you are a nonresident alien or a foreign entity, give the requester the appropriate completed Form W-8 or Form 8233.

Backup Withholding

What is backup withholding? Persons making certain payments to you must under certain conditions withhold and pay to the IRS 24% of such payments. This is called "backup withholding." Payments that may be subject to backup withholding include interest, tax-exempt interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, payments made in settlement of payment card and third party network transactions, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

You will not be subject to backup withholding on payments you receive if you give the requester your correct TIN, make the proper certifications, and report all your taxable interest and dividends on your tax return.

Payments you receive will be subject to backup withholding if:

1. You do not furnish your TIN to the requester,

2. You do not certify your TIN when required (see the instructions for Part II for details),

3. The IRS tells the requester that you furnished an incorrect TIN,

4. The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only), or

5. You do not certify to the requester that you are not subject to backup withholding under 4 above (for reportable interest and dividend accounts opened after 1983 only).

Certain payees and payments are exempt from backup withholding. See *Exempt payee code*, later, and the separate Instructions for the Requester of Form W-9 for more information.

Also see *Special rules for partnerships*, earlier.

What is FATCA Reporting?

The Foreign Account Tax Compliance Act (FATCA) requires a participating foreign financial institution to report all United States account holders that are specified United States persons. Certain payees are exempt from FATCA reporting. See *Exemption from FATCA reporting code*, later, and the Instructions for the Requester of Form W-9 for more information.

Updating Your Information

You must provide updated information to any person to whom you claimed to be an exempt payee if you are no longer an exempt payee and anticipate receiving reportable payments in the future from this person. For example, you may need to provide updated information if you are a C corporation that elects to be an S corporation, or if you no longer are tax exempt. In addition, you must furnish a new Form W-9 if the name or TIN changes for the account; for example, if the grantor of a grantor trust dies.

Penalties

Failure to furnish TIN. If you fail to furnish your correct TIN to a requester, you are subject to a penalty of $50 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

Civil penalty for false information with respect to withholding. If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a $500 penalty.

Criminal penalty for falsifying information. Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

Misuse of TINs. If the requester discloses or uses TINs in violation of federal law, the requester may be subject to civil and criminal penalties.

Specific Instructions

Line 1

You must enter one of the following on this line; **do not** leave this line blank. The name should match the name on your tax return.

If this Form W-9 is for a joint account (other than an account maintained by a foreign financial institution (FFI)), list first, and then circle, the name of the person or entity whose number you entered in Part I of Form W-9. If you are providing Form W-9 to an FFI to document a joint account, each holder of the account that is a U.S. person must provide a Form W-9.

a. **Individual.** Generally, enter the name shown on your tax return. If you have changed your last name without informing the Social Security Administration (SSA) of the name change, enter your first name, the last name as shown on your social security card, and your new last name.

Note: ITIN applicant: Enter your individual name as it was entered on your Form W-7 application, line 1a. This should also be the same as the name you entered on the Form 1040/1040A/1040EZ you filed with your application.

b. **Sole proprietor or single-member LLC.** Enter your individual name as shown on your 1040/1040A/1040EZ on line 1. You may enter your business, trade, or "doing business as" (DBA) name on line 2.

c. **Partnership, LLC that is not a single-member LLC, C corporation, or S corporation.** Enter the entity's name as shown on the entity's tax return on line 1 and any business, trade, or DBA name on line 2.

d. **Other entities.** Enter your name as shown on required U.S. federal tax documents on line 1. This name should match the name shown on the charter or other legal document creating the entity. You may enter any business, trade, or DBA name on line 2.

e. **Disregarded entity.** For U.S. federal tax purposes, an entity that is disregarded as an entity separate from its owner is treated as a "disregarded entity." See Regulations section 301.7701-2(c)(2)(iii). Enter the owner's name on line 1. The name of the entity entered on line 1 should never be a disregarded entity. The name on line 1 should be the name shown on the income tax return on which the income should be reported. For example, if a foreign LLC that is treated as a disregarded entity for U.S. federal tax purposes has a single owner that is a U.S. person, the U.S. owner's name is required to be provided on line 1. If the direct owner of the entity is also a disregarded entity, enter the first owner that is not disregarded for federal tax purposes. Enter the disregarded entity's name on line 2, "Business name/disregarded entity name." If the owner of the disregarded entity is a foreign person, the owner must complete an appropriate Form W-8 instead of a Form W-9. This is the case even if the foreign person has a U.S. TIN.

Line 2

If you have a business name, trade name, DBA name, or disregarded entity name, you may enter it on line 2.

Line 3

Check the appropriate box on line 3 for the U.S. federal tax classification of the person whose name is entered on line 1. Check only one box on line 3.

IF the entity/person on line 1 is a(n) . . .	THEN check the box for . . .
• Corporation	Corporation
• Individual • Sole proprietorship, or • Single-member limited liability company (LLC) owned by an individual and disregarded for U.S. federal tax purposes.	Individual/sole proprietor or single-member LLC
• LLC treated as a partnership for U.S. federal tax purposes, • LLC that has filed Form 8832 or 2553 to be taxed as a corporation, or • LLC that is disregarded as an entity separate from its owner but the owner is another LLC that is not disregarded for U.S. federal tax purposes.	Limited liability company and enter the appropriate tax classification. (P= Partnership; C= C corporation; or S= S corporation)
• Partnership	Partnership
• Trust/estate	Trust/estate

Line 4, Exemptions

If you are exempt from backup withholding and/or FATCA reporting, enter in the appropriate space on line 4 any code(s) that may apply to you.

Exempt payee code.

- Generally, individuals (including sole proprietors) are not exempt from backup withholding.
- Except as provided below, corporations are exempt from backup withholding for certain payments, including interest and dividends.
- Corporations are not exempt from backup withholding for payments made in settlement of payment card or third party network transactions.
- Corporations are not exempt from backup withholding with respect to attorneys' fees or gross proceeds paid to attorneys, and corporations that provide medical or health care services are not exempt with respect to payments reportable on Form 1099-MISC.

The following codes identify payees that are exempt from backup withholding. Enter the appropriate code in the space in line 4.

1—An organization exempt from tax under section 501(a), any IRA, or a custodial account under section 403(b)(7) if the account satisfies the requirements of section 401(f)(2)

2—The United States or any of its agencies or instrumentalities

3—A state, the District of Columbia, a U.S. commonwealth or possession, or any of their political subdivisions or instrumentalities

4—A foreign government or any of its political subdivisions, agencies, or instrumentalities

5—A corporation

6—A dealer in securities or commodities required to register in the United States, the District of Columbia, or a U.S. commonwealth or possession

7—A futures commission merchant registered with the Commodity Futures Trading Commission

8—A real estate investment trust

9—An entity registered at all times during the tax year under the Investment Company Act of 1940

10—A common trust fund operated by a bank under section 584(a)

11—A financial institution

12—A middleman known in the investment community as a nominee or custodian

13—A trust exempt from tax under section 664 or described in section 4947

The following chart shows types of payments that may be exempt from backup withholding. The chart applies to the exempt payees listed above, 1 through 13.

IF the payment is for . . .	THEN the payment is exempt for . . .
Interest and dividend payments	All exempt payees except for 7
Broker transactions	Exempt payees 1 through 4 and 6 through 11 and all C corporations. S corporations must not enter an exempt payee code because they are exempt only for sales of noncovered securities acquired prior to 2012.
Barter exchange transactions and patronage dividends	Exempt payees 1 through 4
Payments over $600 required to be reported and direct sales over $5,000[1]	Generally, exempt payees 1 through 5[2]
Payments made in settlement of payment card or third party network transactions	Exempt payees 1 through 4

[1] See Form 1099-MISC, Miscellaneous Income, and its instructions.

[2] However, the following payments made to a corporation and reportable on Form 1099-MISC are not exempt from backup withholding: medical and health care payments, attorneys' fees, gross proceeds paid to an attorney reportable under section 6045(f), and payments for services paid by a federal executive agency.

Exemption from FATCA reporting code. The following codes identify payees that are exempt from reporting under FATCA. These codes apply to persons submitting this form for accounts maintained outside of the United States by certain foreign financial institutions. Therefore, if you are only submitting this form for an account you hold in the United States, you may leave this field blank. Consult with the person requesting this form if you are uncertain if the financial institution is subject to these requirements. A requester may indicate that a code is not required by providing you with a Form W-9 with "Not Applicable" (or any similar indication) written or printed on the line for a FATCA exemption code.

A—An organization exempt from tax under section 501(a) or any individual retirement plan as defined in section 7701(a)(37)

B—The United States or any of its agencies or instrumentalities

C—A state, the District of Columbia, a U.S. commonwealth or possession, or any of their political subdivisions or instrumentalities

D—A corporation the stock of which is regularly traded on one or more established securities markets, as described in Regulations section 1.1472-1(c)(1)(i)

E—A corporation that is a member of the same expanded affiliated group as a corporation described in Regulations section 1.1472-1(c)(1)(i)

F—A dealer in securities, commodities, or derivative financial instruments (including notional principal contracts, futures, forwards, and options) that is registered as such under the laws of the United States or any state

G—A real estate investment trust

H—A regulated investment company as defined in section 851 or an entity registered at all times during the tax year under the Investment Company Act of 1940

I—A common trust fund as defined in section 584(a)

J—A bank as defined in section 581

K—A broker

L—A trust exempt from tax under section 664 or described in section 4947(a)(1)

M—A tax exempt trust under a section 403(b) plan or section 457(g) plan

Note: You may wish to consult with the financial institution requesting this form to determine whether the FATCA code and/or exempt payee code should be completed.

Line 5

Enter your address (number, street, and apartment or suite number). This is where the requester of this Form W-9 will mail your information returns. If this address differs from the one the requester already has on file, write NEW at the top. If a new address is provided, there is still a chance the old address will be used until the payor changes your address in their records.

Line 6

Enter your city, state, and ZIP code.

Part I. Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. If you are a resident alien and you do not have and are not eligible to get an SSN, your TIN is your IRS individual taxpayer identification number (ITIN). Enter it in the social security number box. If you do not have an ITIN, see *How to get a TIN* below.

If you are a sole proprietor and you have an EIN, you may enter either your SSN or EIN.

If you are a single-member LLC that is disregarded as an entity separate from its owner, enter the owner's SSN (or EIN, if the owner has one). Do not enter the disregarded entity's EIN. If the LLC is classified as a corporation or partnership, enter the entity's EIN.

Note: See *What Name and Number To Give the Requester*, later, for further clarification of name and TIN combinations.

How to get a TIN. If you do not have a TIN, apply for one immediately. To apply for an SSN, get Form SS-5, Application for a Social Security Card, from your local SSA office or get this form online at *www.SSA.gov*. You may also get this form by calling 1-800-772-1213. Use Form W-7, Application for IRS Individual Taxpayer Identification Number, to apply for an ITIN, or Form SS-4, Application for Employer Identification Number, to apply for an EIN. You can apply for an EIN online by accessing the IRS website at *www.irs.gov/Businesses* and clicking on Employer Identification Number (EIN) under Starting a Business. Go to *www.irs.gov/Forms* to view, download, or print Form W-7 and/or Form SS-4. Or, you can go to *www.irs.gov/OrderForms* to place an order and have Form W-7 and/or SS-4 mailed to you within 10 business days.

If you are asked to complete Form W-9 but do not have a TIN, apply for a TIN and write "Applied For" in the space for the TIN, sign and date the form, and give it to the requester. For interest and dividend payments, and certain payments made with respect to readily tradable instruments, generally you will have 60 days to get a TIN and give it to the requester before you are subject to backup withholding on payments. The 60-day rule does not apply to other types of payments. You will be subject to backup withholding on all such payments until you provide your TIN to the requester.

Note: Entering "Applied For" means that you have already applied for a TIN or that you intend to apply for one soon.

Caution: A disregarded U.S. entity that has a foreign owner must use the appropriate Form W-8.

Part II. Certification

To establish to the withholding agent that you are a U.S. person, or resident alien, sign Form W-9. You may be requested to sign by the withholding agent even if item 1, 4, or 5 below indicates otherwise.

For a joint account, only the person whose TIN is shown in Part I should sign (when required). In the case of a disregarded entity, the person identified on line 1 must sign. Exempt payees, see *Exempt payee code*, earlier.

Signature requirements. Complete the certification as indicated in items 1 through 5 below.

1. Interest, dividend, and barter exchange accounts opened before 1984 and broker accounts considered active during 1983. You must give your correct TIN, but you do not have to sign the certification.

2. Interest, dividend, broker, and barter exchange accounts opened after 1983 and broker accounts considered inactive during 1983. You must sign the certification or backup withholding will apply. If you are subject to backup withholding and you are merely providing your correct TIN to the requester, you must cross out item 2 in the certification before signing the form.

3. Real estate transactions. You must sign the certification. You may cross out item 2 of the certification.

4. Other payments. You must give your correct TIN, but you do not have to sign the certification unless you have been notified that you have previously given an incorrect TIN. "Other payments" include payments made in the course of the requester's trade or business for rents, royalties, goods (other than bills for merchandise), medical and health care services (including payments to corporations), payments to a nonemployee for services, payments made in settlement of payment card and third party network transactions, payments to certain fishing boat crew members and fishermen, and gross proceeds paid to attorneys (including payments to corporations).

5. Mortgage interest paid by you, acquisition or abandonment of secured property, cancellation of debt, qualified tuition program payments (under section 529), ABLE accounts (under section 529A), IRA, Coverdell ESA, Archer MSA or HSA contributions or distributions, and pension distributions. You must give your correct TIN, but you do not have to sign the certification.

What Name and Number To Give the Requester

For this type of account:	Give name and SSN of:
1. Individual	The individual
2. Two or more individuals (joint account) other than an account maintained by an FFI	The actual owner of the account or, if combined funds, the first individual on the account[1]
3. Two or more U.S. persons (joint account maintained by an FFI)	Each holder of the account
4. Custodial account of a minor (Uniform Gift to Minors Act)	The minor[2]
5. a. The usual revocable savings trust (grantor is also trustee) b. So-called trust account that is not a legal or valid trust under state law	The grantor-trustee[1] The actual owner[1]
6. Sole proprietorship or disregarded entity owned by an individual	The owner[3]
7. Grantor trust filing under Optional Form 1099 Filing Method 1 (see Regulations section 1.671-4(b)(2)(i)(A))	The grantor*
For this type of account:	**Give name and EIN of:**
8. Disregarded entity not owned by an individual	The owner
9. A valid trust, estate, or pension trust	Legal entity[4]
10. Corporation or LLC electing corporate status on Form 8832 or Form 2553	The corporation
11. Association, club, religious, charitable, educational, or other tax-exempt organization	The organization
12. Partnership or multi-member LLC	The partnership
13. A broker or registered nominee	The broker or nominee
14. Account with the Department of Agriculture in the name of a public entity (such as a state or local government, school district, or prison) that receives agricultural program payments	The public entity
15. Grantor trust filing under the Form 1041 Filing Method or the Optional Form 1099 Filing Method 2 (see Regulations section 1.671-4(b)(2)(i)(B))	The trust

[1] List first and circle the name of the person whose number you furnish. If only one person on a joint account has an SSN, that person's number must be furnished.

[2] Circle the minor's name and furnish the minor's SSN.

[3] You must show your individual name and you may also enter your business or DBA name on the "Business name/disregarded entity" name line. You may use either your SSN or EIN (if you have one), but the IRS encourages you to use your SSN.

[4] List first and circle the name of the trust, estate, or pension trust. (Do not furnish the TIN of the personal representative or trustee unless the legal entity itself is not designated in the account title.) Also see *Special rules for partnerships*, earlier.

***Note:** The grantor also must provide a Form W-9 to trustee of trust.

Note: If no name is circled when more than one name is listed, the number will be considered to be that of the first name listed.

Secure Your Tax Records From Identity Theft

Identity theft occurs when someone uses your personal information such as your name, SSN, or other identifying information, without your permission, to commit fraud or other crimes. An identity thief may use your SSN to get a job or may file a tax return using your SSN to receive a refund.

To reduce your risk:

- Protect your SSN,
- Ensure your employer is protecting your SSN, and
- Be careful when choosing a tax preparer.

If your tax records are affected by identity theft and you receive a notice from the IRS, respond right away to the name and phone number printed on the IRS notice or letter.

If your tax records are not currently affected by identity theft but you think you are at risk due to a lost or stolen purse or wallet, questionable credit card activity or credit report, contact the IRS Identity Theft Hotline at 1-800-908-4490 or submit Form 14039.

For more information, see Pub. 5027, Identity Theft Information for Taxpayers.

Victims of identity theft who are experiencing economic harm or a systemic problem, or are seeking help in resolving tax problems that have not been resolved through normal channels, may be eligible for Taxpayer Advocate Service (TAS) assistance. You can reach TAS by calling the TAS toll-free case intake line at 1-877-777-4778 or TTY/TDD 1-800-829-4059.

Protect yourself from suspicious emails or phishing schemes. Phishing is the creation and use of email and websites designed to mimic legitimate business emails and websites. The most common act is sending an email to a user falsely claiming to be an established legitimate enterprise in an attempt to scam the user into surrendering private information that will be used for identity theft.

The IRS does not initiate contacts with taxpayers via emails. Also, the IRS does not request personal detailed information through email or ask taxpayers for the PIN numbers, passwords, or similar secret access information for their credit card, bank, or other financial accounts.

If you receive an unsolicited email claiming to be from the IRS, forward this message to *phishing@irs.gov*. You may also report misuse of the IRS name, logo, or other IRS property to the Treasury Inspector General for Tax Administration (TIGTA) at 1-800-366-4484. You can forward suspicious emails to the Federal Trade Commission at *spam@uce.gov* or report them at *www.ftc.gov/complaint*. You can contact the FTC at *www.ftc.gov/idtheft* or 877-IDTHEFT (877-438-4338). If you have been the victim of identity theft, see *www.IdentityTheft.gov* and Pub. 5027.

Visit *www.irs.gov/IdentityTheft* to learn more about identity theft and how to reduce your risk.

Privacy Act Notice

Section 6109 of the Internal Revenue Code requires you to provide your correct TIN to persons (including federal agencies) who are required to file information returns with the IRS to report interest, dividends, or certain other income paid to you; mortgage interest you paid; the acquisition or abandonment of secured property; the cancellation of debt; or contributions you made to an IRA, Archer MSA, or HSA. The person collecting this form uses the information on the form to file information returns with the IRS, reporting the above information. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation and to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their laws. The information also may be disclosed to other countries under a treaty, to federal and state agencies to enforce civil and criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism. You must provide your TIN whether or not you are required to file a tax return. Under section 3406, payers must generally withhold a percentage of taxable interest, dividend, and certain other payments to a payee who does not give a TIN to the payer. Certain penalties may also apply for providing false or fraudulent information.

State of Georgia

In conjunction with

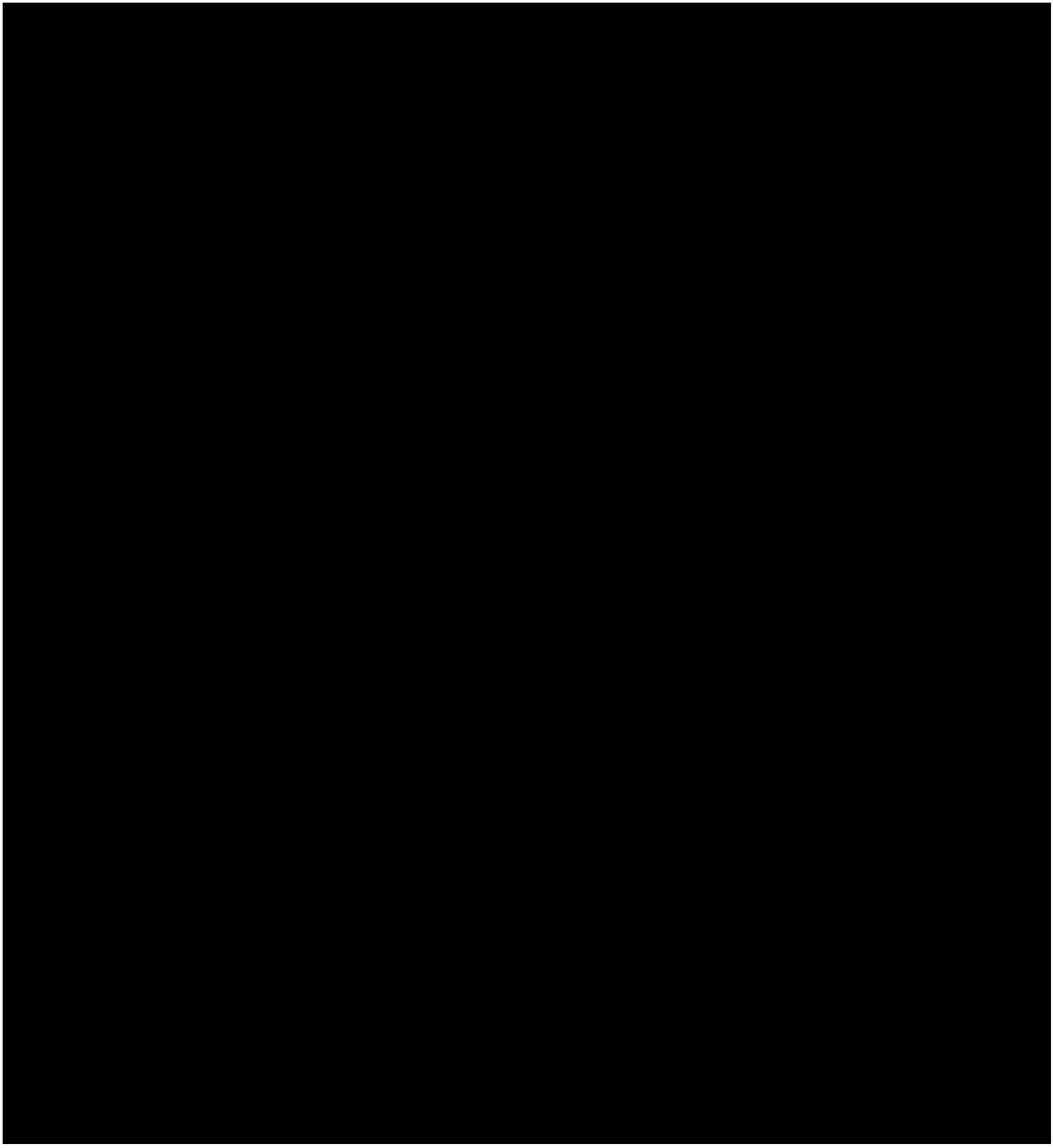
NASPO ValuePoint

Attachment DD
References Form
Event Name: Third Party Liability Services
eRFP (Event) Number: 41900-DCH0000120

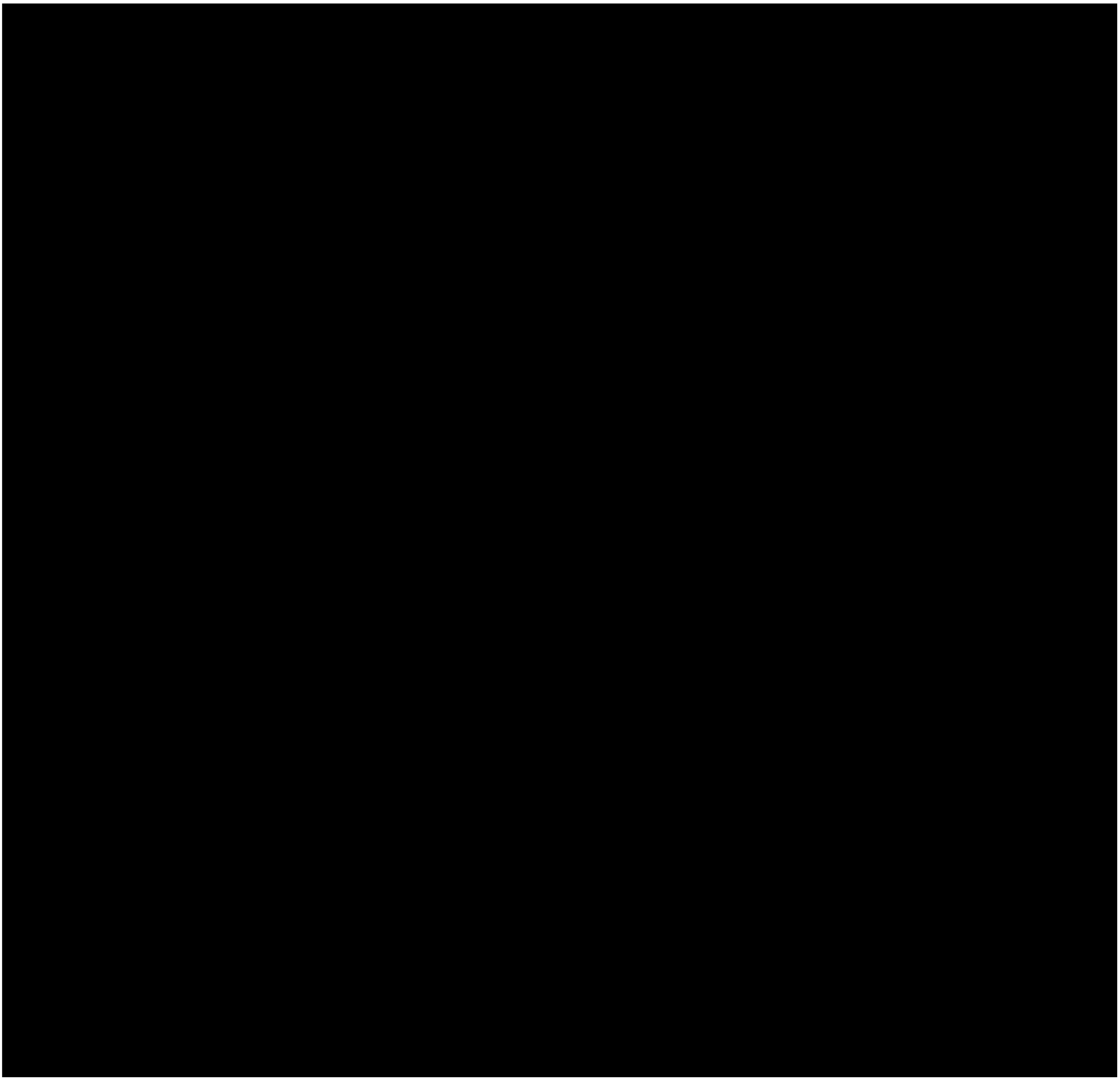
Please provide references as directed in the mandatory scored question for each scope of work proposed. For each year of experience include the company or state where the recoupment work was performed, contact person's name, email address and telephone number. For each state or company identified you must include the annual recovery amount, annual cost saving amount and the population size of the company or state identified. The recovery amount is not applicable to and not required for the Hospital Physician scope of service.

REF #	Company or State	Population Size	Client Contact Information	SIMILAR SCOPE?	Annual Recovery Amount	Annual Cost Savings	CURRENT OR PAST?	PERMISSION TO CONTACT?
1	Montana Department of Health and Human Services – Montana Medicaid Program	290,000 Medicaid Eligible Members	[redacted]	Recovery ☐ Commercial Billing ☒ Hospital Physician ☒ CMO Come Behind ☒ TPL System Module ☐	[redacted]	[redacted]	CURRENT ☒ PAST ☐ **Period of Performance:** **01/01/2019 – 12/31/2019**	YES ☒ NO
2	State of Wyoming, Division of HealthCare Financing	Medicaid Population 60,716 Statewide Population: 563,626	[redacted]	Recovery ☒ Commercial Billing ☐ Hospital Physician ☐ CMO Come Behind ☐ TPL System Module ☒	[redacted]	[redacted]	CURRENT ☒ PAST ☐ **Period of Performance:** **07/01/20 – Present**	YES ☒ NO ☐

3	State of Wyoming, Division of HealthCare Financing	Medicaid Population 76,964 Statewide Population: 567,025	[redacted]	Recovery ☒ Commercial Billing ☐ Hospital Physician ☐ CMO Come Behind ☐ TPL System Module ☒	[redacted]	[redacted]	**CURRENT** ☐ **PAST** ☒ **Period of Performance:** **07/01/2019- 06/30/2020**	**YES** ☒ **NO** ☐



Conduent Trade Secret



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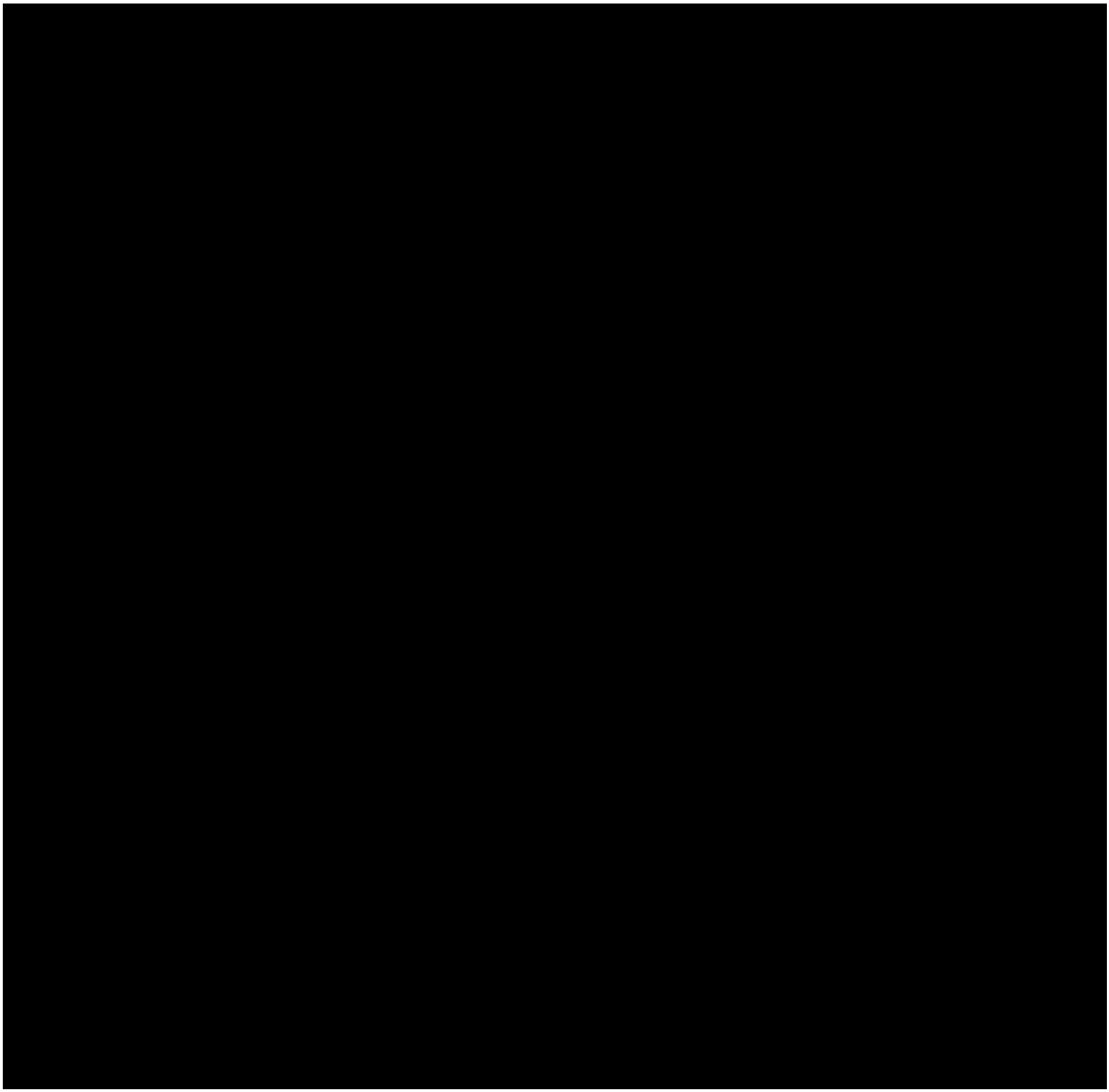
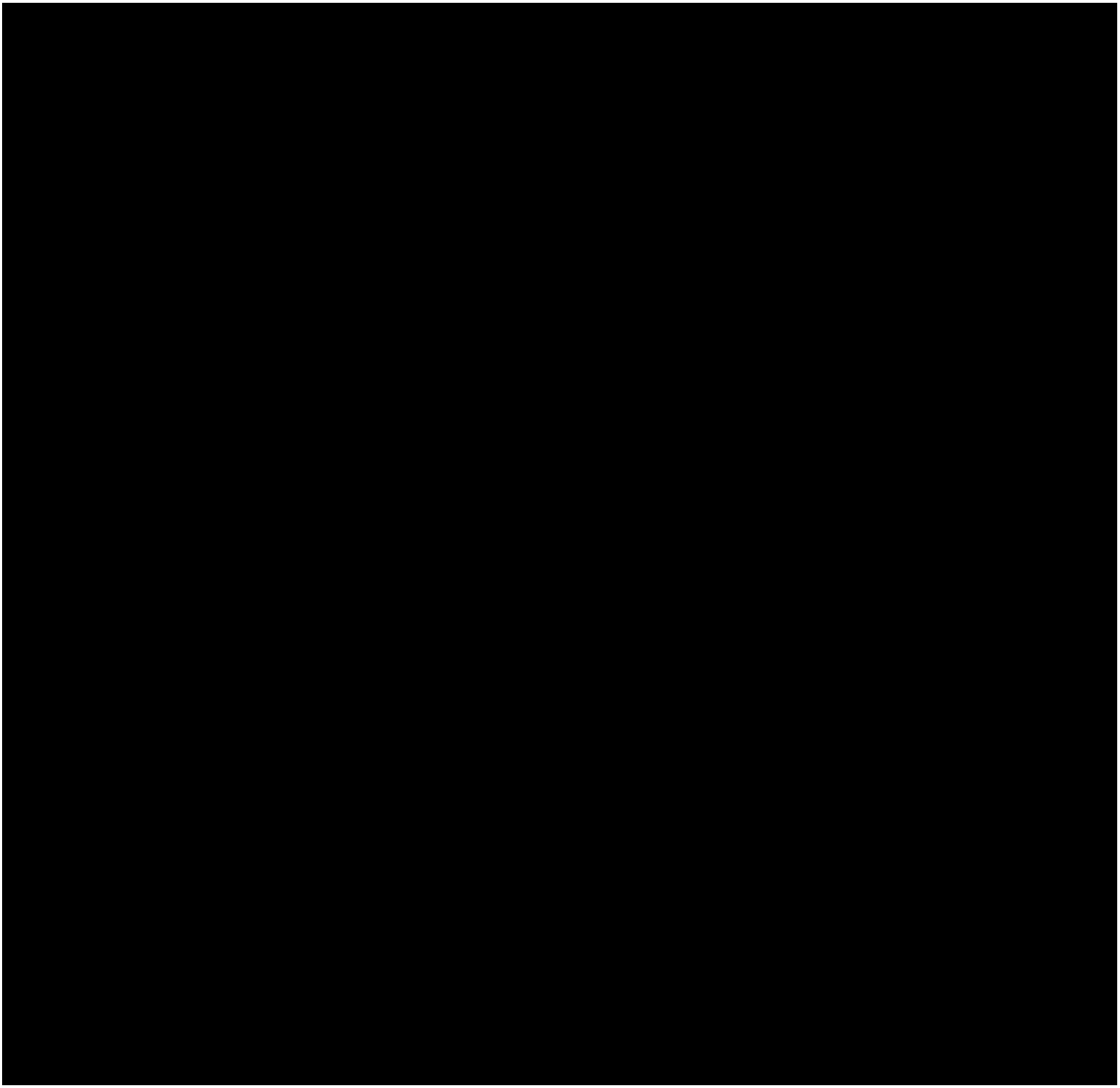
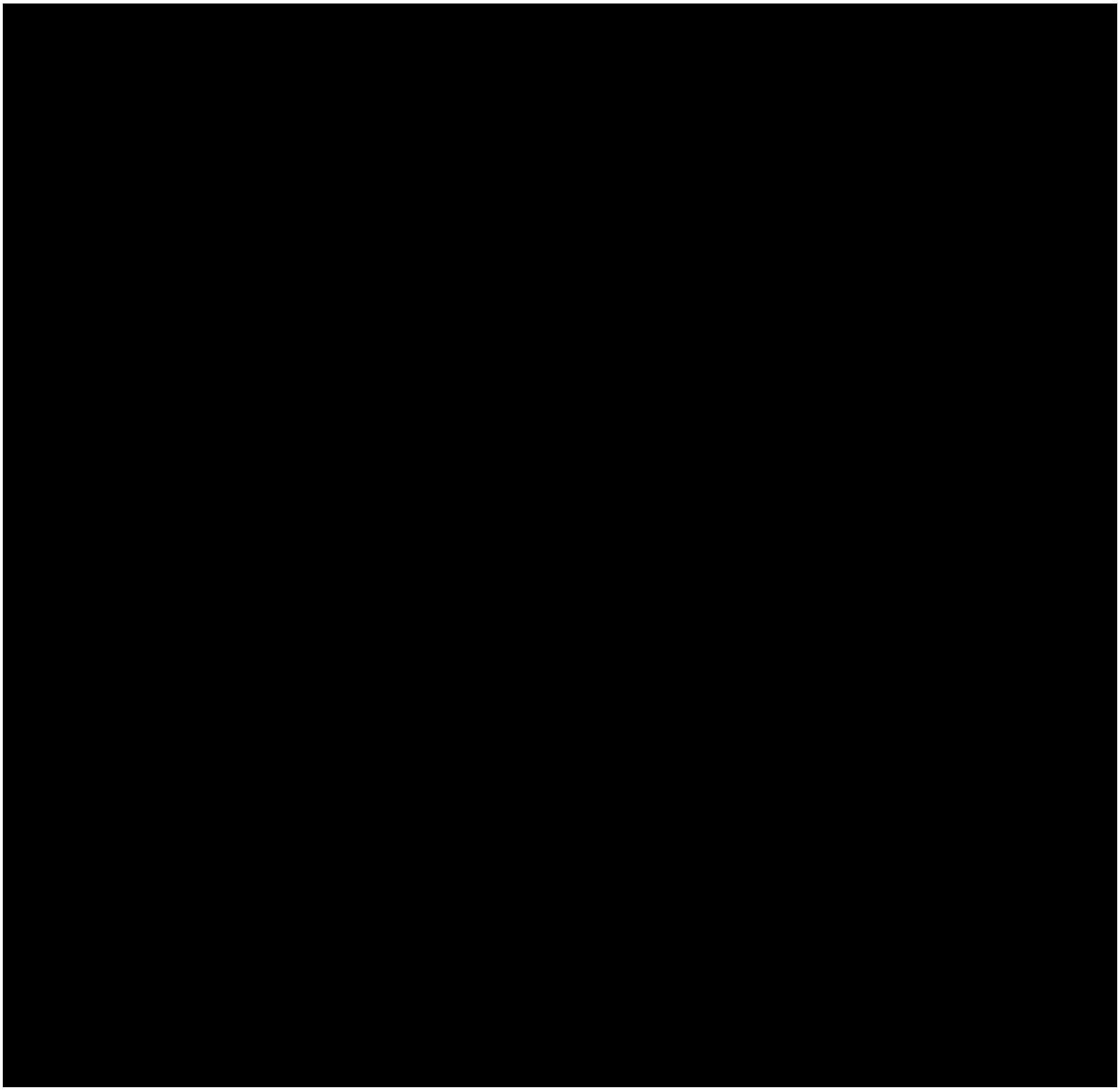
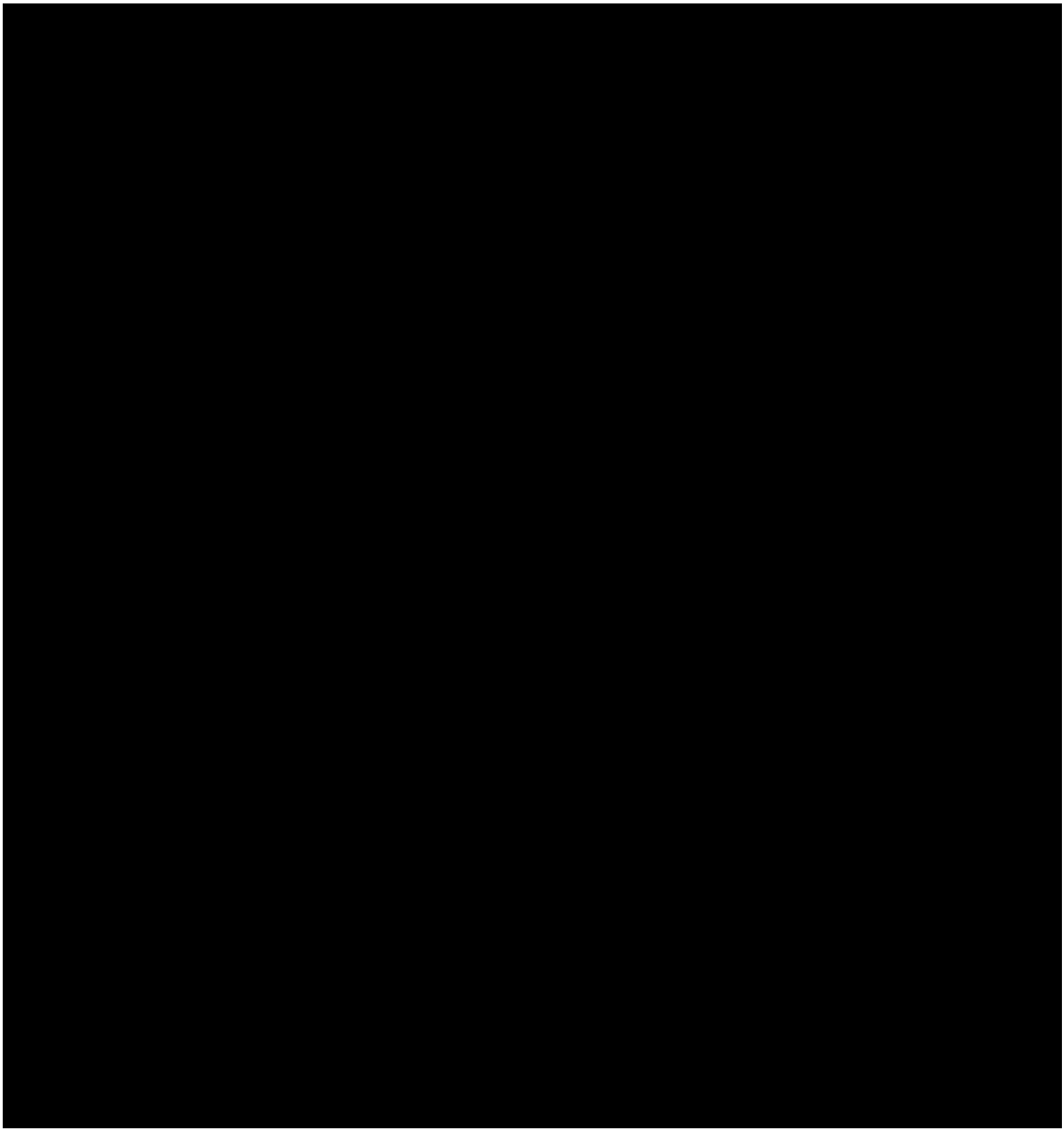
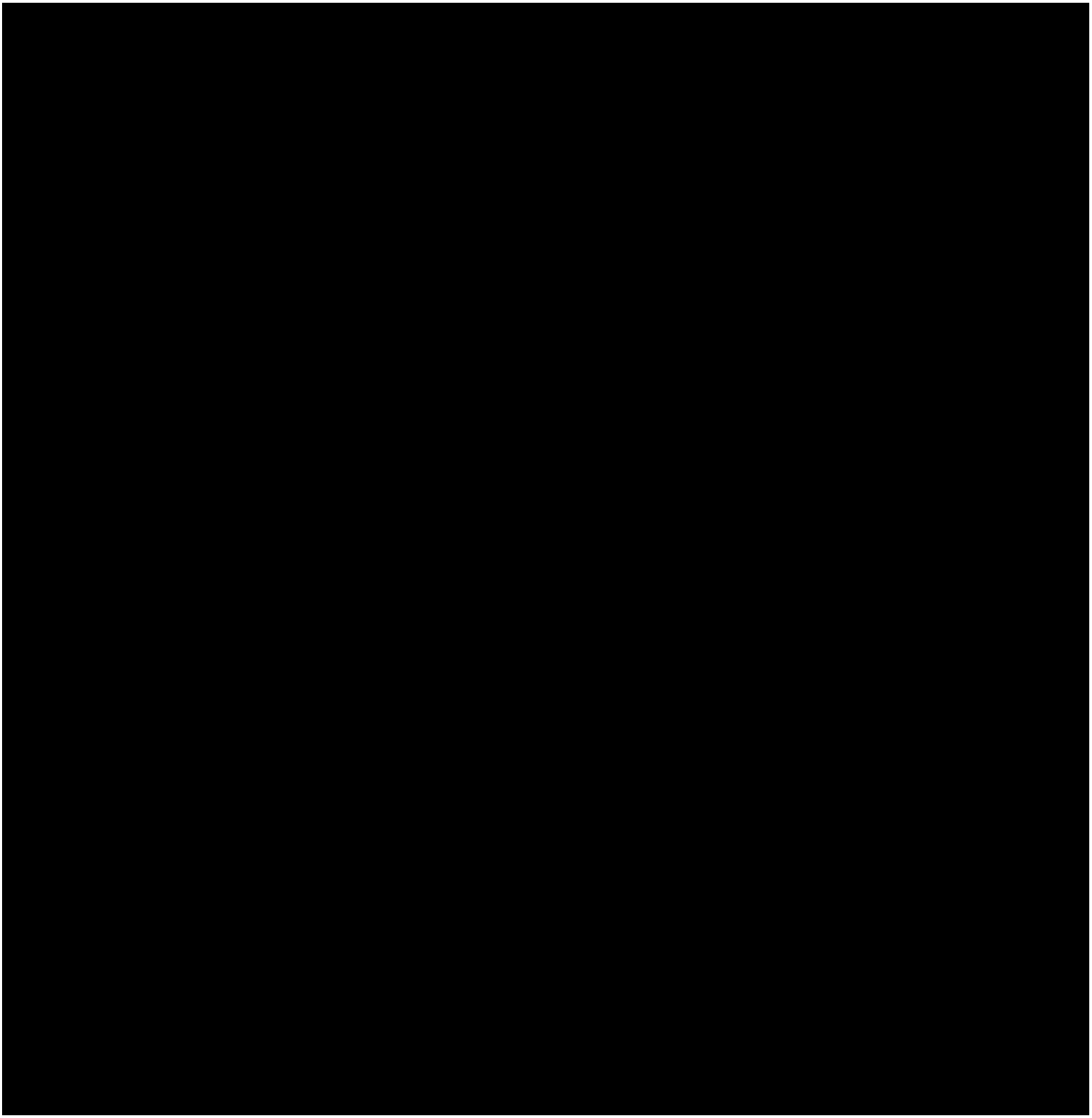




Conduent Trade Secret







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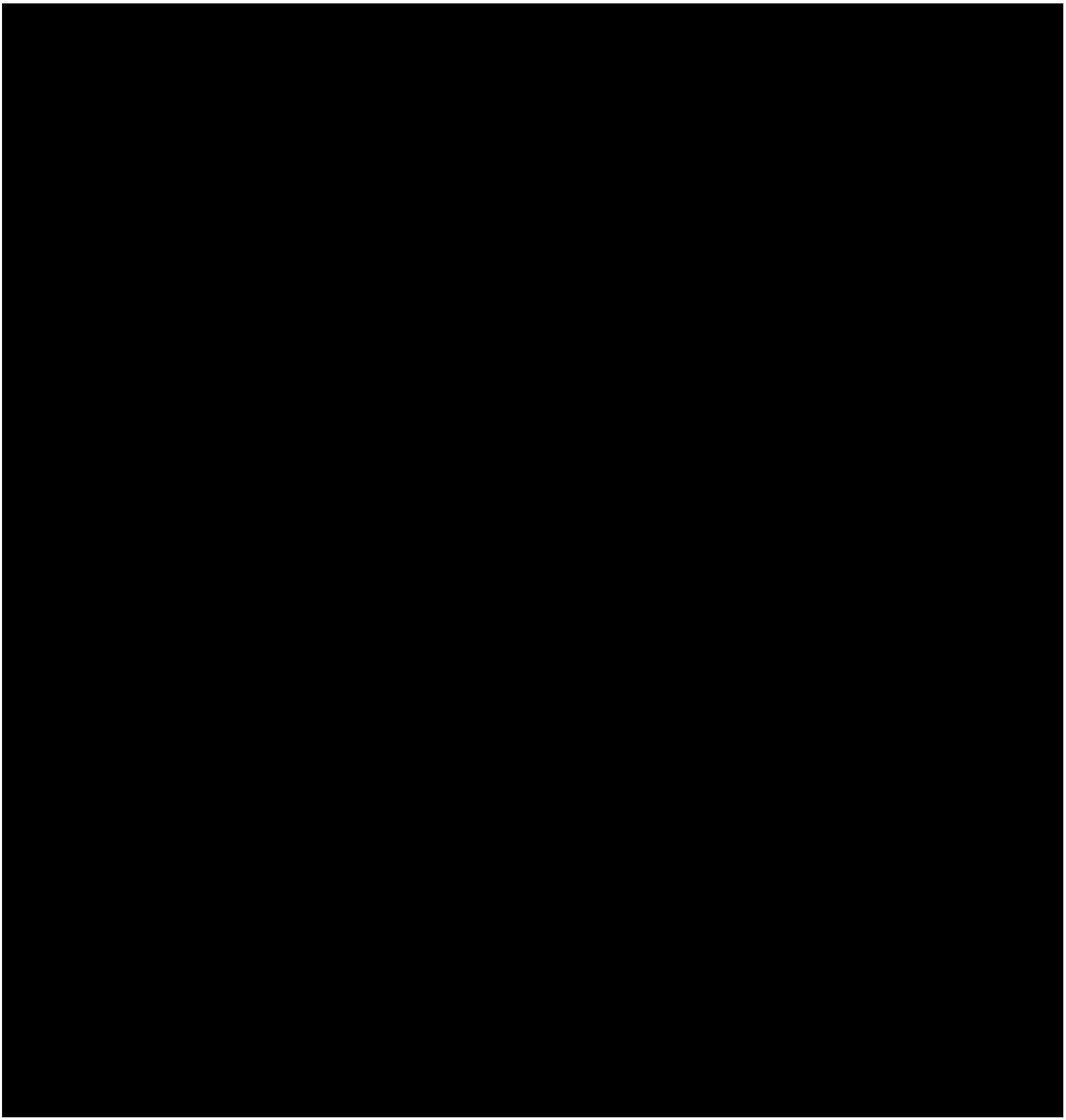

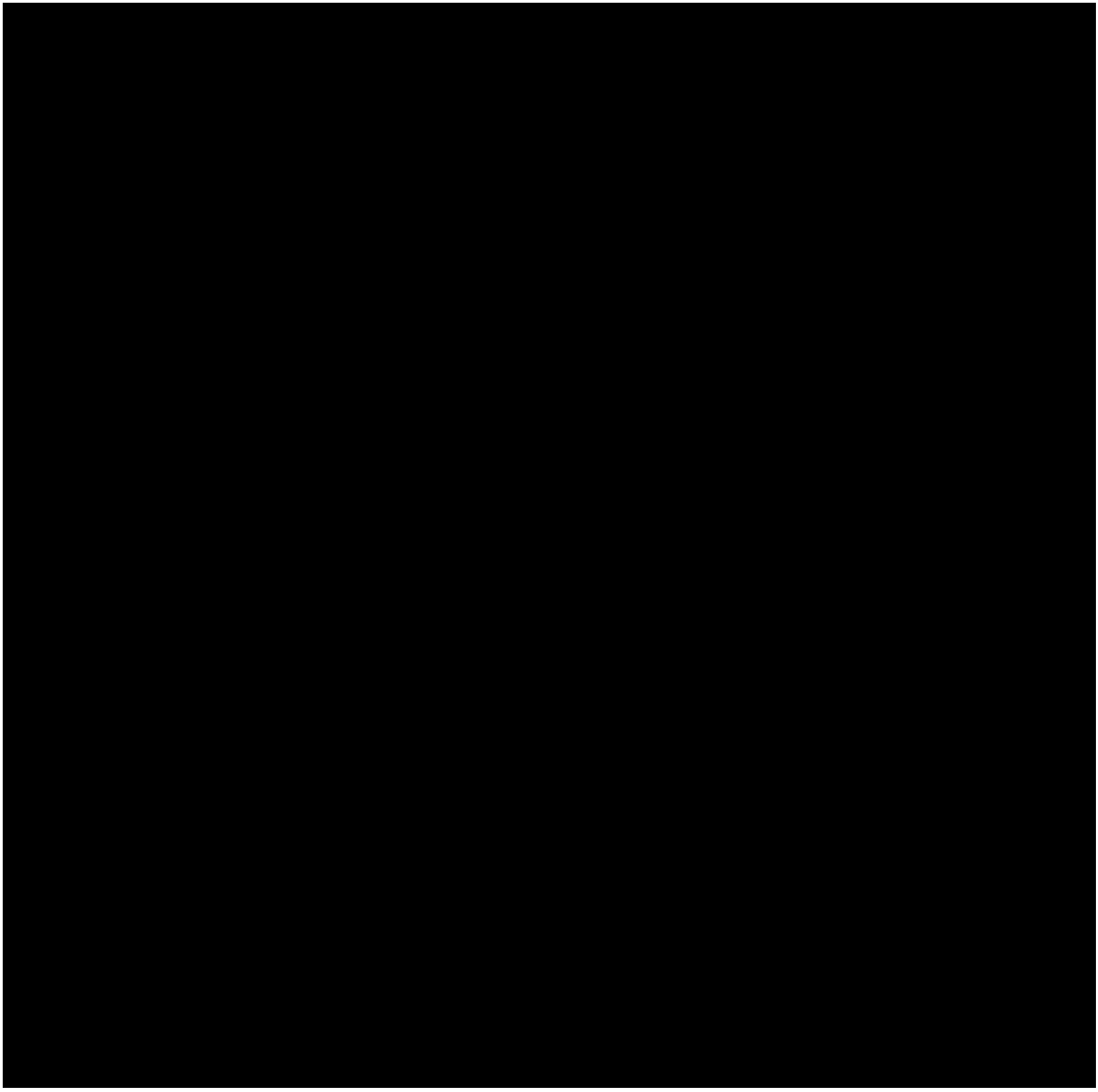

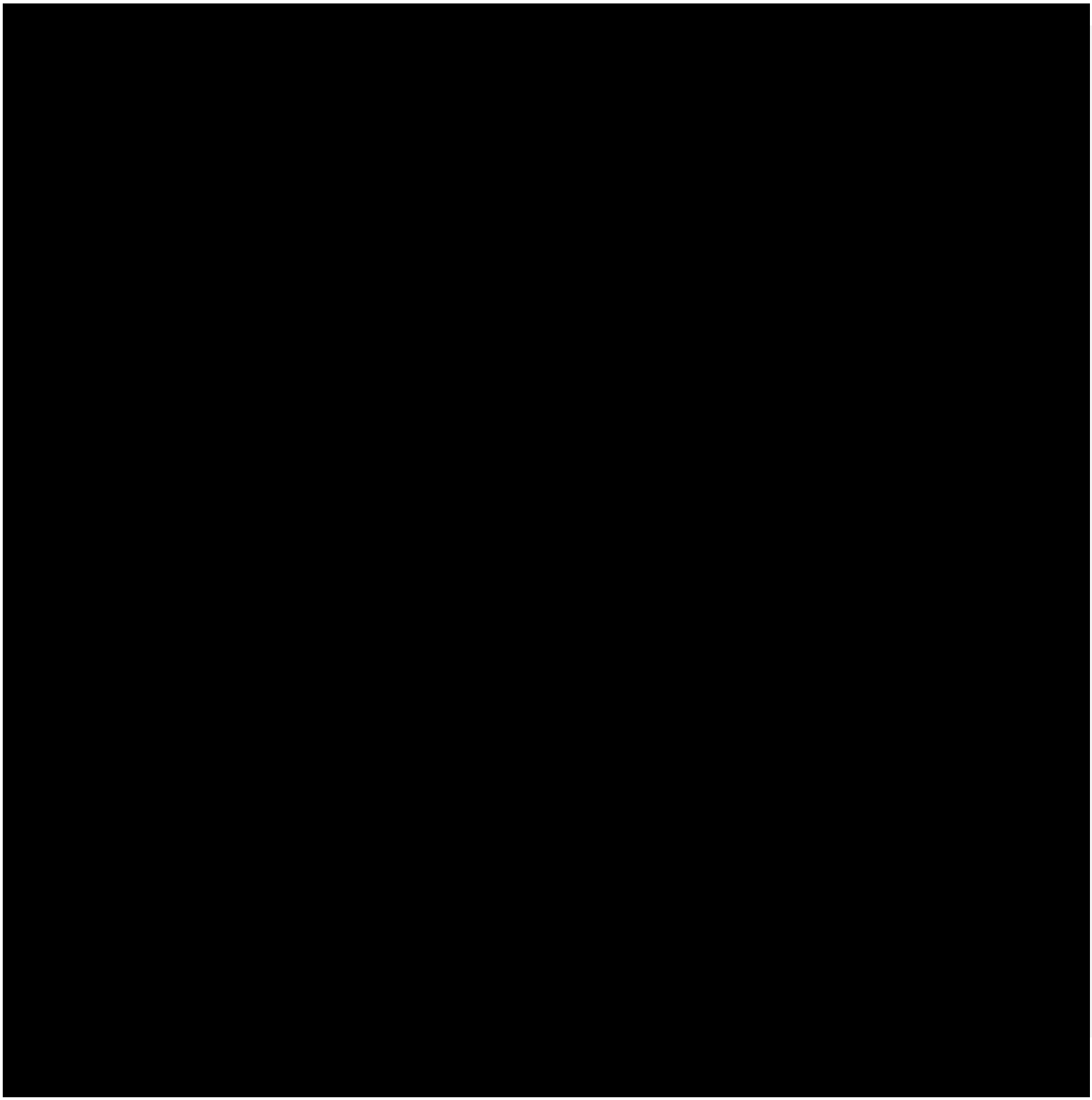

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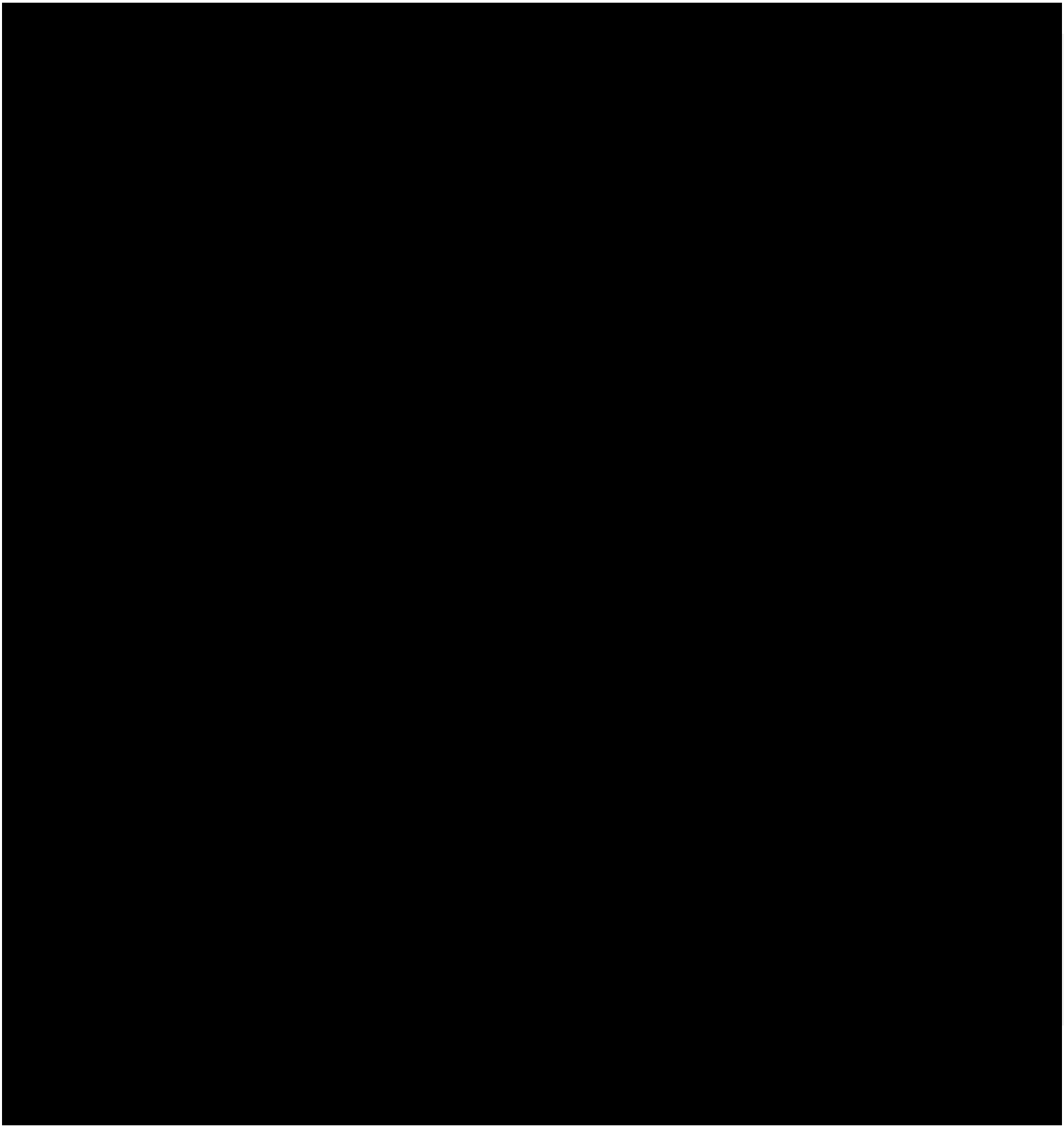

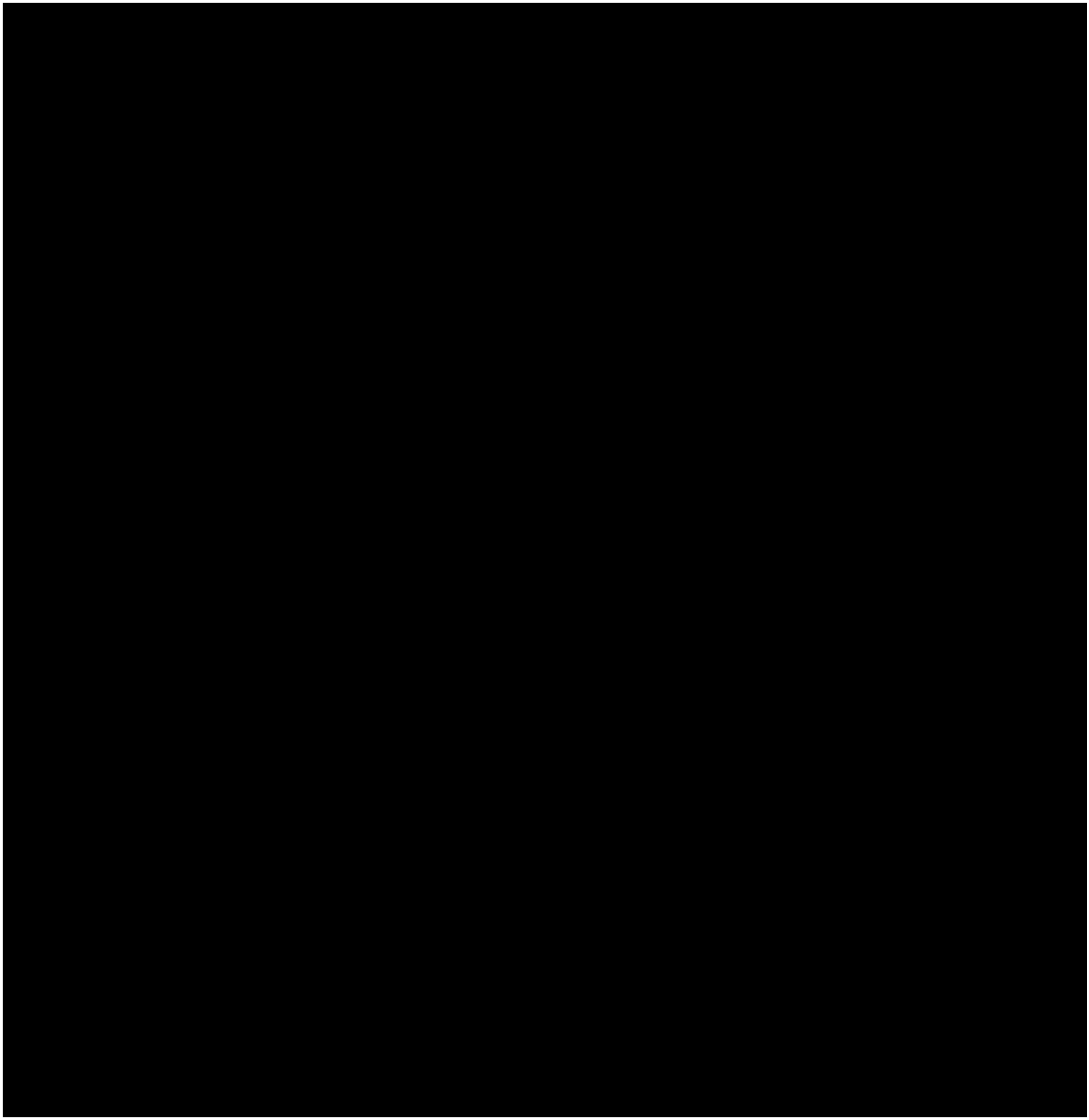

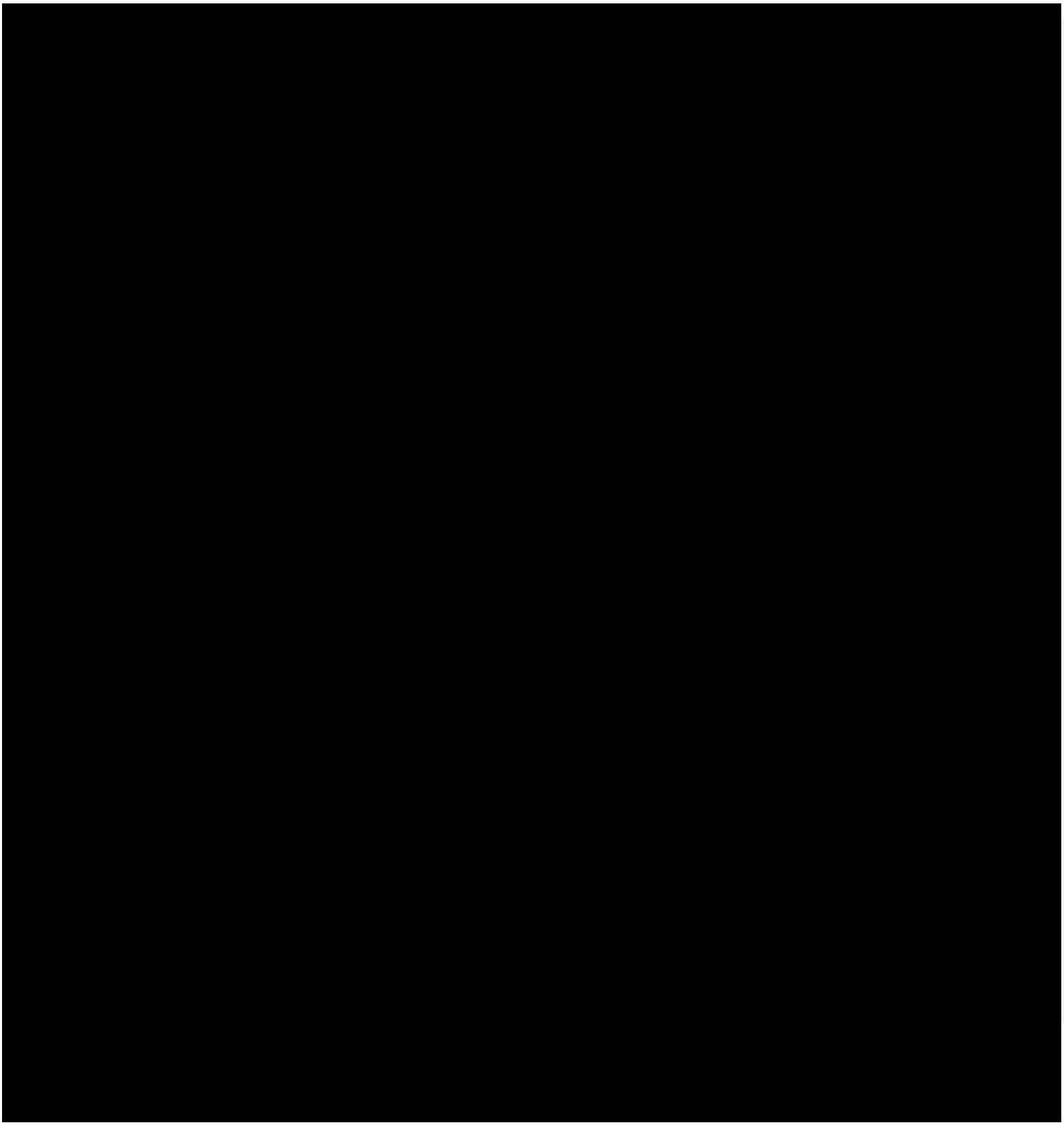

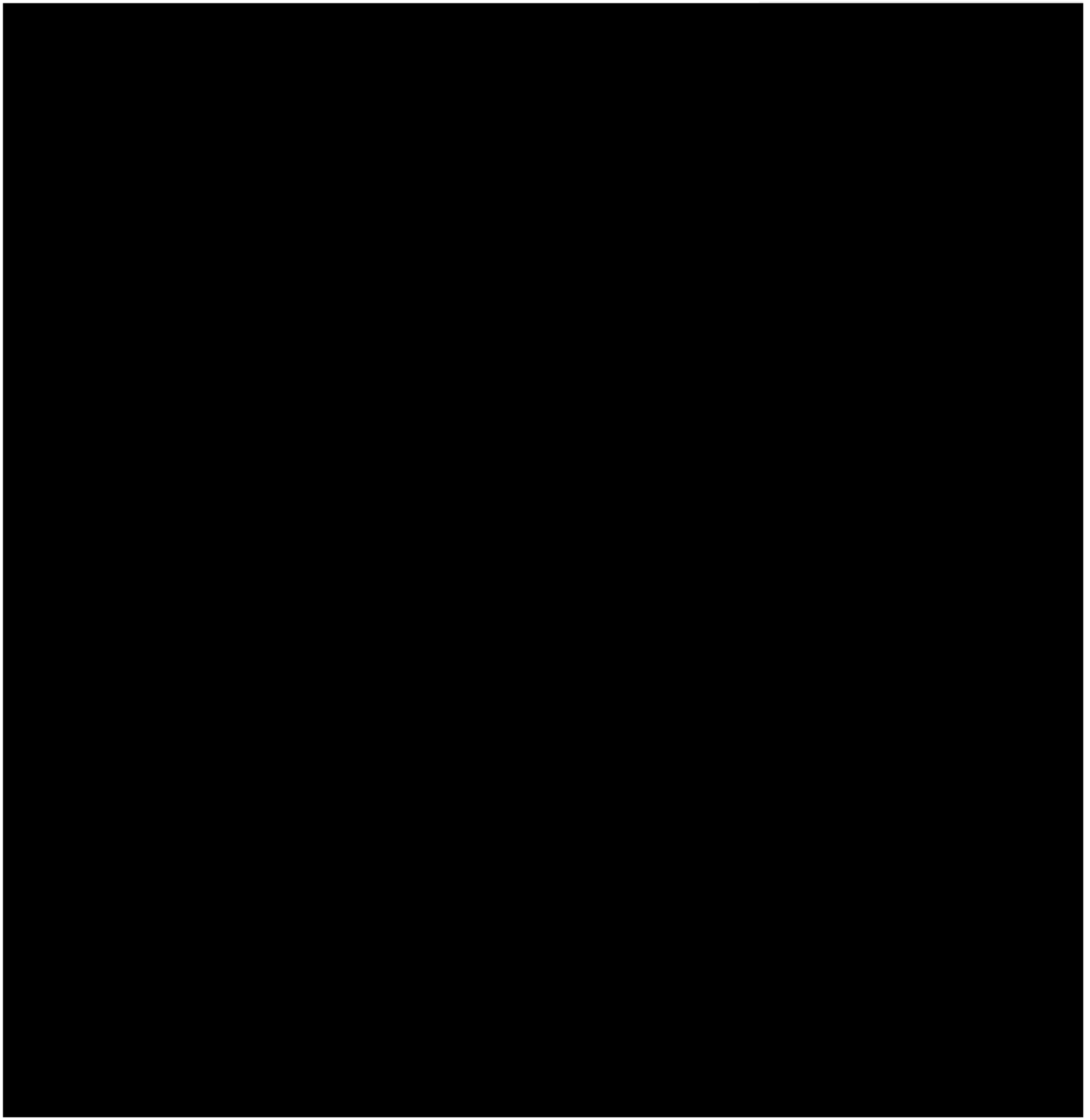

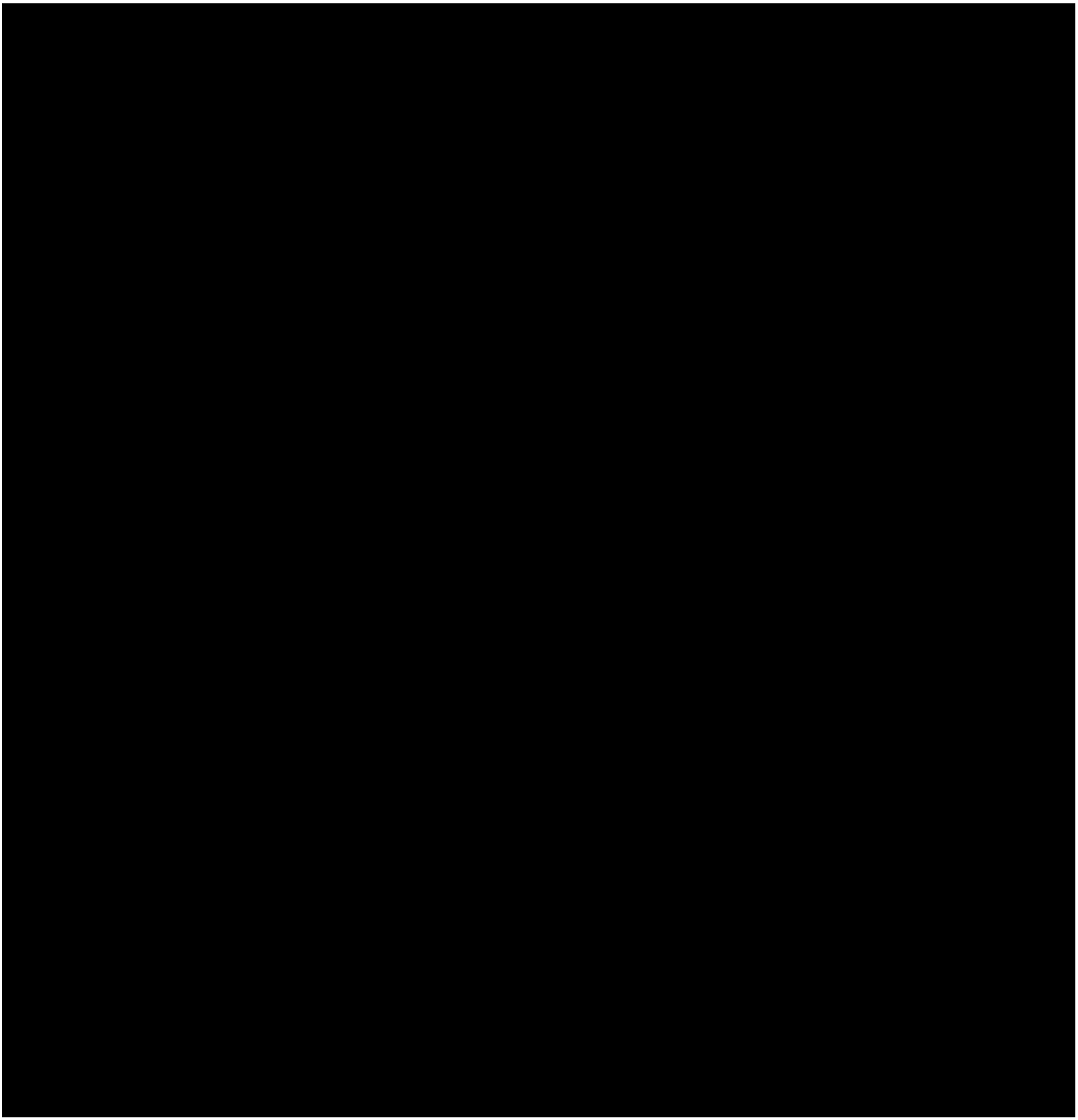

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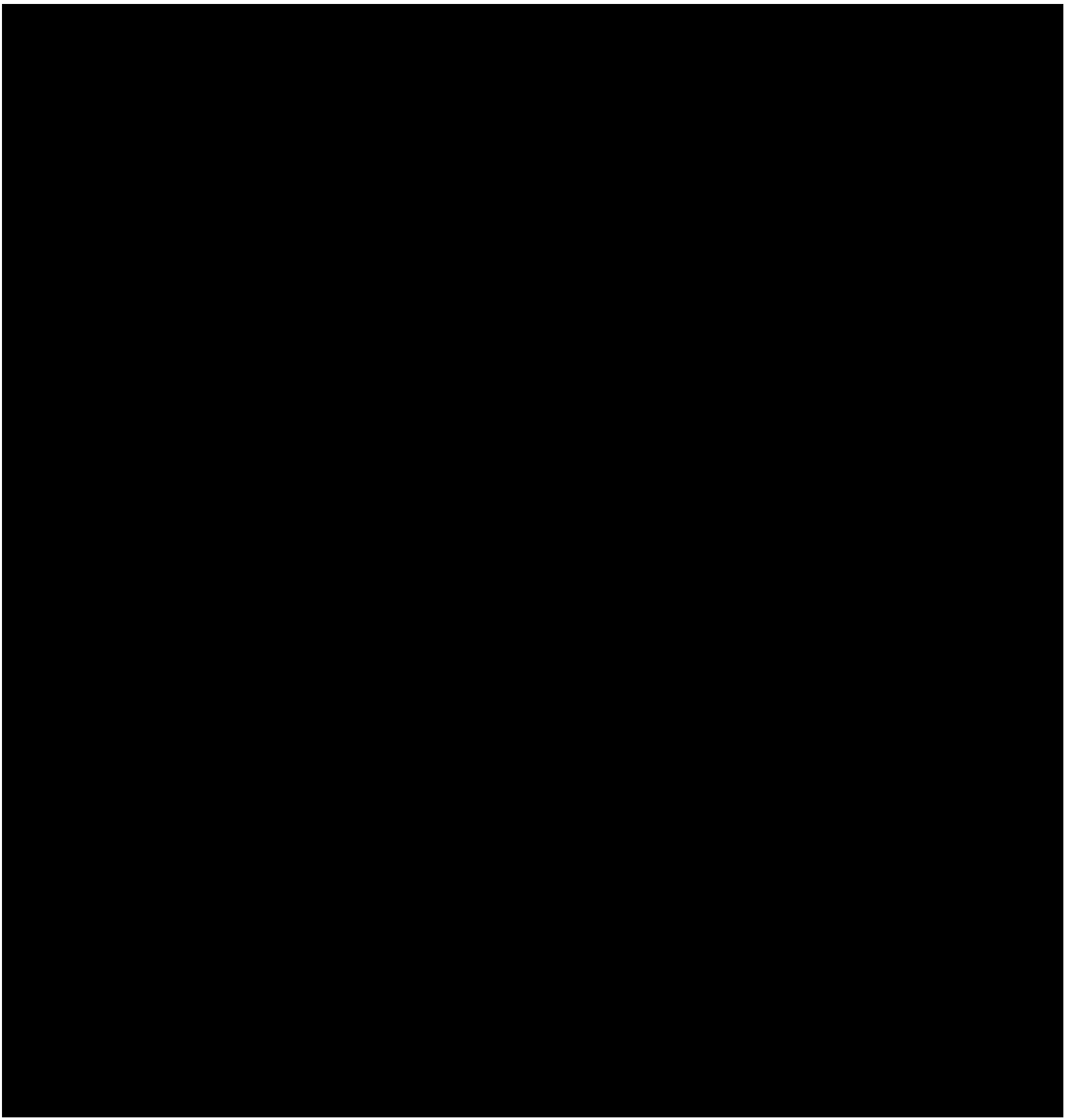

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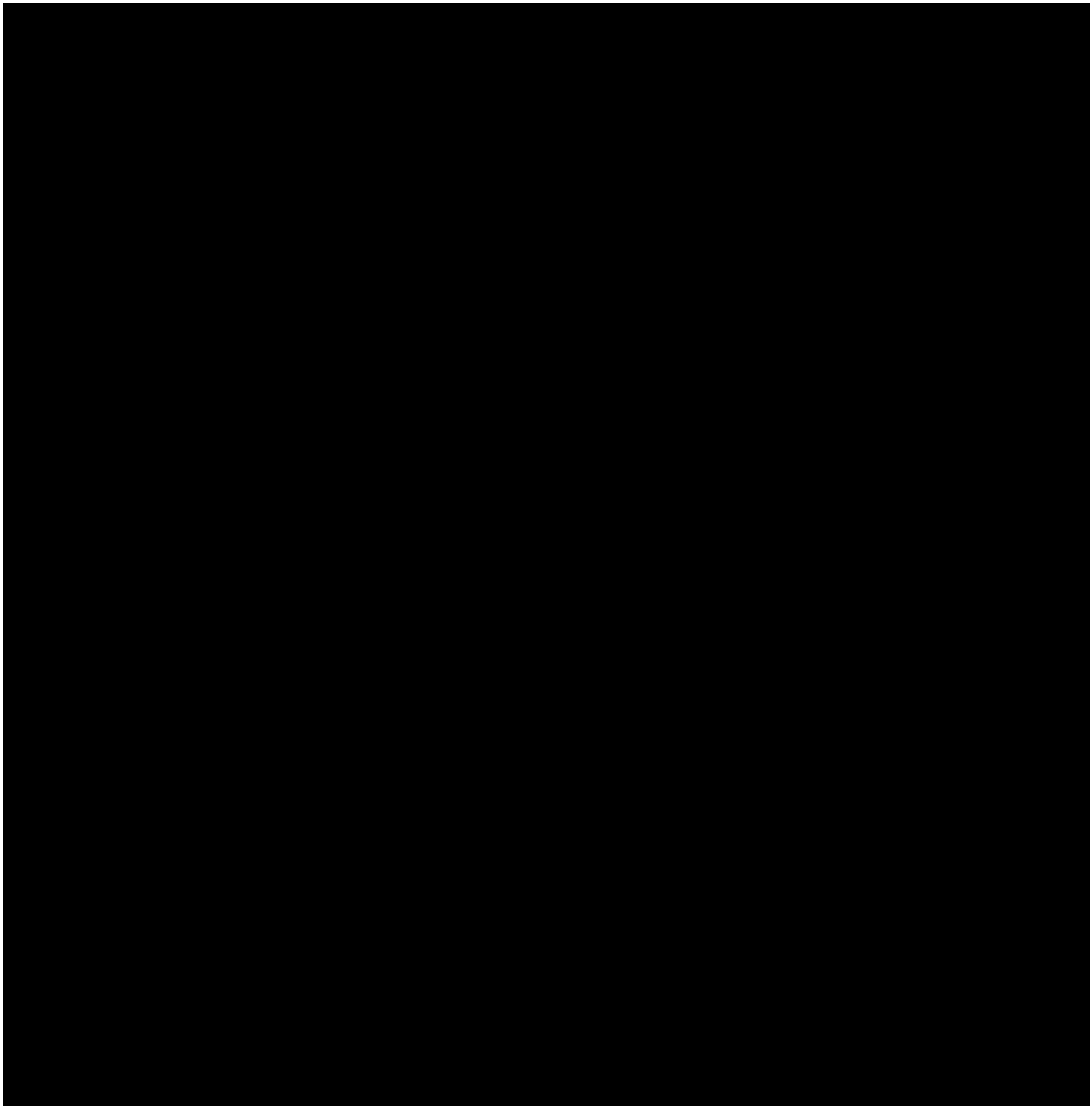

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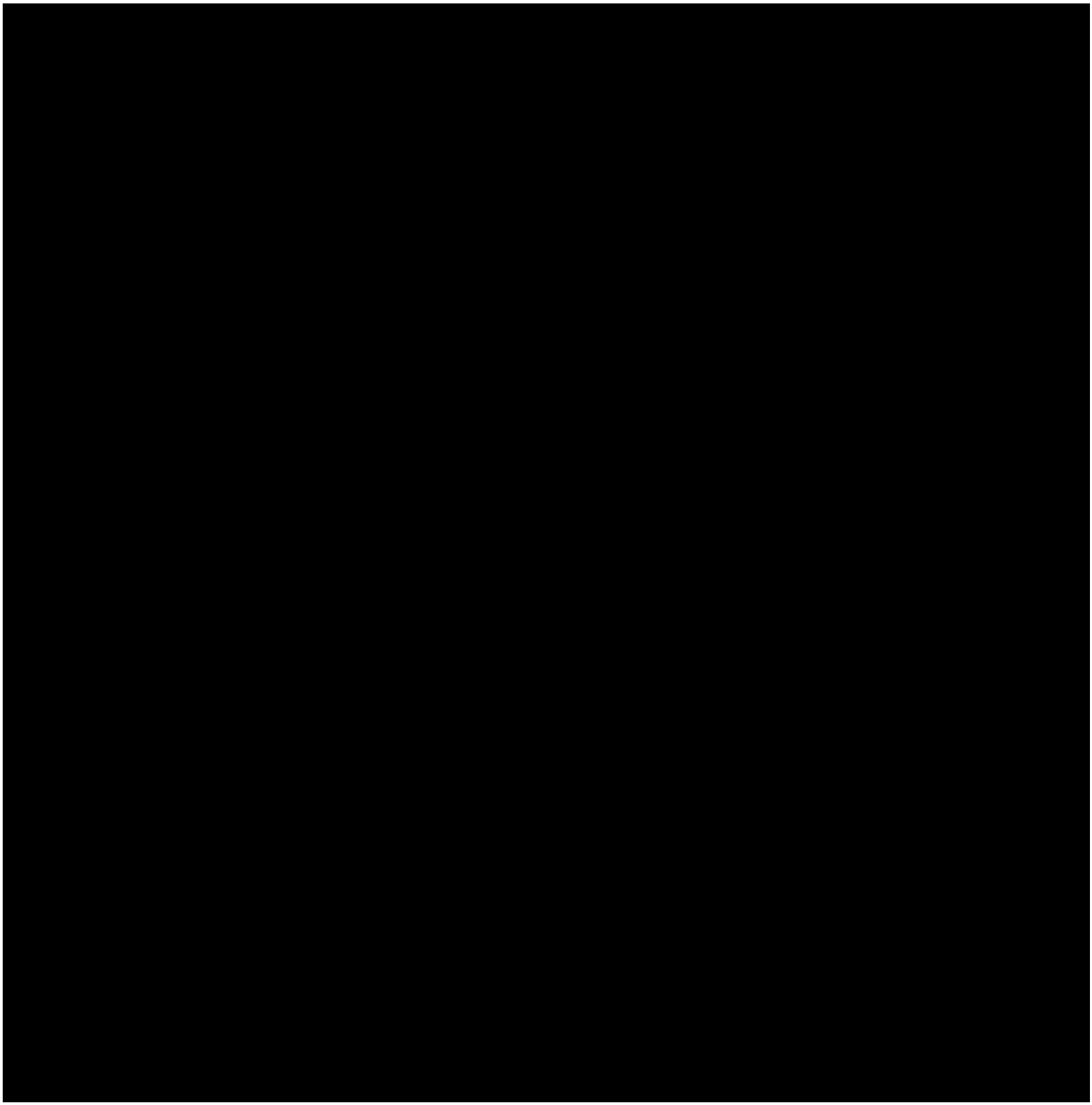

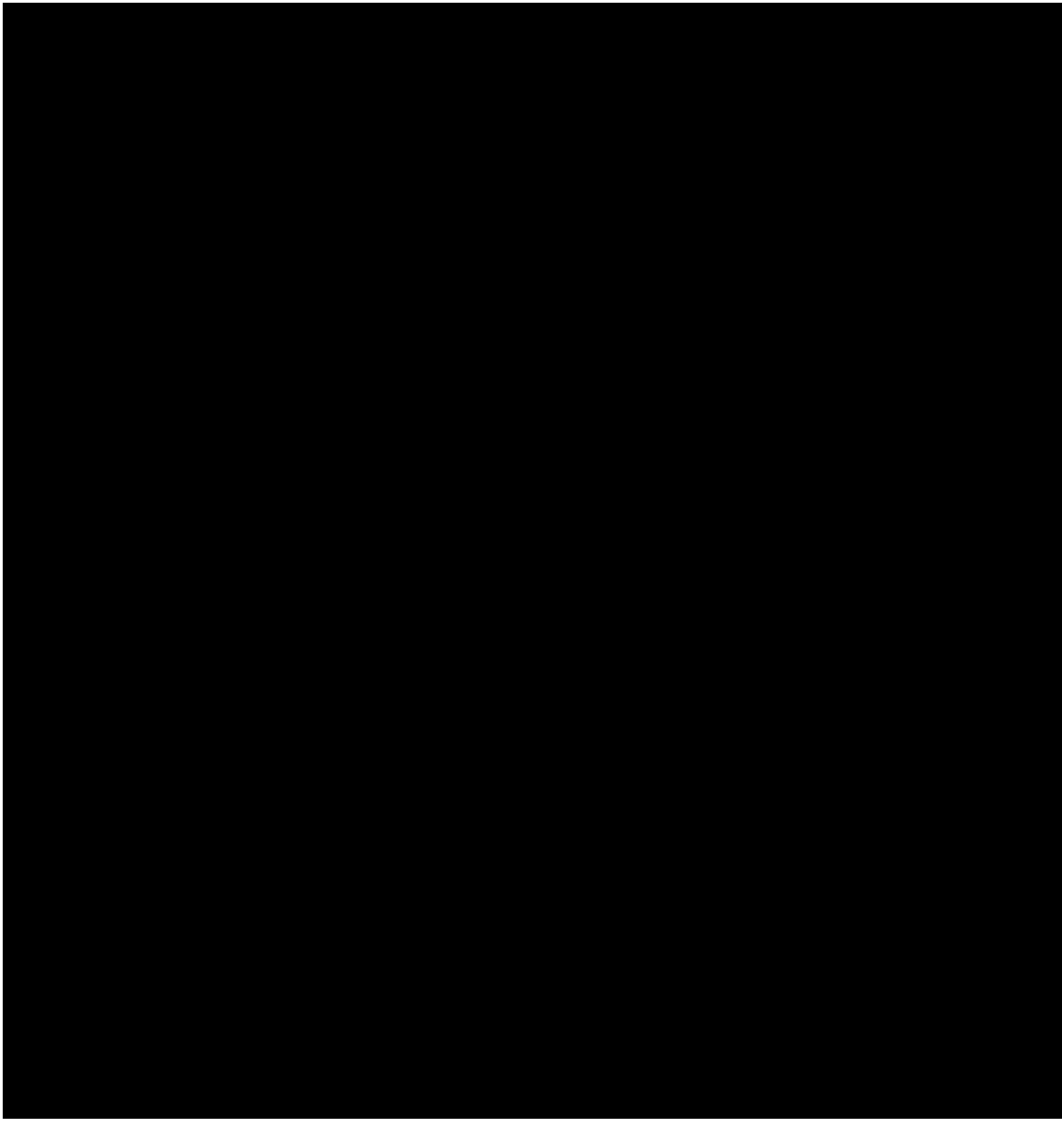

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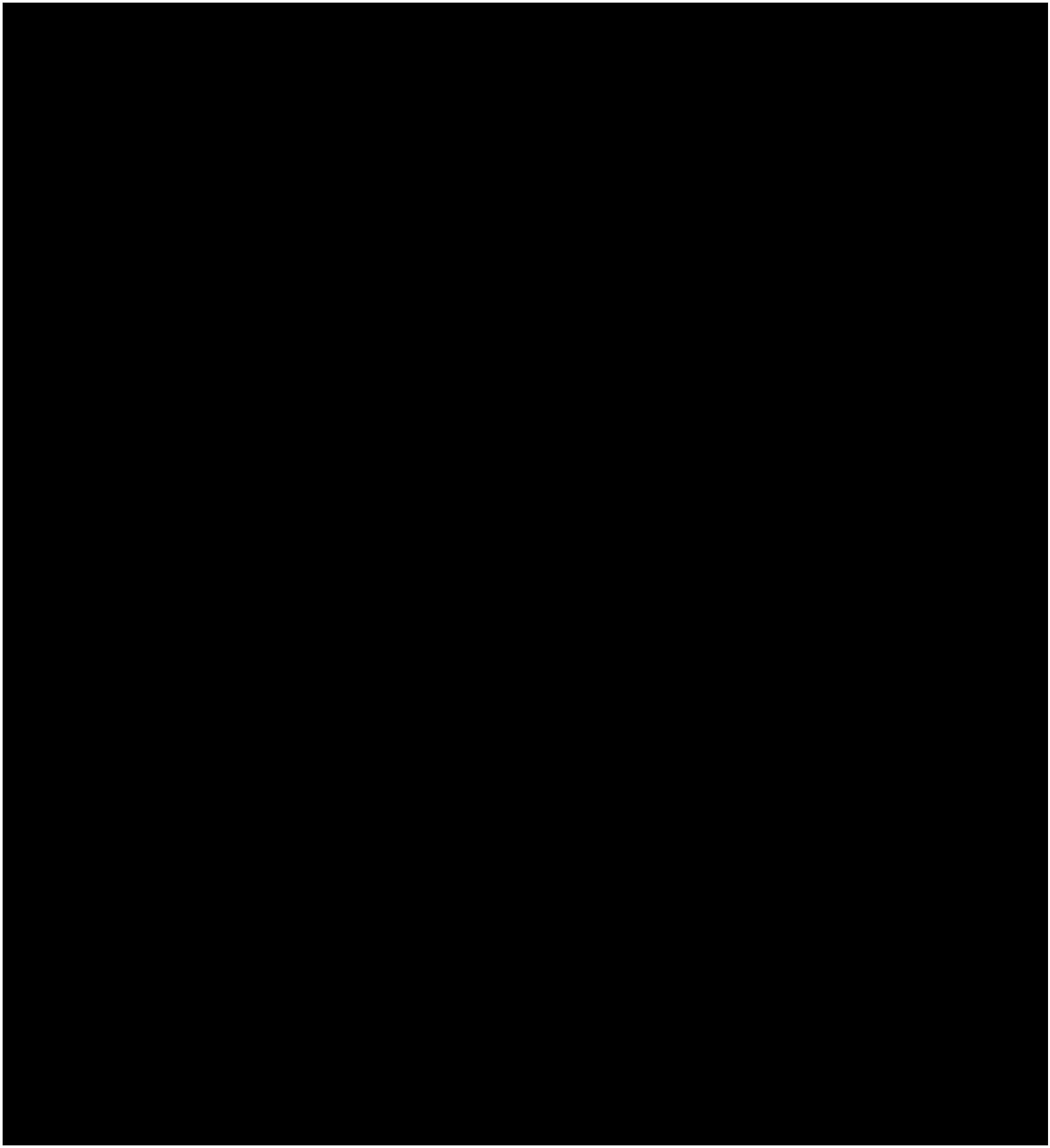

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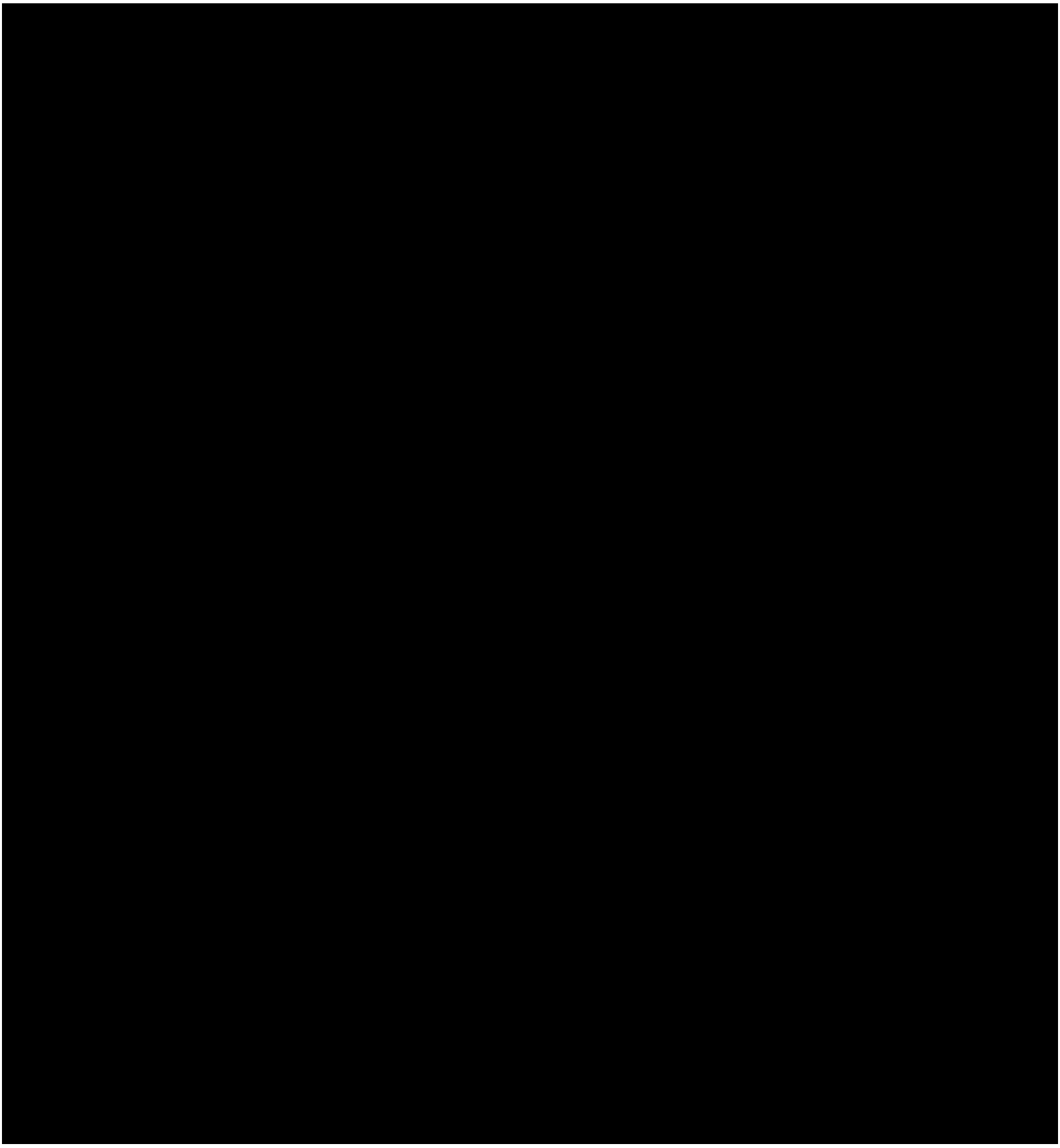

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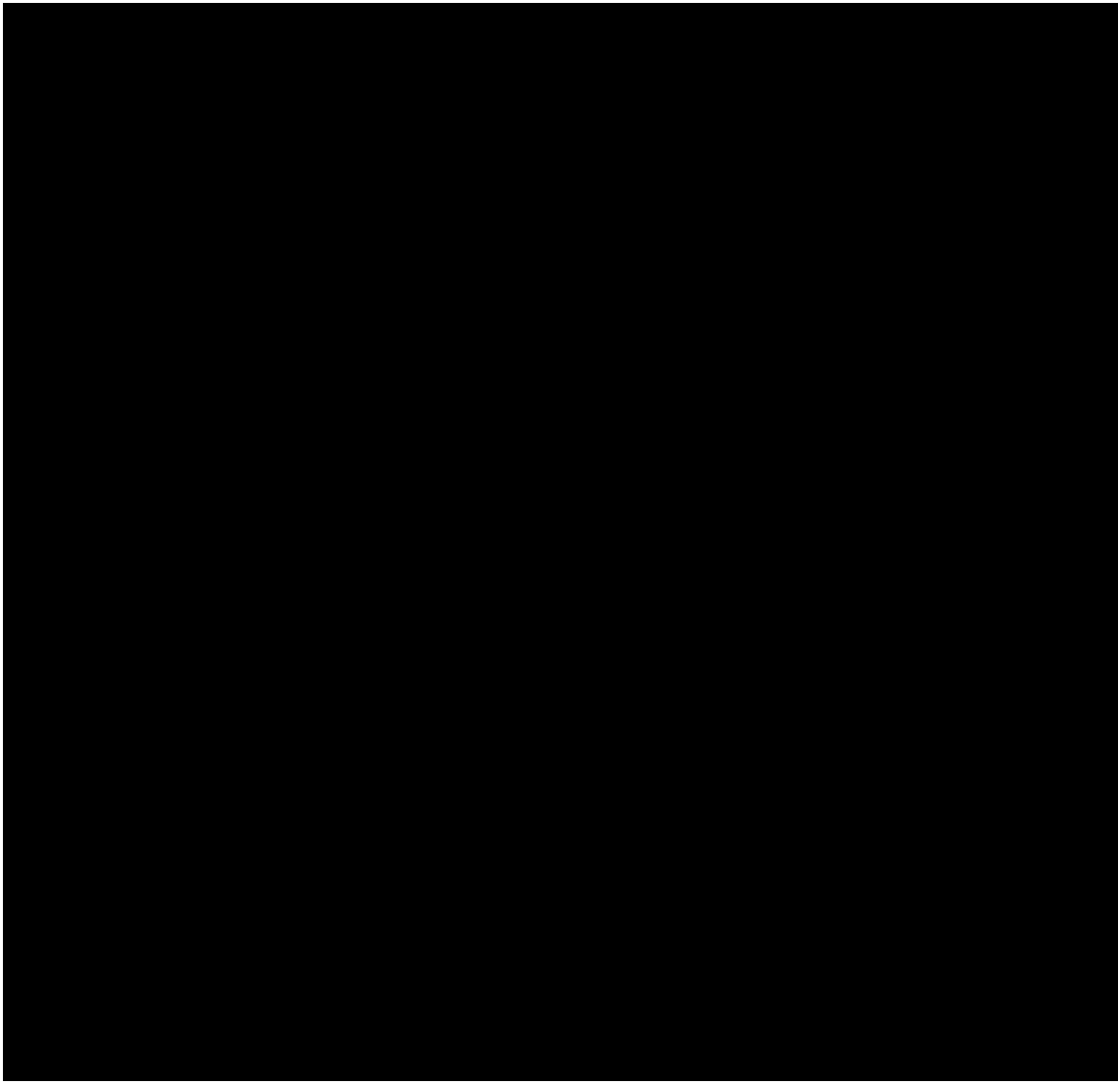

[redacted]

Parties Authorized to Represent Firm

Below are our principal contacts responsible for any questions or clarifications pertaining to this proposal response:

Primary Contact:

Lydie Quebe, Portfolio Leader

Conduent State Healthcare, LLC
Government Health Services
lydie.quebe@conduent.com
p 512.897.2833

Secondary Contact:

Doug Davis, Business Development Consultant
Conduent State Healthcare, LLC
Government Health Services
doug.davis@conduent.com
804-477-5463 (cell)

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SUPPLIER RESPONSIBILITY QUESTIONNAIRE

The Department of Administrative Services	Supplier responses should be submitted via Team Georgia Marketplace by: ***12/29/2020***

All sections require completion. Information provided on the Supplier Responsibility Questionnaire will be used as an assessment to determine/verify whether a Supplier has:

- **Appropriate financial, organizational and operational capacity and controls;**
- **Appropriate legal authority to do business in Georgia;**
- **Satisfactory record of integrity; and**
- **Acceptable performance record on past contracts.**

Section I – Supplier's Legal Business Entity Information

Supplier's Full Legal Business Name: Conduent State Healthcare, LLC

Federal Employer Identification Number (FEIN): 58-2479287

Website: www.conduent.com

Address of Principal Place of Business:

9601 Amberglen Blvd, Suite 200

Austin, TX 78727

Primary Contact regarding this RFP: Doug Davis

Primary Contact Telephone Number: 804-477-5463 (cell)

Primary Contact email address: doug.davis@conduent.com

1.

If Supplier's principal place of business is NOT in the State of Georgia, does the Supplier maintain an office in the State of Georgia? If yes, please provide. No

Response:

Location:

Is the Supplier classified as a Small Business?

[A small business is defined as a business which is independently owned and operated. In addition, such business must have either fewer than 300 employees or less than $30 million in gross receipts per year.]

Response: NO

Can the Supplier be classified as a Georgia Resident Business? NO

[Georgia Resident Business means any business that regularly maintains a place from which business is physical conducted in Georgia for at least one year prior to any bid or proposal to the state or a new business that is domiciled in Georgia and which regularly maintains a place from which business is physically conducted in Georgia; provided however, that place from which business is conducted shall not include a post office box, a lease private mailbox, site trailer, or temporary structure.]

Response: NO

Is the Supplier classified as a Minority Owned Business?

[A Minority Owned Business means a small business concern which is at least 51% owned and controlled by one or more minorities and is authorized to do and is doing business under the laws of the State Georgia.]

Response: NO

If yes, please indicate the percentage of company ownership/control attributable to each of the minority groups listed below:

African American	%
Hispanic / Latino	%
Native American	%
Asian American	%
Pacific Islander	%

If applicable, list any other D/B/A, trade name, other identities and/or other FEINs used in the last 5 years:

Former name: Xerox State Healthcare, LLC

Is the Supplier publicly traded? If yes, provide CIK Code or Ticker symbol. No, but parent company, Conduent Incorporated, is publicly traded as "CNDT."

Does the Supplier have a DUNS number? If yes, please provide. Yes, 07-347-1476

2.	**Indicate jurisdiction (country and state) where Supplier's Legal Business entity was formed or incorporated. Please provide proof of legal entity and authorization to do business in the State of Georgia** ▪ **Corporation** ▪ **Limited Liability Company (LLC or PLLC)** ▪ **Partnership (including LLP, LP or General)** ▪ **Sole Proprietor** ▪ **Other (if Other, explain)** **Conduent State Healthcare, LLC is a limited liability company formed in the State of Delaware.** **NOTE: Georgia Good Standing Certificate**
3.	**Is your company a scrutinized company? Please answer either a, b, or c as described below.** [Any Supplier that currently and/or previously, within the last three years, has had business activities or other operations outside of the United States, must certify that it is not a "scrutinized company." A **scrutinized company** is a company conducting business operations in Sudan that is involved in power production activities, mineral extraction activities, oil-related activities, or the production of military equipment, but excludes a company which can demonstrate any of the following exceptions noted in O.C.G.A. Section 50-5-84. False certification hereunder may result in civil penalties, contract termination, ineligibility to bid on state contractors for three or more years, and/or any other available remedy. If the Supplier is a **scrutinized company**, the Supplier shall not be eligible to bid on or submit a proposal for a contract with the State Entity unless DOAS makes a determination in accordance with O.C.G.A. Section 50-5-84 that it is in the best interests of the State to permit the scrutinized company to submit a bid or proposal. Any scrutinized company desiring DOAS to make such a determination should contact both DOAS and the Issuing Officer immediately.] a. I certify my company is NOT a "scrutinized company." b. I certify my company is a "scrutinized company." c. I certify I have requested and received written permission from DOAS to submit a response to this Event in accordance with O.C.G.A. Section 50-5-84. **Response: A**
Section II – Integrity *Within the past five (5) years, has the Supplier:*	
4.	**Been suspended or debarred from any government contracting process or been disqualified on any government procurement, permit, license?** **Response: NO**
5.	**Been subject to a denial or revocation of a government prequalification?** **Response: NO**
6.	**Been denied a contract award or had a bid rejected based upon a non-responsibility (lack of financial, organizational and operational capacity and controls) finding by a government entity?**

	Response: NO
7.	**Been subject to an administrative proceeding or civil action seeking specific performance or restitution in connection with any government contract?** **Response: NO**
8.	**Entered into a formal monitoring agreement as a condition of a contract award from a government entity?** **Response: NO**
9.	**If Supplier answered YES to any of the above questions, please provide an explanation:**
Section III – LEGAL PROCEEDINGS *Within the past five (5) years, has the Supplier (or any affiliate or subsidiary):*	
10.	**Been involved as a plaintiff or defendant in a lawsuit with a state or any state agency in the past five years?** **Response: YES**
11.	**Been the subject of an investigation, whether open or closed, by any government entity for a civil or criminal violation?** **Response: NO**
12.	**Been the subject of an indictment, grant of immunity, judgment or conviction (including entering into a plea bargain) for conduct constituting a crime?** **Response: NO**
13.	**Within the last seven (7) years has the Supplier or any affiliate or subsidiary filed for bankruptcy protection in any state?** **Response: NO**
14.	**As the provider of services, do you have any material pending litigation that may adversely affect your ability to meet any contract requirement pursuant to this RFP or is likely to have a material adverse effect on your financial condition.** **Response: NO** **If such exists, list each separately and explain the relevant details.**
15.	**In the past five (5) years, has the Supplier had a HIPAA data breach impacting 500 or more individuals that the Supplier had to report to the federal Department of Health and Human Services Office of Civil Rights?** **Response: NO**

	If Supplier answered YES to any of the above questions, please provide an explanation: **10. Conduent State Healthcare, LLC has been party to hundreds of contracts with a state or state agency across the United States throughout our existence. On occasion one of the parties will file suit against the other to preserve or enforce their contractual rights but it is ultimately settled out of court. The instances that involved litigation with clients are listed below; we have excluded protests of public bids.** **Additional information with regard to any material legal proceedings involving Conduent State Healthcare, LLC may be found in the periodic disclosures to the Securities and Exchange Commission under Forms 10-K and 10-Q filed by our ultimate parent company, Conduent Incorporated, which are hereby incorporated into this disclosure.**
16.	[redacted]
Section IV – Financial and Organizational Capacity *Within the past five (5) years, has the Supplier (or any affiliate or subsidiary):*	
17.	**Received any formal unsatisfactory performance assessment(s) from any government entity on any contract?** **Response: YES**
18.	**Terminated agreements/contracts in the past five years?** **Response: YES**
19.	**Had any liens or judgements over $25,000 been filed against the Supplier?** **Response: NO**
20.	**Had any liquidated damages assessed over $25,000?** **Response: YES**

21.	**If Supplier answered YES to any of the above questions, please provide an explanation:** [redacted]

Control Number : K930698

STATE OF GEORGIA

Secretary of State

Corporations Division
313 West Tower
2 Martin Luther King, Jr. Dr.
Atlanta, Georgia 30334-1530

CERTIFICATE OF EXISTENCE

I, **Brad Raffensperger**, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

Conduent State Healthcare, LLC
a **Foreign Limited Liability Company**

was formed in the jurisdiction stated below or was authorized to transact business in Georgia on the below date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

Docket Number	:	19818037
Date Inc/Auth/Filed	:	07/27/1999
Jurisdiction	:	Delaware
Print Date	:	11/18/2020
Form Number	:	211

Brad Raffensperger

Brad Raffensperger
Secretary of State

RFX Addendum Form

RFX Number: 41900-DCH0000120	**RFX Title:** Third Party Liability Services
Requesting State Entity: Department of Administrative Services	
Issuing Officer: Gary O. Craft	RFX Initially Posted to Internet: See GPR
eMail Address: gary.craft@doas.ga.gov	Telephone: 404-656-2287
Addendum Number: 1	Date: 10.19.2020

1. **Due Date** has been corrected to align with the Bidders Conference presentation. Revised to reflect due date and time of: Monday December 1, 2020 by 5:00pm.

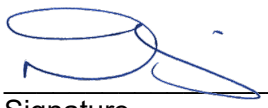
2. **Bidders Cost Worksheet Review** Announcement added for Friday October 23, 2020 at 10:00am ET.

Note: In the event of a conflict between previously released information and the information contained herein, the latter shall control.

A signed acknowledgment of this addendum (this page) should be attached to your RFX response.

Conduent State Healthcare, LLC

Supplier's Name



Signature

Donna Migoni, Vice President

Printed Name and Title

RFX Addendum Form

RFX Number: 41900-DCH0000120	**RFX Title:** Third Party Liability Services
Requesting State Entity: Department of Administrative Services	
Issuing Officer: Gary O. Craft	RFX Initially Posted to Internet: See GPR
eMail Address: gary.craft@doas.ga.gov	Telephone: 404-656-2287
Addendum Number: 2	Date: 10.20.2020

1. **Bidders TPL System Module Cost Worksheet Review** Announcement added for Friday October 30, 2020 at 10:00am ET. Note date has been revised to Friday October 30, 2020.

2. **Added Round 2 of Questions and Answers** has been added due to the changes in review date of the TPL System Module Cost Worksheet Review Date. Round 2 Questions are due on or before November 9, 2020. State's Answers are due to be returned on or before November 20, 2020. Round 2 will only include questions related to the TPL System Module and Cost Worksheet. Round 1 remains the same for all other components of the RFP.

3. **Supplier File Attachment Naming Convention revised.** The following RFP Attachments referencing the naming convention to use when attaching the supplier's response to the RFP have been modified. Please review each file name to use in each of the attached document when uploading/attaching your response to the RFP:

    a. Attachment BB Master Agreement Contract
    b. Attachment CC Contract Exceptions
    c. Attachment D Mandatory Response Worksheet
    d. Attachment DD References Form
    e. Attachment E Statement Certification and Assurances
    f. Attachment EE Immigration and Security Form
    g. Attachment G TPL Base Mandatory Scored Worksheet
    h. Attachment I TPL Recovery Mandatory Scored Worksheet
    i. Attachment K TPL Comm Recoup Mandatory Scored Worksheet
    j. Attachment M TPL HospPhys Mandatory Scored Worksheet
    k. Attachment M TPL HospPhys Mandatory Scored Worksheet
    l. Attachment Q TPL Sys Mod Mandatory Scored Worksheet
    m. Attachment R Supplier Cost Worksheet
    n. Attachment S TPL System Module Cost Worksheet Tier 1
    o. Attachment S TPL System Module Cost Worksheet Tier 2
    p. Attachment S TPL System Module Cost Worksheet Tier 3
    q. Attachment S TPL System Module Cost Worksheet Tier 4
    r. Attachment S TPL System Module Cost Worksheet Tier 5

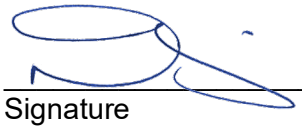
s. Attachment Y Scopes of Services Submission Checklist
t. Attachment Z Certificate of Non-Collusion

Note: In the event of a conflict between previously released information and the information contained herein, the latter shall control.

A signed acknowledgment of this addendum (this page) should be attached to your RFX response.

Conduent State Healthcare, LLC

Supplier's Name



Signature

Donna Migoni, Vice President

Printed Name and Title

RFX Addendum Form

RFX Number: 41900-DCH0000120	**RFX Title:** Third Party Liability Services
Requesting State Entity: Department of Administrative Services	
Issuing Officer: Gary O. Craft	RFX Initially Posted to Internet: See GPR
eMail Address: gary.craft@doas.ga.gov	Telephone: 404-656-2287
Addendum Number: 3	Date: 10.27.2020

1. **TPL System Module Pricing Attachments Added/Updated**. The following attachments were added and/or updated to clarify the TPL System Module pricing process:

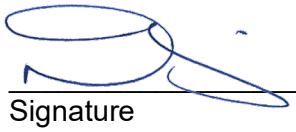
    a. **Attachment A eRFP Document 22OCT2020**. Updated the List of eRFP Attachments section to include the new attachments.
    b. **Attachment P TPL System Module Requirements 21OCT2020**. Updated requirement SYSMOD169.
    c. **Attachment S TPL System Module Cost Worksheet Tier 1**. Updated document to provide additional clarification on how to complete worksheet.
    d. **Attachment T TPL System Module Cost Worksheet Tier 2**. Updated document to provide additional clarification on how to complete worksheet.
    e. **Attachment U TPL System Module Cost Worksheet Tier 3**. Updated document to provide additional clarification on how to complete worksheet.
    f. **Attachment V TPL System Module Cost Worksheet Tier 4**. Updated document to provide additional clarification on how to complete worksheet.
    g. **Attachment W TPL System Module Cost Worksheet Tier 5**. Updated document to provide additional clarification on how to complete worksheet.
    h. **Attachment FF Medicaid FFS Expenditure Tiers for Participating States System Module Pricing**. Added attachment.
    i. **Attachment GG TPL System Module Cost Workbook Instructions for Offerors 20201021**. Added attachment
    j. **Attachment HH TPL System Module Cost Workbook Instructions for participating States 20202121**. Added attachment.

Note: In the event of a conflict between previously released information and the information contained herein, the latter shall control.

A signed acknowledgment of this addendum (this page) should be attached to your RFX response.

Conduent State Healthcare, LLC

Supplier's Name



Signature

Donna Migoni, Vice President

Printed Name and Title

RFX Addendum Form

RFX Number: 41900-DCH0000120	**RFX Title:** Third Party Liability Services
Requesting State Entity: Department of Administrative Services	
Issuing Officer: Gary O. Craft	RFX Initially Posted to Internet: See GPR
eMail Address: gary.craft@doas.ga.gov	Telephone: 404-656-2287
Addendum Number: 4	Date: 11.09.2020

1. **Attachment A eRFP Document 27OCT2020:** Reference to General Supplier Information is replaced with Supplier Responsibility Questionnaire. Suppliers should complete the Supplier Responsibility Questionnaire and attach it to your submission.

2. **Attachment DD References Form** - Added the TPL System Module as an option so suppliers can share references specific to the TPL System Module.

3. **Attachment G TPL Base Mandatory Scored Worksheet** - Removed Question 8. It was referencing a requirement that only applies to the TPL System Module

4. **Attachment H Recovery Services Requirement** - Removed an additional tab in the spreadsheet.

5. A**ttachment K TPL Comm Recoup Mandatory Scored Worksheet** - Corrected typo in question 3 and typo in question 15.

6. **Attachment N TPL Care Management Organization (CMO) Come Behind Services Requirements** - Removed an additional tab in the spreadsheet.

7. **Attachment P TPL System Module Requirements** - Removed a duplicate requirement and updated the wording of two requirements slightly.

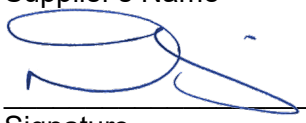
8. **Round 1 Responses to Supplier Questions** – State's responses to supplier questions are attached to the RFP.

Note: In the event of a conflict between previously released information and the information contained herein, the latter shall control.

A signed acknowledgment of this addendum (this page) should be attached to your RFX response.

Conduent State Healthcare, LLC

Supplier's Name



Signature

Donna Migoni, Vice President

Printed Name and Title

41900-DCH0000120 Third Party Liability Services Addendum 5

RFX Addendum Form

RFX Number: 41900-DCH0000120	**RFX Title:** Third Party Liability Services
Requesting State Entity: Department of Administrative Services	
Issuing Officer: Gary O. Craft	RFX Initially Posted to Internet: See GPR
eMail Address: gary.craft@doas.ga.gov	Telephone: 404-656-2287
Addendum Number: 5	Date: 11.20.2020

1. **Third Party Liability Services RFP Due Date**. The Proposals Due/Close Date and Time is being extended to December 29, 2020, by 5:00pm ET.

2. **Attachment F, Requirement: KR12 Revised.** Requirement in Attachment F has been updated to the following:

   The Supplier, when requested, shall submit two (2) references for each of the key personnel assigned to any State specific project. Each reference should depict relevant and current experience for work completed within a timeframe as determined by the agency.

3. **Attachment I, Question: 49 Revised.** Question in Attachment I has been updated to the following:

   Key Personnel and Resources- Describe how you will meet the Key Personnel requirements stated in Attachment H, Key Personnel and Resources Section, Requirements RECV113-RECV116.

4. **Attachment X, Requirement SEC02:** Attachment X has been revised to reflect the requirement SEC02 being removed/deleted.

5. **Round 2 Responses to Supplier Questions** – State's responses to supplier questions are attached to the RFP.

Note: In the event of a conflict between previously released information and the information contained herein, the latter shall control.

41900-DCH0000120 Third Party Liability Services Addendum 5

A signed acknowledgment of this addendum (this page) should be attached to your RFX response.

Conduent State Healthcare, LLC

Supplier's Name

Signature

Donna Migoni, Vice President

Printed Name and Title

Attachment D
Mandatory Questions

These questions are Pass/Fail. To be considered responsive, responsible and eligible for award, you must answer all questions in this section with a "YES" to pass.

Any questions you answer with a "NO" will fail the technical requirements and results in disqualification of the proposal.

By answering "Yes," you indicate that you meet the individual requirements in the response column provided. ONLY upload documents if there is a "Yes" in the "Upload Attachments with Additional Information" column, to provide additional information about specific questions. Documents not requested in this column will not be evaluated.

DO NOT INCLUDE ANY COST INFORMATION IN YOUR RESPONSE TO THIS WORKSHEET.

Question #	Mandatory Questions	Response by Supplier. Only Yes or No Answers	Upload Attachment with Additional Information?	Attachment File Name
1	The Supplier must have a minimum of two (2) consecutive years of recent and relevant experience in Third Party Liability for each scope of work, proposed. The Supplier must acknowledge agreement by indicating "YES".	**Yes**	**No**	
2	The Supplier must agree that all State data must be processed, stored, transmitted and disposed of onshore (within the jurisdiction of the United States). All staff involved in the performance of this contract, including programming and call center staff, shall not be performed from an offshore location. The Supplier must acknowledge agreement by indicating "YES".	**Yes**	**No**	
3	The Supplier must provide sufficient company financial information to assess whether sufficient financial resources exist to successfully perform under any resultant contract. In fulfillment of this requirement, provide a report from from an independent rating service (ex. Dunn & Bradstreet Supplier Qualifier Report (SQR) or similar standard business report) detailing company specific financial and operational capability, or company financial information in the form of (to include but not limited to): P/L Statements, Balance Statements, and other corporate financial reports that will facilitate the evaluation of financial viability. Financial viability is a mandatory requirement and will be rated on a Pass/Fail basis. The Supplier must agree to comply with this requirement with its submission of documentation labeled Corporate Financial Position and acknowledge agreement by indicating "Yes".	**Yes**	**Yes**	**Corporate Financial Position**
4	The Supplier must comply with all applicable State and Federal regulations and agreed upon contract terms and conditions. The Supplier must acknowledge agreement by indicating "YES".	**Yes**	**No**	

5	The Supplier must comply with NASPO Valuepoint contract terms outlined in **Attachment A, eRFP Document**. The Supplier must acknowledge agreement by indicating "YES".	**Yes**	**No**	
6	The Supplier must agree to supply a proposal that conforms to the business requirements, for the scope(s) of work selected in **Attachment Y, Scopes of Services Submission Checklist**. The Supplier must acknowledge agreement by indicating "YES".	**Yes**	**Yes**	**Attachment Y, Scopes of Services Submission Checklist**
7	The Supplier must agree to meet all the Security Standards and Requirements stated in **Attachment X, Medicaid Enterprise System Transformation Third-Party Liability (TPL) Security Standards and Requirements.** The Supplier must acknowledge agreement by indicating "YES".	**Yes**	**No**	
8	The Supplier must agree to the meet all the conditions in the **Attachment E, Statement of Certifications and Assurances.** The supplier must acknowledge agreement by indicating "YES", signing, and uploading the attached agreement.	**Yes**	**Yes**	**Attachment E, Statement of Certifications and Assurances**

Contractor Affidavit under O.C.G.A. § 13-10-91(b)(l)

The undersigned contractor ("Contractor") executes this Affidavit to comply with O.C.G.A § 13-10-91 related to any contract to which Contractor is a party that is subject to O.C.G.A. § 13-10-91 and hereby verifies its compliance with O.C.G.A. § 13-10-91, attesting as follows:

a) The Contractor has registered with, is authorized to use and uses the federal work authorization program commonly known as E-Verify, or any subsequent replacement program;

b) The Contractor will continue to use the federal work authorization program throughout the contract period, including any renewal or extension thereof;

c) The Contractor will notify the public employer in the event the Contractor ceases to utilize the federal work authorization program during the contract period, including renewals or extensions thereof;

d) The Contractor understands that ceasing to utilize the federal work authorization program constitutes a material breach of Contract;

e) The Contractor will contract for the performance of services in satisfaction of such contract only with subcontractors who present an affidavit to the Contractor with the information required by O.C.G.A. § 13-10-91(a), (b), and (c);

f) The Contractor acknowledges and agrees that this Affidavit shall be incorporated into any contract(s) subject to the provisions of O.C.G.A. § 13-10- 91 for the project listed below to which Contractor is a party after the date hereof without further action or consent by Contractor; and

g) Contractor acknowledges its responsibility to submit copies of any affidavits, drivers' licenses, and identification cards required pursuant to O.C.G.A. § 13-10-91 to the public employer within five business days of receipt.

159351
Federal Work Authorization User Identification Number

January 3, 2009
Date of Authorization

Conduent State Healthcare, LLC
Name of Contractor

Third Party Liability Services
Name of Project

Department of Administrative Services
Name of Public Employer

I hereby declare under penalty of perjury that the foregoing is true and correct.

Executed on Nov, 20, 2020 in Randolph (city), TX (state).

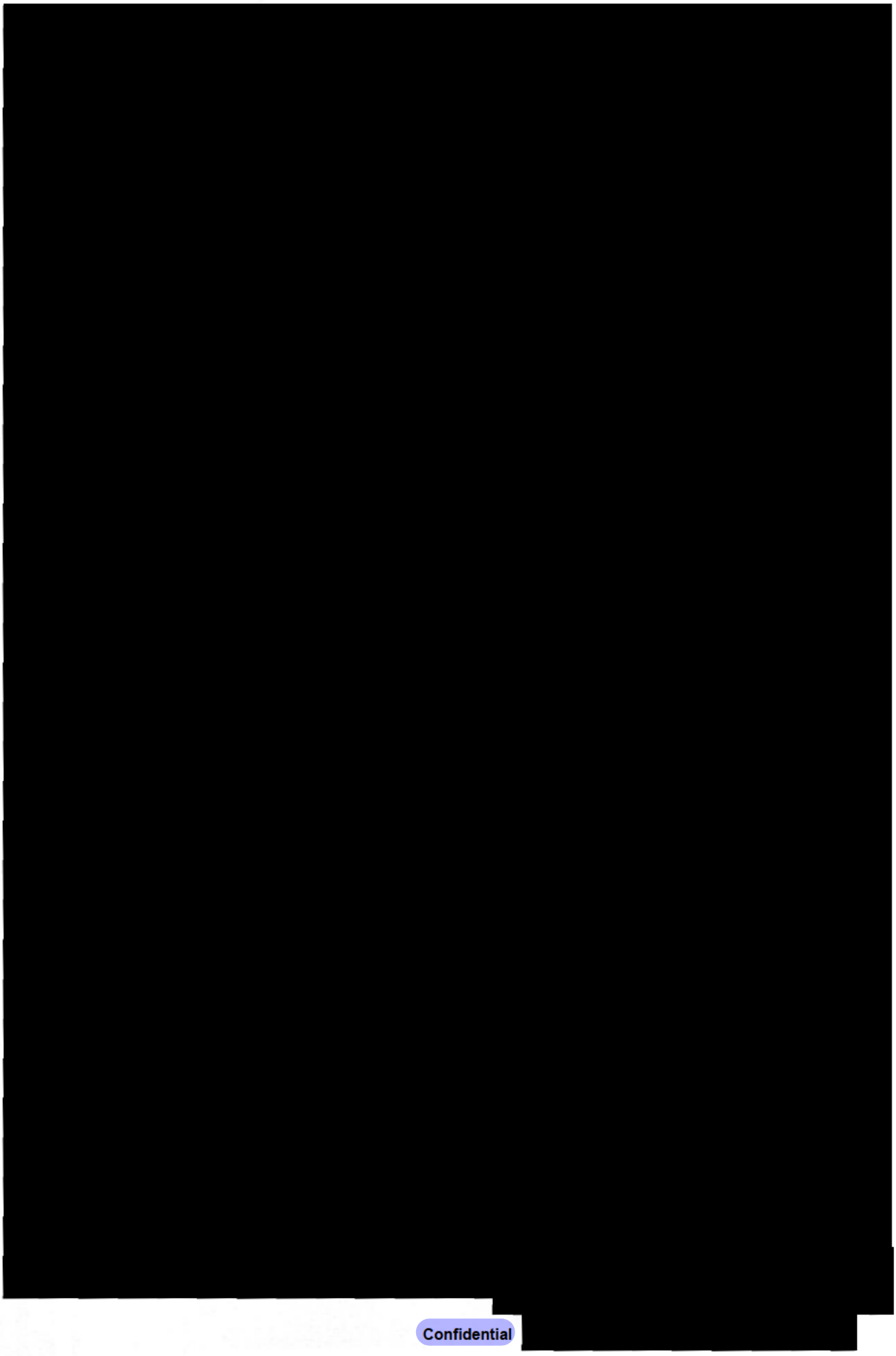
Signature of Authorized Officer or Agent

Donna Migoni, Vice President
Printed Name and Title of Authorized Officer or Agent

DAWN GENTRY
Notary Public, State of Texas
Comm. Expires 06-01-2024
Notary ID 126329515

SUBSCRIBED AND SWORN BEFORE ME
ON THIS THE 20 DAY OF November, 2020.

Dawn Gentry
NOTARY PUBLIC
My Commission Expires: 6-1-2024



[redacted]

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

FORM 10-K

(Mark One)

☒ **ANNUAL REPORT PURSUANT TO SECTION 13 OR 15(d) OF THE SECURITIES EXCHANGE ACT OF 1934**

For the fiscal year ended: December 31, 2019

☐ **TRANSITION REPORT PURSUANT TO SECTION 13 OR 15(d) OF THE SECURITIES EXCHANGE ACT OF 1934**

For the transition period from: _____ to: _____

Commission File Number 001-37817

CONDUENT INCORPORATED
(Exact Name of Registrant as specified in its charter)

New York	**81-2983623**
(State or other jurisdiction of incorporation or organization)	(IRS Employer Identification No.)
100 Campus Drive, Suite 200, Florham Park, New Jersey	**07932**
(Address of principal executive offices)	(Zip Code)

(844) 663-2638
(Registrant's telephone number, including area code)

Securities registered pursuant to Section 12(b) of the Act:

Title of each class	Trading Symbol(s)	Name of each exchange on which registered
Common Stock, $0.01 par value	**CNDT**	**NASDAQ Global Select Market**

Securities registered pursuant to Section 12(g) of the Act: None

Indicate by check mark if the registrant is a well-known seasoned issuer, as defined in Rule 405 of the Securities Act. Yes x No o

Indicate by check mark if the registrant is not required to file reports pursuant to Section 13 or Section 15(d) of the Act. Yes o No x

Indicate by check mark whether the registrant (1) has filed all reports required to be filed by Section 13 or 15(d) of the Securities Exchange Act of 1934 during the preceding 12 months (or for such shorter period that the registrant was required to file such reports), and (2) has been subject to such filing requirements for the past 90 days. Yes x No o

Indicate by check mark whether the registrant has submitted electronically every Interactive Data File required to be submitted pursuant to Rule 405 of Regulation S-T during the preceding 12 months (or for such shorter period that the registrant was required to submit such files). Yes x No o

Indicate by a check mark whether the registrant is a large accelerated filer, an accelerated filer, a non-accelerated filer, a smaller reporting company or an emerging growth company. See definitions of "large accelerated filer," "accelerated filer," "smaller reporting company" and "emerging growth company" in Rule 12b-2 of the Exchange Act.

Large accelerated filer	☒	Accelerated filer	☐	Non-accelerated filer	☐	Small reporting company	☐	Emerging growth company	☐

If an emerging growth company, indicate by check mark if the registrant has elected not to use the extended transition period for complying with any new or revised financial accounting standards provided pursuant to Section 13(a) of the Exchange Act. o

Indicate by a check mark whether the registrant is a shell company (as defined in Rule 12b-2 of the Exchange Act). Yes ☐ No ☒

The aggregate market value of the voting and non-voting common stock of the registrant held by non-affiliates as of June 30, 2019 was $2,012,432,097.

Indicate the number of shares outstanding of each of the Registrant's classes of common stock, as of the latest practicable date:

Class	Outstanding at January 31, 2020
Common Stock, $0.01 par value	211,886,566

DOCUMENTS INCORPORATED BY REFERENCE

Part III of this Form 10-K incorporates by reference certain portions of the Registrant's Notice of 2020 Annual Meeting of Shareholders and Proxy Statement (to be filed with the Securities and Exchange Commission pursuant to Regulation 14A no later than 120 days after the close of the fiscal year covered by this report on Form 10-K).

FORWARD-LOOKING STATEMENTS

From time to time, we and our representatives may provide information, whether orally or in writing, including certain statements in this Annual Report on Form 10-K (Form 10-K), which are deemed to be "forward-looking" within the meaning of the Private Securities Litigation Reform Act of 1995 (the "Litigation Reform Act"). These forward-looking statements and other information are based on our beliefs as well as assumptions made by us using information currently available.

The words “anticipate,” “believe,” “estimate,” “expect,” “intend,” “will,” "aim," “should,” "continue to," and similar expressions, as they relate to us, are intended to identify forward-looking statements. These statements reflect our current views with respect to future events and are subject to certain risks, uncertainties and assumptions. Should one or more of these risks or uncertainties materialize, or should underlying assumptions prove incorrect, actual results may vary materially from those expressed or implied herein as anticipated, believed, estimated, expected or intended or using other similar expressions.

In accordance with the provisions of the Litigation Reform Act, we are making investors aware that such forward-looking statements, because they relate to future events, are by their very nature subject to many important factors and uncertainties that could cause actual results to differ materially from those contemplated by the forward-looking statements contained in this Form 10-K, any exhibits to this Form 10-K and other public statements we make.

Important factors and uncertainties that could cause actual results to differ materially from those in our forward-looking statements include, but are not limited to: government appropriations and termination rights contained in our government contracts; risk and impact of potential goodwill and other asset impairments; our ability to renew commercial and government contracts, including contracts awarded through competitive bidding processes; our ability to recover capital and other investments in connection with our contracts; our ability to attract and retain necessary technical personnel and qualified subcontractors; our ability to deliver on our contractual obligations properly and on time; competitive pressures; our significant indebtedness; changes in interest in outsourced business process services; our ability to obtain adequate pricing for our services and to improve our cost structure; risk and impact of geopolitical events, natural disasters and other factors (such as pandemics, including coronavirus) in a particular country or region on our workforce, customers and vendors; claims of infringement of third-party intellectual property rights; the failure to comply with laws relating to individually identifiable information, and personal health information and laws relating to processing certain financial transactions, including payment card transactions and debit or credit card transactions; breaches of our information systems or security systems or any service interruptions; our ability to estimate the scope of work or the costs of performance in our contracts; our continuing emphasis on and shift toward technology-led digital transactions; customer decision-making cycles and lead time for customer commitments; our ability to collect our receivables, including those for unbilled services; a decline in revenues from, or a loss of, or a reduction in business from or failure of significant clients; fluctuations in our non-recurring revenue; our failure to maintain a satisfactory credit rating; our ability to attract and retain key employees; increases in the cost of telephone and data services or significant interruptions in such services; our failure to develop new service offerings; our ability to modernize our information technology infrastructure and consolidate data centers; our ability to comply with data security standards; our ability to receive dividends or other payments from our subsidiaries; changes in tax and other laws and regulations; changes in government regulation and economic, strategic, political and social conditions; and other factors that are set forth in the “Risk Factors” section, the “Legal Proceedings” section, the “Management's Discussion and Analysis of Financial Condition and Results of Operations” section and other sections of this Form 10-K, as well as in our Quarterly Reports on Form 10-Q and Current Reports on Form 8-K. We do not intend to update these forward-looking statements, except as required by law.

CONDUENT INCORPORATED
FORM 10-K
December 31, 2019

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PART I

ITEM 1. BUSINESS

In this Form 10-K, unless the content otherwise dictates, "Conduent", the "Company", "we" or "our" mean Conduent Inc. and its consolidated subsidiaries.

Our Business

As one of the largest business process services companies in the world, Conduent delivers mission-critical services and solutions on behalf of businesses and governments – creating exceptional outcomes for our clients and the millions of people who count on them. Through people, process, expertise in transaction-intensive processing and technology such as analytics and automation, Conduent's services and solutions create value by improving efficiencies, reducing costs and enabling revenue growth. A majority of Fortune 100 companies and over 500 government entities depend on Conduent every day to manage their business processes and essential interactions with their end-users.

Conduent's commercial portfolio includes leading solutions in attractive markets such as end-user customer experience management, transaction processing services, commercial healthcare and human resource and learning services. For example, Conduent is a leading provider of medical bill review. In 2019, Conduent processed over 28 million medical bills and saved customers over $17 billion.

Conduent serves a vast range of the public sector including market leading transportation and government solutions. For example, Conduent’s systems support 11 million traveler transactions per day via electronic tolling and process over 40% of Supplemental Nutrition Assistance Program (SNAP) payments on behalf of government entities.

We create value for our clients through efficient global service delivery combined with a personalized and seamless experience for the end-user. We apply our expertise, technology and innovation to continually modernize our offerings for improved customer and constituent satisfaction and loyalty, increased process efficiency and rapid response to changing market dynamics.

Conduent Incorporated is a New York corporation, organized in 2016. Our common stock began trading on January 3, 2017, on the New York Stock Exchange, under the ticker "CNDT". In December 2019, Conduent changed the listing of its publicly traded common stock from the New York Stock Exchange to the NASDAQ Global Select Market (NASDAQ), where it remains listed under the ticker "CNDT".

With approximately 67,000 employees globally as of December 31, 2019, we provide differentiated services to clients spanning medium and large businesses and governments around the world.

In the third quarter of 2019, management and the Board of Directors jointly commenced a strategic and operational review of the Company and each line of business. Each of the lines of business were evaluated across multiple factors including competitive positioning, financial performance, investment needs, market scarcity and execution risk, among others. The Company’s transformation plan and perspective on allocating capital amongst its business units changed as a result of this review.

Our Transformation

We continue to focus on transformation and optimization throughout the business. We have seen tremendous optimization from our real estate consolidation efforts. Going forward, we intend to transform the business through an intense focus on Growth, Quality, and Efficiency – utilizing a programmatic, project management approach. We are intent on hiring and organizing top-talent, instituting and instilling processes and investing in and upgrading our technology. We are using a deliberate process that identifies the biggest gaps and then prioritizes actions to ensure success.

- **Growth:** In 2019, we hired a Chief Revenue Officer and re-organized our sales team. We centralized the sales executives from the business delivery operations. Previously, the sales and delivery organizations were co-mingled. We believe isolating sales executives to a single organization with a sole purpose of selling will enable the team to benefit from increased focus and shared sales knowledge transfer. Additionally, we simplified our go-to-market strategy to align our focus on solution-based selling. We are taking a very client-centric approach to strengthen our relationships, better understand our clients' businesses and proactively respond to or pre-empt our clients' needs. We are examining the entire “sales to service continuum” to improve our performance and have launched a client retention program. We are measuring success in “Growth” through revenue retention and new business signings, among other metrics.

- **Quality:** In 2019, we continued to improve processes and procedures to address our technology infrastructure and our client delivery. We hired new executive leadership in the technology organization and continued the consolidation process of our data centers. We are also establishing a new and a more centralized command center to boost proactive management and monitoring of infrastructure incidents. We believe these changes will provide stability and a streamlined delivery of services to our clients and their end-users. In addition to optimizing the quality and stability of our service delivery, we continue to invest to upgrade our solutions to enable exceptional outcomes for our clients and their end-users as we work to standardize the service delivery processes. We are measuring success in “Quality” by service level agreement performance, severity 1 outages, and client satisfaction.

- **Efficiency:** We continue to find ways to reduce costs via increased efficiencies. We are implementing standardized processes and a singular operating model across the business, which we believe will eliminate silos and improve our leadership across the company. We believe greater efficiencies will be driven through simplified, standardized processes and a motivated workforce. We continue to find efficiencies from the ongoing consolidation of our data centers and real estate footprint. We are making steady progress in reshaping our culture and are investing in associate engagement programs as well as improvements to our work environments across our global locations. We are measuring success in “Efficiency” by associate retention and adjusted earnings before interest, depreciation and amortization (EBITDA) margin, among other metrics.

Our Market Opportunity

We estimate our addressable market size in the global business process service industry at over $200 billion in 2019, according to third party industry reports, and we are a leader across several segments of this large, diverse and growing market. Providing business process services is complex and multi-faceted with services that span many industries.

Ongoing competitive pressures and increasing demand for further productivity gains have motivated businesses to outsource elements of their day-to-day operations to accelerate performance and innovation. As a result, our clients have become more focused on their core businesses and the range of outsourced activities has expanded greatly. Increasing globalization has also required many companies to optimize cost structures to retain competitiveness and business process services have become a key component of this strategy.

The ongoing shift to next-generation software and automation technologies is driving greater demand for, and expectation of, efficiency and personalization by the constituents and customers of the businesses and governments we serve. Addressing these business and operational challenges is necessary for business process services companies to capitalize on these trends. In addition, business process services have the potential to meaningfully enhance productivity for businesses and governments and satisfaction for their customers and constituents.

Segments

We organize, manage and report our businesses through three reportable segments (Commercial Industries, Government Services and Transportation), Other operations and Shared IT / Infrastructure & Corporate Costs.

Our *Commercial Industries* is our largest segment, with $2.4 billion in revenues in 2019, representing 53.4% of our total revenues. Across the Commercial Industries segment, we operate on our clients' behalf to deliver mission-critical solutions and services to reduce costs, improve efficiencies and enable revenue growth for our clients and their consumers and employees.

Our *Government Services* segment revenue for 2019 was $1.3 billion, representing 28.3% of our total revenues. This segment provides government-centric business process services to U.S. federal, state and local governments for public assistance program administration, transaction processing and payment services. Our solutions in this segment help governments respond to changing rules for eligibility and increasing citizen expectations.

Our *Transportation* segment revenue for 2019 was $0.8 billion, representing 17.5% of our total revenues. This segment provides systems and support, as well as revenue-generating services, to government clients in 25 countries. On behalf of government agencies and authorities in the transportation industry, we deliver mission-critical mobility and payment solutions that improve automation, interoperability and decision-making to streamline operations, increase revenue and reduce congestion while creating safer communities and seamless travel experiences for consumers.

Other represents our divestitures, our Student Loan business, which the Company exited in the third quarter of 2018. In 2019, Other accounted for $38 million or 0.8% of total revenues, which was mainly from the portfolio of select standalone customer care contracts sold in February 2019. Refer to Note 4 – Divestiture to the Consolidated Financial Statements for additional information regarding this sale.

Shared IT / Infrastructure & Corporate Costs includes both normal ongoing IT infrastructure costs and costs related to modernization of a significant portion of our infrastructure with new systems and processes and consolidation of our data centers as part of our transformation initiatives. It also includes costs related to corporate overhead functions and shared real estate costs. These costs are not allocated to the reportable segments. We expect that our transformation initiatives will provide greater strategic and operational flexibility and efficiency and better control of our systems and processes. There is a risk, however, that our modernization efforts and data center consolidations could materially and adversely disrupt our operations. Refer to Part I, Item 1A – Risk Factors of this Form 10-K for additional information.

We present segment financial information in Note 3 – Segment Reporting to our Consolidated Financial Statements included in Part II, Item 8 of this Form 10-K, which is incorporated herein by reference.

Our Service Offerings

Our portfolio of business process services includes a combination of industry-specific and cross-industry services. We have subject matter experts who are responsible for implementing each of these services, delivering service excellence to clients, ensuring best practices to improve cost competitiveness, innovating our next generation offerings and supporting worldwide sales.

Commercial Industries

Our solutions and services include end-user customer experience, transaction processing, commercial healthcare and human resource and learning services.

- **End-User Customer Experience (EUCE)**
  - We offer a range of services that help our clients support their end-users. This includes in-bound and out-bound call support for both simple and complex transactions, technical support and patient assistance. We also provide multi-channel communication support (both print and digital) across a range of industries.

- **Transaction Processing Solutions (TP)**
  - We help our clients improve communications with their customers and constituents, whether it is on paper, on-line or through other communication channels. By supporting our clients' customer communication processes, we help our clients deliver a better experience to their customers and operate with improved efficiency and greater effectiveness.

  - We offer a broad array of flexible transaction processing services that include data entry, scanning, image processing, enrollment processing, claims processing, high volume offsite print and mail services and file indexing. Our multi-channel communication capabilities (including secure print, email, text and web) enable the delivery of personalized and targeted communications that are designed to elicit the desired response from customers or other end-users (e.g., on-time bill payment and increased marketing response rates). Our service offerings utilize both proprietary and commercially available third-party technologies, combined with our expertise, to ensure continued quality and innovation for our clients.

  - We also serve clients by managing their critical finance, accounting and procurement processes. Our services include general accounting and reporting, billing and accounts receivable and purchasing, accounts payable and expense management services. We also offer wholesale and retail lockbox services and process auto and mortgage loans in the United States. With a global, dedicated team, we manage the core, end-to-end process areas of finance, accounting and procurement for some of the world's most recognized brands.

- **Commercial Healthcare Services (CH)**
  - On behalf of the healthcare industry, we deliver administration, clinical support and medical management solutions across the health ecosystem to reduce costs, increase compliance and enhance utilization, while improving health outcomes and experience for members and patients. Our solutions span: trials, sales, access, adherence and long-term differentiation solutions to pharmaceutical clients; case management, performance management and patient safety for hospital clients; medical bill review, care integration, subrogation and payment integrity solutions to managed care companies; and workers compensation medical bill review, mailroom/data capture and medical management services to claims payers and third-party administrators.

- **Human Resource and Learning Services (HRL)**
  - We help our clients support their employees at all stages of employment from initial on-boarding through retirement, as well as HSA administration. We offer clients a range of customized advisory, technology and administrative services that improve the ability of employees to manage their benefits, professional development and retirement planning.

  - We also provide clients with a simplified approach to help their employees manage their healthcare costs and accumulate wealth with tax-advantaged accounts. We consolidate administration of all health spending accounts onto one common platform, including HSA, Health Reimbursement Arrangements, Flexible Spending Accounts and Commuter and Dependent Care Accounts. By consolidating and integrating the management of health spending accounts, we help our clients improve benefit enrollment and account opening, consolidate customer service, simplify communications and streamline account funding and management. As of December 31, 2019, we had approximately 1 million active HSA accounts and $2.7 billion of assets under management within our HSA offering.

  - We are a provider of end-to-end learning services, designed to accelerate the productivity and development of our clients' employees and extended work forces. Our global presence, superior innovation and expertise allow us to deliver performance-based learning services tailored to our clients' unique strategic business goals. Our offerings include learning strategy and assessment, instructor management and learning administration.

Government Services

Our solutions and services include government health services, payment solutions, child support services, and labor workforce and general government solutions.

- **Government Healthcare**
  - We provide medical management and fiscal agent care management services to Medicaid programs and federally-funded U.S. government healthcare programs in 23 states, Puerto Rico and the District of Columbia. Our services include a range of innovative solutions such as Medicaid management, provider services, Medicaid business intelligence, pharmacy benefits management, eligibility verification and case management solutions. Our case management solutions make it easy to process and access large volumes of digital data. This can be used to track public health metrics (such as diseases, vitals, and birth defects), perform electronic visit verification, and more. These services help states optimize their costs by streamlining access to care and improve patient health outcomes through population health management, while helping families in need, by improving beneficiary support.

- **Payment Solutions**
  - With more than $80 billion disbursed annually, we are a leader in government payment disbursements for federally sponsored programs like SNAP, commonly known as food stamps and Women, Infant and Children (WIC) as well as government-initiated cash disbursements such as child support and unemployment. Conduent delivers electronic payments for government services in 33 states, including 106 prepaid debit card programs, 26 Electronic Benefit Transfer (EBT) programs, 13 EBT for WIC programs and 7 Electronic Child Care programs. As part of our payment solutions, we are also a preferred partner to child support enforcement agencies nationwide, we deliver innovative services and solutions to help agencies reduce costs and improve processes.

- **State and Local**
  - *Child Support Services:* As a preferred partner to child support enforcement agencies nationwide, we deliver innovative services and solutions to help agencies reduce costs and improve processes. We offer a broad set of child support services, including processing and distributing State Disbursement Units (SDUs), Child support payment cards, child care credentialing and case management, among others, to help states comply with federal standards.

  - *Labor, Workforce and Government Solutions:* We help agencies streamline onerous, paper-based tasks by turning them into efficient, digital processes. We offer unemployment insurance, workers compensation, parks and recreation, utilities and information technology solutions (such as cloud, hosting, maintenance and operations) to all the 50 U.S. states.

- **Federal**
  - As a preferred partner to government IT clients, we leverage technology as a key mechanism for improving citizen service and cost savings. Our solutions include: technology infrastructure, application portfolio management, IT consulting, and other IT managed services.

Transportation

On behalf of government agencies and authorities in the transportation industry, we deliver fare collection, violation management, notification, mobility and payment solutions that improve automation, interoperability and decision-making to streamline operations, increase revenue and reduce congestion while creating safer communities and seamless travel experiences for consumers. Our solutions span tolling, transit, photo and parking and commercial vehicle.

- **Tolling**
  - Our electronic tolling, urban congestion management and mileage-based user solutions help clients keep up with an ever-changing environment and get more travelers where they need to go while generating revenue for much-needed infrastructure improvements. Our solutions include vehicle passenger detection systems, electronic toll collection, automated license plate recognition and congestion management solutions.

- **Transit**
  - For today's travelers, we aim to make journeys more personalized and convenient while increasing capacity and profitability for authorities and agencies. We combine the latest in fare collection, intelligent mobility so that clients can get the added efficiency of having a single point of contact for all their transit solutions.

- **Photo and Parking**
  - *Curbside Management:* We deliver intelligent curbside management systems that simplify parking programs and deliver convenient and hassle-free experience for drivers. Our curbside solutions include citation and permit administration, parking enforcement, and curbside demand management. We collect over $850 million annually for citations and delinquent revenue collections.

  - *Public Safety:* Public safety is a priority in every community, especially as budgets shrink and populations grow. We provide data analytics, automated photo enforcement and other public safety solutions to make streets and communities safer. One in every four US public safety enforcement systems are implemented by Conduent Transportation.

- **Commercial vehicle**
  - We provide computer-aided dispatch/automatic vehicle location technology to help customers manage their fleet operations.

Our Strategies

We intend to drive portfolio focus, operating discipline, sales and delivery excellence and innovation, complemented by tightly aligned investments to achieve this mission and purpose. Our strategy is designed to deliver value by delivering profitable growth, expanding operating margins and deploying a disciplined capital allocation strategy. Our differentiated services and solutions improve experiences for millions of people every day.

Specific elements of our strategy include the following:

Portfolio Focus **–** The industries in which we operate have attractive revenue growth rates, generally in the mid-single digits. We intend to sharpen our focus and expand our business in industries with strong growth and profitability characteristics. We will aim to employ a disciplined approach to portfolio management to complement our competitive strengths and build depth and breadth in our core businesses. Within the Healthcare industry, we leverage our data analytics, differentiated service offerings and industry know-how to continue to service payer, provider and core government healthcare clients. Within the Transportation industry, we leverage our global, end-to-end platforms to continue to deliver seamless travel experiences while providing back-end transaction processing and call center services for government clients globally. Within the Government industry, we leverage our relationships with 41 different states and various government agencies to streamline operations and improve the citizen experience.

Operating Discipline **–** We continue to invest in our people, processes, and technology to optimize and strengthen our services capabilities. We plan to optimize our services capabilities and strengthen several core areas, including TP and finance and accounting services by building out our services offerings and continuing to improve our competitive strengths. We have divested non-core assets, refocused our business towards higher margin growing segments and consolidated delivery operations to enable greater productivity. Within TP, we continue to build industry-specific service offerings and advance inbound and outbound processing capabilities. Within EUCE, we capitalize on our global scale, cost efficiencies and our ability to provide seamless communications between our clients and their end-users through traditional (e.g., voice) and digital (e.g., web, mobile and Internet of Things) channels. Conduent's solutions deliver exceptional outcomes for its clients, including:

- $17 billion in medical bill savings,
- $11 billion in child support payments processed more efficiently,
- up to 40% efficiency increase in HR operations, and
- up to 40% improvement in processing costs, while driving higher end-user satisfaction.

Sales and Delivery Excellence – We look for the opportunity to exceed expectations and strive to be the best at what we do. Our clients are at the forefront of everything we do. We do our best to make things simple both in the solutions we design and the way we do business. We engage, develop and support our people. We intend to increasingly develop our employees by investing in training, processes and systems to equip them with modern tools that enable them to perform their jobs more efficiently. Furthermore, we plan to strengthen our sales teams through improved and optimized coverage and effective talent management. In 2019, we centralized our sales organization to report under a single Chief Revenue Officer and are investing in providing leadership and coaching to our sales team. The dedication and expertise of our employees have resulted in Conduent serving a majority of Fortune 100 companies, including:

- 9 of top 10 health insurers,
- 8 of 10 pharma companies,
- 6 of top 10 automakers, and
- 8 of top 10 U.S. banks.

Innovation complemented by tightly aligned investments – We are thinking about how we invest into the business differently than before. We intend to be disciplined in how we allocate capital and what our investments will fund. We have designated our businesses into three categories, each with a different approach to growing the business.

- **Category 1- "Optimize":** The businesses where we will drive optimization are generally areas of significant scale and where we believe that with process optimization, automation, and an investment into the current offerings, we can improve the end-user experience, reduce our cost of delivery, expand our margins, and thus capture additional "share". We have identified EUCE, TP, Government Services (State, Local and Federal and Payment solutions) as businesses that fit into this category.

- **Category 2- "Enhance":** These are businesses where we see the potential to enhance our solutions and market share with modest investment. These tend to have strong client relationships and a long history of servicing the markets we operate in, but legacy technology that needs to be refreshed or modernized. We have identified Government Healthcare services and HRL services as businesses that fit into this category.

- **Category 3- "Expand":** These are businesses where we believe opportunities to expand our capabilities may require more meaningful investment, but we see the payback as more significant than the other businesses. These businesses, augmented with new capabilities, perhaps supplemented by modest acquisitions, will address market dynamics and provide additional growth opportunities. We have identified Commercial Healthcare and Transportation as businesses that fit into this category.

Our Competitive Strengths

We possess certain competitive strengths that distinguish us from our competitors, including:

Leadership in attractive growth markets – We are a large player in business process services delivering exceptional outcomes for our clients at an unparalleled scale. Our clients continue to outsource key business processes to improve efficiencies and to accelerate performance and digital transformation. Additionally, clients are moving beyond services for back-office functions in order to drive customer satisfaction and loyalty. The increase in globalization and cost competition continues to accelerate, forcing companies to seek ways to stay ahead of the competition. These factors, along with clients and their customers demanding more personalized, seamless and secure solutions, are collectively driving the ongoing shift to next-generation solutions and services. Through our portfolio of services and solutions, we have reached significant scale in our interactions including:

- ***Healthcare –*** U.S. healthcare spending is expected to rise from the 17.9% of GDP in 2017 to 19.4% of GDP by 2027and is projected to grow at an average rate of 5.5% per year for 2018-2027. As one of the most regulated industries, healthcare providers must balance increased utilization with heightened complexity and new financial pressures such as government budget challenges to significantly reduce reimbursements, reimbursement penalties for hospital readmissions and a shift from fee-for-service to “value-based” population health management. We are widely recognized by industry analysts as a leader in healthcare payer operations, serving 9 of the top 10 U.S. managed healthcare plans and providing administrative and care management solutions to Medicaid programs and federally funded U.S. government healthcare programs in 23 states, Puerto Rico and the District of Columbia. Two out of every three U.S. insured patients are touched by Conduent. Conduent’s healthcare capabilities have been recognized by NelsonHall, HfS Research and Everest Group.

- ***Transportation –*** Traffic congestion continues to increase as urbanization and changing demographics take hold globally. As a result, optimized transportation systems are becoming critical to increase efficiency while maintaining strict safety requirements. Electronic toll collection, public transit and parking all represent key growth drivers as governments at all levels increasingly focus on transportation infrastructure. We are an award-winning innovator in parking management. 46% of U.S. toll services are managed by Conduent and 11 million traveler transactions go through Conduent transportation toll systems daily.

- ***Transaction Processing –*** We provide high volume print and mail services, enrollment processing and personalized and targeted marketing and communications to large corporations and are a leading provider in this market with more than 3.6 billion documents captured, indexed and classified annually. We process 89 million invoices annually for our Finance, Accounting and Procurement clients.

Global delivery expertise – Our scale and global delivery network enables us to deliver our proprietary technology, differentiated service offerings and service capabilities expertly to clients around the world. We have operations in 23 countries including India, Philippines, Jamaica, Guatemala, Mexico, Romania, Dominican Republic and several locations within the United States, giving our customers the option for "onshore", "nearshore" or "offshore" outsourced business process services. This global delivery model enables us to leverage lower-cost production locations, consistent methodologies and processes, time zone advantages and business continuity plans. As of December 31, 2019, 51% of our employees were located in high cost countries and 49% were located in low cost countries.

Differentiated suite of multi-industry service offerings at scale – We manage transaction-intensive processes and work directly with end-users to meet their needs often in real-time. We are unique in our ability to offer our clients these business process services on a large scale and with high quality. Additionally, we are able to leverage our cross-industry services to bring the same scale and quality to our portfolio of industry-specific service offerings, such as healthcare claims management, employee benefits management and public transit fare collection.

Recurring revenue model supported by a loyal, diverse client base – We have a broad and diverse base of clients in countries across geographies and industries, including a majority of the Fortune 100 as well as Fortune 1,000 companies and midsize businesses and governmental entities. Our close client relationships and successful client execution support our stable recurring revenue model and high renewal rates. Excluding our strategic decision not to renew certain contracts and the impact of divestitures, renewal rates for 2019 and 2018 were 81% and 95%, respectively.

Competition

Although we encounter competition in all areas of our portfolio, we lead across certain areas of our principal businesses. We compete on the basis of technology, performance, price, quality, reliability, reputation and customer service and support. In the current political environment in the U.S. and other territories, we also consider our "onshore" delivery capacity to be a competitive advantage. We participate in a highly competitive and rapidly evolving market, driven by changes in industry standards and demands of customers to become more efficient. Our competitors range from large international companies to relatively small firms. Our competitors include:

- Large multinational service providers such as CGI Group, Accenture, Aon Hewitt, Cognizant, Hewlett-Packard Enterprise, Fidelity Information Systems, Bank of America, IBM, Teletech and Teleperformance;
- Traditional Business Process Outsourcing companies such as Genpact, ELX Services, Exela Technologies and WNS Global Services;
- Payroll processing and human capital management providers such as ADP and Paychex;
- Healthcare-focused IT and service solutions providers such as Cerner and Maximus;
- Human resource services providers such as Alight and Willis Towers Watson;
- Health Savings Account administrators such as Health Equity, HSA Bank, and WexHealth;
- U.S. Federal focused government services such as CACI International and DXC Technology;
- Transportation multi-nationals such as Roper/TransCore, Cubic, Kapsch and Verra Mobility; and
- Smaller niche business processing service providers and in-house departments that perform functions that could be outsourced to us.

Sales and Marketing

We market our business process services to both potential and existing clients through our worldwide sales force and our business development team. Additionally, we have dedicated “solution architects” who work with clients to better understand their business requirements and to develop custom-tailored solutions to meet their unique needs.

Our sales and marketing strategy is to go to market by solutions to deliver key industry-specific and cross-industry
services and solutions to our clients. We focus on developing new prospects through market research and analysis, demand generation, renewing expiring contracts and leveraging existing client relationships to offer additional services. We leverage our broad, cross-industry service offerings to package solutions through enterprise selling, while maintaining a disciplined approach to pricing and contracting. Our sales efforts typically involve extended selling cycles and our deep domain and industry expertise is critical to winning new business.

Intellectual Property

Our general policy is to seek patent protection for those inventions likely to be incorporated into our products and services or where obtaining such proprietary rights will improve our competitive position. We own approximately 1,030 patents and pending applications. Our patent portfolio evolves as new patents are awarded to us and as older patents expire. These patents expire at various dates, generally 20 years from their original filing dates. While we believe that our portfolio of patents and applications has value, in general, no single patent is essential to our business or any individual segment. In addition, any of our proprietary rights could be challenged, invalidated or circumvented, or may not provide significant competitive advantages.

Our business relies on software provided to an approximately equal extent, by both internal development and external sourcing to deliver our services. With respect to internally developed software, we claim copyright on all such software, registering works which may be accessible to third parties. In addition, we rely on maintaining source code confidentiality to assure our market competitiveness. With respect to externally sourced software, we rely on contracts assuring our continued access for our business usage.

In the United States, we own 76 trademarks, which are either registered or applied for, reflecting the many businesses we participate in. These trademarks may have a perpetual life, subject to renewal every 10 years and may be subject to cancellation or invalidation based on certain use requirements and third party challenges, or on other grounds. We vigorously enforce and protect our trademarks.

People and Culture

We draw on the skills, expertise, and experience of our talented and diverse global workforce to deliver mission-critical services and solutions that drive exceptional client outcomes. We have 67,000 associates in 23 countries working towards a common vision and purpose, with 44% located in North America and the remainder located primarily in our delivery centers in India, Philippines, Jamaica, Guatemala and Mexico.

We believe an engaged and motivated workforce is our most important asset, which is why we are focused on building a workplace where our people can do their best work, feel empowered to innovate and put forth new ideas and solutions and have the tools and resources they need to be successful. We take pride in our 'One Conduent' culture, which is underpinned by our core values and leadership and teamwork principles. We place a strong emphasis on teamwork and shared success – and we amplify this unity across our associate base through several programs, including employee volunteerism, diversity and inclusion programs and continuous, open and transparent two-way communication.

Corporate Ethics

We operate according to our ethics and compliance program, which is designed to meet general governance and specific industry and regulatory requirements with a focus on values, culture and performance with integrity. Conduent has a business ethics program, which is overseen by the business ethics office, and a code of business conduct (Code), which serves as the foundation of our business ethics program. The Code sets forth our expectations for ethical leadership, performance of job responsibilities and compliance with company policies and the law. In addition, the Code embodies and reinforces Conduent's commitment to integrity and helps employees resolve ethics and compliance concerns consistent with operating principles and legal and policy controls. In addition, our employees are required to complete business ethics training annually and we periodically solicit their input to gauge the state of Conduent's ethical culture and help identify areas for improvement.

Our directors must act in accordance with our Code of Business Conduct and Ethics for Members of the Board; our principal executive officer, principal financial officer and principal accounting officer, among others, must act in accordance with our Finance Code of Conduct; and all of our executives and employees must act in accordance with our Code of Business Conduct. Each of these codes of conduct can be accessed through our website at www.conduent.com/corporate-governance. They are also available to any shareholder who requests them in writing addressed to Conduent Incorporated, 100 Campus Drive Suite 200, Florham Park, NJ 07932, Attention: Corporate Secretary. We will disclose any future amendments to, or waivers from, provisions of our Code of Business Conduct and Ethics for members of the Board and, our Code of Business Conduct and our Finance Code of Conduct for our officers on our website as promptly as practicable, and consistent with the requirements of applicable U.S. Securities and Exchange Commission (SEC) and NASDAQ rules.

Seasonality

Our revenues can be affected by various factors such as our clients' demand pattern for our services, which includes peak windows for benefit enrollment and new product launch by clients.

Availability of Company Information

Our internet address is www.conduent.com. In the Investor Information section of our Internet website, you will find our Annual Report on Form 10-K, Quarterly Reports on Form 10-Q, Current Reports on Form 8-K, our Proxy Statements and any amendments to these reports and statements. We make these documents available as soon as we can after we have filed them with, or furnished them to, the SEC free of charge.

The SEC maintains an internet address (www.sec.gov) that contains reports, proxy and information statements and other information regarding issuers that file electronically with the SEC. The content on any website referred to in this Form 10-K is nor incorporated by reference in this Form 10-K unless expressly noted.

Information about our Executive Officers

The following is a list of the executive officers of Conduent as of February 26, 2020, their current ages, their present positions and the year appointed to their present positions.

Each officer is elected to hold office until the meeting of the Board of Directors held on the day of the next annual meeting of shareholders, subject to the provisions of the by-laws.

Name	Age	Present Position	Year Appointed to Present Position	Conduent Officer Since
Clifford Skelton*	64	Chief Executive Officer	2019	2019
Brian J. Webb-Walsh	44	Executive Vice President & Chief Financial Officer	2017	2017
Mario A. Pompeo	50	Vice President & Chief Accounting Officer	2019	2019
Michael Krawitz	50	Executive Vice President, General Counsel & Secretary	2019	2019
Mark Brewer	55	Executive Vice President & President–Public Sector	2019	2019

* *Member of Conduent Board of Directors*

Each of the officers named above has been an officer or an executive of Conduent or its subsidiaries for less than five years.

Mr. Skelton was appointed Chief Operating Officer of Conduent in June 2019 and Chief Executive Officer of Conduent in August 2019. He served as President of Fiserv Output Solutions from March 2017 to June 2019. Prior to that, Mr. Skelton was the Group President and Chief Information Officer at Fiserv from April 2012 until March 2017. Mr. Skelton also held a variety of leadership roles at companies such as Ally Financial (formerly General Motors Acceptance Corporation) and Bank of America. Mr. Skelton is a former Navy fighter pilot and served in the Navy for over 20 years.

Mr. Webb-Walsh served as the Chief Financial Officer of Xerox Services since January 2016. Prior to this, Mr. Webb-Walsh was Senior Vice President of Finance for the Government Healthcare Group and the Platform Development and Systems Integration Group of Xerox Services. Mr. Webb-Walsh joined Xerox Corporation in 1997 and has held a variety of leadership positions.

Mr. Pompeo previously served as Chief Audit Executive of Conduent since 2017 and was appointed Chief Accounting Officer of Conduent in June 2019. Prior to joining Conduent, Mr. Pompeo was a partner and the National Chief Financial Officer (CFO) Advisory Services Leader at CohnReznick, LLP from 2015 – 2017 and served as Senior Vice President – Finance & CFO of Stuart Weitzman, Inc. from 2013 – 2015. He began his accounting career in the Assurance and Business Advisory Practice of PricewaterhouseCoopers, LLP.

Mr. Michael Krawitz served as Executive Vice President, General Counsel and Secretary since November 2019. Prior to joining Conduent, from June 2015 to November, 2019, Mr. Krawitz was Executive Vice President, General Counsel and Corporate Secretary of insurance services firm York Risk Services Group, a portfolio company of Onex Corp. From 2014 to 2015, he was Chief Legal Officer of Veriteq Corp., a biotech company. From 1999 to 2014, Mr. Krawitz held leadership roles in public and private companies in technology and finance sectors. Mr. Krawitz began his career at Fried Frank and was educated at Cornell University and Harvard Law School.

Mr. Brewer joined Conduent as Executive Vice President & President – Public Sector in June 2019. Prior to joining Conduent, he served as Senior Vice President and Managing Director of Diebold Nixdorf from 2018 to 2019. Prior to that Mr. Brewer was Global Vice President for DXC's Technology, Enterprise Application and Cloud Businesses from 2016 to 2018. He also held a variety of Senior Executive leadership roles at IBM Corporation for over 20 years, in Europe, Asia and the Americas. Mr. Brewer has served as a member of several boards of global companies, including IBM Australia and Softlayer, and has advised clients and boards around the world on changes that will fundamentally transform their businesses.

ITEM 1A. RISK FACTORS

Our government contracts are subject to appropriation of funds, termination rights, audits and investigations, which, if exercised, could negatively impact our reputation and reduce our ability to compete for new contracts.

A significant portion of our revenues is derived from contracts with U.S. federal, state and local governments and their agencies, and some of our revenues are derived from contracts with foreign governments and their agencies. Government entities typically finance projects through appropriated funds. While these projects are often planned and executed as multi-year projects, government entities usually reserve the right to change the scope of or terminate these projects for lack of approved funding and/or at their convenience. Changes in government or political developments, including budget deficits, shortfalls or uncertainties, failures to enact appropriation legislation (e.g., a government "shut-down"), government spending reductions (e.g., Congressional sequestration of funds under the Budget Control Act of 2011) or other debt or funding constraints, have result in and in the future could result in lower governmental sales and in our projects being reduced in price or scope or terminated altogether, which also could limit our recovery of incurred costs, reimbursable expenses and profits on work completed prior to the termination. Additionally, if the government discovers what it considers to be improper or illegal activities or contractual non-compliance (including improper billing or non-compliant performance of contract requirements), we may be subject to various civil and criminal penalties and administrative sanctions, which has occurred in the past and may in the future include termination of contracts, forfeiture of profits, suspension of payments, contractual service penalties, fines and suspensions or debarment from doing business with the government. Any resulting penalties or sanctions could materially adversely affect our results of operations and financial condition. Moreover, government contracts are generally subject to audits and investigations by government agencies. If the government finds that we inappropriately charged any costs to a contract, the costs are not reimbursable or, if already reimbursed, the cost must be refunded to the government. Further, the negative publicity that could arise from any such penalties, sanctions or findings in such audits or investigations could have an adverse effect on our reputation in the industry and reduce our ability to compete for new contracts and could materially adversely affect our results of operations and financial condition.

We derive significant revenue and profit from commercial and government contracts awarded through competitive bidding processes, including renewals, which can impose substantial costs on us, and we will not achieve revenue and profit objectives if we fail to accurately and effectively bid on such projects.

Many of these contracts are extremely complex and require the investment of significant resources in order to prepare accurate bids and proposals. Competitive bidding imposes substantial costs and presents a number of risks, including: (i) the substantial cost and managerial time and effort that we spend to prepare bids and proposals for contracts that may or may not be awarded to us; (ii) the need to estimate accurately the resources and costs that will be required to implement and service any contracts we are awarded, sometimes in advance of the final determination of their full scope and design; (iii) the expense and delay that may arise if our competitors protest or challenge awards made to us pursuant to competitive bidding and the risk that such protests or challenges could result in the requirement to resubmit bids and in the termination, reduction or modification of the awarded contracts; and (iv) the opportunity cost of not bidding on and winning other contracts we might otherwise pursue. If our competitors protest or challenge an award made to us on a government contract, the costs to defend such an award may be significant and could involve subsequent litigation that could take years to resolve.

Our ability to recover capital and other investments in connection with our contracts is subject to risk.

In order to attract and retain large outsourcing contracts, we sometimes make significant capital and other investments to enable us to perform our services under those contracts, such as purchases of information technology equipment, facility costs, labor resources and costs incurred to develop and implement software. The net book value of certain assets recorded, including a portion of our intangible assets, could be impaired, and our results of operations and financial condition could be materially adversely affected in the event of the early termination of all or a part of such a contract or a reduction in volumes and services thereunder for reasons such as a customer’s or client’s merger or acquisition, divestiture of assets or businesses, business failure or deterioration or a customer’s or client’s exercise of contract termination rights.

We rely to a significant extent on third-party providers, such as subcontractors, a relatively small number of primary software vendors, utility providers and network providers; if they cannot deliver or perform as expected or if our relationships with them are terminated or otherwise change, our results of operations and financial condition could be materially adversely affected.

Our ability to service our customers and clients and deliver and implement solutions depends to a large extent on third-party providers such as subcontractors, a relatively small number of primary software vendors, software application developers, utility providers and network providers meeting their obligations to us and our expectations in a timely, quality manner. We have experienced suboptimal performance from an inherited legacy technology vendor, which has caused certain operational challenges and customer delivery performance issues that we have been aggressively addressing. Our results of operations and financial condition have been and in the future may be materially adversely affected and we might incur significant additional liabilities (a) if we are unable to adequately renegotiate these legacy contracts, or (b) if any of our third-party providers (1) do not meet their service level obligations, (2) do not meet our or our clients' expectations, (3) terminate or refuse to renew their relationships with us, or (4) offer their products to us with less advantageous prices and other terms than previously offered.

Failure to deliver on our contractual obligations properly and on time could materially adversely affect our results of operations and financial condition.

Our business model depends in large part on our ability to retain existing and attract new work from our base of existing clients, as well as on relationships we develop with our clients so that we can understand our clients' needs and deliver solutions and services that are tailored to meet those needs. In order for our business to grow, we must successfully manage the provision of services under our contracts. If a client is not satisfied with the quality of work performed by us or a subcontractor, or with the type of services or solutions delivered, or if we or our subcontractors fail to perform in accordance with contract requirements, then we could incur additional costs to address the situation, the profitability of that work might be impaired and the client's dissatisfaction with our services could damage our ability to obtain additional work from that client or obtain new work from other potential clients. In particular, many of our contracts with non-government clients may be terminated by the client, without cause, upon specified advance notice. Accordingly, clients who are not satisfied might seek to terminate existing contracts prior to their scheduled expiration date, which may result in our inability to fully recover our up-front investments. In addition, clients could direct future business to our competitors. We could also trigger contractual credits to clients or a contractual default. Failure to properly transition new clients to our systems, properly budget transition costs or accurately estimate contract operational costs could result in delays in our contract performance, trigger service level penalties, impair fixed or intangible assets or result in contract profit margins that do not meet our expectations or our historical profit margins.

In addition, we incur significant expenditures for the development and construction of system software platforms needed to support our clients' needs. Our failure to fully understand client requirements or implement the appropriate operating systems or databases or solutions which enable the use of other supporting software may delay the project and result in cost overruns or potential impairment of the related software platforms, which could materially adversely affect our results of operations and financial condition.

We face significant competition and our failure to compete successfully could materially adversely affect our results of operations and financial condition.

To remain competitive, we must develop services and applications, periodically enhance our existing offerings, remain cost efficient and attract and retain key personnel and management. If we are unable to compete successfully, we could lose market share and important customers to our competitors and that could materially adversely affect our results of operations and financial condition.

We have recorded significant goodwill impairment charges and may be required to record additional charges to future earnings if our goodwill or intangible assets become impaired.

We are required under generally accepted accounting principles to review our intangible assets for impairment when events or changes in circumstances indicate the carrying value may not be recoverable. Goodwill is required to be tested for impairment at least annually. Factors that may be considered a change in circumstances indicating that the carrying value of our intangible assets and/or goodwill may not be recoverable include a decline in stock price and market capitalization, slower growth rates in our industry or our own operations, and/or other materially adverse events that have implications on the profitability of our business or business segments. We may be required to record additional charges to earnings during the period in which any impairment of our goodwill or other intangible assets is determined which could adversely impact our results of operations. As of December 31, 2019, our goodwill balance was $1.5 billion, which represented 33.3% of total consolidated assets. Refer to Note 8 – Goodwill and Intangible Assets, Net to our Consolidated Financial Statements for additional information about our goodwill impairment.

Our significant indebtedness could materially adversely affect our results of operations and financial condition.

We have and will continue to have a significant amount of debt and other obligations. Our substantial debt and other obligations could have important consequences. For example, it could (i) increase our vulnerability to general adverse economic and industry conditions; (ii) limit our ability to obtain additional financing for future working capital, capital expenditures, acquisitions and other general corporate requirements; (iii) require us to dedicate a substantial portion of our cash flows from operations to service debt and other obligations thereby reducing the availability of our cash flows from operations for other purposes; (iv) limit our flexibility in planning for, or reacting to, changes in our businesses and the industries in which we operate; (v) place us at a competitive disadvantage compared to our competitors that have less debt; and (vi) become due and payable upon a change in control. If new debt is added to our current debt levels, these related risks could increase.

Our ability to make payments on and to refinance our indebtedness, as well as any future debt that we may incur, will depend on our ability to generate cash in the future from operations, financings or asset sales. Our ability to generate cash is subject to general economic, financial, competitive, legislative, regulatory and other factors that are beyond our control.

The terms of our indebtedness may restrict our current and future operations, particularly our ability to incur debt that we may need to fund initiatives in response to changes in our business, the industries in which we operate, the economy and governmental regulations.

The terms of our indebtedness include a number of restrictive covenants that impose significant operating and financial restrictions on us and our subsidiaries and limit our ability to engage in actions that may be in our long-term best interests. These may restrict our and our subsidiaries' ability to take some or all of the following actions:

- incur or guarantee additional indebtedness or sell disqualified or preferred stock;
- pay dividends on, make distributions in respect of, repurchase or redeem, capital stock;
- make investments or acquisitions;
- sell, transfer or otherwise dispose of certain assets, including accounts receivable;
- create liens;
- enter into sale/leaseback transactions;
- enter into agreements restricting the ability to pay dividends or make other intercompany transfers;
- consolidate, merge, sell or otherwise dispose of all or substantially all of our or our subsidiaries' assets;
- enter into transactions with affiliates;
- prepay, repurchase or redeem certain kinds of indebtedness;
- issue or sell stock of our subsidiaries; and/or
- significantly change the nature of our business.

As a result of all of these restrictions, we may be:

- limited in how we conduct our business and pursue our strategy;
- unable to raise additional debt financing to operate during general economic or business downturns; or
- unable to compete effectively or to take advantage of new business opportunities.

A breach of any of the restrictive covenants, if applicable, could result in an event of default under the terms of this indebtedness. If an event of default occurs, the lenders would have the right to accelerate the repayment of such debt and the event of default or acceleration may result in the acceleration of the repayment of any other of our debt to which a cross-default or cross-acceleration provision applies. Furthermore, under this indebtedness we have pledged our assets as collateral as security for our repayment obligations. If we were unable to repay any amount of this indebtedness when due and payable, the lenders could proceed against the collateral that secures this indebtedness. In the event our creditors accelerate the repayment of our borrowings, we may not have sufficient assets to repay such indebtedness, which could materially adversely affect our results of operations and financial condition.

In addition, our credit facility bears interest at a rate that varies depending on the LIBOR. On July 27, 2017, the UK's Financial Conduct Authority, which regulates LIBOR, announced that it intends to phase out LIBOR by the end of 2021. It is unclear if at that time LIBOR will cease to exist or if new methods of calculating LIBOR will be established such that it continues to exist after 2021. The U.S. Federal Reserve, in conjunction with the Alternative Reference Rates Committee, a steering committee comprised of large U.S. financial institutions, announced replacement of U.S. dollar LIBOR with a new index calculated by short-term repurchase agreements, backed by U.S. Treasury securities called the Secured Overnight Financing Rate ("SOFR"). The first publication of SOFR was released in April 2018. Whether or not SOFR attains market traction as a LIBOR replacement tool remains in question and the future of LIBOR at this time is uncertain. If LIBOR rates are no longer available, our costs of borrowings under our credit facilities may be negatively impacted, which could have an adverse effect on our results of operations.

Our business is dependent on continued interest in outsourcing.

Our business and growth depend in large part on continued interest in outsourced business process services. Outsourcing means that an entity contracts with a third-party, such as us, to provide business process services rather than perform such services in-house. There can be no assurance that this interest will continue, as organizations may elect to perform such services themselves and/or the business process outsourcing industry could move to an as-a-Service model, thereby eliminating traditional business process outsourcing tasks. A significant change in this interest in outsourcing could materially adversely affect our results of operations and financial condition. Additionally, there can be no assurance that our cross-selling efforts will cause clients to purchase additional services from us or adopt a single-source outsourcing approach.

Our profitability is dependent upon our ability to obtain adequate pricing for our services and to improve our cost structure.

Our success depends on our ability to obtain adequate pricing for our services that will provide a reasonable return to our shareholders. Depending on competitive market factors, future prices we obtain for our services may decline from previous levels. If we are unable to obtain adequate pricing for our services, it could materially adversely affect our results of operations and financial condition. In addition, our contracts are increasingly requiring tighter timelines for implementation as well as more stringent service level metrics. This makes the bidding process for new contracts much more difficult and requires us to adequately consider these requirements in the pricing of our services.

In order to meet the service requirements of our customers, which often includes 24/7 service, and to optimize our employee cost base, including our back-office support, we often locate our delivery service and back-office support centers in lower-cost locations, including several developing countries. Concentrating our centers in these locations presents a number of operational risks, many of which are beyond our control, including the risks of political instability, natural disasters, safety and security risks, labor disruptions, excessive employee turnover and rising labor rates. Additionally, a change in the political environment in the United States or the adoption and enforcement of legislation and regulations curbing the use of such centers outside of the United States could materially adversely affect our results of operations and financial condition. These risks could impair our ability to effectively provide services to our customers and keep our costs aligned to our associated revenues and market requirements.

Our ability to sustain and improve profit margins is dependent on a number of factors, including our ability to continue to improve the cost efficiency of our operations through such programs as robotic process automation, to absorb the level of pricing pressures on our services through cost improvements and to successfully complete information technology initiatives. If any of these factors adversely materialize or if we are unable to achieve and maintain productivity improvements through restructuring actions or information technology initiatives, our ability to offset labor cost inflation and competitive price pressures would be impaired, each of which could materially adversely affect our results of operations and financial condition.

Our business may be adversely affected by geopolitical events, natural disasters and other factors that could directly impact certain of our employees, customers and vendors in countries or regions effected by such events and factors.

We have a global workforce and global customers. Our employees and customers in a particular country or region in the world may be impacted as a result of a variety of diversions, including: geopolitical events, such as war, the threat of war, or terrorist activity; natural disasters or the effects of climate change (such as drought, flooding, wildfires, increased storm severity, and sea level rise); power shortages or outages, major public health issues, including pandemics (such as the coronavirus); and significant local, national or global events capturing the attention of a large part of the population. If any of these, or any other factors, disrupt a country or region where we have a significant workforce (such as the U.S., India or the Philippines) or customers (such as the U.S. or Europe), or vendors, our business could be materially adversely affected.

We may be subject to claims of infringement of third-party intellectual property rights which could adversely affect our results of operation and financial condition.

We rely heavily on the use of intellectual property. We do not own all of the software that we use to run our business; instead we license this software from a small number of primary vendors. If these vendors assert claims that we or our clients are infringing on their software or related intellectual property, we could incur substantial costs to defend these claims, which could materially adversely affect our results of operations and financial condition. In addition, if any of our vendors' infringement claims are ultimately successful, our vendors could require us to (i) cease selling or using products or services that incorporate the challenged software or technology, (ii) obtain a license or additional licenses from our vendors or (iii) redesign our services which rely on the challenged software or technology. In addition, we may be exposed to claims for monetary damages. If we are unsuccessful in defending an infringement claim and our vendors require us to initiate any of the above actions, or we are required to pay monetary damages, then such actions could materially adversely affect our results of operations and financial condition.

We are subject to laws of the United States and foreign jurisdictions relating to individually identifiable information and personal health information, and failure to comply with those laws, whether or not inadvertent, could subject us to legal actions and negatively impact our operations.

We receive, process, transmit and store information relating to identifiable individuals, both in our role as a service provider and as an employer. As a result, we are subject to numerous laws and regulations in the United States (both federal and state) and foreign laws and regulations designed to protect both individually identifiable information and personal health information, including the Health Insurance Portability and Accountability Act of 1996, as amended ("HIPAA"), and the regulations promulgated under HIPPA governing, among other things, the privacy, security and electronic transmission of individually identifiable health information, and the European Union General Data Protection Regulation (GDPR) (effective May 25, 2018), which imposes stringent data protection requirements and significant penalties for noncompliance and has had a significant impact on how we process and handle certain data.

Additional laws of the United States and foreign jurisdictions apply to our processing of individually identifiable information. These laws have been subject to frequent changes, and new legislation in this area may be enacted at any time. For example, the GDPR and the invalidation of the U.S.-EU Safe Harbor regime have required us to implement alternative mechanisms in order for some of our data flows from Europe to the United States to comply with applicable law. Changes to existing laws, the introduction of new laws in this area or our failure to comply with existing laws that are applicable to us may subject us to, among other things, additional costs or changes to our business practices, liability for monetary damages, fines and/or criminal prosecution, unfavorable publicity, restrictions on our ability to obtain and process information and allegations by our customers and clients that we have not performed our contractual obligations, any of which could materially adversely affect our results of operations and financial condition.

We are subject to laws of the United States and foreign jurisdictions relating to processing certain financial transactions, including payment card transactions and debit or credit card transactions, and failure to comply with those laws, whether or not inadvertent, could subject us to legal actions and materially adversely affect our results of operations and financial condition.

We process, support and execute financial transactions, and disburse funds, on behalf of both government and commercial customers, often in partnership with financial institutions. This activity includes receiving debit and credit card information, processing payments for and due to our customers and disbursing funds on payment or debit cards to payees of our customers. As a result, we are subject to numerous laws and regulations in the United States (both federal and state) and in foreign jurisdictions, including the Electronic Fund Transfer Act, as amended, the Currency and Foreign Transactions Reporting Act of 1970 (commonly known as the Bank Secrecy Act), as amended, the Dodd-Frank Wall Street Reform and Consumer Protection Act of 2010 (including the so-called Durbin Amendment), as amended, the Gramm-Leach-Bliley Act (also known as the Financial Modernization Act of 1999), as amended, and the Uniting and Strengthening America by Providing Appropriate Tools Required to Intercept and Obstruct Terrorism (USA PATRIOT ACT) Act of 2001, as amended. Other United States (both federal and state) and foreign jurisdiction laws apply to our processing of certain financial transactions and related support services. These laws are subject to frequent changes, and new statutes and regulations in this area may be enacted at any time. Changes to existing laws, the introduction of new laws in this area or our failure to comply with existing laws that are applicable to us may subject us to, among other things, additional costs or changes to our business practices, liability for monetary damages, fines and civil and/or criminal prosecution, unfavorable publicity, restrictions on our ability to process and support financial transactions and allegations by our customers, partners and clients that we have not performed our contractual obligations. Any of these could materially adversely affect our results of operations and financial condition.

Our data systems, information systems and network infrastructure may be subject to hacking or other cybersecurity threats and other service interruptions, which could expose us to liability, impair our reputation or temporarily render us unable to fulfill our service obligations under our contracts.

We are a leading provider of business processing services concentrated in transaction-intensive processing, analytics and automation. We act as a trusted business partner in both front office and back office platforms, providing interactions on a substantial scale with our customers and other third-parties. Our customers include global commercial clients and government clients who depend upon our operational efficiency, non-interruption of service, and accuracy and security of information. We also use third-party providers such as subcontractors, software vendors, utility providers and network providers, upon whom we rely for our business processing services, to deliver uninterrupted, secure service. As part of our business processing services we also develop system software platforms necessary to support our customers' needs, with significant ongoing investment in developing and operating customer-appropriate operating systems, data bases and system software solutions. We also receive, process, transmit and store substantial volumes of information relating to identifiable individuals, both in our role as a service provider and as an employer, and we are subject to numerous laws, rules and regulations in the United States (both federal and state) and foreign jurisdictions designed to protect both individually identifiable information as well as personal health information. We also receive, process and implement financial transactions, and disburse funds, on behalf of both commercial and government customers, which activity includes receiving debit and credit card information to process payments due to our customers as well as disbursing funds to payees of our customers. As a result of these and other business processing services, the integrity, security, accuracy and non-interruption of our systems and information technology and that of our third-party providers and our interfaces with our customers are extremely important to our business, operating results, growth, prospects and reputation.

We have implemented security systems and controls, both directly and with third-party subcontractors and service providers, with the intent of maintaining both the physical security of our facilities and the data security of our customers', clients' and suppliers' confidential information and information related to identifiable individuals (including payment card and debit and credit card information and health information) against unauthorized access through our information systems or by other electronic transmission or through the misdirection, theft or loss of physical media. These include, for example, the appropriate encryption of information. Despite such efforts, we are susceptible to breach of security systems which may result in unauthorized access to our facilities and those of our customers and/or the information we and our customers are trying to protect. Cybersecurity failure might be caused by computer hacking, malware, computer viruses, worms and other destructive software, "cyber-attacks" and other malicious activity, as well as natural disasters, power outages, terrorist attacks and similar events. Operational or business delays may also result from the disruption of network or information systems and subsequent remediation activities.

Because the techniques used to obtain unauthorized access are constantly changing and becoming increasingly more sophisticated and often are not recognized until launched against a target, we or our third-party service providers may be unable to anticipate these techniques or implement sufficient preventative measures. Hacking, malware, phishing, viruses and other "cyber-attacks" have become more prevalent, have occurred in our systems in the past, and may occur in our systems in the future. Although we have implemented and intend to continue to implement what we believe to be appropriate cyber practices and cybersecurity systems, these systems may prove to be inadequate and result in the disruption, failure, misappropriation or corruption of our network and information systems. Notwithstanding the preventative and protective measures we have in place, it may not be possible for us to fully or timely know if or when such incidents arise, or the full business impact of any cybersecurity breach.

Additionally, with advances in computer capabilities and data protection requirements to address ongoing threats, we may be required to expend significant capital and other resources to protect against potential security breaches or to alleviate problems caused by security breaches. Moreover, employee error or malfeasance, faulty password management or other irregularities may result in a defeat of our or our third-party service providers' security measures and a breach of our or our third-party service providers' information systems (whether digital, cloud-based or otherwise).

If unauthorized parties gain physical access to one of our or one of our third-party service providers' facilities or gain electronic access to our or one of our third-party service providers' information systems, such access could result in, among other things, unfavorable publicity and significant damage to our brand, governmental inquiry, oversight and possible regulatory action, difficulty in marketing our services, loss of existing and potential customers, allegations by our customers that we have not performed our contractual obligations, litigation by affected parties and possible financial obligations for substantial damages related to the theft or misuse of such information, any of which could materially adversely affect our results of operations and financial condition. Similar consequences may arise if sensitive or confidential information is misdirected, lost or stolen during transmission or transport, or is stolen or misused. Moreover, a security breach could require us to devote significant management resources to address the problems created by the security breach and to expend significant additional resources to upgrade further the security measures that we employ to guard such personal information against "cyber-attacks" and to maintain various systems and data centers for our customers. Often these systems and data centers must be maintained worldwide and on a 24/7 basis. Although we endeavor to ensure that there is adequate backup and maintenance of these systems and centers, we have in the past experienced and in the future could experience service interruptions that could result in curtailed operations and loss of existing and potential customers, which could significantly reduce our revenues and profits in addition to significantly impairing our reputation. If our information systems and our back-up systems are damaged, breached or cease to function properly, we may have to make a significant investment to repair or replace them, and we may suffer interruptions in our operations in the interim, each of which could materially adversely affect our results of operations and financial condition and diminish the value of our shares.

In addition, our and our customers' systems and networks are subject to continued threats of terrorism, which could disrupt our operations as well as disrupt the utilities and telecommunications infrastructure on which our business depends. To the extent any such disruptions were to occur, our business, operating results and financial condition could be materially adversely affected.

If we underestimate the scope of work or the costs entailed in performing our contracts, or if we do not fully perform our contracts, our results of operations and financial condition could be materially adversely affected.

In order to stay competitive in our industry, we must keep pace with changing technologies and customer preferences. Many of our contracts require us to design, develop and implement new technological and operating systems for our customers. Many of these systems involve detailed and complex computer source code which must be created and integrated into a working system that meets contract specifications. The accounting for these contracts requires judgment relative to assessing risks, estimating contract revenues and costs and making assumptions for schedule and technical issues. To varying degrees, each contract type involves some risk that we could underestimate the costs and resources necessary to fulfill the contract. In each case, our failure to accurately estimate costs or the resources and technology needed to perform our contracts or to effectively manage and control our costs during the performance of our work could result, and in some instances has resulted, in reduced profits or in losses. In addition, many of our contracts contain complicated performance obligations, including, without limitation, designing and building new integrated computer systems. These contracts carry potential financial penalties or could result in financial damages or exposures if we fail to properly perform those obligations and have in the past resulted in and in the future could result in our results of operations and financial condition being materially adversely affected.

Our continuing emphasis and shift toward technology-led digital transactions, rather than more labor intensive commoditized services, could impact our type and timing of the customer contracts that we enter into, particularly in the short-term.

We have made the strategic decision to increase our focus on technology-led digital transactions and focus less on historic labor-intensive commoditized services and customer contracts. We believe technology-led digital transactions are becoming, and will become, the type of services required by many of our customers and those in the industry. We believe that our continuing focus on digital transactions will better create long-term value and increased profitability. However, this increased emphasis on technology-led digital transactions has resulted in and will continue to result in our exiting certain services and contracts, and could adversely impact our revenues and our results of operations, particularly in the short-term.

Our customers' decision-making cycles are changing and the lead time for customers to commit to contracts with us has been lengthening.

As our services industry and our service offerings change and evolve, particularly with our customers increasing their focus on digital offerings, our customers are spending increased time and resources evaluating technology and other investments needed to obtain optimal results and performance, including from their outsourcing providers including the Company. This has led to longer sales lead time cycles for contract commitments from our customers, which can adversely affect the timing of customer commitments and our revenues and results of operations.

If we are unable to collect our receivables for billed or unbilled services, our results of operations and financial condition could be materially adversely affected.

The profitability of certain of our large contracts depends on our ability to successfully obtain payment from our clients of the amounts they owe us for work performed. Actual losses on client balances could differ from current estimates and, as a result, may require adjustment of our receivables for unbilled services. Our receivables include long-term contracts. Over the course of a long-term contract, our customers' financial condition may change such that their ability to pay their obligations, and our ability to collect our fees for services rendered, is adversely affected. Additionally, we may perform work for the federal, state and local governments, with respect to which we must file requests for equitable adjustment or claims with the proper agency to seek recovery in whole or in part, for out-of-scope work directed or caused by the government customer in support of its project, and the amounts of such recoveries may not meet our expectations or cover our costs. Timely collection of client balances also depends on our ability to complete our contractual commitments (such as our ability to achieve specified milestones in percentage-of-completion contracts) and bill and collect our contracted revenues. If we are unable to meet our contractual requirements, we might experience delays in collection of and/or be unable to collect our client balances, and if this occurs, our results of operations and cash flows could be adversely affected. In addition, if we experience an increase in the time to bill and collect for our services, our results of operations and financial condition could be materially adversely affected.

A decline in revenues from or a loss or failure of significant clients could materially adversely affect our results of operations and financial condition.

Our results of operations and financial condition could be materially adversely affected by the loss or failure of significant clients or any significant reduction in revenue volumes from our significant customers, which has occurred in the past and could occur in the future. Some of our clients are in business sectors which have experienced significant financial difficulties or consolidation, and/or the reduction of volumes or their inability to make payments to us, as a result of, among other things, their merger or acquisition, divestiture of assets or businesses, contract expiration, nonrenewal or early termination (including termination for convenience) or business or financial failure or deterioration. Economic and political conditions could affect our clients' businesses and the markets they serve. Competition from other service providers and bringing these services in-house could also be expected to adversely impact out services revenues.

We have non-recurring revenue, which subjects us to a risk that our revenues and cash flows from operations may fluctuate from period to period.

Revenue generated from our non-recurring services may fluctuate due to factors both within and outside of our control. Our mix of non-recurring and recurring revenues is impacted by acquisitions as well as growth in our non-recurring lines of business, as well as our strategic decisions to exit or reduce our services in particular service areas. There is less predictability and certainty in the timing and amount of revenues generated by our non-recurring services and, accordingly, our results of operations and financial condition could be materially adversely affected by the timing and amount of revenues generated from our non-recurring services.

The failure to obtain or maintain a satisfactory credit rating could adversely affect our liquidity, capital position, borrowing costs, access to capital markets and ability to post surety or performance bonds to support clients' contracts.

Any future downgrades to our credit rating could negatively impact our ability to renew contracts with our existing clients, limit our ability to compete for new clients, result in increased premiums for surety or performance bonds to support our clients' contracts and/or result in a requirement that we provide collateral to secure our surety or performance bonds. Further, certain of our commercial outsourcing contracts provide that, in the event our credit ratings are downgraded to specified levels, the client may elect to terminate its contract with us and either pay a reduced termination fee or, in some limited instances, no termination fee. Such a credit rating downgrade could adversely affect these client relationships.

There can be no assurance that we will be able to maintain our credit ratings. Any additional actual or anticipated downgrades of our credit ratings, including any announcement that our ratings are under review for a downgrade, may have a negative impact on our liquidity, capital position and access to capital markets.

The loss of key senior management or the failure to attract and retain necessary technical personnel and qualified subcontractors could materially adversely affect our results of operations and financial condition.

Our success depends, in part, upon key managerial and technical personnel, including our ability to attract and retain additional qualified personnel, as well as qualified subcontractors. The loss of certain key personnel, such as our Chief Executive Officer (CEO), could materially adversely affect our results of operations and financial condition. On May 8, 2019, we announced Ashok Vemuri's plan to step down as CEO. On August 6, 2019, our Board of Directors transitioned Mr. Vemuri out as CEO and he resigned as a Director. Also, on August 6, 2019, the Board of Directors appointed Clifford Skelton to serve as CEO and as a Director on the Board to fill the vacancy created by Mr. Vemuri's departure. There is no assurance that we can retain our key managerial personnel, or that we can attract similar employees, in the future.

In addition, because we operate in intensely competitive markets, our success depends to a significant extent upon our ability to attract, retain and motivate highly skilled and qualified technical personnel and to subcontract with qualified, competent subcontractors. If we fail to attract, train and retain sufficient numbers of qualified engineers, technical staff and sales and marketing representatives, or if we are unable to contract with qualified, competent subcontractors, our results of operations and financial condition could be materially adversely affected. Experienced and capable personnel in the services industry remain in high demand, and there is continual competition for their talents. Our ability to renegotiate certain of our legacy third-party contracts which we view as unfavorable, or to improve the service levels we expect from these contracts and third-party providers, is key to our ability to timely, efficiently and profitably deliver our services to our customers. Additionally, we have increased and expect to continue to increase our hiring in geographic areas outside of the United States, which could subject us to increased geopolitical and exchange rate risk. The loss of any key technical employee, the loss of a key subcontractor relationship or our inability to renegotiate or obtain required service levels from legacy and other third-party providers, could materially adversely affect our results of operations and financial condition.

Increases in the cost of telephone and data services or significant interruptions in such services could materially adversely affect our results of operations and financial condition.

Our business is significantly dependent on telephone and data service provided by various local and long distance telephone and data service providers around the world. Accordingly, any disruption of these services could materially adversely affect our results of operations and financial condition. We have taken steps to mitigate our exposure to service disruptions by investing in redundant circuits, although there is no assurance that the redundant circuits would not also suffer disruption. Any inability to obtain telephone or data services at favorable rates could materially adversely affect our results of operations and financial condition. Where possible, we have entered into long-term contracts with various providers to mitigate short-term rate increases and fluctuations. There is no obligation, however, for the vendors to renew their contracts with us, or to offer the same or lower rates in the future, and such contracts are subject to termination or modification for various reasons outside of our control. A significant increase in the cost of telephone or data services that is not recoverable through an increase in the price of our services could materially adversely affect our results of operations and financial condition. In addition, a number of our facilities are located in jurisdictions outside of the United States where the provision of utility services, including electricity and water, may not be consistently reliable, and while there are backup systems in many of our operating facilities, an extended outage of utility or network services could materially adversely affect our results of operations and financial condition.

If we fail to successfully develop new service offerings, including new technology components, and protect our intellectual property rights, we may be unable to retain current customers and gain new customers and our revenues would decline.

The process of developing new service offerings, including new technology components, is inherently complex and uncertain. It requires accurate anticipation of customers' changing needs and emerging technological trends. We must make long-term investments and commit significant resources before knowing whether these investments will eventually result in service offerings that achieve customer acceptance and generate the revenues required to provide desired returns. For example, establishing internal automation processes to help us develop new service offerings will require significant up-front costs and resources, which, if not monetized effectively, could materially adversely affect our revenues. In addition, some of our service offerings rely on technologies developed by and licensed from third-parties. We may not be able to obtain or continue to obtain licenses and technologies from these third-parties at all or on reasonable terms, or such third-parties may demand cross-licenses to our intellectual property. It is also possible that our intellectual property rights could be challenged, invalidated or circumvented, allowing others to use our intellectual property to our competitive detriment. We also must ensure that all of our service offerings comply with both existing and newly enacted regulatory requirements in the countries in which they are sold. If we fail to accurately anticipate and meet our customers' needs through the development of new service offerings (including technology components) or if we fail to adequately protect our intellectual property rights or if our new service offerings are not widely accepted or if our current or future service offerings fail to meet applicable worldwide regulatory requirements, we could lose market share and customers to our competitors and that could materially adversely affect our results of operations and financial condition.

The Company's business, operating results and reputation may be negatively impacted by failures or delays in our efforts to modernize our information technology infrastructure and to consolidate to fewer data centers.

We have experienced certain disruptions in our operations and service delivery performance issues as a result of some of our information technology infrastructure that is outdated and needs to be enhanced and updated, which disruptions have adversely impacted client and delivery performance. As a result, we are investing in modernizing a significant portion of our information technology infrastructure with new systems and processes and consolidating our data centers as part of our transformation initiatives. This also includes investments in our data center and networks, enhancement, modernization and consolidation of our IT infrastructure and customer-facing technologies, enhanced cybersecurity and movement to cloud-based technology. We expect that these changes will provide greater strategic and operational flexibility and efficiency and better control of our systems and processes. There is a risk, however, that our modernization efforts and data center consolidations could materially and adversely disrupt our operations and our service delivery to customers, could result in contractual penalties or damage claims from customers, could occur over a period longer than planned, and could require greater than expected investment and other internal and external resources. It may also take longer to realize the intended favorable benefits from an enhanced technology infrastructure than we expected, or that disruptions may continue to occur while we enhance this infrastructure.

The process of consolidating our data center involves inherent risks and may cause disruptions to our operations. In October 2018, we suffered a significant outage as a result of a data center migration, which resulted in unplanned system unavailability and disruption for our customers. We plan to undertake several data center migrations in the future and, in the course of these data migrations, could potentially experience significant service outages. Future service disruptions could hinder our ability to attract new customers, cause us to incur legal liability, contractual penalties or issue service credits to our customers and cause us to lose current customers, each of which could have a material adverse effect on our business, financial condition and results of operations.

If we fail to meet industry data security standards, our ability to meet contractual obligations may be impaired and result in contractual damage or contract breach claims.

In some of our services lines, we are contractually subject to industry data security standards. These industry data security standards include Card Brand (Visa, Mastercard, American Express, Discover and JCB) operating rules, certification requirements and rules governing electronic funds transfers, including the Payment Card Industry Data Security Standard (PCI DSS), a data security standard applicable to companies that collect, store or transmit payment card data. Another industry standard is the Health Information Trust Alliance (HITRUST) which applies to aspects of the healthcare industry and in addition to other industries. While we are taking steps to achieve future compliance and/or certification for our systems, we may not be compliant now, and in the future we may not be able to maintain compliance with PCI DSS, HITRUST and other applicable industry standards. We are taking steps to achieve compliance and/or certification for our systems, but we cannot assure that these efforts will be successful in the time period required or at all. Any failure to comply fully or materially with PCI DSS, HITRUST and other applicable industry standards now or at any point in the future may provide customers the right to terminate contracts with us or to enforce provisions obligating us to reimburse them for any penalties or costs incurred by them as a result of our non-compliance, or subject us to other fines, penalties, damages or civil liability, each of which could have a material adverse effect on our business, financial condition and results of operations. In addition, failure to meet PCI DSS standards could result in the loss of our ability to accept credit card payments and the failure to meet HITRUST standards could impact our ability to service customers in the healthcare and other industries, both of which could have a material adverse impact on our business, financial condition and results of operations.

We are a holding company and, therefore, may not be able to receive dividends or other payments in needed amounts from our subsidiaries.

Our principal assets are the shares of capital stock and indebtedness of our subsidiaries. We rely on dividends, interest and other payments from these subsidiaries to meet our obligations for paying principal and interest on outstanding debt obligations, paying corporate expenses and, if determined by our Board, paying dividends to shareholders and repurchasing common shares. Certain of our subsidiaries are subject to regulatory requirements of the jurisdictions in which they operate or other restrictions that may limit the amounts that these subsidiaries can pay in dividends or other payments to us. No assurance can be given that there will not be further changes in law, regulatory actions or other circumstances that could restrict the ability of our subsidiaries to pay dividends to us. In addition, due to differences in tax rates, repatriation of funds from certain countries into the United States could have unfavorable tax ramifications for us.

Our results of operations and financial condition could be materially adversely affected by legal and regulatory matters.

We are potentially subject to various contingent liabilities that are not reflected on our balance sheet, including those arising as a result of being involved in a variety of claims, lawsuits, investigations and proceedings concerning: securities laws; governmental and non-governmental entity contracting, servicing and governmental entity procurement laws; intellectual property laws; environmental laws; employment laws; the Employee Retirement Income Security Act of 1974 (ERISA); and other laws, regulations and contractual undertakings, as discussed under Note 16 – Contingencies and Litigation to our Consolidated Financial Statements. If developments in any of these matters cause a change in our determination as to an unfavorable outcome and result in the need to recognize a material accrual or materially increase an existing accrual, or if any of these matters result in an adverse judgment or are settled for significant amounts above any existing accruals, it could materially adversely affect our results of operations and financial condition in the period or periods in which such change in determination, judgment or settlement occurs. There can be no assurances as to the favorable outcome of any claim, lawsuit, investigation or proceeding. It is possible that a resolution of one or more such proceedings, through judgment, settlement or otherwise, could require us to make substantial payments to satisfy judgments, fines or penalties or settlement amounts, any of which could materially adversely affect our results of operations and financial condition. Additionally, the terms of dismissal, settlement, release or other resolution may permit certain claims to be reopened under certain conditions. Claims, lawsuits investigations and proceedings involving the Company could also result in reputational harm, criminal sanctions, consent decrees or orders preventing us from offering certain services, requiring a change in our business practices in costly ways or requiring development of non-infringing or otherwise altered products or technologies. In addition, it can be very costly to defend litigation and these costs could materially adversely affect our results of operations and financial condition. Refer to Note 16 – Contingencies and Litigation to our Consolidated Financial Statements.

Our results of operations and financial condition may be materially adversely affected by conditions abroad, including local economics, political environments, fluctuating foreign currencies and shifting regulatory schemes.

A portion of our revenues is generated from operations outside the United States. In addition, we maintain significant operations outside the United States. Our results of operations and financial condition could be materially adversely affected by changes in foreign currency exchange rates, as well as by a number of other factors, including, without limitation, changes in economic conditions from country to country, changes in a country's political conditions, trade controls and protection measures, financial sanctions, licensing requirements, local tax issues, capitalization and other related legal matters. The withdrawal of the United Kingdom from the European Union, and the resulting impact on cross-border transactions and operations between the United Kingdom and the European Union member states, could materially and adversely affect our operations and financial condition. We generally hedge foreign currency denominated assets, liabilities and anticipated transactions primarily through the use of currency derivative contracts. The use of derivative contracts is intended to mitigate or reduce transactional level volatility in the results of foreign operations but does not completely eliminate volatility. We do not hedge the translation effect of international revenues and expenses, which are denominated in currencies other than our U.S. parent functional currency, within our Consolidated Financial Statements. If we are unable to effectively hedge these risks, our results of operations and financial condition could be materially adversely affected.

ITEM 1B. UNRESOLVED STAFF COMMENTS

None

ITEM 2. PROPERTIES

We lease and own numerous facilities worldwide with larger concentrations of space in Kentucky, New Jersey, California, Mexico, Guatemala, the Philippines, Jamaica, Romania and India. Our owned and leased facilities house general offices, sales offices, service locations, call centers and distribution centers. The size of our property portfolio as of December 31, 2019 was approximately 6.6 million square feet at an annual operating cost (lease costs and expenses) of approximately $157 million and comprised 206 leased properties and 4 owned properties. We believe that our current facilities are suitable and adequate for our current businesses. Because of the interrelation of our business segments, each of the segments uses substantially all of these properties at least in part.

We had 1.8 million square feet of our leased and owned properties that became surplus in 2019 due to the implementation of our strategic transformation program as well as various productivity initiatives to consolidate our real estate footprint. We aggressively managed our surplus properties through early terminations and subleasing of leased properties and the sale of owned properties. As a result, approximately 1.6 million square feet of the surplus property portfolio were resolved as of December 31, 2019. Additional leased and owned properties may become surplus in the future as we continue the strategic transformation program. We are obligated to maintain our leased surplus properties through required contractual lease periods and plan to dispose of or sublease these properties.

ITEM 3. LEGAL PROCEEDINGS

The information set forth under Note 16 – Contingencies and Litigation to the Consolidated Financial Statements in Part II, Item 8 is incorporated herein by reference.

ITEM 4. MINE SAFETY DISCLOSURES

Not applicable.

Part II

ITEM 5. MARKET FOR THE REGISTRANT'S COMMON EQUITY, RELATED STOCKHOLDER MATTERS AND ISSUER PURCHASES OF EQUITY SECURITIES

Stock Exchange Information

The common stock of Conduent Incorporated began trading on January 3, 2017, on the New York Stock Exchange, under the ticker "CNDT". In December 2019, Conduent changed the listing of its publicly traded common stock from the New York Stock Exchange to the NASDAQ, where it remains listed under the ticker "CNDT".

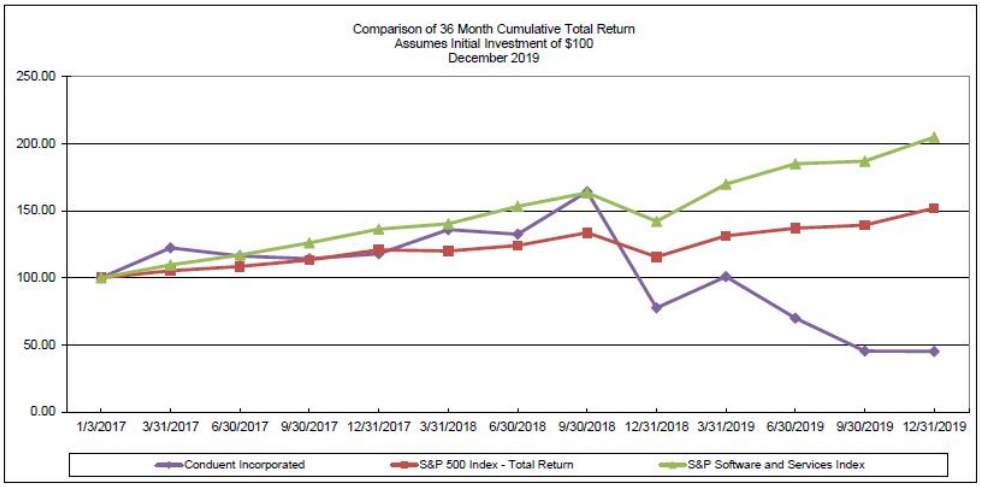
Common Shareholders of Record

Refer to Item 6. Selected Financial Data – Five Years in Review for common shareholders of record at year-end, which is incorporated here by reference.

Conduent Common Stock Dividends

We did not pay any dividends on our common stock in 2019. We intend to retain future earnings for use in the operation of our business and to fund future growth. We do not anticipate paying any dividends on our common stock for the foreseeable future.

Performance Graph



Sales of Unregistered Securities During the Quarter Ended December 31, 2019

None

ITEM 6. SELECTED FINANCIAL DATA

FIVE YEARS IN REVIEW

(in millions, except per-share and common shareholders of record data)

	2019	2018	2017	2016	2015
Operations					
Revenues	$ 4,467	$ 5,393	$ 6,022	$ 6,408	$ 6,662
Income (loss) income from continuing operations[1]	(1,934)	(416)	177	(983)	(336)
Net income (loss)[1]	(1,934)	(416)	181	(983)	(414)
Per-Share Data					
Income (loss) from continuing operations					
Basic	$ (9.29)	$ (2.06)	$ 0.82	$ (4.85)	$ (1.65)
Diluted	(9.29)	(2.06)	0.81	(4.85)	(1.65)
Net income (loss) attributable to Conduent					
Basic	(9.29)	(2.06)	0.84	(4.85)	(2.04)
Diluted	(9.29)	(2.06)	0.83	(4.85)	(2.04)
Financial Position					
Working capital	$ 409	$ 767	$ 1,342	$ 515	$ (867)
Total Assets	4,514	6,680	7,548	7,709	9,058
Consolidated Capitalization					
Current portion of long-term debt	$ 50	$ 55	$ 82	$ 28	$ 24
Long-term debt	1,464	1,512	1,979	1,913	37
Total Debt[2]	1,514	1,567	2,061	1,941	61
Series A preferred stock	142	142	142	142	n/a
Conduent shareholders' equity/former parent investment[3]	1,300	3,222	3,529	3,288	5,162
Total Consolidated Capitalization	$ 2,956	$ 4,931	$ 5,732	$ 5,371	$ 5,223
Selected Data and Ratios[4]					
Common shareholders of record at year-end[4]	25,660	26,226	26,936	n/a	n/a
Book value per common share[4]	$ 6.60	$ 15.68	$ 16.77	n/a	n/a
Year-end common stock market price[4]	$ 6.20	$ 10.63	$ 16.16	n/a	n/a
Cash dividends paid - preferred stock, $80/per share	$ 10	$ 10	$ 10	$ —	$ —

(1) The 2019 amounts include goodwill impairment charge of approximately $2.0 billion. Refer to Note 8 – Goodwill and Intangible Assets, Net to the Consolidated Financial Statements included in Item 8 of this Form 10-K for further discussion.

(2) Includes finance lease obligations. Refer to Note 1 – Basis of Presentation and Summary of Significant Accounting Policies and Note 11 – Debt to the Consolidated Financial Statements included in Item 8 of this Form 10-K for a discussion concerning finance lease obligations.

(3) The amount for 2015 represents former parent company's investments.

(4) Common stock of Conduent Incorporated began trading on the NYSE on January 3, 2017; therefore, selected data and ratios are not available for years prior to 2017. In December 2019, Conduent changed the listing of its publicly traded common stock from the New York Stock Exchange to NASDAQ, where it remains listed under the ticker "CNDT".

QUARTERLY RESULTS OF OPERATIONS (Unaudited)

(in millions, except per-share data)	First Quarter	Second Quarter	Third Quarter	Fourth Quarter	Full Year
2019					
Revenues	$ 1,158	$ 1,112	$ 1,098	$ 1,099	$ 4,467
Costs and Expenses[1]	1,496	2,231	1,112	1,734	6,573
(Loss) Income before Income Taxes	(338)	(1,119)	(14)	(635)	(2,106)
Income tax (benefit) expense	(30)	(90)	2	(54)	(172)
Net (Loss) Income	$ (308)	$ (1,029)	$ (16)	$ (581)	$ (1,934)
Earnings (Loss) per Share[2]:					
Basic	$ (1.49)	$ (4.94)	$ (0.09)	$ (2.76)	$ (9.29)
Diluted	$ (1.49)	$ (4.94)	$ (0.09)	$ (2.76)	$ (9.29)
2018					
Revenues	$ 1,420	$ 1,387	$ 1,304	$ 1,282	$ 5,393
Costs and Expenses	1,474	1,333	1,556	1,425	5,788
(Loss) Income before Income Taxes	(54)	54	(252)	(143)	(395)
Income tax (benefit) expense	(4)	43	(15)	(3)	21
Net (Loss) Income	$ (50)	$ 11	$ (237)	$ (140)	$ (416)
Earnings (Loss) per Share[2]:					
Basic	$ (0.26)	$ 0.05	$ (1.16)	$ (0.69)	$ (2.06)
Diluted	$ (0.26)	$ 0.04	$ (1.16)	$ (0.69)	$ (2.06)

(1) First quarter, second quarter, fourth quarter and full year include goodwill impairment charge of $284 million, $1.1 billion, $601 million and approximately $2.0 billion, respectively. Refer to Note 8 – Goodwill and Intangible Assets, Net to the Consolidated Financial Statements included in Item 8 of this Form 10-K for further discussion.

(2) The sum of quarterly earnings per share may differ from the full-year amounts due to rounding, or in the case of diluted earnings per share, because securities that are anti-dilutive in certain quarters may not be anti-dilutive on a full-year basis.

ITEM 7. MANAGEMENT'S DISCUSSION AND ANALYSIS OF FINANCIAL CONDITION AND RESULTS OF OPERATIONS

The following Management's Discussion and Analysis (MD&A) is intended to help the reader understand the results of operations and financial condition of Conduent Incorporated. This MD&A is provided as a supplement to, and should be read in conjunction with, our Consolidated Financial Statements and the accompanying notes in this Form 10-K for the year ended December 31, 2019. This MD&A provides additional information about our operations, current developments, financial condition, cash flows and results of operations.

Throughout the MD&A, we refer to various notes to our Consolidated Financial Statements which appear in Item 8 of this Form 10-K, and the information contained in such notes is incorporated by reference into the MD&A in the places where such references are made.

Overview

With revenues of $4.5 billion, we are a leading provider of business process services with expertise in transaction-intensive processing, analytics and automation. We serve as a trusted business partner in both the front office and back office, enabling personalized, seamless interactions on a massive scale that improve end-user experience.

Headquartered in Florham Park, New Jersey, we have a team of approximately 67,000 people as of December 31, 2019, servicing customers from service centers in 23 countries. In 2019, 10% of our revenue was generated outside the U.S.

Our reportable segments correspond to how we organize and manage the business and are aligned to the industries in which our clients operate.

We organize and manage our businesses through three reportable segments, Other operations and Shared IT / Infrastructure & Corporate Costs.

- **Commercial Industries –** Our Commercial Industries segment provides business process services and customized solutions to clients in a variety of industries. Across the Commercial Industries segment, we operate on our clients' behalf to deliver mission-critical solutions and services to reduce costs, improve efficiencies and enable revenue growth for our clients and their consumers and employees.
- **Government Services –** Our Government Services segment provides government-centric business process services to U.S. federal, state and local and foreign governments for public assistance, program administration, transaction processing and payment services. Our solutions in this segment help governments respond to changing rules for eligibility and increasing citizen expectations.
- **Transportation –** Our Transportation segment provides systems and support, as well as revenue-generating services, to government clients. On behalf of government agencies and authorities in the transportation industry, we deliver mission-critical mobility and payment solutions that improve automation, interoperability and decision-making to streamline operations, increase revenue and reduce congestion while creating safer communities and seamless travel experiences for consumers.

Other operations include our divestitures, our Student Loan business, which the Company exited in the third quarter of 2018.

Shared IT / Infrastructure & Corporate Costs includes both normal ongoing IT infrastructure costs and costs related to modernization of a significant portion of our infrastructure with new systems and processes and consolidation of our data centers as part of our transformation initiatives. It also includes costs related to corporate overhead functions and shared real estate costs. These costs are not allocated to the reportable segments. We expect that our transformation initiatives will provide greater strategic and operational flexibility and efficiency and better control of our systems and processes. There is a risk, however, that our efforts, plans and transactions related to our strategic and operational review, as well as our modernization efforts and data center consolidations could materially and adversely disrupt our operations. Refer to Part I, Item 1A – Risk Factors of this Form 10-K for additional information.

Significant 2019 Actions

- **Business Acquisition** – In January 2019, we acquired Health Solution Plus, a software provider of healthcare payer administration solutions for a total base consideration of $90 million. This acquisition is part of the Commercial Industries segment. Refer to Note 5 – Business Acquisition to the Consolidated Financial Statements for additional information regarding this acquisition.

- **Disposition –** In February 2019, we completed the sale of a portfolio of select standalone customer care contracts for $25 million. The business sold represented $36 million and $439 million of revenues in 2019 and 2018, respectively. Refer to Note 4 – Divestiture to the Consolidated Financial Statements for additional information regarding this sale.

- **Litigation Settlement –** In February 2019, we reached a settlement agreement and release with the State of Texas ("State") and the Texas Department of Health and Human Services, which was amended in May 2019 ("Texas Agreement"). Pursuant to the terms of the Texas Agreement, the Company was required to pay the State $236 million, of which $118 million was paid in 2019 and the remaining $118 million paid in January 2020. Refer to Note 16 – Contingencies and Litigation to the Consolidated Financial Statements for additional information regarding this litigation settlement.

- **Goodwill Impairment –** During the first quarter of 2019, we recorded a pre-tax impairment charge of $284 million related to our Transportation reporting unit. Also, during the second quarter of 2019, we performed an interim goodwill impairment assessment for all reporting units and recognized a total pre-tax impairment charge of $1.1 billion. No impairment was identified during our annual impairment test performed as of October 1, 2019. Subsequent to completing the annual impairment test, the Company experienced further unanticipated contract losses within the Government Services reporting unit, and as result, management performed a goodwill impairment assessment for this reporting unit as of December 31, 2019 which resulted in a pre-tax impairment charge of $512 million. In addition, in the fourth quarter we recorded an immaterial correction to the impairment charges recorded in the first and second quarters to properly reflect the impact of tax deductible goodwill on the previous impairments as well as the related income tax benefit. The impairment adjustment and related income tax benefit to the first quarter charge for the Transportation reporting unit totaled $20 million and $1 million, respectively. The impairment adjustment and related income tax benefit to the second quarter charge totaled $69 million and $6 million, respectively. The second quarter impairment and income tax benefit adjustments corrected the combined Commercial Industries reporting units by $53 million and $5 million, respectively, and the Government Services reporting unit by $16 million and $1 million, respectively. We believe these adjustments are not material to the current period or any prior period. The cumulative impairment charge for the year ended December 31, 2019 was approximately $2.0 billion. Refer to Note 8 – Goodwill and Intangible Assets, Net to the Consolidated Financial Statements and MD&A – Critical Accounting Policies – Goodwill for additional information regarding the goodwill impairment assessment and resulting charges.

Significant 2018 Actions

- **Loan Redemption** – In July 2018, we redeemed $476 million of our $510 million Senior Notes due 2024 at a premium of $95 million. Refer to Note 11 – Debt to the Consolidated Financial Statements for additional information regarding this redemption.

- **Dispositions –** In 2018, we completed divestitures of: (1) our Commercial Vehicle Operations business; (2) our off-street parking business; (3) our U.S. human resource consulting and actuarial business and the human resource consulting and outsourcing business located in Canada and the United Kingdom; and (4) our local and municipal constituent government software solutions business. The aggregate proceeds for these divestitures was $703 million in cash. The businesses sold represented $304 million and $500 million of 2018 and 2017 revenue, respectively. We recorded a pre-tax gain of $78 million on these divestitures for the year ended December 31, 2018.

Critical Accounting Policies

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America (U.S. GAAP) requires us to make estimates and assumptions in certain circumstances that affect amounts reported in the accompanying Consolidated Financial Statements and notes thereto. In preparing our Consolidated Financial Statements, we have made our best estimates and judgments of certain amounts included in the Consolidated Financial Statements giving due consideration to materiality. However, application of these accounting policies involves the exercise of judgment and use of assumptions as to future uncertainties and, as a result, actual results could differ from these estimates. Senior management has discussed the development and selection of the critical accounting policies, estimates and related disclosures included herein with the Audit Committee of the Board of Directors. We consider these as critical to understanding our Consolidated Financial Statements, as their application places the most significant demands on management's judgment, since financial reporting results rely on estimates of the effects of matters that are inherently uncertain. In instances where different estimates could have reasonably been used, we disclose the impact of these different estimates on our operations. In certain instances, the accounting rules are prescriptive; therefore, it would not have been possible to reasonably use different estimates. Changes in assumptions and estimates are reflected in the period in which they occur. The impact of such changes could be material to our results of operations and financial condition in any quarterly or annual period.

Specific risks associated with these critical accounting policies are discussed throughout the MD&A, where such policies affect our reported and expected financial results. For a detailed discussion of the application of these and other accounting policies, refer to Note 1 – Basis of Presentation and Summary of Significant Accounting Policies to the Consolidated Financial Statements.

Leases

The Company determines if an arrangement is a lease at the inception of the contract and whether that lease meets the classification criteria of a finance or operating lease. The Company accounts for lease and non-lease components separately for its equipment leases, based on the estimated standalone price of each component, and combines lease and non-lease components for its real estate leases. The Company's leases generally do not provide an implicit rate, therefore the Company uses its incremental borrowing rate as the discount rate when measuring operating lease liabilities. The incremental borrowing rate represents an estimate of the interest rate the Company would incur at lease commencement to borrow an amount equal to the lease payments on a collateralized basis over the term of a lease within a particular currency environment. Refer to Note 1 – Basis of Presentation and Summary of Significant Accounting Policies for additional information regarding our lease accounting policies.

Revenue Recognition

Application of the accounting principles in U.S. GAAP related to the measurement and recognition of revenue requires us to make judgments and estimates. Complex arrangements with nonstandard terms and conditions may require significant contract interpretation to determine the appropriate accounting. Refer to Note 1 – Basis of Presentation and Summary of Significant Accounting Policies and Note 2 – Revenue to the Consolidated Financial Statements for additional information regarding our revenue recognition policies.

Held for Sale

We classify assets as held for sale in the period when the following conditions are met: (i) management, having the authority to approve the action, commits to a plan to sell the asset (disposal group); (ii) the asset (disposal group) is available for immediate sale in its present condition subject only to terms that are usual and customary for sales of such assets (disposal group); (iii) an active program to locate a buyer and other actions required to complete the plan to sell the asset (disposal group) have been initiated; (iv) the sale of the asset (disposal group) is probable, and transfer of the asset (disposal group) is expected to qualify for recognition as a completed sale within one year, except if events or circumstances beyond our control extend the period of time required to sell the asset (disposal group) beyond one year; (v) the asset (disposal group) is being actively marketed for sale at a price that is reasonable in relation to its current fair value; and (vi) actions required to complete the plan indicate that it is unlikely that significant changes to the plan will be made or that the plan will be withdrawn.

A long-lived asset (disposal group) that is classified as held for sale is initially measured at the lower of its carrying value or fair value less any costs to sell. Any loss resulting from this measurement is recognized in the period in which the held for sale criteria are met. Conversely, gains are not recognized on the sale of a long-lived asset (disposal group) until the date of sale.

The fair value of a long-lived asset (disposal group) less any costs to sell is assessed each reporting period it remains classified as held for sale and any subsequent changes are reported as an adjustment to the carrying value of the asset (disposal group), as long as the new carrying value does not exceed the carrying value of the asset at the time it was initially classified as held for sale. Upon determining that a long-lived asset (disposal group) meets the criteria to be classified as held for sale, the Company reports the assets and liabilities of the disposal group in the line items Assets held for sale and Liabilities held for sale, respectively, in the Consolidated Balance Sheets.

In 2018, management approved the disposal through sale of certain assets and businesses, which were a mix of Commercial Industries, Government Services and Transportation businesses. This action was taken as a result of our evaluation of these businesses as they represent businesses in markets or with services that we did not see as strategic or core. As of December 31, 2019, all of these businesses have been sold. Refer to Note 4 – Divestiture to the Consolidated Financial Statements for additional information.

Intangible Assets

The fair values of identifiable intangible assets are primarily estimated using an income approach. These estimates include market participant assumptions and require projected financial information, including assumptions about future revenue growth and costs necessary to facilitate the projected growth. Other key inputs include assumptions about technological obsolescence, customer attrition rates, brand recognition, the allocation of projected cash flows to identifiable intangible assets and discount rates. We regularly review intangible assets with finite lives for impairment whenever events or changes in circumstances indicate the carrying amount of an asset may not be recoverable. Factors we consider important which could trigger an impairment review include the following:

- significant underperformance relative to historical or projected future operating results;
- significant changes in the manner of our use of the acquired assets or the strategy for our overall business; and
- significant negative industry or economic trends.

When we determine that the carrying value of intangibles and long-lived assets may not be recoverable based upon the existence of one or more of the above indicators of potential impairment, we assess whether an impairment has occurred based on whether net book value of the assets exceeds the related projected undiscounted cash flows from these assets groups. We consider a number of factors, including past operating results, budgets, economic projections, market trends and product development cycles in estimating future cash flows. Differing estimates and assumptions as to any of the factors described above could result in a materially different impairment charge, if any, and thus materially different results of operations.

Goodwill

In January 2017, the FASB issued updated accounting guidance for simplifying the goodwill impairment test. We early adopted this guidance for our goodwill impairment tests performed after January 1, 2017.

Goodwill is not amortized but rather tested for impairment annually, or more frequently if an event or circumstance indicates that impairment may have been incurred. Events or circumstances that might indicate an interim evaluation is warranted include, among other things, unexpected adverse business conditions, macro and reporting unit specific economic factors, supply costs, unanticipated adverse events or conditions impacting revenues, cash flows or profitability, unanticipated competitive activities and acts by governments and courts.

Application of the interim and annual goodwill impairment test requires judgment, including the identification of reporting units, assignment of assets and liabilities to reporting units, assignment of goodwill to reporting units and the assessment of the fair value of each reporting unit. We determined during the first three quarters of 2019 that we had five reporting units (Financial Services & Healthcare (FS&H), Consumer & Industrial (C&I), Europe (together comprising Commercial Industries), Government Services and Transportation). During the fourth quarter of 2019, we changed our reporting units within the Commercial Industries reportable segment to reflect how we currently manage our business. We currently have six reporting units (End-User Customer Experience (EUCE), Transaction Processing (TP), Commercial Healthcare (CH) and Human Resources and Learning Services (HRL) (together comprising Commercial Industries), Government Services and Transportation), which support our three reportable segments.

Interim Goodwill Impairment Evaluation

During the first quarter of 2019, the Transportation reporting unit experienced unanticipated losses of certain customer contracts, lower than expected new customer contracts and higher costs of delivery (all subsequent to February 2019), and as a result, the expected growth of this reporting unit decreased resulting in its fair value being below its carrying value by an estimated $284 million. Accordingly, the Company recorded a pre-tax impairment charge of $284 million for the three months ended March 31, 2019.

In the second quarter of 2019, there were further unanticipated losses of certain customer contracts, lower potential future volumes and lower than expected new customer contracts (all subsequent to May 9, 2019). This led to actual results being below budget and a further downward revision of the long-term forecast across all of the Company's former reporting units (FS&H, C&I, Europe, Government Services, and Transportation). As a consequence of the business performance and the strategy pivot due to changes in management that occurred in the second quarter of 2019, we lowered our sales outlook, average margin expectation for the future years, and increased our weighted average cost of capital.

The table below summarizes key factors (by reporting unit) impacting our revised forecast within the second quarter of 2019 goodwill assessment.

Key Factors	FS&H	C&I	Europe	Government Services	Transportation
Lower anticipated new business	X	X	X	X	X
Potential higher than anticipated contract losses	X		X	X	X
Potential volume pressures		X	X		X
Strategic pivot	X	X	X	X	X

Based upon the information identified in the second quarter of 2019, we performed an interim goodwill impairment assessment for all our reporting units which resulted in a pre-tax impairment charge of $1.1 billion for the three months ended June 30, 2019.

Annual Goodwill Impairment Evaluation

Our annual quantitative impairment test of goodwill was performed as of October 1, 2019.

In our quantitative test, we estimate the fair value of each reporting unit by weighting the results from the income approach (discounted cash flow methodology) and market approach. These valuation approaches require significant judgment and consider several factors that include, but are not limited to, expected future cash flows, growth rates and discount rates and comparable multiples from publicly traded companies in our industry. In addition, we are required to make certain assumptions and estimates regarding the current economic environment, industry factors and the future profitability of our businesses.

When performing our discounted cash flow analysis for each reporting unit, we incorporate the use of projected financial information and discount rates that are developed using market participant-based assumptions. The cash-flow projections are based on three-year financial forecasts developed by management that include revenue and expense projections, restructuring and strategic transformation activities, capital spending trends and investment in working capital to support anticipated revenue growth or other changes in the business. The selected discount rates consider the risk and nature of the respective reporting units' cash flows, appropriate capital structure and rates of return that market participants would require to invest their capital in our reporting units.

We believe these assumptions are appropriate and reflect our forecasted long-term business model and consider our historical results as well as the current economic environment and markets that we serve.

Based on our quantitative assessments, we concluded that the fair value of our reporting units exceeded their respective carrying values by approximately $100 million (for all Commercial Industries), $21 million for Government Services and $24 million for Transportation, respectively.

The most significant assumption used in the goodwill analysis relates to the discount rates (ranging from 8.75% to 12.75%) and long-term organic growth rates (ranging from 2.5% to 3.0%) for the reporting units comprising the Commercial Industries, Government Services and Transportation reporting units.

Subsequent to completing the annual impairment test, the Company experienced further unanticipated contract losses within the Government Services reporting unit, and as result, management performed a goodwill impairment assessment for this reporting unit as of December 31, 2019, which resulted in a pre-tax impairment charge of $512 million. In addition, in the fourth quarter we recorded an immaterial correction to the impairment charges recorded in the first and second quarters to properly reflect the impact of tax deductible goodwill on the previous impairments as well as the related income tax benefit. The impairment adjustment and related income tax benefit to the first quarter charge for the Transportation reporting unit totaled $20 million and $1 million, respectively. The impairment adjustment and related income tax benefit to the second quarter charge totaled $69 million and $6 million, respectively. The second quarter impairment and income tax benefit adjustments corrected the combined Commercial Industries reporting units by $53 million and $5 million, respectively, and the Government Services reporting unit by $16 million and $1 million, respectively. We believe these adjustments are not material to the current period or any prior period. The cumulative impairment charge for the year ended December 31, 2019 was approximately $2.0 billion.

Refer to Note 8 – Goodwill and Intangible Assets, Net to the Consolidated Financial Statements for additional information regarding goodwill by reportable segment.

Income Taxes

We are subject to income taxes in the United States and numerous foreign jurisdictions. The determination of our provision for income taxes requires significant judgment, the use of estimates and the interpretation and application of complex tax laws. Our provision is based on nonrecurring events as well as recurring factors, including the taxation of foreign income. In addition, our provision will change based on discrete or other nonrecurring events such as audit settlements, tax law changes, changes in valuation allowances and other factors, that may not be predictable. In the event that there is a significant unusual or one-time item recognized in our operating results, the taxes attributable to that item would be separately calculated and recorded at the same time as an unusual or one-time item.

We record the estimated future tax effects of temporary differences between the tax bases of assets and liabilities and amounts reported in our Consolidated Balance Sheets, as well as operating loss and tax credit carryforwards. We follow very specific and detailed guidelines in each tax jurisdiction regarding the recoverability of any tax assets recorded in our Consolidated Balance Sheets and provide valuation allowances as required. We regularly review our deferred tax assets for recoverability considering historical profitability, projected future taxable income, the expected timing of the reversals of existing temporary differences and tax planning strategies. Gross deferred tax assets of $309 million and $210 million had valuation allowances of $72 million and $44 million at December 31, 2019 and 2018, respectively.

On December 22, 2017, the U.S. enacted the Tax Cuts and Jobs Act (Tax Reform). The Tax Reform includes a tax on global intangible low-taxed income ("GILTI"), which imposes a U.S. tax on certain income earned by the Company's foreign subsidiaries. The Company elected to treat the tax on GILTI as a period cost when incurred and therefore, no deferred taxes for GILTI have been recognized for the year ended December 31, 2019.

We are subject to ongoing tax examinations and assessments in various jurisdictions. Accordingly, we may incur additional tax expense based upon our assessment of the more-likely-than-not outcomes of such matters. In addition, when applicable, we adjust previously recorded tax expense to reflect examination results. Our ongoing assessments of the more-likely-than-not outcomes of examinations and related tax positions require judgment and can materially increase or decrease our effective tax rate, as well as impact our operating results. Unrecognized tax benefits were $24 million, $20 million and $15 million at December 31, 2019, 2018 and 2017, respectively.

Refer to Note 15 – Income Taxes to the Consolidated Financial Statements for additional information regarding deferred income taxes and unrecognized tax benefits.

Loss Contingencies

We are currently involved in various claims and legal proceedings. At least quarterly, we review the status of each significant matter and assess its potential financial exposure considering all available information including, but not limited to, the impact of negotiations, settlements, rulings, advice of legal counsel and other updated information and events pertaining to a particular matter. If the potential loss from any claim or legal proceeding is considered probable and the amount can be reasonably estimated, we accrue a liability for the estimated loss. Significant judgment is required in both the determination of probability and the determination as to whether an exposure is reasonably estimable. Because of uncertainties related to these matters, accruals are based only on the best information available at the time. As additional information becomes available, we reassess the potential liability related to pending claims and litigation and may revise estimates. These revisions in the estimates of the potential liabilities could have a material impact on the results of operations and financial position.

Refer to Note 16 – Contingencies and Litigation to the Consolidated Financial Statements for additional information regarding loss contingencies.

Recent Accounting Changes

See Note 1 – Basis of Presentation and Summary of Significant Accounting Policies for information on accounting standards adopted during the current year, as well as recently issued accounting standards not yet required to be adopted and the expected impact of the adoption of these accounting standards. To the extent we believe the adoption of new accounting standards has had or will have a material impact on our consolidated results of operations, financial condition or liquidity, we also discuss the impact in the applicable section(s) of this MD&A.

Other Developments

SEC Rule—FAST Act Modernization and Simplification of Regulation S-K

In March 2019, the SEC adopted amendments to modernize and simplify certain disclosure requirements in Regulation S-K as part of modernization and simplification of Regulation S-K and related rules and forms. The amendments, which, among other things, change the requirements for the content of MD&A and change the process for redacting confidential information in certain exhibits, are intended to improve the readability and navigability of disclosure documents and discourage repetition and disclosure of immaterial information. The final rule became effective May 2, 2019.

The provisions of the rule that have the most significant impact on our disclosures under Regulation S-K and the content of this Form 10-K include: (i) the elimination, where appropriate, of the requirement to include in MD&A a discussion of the earliest year for registrants that provide financial statements covering three years in their filings, as such discussion is already included in prior filings; and (ii) a requirement that registrants identify the location in the prior filing where the omitted discussion can be found.

Financial Information

The section below provides a comparative discussion of our consolidated results of operations for the year ended December 31, 2019 and 2018. See Item 7. MD&A–Financial Information in our Annual Report on Form 10-K for the year ended December 31, 2018, for a comparative discussion of our consolidated results of operations between 2018 and 2017.

(in millions)	Year Ended December 31, 2019	Year Ended December 31, 2018	2019 vs. 2018 $ Change	2019 vs. 2018 % Change
Revenue	$ 4,467	$ 5,393	$ (926)	(17)%
Operating Costs and Expenses				
Cost of services (excluding depreciation and amortization)	3,494	4,182	$ (688)	(16)%
Selling, general and administrative (excluding depreciation and amortization)	479	560	$ (81)	(14)%
Research and development (excluding depreciation and amortization)	8	11	(3)	(27)%
Depreciation and amortization	459	460	(1)	— %
Restructuring and related costs	71	81	(10)	(12)%
Interest expense	78	112	(34)	(30)%
(Gain) loss on extinguishment of debt	—	108	(108)	(100)%
Goodwill impairment	1,952	—	1,952	
(Gain) loss on divestitures and transaction costs	25	42	(17)	(40)%
Litigation costs (recoveries), net	17	227	(210)	(93)%
Other (income) expenses, net	(10)	5	(15)	(300)%
Total Operating Costs and Expenses	**6,573**	**5,788**	**785**	
Income (Loss) Before Income Taxes	(2,106)	(395)	(1,711)	
Income tax expense (benefit)	(172)	21	(193)	
Net Income (Loss)	**$ (1,934)**	**$ (416)**	**$ (1,518)**	

Revenue

Revenue for 2019 decreased, compared to the prior year period, mainly due to the impact from divestitures completed in 2019 and 2018, lost business in the Commercial Industries and Government Services segments, price and volume pressure and currency fluctuations. Partially offsetting these declines were increases from the ramp of new business.

Cost of Services (excluding depreciation and amortization)

Cost of services for 2019 decreased, compared to the prior year period, mainly driven by the divestitures completed in 2019 and 2018, reductions in real estate, IT and labor costs from our transformation initiatives, lost business and lower volumes.

Selling, General and Administrative (SG&A) (excluding depreciation and amortization)

Lower SG&A for 2019, compared to the prior year period, was reflective of divested SG&A expenses, reductions in real estate costs, lower corporate overhead costs and reductions labor costs, including reductions in 401(k) costs.

Depreciation and Amortization

Depreciation and amortization for 2019 decreased, compared to the prior year period, primarily due to the divestitures in 2019 and 2018, partially offset by the HSP acquisition and increased capitalized software amortization for new projects placed in service. Refer to Note 5 – Business Acquisition and Note 8 – Goodwill and Intangible Assets, Net to the Consolidated Financial Statements for additional information regarding the HSP acquisition and our intangible assets, respectively.

Restructuring and Related Costs

We engage in a series of restructuring programs related to downsizing our employee base, reducing our real estate footprint, exiting certain activities, outsourcing certain internal functions, consolidating our data centers and engaging in other actions designed to reduce our cost structure and improve productivity. The following are the components of our Restructuring and related costs:

	Year Ended December 31,	
(in millions, except headcount in whole numbers)	2019	2018
Severance and related costs	$ 28	$ 34
Data center consolidation	21	4
Other contractual termination costs	3	37
Asset impairment	15	3
Total Net Current Period Charges	67	78
Consulting and other costs[1]	4	3
Restructuring and Related Costs	$ 71	$ 81
Reduction in headcount[2]	1,300	3,300

(1) Represents professional support costs associated with our strategic transformation program.
(2) Relates to headcount reductions worldwide associated with Severance and related costs

Refer to Note 9 – Restructuring Programs and Related Costs to the Consolidated Financial Statements for additional information regarding our restructuring programs.

Interest Expense

The decrease in Interest expense for 2019, compared to the prior year period, was driven primarily by lower average debt balances resulting mostly from the tender offer in 2018 and repricing. Refer to Note 11 – Debt to the Consolidated Financial Statements for additional information.

(Gain) Loss on Extinguishment of Debt

The loss on extinguishment of debt in 2018 related to the premium paid for the substantial buyback of the 10.5% Senior Notes due 2024. Refer to Note 11 – Debt to the Consolidated Financial Statements for additional information.

Goodwill Impairment

The goodwill impairment for 2019 related to the write-down of the carrying values of the reporting units. Refer to Note 8 – Goodwill and Intangible Assets, Net to the Consolidated Financial Statements and MD&A–Overview–Significant 2019 Actions–Goodwill Impairment for additional information.

(Gain) Loss on Divestitures and Transaction Costs

The loss in 2019 consists of $6 million of changes in estimates related to losses on divestitures, $2 million related to a loss on sale of assets and $17 million of transaction and related costs, $4 million of which related to costs to remediate Payment Card Industry Data Security Standards compliance issues related to the sale of select standalone customer care contracts to Skyview Capital LLC. The loss in 2018 was mainly related to the impairment charge on the anticipated sale of a portfolio of select standalone customer care contracts to Skyview Capital LLC.

Litigation Costs (Recoveries), Net

Net litigation costs for 2019 consist primarily of the recognition of the $13 million discount on the fair value of the Texas litigation liability established in 2018, due to the 2019 acceleration of the payment terms of the settlement. The 2018 expenses were primarily due to the increase in reserves for the Texas litigation and establishment of reserves for the Cognizant terminated contracts.

Refer to Note 16 – Contingencies and Litigation to the Consolidated Financial Statements for additional information.

Other (Income) Expenses, Net

Other (income) expenses, net primarily includes foreign currency transaction losses (gains), interest income, the Student Loan business shut-down costs and other deferred compensation investment results.

Income Taxes

The 2019 effective tax rate was 8.2%, compared to (5.3)% for 2018. The 2019 rate was lower than the U.S. statutory rate of 21%, primarily due to the goodwill impairment charge being partially non-deductible for tax and the geographic mix of income, partially offset by U.S. federal tax credits and tax benefits recognized on the sale of a portfolio of select standalone customer care contracts to Skyview Capital LLC. The 2018 rate was lower than the U.S. statutory tax rate of 21%, primarily due to pre-tax loss and tax from the divestitures, partially offset by U.S. foreign tax credits.

Excluding the impact of goodwill impairment, divestitures, the Texas litigation reserve, amortization and restructuring, the normalized effective tax rate for 2019 was 30.0%. The normalized effective tax rate of 25.1% for 2018, was predominantly impacted by the exclusion of divestitures, the Texas litigation reserve, the loss on extinguishment of debt, amortization, restructuring and divestiture related costs.

Operations Review of Segments

Our reportable segments correspond to how we organize and manage the business and are aligned to the industries in which our clients operate.

We organize and manage our businesses through three reportable segments (Commercial Industries, Government Services and Transportation), Other operations and Shared IT / Infrastructure & Corporate Costs.

The section below provides a comparative discussion of our financial performance by segment between the year ended December 31, 2019 and 2018. See Item 7. MD&A–Operations Review of Segment in our Annual Report on Form 10-K for the year ended December 31, 2018, for a comparative discussion of our consolidated results of operations between 2018 and 2017.

(in millions)	Commercial Industries	Government Services	Transportation	Other		Shared IT / Infrastructure & Corporate Costs	Total
				Divestitures	Other		
Year Ended Dec 31, 2019							
Total Revenue	$ 2,385	$ 1,263	$ 781	$ 36	$ 2	$ —	$ 4,467
Segment profit (Loss)	$ 448	$ 394	$ 120	$ 1	$ —	$ (690)	$ 273
Adjusted EBITDA	$ 542	$ 423	$ 157	$ 1	$ —	$ (629)	$ 494
% of Total Revenue	53.4 %	28.3 %	17.5 %	0.8 %	— %	— %	100.0 %
Adjusted EBITDA Margin	22.7 %	33.5 %	20.1 %	2.8 %	— %	— %	11.1 %
Year Ended Dec 31, 2018							
Total Revenue	$ 2,550	$ 1,351	$ 729	$ 752	$ 11	$ —	$ 5,393
Segment profit (Loss)	$ 501	$ 424	$ 113	$ 98	$ (19)	$ (695)	$ 422
Adjusted EBITDA	$ 598	$ 451	$ 149	$ 105	$ (16)	$ (647)	$ 640
% of Total Revenue	47.3 %	25.1 %	13.5 %	13.9 %	0.2 %	— %	100.0 %
Adjusted EBITDA Margin	23.5 %	33.4 %	20.4 %	14.0 %	(145.5)%	— %	11.9 %

Commercial Industries Segment

Revenue

Commercial Industries revenue for 2019 decreased, compared to the prior year period, primarily driven by contract losses, volume pressure, price pressure upon renewals, strategic exits and currency fluctuations. These losses were partially offset by revenue from new contracts.

Segment Profit and Adjusted EBITDA

Decreases in the Commercial Industries segment profit and adjusted EBITDA margin for 2019, compared to the prior year period, were mainly driven by the overall revenue declines, partially offset by reductions in labor, IT and real estate costs from our transformation initiatives.

Government Services Segment

Revenue

Government Services revenue for 2019 decreased, compared to the prior year period, primarily driven by contract losses and pricing and scope changes associated with a large renewal. These declines were partially offset by ramp of new business.

Segment Profit and Adjusted EBITDA

Decreases in the Government Services segment profit and adjusted EBITDA margin for 2019, compared to the prior year period, were mainly driven by lower revenue, partially offset by lower IT and delivery costs.

Transportation Segment

Revenue

Transportation revenue for 2019 increased, compared to the prior year period, primarily driven by ramp of new business and volume increases.

Segment Profit and Adjusted EBITDA

Transportation segment profit and adjusted EBITDA margin for 2019 increased, compared to the prior year period, mainly driven by increased revenue and reduced IT platform spend.

Other

Revenue

Other revenue for 2019 decreased, compared to the prior year period, driven mainly by the divestitures completed in 2018 and 2019 and the run-off of our Student Loan Services business.

Segment Profit (Loss) and Adjusted EBITDA

Decreases in Other segment profit and adjusted EBITDA for 2019, compared to the prior year period, were primarily due to divestitures completed in 2019 and 2018 and the run-off of our Student Loan Services business.

Shared IT / Infrastructure & Corporate Costs

Improvements in Shared IT/Infrastructure and Corporate costs for 2019, compared to the prior year period, were mainly due to reductions in corporate overhead costs.

Metrics

Signings

Signings are defined as estimated future revenues from contracts signed during the period, including renewals of existing contracts. Total Contract Value (TCV) is the estimated total contractual revenue related to signed contracts. The amounts in the following table exclude divestitures.

	Year Ended December 31,		2019 vs. 2018	
(in millions)	2019	2018	$ Change	% Change
New business TCV	$ 996	$ 1,598	$ (602)	(38)%
Renewals TCV	2,230	3,847	(1,617)	(42)%
Total Signings	$ 3,226	$ 5,445	$ (2,219)	(41)%
Annual recurring revenue signings[1]	$ 281	$ 365	$ (84)	(23)%
Non-recurring revenue signings[2]	$ 166	$ 234	$ (68)	(29)%

(1) Recurring revenue signings are for new business contracts longer than one year.

(2) Non-recurring revenue signings are for contracts shorter than one year.

Signings for the 2019 decreased, compared to the prior year, primarily due to sales headcount challenges and market positioning.

Renewal Rate

Renewal rate is defined as the annual recurring revenue (ARR) on contracts that are renewed during the period as a percentage of ARR on all contracts for which a renewal decision was made during the period, excluding any contracts that were not renewed and where a strategic action to improve the risk or profitability had been initiated.

Excluding our strategic decision not to renew certain contracts, renewal rates for 2019 and 2018 were 81% and 95%, respectively. A large part of the decline was attributable to the loss of our California Medicaid contract.

Capital Resources and Liquidity

As of December 31, 2019 and 2018, total cash and cash equivalents were $496 million (of which approximately $124 million was cash in foreign locations) and $756 million (of which approximately $100 million was cash in foreign locations), respectively. The Company also has a $750 million revolving line of credit for its various cash needs, of which $83 million has been utilized for letters of credit as of December 31, 2019.

As of December 31, 2019, there were $1.5 billion outstanding borrowings under our Credit Agreement of which $50 million was due within one year. Refer to Note 11 – Debt to the Consolidated Financial Statements for additional debt information.

In January 2019, we acquired Health Solution Plus, a software provider of healthcare payer administration solutions for a total base consideration of $90 million. This acquisition is part of the Commercial Industries segment. Refer to Note 5 – Business Acquisition to the Consolidated Financial Statements for additional information regarding this acquisition.

In February 2019, we reached a settlement agreement and release with the State of Texas ("State") and the Texas Department of Health and Human Services, which was amended in May 2019 ("Texas Agreement"). Pursuant to the terms of the Texas Agreement, the Company was required to pay the State $236 million, of which $118 million was paid in 2019 and the remaining $118 million paid in January 2020. Refer to Note 16 – Contingencies and Litigation to the Consolidated Financial Statements for additional information regarding this litigation settlement.

Refer to the *Capital Market Activity* section below for additional information regarding our capital activity.

Cash Flow Analysis

The following summarizes our cash flows for the three years ended December 31, 2019, as reported in our Consolidated Statements of Cash Flows in the accompanying Consolidated Financial Statements:

	Year Ended December 31,		Change
(in millions)	2019	2018	2019 vs. 2018
Net cash provided by (used in) operating activities	$ 132	$ 283	$ (151)
Net cash provided by (used in) investing activities	(310)	460	(770)
Net cash provided by (used in) financing activities	(85)	(637)	552

Operating Activities

The decrease in cash generated from operating activities of $151 million, compared to the prior year period, was primarily attributable to $131 million of payments for the Texas and other litigation and lower adjusted EBITDA of $146 million, partially offset by lower cash income tax payments of $62 million, lower restructuring payments of $14 million and other working capital improvements of $50 million.

Investing Activities

The increase in cash used in investing activities of $770 million, compared to the prior year period, was primarily due to the absence of the proceeds from the divestitures and asset sales in 2018, the acquisition of HSP and increased spending for capital expenditures related to modernizing our IT infrastructure for both customer-facing and internal functions in 2019.

Financing Activities

The decrease in cash used in financing activities for 2019, compared to the prior year period, was related to lower debt repayments.

Sales of Accounts Receivable

The net impact from the sales of accounts receivable on net cash provided by (used in) operating activities for the years ended December 31, 2019, 2018 and 2017 was $51 million, $23 million and $(3) million, respectively. The net impact from the sales of accounts receivable represents the difference between current and prior year fourth quarter accounts receivable sales adjusted for the effects of: (i) collections prior to the end of the year and (ii) currency.

Capital Market Activity

On June 28, 2018, the Company entered into Amendment No. 3 (Amendment) to the December 7, 2016 Credit Agreement and in July 2018, the Company redeemed $476 million of its $510 million 10.5% Senior Notes due 2024.

Refer to Note 11 – Debt to the Consolidated Financial Statements for additional information on both Amendment No. 3 and the partial redemption of the Senior Notes.

Financial Instruments

Refer to Note 12 – Financial Instruments to the Consolidated Financial Statements for additional information.

Contractual Cash Obligations and Other Commercial Commitments and Contingencies

At December 31, 2019, we had the following contractual cash obligations and other commercial commitments and contingencies:

(in millions)	2020	2021	2022	2023	2024	Thereafter
Total debt, including finance lease obligations[1]	$ 50	$ 84	$ 571	$ 800	$ 34	$ —
Interest on debt[2]	76	73	63	37	4	1
Minimum operating lease commitments[3]	106	79	57	36	28	62
Estimated Purchase Commitments[4]	80	20	3	2	1	—
Total	$ 312	$ 256	$ 694	$ 875	$ 67	$ 63

(1) Total debt represents principal debt and finance leases. Refer to Note 11 – Debt to the Consolidated Financial Statements for additional information regarding debt.
(2) Represents interest on debt. Refer to Note 11 – Debt in the Consolidated Financial Statements for additional information.
(3) Refer to Note 1 – Basis of Presentation and Summary of Significant Accounting Policies to the Consolidated Financial Statements for additional information.
(4) Other purchase commitments: We enter into other purchase commitments with vendors in the ordinary course of business. Our policy with respect to all purchase commitments is to record losses, if any, when they are probable and reasonably estimable. We currently do not have, nor do we anticipate, material loss contracts.

The table above does not include the amounts payable under the Texas Agreement. Refer to Note 16 – Contingencies and Litigation to the Consolidated Financial Statements for additional information.

Other Contingencies and Commitments

As more fully discussed in Note 16 – Contingencies and Litigation to the Consolidated Financial Statements, we are involved in a variety of claims, lawsuits, investigations and proceedings concerning: securities law; governmental entity contracting, servicing and procurement law; intellectual property law; employment law; the Employee Retirement Income Security Act (ERISA); and other laws and regulations. In addition, guarantees, indemnifications and claims may arise during the ordinary course of business from relationships with suppliers, customers and non-consolidated affiliates. Nonperformance under a contract including a guarantee, indemnification or claim could trigger an obligation of the Company.

We determine whether an estimated loss from a contingency should be accrued by assessing whether a loss is deemed probable and can be reasonably estimated. Should developments in any of these areas cause a change in our determination as to an unfavorable outcome and result in the need to recognize a material accrual, or should any of these matters result in a final adverse judgment or be settled for significant amounts, they could have a material adverse effect on our results of operations, cash flows and financial position in the period or periods in which such change in determination, judgment or settlement occurs.

Off-Balance Sheet Arrangements

As of December 31, 2019, we do not believe we have any off-balance sheet arrangements that have, or are reasonably likely to have, a material current or future effect on financial condition, changes in financial condition, revenues or expenses, results of operations, liquidity, capital expenditures or capital resources.

In addition, refer to the preceding table for the Company's contractual cash obligations and other commercial commitments and Note 16 – Contingencies and Litigation to the Consolidated Financial Statements for additional information regarding contingencies, guarantees and indemnifications.

ITEM 7A. QUANTITATIVE AND QUALITATIVE DISCLOSURES ABOUT MARKET RISK

Market Risk

We are exposed to market risk from foreign currency exchange rates, which could affect operating results, financial position and cash flows. We manage our exposure to this market risk through our regular operating and financing activities and, when appropriate, through the use of derivative financial instruments. We utilized derivative financial instruments to hedge economic exposures, as well as reduce earnings and cash flow volatility resulting from shifts in market rates. We also hedge the cost to fund material non-dollar entities by buying currencies periodically in advance of the funding date. This is accounted for using derivative accounting.

Recent market events have not caused us to materially modify or change our financial risk management strategies with respect to our exposures to foreign currency risk. Refer to Note 12 – Financial Instruments to the Consolidated Financial Statements for additional discussion on our financial risk management.

Foreign Exchange Risk Management

Assuming a 10% appreciation or depreciation in foreign currency exchange rates from the quoted foreign currency exchange rates at December 31, 2019, the potential change in the fair value of foreign currency-denominated assets and liabilities in each entity would not be significant because all material currency asset and liability exposures were economically hedged as of December 31, 2019. A 10% appreciation or depreciation of the U.S. Dollar against all currencies from the quoted foreign currency exchange rates at December 31, 2019 would have an impact on our cumulative translation adjustment portion of equity of approximately $32 million. The net amount invested in foreign subsidiaries and affiliates, primarily in the U.K. and Europe, and translated into U.S. Dollars using the year-end exchange rates, was approximately $320 million at December 31, 2019.

Interest Rate Risk Management

The consolidated weighted-average interest rates related to our total debt for 2019 approximated 3.42% for Term A Loan due 2021, 5.48% for Term B Loan due 2023, 10.91% for Senior Notes due 2024 and 4.79% for finance lease obligations. As of December 31, 2019, $1,505 million of our total debt of $1,539 million carried variable interest rates. The fair values of our fixed rate financial instruments are sensitive to changes in interest rates and at December 31, 2019, a 10% increase in market interest rates would decrease the fair values of such financial instruments by approximately $4 million. A 10% decrease in market interest rates would increase the fair values of such financial instruments by approximately $6 million.

ITEM 8. FINANCIAL STATEMENTS AND SUPPLEMENTARY DATA

Report of Independent Registered Public Accounting Firm

To the Board of Directors and Shareholders of Conduent Incorporated

Opinions on the Financial Statements and Internal Control over Financial Reporting

We have audited the accompanying consolidated balance sheets of Conduent Incorporated and its subsidiaries (the “Company”) as of December 31, 2019 and 2018, and the related consolidated statements of income (loss), of comprehensive income (loss), of shareholders' equity and of cash flows for each of the three years in the period ended December 31, 2019, including the related notes and schedule of valuation and qualifying accounts for each of the three years in the period ended December 31, 2019 listed in the index appearing under Item 15(a)(2) (collectively referred to as the “consolidated financial statements”). We also have audited the Company's internal control over financial reporting as of December 31, 2019, based on criteria established in Internal Control - Integrated Framework (2013) issued by the Committee of Sponsoring Organizations of the Treadway Commission (COSO).

In our opinion, the consolidated financial statements referred to above present fairly, in all material respects, the financial position of the Company as of December 31, 2019 and 2018, and the results of its operations and its cash flows for each of the three years in the period ended December 31, 2019 in conformity with accounting principles generally accepted in the United States of America. Also in our opinion, the Company maintained, in all material respects, effective internal control over financial reporting as of December 31, 2019, based on criteria established in Internal Control - Integrated Framework (2013) issued by the COSO

Changes in Accounting Principles

As discussed in Note 1 to the consolidated financial statements, the Company changed the manner in which it accounts for leases in 2019 and the manner in which it accounts for revenues from contracts with customers in 2018.

Basis for Opinions

The Company's management is responsible for these consolidated financial statements, for maintaining effective internal control over financial reporting, and for its assessment of the effectiveness of internal control over financial reporting, included in Management’s Report on Internal Control over Financial Reporting appearing under Item 9A. Our responsibility is to express opinions on the Company’s consolidated financial statements and on the Company's internal control over financial reporting based on our audits. We are a public accounting firm registered with the Public Company Accounting Oversight Board (United States) (PCAOB) and are required to be independent with respect to the Company in accordance with the U.S. federal securities laws and the applicable rules and regulations of the Securities and Exchange Commission and the PCAOB.

We conducted our audits in accordance with the standards of the PCAOB. Those standards require that we plan and perform the audits to obtain reasonable assurance about whether the consolidated financial statements are free of material misstatement, whether due to error or fraud, and whether effective internal control over financial reporting was maintained in all material respects.

Our audits of the consolidated financial statements included performing procedures to assess the risks of material misstatement of the consolidated financial statements, whether due to error or fraud, and performing procedures that respond to those risks. Such procedures included examining, on a test basis, evidence regarding the amounts and disclosures in the consolidated financial statements. Our audits also included evaluating the accounting principles used and significant estimates made by management, as well as evaluating the overall presentation of the consolidated financial statements. Our audit of internal control over financial reporting included obtaining an understanding of internal control over financial reporting, assessing the risk that a material weakness exists, and testing and evaluating the design and operating effectiveness of internal control based on the assessed risk. Our audits also included performing such other procedures as we considered necessary in the circumstances. We believe that our audits provide a reasonable basis for our opinions.

Definition and Limitations of Internal Control over Financial Reporting

A company's internal control over financial reporting is a process designed to provide reasonable assurance regarding the reliability of financial reporting and the preparation of financial statements for external purposes in accordance with generally accepted accounting principles. A company's internal control over financial reporting includes those policies and procedures that (i) pertain to the maintenance of records that, in reasonable detail, accurately and fairly reflect the transactions and dispositions of the assets of the company; (ii) provide reasonable assurance that transactions are recorded as necessary to permit preparation of financial statements in accordance with generally accepted accounting principles, and that receipts and expenditures of the company are being made only in accordance with authorizations of management and directors of the company; and (iii) provide reasonable assurance regarding prevention or timely detection of unauthorized acquisition, use, or disposition of the company's assets that could have a material effect on the financial statements.

Because of its inherent limitations, internal control over financial reporting may not prevent or detect misstatements. Also, projections of any evaluation of effectiveness to future periods are subject to the risk that controls may become inadequate because of changes in conditions, or that the degree of compliance with the policies or procedures may deteriorate.

Critical Audit Matters

The critical audit matter communicated below is a matter arising from the current period audit of the consolidated financial statements that was communicated or required to be communicated to the audit committee and that (i) relates to accounts or disclosures that are material to the consolidated financial statements and (ii) involved our especially challenging, subjective, or complex judgments. The communication of critical audit matters does not alter in any way our opinion on the consolidated financial statements, taken as a whole, and we are not, by communicating the critical audit matter below, providing a separate opinion on the critical audit matter or on the accounts or disclosures to which it relates.

Goodwill Impairment Assessment

As described in Notes 1 and 8 to the consolidated financial statements, the Company's consolidated goodwill balance was $1,502 million as of December 31, 2019. The goodwill associated with the Commercial Industries reportable segment, Government Services reportable segment and Transportation reporting segment was $821 million, $621 million and $60 million, respectively. Management tests goodwill for impairment annually or more frequently if an event or change in circumstances indicate the asset may be impaired. As disclosed by management, the annual quantitative impairment test of goodwill was performed as of October 1, 2019. Impairment testing for goodwill is done at the reporting unit level. The fair value of reporting units is determined using a combination of both an income approach and a market approach. The income approach utilizes a discounted cash flow analysis based upon the forecasted future business results of reporting units. The market approach utilizes the guideline public company method. If the fair value of a reporting unit is less than its carrying amount, an impairment charge would be recognized for the amount by which the carrying amount exceeds the reporting unit's fair value, not to exceed the total amount of goodwill allocated to the reporting unit. In Q1 and Q2 2019, the Company experienced unanticipated losses of certain customer contracts, lower potential future volumes, lower than expected new customer contracts and higher costs of delivery. This led to actual results being below budget and a further downward revision of the long-term forecast across all the Company's reporting units (Financial Services & Healthcare, Consumer & Industrial, Europe (together comprising Commercial Industries), Government Services, and Transportation). As a consequence of the business performance and the strategy pivot due to changes in management that occurred in the second quarter, the Company lowered its sales outlook, average margin expectation for future years, and increased its weighted average cost of capital. Based upon the events that occurred during Q1 and Q2 2019, management performed interim goodwill impairment assessments for all its reporting units which resulted in a pre-tax impairment charge of $284 million in Q1 and approximately $1.1 billion in Q2. No impairment was identified during the annual impairment test performed as of October 1, 2019. Subsequent to completing the annual impairment test, the Company experienced further unanticipated contract losses within the Government Services reporting unit, and as result, management performed a goodwill impairment assessment for this reporting unit as of December 31, 2019 which resulted in a pre-tax impairment charge of $512 million. As disclosed by management, the most significant assumptions used in the goodwill analysis relate to the long-term organic growth rates as well as the discount rates.

The principal considerations for our determination that performing procedures relating to the goodwill impairment assessment is a critical audit matter are that there was significant judgment by management when determining the fair value measurement of the reporting units. This in turn led to a high degree of auditor judgment, effort, and subjectivity in performing procedures to evaluate management's cash flow projections, including significant assumptions related to the long-term organic growth rates and the discount rates. In addition, the audit effort involved the use of professionals with specialized skill and knowledge to assist in performing these procedures and evaluating the audit evidence obtained.

Addressing the matter involved performing procedures and evaluating audit evidence in connection with forming our overall opinion on the consolidated financial statements. These procedures included testing the effectiveness of controls relating to the Company's goodwill impairment assessment, including controls over the determination of the fair value of the Company's reporting units. These procedures also included, among others, testing management's process for determining the fair value estimate; evaluating the appropriateness of the discounted cash flow analysis; testing the completeness, accuracy and relevance of underlying data used in the estimate; and evaluating the significant assumptions used by management, including the long-term organic growth rates and the discount rates. Evaluating management's assumptions related to the long-term organic growth rates involved evaluating whether the assumptions used were reasonable considering (i) the current and past performance of each reporting unit, (ii) the consistency with external market and industry data and (iii) whether these assumptions were consistent with evidence obtained in other areas of the audit. Professionals with specialized skill and knowledge were used to assist in the evaluation of the Company's discounted cash flow analysis and certain significant assumptions, including the discount rates.

/s/ PricewaterhouseCoopers LLP

Florham Park, New Jersey
February 26, 2020

We have served as the Company's auditor since 2016.

REPORTS OF MANAGEMENT

Management's Responsibility for Financial Statements

Our management is responsible for the integrity and objectivity of all information presented in this annual report. The consolidated financial statements were prepared in conformity with accounting principles generally accepted in the United States of America and include amounts based on management's best estimates and judgments. Management believes the consolidated financial statements fairly reflect the form and substance of transactions and that the financial statements fairly represent the Company's financial position and results of operations.

The Audit Committee of the Board of Directors, which is composed solely of independent directors, meets regularly with the independent registered public accountants, PricewaterhouseCoopers LLP, the internal auditors and representatives of management to review accounting, financial reporting, internal control and audit matters, as well as the nature and extent of the audit effort. The Audit Committee is responsible for the engagement of the independent registered public accountants. The independent registered public accountants and internal auditors have free access to the Audit Committee.

/s/ CLIFFORD SKELTON	/s/ BRIAN WEBB-WALSH	/s/ MARIO A. POMPEO
Chief Executive Officer	**Chief Financial Officer**	**Chief Accounting Officer**

CONDUENT INCORPORATED
CONSOLIDATED STATEMENTS OF INCOME (LOSS)

(in millions, except per-share data)	Year Ended December 31, 2019	2018	2017
Revenue	$ 4,467	$ 5,393	$ 6,022
Operating Costs and Expenses			
Cost of services (excluding depreciation and amortization)	3,494	4,182	4,730
Selling, general and administrative (excluding depreciation and amortization)	479	560	611
Research and development (excluding depreciation and amortization)	8	11	12
Depreciation and amortization	459	460	495
Restructuring and related costs	71	81	101
Interest expense	78	112	137
(Gain) loss on extinguishment of debt	—	108	—
Goodwill impairment	1,952	—	—
(Gain) loss on divestitures and transaction costs	25	42	(42)
Litigation costs (recoveries), net	17	227	(11)
Separation costs	—	—	12
Other (income) expenses, net	(10)	5	(7)
Total Operating Costs and Expenses	6,573	5,788	6,038
Income (Loss) Before Income Taxes	(2,106)	(395)	(16)
Income tax expense (benefit)	(172)	21	(193)
Income (Loss) From Continuing Operations	(1,934)	(416)	177
Income (loss) from discontinued operations, net of tax	—	—	4
Net Income (Loss)	$ (1,934)	$ (416)	$ 181
Basic Earnings (Loss) per Share:			
Continuing operations	$ (9.29)	$ (2.06)	$ 0.82
Discontinued operations	—	—	0.02
Total Basic Earnings (Loss) per Share	$ (9.29)	$ (2.06)	$ 0.84
Diluted Earnings (Loss) per Share:			
Continuing operations	$ (9.29)	$ (2.06)	$ 0.81
Discontinued operations	—	—	0.02
Total Diluted Earnings (Loss) per Share	$ (9.29)	$ (2.06)	$ 0.83

The accompanying notes are an integral part of these Consolidated Financial Statements.

CONDUENT INCORPORATED
CONSOLIDATED STATEMENTS OF COMPREHENSIVE INCOME (LOSS)

(in millions)	Year Ended December 31, 2019	2018	2017
Net Income (Loss)	$ (1,934)	$ (416)	$ 181
Other Comprehensive Income (Loss), Net[1]			
Currency translation adjustments, net	3	(31)	35
Reclassification of currency translation adjustments on divestitures	15	42	—
Reclassification of divested benefit plans and other	(1)	62	—
Unrecognized gains (losses), net	1	1	2
Changes in benefit plans, net	—	—	(5)
Other Comprehensive Income (Loss), Net	18	74	32
Comprehensive Income (Loss), Net	$ (1,916)	$ (342)	$ 213

(1) *All amounts are net of tax. Tax effects were immaterial. Refer to Note 19 – Other Comprehensive Income (Loss) for information about pre-tax amounts.*

The accompanying notes are an integral part of these Consolidated Financial Statements.

CONDUENT INCORPORATED
CONSOLIDATED BALANCE SHEETS

(in millions, except share data in thousands)	December 31, 2019	December 31, 2018
Assets		
Cash and cash equivalents	$ 496	$ 756
Accounts receivable, net	652	782
Assets held for sale	—	15
Contract assets	155	177
Other current assets	283	234
Total current assets	1,586	1,964
Land, buildings and equipment, net	342	328
Operating lease right-of-use assets	271	—
Intangible assets, net	426	651
Goodwill	1,502	3,408
Other long-term assets	387	329
Total Assets	$ 4,514	$ 6,680
Liabilities and Equity		
Current portion of long-term debt	$ 50	$ 55
Accounts payable	198	230
Accrued compensation and benefits costs	174	193
Unearned income	108	112
Liabilities held for sale	—	40
Other current liabilities	647	567
Total current liabilities	1,177	1,197
Long-term debt	1,464	1,512
Deferred taxes	111	327
Operating lease liabilities	229	—
Other long-term liabilities	91	280
Total Liabilities	3,072	3,316
Contingencies (See Note 16)		
Series A convertible preferred stock	142	142
Common stock	2	2
Additional paid-in capital	3,890	3,878
Retained earnings (deficit)	(2,185)	(233)
Accumulated other comprehensive loss	(407)	(425)
Total Equity	1,300	3,222
Total Liabilities and Equity	$ 4,514	$ 6,680
Shares of common stock issued and outstanding	211,511	211,306
Shares of series A convertible preferred stock issued and outstanding	120	120

The accompanying notes are an integral part of these Consolidated Financial Statements.

CONDUENT INCORPORATED
CONSOLIDATED STATEMENTS OF CASH FLOWS

(in millions)	Year Ended December 31, 2019	2018	2017
Cash Flows from Operating Activities:			
Net income (loss)	$ (1,934)	$ (416)	$ 181
Adjustments required to reconcile net income to cash flows from operating activities:			
Depreciation and amortization	459	460	495
Contract inducement amortization	3	3	2
Goodwill impairment	1,952	—	—
Deferred income taxes	(220)	(75)	(230)
(Gain) loss from investments	(4)	(2)	(10)
Amortization of debt financing costs	7	11	9
(Gain) loss on extinguishment of debt	—	108	—
(Gain) loss on divestitures and transaction costs	25	42	(42)
Stock-based compensation	24	38	40
Allowance for doubtful accounts	3	—	(1)
Changes in operating assets and liabilities:			
(Increase) decrease in accounts receivable	107	133	32
(Increase) decrease in other current and long-term assets	(14)	(111)	(32)
Increase (decrease) in accounts payable and accrued compensation	(32)	(56)	(49)
Increase (decrease) in restructuring liabilities	10	8	34
Increase (decrease) in other current and long-term liabilities	(257)	161	(125)
Net change in income tax assets and liabilities	3	(17)	11
Other operating, net	—	(4)	(15)
Net cash provided by (used in) operating activities	132	283	300
Cash Flows from Investing Activities:			
Cost of additions to land, buildings and equipment	(148)	(179)	(96)
Proceeds from sale of land, buildings and equipment	2	13	33
Cost of additions to internal use software	(67)	(45)	(36)
Proceeds from investments	—	1	117
Payments for acquisitions, net of cash acquired	(90)	—	—
Proceeds from divestitures and sale of assets, net of cash	—	675	56
Payments from divestitures, including cash sold	(7)	—	—
Other investing, net	—	(5)	—
Net cash provided by (used in) investing activities	(310)	460	74
Cash Flows from Financing Activities:			
Proceeds on long-term debt	—	—	306
Debt issuance fee payments	—	(3)	(8)
Payments on debt	(54)	(519)	(241)
Premium on debt redemption	—	(95)	—
Net payments to former parent company	—	—	(161)
Taxes paid for settlement of stock based compensation	(21)	(10)	(5)
Dividends paid on preferred stock	(10)	(10)	(10)
Other financing	—	—	(5)
Net cash provided by (used in) financing activities	(85)	(637)	(124)
Effect of exchange rate changes on cash, cash equivalents and restricted cash	3	(8)	1
Increase (decrease) in cash, cash equivalents and restricted cash	(260)	98	251
Cash, Cash Equivalents and Restricted Cash at Beginning of Period	765	667	416
Cash, Cash Equivalents and Restricted Cash at End of period[1]	$ 505	$ 765	$ 667

(1) Includes $9 million of restricted cash as of each of the years December 31, 2019, 2018 and 2017, that was included in Other current assets on their respective Consolidated Balance Sheets.

The accompanying notes are an integral part of these Consolidated Financial Statements.

CONDUENT INCORPORATED
CONSOLIDATED STATEMENTS OF SHAREHOLDERS' EQUITY

(in millions)	Common Stock	Additional Paid-in Capital	Retained Earnings	AOCL[1]	Conduent Shareholders' Equity
Balance at December 31, 2016	$ 2	$ 3,812	$ —	$ (526)	$ 3,288
Cash dividends paid - preferred stock, $80/per share	—	—	(10)	—	(10)
Stock option and incentive plans, net	—	38	—	—	38
Comprehensive Income (Loss):					
Net Income (Loss)	—	—	181	—	181
Other comprehensive income (loss), net	—	—	—	32	32
Total Comprehensive Income (Loss), Net	—	—	181	32	213
Balance at December 31, 2017	$ 2	$ 3,850	$ 171	$ (494)	$ 3,529
Cash dividends paid - preferred stock, $80/per share	—	—	(10)	—	(10)
Cumulative impact of adopting the new revenue standard	—	—	17	—	17
Reclassification of amounts impacted by Tax Reform	—	—	5	(5)	—
Stock option and incentive plans, net	—	28	—	—	28
Comprehensive Income (Loss):					
Net Income (Loss)	—	—	(416)	—	(416)
Other comprehensive income (loss), net	—	—	—	74	74
Total Comprehensive Income (Loss), Net	—	—	(416)	74	(342)
Balance at December 31, 2018	$ 2	$ 3,878	$ (233)	$ (425)	$ 3,222
Cash dividends paid - preferred stock, $80/per share	—	—	(10)	—	(10)
Cumulative impact of adopting the new lease standard	—	—	(8)	—	(8)
Stock option and incentive plans, net	—	12	—	—	12
Comprehensive Income (Loss):					
Net Income (Loss)	—	—	(1,934)	—	(1,934)
Other comprehensive income (loss), net	—	—	—	18	18
Total Comprehensive Income (Loss), Net	—	—	(1,934)	18	(1,916)
Balance at December 31, 2019	$ 2	$ 3,890	$ (2,185)	$ (407)	$ 1,300

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(1) AOCL - Accumulated other comprehensive loss.

The accompanying notes are an integral part of these Consolidated Financial Statements.

CONDUENT INCORPORATED
NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

Note 1 – Basis of Presentation and Summary of Significant Accounting Policies

References herein to “we,” “us,” “our,” the “Company” and “Conduent” refer to Conduent Incorporated and its consolidated subsidiaries unless the context suggests otherwise.

Description of Business

Conduent is a global enterprise and leading provider of mission-critical services and solutions on behalf of businesses and governments – creating exceptional outcomes for its clients and the millions of people who count on them. Through people, process expertise in transaction-intensive processing, and technology such as analytics and automation, Conduent solutions and services create value by improving efficiencies, reducing costs and enabling revenue growth. A majority of Fortune 100 companies and over 500 government entities depend on Conduent every day to manage their business processes and essential interactions with their end users. The Company's portfolio includes industry-focused solutions in attractive growth markets such as healthcare and transportation, as well as solutions that serve multiple industries such as transaction processing, customer care, human resource solutions and payment services.

Basis of Presentation

Our Consolidated Financial Statements included the historical basis of assets, liabilities, revenues and expenses of the individual businesses of the Company, including joint ventures and partnerships over which the Company has a controlling financial interest. We have prepared the Consolidated Financial Statements pursuant to the rules and regulations of the SEC. Certain reclassifications have been made to prior years' amounts to conform to the current year presentation. All intercompany transactions and balances have been eliminated.

The Company has evaluated subsequent events through February 26, 2020. Subsequent events are disclosed throughout the Notes to these Consolidated Financial Statements.

Conduent Incorporated is a New York corporation, organized in 2016. Our common stock began trading on January 3, 2017, on the New York Stock Exchange, under the ticker "CNDT". In December 2019, Conduent changed the listing of its publicly traded common stock from the New York Stock Exchange to the NASDAQ Global Select Market (NASDAQ), where it remains listed under the ticker "CNDT".

Use of Estimates

We prepared the Consolidated Financial Statements using financial information available at the time of preparation, which requires us to make estimates and assumptions that affect the amounts reported. Our most significant estimates pertain to the intangible and long-lived assets, valuation of goodwill, contingencies and litigation and income taxes. Our estimates are based on management's best knowledge of current events, historical experience, and on various other assumptions that are believed to be reasonable under the circumstances. As a result, actual results may be different from these estimates.

New Accounting Standards

Credit Losses: In June 2016, the FASB updated the accounting guidance related to measurement of credit losses on financial instruments, which requires financial assets measured at amortized cost to be presented at the net amount expected to be collected. The guidance replaces the incurred loss model with an expected loss model referred to as current expected credit loss (CECL). The CECL model requires us to measure lifetime expected credit losses for financial instruments held at the reporting date using historical experience, current conditions and reasonable supportable forecasts. The guidance expands the disclosure requirements regarding an entity's assumptions, models, and methods for estimating credit losses and requires new disclosures of the amortized cost balance for each class of financial asset by credit quality indicator, disaggregated by the year of origination. This updated guidance is effective for fiscal years beginning after December 15, 2019, including interim periods within those fiscal years. Early adoption is permitted. The Company has determined, after gathering data and developing models, that the adoption of the new standard will not have any material impact on its Consolidated Financial Statements.

Recently Adopted Accounting Standards

Leases: The Company adopted the new lease guidance as of January 1, 2019, using the cumulative-effect adjustment transition method, which applies the provisions of the standard at the effective date without adjusting the comparative periods presented. The Company has elected the package of practical expedients, which allows the Company not to reassess (1) whether any expired or existing contracts as of the adoption date are, or contain, leases, (2) lease classification for any expired or existing leases as of the adoption date and (3) initial direct costs for any existing leases as of the adoption date. The Company did not elect to apply the hindsight practical expedient. Additionally, the Company has elected not to include short-term leases, with a term of 12 months or less, on its Consolidated Balance Sheets.

The impact of adopting this new guidance included the establishment of Operating lease right-of-use (ROU) assets of $387 million, an increase to Other current liabilities of $103 million, a decrease to Other long-term liabilities of $21 million, the establishment of Operating lease liabilities of $316 million and a net decrease to opening retained earnings (deficit) of $8 million, as of January 1, 2019. The adoption did not have an impact on the Company's Consolidated Statements of Income (Loss) or Consolidated Statements of Cash Flows.

Summary of Accounting Policies

Leases

The Company determines if an arrangement is a lease at the inception of the contract and whether that lease meets the classification criteria of a finance or operating lease. The Company has operating and finance leases for real estate and equipment. Operating leases are included in Operating lease ROU assets, Other current liabilities, and Operating lease liabilities in our Consolidated Balance Sheets. Finance leases are included in Land, buildings and equipment, net, Current portion of long-term debt, and Long-term debt in our Consolidated Balance Sheets.

ROU assets represent the Company's right to use an underlying asset for the lease term and lease liabilities represent the Company's obligation to make lease payments arising from the lease. ROU assets and liabilities are recognized at the commencement date based on the net present value of lease payments over the lease term using the Company's incremental borrowing rates or implicit rates. The Company's lease terms may include options to extend or terminate the lease when it is reasonably certain that the Company will exercise that option based on economic factors. The Company recognizes operating fixed lease expense and finance lease depreciation on a straight-line basis over the lease term. Variable lease expense is recognized in the period in which the obligation for those payments is incurred. The Company accounts for lease and non-lease components separately for its equipment leases, based on the estimated standalone price of each component, and combines lease and non-lease components for its real estate leases.

The components of lease costs were as follows:

(in millions)	Year Ended December 31, 2019
Finance Lease Costs:	
Amortization of right of use assets	$ 10
Interest on lease liabilities	1
Total Finance Lease Costs	$ 11
Operating lease costs:	
Base rent	$ 112
Short-term lease costs	12
Variable lease costs[1]	30
Sublease income	(7)
Total Operating Lease Costs	$ 147

(1) Primarily related to taxes, insurance and common area and other maintenance costs for real estate leases.

Supplemental cash flow information related to leases was as follows:

(in millions)	Year Ended December 31, 2019
Cash paid for the amounts included in the measurement of lease liabilities:	
Operating cash flows from operating leases	$ 137
Operating cash flows from finance leases	1
Total Cash Flow from Operating Activities	$ 138
Financing cash flow from finance leases	$ 11
Supplemental non-cash information on right of use assets obtained in exchange for new lease obligations:	
Operating leases	$ 32
Finance leases	$ 2

Supplemental balance sheet information related to leases was as follows:

(in millions)	December 31, 2019
Operating lease assets:	
Operating lease right-of-use assets	$ 271
Operating lease liabilities:	
Other current liabilities	$ 91
Operating lease liabilities	229
Total Operating Lease Liabilities	$ 320
Finance lease assets:	
Land, buildings and equipment, net	$ 14
Finance lease liabilities:	
Current portion of long-term debt	$ 7
Long-term debt	10
Total Finance Lease Liabilities	$ 17

The Company's leases generally do not provide an implicit rate, therefore the Company uses its incremental borrowing rate as the discount rate when measuring operating lease liabilities. The incremental borrowing rate represents an estimate of the interest rate the Company would incur at lease commencement to borrow an amount equal to the lease payments on a collateralized basis over the term of a lease within a particular currency environment. The weighted average discount rates for operating and finance leases were 5.5% and 4.8%, respectively.

The weighted average remaining lease terms for operating and finance leases at December 31, 2019, were 5 years and 3 years, respectively.

Maturities of operating lease liabilities were as follows:

	December 31, 2019
(in millions)	Operating Lease Payments
2020	$ 106
2021	79
2022	57
2023	36
2024	28
Thereafter	62
Total undiscounted operating lease payments	368
Less imputed interest	48
Present value of operating lease liabilities	$ 320

Maturities of finance lease liabilities were as follows:

	December 31, 2019
(in millions)	Finance Lease Payments
2020	$ 7
2021	6
2022	4
2023	1
2024	—
Thereafter	—
Total undiscounted finance lease payments	18
Less imputed interest	1
Present value of finance lease liabilities	$ 17

As of December 31, 2019, the Company had entered into additional operating lease agreements for real estate of $15 million, which have not commenced and have not been recognized on the Company's Consolidated Balance Sheet. These operating leases are expected to commence in 2020 with lease terms of 3 to 10 years.

Under the previous lease accounting guidance, future minimum operating lease commitments that have initial or remaining non-cancelable lease term in excess of one year at December 31, 2018 were as follows:

	December 31, 2018
(in millions)	Operating Lease Payments
2019	$ 153
2020	113
2021	78
2022	53
2023	33
Thereafter	76
Total minimum operating lease payments	$ 506

Cash and Cash Equivalents

Cash and cash equivalents consist of cash on hand, including money market funds and investments with original maturities of three months or less.

Receivable Sales

In 2019, 2018 and 2017, the Company sold certain accounts receivable and derecognized the corresponding receivable balance. Refer to Note 6 – Accounts Receivable, Net for more details on our receivable sales.

Assets/Liabilities Held for Sale

We classify assets as held for sale in the period when the following conditions are met: (i) management, having the authority to approve the action, commits to a plan to sell the asset (disposal group); (ii) the asset (disposal group) is available for immediate sale in its present condition subject only to terms that are usual and customary for sales of such assets (disposal group); (iii) an active program to locate a buyer and other actions required to complete the plan to sell the asset (disposal group) have been initiated; (iv) the sale of the asset (disposal group) is probable, and transfer of the asset (disposal group) is expected to qualify for recognition as a completed sale within one year, except if events or circumstances beyond our control extend the period of time required to sell the asset (disposal group) beyond one year; (v) the asset (disposal group) is being actively marketed for sale at a price that is reasonable in relation to its current fair value; and (vi) actions required to complete the plan indicate that it is unlikely that significant changes to the plan will be made or that the plan will be withdrawn.

A long-lived asset (disposal group) that is classified as held for sale is initially measured at the lower of its carrying value or fair value less any costs to sell. Any loss resulting from this measurement is recognized in the period in which the held for sale criteria are met. Conversely, gains are not recognized on the sale of a long-lived asset (disposal group) until the date of sale.

The fair value of a long-lived asset (disposal group) less any costs to sell is assessed each reporting period it remains classified as held for sale and any subsequent changes are reported as an adjustment to the carrying value of the asset (disposal group), as long as the new carrying value does not exceed the carrying value of the asset at the time it was initially classified as held for sale.

In 2018, management approved the disposal through sale of certain assets and businesses. This action was taken as a result of the Company's strategic evaluation of these businesses. As of December 31, 2018, one of these businesses remained unsold and qualified as assets held for sale and we reclassified $15 million to assets held for sale and $40 million to liabilities held for sale.

Refer to Note 4 – Divestiture for further discussion.

Land, Buildings and Equipment

Land, buildings and equipment are recorded at cost. Buildings and equipment are depreciated over their estimated useful lives. Leasehold improvements are depreciated over the shorter of the lease term or the estimated useful life. Significant improvements are capitalized and maintenance and repairs are expensed when incurred.

Refer to Note 7 – Land, Buildings, Equipment and Software, Net for further discussion.

Software - Internal Use and Product

Internal Use: We capitalize direct costs associated with developing, purchasing or otherwise acquiring software for internal use and amortize these costs on a straight-line basis over the expected useful life of the software, beginning when the software is implemented. Costs for upgrades and enhancements that will not result in additional functionality are expensed as incurred. Amounts incurred for Internal Use Software are included in Cash Flows from Investing.

Refer to Note 7 – Land, Buildings, Equipment and Software, Net for further information.

Goodwill

For acquired businesses, the Company records the acquired assets and assumed liabilities based on their relative fair values at the date of acquisitions (commonly referred to as the purchase price allocation). Goodwill represents the excess of the purchase price paid in excess of the fair value of net tangible and intangible assets acquired. For the Company's business acquisitions, the purchase price is allocated to identifiable intangible assets separate from goodwill if they are from contractual or other legal rights, or if they could be separated from the acquired business and sold, transferred, licensed, rented or exchanged.

In January 2017, the FASB issued updated accounting guidance for simplifying the goodwill impairment test. We early adopted this guidance for our goodwill impairment tests performed after January 1, 2017. We test goodwill for impairment annually or more frequently if an event or change in circumstances indicate the asset may be impaired. Impairment testing for goodwill is done at the reporting unit level. We determined the fair value of our reporting units utilizing a combination of both an Income Approach and a Market Approach. The Income Approach utilizes a discounted cash flow analysis based upon the forecasted future business results of our reporting units. The Market Approach utilizes the guideline public company method. If the fair value of a reporting unit is less than its carrying amount, an impairment charge would be recognized for the amount by which the carrying amount exceeds the reporting unit's fair value, not to exceed the total amount of goodwill allocated to the reporting unit.

Refer to Note 8 – Goodwill and Intangible Assets, Net for further information.

Other Intangible Assets

Other intangible assets primarily consist of assets acquired through business combinations, including installed customer base and distribution network relationships, patents and trademarks. Other intangible assets are amortized on a straight-line basis over their estimated economic lives unless impairment is identified.

Refer to Note 8 – Goodwill and Intangible Assets, Net for further information.

Impairment of Long-Lived Assets

We review the recoverability of our long-lived assets, including buildings, equipment, internal use software, product software and other intangible assets, when events or changes in circumstances occur that indicate that the carrying value of the asset may not be recoverable. The assessment of possible impairment is based on our ability to recover the carrying value of the asset from the expected future pre-tax cash flows (undiscounted and without interest charges) of the related operations. If these cash flows are less than the carrying value of such asset, an impairment loss is recognized for the difference between estimated fair value and carrying value. Our primary measure of fair value is based on forecasted cash flows.

Income Taxes

We account for income taxes under the asset and liability method. Deferred tax assets and liabilities are based on differences between U.S. GAAP reporting and tax bases of assets or liabilities and based on current tax laws, regulations and rates.

The recognition of deferred tax assets requires an assessment to determine the realization of such assets. Management establishes valuation allowances on deferred tax assets when it is determined “more-likely-than-not” that some portion or all of the deferred tax assets may not be realized. Management considers positive and negative evidence in evaluating the ability of the Company to realize its deferred tax assets, including its historical results and forecasts of future ability to realize its deferred tax assets, including projected future taxable income, the expected timing of the reversals of existing temporary differences and tax planning strategies.

We are subject to ongoing tax examinations and assessments in various jurisdictions. We have unrecognized tax benefits for uncertain tax positions. We follow U.S. GAAP which prescribes a recognition threshold and measurement attribute for the financial statement recognition and measurement of a tax position taken or expected to be taken in a tax return. Our ongoing assessments of the more-likely-than-not outcomes of the examinations and related tax positions require judgment and can materially increase or decrease our effective tax rate, as well as impact our operating results.

On December 22, 2017, the U.S. enacted the Tax Cuts and Jobs Act (Tax Reform). The Tax Reform includes a tax on global intangible low-taxed income (“GILTI”), which imposes a U.S. tax on certain income earned by the Company’s foreign subsidiaries. The Company elected to treat the tax on GILTI as a period cost when incurred and therefore, no deferred taxes for GILTI were recognized for the year ended December 31, 2019.

Refer to Note 15 – Income Taxes for further discussion.

Foreign Currency Translation and Re-measurement

The functional currency for most foreign operations is the local currency. Net assets are translated at current rates of exchange and income, expense and cash flow items are translated at average exchange rates for the applicable period. The translation adjustments are recorded in Accumulated other comprehensive loss.

The U.S. Dollar is used as the functional currency for certain foreign subsidiaries that conduct their business in U.S. Dollars. A combination of current and historical exchange rates is used in re-measuring the local currency transactions of these subsidiaries and the resulting exchange adjustments are recorded in Currency (gains) and losses within other expenses, net together with other foreign currency re-measurements.

Revenue Recognition

In May 2014, the FASB updated the accounting guidance related to revenue recognition, which is also referred to herein as "the new revenue standard" to clarify the principles for recognizing revenue and replaced all existing revenue recognition guidance in U.S. GAAP with one accounting model. The core principle of the guidance is that an entity should recognize revenue when the promised goods or services are transferred to customers in an amount that reflects the consideration that is expected to be received for those goods or services. The updated guidance also requires additional qualitative and quantitative disclosures relating to the nature, amount, timing and uncertainty of revenue and cash flows arising from contracts with customers largely on a disaggregated basis. The Company adopted the new revenue standard as of January 1, 2018, using the modified retrospective method. The Company has applied the new revenue standard only to contracts not completed as of the date of initial application. The adoption has primarily impacted the following: (1) revenue associated with postage recognized on a net basis versus previously being recognized on a gross basis; (2) the timing of revenue recognition associated with fixed fees for certain contracts with more than one performance obligation; and (3) the timing of recognition of certain pricing discounts and credits.

The Company recognizes revenue when control of the promised goods or services is transferred to its customers, in an amount that reflects the consideration that the Company expects to receive in exchange for those goods or services.

The Company's contracts with customers often include promises to transfer multiple products and services to a customer. Determining whether products and services are considered distinct performance obligations that should be accounted for separately, versus together, may require judgment. Typically, the Company's contracts include performance obligation(s) to stand-ready on a daily or monthly basis to provide services to the customers. Under a stand-ready obligation, the evaluation of the nature of our performance obligation is focused on each time increment rather than the underlying activities. Accordingly, the promise to stand-ready is accounted for as a single-series performance obligation.

Once the Company determines the performance obligations, the Company estimates the amount of variable consideration, if any, to be included in determining the transaction price. Typical forms of variable consideration include variable pricing based on the number of transactions processed or usage-based pricing arrangements. Variable consideration is also present in the form of volume discounts, tiered and declining pricing, penalties for service level agreements, performance bonuses and credits. In circumstances where we meet certain requirements to allocate variable consideration to a distinct service within a series of related services, we allocate variable consideration to each distinct period of service within the series. If we do not meet those requirements, we include an estimate of variable consideration in the transaction price to the extent it is probable that a significant reversal of cumulative revenue recognized will not occur when the uncertainty is resolved. For contracts with multiple performance obligations, the transaction price is allocated to the separate performance obligations on a relative standalone selling price basis. The Company generally determines standalone selling prices based on the prices charged to customers or by using expected cost plus margin.

The Company typically satisfies its performance obligations over time as the services are provided. A time-elapsed output method is used to measure progress because the nature of the Company's promise is a stand-ready service and efforts are expended evenly throughout the period. In limited circumstances, such as contracts for implementation or development projects, the Company also uses a cost-to-cost based input method. The Company has determined that the above methods provide a faithful depiction of the transfer of services to the customer.

Estimates of revenue expected to be recognized in future periods exclude unexercised customer options to purchase additional services that do not represent material rights to the customer. Customer options that do not represent a material right are only accounted for when the customer exercises its option to purchase additional goods or services. The Company recognizes revenue for non-refundable upfront implementation fees on a straight-line basis over the period between the initiation of the services through the end of the contract term.

When more than one party is involved in providing services to a customer, the Company evaluates whether it is the principal, and reports revenue on a gross basis, or an agent, and reports revenue on a net basis. In this assessment, the Company considers the following: if it obtains control of the specified services before they are transferred to the customer; is primarily responsible for fulfillment and inventory risk; and has discretion in establishing price.

The Company reports revenue net of any revenue-based taxes assessed by governmental authorities that are imposed on and concurrent with specific revenue-producing transactions. The primary revenue-based taxes are sales tax and value-added tax (VAT).

The Company's payment terms vary by type of services offered. The time between invoicing and when payment is due is not significant. For certain services and customer types, the Company requires payment before services are rendered.

From time to time, the Company's contracts are modified to account for additions or changes to existing performance obligations. The Company's contract modifications related to stand-ready performance obligations are generally accounted for prospectively.

Refer to Note 2 – Revenue for further discussion.

Note 2 – Revenue

Disaggregation of Revenue

In 2019, the Company changed how it presents its disaggregated revenue by major service offering to reflect how the Company currently manages its businesses. All prior periods presented have been revised to reflect this change.

These changes have no impact on disaggregated revenue by reportable segment or the timing of revenue recognition.

The following table provides information about disaggregated revenue by major service offering, the timing of revenue recognition and a reconciliation of the disaggregated revenue by reportable segments. Refer to Note 3 – Segment Reporting for additional information on the Company's reportable segments.

	Year Ended December 31,	
(in millions)	2019	2018
Commercial Industries:		
End-user customer experience	$ 669	$ 710
Transaction processing	595	651
Commercial healthcare	519	510
Human resource and learning services	602	679
Total Commercial Industries	2,385	2,550
Government Services:		
Government healthcare	680	731
Payment solutions	292	321
State and local	235	245
Federal	56	54
Total Government Services	1,263	1,351
Transportation:		
Tolling	327	300
Transit	254	226
Photo and parking	190	188
Commercial vehicle	10	15
Total Transportation	781	729
Other:		
Divestitures	36	752
Education	2	11
Total Other	38	763
Total Consolidated Revenue	$ 4,467	$ 5,393
Timing of Revenue Recognition:		
Point in time	$ 144	$ 142
Over time	4,323	5,251
Total Revenue	$ 4,467	$ 5,393

The Company's contracts with customers are broadly similar in nature throughout the Company's major service offerings. The following is a description of the major service offerings:

End-User Customer Experience: The Company offers a range of services that help its clients support their end-users. This includes in-bound and out-bound call support for both simple and complex transactions, technical support and patient assistance. The Company also provides multi-channel communication support (both print and digital) across a range of industries.

Transaction Processing: The Company helps its clients improve communications with their customers and constituents, whether it is on paper, on-line or through other communication channels. The Company also offers a broad array of flexible transaction processing services that include data entry, scanning, image processing, enrollment processing, claims processing, high volume offsite print and mail services and file indexing. The Company serves clients by managing their critical finance, accounting and procurement processes. These services include general accounting and reporting, billing and accounts receivable and purchasing, accounts payable and expense management services. The Company also offers wholesale and retail lockbox services and process auto and mortgage loans in the United States.

Commercial Healthcare: On behalf of the healthcare industry, the Company delivers administration, clinical support and medical management solutions across the health ecosystem to reduce costs, increase compliance and enhance utilization, while improving health outcomes and experience for members and patients. The Company's solutions span: trials, sales, access, adherence and long-term differentiation solutions to pharmaceutical clients; case management, performance management and patient safety for hospital clients; medical bill review, care integration, subrogation and payment integrity solutions to managed care companies; and workers compensation medical bill review, mailroom/data capture and medical management services to claims payers and third-party administrators.

Human Resource and Learning Services: The Company helps its clients support their employees at all stages of employment from initial on-boarding through retirement as well as health savings account (HSA) administration. The Company offers clients a range of customized advisory, technology and administrative services that improve the ability of employees to manage their benefits, professional development and retirement planning. Also, the Company provides clients with a simplified approach to help their employees manage their healthcare costs and accumulate wealth with tax-advantaged accounts, as well as end-to-end learning services, designed to accelerate the productivity and development of its clients' employees and extended work forces. The Company's global presence, superior innovation and expertise allow it to deliver performance-based learning services tailored to its clients' unique strategic business goals. Offerings include learning strategy and assessment, instructor management and learning administration.

Government Healthcare: The Company provides medical management and fiscal agent care management services to Medicaid programs and federally-funded U.S. government healthcare programs. The Company's services include a range of innovative solutions such as Medicaid management, provider services, Medicaid business intelligence, pharmacy benefits management, eligibility, electronic visit verification and case management solutions.

Payment Solutions: The Company is a leader in government payment disbursements for federally sponsored programs like SNAP, commonly known as food stamps and Women, Infant and Children (WIC) as well as government-initiated cash disbursements such as child support and unemployment.

State and Local: The Company delivers innovative services and solutions to help agencies reduce costs and improve processes. The Company offers a broad set of solutions and services such as child support services, case management, labor, workforce and other government solutions.

Federal: As a preferred partner to government IT clients, the Company leverages technology as a key mechanism for improving citizen service and cost savings. The Company's solutions include: technology infrastructure, application portfolio management, IT consulting and other IT managed services.

Tolling: The Company's electronic tolling, urban congestion management and mileage-based user solutions help clients keep up with an ever-changing environment and get more travelers where they need to go while generating revenue for much-needed infrastructure improvements. The Company's solutions include vehicle passenger detection systems, electronic toll collection, automated license plate recognition and congestion management solutions.

Transit: The Company aims to make journeys more personalized and convenient while increasing capacity and profitability for authorities and agencies. The Company combines the latest in fare collection and intelligent mobility so that clients can get the added efficiency of having a single point of contact for all their transit solutions.

Photo and Parking: The Company delivers intelligent curbside management systems that simplify parking programs and deliver convenient and hassle-free experience for drivers. The Company's curbside solutions include citation and permit administration, parking enforcement and curbside demand management. The Company also provides data analytics, automated photo enforcement and other public safety solutions to make streets and communities safer.

Commercial Vehicle: The Company provides computer-aided dispatch/automatic vehicle location technology to help customers manage their fleet operations.

Divestitures: This represents divestitures that were previously reported as Commercial Industries, Government Services and Transportation.

Education: This represents Student Loan business, which the Company exited in the third quarter of 2018.

Contract Balances

The Company receives payments from customers based upon contractual billing schedules. Accounts receivable are recorded when the right to consideration becomes unconditional. Contract assets are the Company's rights to consideration for services provided when the right is conditioned on something other than passage of time (for example, meeting a milestone for the right to bill under the cost-to-cost measure of progress). Contract assets are transferred to Accounts receivable, net when the rights to consideration become unconditional. Unearned income includes payments received in advance of performance under the contract, which are realized when the associated revenue is recognized under the contract.

The following table provides information about the balances of the Company's contract assets, unearned income and receivables from contracts with customers:

(in millions)	December 31, 2019	December 31, 2018
Contract Assets (Unearned Income)		
Current contract assets	$ 155	$ 177
Long-term contract assets[1]	10	7
Current unearned income	(108)	(112)
Long-term unearned income[2]	(21)	(32)
Net Contract Assets (Unearned Income)	$ 36	$ 40
Accounts receivable, net	$ 652	$ 782

(1) Presented in Other long-term assets in the Consolidated Balance Sheets

(2) Presented in Other long-term liabilities in the Consolidated Balance Sheets

Revenues of $101 million and $134 million were recognized during the years ended December 31, 2019 and 2018, respectively, related to the Company's unearned income at December 31, 2018 and January 1, 2018. The Company had no asset impairment charges related to contract assets for the year ended December 31, 2019.

Transaction Price Allocated to the Remaining Performance Obligations

Estimated revenue expected to be recognized in the future related to performance obligations that are unsatisfied or partially satisfied at December 31, 2019, was approximately $1.8 billion. The Company expects to recognize approximately 67% of this revenue over the next 2 years and the remainder thereafter.

Costs to Obtain and Fulfill a Contract

The Company capitalizes commission expenses paid to internal sales personnel that are incremental to obtaining customer contracts. The net book value of these costs, which was $18 million and $24 million as of December 31, 2019 and 2018, respectively, are included in Other long-term assets. The judgments made in determining the amount of costs incurred include whether the commissions are incremental and directly related to a successful acquisition of a customer contract. These costs are amortized in Depreciation and amortization over the term of the contract or the estimated life of the customer relationship, if renewals are expected and the renewal commission is not commensurate with the initial commission. These costs are periodically reviewed for impairment. The Company expenses sales commissions when incurred if the amortization period of the sales commission is one year or less.

In addition, the Company may provide inducement payments to secure customer contracts. These inducement payments are capitalized and amortized to expense over the term of the customer contract. The net book value of these costs totaled $21 million and $23 million as of December 31, 2019 and 2018, respectively, and are included in Other long-term assets.

Also, the Company capitalizes costs incurred to fulfill its contracts that (i) relate directly to the contract, (ii) are expected to generate resources that will be used to satisfy the Company's performance obligation under the contract and (iii) are expected to be recovered through revenue generated under the contract. The net book value of these costs, which comprise set-up/transition activities, was $45 million and $53 million as of December 31, 2019 and 2018, respectively, and are classified in Other long-term assets on the Consolidated Balance Sheets. Contract fulfillment costs are expensed to Depreciation and amortization as the Company satisfies its performance obligations by transferring the service to the customer. These costs are amortized on a systematic basis over the expected period of benefit.

The amortization of costs incurred to obtain and fulfill a contract for the years ended December 31, 2019 and 2018, were $42 million and $50 million, respectively.

Note 3 – Segment Reporting

Our reportable segments correspond to how we organize and manage the business, as defined by our CEO who is also our Chief Operating Decision Maker and are aligned to the industries in which our clients operate. Our segments involve the delivery of business process services and include service arrangements where we manage a customer's business activity or process.

Our financial performance is based on Segment Profit / (Loss) and Segment Adjusted EBITDA for our three reportable segments (Commercial Industries, Government Services and Transportation), Other operations and Shared IT / Infrastructure & Corporate Costs.

- **Commercial Industries:** Our Commercial Industries segment provides business process services and customized solutions to clients in a variety of industries. Across the Commercial Industries segment, we operate on our clients' behalf to deliver mission-critical solutions and services to reduce costs, improve efficiencies and enable revenue growth for our clients and their consumers and employees.

- **Government Services:** Our Government Services segment provides government-centric business process services to U.S. federal, state and local and foreign governments for public assistance program administration, transaction processing and payment services. Our solutions in this segment help governments respond to changing rules for eligibility and increasing citizen expectations.

- **Transportation:** Our Transportation segment provides systems and support, as well as revenue-generating services, to government clients. On behalf of government agencies and authorities in the transportation industry, we deliver mission-critical mobility and payment solutions that improve automation, interoperability and decision-making to streamline operations, increase revenue and reduce congestion while creating safer communities and seamless travel experiences for consumers.

Other includes our divestitures, our Student Loan business, which the Company exited in the third quarter of 2018.

Shared IT / Infrastructure & Corporate Costs includes both normal ongoing IT infrastructure costs and costs related to modernization of a significant portion of our infrastructure with new systems and processes and consolidation of our data centers as part of our transformation initiatives. It also includes costs related to corporate overhead functions and shared real estate costs. These costs are not allocated to the reportable segments.

Selected financial information for our reportable segments was as follows:

	Year Ended December 31,						
(in millions)	Commercial Industries	Government Services	Transportation	Other		Shared IT / Infrastructure & Corporate Costs	Total
2019				Divestitures	Other		
Revenue	$ 2,385	$ 1,263	$ 781	$ 36	$ 2	$ —	$ 4,467
Segment profit (loss)	$ 448	$ 394	$ 120	$ 1	$ —	$ (690)	$ 273
Segment depreciation and amortization	$ 94	$ 28	$ 33	$ —	$ —	$ 61	$ 216
Adjusted EBITDA	$ 542	$ 423	$ 157	$ 1	$ —	$ (629)	$ 494
2018							
Revenue	$ 2,550	$ 1,351	$ 729	$ 752	$ 11	$ —	$ 5,393
Segment profit (loss)	$ 501	$ 424	$ 113	$ 98	$ (19)	$ (695)	$ 422
Segment depreciation and amortization	$ 97	$ 30	$ 36	$ 7	$ 3	$ 48	$ 221
Adjusted EBITDA	$ 598	$ 451	$ 149	$ 105	$ (16)	$ (647)	$ 640
2017							
Revenue	$ 2,685	$ 1,433	$ 767	$ 1,062	$ 75	$ —	$ 6,022
Segment profit (loss)	$ 563	$ 398	$ 114	$ 128	$ 16	$ (802)	$ 417
Segment depreciation and amortization	$ 98	$ 41	$ 43	$ 13	$ 2	$ 57	$ 254
Adjusted EBITDA	$ 661	$ 440	$ 157	$ 141	$ 18	$ (745)	$ 672

The following is a reconciliation of segment profit (loss)/adjusted EBITDA to income (loss) before income taxes:

(in millions)	Year Ended December 31,		
Segment Profit (Loss) Reconciliation to Pre-tax Income (Loss)	2019	2018	2017
Income (Loss) Before Income Taxes	$ (2,106)	$ (395)	$ (16)
Reconciling items:			
Amortization of acquired intangible assets	246	242	243
Restructuring and related costs	71	81	101
Interest expense	78	112	137
(Gain) loss on extinguishment of debt	—	108	—
Goodwill impairment	1,952	—	—
(Gain) loss on divestitures and transaction costs	25	42	(42)
Litigation costs (recoveries), net	17	227	(11)
Separation costs	—	—	12
Other (income) expenses, net	(10)	5	(7)
Segment Pre-Tax Income (Loss)	$ 273	$ 422	$ 417
Segment depreciation and amortization	216	221	254
NY MMIS charge (credit)	1	(2)	9
HE charge (credit)	—	(1)	(8)
Other adjustments	$ 4	$ —	$ —
Adjusted EBITDA	$ 494	$ 640	$ 672

Geographic area data is based upon the location of the subsidiary reporting the revenue or long-lived assets and is as follows for each of the years ended December 31:

	Revenues			Long-Lived Assets [1]	
(in millions)	2019	2018	2017	2019[2]	2018
United States	$ 4,000	$ 4,748	$ 5,303	$ 612	$ 375
Europe	386	497	538	53	28
Other areas	81	148	181	137	62
Total Revenues and Long-Lived Assets	$ 4,467	$ 5,393	$ 6,022	$ 802	$ 465

(1) Long-lived assets are comprised of (i) Land, buildings and equipment, net, (ii) Internal use software, net, and (iii) Product software, net.

(2) Amounts include operating lease right-of-use assets.

Note 4 – Divestiture

In February 2019, the Company completed the sale of a portfolio of select standalone customer care contracts to Skyview Capital LLC. During 2019, the Company recorded additional losses and transaction costs of $17 million on the sale of this portfolio, reflecting certain changes in estimates that were made when recording the initial charge in 2018. The revenue generated from this business was $36 million for the three months ended March 31, 2019 and $439 million for the year ended December 31, 2018.

Note 5 – Business Acquisition

In January 2019, the Company completed the acquisition of Health Solutions Plus (HSP), a software provider of healthcare payer administration solutions, for a total base consideration of $90 million and a maximum contingent consideration payment of $8 million based on a cumulative achievement over 2 years. Revenue recorded for the year ended December 31, 2019, was $20 million. Pre-tax income for the year ended December 31, 2019, was $6 million.

The Company's final purchase price allocation for HSP as of the acquisition date was as follows:

(in millions)	
Fair Value of Consideration Transferred:	
Cash paid	$ 90
Contingent consideration payable	7
Total Consideration	$ 97
Allocation of Purchase Price:	
Net tangible assets	$ 10
Developed technology	19
Costs Assigned to Intangible Assets	
Customer relationships	18
Trademarks and trade names	1
Goodwill	49
Total Intangible Assets	68
Total Assets	$ 97

The weighted average amortization periods are 7 years, 15 years and 1.5 years for Developed technology, Customer relationships and Trademarks and trade names, respectively. The acquired goodwill is associated with the Company's Commercial Industries segment. This acquired goodwill, while tax deductible, includes $7 million related to contingent consideration payable that is not tax deductible until it is earned and paid. The goodwill recognized is attributable primarily to expected synergies and the assembled workforce of HSP. The Developed technology is classified as Product Software within Other long-term assets on the Consolidated Balance Sheets.

The Company has not presented separate results of operations or combined pro forma financial information of the Company and the acquired business because the results of operations of the acquired business are considered immaterial.

Note 6 – Accounts Receivable, Net

The Accounts receivable, net balance of $652 million and $782 million at December 31, 2019 and 2018, respectively, included allowance for doubtful accounts of $2 million and $1 million at December 31, 2019 and 2018, respectively.

The Company enters into various factoring and supply chain financing programs from time to time, in the normal course of business as part of our cash and liquidity management, to sell certain accounts receivable without recourse to third-party financial institutions. Sales of accounts receivable are reflected as a reduction of accounts receivable on the Consolidated Balance Sheets and the proceeds are included in cash flow from operating activities in the Consolidated Statements of Cash Flows.

Accounts receivable sales were as follows:

	Year Ended December 31,	
(in millions)	2019	2018
Accounts receivable sales	$ 204	$ 119

Note 7 - Land, Buildings, Equipment and Software, Net

Land, buildings and equipment, net was as follows:

	Estimated Useful Lives	December 31,	
(in millions except as noted)	(Years)	2019	2018
Land		$ 1	$ 2
Building and building equipment	25 to 50	7	7
Leasehold improvements	Varies	267	246
IT, other equipment and office furniture	3 to 15	964	901
Other	4 to 20	3	2
Construction in progress		50	64
Subtotal		1,292	1,222
Accumulated depreciation		(950)	(894)
Land, Buildings and Equipment, Net		$ 342	$ 328

Depreciation expense for the years ended December 31, 2019, 2018 and 2017 was $123 million, $121 million and $125 million, respectively.
-

Internal Use and Product Software

Internal use and product software are included in Other long-term assets on the Company's Consolidated Balance Sheets. Additions to Internal Use and Product Software as well as year-end balances for these assets were as follows:

(in millions)	Year Ended December 31,		
Additions to:	2019	2018	2017
Internal use software	$ 70	$ 47	$ 36
Product software	9	8	10

(in millions)	December 31,	
Capitalized Costs, Net	2019	2018
Internal use software[1]	$ 150	$ 123
Product software[1]	40	18

(1) Refer to Note 10 – Supplementary Financial Information for additional information.

Useful lives of our internal use and product software generally vary from one to seven years. Amortization expense for internal use and product software for the years ended December 31, 2019, 2018 and 2017 was $48 million, $46 million and $65 million, respectively.

Note 8 - Goodwill and Intangible Assets, Net

Goodwill

The following table presents the changes in the carrying amount of goodwill, by reportable segments:

(in millions)	Commercial Industries	Government Services	Transportation	Total
Balance at December 31, 2017	$ 1,399	$ 1,310	$ 657	$ 3,366
Foreign currency translation	(10)	—	(16)	(26)
Assets held-for-sale	(12)	—	—	(12)
Other[1]	14	66	—	80
Balance at December 31, 2018	**$ 1,391**	**$ 1,376**	**$ 641**	**$ 3,408**
Foreign currency translation	—	(1)	(1)	(2)
Acquisition	49	—	—	49
Impairment	(618)	(754)	(580)	(1,952)
Other	(1)	—	—	(1)
Balance at December 31, 2019	**$ 821**	**$ 621**	**$ 60**	**$ 1,502**

(1) Represents 2018 true-up to the 2017 Assets held for sale.

Impairment Charge

In the first quarter of 2019, the Transportation reporting unit experienced unanticipated losses of certain customer contracts, lower than expected new customer contracts and higher costs of delivery (all subsequent to February 2019), and as a result, the growth of this reporting unit decreased resulting in its fair value being below its carrying value by an estimated $284 million. Accordingly, the Company recorded a pre-tax impairment charge of $284 million for the three months ended March 31, 2019.

In the second quarter of 2019, there were further unanticipated losses of certain customer contracts, lower potential future volumes and lower than expected new customer contracts (all subsequent to May 9, 2019). This led to actual results being below budget and a further downward revision of the long-term forecast across all the Company's former reporting units (Financial Services & Healthcare, Consumer & Industrial, Europe (together comprising Commercial Industries), Government Services, and Transportation). As a consequence of the business performance and the strategy pivot due to changes in management that occurred in the second quarter of 2019, the Company lowered its sales outlook, average margin expectation for the future years, and increased its weighted average cost of capital.

Based upon the information identified in the second quarter of 2019, the Company performed an interim goodwill impairment assessment for all its reporting units which resulted in a pre-tax impairment charge of $1.1 billion for the three months ended June 30, 2019.

During the fourth quarter of 2019, the Company changed its reporting units within the Commercial Industries reportable segment to reflect how the Company currently manages its business. The Company currently has six reporting units (End-User Customer Experience, Transaction Processing, Commercial Healthcare and Human Resources and Learning Services, (together comprising Commercial Industries), Government Services and Transportation), which support its three reportable segments. No impairment was identified during the annual impairment test performed as of October 1, 2019. Subsequent to completing the annual impairment test, the Company experienced further unanticipated contract losses within the Government Services reporting unit, and as result, management performed a goodwill impairment assessment for this reporting unit as of December 31, 2019, which resulted in a pre-tax impairment charge of $512 million. In addition, in the fourth quarter the Company recorded an immaterial correction to the impairment charges recorded in the first and second quarters to properly reflect the impact of tax deductible goodwill on the previous impairments as well as the related income tax benefit. The impairment adjustment and related income tax benefit to the first quarter charge for the Transportation reporting unit totaled $20 million and $1 million, respectively. The impairment adjustment and related income tax benefit to the second quarter charge totaled $69 million and $6 million, respectively. The second quarter impairment and income tax benefit adjustments corrected the Commercial Industries reporting unit by $53 million and $5 million, respectively, and the Government Services reporting unit by $16 million and $1 million, respectively. We believe these adjustments are not material to the current period or any prior period. The cumulative impairment charge for the year ended December 31, 2019 was approximately $2.0 billion.

The fair values of the goodwill impairment charges were estimated based on a determination of the implied fair value of goodwill, leveraging discounted cash flows and designated as level 3 of the fair value hierarchy.

Intangible Assets, Net

Net intangible assets were $426 million at December 31, 2019 of which $285 million, $96 million and $45 million relate to our Commercial Industries, Government Services and Transportation segments, respectively. Intangible assets were comprised of the following:

		December 31, 2019			December 31, 2018		
(in millions except years)	Weighted Average Amortization	Gross Carrying Amount	Accumulated Amortization	Net Amount	Gross Carrying Amount	Accumulated Amortization	Net Amount
Customer relationships	12 years	$ 2,920	$ 2,494	$ 426	$ 2,914	$ 2,264	$ 650
Technology, patents and non-compete	4 years	1	1	—	6	5	1
Total Intangible Assets		$ 2,921	$ 2,495	$ 426	$ 2,920	$ 2,269	$ 651

Amortization expense related to intangible assets was $246 million, $242 million and $243 million for the years ended December 31, 2019, 2018 and 2017, respectively. Amortization expense is expected to approximate $240 million in 2020, $122 million in 2021, $24 million in 2022, $6 million in 2023 and $4 million in 2024.

Note 9 – Restructuring Programs and Related Costs

The Company engages in a series of restructuring programs related to downsizing its employee base, exiting certain activities, outsourcing certain internal functions and engaging in other actions designed to reduce its cost structure and improve productivity. The implementation of the Company's strategic transformation program and various productivity initiatives have reduced the Company's real estate footprint across all geographies and segments resulting in increased lease cancellation and other related costs. Also included in Restructuring and Related Costs are incremental, non-recurring costs related to the consolidation of our data centers, which totaled $21 million and $4 million for the years ended December 31, 2019 and 2018, respectively. Management continues to evaluate the Company's business and in the future, there may be additional provisions for new plan initiatives and/or changes in previously recorded estimates as payments are made, or actions are completed.

Costs associated with restructuring, including employee severance and lease termination costs, are generally recognized when it has been determined that a liability has been incurred, which is generally upon communication to the affected employees or exit from the leased facility. In those geographies where we have either a formal severance plan or a history of consistently providing severance benefits representing a substantive plan, we recognize employee severance costs when they are both probable and reasonably estimable.

A summary of our restructuring program activity during the two years ended December 31, 2019 is as follows:

(in millions)	Severance and Related Costs	Other Contractual Termination Costs	Asset Impairments	Total
Balance at December 31, 2017	$ 14	$ 30	$ —	$ 44
Provision	39	35	4	78
Changes in estimates	(5)	6	(1)	—
Total Net Current Period Charges[1]	34	41	3	78
Charges against reserve and currency	(35)	(35)	(3)	(73)
Balance at December 31, 2018	$ 13	$ 36	$ —	$ 49
Provision	33	30	15	78
Changes in estimates	(5)	(6)	—	(11)
Total Net Current Period Charges[1]	28	24	15	67
Charges against reserve and currency	(26)	(32)	(15)	(73)
Reclassification to operating lease ROU assets[2]	—	(22)	—	(22)
Balance at December 31, 2019	$ 15	$ 6	$ —	$ 21

(1) Represents amounts recognized within the Consolidated Statements of Income (Loss) for the years shown.
(2) Relates to the adoption of the new lease guidance.

We also recorded costs related to professional support services associated with the implementation of the strategic transformation program of $4 million, $3 million and $9 million during the years ended December 31, 2019, 2018 and 2017, respectively.

The following table summarizes the total amount of costs incurred in connection with these restructuring programs by reportable and non-reportable segments:

	Year Ended December 31,		
(in millions)	2019	2018	2017
Commercial Industries	$ 24	$ 26	$ 15
Government Services	1	1	2
Transportation	2	3	1
Other	—	6	4
Shared IT / Infrastructure & Corporate Costs	40	42	70
Total Net Restructuring Charges	$ 67	$ 78	$ 92

Note 10 – Supplementary Financial Information

The components of Other assets and liabilities were as follows:

(in millions)	December 31, 2019	December 31, 2018
Other Current Assets		
Prepaid expenses	$ 70	$ 87
Income taxes receivable	38	40
Value-added tax (VAT) receivable	20	22
Restricted cash	9	9
Net receivable from buyers of divested businesses	52	6
Other[1]	94	70
Total Other Current Assets	$ 283	$ 234
Other Current Liabilities		
Accrued liabilities	$ 309	$ 330
Litigation related accruals	178	147
Current operating lease liabilities	91	—
Restructure reserves	15	36
Income tax payable	11	3
Other taxes payable	16	15
Other	27	36
Total Other Current Liabilities	$ 647	$ 567
Other Long-term Assets		
Internal use software, net	$ 150	$ 123
Deferred contract costs, net[2]	84	100
Product software, net	40	18
Other[1]	113	88
Total Other Long-term Assets	$ 387	$ 329
Other Long-term Liabilities		
Litigation related accruals	$ —	$ 144
Income tax liabilities	20	29
Unearned income	21	32
Restructuring reserves	6	13
Other	44	62
Total Other Long-term Liabilities	$ 91	$ 280

(1) The balances at December 31, 2019 and 2018 include capitalized cloud computing implementation costs, net, which represents technology solutions, of $40 million and $5 million at December 31, 2019 and 2018, respectively. The costs have estimated useful lives of 3 to 5 years with amortization expense of $2 million, $0 million and $0 million for the years ended December 31, 2019, 2018 and 2017, respectively. The amortization expense and the associated hosting fees are included in Cost of services and Selling, general and administrative expenses on the Company's Consolidated Statements of Income (Loss).

(2) The balances at December 31, 2019 and 2018 are expected to be amortized over a weighted average remaining life of approximately 12 and 10 years, respectively.

Amortization expense for deferred contract costs for the years ended December 31, 2019, 2018 and 2017 was $42 million, $50 million and $62 million, respectively.

Amortization expense for the next five years and thereafter for deferred contract costs is expected as follows:

2020	2021	2022	2023	2024	Thereafter
$ 32	$ 9	$ 7	$ 4	$ 2	$ 30

Note 11 – Debt

We classify our debt based on the contractual maturity dates of the underlying debt instruments or as of the earliest put date available to the debt holders. We defer costs associated with debt issuance over the applicable term. These costs are amortized as interest expense in our Consolidated Statements of Income (Loss).

Long-term debt was as follows:

(in millions)	Weighted Average Interest Rates at December 31, 2019[1]	December 31, 2019	December 31, 2018
Term loan A due 2022	3.42 %	$ 664	$ 705
Term loan B due 2023	5.48 %	824	833
Senior notes due 2024	10.91 %	34	34
Finance lease obligations	4.79 %	17	26
Principal Debt Balance		$ 1,539	$ 1,598
Debt issuance costs and unamortized discounts		(25)	(31)
Less: current maturities		(50)	(55)
Total Long-term Debt		$ 1,464	$ 1,512

(1) Represents weighted average effective interest rate which includes the effect of discounts and premiums on issued debt.

Scheduled principal payments due on our long-term debt for the next five years and thereafter are as follows:

2020	2021	2022	2023	2024	Thereafter	Total
$ 50	$ 84	$ 571	$ 800	$ 34	$ —	$ 1,539

Credit Facility

On December 7, 2016, we entered into a senior secured credit agreement (Credit Agreement) among the Company, its subsidiaries: Conduent Business Services, LLC (CBS), Affiliated Computer Services International B.V. and Conduent Finance, Inc. (CFI), the lenders party and JP Morgan Chase Bank, N.A., as the administrative agent. The Credit Agreement contains senior secured credit facilities (Senior Credit Facilities) consisting of:

(i) Senior Secured Term Loan A (Term Loan A) with an aggregate principal amount of $700 million;
(ii) Senior Secured Term Loan B (Term Loan B) with an aggregate principal amount of $850 million;
(iii) Senior Revolving Credit Facility (Revolving Credit Facility) with an aggregate available amount of $750 million including a sub-limit for up to $300 million available for the issuance of letters of credit.

As of December 31, 2019, we have utilized $83 million of our revolving credit facility capacity to issue letters of credit.

The Credit Agreement permits us to incur incremental term loan borrowings and /or increase commitments under the revolving credit facility, subject to certain limitations and satisfaction of certain conditions. Currently additional term loans of up to $300 million are permitted.

All obligations under the Credit Agreement are unconditionally guaranteed by the Company, CBS, Conduent Finance, Inc. (CFI) and the existing and future direct and indirect wholly owned domestic subsidiaries of CBS (subject to certain exceptions). All obligations under the Credit Agreement, and the guarantees of those obligations, are secured, subject to certain exceptions, by substantially all of the assets of CBS and the guarantors under the Credit Agreement (other than the Company and CFI), including a first-priority pledge of all the capital stock of CBS and the subsidiaries of CBS directly held by CBS or the guarantors (other than the Company and CFI) under the Credit Agreement (which pledges, in the case of any foreign subsidiary, will be limited to 65% of the capital stock of any first-tier foreign subsidiary).

The Credit Agreement contains certain customary affirmative and negative covenants, restrictions and events of default. The Credit Agreement requires total net leverage ratio for December 31, 2019 and thereafter not to exceed 3.75 to 1.00.

Senior Notes

The Senior Notes are jointly and severally guaranteed on a senior unsecured basis by the Company and each of the existing and future domestic subsidiaries of CFI or CBS that guarantee the obligations under the Senior Credit Facilities.

Interest is payable semi-annually. At the option of the Issuers, the Senior Notes are redeemable in whole or in part, at any time prior to December 15, 2020, at a price equal to 100% of the aggregate principal amount of the Senior Notes plus accrued and unpaid interest, if any, to, but excluding, the redemption date plus a “make-whole” premium. The Issuers may also redeem the Senior Notes, in whole or in part, at any time on or after December 15, 2020, at the redemption prices specified in the Indenture, plus accrued and unpaid interest, if any, to but excluding the redemption date.

Loans Repricing and Redemption

On June 28, 2018, the Company entered into Amendment No. 3 (Amendment) to the December 7, 2016 Credit Agreement, which (i) extended the revolving credit maturity from December 7, 2021 to December 7, 2022 and reduced the interest rate on the revolving credit by 0.5% from 2.25% over LIBOR to 1.75% over LIBOR; (ii) extended the maturity date of the Term A Loans from December 7, 2021 to December 7, 2022 and reduced the interest rate by 0.5% from 2.25% over LIBOR to 1.75% over LIBOR, and (iii) reduced the interest rate on the Term B Loans by 0.5% from 3.0% over LIBOR to 2.5% over LIBOR. These transactions resulted in a write-off of unamortized discount and issuance costs of $3 million.

In July 2018, the Company redeemed $476 million of its $510 million 10.50% Senior Notes due 2024. As part of the redemption, the Company paid a premium of $95 million and wrote off the associated unamortized discount and issuance costs of $13 million.

Interest

Interest paid on our short-term and long-term debt amounted to $69 million, $100 million, $129 million for the years ended December 31, 2019, 2018 and 2017, respectively.

Interest expense and interest income were as follows:

	Year Ended December 31,		
(in millions)	2019	2018	2017
Interest expense	$ 78	$ 112	$ 137
Interest income[1]	6	7	3

(1) Included in Other (income) expenses, net on the Consolidated Statements of Income (Loss).

Note 12 – Financial Instruments

We are exposed to market risk from changes in foreign currency exchange rates and interest rates, which could affect operating results, financial position and cash flows. We manage our exposure to these market risks through our regular operating and financing activities and, when appropriate, through the use of derivative financial instruments. These derivative financial instruments are utilized to hedge economic exposures, as well as to reduce earnings and cash flow volatility resulting from shifts in market rates. We enter into limited types of derivative contracts to manage foreign currency exposures that we hedge. Our primary foreign currency market exposures include the Philippine Peso, Indian Rupee and Mexican Peso. The fair market values of all our derivative contracts change with fluctuations in interest rates or currency exchange rates and are designed so that any changes in their values are offset by changes in the values of the underlying exposures. Derivative financial instruments are held solely as risk management tools and not for trading or speculative purposes. The related cash flow impacts of all our derivative activities are reflected as cash flows from operating activities.

We do not believe there is significant risk of loss in the event of non-performance by the counterparty associated with our derivative instruments because these transactions are executed with a major financial institution. Further, our policy is to deal only with counterparties having a minimum investment grade or better credit rating. Credit risk is managed through the continuous monitoring of exposures to such counterparties.

Summary of Foreign Exchange Hedging Positions

At December 31, 2019 and 2018, we had outstanding forward exchange with gross notional values of $207 million and $167 million, respectively. At December 31, 2019, approximately 76% of these contracts mature within three months, 9% in three to six months, 12% in six to twelve months and 3% in greater than 12 months.

The following is a summary of the primary hedging positions and corresponding fair values:

	December 31, 2019		December 31, 2018	
(in millions)	Gross Notional Value	Fair Value Asset (Liability)[1]	Gross Notional Value	Fair Value Asset (Liability)[1]
Currencies Hedged (Buy/Sell)				
Philippine Peso/U.S. Dollar	$ 57	$ 1	$ 53	$ —
Indian Rupee/U.S. Dollar	85	1	69	2
Mexican Peso/U.S. Dollar	—	—	8	—
All Other	65	—	37	—
Total Foreign Exchange Hedging	$ 207	$ 2	$ 167	$ 2

(1) Represents the net receivable (payable) amount included in the Consolidated Balance Sheet.

Note 13 – Fair Value of Financial Assets and Liabilities

Fair value represents the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. U.S. GAAP established a hierarchy framework to classify the fair value based on the observability of significant inputs to the measurement. The levels of the fair value hierarchy are as follows:

Level 1: Fair value is determined using an unadjusted quoted price in an active market for identical assets or liabilities.

Level 2: Fair value is estimated using inputs other than quoted prices included within Level 1 that are observable, either directly or indirectly.

Level 3: Fair value is estimated using unobservable inputs that are significant to the fair value of the assets or liabilities.

Summary of Financial Assets and Liabilities Accounted for at Fair Value on a Recurring Basis

The following table represents assets and liabilities measured at fair value on a recurring basis. The basis for the measurement at fair value in all cases was Level 2.

(in millions)	December 31, 2019	December 31, 2018
Assets:		
Foreign exchange contract - forward	$ 2	$ 3
Total Assets	$ 2	$ 3
Liabilities:		
Foreign exchange contracts - forwards	$ —	$ 1
Total Liabilities	$ —	$ 1

Summary of Other Financial Assets and Liabilities

The estimated fair values of our other financial assets and liabilities were as follows:

	December 31, 2019		December 31, 2018	
(in millions)	Carrying Amount	Fair Value	Carrying Amount	Fair Value
Assets:				
Assets held for sale	$ —	$ —	$ 15	$ 15
Liabilities:				
Long-term debt	$ 1,464	$ 1,449	$ 1,512	$ 1,463
Liabilities held for sale	$ —	$ —	$ 40	$ 40
Contingent consideration payable	$ 4	$ 4	$ —	$ —

The fair value amounts for Cash and cash equivalents, Restricted cash, Accounts receivable, net and Short-term debt approximate carrying amounts due to the short-term maturities of these instruments.

The fair value of the contingent consideration payable related to the HSP acquisition was measured using a Monte Carlo simulation model and calibrated to management's financial projections of the acquired business. The value of the contingent consideration payable is then estimated to be the arithmetic average of all simulation paths, discounted to the valuation date (Level 3). The changes in the fair value are recorded in Other income (expense), net on the Consolidated Statements of Income (Loss). Refer to Note 5 – Business Acquisition for additional information.

The fair value of the Assets held for sale and the Liabilities held for sale were measured based on the sale's price less estimated transactions costs (Level 3). Refer to Note 4 – Divestiture for additional information.

The fair value of Long-term debt was estimated based on the current rates offered to the Company for debt of similar maturities (Level 2).

Note 14 – Employee Benefit Plans

Defined Benefit Plans

In 2018, all the U.S. and the majority of the international plan assets and obligations were sold as part of the divestiture of the U.S. human resource consulting and actuarial business and the human resource consulting and outsourcing business located in Canada and the U.K. The Company's remaining benefit obligations and plan assets at December 31, 2019 were $14 million and $2 million, respectively. The Company's remaining benefit obligations and plan assets at December 31, 2018 were $12 million and $3 million, respectively.

Defined Contribution Plans

We have post-retirement savings and investment plans in several countries, including the U.S., U.K. and Canada. In many instances, employees from those defined benefit pension plans that have been amended to freeze future service accruals were transitioned to an enhanced defined contribution plan. In these plans employees are allowed to contribute a portion of their salaries and bonuses to the plans, and we match a portion of the employee contributions. However, beginning in 2019, the Company suspended its match to the 401(k) plan for all U.S. salaried employees.

The Company recorded charges related to its defined contribution plans of $9 million in 2019, $28 million in 2018 and $35 million in 2017. As a result of suspending 401(k) match for U.S. employees in 2019, there was a $12 million reduction in expense for the year ended December 31, 2019.

Note 15 - Income Taxes

Income (loss) before income taxes (pre-tax income (loss)) was as follows:

	Year Ended December 31,		
(in millions)	2019	2018	2017
Domestic loss	$ (2,177)	$ (411)	$ (91)
Foreign income	71	16	75
Loss Before Income Taxes	$ (2,106)	$ (395)	$ (16)

Provision (benefit) for income taxes were as follows:

(in millions)	Year Ended December 31, 2019	2018	2017
Federal Income Taxes			
Current	$ (3)	$ 35	$ 4
Deferred	(170)	(62)	(233)
Foreign Income Taxes			
Current	47	41	25
Deferred	(8)	(6)	(3)
State Income Taxes			
Current	5	20	8
Deferred	(43)	(7)	6
Total Provision (Benefit)	$ (172)	$ 21	$ (193)

A reconciliation of the U.S. federal statutory income tax rate to the consolidated effective income tax rate was as follows:

	Year Ended December 31, 2019	2018	2017
U.S. federal statutory income tax rate	21.0 %	21.0 %	35.0 %
Nondeductible expenses[1]	(0.2)%	(3.7)%	(104.0)%
Effect of tax law changes	— %	0.5 %	1,282.4 %
Change in valuation allowance for deferred tax assets	(1.2)%	(1.7)%	(39.5)%
State taxes, net of federal benefit	1.8 %	(2.3)%	1.2 %
Tax-exempt income, credits and incentives	0.3 %	2.2 %	38.9 %
Foreign rate differential adjusted for U.S. taxation of foreign profits[2]	(0.2)%	1.9 %	47.7 %
Divestitures[3]	0.2 %	(20.3)%	(51.9)%
Goodwill impairment[4]	(14.1)%	— %	— %
Unrecognized tax benefits and other	0.6 %	(2.9)%	(3.5)%
Effective Income Tax Rate	8.2 %	(5.3)%	1,206.3 %

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(1) In 2017, nondeductible expenses primarily related to officers life insurance.
(2) The "U.S. taxation of foreign profits" represents the U.S. tax, net of foreign tax credits, associated with actual and deemed repatriations of earnings from our non-U.S. subsidiaries.
(3) 2018 and 2017 divestitures include nondeductible goodwill allocated to divested businesses.
(4) Goodwill impairment represents adjustments for impairment of non-deductible component of goodwill.

On a consolidated basis, we paid a total of $46 million, $108 million and $29 million in income taxes to federal, foreign and state jurisdictions during the three years ended December 31, 2019, 2018 and 2017, respectively.

Total income tax expense (benefit) was allocated as follows:

(in millions)	Year Ended December 31, 2019	2018	2017
Income tax expense (benefit)	$ (172)	$ 21	$ (193)
Discontinued operations	—	—	3
Total Income Tax Expense (Benefit)	$ (172)	$ 21	$ (190)

Unrecognized Tax Benefits and Audit Resolutions

We recognize tax liabilities when, despite our belief that our tax return positions are supportable, we believe that certain positions may not be fully sustained upon review by tax authorities. Each period we assess uncertain tax positions for recognition, measurement and effective settlement. Benefits from uncertain tax positions are measured at the largest amount of benefit that is greater than 50 percent likely of being realized upon settlement. Where we have determined that our tax return filing position does not satisfy the more-likely-than-not recognition threshold, we have recorded no tax benefits.

We are also subject to ongoing tax examinations in numerous jurisdictions due to the extensive geographical scope of our operations. Our ongoing assessments of the more-likely-than-not outcomes of the examinations and related tax positions require judgment and can increase or decrease our effective tax rate, as well as impact our operating results. The specific timing of when the resolution of each tax position will be reached is uncertain.

As of December 31, 2019, the Company had $24 million of total unrecognized tax benefits, of which $23 million, if recognized, would impact the Company's effective tax rate. Due to expected settlements, the Company estimates that $14 million of the total unrecognized tax benefits will reverse within the next twelve months.

A reconciliation of the beginning and ending amount of unrecognized tax benefits was as follows:

(in millions)	2019	2018	2017
Balance at January 1	$ 20	$ 15	$ 14
Additions related to current year	1	3	—
Additions related to prior years positions	7	5	—
Reductions related to prior years positions	(3)	—	—
Settlements with taxing authorities[1]	(1)	(1)	—
Currency	—	(2)	1
Balance at December 31	$ 24	$ 20	$ 15

(1) 2019 and 2018 settlement resulted in $1 million and $1 million cash paid, respectively.

We maintain offsetting benefits from other jurisdictions of $16 million, $15 million and $16 million, at December 31, 2019, 2018 and 2017, respectively. We recognized interest and penalties accrued on unrecognized tax benefits within income tax expense. We had $14 million, $10 million and $6 million accrued for the payment of interest and penalties associated with unrecognized tax benefits at December 31, 2019, 2018 and 2017, respectively. In the U.S., we are no longer subject to U.S. federal income tax examinations for years before 2015. With respect to our major foreign jurisdictions, the years generally remain open back to 2006.

Deferred Income Taxes

The Company is indefinitely reinvested in the undistributed earnings of its foreign subsidiaries with respect to the U.S. These foreign subsidiaries have aggregate cumulative undistributed earnings of $222 million as of December 31, 2019. For years after 2017, the Tax Reform does allow for certain earnings to be repatriated free from U.S. Federal taxes. However, the repatriation of earnings could give rise to additional tax liabilities. We have also not provided for deferred taxes on outside basis differences in our investments in our foreign subsidiaries that are unrelated to unremitted earnings. A determination of the unrecognized deferred taxes related to these other components of our outside basis differences is not practicable. We have provided for deferred taxes with respect to certain unremitted earnings of foreign subsidiaries that are not indefinitely reinvested between foreign subsidiaries outside of the U.S.

The tax effects of temporary differences that give rise to significant portions of the deferred taxes were as follows:

	December 31,	
(in millions)	2019	2018
Deferred Tax Assets		
Net operating losses and capital loss carryforward	$ 122	$ 46
Operating reserves, accruals and deferrals	33	68
Deferred compensation	11	16
Settlement reserves	44	67
Operating lease liabilities	78	—
Other	21	13
Subtotal	309	210
Valuation allowance	(72)	(44)
Total	$ 237	$ 166
Deferred Tax Liabilities		
Unearned income	$ 53	$ 86
Intangibles and goodwill	143	341
Depreciation	47	30
Operating lease right-of-use assets	65	—
Other	23	24
Total	$ 331	$ 481
Total Deferred Taxes, Net	$ (94)	$ (315)

The deferred tax assets for the respective periods were assessed for recoverability and, where applicable, a valuation allowance was recorded to reduce the total deferred tax asset to an amount that will, more-likely-than-not, be realized in the future. The net change in the total valuation allowance for the years ended December 31, 2019 and 2018 was an increase of $28 million and an increase of $9 million, respectively. The valuation allowance relates primarily to certain net operating loss carryforwards, tax credit carryforwards and deductible temporary differences for which we have concluded it is more-likely-than-not that these items will not be realized in the ordinary course of operations.

Although realization is not assured, we have concluded that it is more-likely-than-not that the deferred tax assets, for which a valuation allowance was determined to be unnecessary, will be realized in the ordinary course of operations based on the available positive and negative evidence, including scheduling of deferred tax liabilities and projected income from operating activities. The amount of the net deferred tax assets considered realizable, however, could be reduced in the near term if actual future income or income tax rates are lower than estimated, or if there are differences in the timing or amount of future reversals of existing taxable or deductible temporary differences.

At December 31, 2019, we had tax credit carryforwards of $15 million available to offset future income taxes which will expire between 2027 and 2039 if not utilized. We also had net operating loss carryforwards for income tax purposes of $637 million that will expire between 2020 and 2039, if not utilized; and $254 million available to offset future taxable income indefinitely. We had $45 million of capital loss carryforwards for income tax purposes that will expire in 2024, if not utilized, and $11 million available to offset future capital gains income indefinitely.

Note 16 – Contingencies and Litigation

As more fully discussed below, the Company is involved in a variety of claims, lawsuits, investigations and proceedings concerning a variety of matters, including: governmental entity contracting, servicing and procurement law; intellectual property law; employment law; commercial and contracts law; the Employee Retirement Income Security Act (ERISA); and other laws and regulations. The Company determines whether an estimated loss from a contingency should be accrued by assessing whether a loss is deemed probable and can be reasonably estimated. The Company assesses its potential liability by analyzing its litigation and regulatory matters using available information. The Company develops its view on estimated losses in consultation with outside counsel handling its defense in these matters, which involves an analysis of potential results, assuming a combination of litigation and settlement strategies. Should developments in any of these matters cause a change in the Company's determination as to an unfavorable outcome and result in the need to recognize a material accrual, or should any of these matters result in a final adverse judgment or be settled for significant amounts in excess of any accrual for such matter or matters, this could have a material adverse effect on the Company's results of operations, cash flows and financial position in the period or periods in which such change in determination, judgment or settlement occurs. The Company believes it has recorded adequate provisions for any such matters as of December 31, 2019. Litigation is inherently unpredictable, and it is not possible to predict the ultimate outcome of these matters and such outcome in any such matters could be in excess of any amounts accrued and could be material to the Company's results of operations, cash flows or financial position in any reporting period.

Additionally, guarantees, indemnifications and claims arise during the ordinary course of business from relationships with suppliers, customers and non-consolidated affiliates when the Company undertakes an obligation to guarantee the performance of others if specified triggering events occur. Nonperformance under a contract could trigger an obligation of the Company. These potential claims include actions based upon alleged exposures to products, real estate, intellectual property such as patents, environmental matters and other indemnifications. The ultimate effect on future financial results is not subject to reasonable estimation because considerable uncertainty exists as to the outcome of these claims. However, while the ultimate liabilities resulting from such claims may be significant to results of operations in the period recognized, management does not anticipate they will have a material adverse effect on the consolidated financial position or liquidity. As of December 31, 2019, the Company had accrued its estimate of liability incurred under its indemnification arrangements and guarantees.

Litigation Against the Company

State of Texas v. Xerox Corporation, Conduent Business Services, LLC (f/k/a Xerox Business Services, LLC), Conduent State Healthcare, LLC (f/k/a Xerox State Healthcare, LLC, f/k/a ACS State Healthcare, LLC) and Conduent Incorporated: On May 9, 2014, the State of Texas, via the Texas Office of Attorney General (the “State”), filed a lawsuit in the 53rd Judicial District Court of Travis County, Texas. The lawsuit alleged that Conduent State Healthcare LLC (f/k/a Xerox State Healthcare, LLC and ACS State Healthcare) (“CSH”), Conduent Business Services LLC (“CBS”) and Conduent Incorporated (“CI”) (collectively, CSH, CBS and CI are referred to herein as the "Conduent Defendants") and Xerox Corporation (together with the Conduent Defendants, the “Defendants”) violated the Texas Medicaid Fraud Prevention Act in the administration of its contract with the Texas Department of Health and Human Services (“HHSC”). In February 2019 a settlement agreement and release was reached among the Defendants, the State and HHSC which was amended in May 2019 ("Texas Agreement"). Pursuant to the terms of the Texas Agreement, the Conduent Defendants were required to pay the State of Texas $236 million, of which $118 million was paid in 2019 and $118 million paid in January 2020. The case has been dismissed with prejudice with a full release and discharge of the Defendants.

Skyview Capital LLC and Continuum Global Solutions, LLC v. Conduent Business Services, LLC: On February 3, 2020, plaintiffs filed a lawsuit in the Superior Court of New York County, New York. The lawsuit relates to the sale of a portion of Conduent Business Service, LLC's ("CBS") select standalone customer care call center business (the "Business") to plaintiffs, which sale closed in February 2019. Under the terms of the sale agreement, CBS received approximately $23 million of notes from plaintiffs (the "Notes"). The lawsuit alleges various causes of action in connection with the acquisition, including: indemnification for breach of representation and warranty, indemnification for breach of contract and fraud. Plaintiffs allege that their obligation to mitigate damages and their contractual right of set-off permits them to withhold and deduct from any amounts that are owed to CBS under the Notes, and plaintiffs seek a judgement that they have no obligation to pay the Notes. Conduent denies all of these allegations, believes that it has strong defenses to all of plaintiffs' claims and will vigorously defend itself against these claims. The Company is not able to determine or predict the ultimate outcome of this proceeding or reasonably provide an estimate or range of estimate of the possible outcome or loss, if any.

Dennis Nasrawi v. Buck Consultants et al.: On October 8, 2009, plaintiffs filed a lawsuit in the Superior Court of California, Stanislaus County, and on November 24, 2009, the case was removed to the U.S. Court for the Eastern District of California, Fresno Division. Plaintiffs allege actuarial negligence against Buck Consultants, LLC ("Buck"), which was a wholly-owned subsidiary of Conduent, for the use of faulty actuarial assumptions in connection with the 2007 actuarial valuation for the Stanislaus County Employees Retirement Association ("StanCERA"). Plaintiffs allege that the employer contribution rate adopted by StanCERA based on Buck's valuation was insufficient to fund the benefits promised by the County. On July 13, 2012, the Court entered its ruling that the plaintiffs lacked standing to sue in a representative capacity on behalf of all plan participants. The Court also ruled that plaintiffs had adequately pleaded their claim that Buck allegedly aided and abetted StanCERA in breaching its fiduciary duty. Plaintiffs then filed their Fifth Amended Complaint and added StanCERA to the litigation. Buck and StanCERA filed demurrers to the amended complaint. On September 13, 2012, the Court sustained both demurrers with prejudice, completely dismissing the matter and barring plaintiffs from refiling their claims. Plaintiffs appealed, and ultimately the California Court of Appeals (Sixth District) reversed the trial court's ruling and remanded the case back to the trial court as to Buck only, and only with respect to Plaintiff's claim of aiding and abetting StanCERA in breaching its fiduciary duty. This case has been stayed pending the outcome of parallel litigation the plaintiffs are pursuing against StanCERA. The parallel litigation was tried before the bench in June 2018, and on January 24, 2019, the court found in favor of StanCERA, holding that it had not breached its fiduciary duty to plaintiffs. On April 26, 2019, Plaintiffs in the parallel litigation filed an appeal. Nasrawi remains stayed until the parallel litigation is finally concluded. Absent the court finding that StanCERA breached its fiduciary duty, plaintiffs' claim against Buck for aiding and abetting said breach would not appear viable. Buck will continue to aggressively defend these lawsuits. In August 2018, Conduent sold Buck Consultants, LLC; however, the Company retained this liability after the sale. The Company is not able to determine or predict the ultimate outcome of this proceeding or reasonably provide an estimate or range of estimate of the possible outcome or loss, if any, in excess of currently recorded reserves.

Conduent Business Services, LLC v. Cognizant Business Services, LLC: On April 12, 2017, Conduent Business Services LLC ("Conduent") filed a lawsuit against Cognizant Business Services Corporation ("Cognizant") in the Supreme Court of New York County, New York. The lawsuit relates to the Amended and Restated Master Outsourcing Services Agreement effective as of October 24, 2012, and the service delivery contracts and work orders thereunder, between Conduent and Cognizant, as amended and supplemented (the "Contract"). The Contract contains certain minimum purchase obligations by Conduent through the date of expiration. The lawsuit alleges that Cognizant committed multiple breaches of the Contract, including Cognizant's failure to properly perform its obligations as subcontractor to Conduent under Conduent's contract with the New York Department of Health to provide Medicaid Management Information Systems. In the lawsuit, Conduent seeks damages in excess of $150 million. During the first quarter of 2018, Conduent provided notice to Cognizant that it was terminating the Contract for cause and recorded in the same period certain charges associated with the termination. Conduent also alleges that it terminated the Contract for cause, because, among other things, Cognizant violated the Foreign Corrupt Practices Act. Cognizant asserted two counterclaims for breach of contract seeking recovery of damages in excess of $47 million, which includes amounts alleged not paid to Cognizant under the contract and an alleged $25 million termination fee. Conduent has responded to Cognizant's counterclaims by denying the allegations. Cognizant filed a second amended counterclaim seeking an additional $43 million to satisfy the minimum revenue commitment attributable to the years 2017-2020, which increased Cognizant's damages claim to $90 million. Conduent will continue to vigorously defend itself against the counterclaims but the Company is not able to determine or predict the ultimate outcome of this proceeding or reasonably provide an estimate or range of estimate of the possible outcome.

Other Matters:

Since 2014, Xerox Education Services, Inc. ("XES") has cooperated with several federal and state agencies regarding a variety of matters, including XES' self-disclosure to the U.S. Department of Education (the "Department") and the Consumer Financial Protection Bureau ("CFPB") that some third-party student loans under outsourcing arrangements for various financial institutions required adjustments. With the exception of an inquiry the Illinois Attorney General's Office recently commenced, the Company has resolved the investigations the CFPB and several state agencies commenced and continues to work with the Department and the U.S. Department of Justice to resolve all outstanding issues, including a number of operational projects that XES discovered and disclosed since 2014. The Company cannot provide assurance that the CFPB, another regulator, a financial institution on behalf of which the Company serviced third-party student loans, or another party will not ultimately commence a legal action against XES in which fines, penalties or other liabilities are sought from XES. Nor is the Company able to predict the likely outcome of these matters, should any such matter be commenced, or reasonably provide an estimate or range of estimates of any loss in excess of current reserves. The Company could, in future periods, incur judgments or enter into settlements to resolve these potential matters for amounts in excess of current reserves and there could be a material adverse effect on the Company's results of operations, cash flows and financial position in the period in which such change in judgment or settlement occurs.

Guarantees and Indemnifications

Indemnifications Provided as Part of Contracts and Agreements

Acquisitions/Divestitures:

We have indemnified, subject to certain deductibles and limits, the purchasers of businesses or divested assets for the occurrence of specified events under certain of our divestiture agreements. In addition, we customarily agree to hold the other party harmless against losses arising from a breach of representations and covenants, including such matters as adequate title to assets sold, intellectual property rights and certain income taxes arising prior to the date of acquisition. Where appropriate, an obligation for such indemnifications is recorded as a liability at the time of the acquisition or divestiture. Since the obligated amounts of these types of indemnifications are often not explicitly stated or are contingent on the occurrence of future events, the overall maximum amount, or range of amount of the obligation under such indemnifications cannot be reasonably estimated. Other than obligations recorded as liabilities at the time of divestiture, we have not historically made significant payments for these indemnifications. Additionally, under certain of our acquisition agreements, we have provided for additional consideration to be paid to the sellers if established financial targets are achieved within specific timeframes post-closing. We have recognized liabilities for these contingent obligations based on an estimate of the fair value of these contingencies at the time of acquisition. Contingent obligations related to indemnifications arising from our divestitures and contingent consideration provided for by our acquisitions are not expected to be material to our financial position, results of operations or cash flows.

Other Agreements:

We are also party to the following types of agreements pursuant to which we may be obligated to indemnify the other party with respect to certain matters:

- Guarantees on behalf of our subsidiaries with respect to real estate leases. These lease guarantees may remain in effect subsequent to the sale of the subsidiary.
- Agreements to indemnify various service providers, trustees and bank agents from any third-party claims related to their performance on our behalf, with the exception of claims that result from the third-party's own willful misconduct or gross negligence.
- Guarantees of our performance in certain services contracts to our customers and indirectly the performance of third parties with whom we have subcontracted for their services. This includes indemnifications to customers for losses that may be sustained as a result of our performance of services at a customer's location.

In each of these circumstances, our payment is conditioned on the other party making a claim pursuant to the procedures specified in the particular contract and such procedures also typically allow us to challenge the other party's claims. In the case of lease guarantees, we may contest the liabilities asserted under the lease. Further, our obligations under these agreements and guarantees may be limited in terms of time and/or amount, and in some instances, we may have recourse against third parties for certain payments we made.

Intellectual Property Indemnifications

We do not own most of the software that we use to run our business. Instead, we license this software from a small number of primary vendors. We indemnify certain software providers against claims that may arise as a result of our use or our subsidiaries', customers' or resellers' use of their software in our services and solutions. These indemnities usually do not include limits on the claims, provided the claim is made pursuant to the procedures required in the services contract.

Indemnification of Officers and Directors

Our corporate by-laws require that, except to the extent expressly prohibited by law, we must indemnify our officers and directors against judgments, fines, penalties and amounts paid in settlement and reasonable expenses, including attorneys' fees, incurred in connection with civil or criminal action or proceedings or any appeal, as it relates to their services to our Company and our subsidiaries. Although the by-laws provide no limit on the amount of indemnification, we may have recourse against our insurance carriers for certain payments made by us. However, certain indemnification payments may not be covered under our directors' and officers' insurance coverage. We also indemnify certain fiduciaries of our employee benefit plans for liabilities incurred in their service as fiduciary whether or not they are officers of the Company. Finally, in connection with our acquisition of businesses, we may become contractually obligated to indemnify certain former and current directors, officers and employees of those businesses in accordance with pre-acquisition by-laws or indemnification agreements or applicable state law.

Other Contingencies

Certain contracts, primarily in the Company's Government Services and Transportation segments, require the Company to provide a surety bond or a letter of credit as a guarantee of performance. As of December 31, 2019, the Company had $568 million of outstanding surety bonds used to secure its performance of contractual obligations with its clients and $227 million of outstanding letters of credit issued to secure the Company's performance of contractual obligations to its clients as well as other corporate obligations. In general, the Company would only be liable for the amount of these guarantees in the event of default in the Company's performance of its obligations under each contract. The Company believes it has sufficient capacity in the surety markets and liquidity from its cash flow and its various credit arrangements (including its Credit Facility) to allow it to respond to future requests for proposals that require such credit support.

Note 17 - Preferred Stock

Series A Preferred Stock

In connection with the December 31, 2016 separation from our former parent company (Separation), we issued 120,000 shares of Series A convertible perpetual preferred stock with an aggregate liquidation preference of $120 million and an initial fair value of $142 million. The Series A convertible preferred stock pays quarterly cash dividends at a rate of 8% per year ($9.6 million per year). Each share of the Series A convertible preferred stock is convertible at any time, at the option of the holder, into 44.9438 shares of common stock for a total of 5,393,000 shares (reflecting an initial conversion price of approximately $22.25 per share of common stock), subject to customary anti-dilution adjustments.

If the closing price of our common stock exceeds 137% of the initial conversion price for 20 out of 30 trading days, we have the right to cause any or all of the Series A convertible preferred stock to be converted into shares of common stock at the then applicable conversion rate. The Series A convertible preferred stock is also convertible, at the option of the holder, upon a change in control, at the applicable conversion rate plus an additional number of shares determined by reference to the price paid for our common stock upon such change in control. In addition, upon the occurrence of certain fundamental change events, including a change in control or the delisting of Conduent's common stock, the holder of Series A convertible preferred stock has the right to require us to redeem any or all of the Series A convertible preferred stock in cash at a redemption price per share equal to the liquidation preference and any accrued and unpaid dividends to, but not including, the redemption date. As a result of the contingent redemption feature, the Series A convertible preferred stock is classified as temporary equity and reflected separately from permanent equity in the Consolidated Balance Sheets.

Note 18 – Shareholders' Equity

Preferred Stock

As of December 31, 2019, we had one class of preferred stock outstanding. Refer to Note 17 – Preferred Stock for further information. We are authorized to issue approximately 100 million shares of convertible preferred stock at $0.01 par value per share.

Common Stock

We have 1 billion authorized shares of common stock at $0.01 par value per share. At December 31, 2019, 17 million shares were reserved for issuance under our incentive compensation plans and 5.4 million shares were reserved for conversion of the Series A convertible preferred stock.

Stock Compensation Plans

Certain of our employees participate in a long-term incentive plan. Our long-term incentive plan authorizes the issuance of restricted stock units / shares (RSU), performance stock units / share (PSU) and non-qualified stock options to employees. All awards for these plans prior to 2017 were made in Xerox stock and therefore converted into Conduent stock effective upon the Separation. Using a formula designed to preserve the value of the award immediately prior to the Separation, all of these awards will be settled in Conduent's common stock and are reflected in the Company's Consolidated Statements of Shareholders' Equity. Stock-based compensation expense includes expense based on the awards and terms previously granted to the employees.

Stock-based compensation expense was as follows:

	Year Ended December 31,		
(in millions)	2019	2018	2017
Stock-based compensation expense, pre-tax	$ 24	$ 38	$ 42
Income tax benefit recognized in earnings	—	7	17

Restricted Stock Units / Shares Compensation expense is based upon the grant date market price. The compensation expense is recorded over the vesting period, which is normally three years from the date of grant, based on management's estimate of the number of shares expected to vest.

Performance Stock Units / Shares: The Company granted PSUs that vest contingent upon its achievement of certain specified financial performance criteria over a three-year period. If the three-year actual results exceed the stated targets, then the plan participants have the potential to earn additional shares of common stock, which cannot exceed 100% of the original grant.

The fair value of PSUs is based upon the market price of Conduent's common stock on the date of the grant. Compensation expense is recognized over the vesting period, which is normally three years from the date of grant, based on management's estimate of the number of shares expected to vest. If the stated targets are not met, any recognized compensation cost would be reversed.

Employee Stock Options: Stock options were issued by a former parent company and were converted to Conduent's common stock upon the Separation. As of December 31, 2019, these options have expired. Conduent has not issued any new stock options.

Summary of Stock-based Compensation Activity

	2019		2018		2017	
(shares in thousands)	Shares	Weighted Average Grant Date Fair Value	Shares	Weighted Average Grant Date Fair Value	Shares	Weighted Average Grant Date Fair Value
Restricted Stock Units / Shares						
Outstanding at January 1	2,399	$ 16.90	3,125	$ 16.29	1,961	$ 13.99
Granted	2,503	12.57	1,246	18.82	1,988	16.75
Vested	(2,135)	15.54	(1,501)	17.30	(215)	19.98
Canceled	(1,026)	15.68	(471)	16.62	(609)	15.88
Outstanding at December 31	1,741	13.07	2,399	16.90	3,125	16.29
Performance Stock Units / Shares						
Outstanding at January 1	4,557	$ 16.76	5,429	$ 16.55	4,926	$ 13.99
Granted	1,229	13.35	730	18.64	3,933	16.76
Vested	(1,069)	15.64	(980)	17.12	(1,696)	19.67
Canceled	(1,120)	16.00	(622)	16.59	(1,734)	17.46
Outstanding at December 31	3,597	16.17	4,557	16.76	5,429	16.55

The Company issued 182 thousand Deferred Stock Units (DSU) to non-employee members of the Board of Directors. These DSUs are fully vested and will be issued when the directors leave the Board.

The total unrecognized compensation cost related to non-vested stock-based awards at December 31, 2019 was as follows (in millions):

Awards	Unrecognized Compensation	Remaining Weighted-Average Vesting Period (Years)
Restricted Stock Units / Shares	$ 15	1.9
Performance Stock Units / Shares	1	1.0
Total	$ 16	

The aggregate intrinsic value of outstanding RSUs and PSUs awards were as follows (in millions):

Awards	December 31, 2019
Restricted Stock Units / Shares	$ 11
Performance Stock Units / Shares	22

The total intrinsic value and actual tax benefit realized for vested and exercised stock-based awards were as follows:

(in millions)	December 31, 2019			December 31, 2018			December 31, 2017		
Awards	Total Intrinsic Value	Cash Received	Tax Benefit	Total Intrinsic Value	Cash Received	Tax Benefit	Total Intrinsic Value	Cash Received	Tax Benefit
Restricted Stock Units / Shares	$ 17	$ —	$ 4	$ 20	$ —	$ 4	$ 3	$ —	$ 1
Performance Stock Units / Shares	11	—	2	18	—	4	25	—	10
Stock Options	—	—	—	2	2	—	3	6	1

Note 19 – Other Comprehensive Income (Loss)

Other Comprehensive Loss is comprised of the following:

	Year Ended December 31,					
	2019		2018		2017	
(in millions)	Pre-tax	Net of Tax	Pre-tax	Net of Tax	Pre-tax	Net of Tax
Currency Translation						
Currency translation adjustments, net	$ 3	$ 3	$ (31)	$ (31)	$ 35	$ 35
Reclassification of currency translation adjustments on divestitures	15	15	42	42	—	—
Translation adjustments gains(losses)	$ 18	$ 18	$ 11	$ 11	$ 35	$ 35
Unrealized Gains (Losses)						
Changes in fair value of cash flow hedges gains (losses)	$ 1	$ 1	$ 2	$ 1	$ 1	$ 1
Changes in cash flow hedges reclassed to earnings[1]	(1)	—	(1)	—	2	1
Net Unrealized Gains (Losses)	$ —	$ 1	$ 1	$ 1	$ 3	$ 2
Defined Benefit Plans Gains (Losses)						
Reclassification of divested benefit plans and other	$ 1	$ (1)	$ 65	$ 62	$ —	$ —
Net actuarial/prior service gains (losses)	—	—	—	—	(5)	(4)
Actuarial loss amortization/settlement[2]	—	—	—	—	2	2
Other gains (losses)[3]	—	—	—	—	(4)	(3)
Changes in Defined Benefit Plans Gains (Losses)	$ 1	$ (1)	$ 65	$ 62	$ (7)	$ (5)
Other Comprehensive Income (Loss)	$ 19	$ 18	$ 77	$ 74	$ 31	$ 32

(1) Reclassified to Cost of sales - refer to Note 12 – Financial Instruments for additional information regarding our cash flow hedges.
(2) Reclassified to total net periodic benefit cost.
(3) Primarily represents currency impact on cumulative amount of benefit plan net actuarial losses and prior service credits in AOCL.

Accumulated Other Comprehensive Loss (AOCL)

Below are the balances and changes in AOCL[1]:

(in millions)	Currency Translation Adjustments	Gains (Losses) on Cash Flow Hedges	Defined Benefit Pension Items	Total
Balance at December 31, 2018	$ (426)	$ 2	$ (1)	$ (425)
Other comprehensive income (loss) before reclassifications	3	1	—	4
Amounts reclassified from accumulated other comprehensive loss	15	—	(1)	14
Net current period other comprehensive income (loss)	18	1	(1)	18
Balance at December 31, 2019	$ (408)	$ 3	$ (2)	$ (407)

(in millions)	Currency Translation Adjustments	Gains (Losses) on Cash Flow Hedges	Defined Benefit Pension Items	Total
Balance at December 31, 2017	$ (437)	$ 1	$ (58)	$ (494)
Reclassification of amounts impacted by Tax Reform	—	—	(5)	(5)
Other comprehensive income (loss) before reclassifications	(31)	1	—	(30)
Amounts reclassified from accumulated other comprehensive loss	42	—	62	104
Net current period other comprehensive income (loss)	11	1	62	74
Balance at December 31, 2018	$ (426)	$ 2	$ (1)	$ (425)

(in millions)	Currency Translation Adjustments	Gains (Losses) on Cash Flow Hedges	Defined Benefit Pension Items	Total
Balance at December 31, 2016	$ (472)	$ (1)	$ (53)	$ (526)
Other comprehensive income (loss) before reclassifications	35	2	(5)	32
Amounts reclassified from accumulated other comprehensive loss	—	—	—	—
Net current period other comprehensive income (loss)	35	2	(5)	32
Balance at December 31, 2017	$ (437)	$ 1	$ (58)	$ (494)

(1) All amounts are net of tax. Tax effects were immaterial.

Note 20 – Earnings per Share

We did not declare any common stock dividends in the periods presented.

The following table sets forth the computation of basic and diluted earnings per share of common stock:

(in millions, except per share data. Shares in thousands)	Year Ended December 31, 2019	2018	2017
Net Income (Loss) per Share:			
Net income (loss)	$ (1,934)	$ (416)	$ 177
Cash dividend paid - preferred stock	(10)	(10)	(10)
Adjusted Net Income (Loss) From Continuing Operations Available to Common Shareholders	(1,944)	(426)	167
Net income (loss) from discontinued operations	—	—	4
Adjusted Net Income (Loss) Available to Common Shareholders	$ (1,944)	$ (426)	$ 171
Weighted average common shares outstanding	209,318	206,056	204,007
Basic Earnings (Loss) per Share:			
Continuing operations	$ (9.29)	$ (2.06)	$ 0.82
Discontinued operations	—	—	0.02
Basic Earnings (Loss) per Share	$ (9.29)	$ (2.06)	$ 0.84
Diluted Earnings (Loss) per Share:			
Net income (loss) from continuing operations	$ (1,934)	$ (416)	$ 177
Accrued dividends on preferred stock	(10)	(10)	(10)
Adjusted Net Income (Loss) From Continuing Operations Available to Common Shareholders	(1,944)	(426)	167
Net income (loss) from discontinued operations	—	—	4
Adjusted Net Income (Loss) Available to Common Shareholders	$ (1,944)	$ (426)	$ 171
Weighted average common shares outstanding	209,318	206,056	204,007
Common shares issuable with respect to:			
Stock options	—	—	195
Restricted stock and performance units / shares	—	—	2,591
8% Convertible preferred stock	—	—	—
Adjusted Weighted Average Common Shares Outstanding	209,318	206,056	206,793
Diluted Earnings (Loss) per Share:			
Continuing operations	$ (9.29)	$ (2.06)	$ 0.81
Discontinued operations	—	—	0.02
Diluted Earnings (Loss) per Share	$ (9.29)	$ (2.06)	$ 0.83
The following securities were not included in the computation of diluted earnings per share as they were either contingently issuable shares or shares that if included would have been anti-dilutive (shares in thousands):			
Stock Options	—	—	—
Restricted stock and performance shares/units	—	—	2,568
Convertible preferred stock	—	—	5,393
Total Anti-Dilutive Securities	—	—	7,961

Note 21 – Related Party Transactions

During the third quarter of 2019, Carl C. Icahn and his affiliates (shareholders) increased their ownership interest in the Company. In the normal course of business, the Company provides services to, and purchases from, certain related parties with the same shareholders. The services provided to these entities included those related to human resources, end-user support and other services and solutions. The purchases from these entities included office equipment and related services and supplies. Revenue and purchases from these entities were included in Revenue and Costs of services / Selling, General and administrative, respectively, on the Company's Consolidated Statements of Income (Loss).

Transactions with related parties were as follows:

	Year Ended December 31,		
(in millions)	2019	2018	2017
Revenue from related parties	$ 33	$ 45	$ 51
Purchases from related parties	$ 46	$ 41	$ 43

The Company's receivable and payable balances with related party entities were not material as of December 31, 2019 and 2018.

ITEM 9. CHANGES IN AND DISAGREEMENTS WITH ACCOUNTANTS ON ACCOUNTING AND FINANCIAL DISCLOSURE

None

ITEM 9A. CONTROLS AND PROCEDURES

Management's Responsibility for Financial Statements

Management is responsible for the integrity and objectivity of all information presented in this Annual Report on Form 10-K. The consolidated financial statements were prepared in conformity with accounting principles generally accepted in the United States of America and include amounts based on management's best estimates and judgments. Management believes the consolidated financial statements fairly reflect the form and substance of transactions and that the financial statements fairly represent the Company's financial position and results of operations.

The Audit Committee of the Board of Directors, which is composed solely of independent directors, meets regularly with the independent registered public accountants, PricewaterhouseCoopers LLP, the internal auditors and representatives of management to review accounting, financial reporting, internal control and audit matters, as well as the nature and extent of the audit effort. The Audit Committee is responsible for the engagement of the independent registered public accountants. The independent registered public accountants and internal auditors have access to the Audit Committee.

Disclosure Controls and Procedures

The Company’s management evaluated, with the participation of our principal executive officer and principal financial officer, the effectiveness of our disclosure controls and procedures, as defined in Rules 13a-15(e) and 15d-15(e) under the Securities Exchange Act of 1934, as amended, as of December 31, 2019, the end of the period covered by this Annual Report on Form 10-K. Based on this evaluation, our principal executive officer and principal financial officer have concluded that, as of the end of the period covered by this Annual Report on Form 10-K, our disclosure controls and procedures were effective to ensure that information we are required to disclose in the reports that we file or submit under the Securities Exchange Act of 1934, as amended, is recorded, processed, summarized and reported within the time periods specified in the Securities and Exchange Commission’s rules and forms relating to Conduent Incorporated, including our consolidated subsidiaries, and was accumulated and communicated to the Company’s management, including the principal executive officer and principal financial officer, or persons performing similar functions, as appropriate to allow timely decisions regarding required disclosure.

Management's Report on Internal Control over Financial Reporting

Management is responsible for establishing and maintaining adequate internal control over financial reporting, as such term is defined in Rules 13a-15(f) and 15d-15(f) promulgated under the Securities Exchange Act of 1934, as amended. Under the supervision and with the participation of our management, including our principal executive officer, principal financial officer and principal accounting officer, we have conducted an evaluation of the effectiveness of our internal control over financial reporting based on the framework in "Internal Control - Integrated Framework" (2013) issued by the Committee of Sponsoring Organizations of the Treadway Commission.

Based on the above evaluation, management concluded that our internal control over financial reporting was effective as of December 31, 2019.

The effectiveness of our internal control over financial reporting as of December 31, 2019 has been audited by PricewaterhouseCoopers LLP, an independent registered public accounting firm, as stated in their report which appears in Part II, Item 8 of this Form 10-K.

Changes in Internal Control over Financial Reporting

In connection with the evaluation required by paragraph (d) of Rule 13a-15 under the Exchange Act, there was no change identified in our internal control over financial reporting that occurred during the last fiscal quarter ended December 31, 2019 that has materially affected, or is reasonably likely to materially affect, our internal control over financial reporting.

ITEM 9B. OTHER INFORMATION

On February 25, 2020, the Company's Board of Directors appointed Clifford Skelton to serve as the Company's Chief Executive Officer. Mr. Skelton served as Interim Chief Executive Officer since August 6, 2019 and Chief Operating Officer between June 2019 and August 2019. In connection with such appointment, the Compensation Committee of the Board of Directors set the salary of Mr. Skelton at $750,000 per annum. Mr. Skelton will be eligible to participate in the Company's Annual Performance Incentive Plan ("APIP") at a target level of 125% of his salary with a potential payout range between zero and 200% of target. Mr. Skelton will also be eligible to participate in the Company's Long Term Incentive Plan ("LTIP"), which is payable in equity. His LTIP target annual award is $3,000,000.

The Letter Agreement, which sets forth the compensation and other terms of Mr. Skelton's appointment, is attached as Exhibit 10.6(e)(ii) to this Report and incorporated by reference. Other than the terms set forth in the Letter Agreement, Mr. Skelton's employment terms remain the same as set forth in the letter agreements between the Company and Mr. Skelton dated May 21, 2019 and filed as Exhibit 10.6(h) on Form 8-K dated May 28, 2019 and dated August 6, 2019 and filed as Exhibit 10.6(j) on Form 8-K dated August 7, 2019, which are incorporated by reference.

The information required by Items 401 and 404 of Regulation S-K and filed in Item 5.02(c) on Registrant's Form 8-K dated May 28, 2019 is incorporated herein by reference.

PART III

ITEM 10. DIRECTORS, EXECUTIVE OFFICERS AND CORPORATE GOVERNANCE

The information regarding our Executive officers required by Item 10 of Part III is set forth in Item 1 of Part I "Business–Information About Our Executive Officers." The information regarding directors is incorporated herein by reference to the section entitled "Proposal 1 - Election of Directors" in our definitive Proxy Statement (2020 Proxy Statement) to be filed pursuant to Regulation 14A of the Securities Exchange Act of 1934, as amended, for our 2020 Annual Meeting of Stockholders. The Proxy Statement is expected to be filed within 120 days after the end of our fiscal year ended December 31, 2019.

The information regarding compliance with Section 16(a) of the Securities and Exchange Act of 1934 is incorporated herein by reference to the section entitled "Delinquent Section 16(a) Report" of our 2020 Proxy Statement.

The information required by this Item regarding the Audit Committee, its members and the Audit Committee financial experts is incorporated by reference herein from the subsection entitled "Committee Functions, Membership and Meetings" in the section entitled "Proposal 1 - Election of Directors" in our 2020 Proxy Statement.

We have adopted a code of ethics applicable to our principal executive officer, principal financial officer and principal accounting officer (Finance Code of Conduct). The Finance Code of Conduct can be found on our website at: https://www.conduent.com/corporate-governance/ethics-and-compliance/. Information concerning our Finance Code of Conduct can be found under "Corporate Governance" in our 2020 Proxy Statement and is incorporated here by reference.

ITEM 11. EXECUTIVE COMPENSATION

The information required by this Item included under the following captions under “Proposal 1 - Election of Directors” in our 2020 Proxy Statement is incorporated herein by reference: “Compensation Discussion and Analysis”, “Summary Compensation Table”, “Grants of Plan-Based Awards in 2019”, “Outstanding Equity Awards at 2019 Fiscal Year-End”, “Option Exercises and Stock Vested in 2019”, “Pension Benefits for the 2019 Fiscal Year”, “Nonqualified Deferred Compensation for the 2019 Fiscal Year”, “Potential Payments upon Termination or Change in Control”, “Summary of Annual Director Annual Compensation, "Compensation Committee Interlocks and Insider Participation” and “Compensation Committee”. The information included under the heading “Compensation Committee Report” in our 2020 Proxy Statement is incorporated herein by reference; however, this information shall not be deemed to be “soliciting material” or to be “filed” with the SEC or subject to Regulation 14A or 14C, or to the liabilities of Section 18 of the Exchange Act.

ITEM 12. SECURITY OWNERSHIP OF CERTAIN BENEFICIAL OWNERS AND MANAGEMENT AND RELATED STOCKHOLDER MATTERS

Information required by this Item regarding security ownership of certain beneficial owners and management and securities authorized for issuance under equity compensation plans is incorporated herein by reference to the subsections entitled “Ownership of Company Securities,” and “Equity Compensation Plan Information” under “Proposal 1 - Election of Directors” in our 2020 Proxy Statement.

ITEM 13. CERTAIN RELATIONSHIPS, RELATED TRANSACTIONS AND DIRECTOR INDEPENDENCE

Information required by this Item regarding certain relationships and related transactions is incorporated herein by reference to the subsection entitled “Certain Relationships and Related Person Transactions” under “Proposal 1 - Election of Directors” in our 2020 Proxy Statement. The information regarding director independence is incorporated herein by reference to the subsections entitled “Corporate Governance” and “Director Independence” in the section entitled “Proposal 1 - Election of Directors” in our 2020 Proxy Statement.

ITEM 14. PRINCIPAL AUDITOR FEES AND SERVICES

The information required by this Item regarding principal auditor fees and services is incorporated herein by reference to the section entitled “Proposal 2 - Ratification of Election of Independent Registered Public Accounting Firm” in our 2020 Proxy Statement.

PART IV

ITEM 15. EXHIBITS AND FINANCIAL STATEMENT SCHEDULES

(a)

1. Index to Financial Statements filed as part of this report:

- Report of Independent Registered Public Accounting Firm;
- Consolidated Statements of Income (Loss) for each of the years in the three-year period ended December 31, 2019;
- Consolidated Statements of Comprehensive Income (Loss) for each of the years in the three-year period ended December 31, 2019;
- Consolidated Balance Sheets as of December 31, 2019 and 2018;
- Consolidated Statements of Cash Flows for each of the years in the three-year period ended December 31, 2019;
- Consolidated Statements of Shareholders' Equity for each of the years in the three-year period ended December 31, 2019;
- Notes to the Consolidated Financial Statements; and

- All other schedules are omitted as they are not applicable, or the information required is included in the financial statements or notes thereto.

2. Financial Statement Schedules:

- Schedule II–Valuation and Qualifying Accounts for each of the three years in the period ended December 31, 2019.

3. The exhibits filed herewith are set forth in the exhibit Index included herein.

(b) Management contracts or compensatory plans or arrangements listed that are applicable to the executive officers named in the Summary Compensation Table which appears in Registrant's 2020 Proxy Statement or to our directors are preceded by an asterisk (*).

SCHEDULE II

Valuation and Qualifying Accounts

For the three years ended December 31, 2019

(in millions)		Balance at beginning of period	Additions charged to expense[1][4]	Amounts (credited) charged to other income statement accounts [2]	Deductions and other, net of recoveries [3][4]	Balance at end of period
Allowance for Losses:						
2019	Accounts Receivable	$ 1	$ 3	$ —	$ (2)	$ 2
2018	Accounts Receivable	2	—	—	(1)	1
2017	Accounts Receivable	7	(1)	—	(4)	2
Tax Valuation Allowance:						
2019	Tax Valuation	44	38	—	(10)	72
2018	Tax Valuation	35	17	—	(8)	44
2017	Tax Valuation	24	16	—	(5)	35

(1) Account Receivables/Contract Assets: additions charged to expense represent bad debt provisions relate to estimated losses due to credit and similar collectibility issues.
(2) Account Receivables: Other charges (credits) relate to adjustments to reserves necessary to reflect events of non-payment such as customer accommodations and contract terminations.
(3) Account Receivables/Contract Assets: Deductions and other, net of recoveries primarily relates to receivable and contract asset write-offs, but also includes reclassification to other balance sheet accounts, the impact of foreign currency translation adjustments and recoveries of previously written off receivables and contract assets.
(4) Tax Valuation: tax valuation allowance are primarily related to certain net operating loss carryforwards, tax credit carryforwards and deductible temporary differences for which we have concluded it is more-likely-than-not that these items will not be realized in the ordinary course of operations.

ITEM 16. FORM 10-K SUMMARY

None

EXHIBIT INDEX

Exhibit No.	Document and Location
2.1	Separation and Distribution Agreement, dated as of December 30, 2016, by and between Xerox Corporation and Conduent Incorporated.
	Incorporated by reference to Exhibit 2.1 to Registrant's Current Report on Form 8-K dated January 3, 2017. (See SEC File Number 001-37817).
3.1	Restated Certificate of Incorporation of Registrant as of December 23, 2016.
	Incorporated by reference to Exhibit 3.1 to Registrant's Current Report on Form 8-K dated December 23, 2016. (See SEC File Number 001-37817).
3.2	Amended and Restated By-Laws of Registrant as amended through December 31, 2016.
	Incorporated by reference to Exhibit 3.2 to Registrant's Current Report on Form 8-K dated December 23, 2016. (See SEC File Number 001-37817).
4.1(a)	Indenture, dated as of December 7, 2016, among Conduent Finance, Inc., Xerox Business Services, LLC, the Guarantors named therein and U.S. Bank National Association, as trustee.
	Incorporated by reference to Exhibit 4.1 to Registrant's Current Report on Form 8-K dated December 9, 2016. (See SEC File Number 001-37817).
4.1(b)	First Supplemental Indenture, dated as of January 9, 2018, among Conduent Finance, Inc., Xerox Business Services, LLC, the Guarantors named therein and U.S. Bank National Association, as trustee.
	Incorporated by reference to Exhibit 4.1(a) to the Registrant's Quarterly Report on Form 10-Q dated August 8, 2018. (See SEC File Number 001-37817).
4.1(c)	Second Supplemental Indenture, dated as of June 1, 2018, among Conduent Finance, Inc., Xerox Business Services, LLC, the Guarantors named therein and U.S. Bank National Association, as trustee.
	Incorporated by reference to Exhibit 4.1(b) to the Registrant's Quarterly Report on Form 10-Q dated August 8, 2018. (See SEC File Number 001-37817).
4.1(d)	Third Supplemental Indenture, dated as of June 1, 2018, among Conduent Finance, Inc., Xerox Business Services, LLC, the Guarantors named therein and U.S. Bank National Association, as trustee.
	Incorporated by reference to Exhibit 4.1(c) to the Registrant's Quarterly Report on Form 10-Q dated August 8, 2018. (See SEC File Number 001-37817).
4.1(e)	Fourth Supplemental Indenture, dated as of June 1, 2018, among Conduent Finance, Inc., Xerox Business Services, LLC, the Guarantors named therein and U.S. Bank National Association, as trustee.
	Incorporated by reference to Exhibit 4.1(d) to the Registrant's Quarterly Report on Form 10-Q dated August 8, 2018. (See SEC File Number 001-37817).
4.1(f)	Fifth Supplemental Indenture, dated as of July 12, 2018, among Conduent Finance, Inc., Xerox Business Services, LLC, the Guarantors named therein and U.S. Bank National Association, as trustee.
	Incorporated by reference to Exhibit 4.1 to Registrant's Current Report on Form 8-K dated July 12, 2018. (See SEC File Number 001-37817).
4.2	4.2 Description of Securities.
10.1(a)	Credit Agreement, dated as of December 7, 2016, among Conduent Incorporated, Xerox Business Services, LLC, Affiliated Computer Services International B.V., Conduent Finance, Inc., the Lenders from time to time party thereto and JPMorgan Chase Bank, N.A., as Administrative Agent.
	Incorporated by reference to Exhibit 10.1 to Registrant's Current Report on Form 8-K dated December 9, 2016. (See SEC File Number 001-37817).
10.1(b)	Amendment No. 1 to Credit Agreement, dated as of April 1, 2017, among Conduent Incorporated, Conduent Business Services, LLC (f/k/a Xerox Business Services, LLC), Affiliated Computer Services International B.V., Conduent Finance, Inc., the Lenders from time to time party thereto and JPMorgan Chase Bank, N.A. as Administrative Agent.

	Incorporated by reference to Exhibit 10.1 to Registrant's Current Report on Form 8-K dated April 11, 2017. (See SEC File Number 001-37817).
10.1(c)	Amendment No. 2 to Credit Agreement, dated as of October 10, 2017, among Conduent Incorporated, Conduent Business Services, LLC (f/k/a Xerox Business Services, LLC), Affiliated Computer Services International B.V., Conduent Finance, Inc., the Lenders from time to time party thereto and JPMorgan Chase Bank, N.A. as Administrative Agent.
	Incorporated by reference to Exhibit 10.1 to Registrant's Current Report on Form 8-K dated October 10, 2017. (See SEC File Number 001-37817).
10.1(d)	Amendment No. 3 to Credit Agreement, dated as of June 28, 2018, among Conduent Incorporated, Conduent Business Services, LLC (f/k/a Xerox Business Services, LLC), Affiliated Computer Services International B.V., Conduent Finance, Inc., the Lenders from time to time party thereto and JPMorgan Chase Bank, N.A. as Administrative Agent.
	Incorporated by reference to Exhibit 10.1 to Registrant's Current Report on Form 8-K dated June 28, 2018. (See SEC File Number 001-37817).
10.1(e)	First Incremental Agreement, dated as of January 3, 2017, among JPMorgan Chase Bank, N.A., as Administrative Agent and Xerox Business Services, LLC.
	Incorporated by reference to Exhibit 10.1(b) to the Registrant's Annual Report on Form 10-K dated March 10, 2017, (See SEC File Number 001-37817).
10.3(a)	Tax Matters Agreement, dated as of December 30, 2016, by and between Xerox Corporation and Conduent Incorporated.
	Incorporated by reference to Exhibit 10.2 to Registrant's Current Report on Form 8-K dated January 3, 2017. (See SEC File Number 001-37817).
10.3(b)	Employee Matters Agreement, dated as of December 30, 2016, by and between Xerox Corporation and Conduent Incorporated.
	Incorporated by reference to Exhibit 10.3 to Registrant's Current Report on Form 8-K dated January 3, 2017. (See SEC File Number 001-37817).
10.3(c)	Intellectual Property Agreement, dated as of December 30, 2016, by and between Xerox Corporation and Conduent Incorporated.
	Incorporated by reference to Exhibit 10.4 to Registrant's Current Report on Form 8-K dated January 3, 2017. (See SEC File Number 001-37817).
10.4(a)	Joinder Agreement to Agreement, dated December 31, 2016, among Conduent Incorporated, Xerox Corporation, Icahn Partners Master Fund LP, Icahn Partners LP, Icahn Onshore LP, Icahn Offshore LP, Icahn Capital LP, IPH GP LLC, Icahn Enterprises Holdings L.P., Icahn Enterprises G.P. Inc., Beckton Corp., High River Limited Partnership, Hopper Investments LLC, Barberry Corp., Jonathan Christodoro and Carl C. Icahn.
	Incorporated by reference to Exhibit 10.6 to Registrant's Current Report on Form 8-K dated January 3, 2017. (See SEC File Number 001-37817).
10.4(b)	Agreement, dated January 28, 2016, among Xerox Corporation, Icahn Partners Master Fund LP, Icahn Partners LP, Icahn Onshore LP, Icahn Offshore LP, Icahn Capital LP, IPH GP LLC, Icahn Enterprises Holdings L.P., Icahn Enterprises G.P. Inc., Beckton Corp., High River Limited Partnership, Hopper Investments LLC, Barberry Corp., Jonathan Christodoro and Carl C. Icahn.
	Incorporated by reference to Exhibit 10.6 to Registrant's Amendment No. 1 to Form 10 dated August 15, 2016. (See SEC File Number 001-37817).
10.5(a)	Exchange Agreement dated October 27, 2016 by and among Darwin A. Deason, Conduent Incorporated and Xerox Corporation.
	Incorporated by reference to Exhibit 10.14 to Registrant's Amendment No. 5 to Form 10 dated October 28, 2016. (See SEC File Number 001-37817).
10.5(b)	Shareholders Agreement dated December 18, 2018 by and between Darwin Deason and Conduent Incorporated.
	Incorporated by reference to Exhibit 10.1 to Registrant's Current Report on Form 8-K dated December 18, 2018. (See SEC File Number 001-37817).
The management contracts or compensatory plans or arrangements listed below that are applicable to the executive officers named in the Summary Compensation Table which will appear in the Registrant's 2020 Proxy Statement or to our directors are preceded by an asterisk (*).	
*10.6(a)(i)	Registrant's Performance Incentive Plan dated as of December 15, 2016 ("PIP").
	Incorporated by reference to Exhibit 4.3 to Registrant's Registration Statement No. 333-215361 dated December 29, 2016. (See SEC File Number 001-37817).

*10.6(a)(ii)	Form of Restricted Stock Unit Award Agreement 2018 under the PIP, dated as of October 1, 2017.
	Incorporated by reference to Exhibit 10.6(a)(vii) to the Registrant's Quarterly Report on Form 10-Q dated May 9, 2018. (See SEC File Number 001-37817).
*10.6(a)(iii)	Form of Performance Stock Unit Award Agreement 2018 under the PIP, dated as of October 1, 2017.
	Incorporated by reference to Exhibit 10.6(a)(viii) to the Registrant's Quarterly Report on Form 10-Q dated May 9, 2018. (See SEC File Number 001-37817).
*10.6(a)(iv)	Form of Restricted Stock Unit Award Agreement 2019 under the PIP.
	Incorporated by reference to Exhibit 10.6(a)(ix) to the Registrant's Annual Report on Form 10-K dated February 28, 2019. (See SEC File Number 001-37817).
*10.6(a)(v)	Form of Performance Stock Unit Award Agreement 2019 under the PIP.
	Incorporated by reference to Exhibit 10.6(a)(x) to the Registrant's Annual Report on Form 10-K dated February 28, 2019. (See SEC File Number 001-37817).
*10.6(b)(i)	Registrant's Equity Compensation Plan for Non-Employee Directors dated as of December 15, 2016 ("ECPNED").
	Incorporated by reference to Exhibit 4.4 to Registrant's Registration Statement No. 333-215361 dated December 29, 2016. (See SEC File Number 001-37817).
*10.6(b)(ii)	Form of Agreement under the ECPNED.
	Incorporated by reference to Exhibit 10.6(b)(ii) to the Registrant's Annual Report on From 10-K dated March 10, 2017. (See SEC File Number 001-37817).
*10.6.(c)	Registrant's Executive Change in Control Severance Plan dated as of April 25, 2017.
	Incorporated by reference to Exhibit 10.1 to the Registrant's Current Report on Form 8-K dated August 28, 2017. (See SEC File Number 001-37817).
*10.6(d)	Letter Agreement dated June 10, 2016 between Xerox Corporation and Ashok Vemuri regarding compensation arrangements.
	Incorporated by reference to Exhibit 99.2 to Xerox Corporation's Current Report on Form 8-K dated June 14, 2016. (See SEC File Number 001-04471).
*10.6(d)(i)	Separation Agreement dated June 4, 2019 between Conduent Incorporated and Ashok Vemuri
	Incorporated by reference to Exhibit 10.1 to the Registrant's Current Report on Form 8-K dated June 4, 2019. (See SEC File Number 001-37817).
*10.6(e)	Letter Agreement dated May 21, 2019 between Conduent Incorporated and Clifford Skelton regarding compensation arrangements.
	Incorporated by reference to Exhibit 10.6(h) to the Registrant's Current Report on Form 8-K dated May 28, 2019. (See SEC File Number 001-37817).
*10.6(e)(i)	Letter Agreement dated August 6, 2019 between Conduent Incorporated and Clifford Skelton regarding compensation arrangements.
	Incorporated by reference to Exhibit 10.6(j) to the Registrant's Current Report on Form 8-K dated August 7, 2019. (See SEC File Number 001-37817).
*10.6(e)(ii)	Letter Agreement dated February 25, 2020 between Conduent Incorporated and Clifford Skelton regarding compensation arrangements.
*10.6(f)	Letter Agreement dated July 22, 2016 between Xerox Corporation and J. Michael Peffer regarding compensation arrangements.
	Incorporated by reference to Exhibit 10.12 to Registrant's Amendment No. 4 to Form 10 dated October 21, 2016. (See SEC File Number 001-37817).
*10.6(f)(i)	Separation Agreement dated November 5, 2019 between Conduent Incorporated and J. Michael Peffer.
*10.6(g)	Letter Agreement dated September 6, 2016 between Xerox Corporation and Brian Webb-Walsh regarding compensation arrangements.
	Incorporated by reference to Exhibit 10.13 to Registrant's Amendment No. 4 to Form 10 dated October 21, 2016. (See SEC File Number 001-37817).
*10.6(h)	Letter Agreement dated May 15, 2019 between Conduent Incorporated and Mark S. Brewer.
*10.6(i)	Letter Agreement dated November 5, 2019 between Conduent Incorporated and Michael Krawitz.

*10.6(j)	Separation Agreement dated January 13, 2020 between Conduent Incorporated and Jeffrey Friedel.
21.1	List of subsidiaries of Registrant.
23	Consent of PricewaterhouseCoopers LLP.
31(a)	Certification of CEO pursuant to Rule 13a-14(a) or Rule 15d-14(a).
31(b)	Certification of CFO pursuant to Rule 13a-14(a) or Rule 15d-14(a).
32	Certification of CEO and CFO pursuant to 18 U.S.C. §1350 as adopted pursuant to §906 of the Sarbanes-Oxley Act of 2002.
101.INS	Inline XBRL Instance Document - the instance document does not appear in the Interactive Data File because its XBRL tags are embedded within the Inline XBRL document.
101.CAL	Inline XBRL Taxonomy Extension Calculation Linkbase.
101.DEF	Inline XBRL Taxonomy Extension Definition Linkbase.
101.LAB	Inline XBRL Taxonomy Extension Label Linkbase.
101.PRE	Inline XBRL Taxonomy Extension Presentation Linkbase.
101.SCH	Inline XBRL Taxonomy Extension Schema Linkbase.
104	Cover Page Interactive Data File (formatted as Inline XBRL and contained in Exhibit 101).

Pursuant to the requirements of Section 13 or 15(d) of the Securities Exchange Act of 1934, the registrant has duly caused this report to be signed on its behalf by the undersigned, thereunto duly authorized.

CONDUENT INCORPORATED

/s/ CLIFFORD SKELTON
Clifford Skelton
Chief Executive Officer

February 26, 2020

Pursuant to the requirements of the Securities Exchange Act of 1934, this report has been signed below by the following persons on behalf of the registrant and in the capacities and on the date indicated.

February 26, 2020

Signature	Title
Principal Executive Officer:	
/S/ CLIFFORD SKELTON **Clifford Skelton**	Chief Executive Officer and Director
Principal Financial Officer:	
/S/ BRIAN WEBB-WALSH **Brian Webb-Walsh**	Executive Vice President and Chief Financial Officer
Principal Accounting Officer:	
/S/ MARIO A. POMPEO **Mario A. Pompeo**	Vice President and Chief Accounting Officer
/S/ NICHOLAS GRAZIANO **Nicholas Graziano**	Director
/S/ KATHY H. VICTOR **Kathy H. Victor**	Director
/s/ SCOTT LETIER **Scott Letier**	Director
/S/ COURTNEY R. MATHER **Courtney R. Mather**	Director and Chairman of the Board
/S/ JESSE LYNN **Jesse Lynn**	Director
/S/ MICHAEL A. NUTTER **Michael A. Nutter**	Director
/S/ MARGARITA PALÁU-HERNÁNDEZ **Margarita Paláu-Hernández**	Director
/S/ VIRGINIA M. WILSON **Virginia M. Wilson**	Director

DESCRIPTION OF SECURITIES

References to "we" or "our" herein are, unless the context otherwise indicates, only to Conduent Incorporated.

Description of Capital Stock

The following is a summary of information concerning our capital stock. The summaries and descriptions below do not purport to be complete statements of the relevant provisions of our Restated Certificate of Incorporation and our Amended and Restated By-Laws, and are entirely qualified by these documents.

Authorized Capital Stock

Our authorized capital stock consists of 1,000,000,000 shares of common stock, par value $0.01 per share, and 100,000,000 shares of preferred stock, par value $0.01 per share.

Common Stock

Dividends

Holders of shares of our common stock are entitled to receive dividends when, as and if declared by our Board of Directors (the "Board") at its discretion out of funds legally available for that purpose, subject to the preferential rights of any preferred stock that may be outstanding. The timing, declaration, amount and payment of future dividends will depend on our financial condition, earnings, capital requirements and debt service obligations, as well as legal requirements, regulatory constraints, industry practice and other factors that our Board deems relevant.

Voting Rights

The holders of our common stock are entitled to one vote for each share held of record on all matters submitted to a vote of the shareholders.

Fully Paid

The issued and outstanding shares of our common stock are fully paid and non-assessable. Any additional shares of common stock that we may issue in the future will also be fully paid and non-assessable.

Liquidation Rights

Subject to the preferential liquidation rights of any preferred stock that may be outstanding, upon our liquidation, dissolution or winding-up, the holders of our common stock will be entitled to share ratably in our assets legally available for distribution to our shareholders.

Preemptive Rights

The holders of our common stock do not have preemptive rights or preferential rights to subscribe for shares of our capital stock.

Transfer Agent and Registrar

Computershare Trust Company, N.A. is the transfer agent and registrar for our common stock.

Listing

Our common stock is traded on the Nasdaq Global Select Market under the trading symbol, “CNDT.”

Preferred Stock

Our Restated Certificate of Incorporation authorizes our Board to designate and issue from time to time one or more series of preferred stock without shareholder approval. Our Board may fix and determine the designation, relative rights, preferences and limitations of the shares of each such series of preferred stock.

Series A Convertible Perpetual Preferred Stock

The following is a summary of the terms of our Series A Convertible Perpetual Preferred Stock (“Series A Preferred Stock”). This summary is not meant to be complete and is qualified by the description of the Series A Preferred Stock in our Restated Certificate of Incorporation, which establishes the designation, relative rights, preferences and limitations relating to the Series A Preferred Stock. You are urged to read the Restated Certificate of Incorporation carefully in its entirety.

Shares Issued

In connection with our December 31, 2016 spin-off from Xerox Corporation, we issued 120,000 shares of Series A Preferred Stock with an aggregate liquidation preference of $120,000,000 and an initial fair value of $142,000,000.

Dividends

Cash dividends are payable quarterly on the Series A Preferred Stock when, as and if declared by our Board, out of any funds legally available for the payment of dividends, on a cumulative basis, at a rate per year equal to 8.0% of the liquidation preference.

If we do not pay dividends in full on any dividend payment date, cash dividends will be payable, on a cumulative basis, at a rate per year equal to 8.0% of the sum of the liquidation preference and the amount of accrued and unpaid dividends as of the most recent dividend payment date, and the shares of the Series A Preferred Stock will share ratably in the payment of dividends in accordance with the sums that would be payable on those shares if all dividends were declared and paid in full. In addition, if we do not pay dividends in full on any dividend payment date, our ability to declare or pay dividends on or redeem, purchase or otherwise acquire our common stock or any preferred stock ranking on a parity with or junior to the Series A Preferred Stock, will be subject to certain restrictions. In accordance with our Restated Certificate of Incorporation, the holders of Series A Preferred Stock will also have the right to appoint two members of our Board if six full quarterly dividend periods (whether or not consecutive) are in arrears. The right of the holders of Series A Preferred Stock to appoint two members of our Board will cease when all arrearages in dividends have been paid and dividends for the current quarterly dividend period have been paid.

Conversion

Each share of Series A Preferred Stock may be converted at any time, at the option of the holder, into 44.9438 shares of our common stock, subject to customary anti-dilution adjustments. In addition, the holder has the right to convert, under certain circumstances, each share of Series A Preferred Stock into shares of our common stock at an increased conversion rate. We have the right, at our option, to cause any or all of the Series A Preferred Stock to be converted into shares of our common stock at the then applicable conversion rate if the closing price of the common stock exceeds a certain threshold for 20 trading days over a 30-day trading day period, as specified in our Restated Certificate of Incorporation.

Redemption

Upon the occurrence of certain fundamental change events, the holders of Series A Preferred Stock have the right to require us to redeem any or all of the Series A Preferred Stock in cash at a redemption price per share equal to the liquidation preference and any accrued and unpaid dividends to, but not including, the redemption date.

At any time on or following the fifth anniversary of a transfer by the holders of Series A Preferred Stock to a person other than a permitted transferee, we have the option to redeem any or all of such transferred shares of Series A Preferred Stock in cash at a redemption price per share equal to the fair market value of such redeemed shares and any accrued and unpaid dividends to, but not including, the redemption date.

Liquidation

In the event we voluntarily or involuntarily liquidate, dissolve or wind up our affairs, the holders of Series A Preferred Stock will be entitled to receive the liquidation preference per share plus an amount equal to accrued and unpaid dividends, if any, before any distribution to the holders of our common stock. If the amounts payable with respect to Series A Preferred Stock are not paid in full, the holders of Series A Preferred Stock will share ratably in any distribution of assets based upon the aggregate liquidation preference for all outstanding shares for each series. After the holders of shares of Series A Preferred Stock are paid in full, they will have no right or claim to any of our remaining assets.

Voting Rights

Except as may be required by applicable law and as described below, the consent of the holders of at least two-thirds of the shares of Series A Preferred Stock at the time outstanding, voting separately as a class, is necessary to permit, effect or validate:

- the authorization of, or any increase in the authorized amount of, any class of stock ranking prior to the Series A Preferred Stock;
- the amendment, alteration or repeal of any of the provisions of our Restated Certificate of Incorporation or Amended and Restated By-laws (whether, directly or indirectly, by merger, consolidation or otherwise) which would affect adversely any right, preference, privilege or voting power of the Series A Preferred Stock or of the holders thereof; and
- our voluntary liquidation, dissolution or winding up, or the sale, lease or conveyance (other than by mortgage) of all or substantially all of our property or business, or our consolidation, merger or other business combination with or into any other person, except any such sale, lease or conveyance (other than by mortgage) of all or substantially all of our property or business or consolidation or merger or other business combination wherein none of the rights, preferences, privileges or voting powers of the Series A Preferred Stock or the holders thereof are adversely affected.

The holders of Series A Preferred Stock have no voting rights with respect to our consolidation, merger or other business combination with or into any other person, or sale, lease or conveyance (other than by mortgage) of all or substantially all of our property or business, if:

- to the extent we are not the surviving person in such transaction, the holders of Series A Preferred Stock will receive the stock of the entity surviving such transaction or to whom all or substantially all of our property or business is sold, leased or conveyed, as the case may be, and such stock shall have voting powers, preferences and relative, participating, optional or other special rights as nearly equal as possible to those provided in our Restated Certificate of Incorporation; and
- upon conversion of the Series A Preferred Stock or the stock of the person surviving such transaction or to whom all or substantially all of our property or business is sold, leased or conveyed, as the case

may be, issued in accordance with such event, the holders of Series A Preferred Stock will receive certain securities, cash or other property in connection with such reorganization event.

Certain Provisions of Our Restated Certificate of Incorporation, Amended and Restated By-Laws and New York Law

Restated Certificate of Incorporation and Amended and Restated By-Laws

Certain provisions in our Restated Certificate of Incorporation and our Amended and Restated By-Laws summarized below may be deemed to have an anti-takeover effect and may delay, deter or prevent a tender offer or takeover attempt that a shareholder might consider to be in its best interests, including attempts that might result in a premium being paid over the market price for the shares held by shareholders. These provisions are intended to enhance the likelihood of continuity and stability in the composition of our Board and in the policies formulated by our Board and to discourage certain types of transactions that may involve an actual or threatened change of control.

Blank Check Preferred Stock

Our Restated Certificate of Incorporation authorizes our Board to designate and issue, without any further vote or action by the shareholders, shares of preferred stock at any time or from time to time in one or more series and, with respect to each such series, to establish the number of shares to be included in each such series, and to fix the designation, relative rights, preferences and limitations of the shares of each such series, including, but not limited to, the voting rights (if any) of the series and any other relative rights, preferences and limitations of that series. The ability to issue such preferred stock could discourage potential acquisition proposals and could delay or prevent a change in control.

Special Meetings of Shareholders

Our Amended and Restated By-Laws provides that each of the Chairman of the Board, the Board or the Secretary, at the request of the holders of record of not less than 20% of the outstanding shares of our common stock, is able to call a special meeting of shareholders. No shareholder is permitted to propose the removal of directors or the election of directors at a shareholder-called special meetings, other than a single shareholder, or "group" of shareholders who have filed as such under Section 13(d) of the Exchange Act with respect to their ownership of our common stock, that owns at least a majority of our outstanding common stock. For a shareholder to call a special meeting, the shareholder(s) must comply with the requirements set forth in our Amended and Restated By-Laws, including giving notice to our Secretary, which notice must include the information described in "Requirements for Advance Notification of Shareholder Nomination and Proposals" below.

Requirements for Advance Notification of Shareholder Nominations and Proposals

Under our Amended and Restated By-Laws, shareholders of record may nominate persons for election to our Board or bring other business constituting a proper matter for shareholder action only by providing proper notice to our Secretary. Proper notice must be timely; for annual meetings of shareholders, notice must generally be given not less than 120 days nor more than 150 days prior to the first anniversary of the date our proxy statement was released to shareholders in connection with the previous year's annual meeting, and for special meetings of shareholders, notice must generally be given not less than 120 days nor more than 150 days prior to the date of the special meeting. Proper notice must include, among other information, the name and address of the shareholder giving the notice and any material interest the shareholder has in the business desired to be brought before the meeting, certain information relating to each person whom such shareholder proposes to nominate for election as a director, a brief description of any other business (including the text of any resolutions proposed for consideration, and in the event that such business includes a proposal to amend the Amended and Restated By-Laws, the text of the proposed amendment) and the reason for conducting such business at the meeting, the name of each person with whom the shareholder is acting in concert and any other information requested in our Amended and Restated By-Laws, including any update or supplement described therein.

Filling Vacancies; Removal of Directors

Our Restated Certificate of Incorporation and Amended and Restated By-Laws provide that any Board vacancy, including a vacancy resulting from an increase in the number of directors, may be filled solely by the affirmative vote of a majority of the directors then in office, even if less than a quorum of the Board exists. Additionally, our Restated Certificate of Incorporation and our Amended and Restated By-Laws provide that no director of our Board may be removed from office without cause. These provisions make it more difficult for shareholders to take an action opposed by our Board.

New York Anti-Takeover Statute

Section 912 of the New York Business Corporation Law generally provides that a New York corporation may not engage in a business combination with an interested shareholder for a period of five years following the interested shareholder's stock acquisition date. Such a business combination would be permitted where it is approved by the board of directors before the interested shareholder's stock acquisition date, or within 30 days thereafter, if a good faith proposal regarding a business combination is made in writing.

Covered business combinations include certain mergers and consolidations, dispositions of assets or stock, plans for liquidation or dissolution, reclassifications of securities, recapitalizations and similar transactions. An interested shareholder is generally a shareholder owning at least 20% of a corporation's outstanding voting stock.

In addition, New York corporations may not engage at any time with any interested shareholder in a business combination other than: (i) a business combination approved by the board of directors before the stock acquisition, or where the acquisition of the stock had been approved by the board of directors before the stock acquisition; (ii) a business combination approved by the affirmative vote of the holders of a majority of the outstanding voting stock not beneficially owned by the interested shareholder at a meeting for that purpose no earlier than five years after the stock acquisition; or (iii) a business combination in which the interested shareholder pays a formula price designed to ensure that all other shareholders receive at least the highest price per share that is paid by the interested shareholder and that meets certain other requirements. Pursuant to Section 912(d) of the New York Business Corporation Law, we have elected to opt out of these provisions, and the restrictions described above do not apply to any business combination involving us.

Limitation on Liability of Directors and Indemnification of Directors and Officers

Our Amended and Restated By-Laws provide that except to the extent expressly prohibited by law, we will indemnify any person, made or threatened to be made, a party in any civil or criminal action or proceeding, including an action or proceeding by or in our right to procure a judgment in its favor or by or in the right of any other corporation of any type or kind, domestic or foreign, or any partnership, joint venture, trust, employee benefit plan or other enterprise, which any of our directors or officers served in any capacity at our request, by reason of the fact that he or she, his or her testator or intestate is or was our director or officer of our company or serves or served such other corporation, partnership, joint venture, trust, employee benefit plan or other enterprise, in any capacity, against judgments, fines, penalties, amounts paid in settlement and reasonable expenses, including attorneys' fees, incurred in connection with such action or proceeding, or any appeal therein; *provided* that no such indemnification shall be required with respect to any settlement unless we shall have given its prior approval thereto. Such indemnification shall include the right to be paid advances of any expenses incurred by such person in connection with such action, suit or proceeding, consistent with the provisions of applicable law. In addition to the foregoing, we are authorized to extend rights to indemnification and advancement of expenses to such persons by (i) resolution of the shareholders, (ii) resolution of the directors or (iii) an agreement, to the extent not expressly prohibited by law.

Under Section 722 of the New York Business Corporation Law, a corporation may indemnify its directors and officers made, or threatened to be made, a party to any action or proceeding, except for shareholder derivative suits, if the director or officer acted in good faith, for a purpose that he or she reasonably believed to be in or, in the case of service to another corporation or enterprise, not opposed to the best interests of the corporation, and, in addition, in criminal proceedings had no reasonable cause to believe his or her conduct was unlawful. In the case of shareholder derivative suits, the corporation may indemnify a director or officer if he or she acted in good faith for a

purpose that he or she reasonably believed to be in or, in the case of service to another corporation or enterprise, not opposed to the best interests of the corporation, except that no indemnification may be made in respect of (i) a threatened action, or a pending action that is settled or otherwise disposed of, or (ii) any claim, issue or matter as to which such individual has been adjudged to be liable to the corporation, unless and only to the extent that the court in which the action was brought, or, if no action was brought, any court of competent jurisdiction, determines, upon application, that, in view of all the circumstances of the case, the individual is fairly and reasonably entitled to indemnity for the portion of the settlement amount and expenses as the court deems proper.

Any individual who has been successful on the merits or otherwise in the defense of a civil or criminal action or proceeding will be entitled to indemnification. Except as provided in the preceding sentence, unless ordered by a court pursuant to Section 724 of the New York Business Corporation Law, any indemnification under the New York Business Corporation Law as described in the immediately preceding paragraph may be made only if, pursuant to Section 723 of the New York Business Corporation Law, indemnification is authorized in the specific case and after a finding that the director or officer met the requisite standard of conduct by the disinterested directors if a quorum is available, or, if the quorum so directs or is unavailable, (i) the board of directors upon the written opinion of independent legal counsel or (ii) the shareholders.

The indemnification rights provided in our Amended and Restated By-Laws are not exclusive of any other right to which persons seeking indemnification may otherwise be entitled.

As permitted by New York law, our Amended and Restated By-Laws authorize us to purchase and maintain insurance to protect any director, officer, employee or agent against claims and liabilities that such persons may incur in such capacities.

Exclusive Forum

Our Restated Certificate of Incorporation provides that unless we consent in writing to the selection of an alternative forum, any state or federal court located in New York County in the State of New York will be the sole and exclusive forum for (i) any derivative action or proceeding purportedly brought on behalf of us, (ii) any action or proceeding asserting a claim of breach of a fiduciary duty owed by any of our current or former directors, officers or other employees or shareholders to us or our shareholders, (iii) any action or proceeding asserting a claim arising pursuant to any provision of the Business Corporation Law of the State of New York or our Restated Certificate of Incorporation or Amended and Restated By-Laws (with respect to each, as may be amended from time to time), or (iv) any action or proceeding asserting a claim otherwise governed by the internal affairs doctrine.

Certain Provisions of the Icahn Agreement

We are party to an Agreement, dated January 28, 2016, with Xerox Corporation and the Icahn Group (the “Icahn Agreement”). Among other things, the Icahn Agreement provides that (i) our Board will be annually elected; (ii) any “shareholder rights plan” adopted by our Board not ratified by shareholders within 135 days of its taking effect, will automatically expire; (iii) our shareholders have the ability to call special meetings on the terms to be set forth in our governing documents at the request of holders of 20% of the outstanding shares of our common stock who meet certain requirements with respect to advance notice, required disclosures and permitted matters and other matters (except that business at such shareholder-called meetings will generally not include the removal or election of directors); (iv) except as required by law, our governing documents do not impose minimum voting requirements greater than a majority of the outstanding shares of our common stock; (v) we elect not to be governed by Section 912 of the New York Business Corporation Law; (vi) we do not adopt or approve change-of-control provisions in plans benefiting or agreements with directors, officers or employees (including equity plans and change-of-control severance agreements) with ownership triggers below 50%; (vii) we abide by certain procedures, specified in the Icahn Agreement, concerning diligence requests from certain over-bidders; and (viii) we are incorporated under the laws of the State of New York. Our obligations with respect to the matters in clauses (iii) through (viii) of the immediately preceding sentence will only remain in place so long as the “Icahn Group” (those parties listed on Schedule A to the Icahn Agreement) has beneficial ownership of at least 4.9% of our outstanding “Voting Securities” (as such term is defined in the Icahn Agreement).

February 25, 2020
Mr. Clifford Skelton
c/o Conduent
100 Campus Drive, Suite 200
Florham Park, NJ 07932

Dear Cliff:

I am pleased to present to you modified terms to your compensation.

Reference is made to the offer letter, dated May 21, 2019, between Conduent Incorporated ("Conduent") and you (the "Offer Letter"), to the promotion letter, dated August 6, 2019, between Conduent and you (the "Promotion Letter"). This letter modifies certain terms of the Offer Letter and Promotion Letter as follows:

1. The following sections of the Offer Letter will be replaced in their entirety, effective as of the date hereof:

Annual Base Salary
Your revised base salary for this position will be paid in accordance with Conduent's ordinary payroll practices for executives, at the annualized rate of $750,000.

Annual Performance Incentive Plan
You will be eligible to participate in the Annual Performance Incentive Plan (APIP) at an annual target level of 125% of base salary ("Target") with a potential payout range of zero to 200% of your Target. Unless specifically noted in the plan document or required by law, only those participants actively employed with Conduent on the date individual bonuses are paid will be eligible to receive a bonus. Details of this plan are contained in the APIP documentation which will be provided separately.

Long-Term Incentive Plan

You will be eligible to participate in Conduent's Long Term Incentive Program ("LTIP"), as may be amended from time to time. Grants are typically made in April and, in accordance with the Conduent Incorporated Performance Incentive Plan (or any successor plan that is operative at the time), are subject to the terms and conditions approved by the Compensation Committee and set forth in individual award agreements each year.

Your LTIP target annual award, subject to annual approval by the Compensation Committee, shall be $3,000,000. Participation, eligibility requirements, and the form of equity or other incentive instrument, are reviewed annually and subject to change.

2. The Promotion Letter is modified, effective as of the date hereof, (A) to strike the following words: "on an interim basis until the Board of Directors (the "Board")

February 25, 2020
Clifford Skelton

designates a permanent CEO" from the second paragraph thereof, and (B) to strike paragraphs 3 and 4 thereof.

Except for those sections of the Offer Letter and Promotion Letter specifically modified hereby, the provisions of each shall continue to apply and are not modified by this letter.

Sincerely,

Conduent Inc.

I agree to and accept this change:

/S/ Clifford Skelton	February 25, 2020
Clifford Skelton	Date

SEPARATION AGREEMENT AND GENERAL RELEASE

This Separation Agreement and General Release (this "Agreement")is entered into by and among Conduent Business Services, LLC, its parent, subsidiaries, subdivisions and affiliates, (collectively, "Conduent" or "Company"), and J. Michael Peffer ("Employee").

Introduction. The Company and Employee have agreed on the terms of the separation of Employee's employment with the Company including payment of salary and benefits as described below through June 30, 2020 ("Salary and Benefits Continuation End Date"). Employee's last day of active employment (" Last Day of Active Employment") is December 31, 2019 and on such date he shall be deemed (with further action by the parties) to have resigned from all offices, titles, positions and appointments of the Company. It is agreed and understood between the parties that Employee will no longer report to work or be required to perform any of his regular job duties and responsibilities after November 18, 2019 ("Notice Date"), provided however, Employee will make himself available during normal business hours through December 31, 2019 to address questions, provide guidance on pending matters and take such other actions as may be reasonably necessary to help ensure a smooth transition. In consideration of the mutual promises contained in this Agreement, the Company and Employee agree as follows:

1. **Pay and Salary Continuation.** Employee will be paid his same bi-weekly salary rate after his Notice Date through and including his Last Day of Active Employment. Employee will receive salary continuation commencing on January 1, 2020 at the same bi weekly salary rate and continuing through and including his Salary and Benefit Continuation End Date. The Company shall withhold from such payments all applicable payroll taxes and other authorized deductions. The payments to be made under this Agreement shall be deemed to be wages in lieu of notice during the applicable benefit year in the event that the Employee files a claim for unemployment benefits. Employee understands that the Company will not make any payments until all Company property in the Employee's possession or control is returned to the Company.

2. **Benefits Continuation.** Employee will receive the same level of benefits in effect as of his Notice Date through his Last Day of Active Employment and will continue to make the same level of any employee contributions towards such benefits through his Last Day of Active Employment. Employee will only receive health and welfare benefits at employee rates, subject to and conditioned upon Employee' s payment of the applicable employee premium contributions set for 2020, through and including his Salary and Benefits Continuation End Date **OTHER THAN:** Short-term Disability, Long-term Disability, and 401(k) Savings Plan. Employee agrees and acknowledges that after his Notice Date, he will no longer be eligible for any benefits under the Conduent Change in Control Severance Plan (CIC) and in the event of any conflict between this Agreement and the CIC, this Agreement shall control. Employee further agrees and acknowledges that after his Last Day of Active Employment, he will no longer be eligible for any executive perquisites.

3. **Equity and 2019 Bonus.** The vesting of Employee's equity awards (including restricted stock units and performance share awards) shall be determined in accordance with the terms and conditions of the applicable equity plan documents. In the event of a conflict or discrepancy between this Agreement and any equity plan document, the applicable equity plan document shall control. Employee understands and acknowledges that the vesting of his equity awards is contingent upon Employee's execution and non revocation of this Agreement containing a full release of all claims. Employee and Company agree that the reason for Employee' s separation is not for Cause (as defined in the applicable equity plan documents) and that Employee will not vest in any awards while receiving salary and benefits continuation. Notwithstanding any provision to the contrary in the 2019 Annual Performance Incentive Plan, Employee agrees and acknowledges that he will not be eligible to receive any bonus for 2019.

4. **Confidentiality.** Employee shall keep confidential all confidential or proprietary information known to his concerning any matters affecting or relating to the business, operations, and financial affairs of the Company which are of a special or unique nature, regardless of whether any such information is labeled or otherwise treated as confidential, material, or important. Unless the Company files this Agreement as a matter of public record with the Securities Exchange Commission, the contents of this Agreement shall not be disclosed, released or communicated by Employee to any person, other than Employee's spouse, tax advisor or legal counsel, and to the extent necessary to enforce any of the terms of this Agreement.

5. **Release and Covenant Not to Sue.** As a material inducement to the Company to enter into this Agreement, Employee hereby irrevocably and unconditionally releases, acquits and forever discharges and covenants not to sue the Company and each of the Company's owners, stockholders, predecessors, successors, assigns, agents, directors, officers, employees, representatives, attorneys, divisions, subsidiaries, affiliates (and agents, directors, officers, employees, representatives and attorneys of such divisions, subsidiaries and affiliates) and all persons acting by, through, under or in concert with any of them (collectively "Releases"), or any of them, from any and all charges, complaints, claims, liabilities, obligations, promises, agreements, controversies, damages, actions, causes of action, suits, rights, demands, costs, losses, debts and expenses (including attorneys' fees and costs actually incurred) of any nature whatsoever, known or unknown ("Claim" or "Claims"), which Employee now has, owns, or holds or which Employee at any time previously had, owned or held against each of the Releases, including, but not limited to, (a) **all Claims of Age Discrimination under the Age Discrimination in Employment Act of 1967 or any similar state statute**; (b) all Claims under the Employee Retirement Income Security Act of 1974; (c) all employment or discrimination Claims under the statutes of the State of New Jersey or any other state; (d) all Claims of unlawful discrimination based on age, sex, race, religion, national origin, handicap, disability, equal pay or any other basis; (e) all Claims of wrongful discharge, retaliation, breach of any implied or express employment contract, negligent or intentional infliction of emotional distress, libel, defamation, breach of privacy, fraud, and breach of any implied covenant of good faith and fair dealing; and (f) all Claims related to Employee's employment with the Company, including but not limited to all Claims related to unpaid

wages, salary, overtime compensation, bonuses, commissions, severance pay, supplemental unemployment benefit pay, vacation pay, or other compensation or benefits arising out of Employee's employment with the Company. Employee covenants and agrees not to bring any judicial action or action under the Conduent Dispute Resolution Plan (the "Plan") against any of the Releases with respect to any such Claim or Claims and warrants that no such Claim or Claims have been filed. For the avoidance of doubt, the preceding two sentences shall be inapplicable to any claim for indemnification (including advancement of expenses) related to his service as an officer or director of the Company, arising at law or equity or the governing instruments (e.g., Articles of Incorporation or Bylaws) of the Company or arising under any policy of insurance maintained by the Company for the benefit of its directors and officers under which Employee is or may be an insured. By signing this Agreement, however, **Employee is not waiving any rights or claims arising after the date on which reporting possible violations of a federal or state law or regulation to any governmental agency or entity, or participating in any proceedings or investigations with the federal, state or local government agency or entity responsible for enforcing such laws. Employee is not required to notify the Company that he has made such reports or disclosures.**

6. **No Admission.** This Agreement shall not in any way be construed as an admission by the Company of any illegal act whatsoever against Employee or any other person, and the Company specifically disclaims any liability to Employee or any other person, on the part of itself, its employees, or its agents.

7. **No rehire.** Employee acknowledges and understands that for a period of six months following his Termination Date, he is not eligible to be rehired by the Company as an employee or retained as a contractor or consultant.

8. **Cooperation in Legal Matters.** Employee agrees that he will assist and cooperate with the Company in connection with: a) the defense or prosecution of any claim that was asserted against, or by, the Company while Employee was employed with Company; b) any ongoing or future investigation, or any dispute or claim of any kind involving the Company, including any proceeding before any arbitral, administrative, judicial, legislative, or other body or agency, the facts of which arose during Employee' s employment with Company; and c) any requests made by the Company related to Employee' s duties and work product while employed by the Company, including preparing for and testifying honestly in any proceeding to the extent that such claims, investigations or proceedings relate to services performed or required to be performed by Employee, pertinent knowledge possessed by Employee, or any act or omission by Employee. Employee understands that cooperation as described in this paragraph means voluntary participation in all stages of adversarial proceedings, investigations , and the like, and includes testifying where requested by Company. Employee further agrees to execute and deliver any documents that may be reasonably necessary to carry out the provisions of this Paragraph.

9. **Representations of Employee.** Employee represents and agrees (a) that he was advised by the Company in writing by this Agreement to consult with an attorney of his

choice prior to signing this Agreement; (b) that the Company has afforded Employee **no less than twenty-one (21) days** to consider whether to execute this Agreement, and during that time Employee has had this Agreement in his possession; (c) that Employee has taken full advantage of this 21-day consideration period or has purposely waived his right to do so; (d) that Employee has consulted or has had sufficient opportunity to discuss with any person, including an attorney of his choice, all provisions of this Agreement, that Employee has carefully read and understands it, that Employee is competent to execute this Agreement, and that Employee is entering into this Agreement knowingly and voluntarily without reliance upon any statement or representation of any person or parties released, or their representatives, concerning the nature and extent of the damages and/or legal liability therefore; (e) that Employee has not assigned or transferred, or proposed to assign or transfer, to any person or entity, any Claim or any portion thereof or interest therein; (f) that the compensation and/or benefits provided to Employee pursuant to this Agreement exceeds any compensation and/or benefits to which Employee may be entitled; and (g) that in executing this Agreement, Employee does not rely and has not relied upon any representation or statement made by any of the Releases or by any of the Releases' agents, representatives or attorneys with regard to the subject matter, basis or effect of this Agreement or otherwise. Employee shall indemnify and hold each and all of the Releases harmless from and against any and all loss, cost, damage, or expense, including, without limitation, attorneys' fees, incurred by Releases, or any of them, arising out of any breach of this Agreement by Employee or the fact that any representation made by Employee was false when made.

10. **Miscellaneous.** It is the parties' intention that all provisions of this Agreement be enforced to the fullest extent permitted by law. If, however, any provision of this Agreement is held to be illegal or unenforceable, such provision shall be severable and the remaining provisions of this Agreement shall remain in full force and effect. This Agreement shall be governed by and construed in accordance with the laws of the State of New Jersey. This Agreement contains the entire understanding and agreement between the Company and Employee with respect to the subject matter of this Agreement and supersedes all prior oral or written agreements between the parties with respect to that subject matter. However, this Agreement supplements, rather than supersedes, any of Employee's duties regarding non-competition, non-solicitation, confidentiality and trade secrets under law or contract. Any action regarding the enforceability of this Agreement or any other cause of action relating to or arising under this Agreement shall be subject to the Plan.

11. **Withdrawal of Offer.** Employee understands that if he has not signed this Agreement on or before the forty-fifth (45th) calendar date following the date on which Employee received this Agreement for review and consideration, it shall be automatically withdrawn by the Company without further notice or action by the Company, and this Agreement shall not be effective or enforceable.

12. **Revocation.** It is expressly agreed that for seven (7) days following execution of this Agreement by Employee, Employee may revoke this Agreement by contacting Nancy K. Jagielski in writing at nancy. jagielski@conduent.com or 1702 N. Collins Blvd, Suite

260, Richardson, Texas 75080. It is further expressly agreed by the parties that this Agreement shall not become effective or enforceable until the seven (7) day revocation period described above has expired, after which time this Agreement shall be deemed effective and enforceable.

PLEASE READ CAREFULLY THIS AGREEMENT INCLUDES A RELEASE OF ALL KNOWN AND UNKNOWN CLAIMS

/S/ J. MICHAEL PEFFER
J. Michael Peffer
November 5, 2019

May 15, 2019

Mr. Mark S. Brewer

Dear Mark:

I am pleased to offer you the position of Chief Operating Officer-Transportation,Conduent Inc. (“Conduent”), reporting to me. Your work location will be 12410 Milestone Center Drive, Germantown, MD. Your expected start date is June 10, 2019.

Annual Base Salary

Your starting base salary for this position will be paid bi-weekly, one week in arrears, at the annualized rate of $400,000.

Annual Performance Incentive Plan

You will be eligible to participate in the Conduent Transportation Annual Performance Incentive Plan ("APIP") at an annual target level of sixty 60% of your base salary with a potential payout range of zero to two hundred percent (200%) of your target. For the 2019 calendar year, any payout under the APIP will be prorated based on the length of your employment with Conduent during 2019 and based on business and individual performance, per plan rules.

Long-Term Incentive Plan

You will be eligible to participate in Conduent’s Long-Term Incentive Plan ("LTIP") with a target award of $350,000. For your 2019 award, the grant date is estimated to be on or about June 28, 2019. This award will be split evenly between Restricted Stock Units (RSU) and Performance Stock Units (PSU).

Cash Sign-On

You will also receive a cash sign-on award of $100,000, payable as follows:

- $50,000 payable as soon as practicable following your 30-day anniversary with Conduent, and
- $50,000 payable as soon as practicable following your six-month anniversary with Conduent.

You must be actively employed with Conduent on the dates these payments are made to be eligible to receive payment. If you voluntarily terminate your employment with Conduent or Conduent terminates your employment *for Cause* at any time in the twelve (12) calendar months following receipt of the initial award, you agree and understand that you will be required to pay the entire net amount of the sign-on award to Conduent at the time of your separation.

Benefits

We are pleased to offer you a comprehensive benefits package, including medical, dental, vision care, disability income protection, accident insurance, and life insurance. You are eligible for coverage on your first day of employment.

You will be eligible for paid vacation totaling four weeks annually, accrued throughout the year.

You will be eligible for severance under the Executive Severance Policy. Severance benefits under this policy are equivalent to 13 weeks of your base salary, paid in a lump sum. A copy of the Executive Severance Policy is attached.

You are also covered under the Conduent Business Travel Expense Policy for Grade 12 executives. A copy of the policy is attached.

For Cause Definition

The term “for Cause” as used in this letter shall mean any one or more of the following reasons for termination: (i) your failure to follow the directions of your manager provided such directions are not inconsistent with your job duties and/or with applicable law; (ii) your performance of any act of fraud, dishonesty, misappropriation or embezzlement, or other similar willful misconduct while conducting business on behalf of Conduent or executing upon your job duties and responsibilities; (iii) your conviction of any felony or a crime involving moral turpitude (including pleading guilty or no contest to such crime or a lesser crime which results from plea bargaining); (iv) your performance becomes impaired due to alcohol or substance abuse and you refuse to seek treatment; (v) your performance of any act which injures or reasonably could be expected to injure the reputation, brand, business or business relationships of Conduent; and (vi) your violation of any Conduent policy, including, but not limited to, policies prohibiting sexual harassment, retaliation, discrimination, and violence.

Other Conditions

It is our sincere hope and belief that our relationship will be a beneficial one, however, Conduent does not offer employment on a fixed term basis. Unless otherwise prohibited by law, this letter should not be considered in any manner as a proposed contract for employment for any fixed term, as your employment will be "at will." That is, either you or Conduent can terminate this relationship at any time, with or without cause or notice. In addition, Conduent may change any term or condition of your employment at will; with or without cause or notice.

This offer of employment is contingent upon the receipt of a waver of non-competition agreements with current or prior employers, if any. This offer is also contingent upon the successful completion of a pre-employment background check (criminal, credit etc.) which will require your execution of a background screening consent. Additionally, your employment is contingent on your execution of Conduent Employee Confidentiality, Non-Solicitation and Intellectual Property Non-Compete Agreement. Lastly, you will be required to present documents necessary to complete an 1-9 Form. Human Resources will contact you to make an appointment with an 1- 9 verifier prior to your scheduled start date.

This offer will remain in effect until May 20, 2019.

Mark, I am delighted you are joining the Conduent Transportation leadership team and look forward to your significant contributions and success.

Sincerely,

/S/ John M. Slattery
Chief Executive Officer, Transportation
Conduent Inc.

November 5, 2019

/S/ MARK S. BREWER
Mark S. Brewer

November 5, 2019

Michael Krawitz

Dear Michael:

I am pleased to offer you the position of Executive Vice President, General Counsel and Secretary of Conduent Incorporated ("Conduent"), reporting to Cliff Skelton, Chief Executive Officer. The expected start date is November 18, 2019, and although your personal/physical base location will be Miami Florida, your work location will normally be at corporate headquarters or other appropriate Conduent locations as needed. This offer is contingent upon the approval of Conduent's Board of Directors.

Annual Base Salary

Your starting base salary for this position will be paid bi-weekly, one week in arrears, at the annualized rate of $450,000. Your salary will be reviewed annually, and any changes will require the approval of the Compensation Committee of the Board of Directors.

Annual Performance Incentive Plan

You will be eligible to participate in the Annual Performance Incentive Plan ("APIP") for 2020 at an annual target level of 70% of base salary with a potential payout range of zero (0) to two hundred percent (200%) of your target. Your final award will be based on company and individual performance.

Executive Long-Term Incentive Plan

You will be eligible to participate in the Long-Term Incentive Plan ("LTIP") for 2020 with a target award of $735,000 at grant date. Grants are typically made in April and, in accordance with the Conduent Incorporated Performance Incentive Plan (or any successor plan that is operative at the time), are subject to the terms and conditions approved by the Compensation Committee and set forth in individual award agreements each year.

Signing Award

You will also be eligible to receive a signing grant of $200,000. This special award will consist exclusively of restricted stock units and be granted as soon as practicable following your start date. Subject to the terms and conditions of your award agreement, the restricted stock units will vest ratably in equal installments over a three (3) year period.

Benefits

We are pleased to offer you a comprehensive benefits package, including medical, dental, vision care, disability income protection, accident insurance, life insurance, and 401(k) Savings Plan. You are eligible for coverage on your first day of employment. You are also eligible to participate in the Flexible Vacation Plan.

As a Corporate Officer at Conduent, you will be eligible for financial and tax planning (up to $15,000 per year); an annual physical exam through Conduent's preferred provider; and annual credit monitoring through Conduent's preferred provider (up to $350 per year).

You will be eligible for severance under the Executive Severance Policy. You will be covered as a participant under the Conduent Incorporated Executive Change in Control Severance Plan, subject to the approval of the Compensation Committee of the Board of Directors.

SEC Reporting Requirements

As a Corporate Officer, you will be subject to Securities and Exchange Commission ("SEC") reporting requirements and rules.

Other Conditions

It is our sincere hope and belief that our relationship will be a beneficial one, however, Conduent does not offer employment on a fixed term basis. Unless otherwise prohibited by law, this letter should not be considered in any manner as a proposed contract for employment for any fixed term, as your employment will be "at will." That is, either you or Conduent can terminate this relationship at any time, with or without cause or notice. In addition, Conduent may change any term or condition of your employment at will; with or without cause or notice.

You acknowledge, covenant, agree, warrant and represent that: (1) you are not a party to any contract, nor are you subject to, or bound by any commitment, restrictive covenant, or agreement, order, judgement, decree, law, statute, ordinance, rule, regulation or other restriction of any kind or character, which either would or purports to, prevent or restrict you from entering into and performing your obligations under this offer letter free of any limitations, (ii) you are free to enter into the arrangements contemplated herein, (iii) you are not subject to any agreement or obligation that would limit your ability to act on behalf of Conduent or any of its subsidiaries, and (iv) your termination of your existing employment, your entry into the employment contemplated herein and your performance of your duties in respect thereof, will not violate or conflict with any agreement or obligation to which you are subject. In particular, you will not use or disclose any information in violation of any agreement you may have. Furthermore, you have delivered to Conduent true and complete copies of any currently effective employment agreement, non-competitive agreement or similar agreement to which you are subject.

This offer is contingent upon the successful completion of a pre-employment background check (criminal, credit etc.) which will require your execution of a background screening consent. Additionally, your employment is contingent on your execution of Conduent Employee

Confidentiality, Non-Solicitation and Intellectual Property Non-Compete Agreement. Lastly, you will be required to present documents necessary to complete an 1-9 Form. Human Resources will contact you to make an appointment with an 1- 9 verifier prior to your scheduled start date.

This offer will remain in effect until November 11, 2019. Please notify me of your acceptance and ensure that all requirements are met before we finalize your start). All originals should be returned to me and if you have any questions, please feel free to contact me at (973) 526-7151.

Michael, I am delighted you are joining the Conduent leadership team. I look forward to your significant contributions and success.

Sincerely,

/S/ JEFFREY FRIEDEL
Chief People Officer
Conduent Inc.

November 5, 2019

/S/ MICHAEL KRAWITZ
Michael Krawitz

SEPARATION AGREEMENT AND GENERAL RELEASE

This Separation Agreement and General Release (this "Agreement") is entered into by and among Conduent Business Services, LLC, its parent, subsidiaries, subdivisions and affiliates, (collectively, "Conduent" or "Company"), and **Jeffrey Friedel** ("Employee").

Introduction. The Company and Employee have agreed on the terms of the separation of Employee's employment with the Company including payment of salary and benefits as described below through July 24, 2020 ("Salary and Benefits Continuation End Date"). Employee's last day of active employment ("Last Day of Active Employment") is January 10, 2020 and his termination will be effective as of January 24, 2020. It is agreed and understood between the parties that Employee will no longer report to work or be required to perform any of his regular job duties and responsibilities after his Last Day of Active Employment, provided however, Employee will make himself available during normal business hours through January 24, 2020 to address questions, provide guidance on pending matters and take such other actions as may be reasonably necessary to help ensure a smooth transition. In consideration of the mutual promises contained in this Agreement, the Company and Employee agree as follows:

1. **Salary Continuation.** Employee will receive salary continuation commencing on January 25, 2020 at the same bi-weekly salary rate and continuing through and including his Salary and Benefit Continuation End Date. The Company shall withhold from such payments all applicable payroll taxes and other authorized deductions. The payments to be made under this Agreement shall be deemed to be wages in lieu of notice during the applicable benefit year in the event that the Employee files a claim for unemployment benefits. Employee understands that the Company will not make any payments until all Company property in the Employee's possession or control is returned to the Company.

2. **Benefits Continuation.** Employee will receive benefits, subject to and conditioned upon Employee's continued premium contributions, that were in effect for the Employee on his Last Day of Active Employment through and including his Salary and Benefits Continuation End Date **OTHER THAN:** Short-term Disability, Long-term Disability, and 40l(k) Savings Plan. Employee further agrees and acknowledges that after his Last Day of Active Employment, he will no longer be eligible for any executive perquisites.

3. **Equity and 2019 Bonus.** The vesting of Employee's equity awards (including restricted stock units and performance share awards) shall be determined in accordance with the terms and conditions of the applicable equity plan documents. In the event of a conflict or discrepancy between this Agreement and any equity plan document, the applicable equity plan document shall control. Employee understands and acknowledges that the vesting of his equity awards is contingent upon Employee's execution and non revocation of this Agreement containing a full release of all claims. Employee and Company agree that the reason for Employee's separation is not for Cause (as defined in the applicable equity plan documents) and that Employee will not vest in any awards while receiving salary and benefits continuation. Notwithstanding any provision to the

contrary in the 2019 Annual Performance Incentive Plan, Employee agrees and acknowledges that he will not be eligible to receive or be paid any bonus for 2019.

4. **Confidentiality.** Employee shall keep confidential all confidential or proprietary information known to his concerning any matters affecting or relating to the business, operations, and financial affairs of the Company which are of a special or unique nature, regardless of whether any such information is labeled or otherwise treated as confidential, material, or important. The contents of this Agreement shall not be disclosed, released or communicated by Employee to any person, other than Employee's spouse, tax advisor or legal counsel, and to the extent necessary to enforce any of the terms of this Agreement.

5. **Release and Covenant Not to Sue.** As a material inducement to the Company to enter into this Agreement, Employee hereby irrevocably and unconditionally releases, acquits and forever discharges and covenants not to sue the Company and each of the Company's owners, stockholders, predecessors, successors, assigns, agents, directors, officers, employees, representatives, attorneys, divisions, subsidiaries, affiliates (and agents, directors, officers, employees, representatives and attorneys of such divisions, subsidiaries and affiliates) and all persons acting by, through, under or in concert with any of them (collectively "Releases"), or any of them, from any and all charges, complaints, claims, liabilities, obligations, promises, agreements, controversies, damages, actions, causes of action, suits, rights, demands, costs, losses, debts and expenses (including attorneys' fees and costs actually incurred) of any nature whatsoever, known or unknown ("Claim" or "Claims"), which Employee now has, owns, or holds or which Employee at any time previously had, owned or held against each of the Releases, including, but not limited to, (a) **all Claims of Age Discrimination under the Age Discrimination in Employment Act of 1967 or any similar state statute;** (b) all Claims under the Employee Retirement Income Security Act of 1974; (c) all employment or discrimination Claims under the statutes of the State of New Jersey or any other state; (d) all Claims of unlawful discrimination based on age, sex, race, religion, national origin, handicap, disability, equal pay or any other basis; (e) all Claims of wrongful discharge, retaliation, breach of any implied or express employment contract, negligent or intentional infliction of emotional distress, libel, defamation, breach of privacy, fraud, and breach of any implied covenant of good faith and fair dealing; and (t) all Claims related to Employee's employment with the Company, including but not limited to all Claims related to unpaid wages, salary, overtime compensation, bonuses, commissions, severance pay, supplemental unemployment benefit pay, vacation pay, or other compensation or benefits arising out of Employee's employment with the Company. Employee covenants and agrees not to bring any judicial action or action under the Conduent Dispute Resolution Plan (the "Plan") against any of the Releases with respect to any such Claim or Claims and warrants that no such Claim or Claims have been filed. By signing this Agreement, however, **Employee is not waiving any rights or claims arising after the date on which reporting possible violations of a federal or state law or regulation to any governmental agency or entity, or participating** in **any proceedings or investigations with the federal, state or local government agency or entity responsible for enforcing such laws. Employee is not required to notify the Company that he has made such reports or disclosures.**

6. **No Admission.** This Agreement shall not in any way be construed as an admission by the Company of any illegal act whatsoever against Employee or any other person, and the Company specifically disclaims any liability to Employee or any other person, on the part of itself, its employees, or its agents.

7. **No rehire.** Employee acknowledges and understands that for a period of six months following his Termination Date, he is not eligible to be rehired by the Company as an employee or retained as a contractor or consultant.

8. **Cooperation in Legal Matters.** Employee agrees that he will assist and cooperate with the Company in connection with: a) the defense or prosecution of any claim that was asserted against, or by, the Company while Employee was employed with Company; b) any ongoing or future investigation, or any dispute or claim of any kind involving the Company, including any proceeding before any arbitral, administrative, judicial, legislative, or other body or agency, the facts of which arose during Employee's employment with Company; and c) any requests made by the Company related to Employee's duties and work product while employed by the Company, including preparing for and testifying honestly in any proceeding to the extent that such claims, investigations or proceedings relate to services performed or required to be performed by Employee, pertinent knowledge possessed by Employee, or any act or omission by Employee. Employee understands that cooperation as described in this paragraph means voluntary participation in all stages of adversarial proceedings, investigations, and the like, and includes testifying where requested by Company. Employee further agrees to execute and deliver any documents that may be reasonably necessary to carry out the provisions of this Paragraph.

9. **Representations of Employee.** Employee represents and agrees (a) that he was advised by the Company in writing by this Agreement to consult with an attorney of his choice prior to signing this Agreement; (b) that the Company has afforded Employee **no less than twenty-one (21) days** to consider whether to execute this Agreement, and during that time Employee has had this Agreement in his possession; (c) that Employee has taken full advantage of this 21-day consideration period or has purposely waived his right to do so; (d) that Employee has consulted or has had sufficient opportunity to discuss with any person, including an attorney of his choice, all provisions of this Agreement, that Employee has carefully read and understands it, that Employee is competent to execute this Agreement, and that Employee is entering into this Agreement knowingly and voluntarily without reliance upon any statement or representation of any person or parties released, or their representatives, concerning the nature and extent of the damages and/or legal liability therefore; (e) that Employee has not assigned or transferred, or proposed to assign or transfer, to any person or entity, any Claim or any portion thereof or interest therein; (f) that the compensation and/or benefits provided to Employee pursuant to this Agreement exceeds any compensation and/or benefits to which Employee may be entitled; and (g) that in executing this Agreement, Employee does not rely and has not relied upon any representation or statement made by any of the Releases or by any of the Releases' agents, representatives or attorneys with regard to

the subject matter, basis or effect of this Agreement or otherwise. Employee shall indemnify and hold each and all of the Releases harmless from and against any and all loss, cost, damage, or expense, including, without limitation, attorneys' fees, incurred by Releases, or any of them, arising out of any breach of this Agreement by Employee or the fact that any representation made by Employee was false when made.

10. **Miscellaneous.** It is the parties' intention that all provisions of this Agreement be enforced to the fullest extent permitted by law. If, however, any provision of this Agreement is held to be illegal or unenforceable, such provision shall be severable and the remaining provisions of this Agreement shall remain in full force and effect. This Agreement shall be governed by and construed in accordance with the laws of the State of New Jersey. This Agreement contains the entire understanding and agreement between the Company and Employee with respect to the subject matter of this Agreement and supersedes all prior oral or written agreements between the parties with respect to that subject matter. However, this Agreement supplements, rather than supersedes, any of Employee's duties regarding non-competition, non-solicitation, confidentiality and trade secrets under law or contract. Any action regarding the enforceability of this Agreement or any other cause of action relating to or arising under this Agreement shall be subject to the Plan.

11. **Withdrawal of Offer.** Employee understands that if he has not signed this Agreement on or before the forty-fifth (45th) calendar date following the date on which Employee received this Agreement for review and consideration, it shall be automatically withdrawn by the Company without further notice or action by the Company, and this Agreement shall not be effective or enforceable.

12. **Revocation.** It is expressly agreed that for seven (7) days following execution of this Agreement by Employee, Employee may revoke this Agreement by contacting Nancy K. Jagielski in writing at nancy. jagielski@conduent.com or 1702 N. Collins Blvd, Suite 260, Richardson, Texas 75080. It is further expressly agreed by the parties that this Agreement shall not become effective or enforceable until the seven (7) day revocation period described above has expired, after which time this Agreement shall be deemed effective and enforceable.

PLEASE READ CAREFULLY. THIS AGREEMENT INCLUDES A RELEASE ALL KNOWN AND UNKNOWN CLAIMS.

/S/ JEFFREY FRIEDEL
Jeffrey Friedel
January 13, 2020

SUBSIDIARIES OF CONDUENT INCORPORATED

The following companies are subsidiaries of Conduent Incorporated as of December 31, 2019. Unless otherwise noted, a subsidiary is a company in which Conduent Incorporated or a subsidiary of Conduent Incorporated holds 50% or more of the voting stock. The names of other subsidiaries have been omitted as they would not, if considered in the aggregate as a single subsidiary, constitute a significant subsidiary:

Name of Subsidiary	Jurisdiction of Incorporation or Organization
Conduent Care Management, Inc.	Arizona
Conduent Healthy Communities Corporation	California
Conduent Asset Management Group, LLC	Delaware
Conduent BPO Services, LLC	Delaware
Conduent Workers Compensation Holdings, Inc.	Delaware
Conduent Defense, LLC	Delaware
Conduent EDI Solutions, Inc.	Delaware
Conduent Education Loan Services LLC	Delaware
Conduent Global, Inc.	Delaware
Conduent Health Administration, Inc.	Delaware
Conduent Human Resources Services, LLC	Delaware
Conduent Lending, Inc.	Delaware
Conduent Medical Claims Management Solutions, LLC	Delaware
Conduent Middle East, Inc.	Delaware
Conduent TradeOne Marketing, Inc.	Delaware
Conduent Securities LLC	Delaware
Conduent Care Solutions, LLC	Delaware
Conduent Card Service LLC	Delaware
Conduent Finance, Inc.	Delaware
Conduent Education Industry Services, LLC	Delaware
Conduent Payment Integrity Solutions, Inc	Delaware
Conduent Public Health Solutions, Inc.	Delaware
Conduent ParkIndy, LLC	Delaware
Conduent Health Assessments, LLC	Delaware
The National Abandoned Property Processing Corporation	Delaware
Conduent Business Services, LLC	Delaware
Conduent Education Services, LLC	Delaware
Conduent Education Solutions, LLC	Delaware
Conduent European Funding LLC	Delaware
Conduent Export LLC	Delaware
Conduent Federal Solutions, LLC	Delaware
Conduent Mortgage Services, Inc.	Delaware
Conduent Credit Balance Solutions, LLC	Delaware
Conduent State Healthcare, LLC	Delaware
Conduent Healthcare Knowledge Solutions LLC	Florida
Conduent Transport Solutions, Inc.	Georgia
Conduent Wireless Data Services (Operations) Inc.	Idaho
Conduent Human Services, LLC	Indiana
Conduent Healthcare Information Services, Inc.	Indiana
Conduent Image Solutions, Inc.	Louisiana

Conduent Commercial Solutions, LLC	Nevada
Conduent Patient Access Solutions, LLC	New Jersey
Conduent Compliance & Risk Consulting Corporation	New York
Conduent State & Local Solutions, Inc.	New York
Conduent Performance Improvement Solutions, Inc.	Oregon
Conduent Customer Care Solutions, Inc.	Oregon
Conduent HR Services, LLC	Pennsylvania
Conduent Healthcare Data Management, Inc.	Tennessee
Conduent Securities Services, Inc.	Texas
ACS Welfare Benefit Trust	Texas
Conduent Legal & Compliance Solutions, LLC	Texas
Mercury Fund II, Ltd.	Texas
Conduent Business Process Optimization Services, Inc.	Texas
Conduent WDS Global—Texas, Inc.	Texas
Conduent Heritage, LLC	Virginia
Conduent Learning Services, Inc.	Washington
Conduent Wireless Data Services North America Inc.	Washington
Conduent Care and Quality Solutions, Inc.	Wisconsin
Eagle Connect Sh.p.k.	Albania
Voice Star Sh.p.k.	Albania
Consilience Software Australasia Pty Ltd	Australia
Conduent Business Services (Australasia) PTY. LTD.	Australia
Wireless Data Services PTY Limited	Australia
Affiliated Computer Services Austria GmbH	Austria
Affiliated Computer Services International (Barbados) Limited	Barbados
Conduent (Belgium)	Belgium
ACS Transportation Services Participacoes Ltda	Brazil
Conduent Servicos de Terceirizacao de Processos de Negocios Ltda.	Brazil
Conduent Consultoria e Servicos de Recursos Humanos Ltda	Brazil
Conduent do Brasil Servicos de Call Center Ltda.	Brazil
Conduent Business Services Canada, Inc./Services D'affaires Conduent Canada Inc.	Canada
ACS Road Technology Services (Beijing) Co. Ltd.	China
Affiliated Computer Services (Tianjin) Co., Ltd.	China
ML Colombia S.A.	Colombia
Conduent Czech Republic s.r.o.	Czech Republic
Affiliated Computer Services (Fiji) Limited	Fiji
Conduent Business Process Solutions (France) SAS	France
Conduent Business Solutions (France) SAS	France
Affiliated Computer Services of Germany GmbH	Germany
ACS Holdings (Germany) GmbH	Germany
Invoco Holding GmbH	Germany
Invoco Business Solutions GmbH	Germany
Invoco Communication Center GmbH	Germany
Invoco Customer Service GmbH	Germany

Invoco Helpline GmbH	Germany
Invoco Marketing & Vetrieb GmbH	Germany
Invoco Media Sales GmbH	Germany
Invoco Multimeida GmbH	Germany
Invoco Sales GmbH	Germany
Invoco Service Center GmbH	Germany
Invoco Services & Sales GmbH	Germany
Invoco Technical Service GmbH	Germany
ACS-BPS (Ghana) Limited	Ghana
Conduent Business Services de Guatemala, Sociedad Anonima	Guatemala
ACS China Solutions Hong Kong Limited	Hong Kong
Conduent Business Solutions (Hong Kong) Limited	Hong Kong
Conduent Business Services India LLP	India
Conduent Ireland Limited	Ireland
Conduent Business Services Italy S.r.l.	Italy
Nuova Karel Soluzioni S.r.l. unipersonale	Italy
Conduent Business Solutions Italia, S.p.A.	Italy
Conduent Solutions (Jamaica) Limited	Jamaica
Conduent Jamaica Limited	Jamaica
United Call Solutions (Jamaica) Limited	Jamaica
Affiliated Computer Services Holdings (Luxembourg) S.A.R.L.	Luxembourg
Conduent Business Services Malaysia Sdn. Bhd.	Malaysia
ACS Malta Limited	Malta
Conduent de Mexico, S.A. de C.V.	Mexico
Conduent Solutions de Mexico, S. de R.L. de C.V.	Mexico
Affiliated Computer Services International B.V.	Netherlands
Continuum Global Solutions Holdings B.V.	Netherlands
Customer Helpline Holdings (Netherlands) B.V.	Netherlands
Wilhaave Groep B.V.	Netherlands
Unamic Holding B.V.	Netherlands
Unamic/HCN B.V.	Netherlands
Conduent Business Services (Netherlands) B.V.	Netherlands
Market Line Peru S.A.C.	Peru
ACS Solutions Peru S.A.	Peru
Conduent Business Services Philippines, Inc.	Philippines
Conduent Solutions Philippines, Inc.	Philippines
ACS Solutions Poland Sp. Z.o.o.	Poland
Affiliated Computer Services of Poland Sp. z.o.o.	Poland
ACS Puerto Rico, LLC	Puerto Rico
Conduent Business Solutions of Puerto Rico, Inc.	Puerto Rico
Conduent Business Services Romania S.r.l.	Romania
Conduent Europe Finance Limited Partnership	Scotland
Wireless Data Services (Asia Pacific) PTE Ltd.	Singapore
Conduent (PTY) LTD	South Africa
Conduent Business Services, S.L.	Spain

Xerox Business Solutions Spain, S.L.	Spain
Conduent Holdings (St. Lucia) Ltd.	St. Lucia
Affiliated Computer Services GmbH	Switzerland
Conduent Business Solutions AG	Switzerland
Continuum Global Musteri Hizmetleri Limited Sirketi	Turkey
Conduent Accounts Receivable Ltd.	United Kingdom
Conduent Business Process Solutions Limited	United Kingdom
Conduent Parking Enforcement Solutions Limited	United Kingdom
Wireless Data Services Limited	United Kingdom

CONSENT OF INDEPENDENT REGISTERED PUBLIC ACCOUNTING FIRM

We hereby consent to the incorporation by reference in the Registration Statements on Form S-8 (No. 333-215361) of Conduent Incorporated of our report dated February 26, 2020, relating to the financial statements, financial statement schedule, and the effectiveness of internal control over financial reporting, which appears in this Form 10-K.

/S/ PRICEWATERHOUSECOOPERS LLP

PricewaterhouseCoopers LLP
Florham Park, New Jersey
February 26, 2020

CEO CERTIFICATIONS

I, Clifford Skelton, certify that:

1. I have reviewed this Annual Report on Form 10-K of Conduent Incorporated;

2. Based on my knowledge, this report does not contain any untrue statement of a material fact or omit to state a material fact necessary to make the statements made, in light of the circumstances under which such statements were made, not misleading with respect to the period covered by this report;

3. Based on my knowledge, the financial statements, and other financial information included in this report, fairly present in all material respects the financial condition, results of operations and cash flows of the registrant as of, and for, the periods presented in this report;

4. The registrant's other certifying officer and I are responsible for establishing and maintaining disclosure controls and procedures (as defined in Exchange Act Rules 13a-15(e) and 15d-15(e)) and internal control over financial reporting (as defined in Exchange Act Rules 13a-15(f) and 15d-15(f)) for the registrant and have:

   (a) Designed such disclosure controls and procedures, or caused such disclosure controls and procedures to be designed under our supervision, to ensure that material information relating to the registrant, including its consolidated subsidiaries, is made known to us by others within those entities, particularly during the period in which this report is being prepared;

   (b) Designed such internal control over financial reporting, or caused such internal control over financial reporting to be designed under our supervision, to provide reasonable assurance regarding the reliability of financial reporting and the preparation of financial statements for external purposes in accordance with generally accepted accounting principles;

   (c) Evaluated the effectiveness of the registrant's disclosure controls and procedures and presented in this report our conclusions about the effectiveness of the disclosure controls and procedures, as of the end of the period covered by this report based on such evaluation; and

   (d) Disclosed in this report any change in the registrant's internal control over financial reporting that occurred during the registrant's most recent fiscal quarter (the registrant's fourth fiscal quarter in the case of an annual report) that has materially affected, or is reasonably likely to materially affect, the registrant's internal control over financial reporting; and

5. The registrant's other certifying officer and I have disclosed, based on our most recent evaluation of internal control over financial reporting, to the registrant's auditors and the audit committee of the registrant's board of directors (or persons performing the equivalent functions):

   (a) All significant deficiencies and material weaknesses in the design or operation of internal control over financial reporting which are reasonably likely to adversely affect the registrant's ability to record, process, summarize and report financial information; and

   (b) Any fraud, whether or not material, that involves management or other employees who have a significant role in the registrant's internal control over financial reporting.

February 26, 2020

/s/ CLIFFORD SKELTON

Clifford Skelton
Principal Executive Officer

CFO CERTIFICATIONS

I, Brian Webb-Walsh, certify that:

1. I have reviewed this Annual Report on Form 10-K of Conduent Incorporated;

2. Based on my knowledge, this report does not contain any untrue statement of a material fact or omit to state a material fact necessary to make the statements made, in light of the circumstances under which such statements were made, not misleading with respect to the period covered by this report;

3. Based on my knowledge, the financial statements, and other financial information included in this report, fairly present in all material respects the financial condition, results of operations and cash flows of the registrant as of, and for, the periods presented in this report;

4. The registrant's other certifying officer and I are responsible for establishing and maintaining disclosure controls and procedures (as defined in Exchange Act Rules 13a-15(e) and 15d-15(e)) and internal control over financial reporting (as defined in Exchange Act Rules 13a-15(f) and 15d-15(f)) for the registrant and have:

   (a) Designed such disclosure controls and procedures, or caused such disclosure controls and procedures to be designed under our supervision, to ensure that material information relating to the registrant, including its consolidated subsidiaries, is made known to us by others within those entities, particularly during the period in which this report is being prepared;

   (b) Designed such internal control over financial reporting, or caused such internal control over financial reporting to be designed under our supervision, to provide reasonable assurance regarding the reliability of financial reporting and the preparation of financial statements for external purposes in accordance with generally accepted accounting principles;

   (c) Evaluated the effectiveness of the registrant's disclosure controls and procedures and presented in this report our conclusions about the effectiveness of the disclosure controls and procedures, as of the end of the period covered by this report based on such evaluation; and

   (d) Disclosed in this report any change in the registrant's internal control over financial reporting that occurred during the registrant's most recent fiscal quarter (the registrant's fourth fiscal quarter in the case of an annual report) that has materially affected, or is reasonably likely to materially affect, the registrant's internal control over financial reporting; and

5. The registrant's other certifying officer and I have disclosed, based on our most recent evaluation of internal control over financial reporting, to the registrant's auditors and the audit committee of the registrant's board of directors (or persons performing the equivalent functions):

   (a) All significant deficiencies and material weaknesses in the design or operation of internal control over financial reporting which are reasonably likely to adversely affect the registrant's ability to record, process, summarize and report financial information; and

   (b) Any fraud, whether or not material, that involves management or other employees who have a significant role in the registrant's internal control over financial reporting.

February 26, 2020

/s/ BRIAN WEBB-WALSH

Brian Webb-Walsh
Principal Financial Officer

CERTIFICATION OF CEO AND CFO PURSUANT TO 18 U.S.C. § 1350,
AS ADOPTED PURSUANT TO § 906 OF THE SARBANES-OXLEY ACT OF 2002

In connection with the Form 10-K of Conduent Incorporated, a New York corporation (the "Company"), for the year ended December 31, 2017, as filed with the Securities and Exchange Commission on the date hereof (the "Report"), Clifford Skelton, Chief Executive Officer of the Company, and Brian Webb-Walsh, Chief Financial Officer of the Company, each hereby certifies, pursuant to 18 U.S.C. § 1350, as adopted pursuant to § 906 of the Sarbanes-Oxley Act of 2002, to the best of his/her knowledge, that:

(1) The Report fully complies with the requirements of Section 13(a) or 15(d) of the Securities Exchange Act of 1934; and
(2) The information contained in the Report fairly presents, in all material respects, the financial condition and results of operations of the Company.

/s/ CLIFFORD SKELTON

Clifford Skelton
Chief Executive Officer
February 26, 2020

/s/ BRIAN WEBB-WALSH

Brian Webb-Walsh
Chief Financial Officer
February 26, 2020

This certification accompanies this Report pursuant to § 906 of the Sarbanes-Oxley Act of 2002 and shall not, except to the extent required by the Sarbanes-Oxley Act of 2002, be deemed filed by the Company for purposes of § 18 of the Securities Exchange Act of 1934, as amended.

A signed original of this written statement required by § 906 has been provided to Conduent Incorporated and will be retained by Conduent Incorporated and furnished to the Securities and Exchange Commission or its staff upon request.

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UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

FORM 10-Q

(Mark One)

☒ **QUARTERLY REPORT PURSUANT TO SECTION 13 OR 15(d) OF THE SECURITIES EXCHANGE ACT OF 1934**

For the quarterly period ended: September 30, 2020

OR

☐ **TRANSITION REPORT PURSUANT TO SECTION 13 OR 15(d) OF THE SECURITIES EXCHANGE ACT OF 1934**

For the transition period from to

Commission File Number 001-37817

CONDUENT INCORPORATED
(Exact Name of Registrant as specified in its charter)

New York	**81-2983623**
(State or other jurisdiction of incorporation or organization)	**(IRS Employer Identification No.)**
100 Campus Drive, Suite 200, Florham Park, New Jersey	**07932**
(Address of principal executive offices)	**(Zip Code)**

(844) 663-2638
(Registrant's telephone number, including area code)

Securities registered pursuant to Section 12(b) of the Act:

Title of each class	Trading Symbol(s)	Name of each exchange on which registered
Common Stock, $0.01 par value	**CNDT**	**NASDAQ Global Select Market**

Indicate by check mark whether the registrant (1) has filed all reports required to be filed by Section 13 or 15(d) of the Securities Exchange Act of 1934 during the preceding 12 months (or for such shorter period that the registrant was required to file such reports), and (2) has been subject to such filing requirements for the past 90 days. Yes x No o

Indicate by check mark whether the registrant has submitted electronically every Interactive Data File required to be submitted pursuant to Rule 405 of Regulation S-T (§ 232.405 of this chapter) during the preceding 12 months (or for such shorter period that the registrant was required to submit such files). Yes x No o

Indicate by check mark whether the registrant is a large accelerated filer, an accelerated filer, a non-accelerated filer, a smaller reporting company or an emerging growth company. See the definitions of "large accelerated filer," "accelerated filer," "smaller reporting company," and "emerging growth company" in Rule 12b-2 of the Exchange Act.

Large accelerated filer ☒ Accelerated filer ☐ Non-accelerated filer ☐ Small reporting company ☐ Emerging growth company ☐

If an emerging growth company, indicate by check mark if the registrant has elected not to use the extended transition period for complying with any new or revised financial accounting standards provided pursuant to Section 13(a) of the Exchange Act. ☐

Indicate by a check mark whether the registrant is a shell company (as defined in Rule 12b-2 of the Exchange Act). Yes ☐ No ☒

Class	**Outstanding at October 31, 2020**
Common Stock, $0.01 par value	209,285,733

FORWARD-LOOKING STATEMENTS

This Quarterly Report on Form 10-Q (Form 10-Q) and any exhibits to this Form 10-Q may contain "forward-looking statements" as defined in the Private Securities Litigation Reform Act of 1995. The words “anticipate,” “believe,” “estimate,” “expect,” “intend,” “will,” “aim,” “should,” "continue to" and similar expressions, as they relate to us, are intended to identify forward-looking statements. In addition, all statements regarding the anticipated effects of the novel coronavirus, or COVID-19, pandemic and the responses thereto, including the pandemic’s impact on general economic and market conditions, as well as on our business, customers, and markets, results of operations and financial condition and anticipated actions to be taken by management to sustain our business during the economic uncertainty caused by the pandemic and related governmental and business actions, as well as other statements that are not strictly historical in nature, are forward looking. These statements reflect management's current beliefs, assumptions and expectations and are subject to a number of factors that could cause actual results to differ materially. As with any projection or forecast, forward-looking statements are inherently susceptible to uncertainty and changes in circumstances. Our actual results may vary materially from those expressed or implied in our forward-looking statements. These forward-looking statements are also subject to the significant continuing impact of the COVID-19 pandemic on our business, operations, financial results and financial condition, which is dependent on developments which are highly uncertain and cannot be predicted.

Important factors and uncertainties that could cause our actual results to differ materially from those in our forward-looking statements include, but are not limited to: the impact of the ongoing COVID-19 pandemic; government appropriations and termination rights contained in our government contracts; risk and impact of potential goodwill and other asset impairments; our ability to renew commercial and government contracts, including contracts awarded through competitive bidding processes; our ability to recover capital and other investments in connection with our contracts; our ability to attract and retain necessary technical personnel and qualified subcontractors; our ability to deliver on our contractual obligations properly and on time; competitive pressures; our significant indebtedness; changes in interest in outsourced business process services; our ability to obtain adequate pricing for our services and to improve our cost structure; risk and impact of geographical events, natural disasters and other factors (such as pandemics, including COVID-19) in a particular country or region on our workforce, customers, vendors, partners and the global economy; claims of infringement of third-party intellectual property rights; the failure to comply with laws relating to individually identifiable information and personal health information and laws relating to processing certain financial transactions, including payment card transactions and debit or credit card transactions; breaches of our information systems or security systems or any service interruptions; our ability to estimate the scope of work or the costs of performance in our contracts; our continuing emphasis on and shift toward technology-led digital transactions; customer decision-making cycles and lead time for customer commitments; our ability to collect our receivables, including those for unbilled services; a decline in revenues from, or a loss of, or a reduction in business from or failure of significant clients; fluctuations in our non-recurring revenue; our failure to maintain a satisfactory credit rating; our ability to attract and retain key employees; increases in the cost of telephone and data services or significant interruptions in such services; our failure to develop new service offerings; our ability to modernize our information technology infrastructure and consolidate data centers; our ability to comply with data security standards; our ability to receive dividends or other payments from our subsidiaries; changes in tax and other laws and regulations; changes in government regulation and economic, strategic, political and social conditions; the outcome of litigation to which we are a party from time to time; changes in the volatility of our stock price and the risk of litigation following a decline in the price of our stock; and other factors that are set forth in the “Risk Factors” section, the “Legal Proceedings” section, the “Management's Discussion and Analysis of Financial Condition and Results of Operations” section and other sections of this Form 10-Q, our Quarterly Reports on Form 10-Q for the quarters ended March 31, 2020 and June 30, 2020, as well as in our 2019 Annual Report on Form 10-K filed with the Securities and Exchange Commission (SEC) and any Current Report on Form 8-K. Any forward-looking statements made by us in this Form 10-Q speak only as of the date on which they are made. We are under no obligation to, and expressly disclaim any obligation to, update or alter our forward-looking statements, whether as a result of new information, subsequent events or otherwise.

CONDUENT INCORPORATED

FORM 10-Q

September 30, 2020

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For additional information about Conduent Incorporated and access to our Annual Reports to Shareholders and SEC filings, free of charge, please visit our website at https://investor.conduent.com/. Any information on or linked from the website is not incorporated by reference into this Form 10-Q.

PART I — FINANCIAL INFORMATION

ITEM 1 — FINANCIAL STATEMENTS (UNAUDITED)

CONDUENT INCORPORATED
CONDENSED CONSOLIDATED STATEMENTS OF INCOME (LOSS) (UNAUDITED)

(in millions, except per share data)	Three Months Ended September 30, 2020	Three Months Ended September 30, 2019	Nine Months Ended September 30, 2020	Nine Months Ended September 30, 2019
Revenue	$ 1,041	$ 1,098	$ 3,108	$ 3,368
Operating Costs and Expenses				
Cost of services (excluding depreciation and amortization)	779	859	2,406	2,644
Selling, general and administrative (excluding depreciation and amortization)	122	112	349	360
Research and development (excluding depreciation and amortization)	—	1	1	6
Depreciation and amortization	112	115	344	342
Restructuring and related costs	20	8	56	50
Interest expense	14	20	46	60
Goodwill impairment	—	—	—	1,351
(Gain) loss on divestitures and transaction costs	8	3	14	19
Litigation costs (recoveries), net	—	2	20	15
Other (income) expenses, net	(1)	(8)	—	(8)
Total Operating Costs and Expenses	1,054	1,112	3,236	4,839
Income (Loss) Before Income Taxes	(13)	(14)	(128)	(1,471)
Income tax expense (benefit)	(6)	2	(21)	(118)
Net Income (Loss)	$ (7)	$ (16)	$ (107)	$ (1,353)
Net Income (Loss) per Share:				
Basic	$ (0.04)	$ (0.09)	$ (0.54)	$ (6.52)
Diluted	$ (0.04)	$ (0.09)	$ (0.54)	$ (6.52)

The accompanying notes are an integral part of these Condensed Consolidated Financial Statements.

CONDUENT INCORPORATED
CONDENSED CONSOLIDATED STATEMENTS OF COMPREHENSIVE INCOME (LOSS) (UNAUDITED)

(in millions)	Three Months Ended September 30, 2020	Three Months Ended September 30, 2019	Nine Months Ended September 30, 2020	Nine Months Ended September 30, 2019
Net Income (Loss)	$ (7)	$ (16)	$ (107)	$ (1,353)
Other Comprehensive Income (Loss), Net[1]				
Currency translation adjustments, net	11	(15)	(15)	(9)
Reclassification of currency translation adjustments on divestitures	—	—	—	15
Reclassification of divested benefit plans and other	—	—	—	(1)
Unrecognized gains (losses), net	1	—	—	1
Changes in benefit plans, net	—	—	1	—
Other Comprehensive Income (Loss), Net	12	(15)	(14)	6
Comprehensive Income (Loss), Net	$ 5	$ (31)	$ (121)	$ (1,347)

(1) *All amounts are net of tax. Tax effects were immaterial.*

The accompanying notes are an integral part of these Condensed Consolidated Financial Statements.

CONDUENT INCORPORATED
CONDENSED CONSOLIDATED BALANCE SHEETS (UNAUDITED)

(in millions, except share data in thousands)	September 30, 2020	December 31, 2019
Assets		
Cash and cash equivalents	$ 488	$ 496
Accounts receivable, net	687	652
Contract assets	166	155
Other current assets	312	283
Total current assets	1,653	1,586
Land, buildings and equipment, net	306	342
Operating lease right-of-use assets	246	271
Intangible assets, net	247	426
Goodwill	1,506	1,502
Other long-term assets	402	387
Total Assets	$ 4,360	$ 4,514
Liabilities and Equity		
Current portion of long-term debt	$ 78	$ 50
Accounts payable	173	198
Accrued compensation and benefits costs	200	174
Unearned income	112	108
Other current liabilities	478	647
Total current liabilities	1,041	1,177
Long-term debt	1,574	1,464
Deferred taxes	106	111
Operating lease liabilities	209	229
Other long-term liabilities	105	91
Total Liabilities	3,035	3,072
Contingencies (See Note 11)		
Series A convertible preferred stock	142	142
Common stock	2	2
Additional paid-in capital	3,901	3,890
Retained earnings (deficit)	(2,299)	(2,185)
Accumulated other comprehensive loss	(421)	(407)
Total Equity	1,183	1,300
Total Liabilities and Equity	$ 4,360	$ 4,514
Shares of common stock issued and outstanding	209,273	211,511
Shares of series A convertible preferred stock issued and outstanding	120	120

The accompanying notes are an integral part of these Condensed Consolidated Financial Statements.

CONDUENT INCORPORATED
CONDENSED CONSOLIDATED STATEMENTS OF CASH FLOWS (UNAUDITED)

(in millions)	Nine Months Ended September 30, 2020	2019
Cash Flows from Operating Activities:		
Net income (loss)	$ (107)	$ (1,353)
Adjustments required to reconcile net income (loss) to cash flows from operating activities:		
Depreciation and amortization	344	342
Contract inducement amortization	2	2
Deferred income taxes	(38)	(148)
Goodwill impairment	—	1,351
(Gain) loss from investments	(3)	(3)
Amortization of debt financing costs	5	5
(Gain) loss on divestitures and transaction costs	14	19
Stock-based compensation	14	19
Allowance for doubtful accounts	1	—
Changes in operating assets and liabilities:		
(Increase) decrease in accounts receivable	(36)	(84)
(Increase) decrease in other current and long-term assets	(51)	(34)
Increase (decrease) in accounts payable and accrued compensation	(14)	(128)
Increase (decrease) in restructuring liabilities	3	4
Increase (decrease) in other current and long-term liabilities	(152)	(199)
Net change in income tax assets and liabilities	7	(9)
Net cash provided by (used in) operating activities	(11)	(216)
Cash Flows from Investing Activities:		
Cost of additions to land, buildings and equipment	(48)	(109)
Proceeds from sale of land, buildings and equipment	—	2
Cost of additions to internal use software	(47)	(49)
Payments for acquisitions, net of cash acquired	—	(90)
Proceeds (payments) from divestitures, including cash sold	3	(7)
Net cash provided by (used in) investing activities	(92)	(253)
Cash Flows from Financing Activities:		
Proceeds from revolving credit facility and other loans	152	—
Payments on debt	(41)	(42)
Payment of contingent consideration related to acquisition	(4)	—
Taxes paid for settlement of stock based compensation	(3)	(11)
Dividends paid on preferred stock	(5)	(7)
Net cash provided by (used in) financing activities	99	(60)
Effect of exchange rate changes on cash, cash equivalents and restricted cash	(5)	—
Increase (decrease) in cash, cash equivalents and restricted cash	(9)	(529)
Cash, Cash Equivalents and Restricted Cash at Beginning of Period	505	765
Cash, Cash Equivalents and Restricted Cash at End of period[1]	$ 496	$ 236

(1) *Includes $8 million of restricted cash as of both September 30, 2020 and 2019, respectively, that were included in Other current assets on their respective Condensed Consolidated Balance Sheets.*

The accompanying notes are an integral part of these Condensed Consolidated Financial Statements.

CONDUENT INCORPORATED
CONDENSED CONSOLIDATED STATEMENTS OF SHAREHOLDERS' EQUITY (UNAUDITED)

	Three Months Ended September 30, 2020				
(in millions)	Common Stock	Additional Paid-in Capital	Retained Earnings (Deficit)	AOCL[1]	Shareholders' Equity
Balance at June 30, 2020	$ 2	$ 3,896	$ (2,290)	$ (433)	$ 1,175
Dividends - preferred stock, $20/share[2]	—	—	(2)	—	(2)
Stock option and incentive plans, net	—	5	—	—	5
Comprehensive Income (Loss):					
Net Income (Loss)	—	—	(7)	—	(7)
Other comprehensive income (loss), net	—	—	—	12	12
Total Comprehensive Income (Loss), Net	—	—	(7)	12	5
Balance at September 30, 2020	$ 2	$ 3,901	$ (2,299)	$ (421)	$ 1,183

	Three Months Ended September 30, 2019				
(in millions)	Common Stock	Additional Paid-in Capital	Retained Earnings (Deficit)	AOCL[1]	Shareholders' Equity
Balance at June 30, 2019	$ 2	$ 3,886	$ (1,583)	$ (404)	$ 1,901
Dividends - preferred stock, $20/share	—	—	(2)	—	(2)
Comprehensive Income (Loss):					
Net Income (Loss)	—	—	(16)	—	(16)
Other comprehensive income (loss), net	—	—	—	(15)	(15)
Total Comprehensive Income (Loss), Net	—	—	(16)	(15)	(31)
Balance at September 30, 2019	$ 2	$ 3,886	$ (1,601)	$ (419)	$ 1,868

	Nine Months Ended September 30, 2020				
(in millions)	Common Stock	Additional Paid-in Capital	Retained Earnings (Deficit)	AOCL[1]	Shareholders' Equity
Balance at December 31, 2019	$ 2	$ 3,890	$ (2,185)	$ (407)	$ 1,300
Dividends - preferred stock, $60/share[2]	—	—	(7)	—	(7)
Stock option and incentive plans, net	—	11	—	—	11
Comprehensive Income (Loss):					
Net Income (Loss)	—	—	(107)	—	(107)
Other comprehensive income (loss), net	—	—	—	(14)	(14)
Total Comprehensive Income (Loss), Net	—	—	(107)	(14)	(121)
Balance at September 30, 2020	$ 2	$ 3,901	$ (2,299)	$ (421)	$ 1,183

	Nine Months Ended September 30, 2019				
(in millions)	Common Stock	Additional Paid-in Capital	Retained Earnings (Deficit)	AOCL[1]	Shareholders' Equity
Balance at December 31, 2018	$ 2	$ 3,878	$ (233)	$ (425)	$ 3,222
Dividends - preferred stock, $60/share	—	—	(7)	—	(7)
Cumulative effect of accounting change	—	—	(8)	—	(8)
Stock option and incentive plans, net	—	8	—	—	8
Comprehensive Income (Loss):					
Net Income (Loss)	—	—	(1,353)	—	(1,353)
Other comprehensive income (loss), net	—	—	—	6	6
Total Comprehensive Income (Loss), Net	—	—	(1,353)	6	(1,347)
Balance at September 30, 2019	$ 2	$ 3,886	$ (1,601)	$ (419)	$ 1,868

(1) AOCL - Accumulated other comprehensive loss. Refer to Note 10 – Accumulated Other Comprehensive Loss for the components of AOCL.

(2) The preferred dividend for the third quarter of 2020 was accrued but unpaid as of September 30, 2020.

The accompanying notes are an integral part of these Condensed Consolidated Financial Statements.

CONDUENT INCORPORATED
NOTES TO CONDENSED CONSOLIDATED FINANCIAL STATEMENTS (UNAUDITED)

Note 1 – Basis of Presentation

References herein to “we,” “us,” “our,” the “Company” and “Conduent” refer to Conduent Incorporated and its consolidated subsidiaries unless the context suggests otherwise.

Description of Business

Conduent is a global enterprise and leading provider of mission-critical services and solutions on behalf of businesses and governments – creating exceptional outcomes for its clients and the millions of people who count on them. Through people, process expertise in transaction-intensive processing and technology such as analytics and automation, Conduent's solutions and services create value by improving efficiencies, reducing costs and enabling revenue growth. A majority of Fortune 100 companies and over 500 government entities depend on Conduent every day to manage their business processes and essential interactions with their end users. The Company's portfolio includes industry-focused solutions in attractive growth markets such as healthcare and transportation, as well as solutions that serve multiple industries such as transaction processing, customer care, human resource services and payment services.

Basis of Presentation

The unaudited interim Condensed Consolidated Financial Statements have been prepared in accordance with accounting principles generally accepted in the United States of America (U.S. GAAP) on a basis consistent with reporting interim financial information in accordance with instructions to Form 10-Q and Article 10 of Regulation S-X of the SEC. The year-end Condensed Consolidated Balance Sheet was derived from the audited Consolidated Financial Statements included in the Company's Annual Report on Form 10-K for the year ended December 31, 2019. Certain reclassifications have been made to prior year information to conform to current year presentation. Intercompany balances and transactions have been eliminated. In the opinion of management, all adjustments necessary for a fair statement of the financial position, results of operations and cash flows have been made. These adjustments consist of normal recurring items. The interim results of operations are not necessarily indicative of the results of the full year. These financial statements should be read in conjunction with the Company’s Consolidated Financial Statements included in the Company’s Annual Report on Form 10-K for the year ended December 31, 2019.

Use of Estimates

Preparation of financial statements in conformity with U.S. GAAP requires us to make estimates and assumptions that affect the amounts reported and disclosed in the financial statements and the accompanying notes. Actual results could differ materially from these estimates. On an ongoing basis, we evaluate our estimates, including those related to fair values of financial instruments, goodwill and intangible assets, income taxes and contingent liabilities, among others. We base our estimates on assumptions, both historical and forward looking, that are believed to be reasonable, the results of which form the basis for making judgments about the carrying values of assets and liabilities.

As of September 30, 2020, the impact of the outbreak of COVID-19 pandemic continues to unfold. As a result, many of our estimates and assumptions required increased judgment and carry a higher degree of variability and volatility. As events continue to evolve and additional information becomes available, our estimates may change materially in the future.

Note 2 – Recent Accounting Pronouncements

The Company's significant accounting policies are described in Note 1–Basis of Presentation and Summary of Significant Accounting Policies in the Company's Annual Report on Form 10-K for the year ended December 31, 2019. Summarized below are the accounting pronouncements adopted subsequent to December 31, 2019 that were applicable and material to the Company.

New Accounting Standards Adopted

Credit Losses: In June 2016, the Financial Accounting Standards Board (FASB) updated the accounting guidance related to measurement of credit losses on financial instruments, which requires financial assets measured at amortized cost to be presented at the net amount expected to be collected. The guidance replaces the incurred loss model with an expected loss model referred to as current expected credit loss (CECL). The CECL model requires us to measure lifetime expected credit losses for financial instruments held at the reporting date using historical experience, current conditions and reasonable supportable forecasts. The guidance expands the disclosure requirements regarding an entity's assumptions, models, and methods for estimating credit losses and requires new disclosures of the amortized cost balance for each class of financial asset by credit quality indicator, disaggregated by the year of origination. This updated guidance is effective for fiscal years beginning after December 15, 2019, including interim periods within those fiscal years. The Company adopted the new credit loss guidance as of January 1, 2020. The adoption did not have any material impact on the Company's consolidated financial statements.

New Accounting Standards To Be Adopted

Income Taxes: In December 2019, the FASB issued updated accounting guidance to simplify the accounting for income taxes. The guidance eliminates certain exceptions related to the approach for intraperiod tax allocation, the methodology for calculating income taxes in an interim period and the recognition of deferred tax liabilities for outside basis differences. The guidance also simplifies aspects of accounting for franchise taxes and enacted changes in tax laws or rates and clarifies the accounting for transactions that result in a step-up in the tax basis of goodwill. This updated guidance is effective for fiscal years beginning January 1, 2021. Early adoption is permitted. The Company is currently evaluating the impact of the new guidance on its consolidated financial statements.

Reference Rate Reform: In March 2020, the FASB issued updated guidance relating to the accounting for the discontinuation of the London Inter-bank Offered Rate (LIBOR), referred to as the reference rate reform. This guidance provides practical expedients and exceptions for applying U.S. GAAP to contracts, hedging relationships and other transactions affected by the reference rate reform if certain criteria are met. This guidance is applicable to contract modifications that replace a reference LIBOR rate affected by reference rate reform. The amendments may be applied through December 31, 2022. The Company is currently evaluating the impact of the new guidance on its consolidated financial statements.

Note 3 – Revenue

Disaggregation of Revenue

During the first quarter of 2020, the Company changed how it presents disaggregated revenue by major service offering. This change has no impact on disaggregated revenue by reportable segments or the timing of revenue recognition. All prior periods presented have been revised to reflect this change.

The following table provides information about disaggregated revenue by major service offering, the timing of revenue recognition and a reconciliation of the disaggregated revenue by reportable segment. Refer to Note 4 – Segment Reporting for additional information on the Company's reportable segments.

	Three Months Ended September 30,		Nine Months Ended September 30,	
(in millions)	2020	2019	2020	2019
Commercial Industries:				
Customer experience management	$ 149	$ 161	$ 474	$ 490
Business operations solutions	140	153	426	476
Commercial healthcare solutions	106	121	322	366
Human resource services	123	143	388	450
Total Commercial Industries	518	578	1,610	1,782
Government Services:				
Government healthcare solutions	153	171	459	523
Government services solutions	195	148	510	447
Total Government Services	348	319	969	970
Transportation:				
Roadway charging & management services	83	83	232	243
Transit solutions	53	69	181	185
Curbside management solutions	18	27	54	82
Public safety solutions	19	20	56	61
Commercial vehicles	2	2	6	8
Total Transportation	175	201	529	579
Other:				
Divestitures	—	—	—	36
Education	—	—	—	1
Total Other	—	—	—	37
Total Consolidated Revenue	$ 1,041	$ 1,098	$ 3,108	$ 3,368
Timing of Revenue Recognition:				
Point in time	$ 23	$ 38	$ 85	$ 111
Over time	1,018	1,060	3,023	3,257
Total Revenue	$ 1,041	$ 1,098	$ 3,108	$ 3,368

Contract Balances

The Company receives payments from customers based upon contractual billing schedules. Accounts receivable are recorded when the right to consideration becomes unconditional. Contract assets are the Company’s rights to consideration for services provided when the right is conditioned on something other than passage of time (for example, meeting a milestone for the right to bill under the cost-to-cost measure of progress). Contract assets are transferred to Accounts receivable, net when the rights to consideration become unconditional. Unearned income includes payments received in advance of performance under the contract, which are realized when the associated revenue is recognized under the contract.

The following table provides information about the balances of the Company's contract assets, unearned income and receivables from contracts with customers:

(in millions)	September 30, 2020	December 31, 2019
Contract Assets (Unearned Income)		
Current contract assets	$ 166	$ 155
Long-term contract assets[1]	16	10
Current unearned income	(112)	(108)
Long-term unearned income[2]	(20)	(21)
Net Contract Assets (Unearned Income)	$ 50	$ 36
Accounts receivable, net	$ 687	$ 652

(1) Presented in Other long-term assets in the Condensed Consolidated Balance Sheets.

(2) Presented in Other long-term liabilities in the Condensed Consolidated Balance Sheets.

Revenues of $20 million and $84 million were recognized during the three and nine months ended September 30, 2020, respectively, related to the Company's unearned income at December 31, 2019. Revenues of $16 million and $97 million were recognized during the three and nine months ended September 30, 2019, respectively, related to the Company's unearned income at December 31, 2018.

Transaction Price Allocated to the Remaining Performance Obligations

Estimated revenue expected to be recognized in the future related to performance obligations that are unsatisfied or partially satisfied at September 30, 2020 was approximately $1.5 billion. The Company expects to recognize approximately 70% of this revenue over the next two years and the remainder thereafter.

Note 4 – Segment Reporting

Our reportable segments correspond to how we organize and manage the business, as defined by our Chief Executive Officer, who is also our Chief Operating Decision Maker (CODM), and are aligned to the industries in which our clients operate. Our segments involve the delivery of business process services and include service arrangements where we manage a customer's business activity or process.

In the first quarter of 2020, we realigned our sales organization and certain shared IT and other allocated functions to reflect how we currently manage our business.

In the third quarter of 2020, in order to provide greater visibility into the profitability of our segments, certain costs that were previously included in the Shared IT/Infrastructure and Corporate Costs (now referred to as Unallocated Costs) are being allocated to each of the reportable segments. All prior periods presented have been recast to reflect these changes.

Our financial performance is based on Segment Profit/(Loss) and Segment Adjusted EBITDA for our three reportable segments (Commercial Industries, Government Services and Transportation), Other and Unallocated Costs. Our CODM does not evaluate operating segments using discrete asset information.

Commercial Industries: Our Commercial Industries segment provides business process services and customized solutions to clients in a variety of industries. Across the Commercial Industries segment, we operate on our clients' behalf to deliver mission-critical solutions and services to reduce costs, improve efficiencies and enable revenue growth for our clients and their consumers and employees.

Government Services: Our Government Services segment provides government-centric business process services to U.S. federal, state and local and foreign governments for public assistance, program administration, transaction processing and payment services. Our solutions in this segment help governments respond to changing rules for eligibility and increasing citizen expectations.

Transportation: Our Transportation segment provides systems and support, as well as revenue-generating services, to government clients. On behalf of government agencies and authorities in the transportation industry, we deliver mission-critical mobility and payment solutions that improve automation, interoperability and decision-making to streamline operations, increase revenue and reduce congestion while creating safer communities and seamless travel experiences for consumers.

Other includes our divestitures and our Student Loan business, which the Company exited in the third quarter of 2018.

Unallocated Costs includes IT infrastructure costs that are shared by multiple reportable segments, enterprise application costs and certain corporate overhead expenses not directly attributable or allocated to our reportable segments.

Selected financial information for our reportable segments was as follows:

	Three Months Ended September 30,						
(in millions)	Commercial Industries	Government Services	Transportation	Other		Unallocated Costs	Total
2020				Divestitures	Other		
Revenue	$ 518	$ 348	$ 175	$ —	$ —	$ —	$ 1,041
Segment profit (loss)	$ 32	$ 122	$ 26	$ —	$ 6	$ (98)	$ 88
Segment depreciation and amortization	$ 24	$ 6	$ 9	$ —	$ —	$ 14	$ 53
Adjusted EBITDA	$ 56	$ 128	$ 35	$ —	$ 6	$ (84)	$ 141
2019							
Revenue	$ 578	$ 319	$ 201	$ —	$ —	$ —	$ 1,098
Segment profit (loss)	$ 60	$ 70	$ 25	$ —	$ —	$ (83)	$ 72
Segment depreciation and amortization	$ 27	$ 7	$ 9	$ —	$ —	$ 12	$ 55
Adjusted EBITDA	$ 87	$ 77	$ 34	$ —	$ —	$ (71)	$ 127

	Nine Months Ended September 30,						
(in millions)	Commercial Industries	Government Services	Transportation	Other		Unallocated Costs	Total
2020				Divestitures	Other		
Revenue	$ 1,610	$ 969	$ 529	$ —	$ —	$ —	$ 3,108
Segment profit (loss)	$ 99	$ 282	$ 56	$ —	$ 9	$ (258)	$ 188
Segment depreciation and amortization	$ 79	$ 19	$ 27	$ —	$ —	$ 41	$ 166
Adjusted EBITDA	$ 178	$ 301	$ 83	$ —	$ 2	$ (217)	$ 347
2019							
Revenue	$ 1,782	$ 970	$ 579	$ 36	$ 1	$ —	$ 3,368
Segment profit (loss)	$ 198	$ 202	$ 50	$ 1	$ —	$ (251)	$ 200
Segment depreciation and amortization	$ 76	$ 24	$ 27	$ —	$ —	$ 33	$ 160
Adjusted EBITDA	$ 274	$ 226	$ 81	$ 1	$ —	$ (218)	$ 364

(in millions)	Three Months Ended September 30,		Nine Months Ended September 30,	
Segment Profit (Loss) Reconciliation to Pre-tax Income (Loss)	2020	2019	2020	2019
Income (Loss) Before Income Taxes	$ (13)	$ (14)	$ (128)	$ (1,471)
Reconciling items:				
Amortization of acquired intangible assets	60	61	180	184
Restructuring and related costs	20	8	56	50
Interest expense	14	20	46	60
Goodwill impairment	—	—	—	1,351
(Gain) loss on divestitures and transaction costs	8	3	14	19
Litigation costs (recoveries), net	—	2	20	15
Other (income) expenses, net	(1)	(8)	—	(8)
Segment Pre-tax Income (Loss)	$ 88	$ 72	$ 188	$ 200
Segment depreciation and amortization (including contract inducements)	$ 53	$ 55	$ 166	$ 160
CA MMIS charge (credit)	—	—	(7)	—
Other adjustments	—	—	—	4
Adjusted EBITDA	$ 141	$ 127	$ 347	$ 364

Refer to Note 3 – Revenue for additional information on disaggregated revenues of the reportable segments.

Note 5 – Restructuring Programs and Related Costs

The Company engages in a series of restructuring programs related to downsizing its employee base, exiting certain activities, outsourcing certain internal functions and engaging in other actions designed to reduce its cost structure and improve productivity. The implementation of the Company's strategic transformation program and various productivity initiatives have reduced the Company's real estate footprint across all geographies and segments resulting in lease terminations, asset impairments and other related costs. Also included in Restructuring and related costs in the table below are incremental, non-recurring costs related to the consolidation of the Company's data centers, which totaled $8 million and $0 million for the three months ended September 30, 2020 and 2019, respectively, and $16 million and $18 million for the nine months ended September 30, 2020 and 2019, respectively. Management continues to evaluate the Company's business, and in the future, there may be additional provisions for new plan initiatives and/or changes in previously recorded estimates as payments are made, or actions are completed.

Costs associated with restructuring, including employee severance and lease termination costs, are generally recognized when it has been determined that a liability has been incurred, which is generally upon communication to the affected employees or exit from the leased facility. In those geographies where we have either a formal severance plan or a history of consistently providing severance benefits representing a substantive plan, we recognize employee severance costs when they are both probable and reasonably estimable. Asset impairment costs related to the reduction of our real estate footprint include impairment of operating lease right-of-use (ROU) assets and associated leasehold improvements.

A summary of the Company's restructuring program activity during the nine months ended September 30, 2020 and 2019 was as follows:

(in millions)	Severance and Related Costs	Termination and Other Costs	Asset Impairments	Total
Accrued Balance at December 31, 2019	$ 15	$ 6	$ —	$ 21
Provision	13	19	15	47
Changes in estimates	1	2	—	3
Total Net Current Period Charges[(1)]	14	21	15	50
Charges against reserve and currency	(22)	(24)	(15)	(61)
Accrued Balance at September 30, 2020	$ 7	$ 3	$ —	$ 10

(in millions)	Severance and Related Costs	Termination and Other Costs	Asset Impairments	Total
Accrued Balance at December 31, 2018	$ 13	$ 36	$ —	$ 49
Provision	22	24	10	56
Changes in estimates	(5)	(4)	1	(8)
Total Net Current Period Charges[1]	17	20	11	48
Charges against reserve and currency	(17)	(27)	(11)	(55)
Reclassification to operating lease ROU assets[2]	—	(22)	—	(22)
Accrued Balance at September 30, 2019	$ 13	$ 7	$ —	$ 20

(1) Represents amounts recognized within the Consolidated Statements of Income (Loss) for the years shown.

(2) Relates to the adoption of the new lease guidance.

In addition, the Company recorded professional support costs associated with the strategic transformation program in Restructuring and related costs of $2 million and $0 million for the three months ended September 30, 2020 and 2019, respectively, and $6 million and $2 million for the nine months ended September 30, 2020 and 2019, respectively.

The following table summarizes the total amount of costs incurred in connection with these restructuring programs by segment:

	Three Months Ended September 30,		Nine Months Ended September 30,	
(in millions)	2020	2019	2020	2019
Commercial Industries	$ 4	$ 3	$ 11	$ 14
Government Services	—	—	1	1
Transportation	(1)	—	2	1
Other	—	(1)	—	—
Unallocated Costs[1]	15	6	36	32
Total Net Restructuring Charges	$ 18	$ 8	$ 50	$ 48

(1) Represents costs related to the consolidation of the Company's data centers, operating lease ROU assets impairment, termination and other costs not allocated to the segments.

Note 6 – Debt

Long-term debt was as follows:

(in millions)	September 30, 2020	December 31, 2019
Term loan A due 2022	$ 651	$ 664
Term loan B due 2023	818	824
Revolving credit facility due 2022	150	—
Senior notes due 2024	34	34
Finance lease obligations	18	17
Other loans	2	—
Principal debt balance	1,673	1,539
Debt issuance costs and unamortized discounts	(21)	(25)
Less: current maturities	(78)	(50)
Total Long-term Debt	$ 1,574	$ 1,464

As of September 30, 2020, the Company has borrowed $150 million of its $750 million Senior Revolving Credit Facility (Revolver). In addition, the Company has utilized $8 million of the Revolver to issue letters of credit. The net Revolver available to be drawn upon as of September 30, 2020 was $592 million.

At September 30, 2020 and December 31, 2019, the Company was in compliance with all debt covenants related to the borrowings in the table above.

Note 7 – Financial Instruments

The Company is a global company that is exposed to foreign currency exchange rate fluctuations in the normal course of its business. As a part of the Company's foreign exchange risk management strategy, the Company uses derivative instruments, primarily forward contracts, to hedge the funding of foreign entities which have a non-dollar functional currency, thereby reducing volatility of earnings or protecting fair values of assets and liabilities.
At September 30, 2020 and December 31, 2019, the Company had outstanding forward exchange contracts with gross notional values of $160 million and $207 million, respectively. At September 30, 2020, approximately 76% of these contracts mature within three months, 9% in three to six months, 12% in six to twelve months and 3% in greater than twelve months. Most of these foreign currency derivative contracts are designated as cash flow hedges and did not have a material impact on the Company's balance sheet, income statement or cash flows for the periods presented.

Refer to Note 8 – Fair Value of Financial Assets and Liabilities for additional information regarding the fair value of the Company's foreign exchange forward contracts.

Note 8 – Fair Value of Financial Assets and Liabilities

Fair value represents the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. U.S. GAAP established a hierarchy framework to classify the fair value based on the observability of significant inputs to the measurement. The levels of the fair value hierarchy are as follows:

Level 1: Fair value is determined using an unadjusted quoted price in an active market for identical assets or liabilities.

Level 2: Fair value is estimated using inputs other than quoted prices included within Level 1 that are observable, either directly or indirectly.

Level 3: Fair value is estimated using unobservable inputs that are significant to the fair value of the assets or liabilities.

Unless noted herein, the Company's valuation methodologies for assets and liabilities measured at fair value are described in Note 13 – Fair Value of Financial Assets and Liabilities to the Consolidated Financial Statements included in the Company's Annual Report on Form 10-K for the year ended December 31, 2019.

Summary of Financial Assets and Liabilities Accounted for at Fair Value on a Recurring Basis

The following table represents assets and liabilities measured at fair value on a recurring basis. The basis for the measurement at fair value in all cases was Level 2.

(in millions)	September 30, 2020	December 31, 2019
Assets:		
Foreign exchange contract - forward	$ 2	$ 2
Total Assets	$ 2	$ 2
Liabilities:		
Foreign exchange contracts - forward	$ —	$ —
Total Liabilities	$ —	$ —

Summary of Other Financial Assets and Liabilities

The estimated fair values of our other financial assets and liabilities were as follows:

(in millions)	September 30, 2020 Carrying Amount	September 30, 2020 Fair Value	December 31, 2019 Carrying Amount	December 31, 2019 Fair Value
Liabilities:				
Long-term debt	$ 1,574	$ 1,455	$ 1,464	$ 1,449
Contingent consideration payable	$ —	$ —	$ 4	$ 4

The fair value amounts for Cash and cash equivalents, Restricted cash, Accounts receivable, net and Short-term debt approximate carrying amounts due to the short-term maturities of these instruments.

The fair value of Long-term debt was estimated based on the current rates offered to the Company for debt of similar maturities (Level 2).

The fair value of the contingent consideration payable related to the HSP acquisition was measured using a Monte Carlo simulation model and calibrated to management's financial projections of the acquired business. The value of the contingent consideration payable is then estimated to be the arithmetic average of all simulation paths, discounted to the valuation date (Level 3). The changes in the fair value are recorded in Other income (expense), net on the Condensed Consolidated Statements of Income (Loss). During the third quarter of 2020, the contingent consideration payable was settled.

Note 9 – Employee Benefit Plans

The Company has post-retirement savings and investment plans in several countries, including the U.S., U.K. and Canada. In many instances, employees from those defined benefit pension plans that have been amended to freeze future service accruals were transitioned to an enhanced defined contribution plan. In these plans, employees are allowed to contribute a portion of their salaries and bonuses to the plans. Historically, the Company matched a portion of employee contributions. However, beginning in 2019, the Company suspended its match to the 401(k) plan for all U.S. salaried employees. Additionally, during the second quarter of 2020, the Company extended the suspension of its match to the 401(k) plan to also include all U.S. hourly employees.

The Company recognized an expense related to its defined contribution plans of $1 million and $2 million for the three months ended September 30, 2020 and 2019, respectively, and $2 million and $7 million for the nine months ended September 30, 2020 and 2019, respectively.

Note 10 – Accumulated Other Comprehensive Loss (AOCL)

Below are the balances and changes in AOCL[(1)]:

(in millions)	Currency Translation Adjustments	Gains (Losses) on Cash Flow Hedges	Defined Benefit Pension Items	Total
Balance at December 31, 2019	$ (408)	$ 3	$ (2)	$ (407)
Other comprehensive income (loss) before reclassifications	(15)	—	1	(14)
Amounts reclassified from accumulated other comprehensive loss	—	—	—	—
Net current period other comprehensive income (loss)	(15)	—	1	(14)
Balance at September 30, 2020	$ (423)	$ 3	$ (1)	$ (421)

(in millions)	Currency Translation Adjustments	Gains (Losses) on Cash Flow Hedges	Defined Benefit Pension Items	Total
Balance at December 31, 2018	$ (426)	$ 2	$ (1)	$ (425)
Other comprehensive income (loss) before reclassifications	(9)	1	—	(8)
Amounts reclassified from accumulated other comprehensive loss	15	—	(1)	14
Net current period other comprehensive income (loss)	6	1	(1)	6
Balance at September 30, 2019	$ (420)	$ 3	$ (2)	$ (419)

(1) *All amounts are net of tax. Tax effects were immaterial.*

Note 11 – Contingencies and Litigation

As more fully discussed below, the Company is involved in a variety of claims, lawsuits, investigations and proceedings concerning a variety of matters, including: governmental entity contracting, servicing and procurement law; intellectual property law; employment law; commercial and contracts law; the Employee Retirement Income Security Act (ERISA); and other laws and regulations. The Company determines whether an estimated loss from a contingency should be accrued by assessing whether a loss is deemed probable and can be reasonably estimated. The Company assesses its potential liability by analyzing its litigation, regulatory and other matters using available information. The Company develops its view on estimated losses in consultation with outside counsel handling its defense in these matters, which involves an analysis of potential results, assuming a combination of litigation and settlement strategies. Should developments in any of these matters cause a change in the Company's determination as to an unfavorable outcome and result in the need to recognize a material accrual, or should any of these matters result in a final adverse judgment or be settled for significant amounts in excess of any accrual for such matter or matters, this could have a material adverse effect on the Company's results of operations, cash flows and financial position in the period or periods in which such change in determination, judgment or settlement occurs. The Company believes it has recorded adequate provisions for any such matters as of September 30, 2020. Litigation is inherently unpredictable, and it is not possible to predict the ultimate outcome of these matters and such outcome in any such matters could be in excess of any amounts accrued and could be material to the Company's results of operations, cash flows or financial position in any reporting period.

Additionally, guarantees, indemnifications and claims arise during the ordinary course of business from relationships with suppliers, customers and non-consolidated affiliates when the Company undertakes an obligation to guarantee the performance of others if specified triggering events occur. Nonperformance under a contract could trigger an obligation of the Company. These potential claims include actions based upon alleged exposures to products, real estate, intellectual property such as patents, environmental matters and other indemnifications. The ultimate effect on future financial results is not subject to reasonable estimation because considerable uncertainty exists as to the outcome of these claims. However, while the ultimate liabilities resulting from such claims may be significant to results of operations in the period recognized, management does not anticipate they will have a material adverse effect on the condensed consolidated financial position or liquidity. As of September 30, 2020, the Company had accrued its estimate of liability incurred under its indemnification arrangements and guarantees.

Litigation Against the Company

State of Texas v. Xerox Corporation, Conduent Business Services, LLC (f/k/a Xerox Business Services, LLC), Conduent State Healthcare, LLC (f/k/a Xerox State Healthcare, LLC, f/k/a ACS State Healthcare, LLC) and Conduent Incorporated: On May 9, 2014, the State of Texas, via the Texas Office of Attorney General (the “State”), filed a lawsuit in the 53rd Judicial District Court of Travis County, Texas. The lawsuit alleged that Conduent State Healthcare LLC (f/k/a Xerox State Healthcare, LLC and ACS State Healthcare) (“CSH”), Conduent Business Services LLC (“CBS”) and Conduent Incorporated (“CI”) (collectively, CSH, CBS and CI are referred to herein as the "Conduent Defendants") and Xerox Corporation (together with the Conduent Defendants, the “Defendants”) violated the Texas Medicaid Fraud Prevention Act in the administration of its contract with the Texas Department of Health and Human Services (“HHSC”). In February 2019 a settlement agreement and release was reached among the Defendants, the State and HHSC which was amended in May 2019 ("Texas Agreement"). Pursuant to the terms of the Texas Agreement, the Conduent Defendants were required to pay the State of Texas $236 million, of which $118 million was paid in 2019 and $118 million paid in January 2020. The case has been dismissed with prejudice with a full release and discharge of the Defendants.

Employees' Retirement System of the Puerto Rico Electric Power Authority et al v. Conduent Inc. et al.: On March 8, 2019, a putative class action lawsuit alleging violations of certain federal securities laws in connection with our statements and alleged omissions regarding our financial guidance and business and operations was filed against us, our former Chief Executive Officer, and our Chief Financial Officer in the United States District Court for the District of New Jersey. The complaint seeks certification of a class of all persons who purchased or otherwise acquired our securities from February 21, 2018 through November 6, 2018, and also seeks unspecified monetary damages, costs, and attorneys' fees. We moved to dismiss the class action complaint in its entirety. In June 2020, the court denied the motion to dismiss and allowed the claims to proceed. We intend to defend the litigation vigorously. The Company maintains insurance that may cover any costs arising out of this litigation up to the insurance limits, and subject to meeting certain deductibles and to other terms and conditions thereof. The Company is not able to determine or predict the ultimate outcome of this proceeding or reasonably provide an estimate or range of estimate of the possible outcome or loss, if any, in excess of currently recorded reserves.

Skyview Capital LLC and Continuum Global Solutions, LLC v. Conduent Business Services, LLC: On February 3, 2020, plaintiffs filed a lawsuit in the Superior Court of New York County, New York. The lawsuit relates to the sale of a portion of CBS's select standalone customer care call center business (the "Business") to plaintiffs, which sale closed in February 2019. Under the terms of the sale agreement, CBS received approximately $23 million of notes from plaintiffs (the "Notes"). The lawsuit alleges various causes of action in connection with the acquisition, including: indemnification for breach of representation and warranty, indemnification for breach of contract and fraud. Plaintiffs allege that their obligation to mitigate damages and their contractual right of set-off permits them to withhold and deduct from any amounts that are owed to CBS under the Notes, and plaintiffs seek a judgement that they have no obligation to pay the Notes. CBS denies all of these allegations, believes that it has strong defenses to all of plaintiffs' claims and will vigorously defend itself against these claims. In the third quarter of 2020, CBS filed a counterclaim against Skyview Capital LLC seeking the outstanding balance on the Notes, the amounts owed for the Jamaica deferred closing portion of the sale, and other transition services agreement and late rent payment obligations. The Company is not able to determine or predict the ultimate outcome of this proceeding or reasonably provide an estimate or range of estimate of the possible outcome or loss, if any, in excess of currently recorded reserves.

Dennis Nasrawi v. Buck Consultants et al.: On October 8, 2009, plaintiffs filed a lawsuit in the Superior Court of California, Stanislaus County, and on November 24, 2009, the case was removed to the U.S. Court for the Eastern District of California, Fresno Division. Plaintiffs allege actuarial negligence against Buck Consultants, LLC ("Buck"), which was a wholly-owned subsidiary of Conduent, for the use of faulty actuarial assumptions in connection with the 2007 actuarial valuation for the Stanislaus County Employees Retirement Association ("StanCERA"). Plaintiffs allege that the employer contribution rate adopted by StanCERA based on Buck's valuation was insufficient to fund the benefits promised by the County. On July 13, 2012, the Court entered its ruling that the plaintiffs lacked standing to sue in a representative capacity on behalf of all plan participants. The Court also ruled that plaintiffs had adequately pleaded their claim that Buck allegedly aided and abetted StanCERA in breaching its fiduciary duty. Plaintiffs then filed their Fifth Amended Complaint and added StanCERA to the litigation. Buck and StanCERA filed demurrers to the amended complaint. On September 13, 2012, the Court sustained both demurrers with prejudice, completely dismissing the matter and barring plaintiffs from refiling their claims. Plaintiffs appealed, and ultimately the California Court of Appeals (Sixth District) reversed the trial court's ruling and remanded the case back to the trial court as to Buck only, and only with respect to Plaintiffs' claim of aiding and abetting StanCERA in breaching its fiduciary duty. This case has been stayed pending the outcome of parallel litigation the plaintiffs are pursuing against StanCERA. The parallel litigation was tried before the bench in June 2018, and on January 24, 2019, the court found in favor of StanCERA, holding that it had not breached its fiduciary duty to plaintiffs. On April 26, 2019, Plaintiffs in the parallel litigation filed an appeal. This case remains stayed until the parallel litigation is finally concluded. Absent the court finding that StanCERA breached its fiduciary duty, Plaintiffs' claim against Buck for aiding and abetting said breach would not appear viable. Buck will continue to aggressively defend these lawsuits. In August 2018, Conduent sold Buck Consultants, LLC; however, the Company retained this liability after the sale. The Company is not able to determine or predict the ultimate outcome of this proceeding or reasonably provide an estimate or range of estimate of the possible outcome or loss, if any, in excess of currently recorded reserves.

Conduent Business Services, LLC v. Cognizant Business Services, LLC: On April 12, 2017, CBS filed a lawsuit against Cognizant Business Services Corporation (“Cognizant”) in the Supreme Court of New York County, New York. The lawsuit relates to the Amended and Restated Master Outsourcing Services Agreement effective as of October 24, 2012, and the service delivery contracts and work orders thereunder, between CBS and Cognizant, as amended and supplemented (the “Contract”). The Contract contains certain minimum purchase obligations by CBS through the date of expiration. The lawsuit alleges that Cognizant committed multiple breaches of the Contract, including Cognizant’s failure to properly perform its obligations as subcontractor to CBS under CBS’s contract with the New York Department of Health to provide Medicaid Management Information Systems. In the lawsuit, CBS seeks damages in excess of $150 million. During the first quarter of 2018, CBS provided notice to Cognizant that it was terminating the Contract for cause and recorded in the same period certain charges associated with the termination. CBS also alleges that it terminated the Contract for cause, because, among other things, Cognizant violated the Foreign Corrupt Practices Act. Cognizant initially asserted two counterclaims for breach of contract seeking recovery of damages in excess of $47 million, which includes amounts allegedly not paid to Cognizant under the Contract and an alleged $25 million termination fee. CBS has responded to Cognizant’s counterclaims by denying the allegations. Cognizant subsequently filed a second amended counterclaim seeking an additional $43 million to satisfy the minimum revenue commitment attributable to the years 2017-2020, which increased Cognizant's damages claim to approximately $90 million. CBS will continue to vigorously defend itself against the counterclaims but the Company is not able to determine or predict the ultimate outcome of this proceeding or reasonably provide an estimate or range of estimate of the possible outcome or loss, if any, in excess of currently recorded reserves.

Other Matters

Since 2014, Xerox Education Services, Inc. ("XES") has cooperated with several federal and state agencies regarding a variety of matters, including XES' self-disclosure to the U.S. Department of Education (the "Department") and the Consumer Financial Protection Bureau ("CFPB") that some third-party student loans under outsourcing arrangements for various financial institutions required adjustments. With the exception of an inquiry the Illinois Attorney General's Office commenced in September 2019, the Company has resolved the investigations the CFPB and several state agencies commenced and continues to work with the Department and the U.S. Department of Justice to resolve all outstanding issues, including a number of operational projects that XES discovered and disclosed since 2014. The Company cannot provide assurance that the CFPB, another regulator, a financial institution on behalf of which the Company serviced third-party student loans, or another party will not ultimately commence a legal action against XES in which fines, penalties or other liabilities are sought from XES. The Company is not able to predict the likely outcome of these matters, should any such matter be commenced, or reasonably provide an estimate or range of estimates of any loss in excess of currently recorded reserves. The Company could, in future periods, incur judgments or enter into settlements to resolve these potential matters for amounts in excess of current reserves and there could be a material adverse effect on the Company's results of operations, cash flows and financial position in the period in which such change in judgment or settlement occurs.

Other Contingencies

Certain contracts, primarily in the Company's Government Services and Transportation segments, require the Company to provide a surety bond or a letter of credit as a guarantee of performance. As of September 30, 2020, the Company had $601 million of outstanding surety bonds used to secure its performance of contractual obligations with its clients and $86 million of outstanding letters of credit issued to secure the Company's performance of contractual obligations to its clients as well as other corporate obligations. In general, the Company would only be liable for the amount of these guarantees in the event of default in the Company's performance of its obligations under each contract. The Company believes it has sufficient capacity in the surety markets and liquidity from its cash flow and its various credit arrangements (including its Revolver) to allow it to respond to future requests for proposals that require such credit support.

Note 12 – Preferred Stock

Series A Preferred Stock

In December 2016, the Company issued 120,000 shares of Series A convertible perpetual preferred stock with an aggregate liquidation preference of $120 million and an initial fair value of $142 million. The convertible preferred stock earns quarterly cash dividends at a rate of 8% per year ($9.6 million per year). Each share of convertible preferred stock is convertible at any time, at the option of the holder, into 44.9438 shares of common stock for a total of 5,393,000 shares (reflecting an initial conversion price of approximately $22.25 per share of common stock), subject to customary anti-dilution adjustments.

Note 13 – Earnings per Share

We did not declare any common stock dividends in the periods presented.

The following table sets forth the computation of basic and diluted earnings per share of common stock:

	Three Months Ended September 30,		Nine Months Ended September 30,	
(in millions, except per share data in whole dollars and shares in thousands)	2020	2019	2020	2019
Net income (loss)	$ (7)	$ (16)	$ (107)	$ (1,353)
Dividend - preferred stock	(2)	(2)	(7)	(7)
Adjusted Net Income (Loss) Available to Common Shareholders	$ (9)	$ (18)	$ (114)	$ (1,360)
Weighted average common shares outstanding	209,244	209,626	209,958	208,741
Common shares issuable with respect to:				
Stock options	—	—	—	—
Restricted stock and performance units / shares	—	—	—	—
Adjusted Weighted Average Common Shares Outstanding	209,244	209,626	209,958	208,741
Net Income (Loss) per Share:				
Basic	$ (0.04)	$ (0.09)	$ (0.54)	$ (6.52)
Diluted	$ (0.04)	$ (0.09)	$ (0.54)	$ (6.52)

Note 14 – Supplementary Financial Information

The components of Other assets and liabilities were as follows:

(in millions)	September 30, 2020	December 31, 2019
Other Current Assets		
Prepaid expenses	$ 82	$ 70
Income taxes receivable	48	38
Value-added tax (VAT) receivable	24	20
Restricted cash	8	9
Net receivable from buyers of divested businesses	52	52
Other	98	94
Total Other Current Assets	$ 312	$ 283
Other Current Liabilities		
Accrued liabilities	$ 253	$ 309
Litigation related accruals	73	178
Current operating lease liabilities	81	91
Restructure reserves	5	15
Income tax payable	9	11
Other taxes payable	17	16
Other	40	27
Total Other Current Liabilities	$ 478	$ 647
Other Long-term Assets		
Internal use software, net	$ 158	$ 150
Deferred contract costs, net	75	84
Product software, net	61	40
Capitalized cloud computing implementation costs, net	41	40
Other	67	73
Total Other Long-term Assets	$ 402	$ 387
Other Long-term Liabilities		
Deferred payroll tax related to the CARES Act[1]	$ 32	$ —
Income tax liabilities	13	20
Unearned income	20	21
Restructuring reserves	5	6
Other	35	44
Total Other Long-term Liabilities	$ 105	$ 91

(1) CARES ACT – Coronavirus Aid, Relief, and Economic Security Act.

Note 15 – Related Party Transactions

During the third quarter of 2019, Carl C. Icahn and his affiliates (shareholders) increased their ownership interest in the Company. In the normal course of business, the Company provides services to, and purchases from, certain related parties with the same shareholders. The services provided to these entities included those related to human resources, end-user support and other services and solutions. The purchases from these entities included office equipment and related services and supplies. In addition, we have a receivable related to certain income tax matters with our former parent company, Xerox Corporation. Revenue and purchases from these entities were included in Revenue and Costs of services / Selling, General and administrative, respectively, on the Company's Condensed Consolidated Statements of Income (Loss).

Transactions with related parties were as follows:

	Three Months Ended September 30,		Nine Months Ended September 30,	
(in millions)	2020	2019	2020	2019
Revenue from related parties	$ 6	$ 7	$ 19	$ 24
Purchases from related parties	$ 4	$ 4	$ 12	$ 22

The Company's receivable and payable balances with related party entities were not material as of September 30, 2020 and December 31, 2019.

Note 16 – Goodwill

The following table presents the changes in the carrying amount of goodwill, by reportable segments:

(in millions)	Commercial Industries	Government Services	Transportation	Total
Balance at December 31, 2019	$ 821	$ 621	$ 60	$ 1,502
Foreign currency translation	2	(3)	5	4
Balance at September 30, 2020	$ 823	$ 618	$ 65	$ 1,506

In the first, second and third quarters of 2020, the Company performed its ongoing assessment to consider whether events or circumstances had occurred that could more likely than not reduce the fair value of a reporting unit below its carrying value. After evaluating and weighing all relevant events and circumstances, we concluded that it is not more likely than not that the fair values of any of our reporting units were less than their carrying values. Consequently, we determined that it was not necessary to perform an interim impairment test for any of our reporting units.

To the extent the COVID-19 pandemic continues to disrupt the economic environment, such as a decline in the performance of the reporting units or loss of a significant contract or multiple significant contracts, the fair value of one or more of the reporting units could fall below their carrying value, resulting in a goodwill impairment charge.

In addition, the Company has assessed whether any impairment of its amortizable assets existed and has determined that no charges were deemed necessary under applicable accounting standards as of September 30, 2020.

ITEM 2 — MANAGEMENT'S DISCUSSION AND ANALYSIS OF FINANCIAL CONDITION AND RESULTS OF OPERATIONS

The following Management's Discussion and Analysis (MD&A) is intended to help the reader understand the results of operations and financial condition of Conduent Incorporated and its consolidated subsidiaries. MD&A is provided as a supplement to, and should be read in conjunction with, our Condensed Consolidated Financial Statements and the accompanying Notes.

Overview

As one of the largest business process services companies in the world, Conduent delivers mission-critical services and solutions on behalf of businesses and governments – creating exceptional outcomes for its clients and the millions of people who count on them. Through people, process expertise in transaction-intensive processing and technology such as analytics and automation, Conduent's solutions and services create value by improving efficiencies, reducing costs and enabling revenue growth. A majority of Fortune 100 companies and over 500 government entities depend on Conduent every day to manage their business processes and essential interactions with their end-users.

We create value for our clients through efficient service delivery combined with a personalized and seamless experience for the end-user. We apply our expertise, technology and innovation to continually modernize our offerings for improved customer and constituent satisfaction and loyalty, increase process efficiency and respond rapidly to changing market dynamics. Our strategy is to drive portfolio focus, operational discipline, sales and delivery excellence and innovation, complemented by tightly aligned investments. Our differentiated services and solutions improve experiences for millions of people every day.

Headquartered in Florham Park, New Jersey, we have a team of approximately 65,000 associates, including approximately 2,100 furloughed associates as of September 30, 2020, servicing customers from service centers in 24 countries.

Executive Summary

We continue to transform our business through an intense focus on growth, quality, and efficiency – utilizing a programmatic and project management approach. Beginning in the first quarter of 2020 and through the third quarter of 2020, we have expanded the focus of our transformation initiative to include both permanent and temporary cost efficiencies, which we also refer to as a cost reduction program, aimed to offset as much of the COVID-19 related negative impacts as possible.

We intend to drive portfolio focus, operating discipline, sales and delivery excellence and innovation, complemented by tightly aligned investments to achieve this mission and purpose. Our strategy is designed to deliver value by delivering profitable growth, expanding operating margins and deploying a disciplined capital allocation strategy. During the three and nine months ended September 30, 2020, our strategy contributed to the following results:

- Revenue of $1,041 million and $3,108 million for the three and nine months ended September 30, 2020, respectively. An approximate $3 million favorable impact and $46 million unfavorable impact on revenue for the three and nine months ended September 30, 2020, respectively, was attributable to the COVID-19 pandemic or COVID-19 related effects.

- The approximate effect of the COVID-19 pandemic on our pre-tax income, which includes the net revenue impact and incremental costs, was a loss of $0 million and $52 million for the three and nine months ended September 30, 2020, respectively. In addition to reductions in certain direct costs, the Company also achieved certain temporary cost savings associated with our cost reduction program of $14 million and $48 million for the three and nine months ended September 30, 2020, respectively. These temporary cost actions were primarily driven by furloughs, reduced travel, vendor and facilities spend.

- Strong new business signings results:
  - Another strong quarter of new business total contract value (TCV) signings of $468 million for the three months ended September 30, 2020, representing an increase of 100% compared to that of the prior year period and $1,415 million for the nine months ended September 30, 2020, representing an increase of 80% compared to that of the prior year period.

  - Annual recurring revenue signings of $96 million for the three months ended September 30, 2020, up 35% compared to that of the prior year period and $258 million for the nine months ended September 30, 2020, up 25% compared to that of the prior year period.

- The Company has shown year-over-year operational progress, including a reduction of the number of technology related incidents and outages, improvements in associate satisfaction survey results and increases in bonus payments from customers.

COVID-19 Outbreak

Throughout the COVID-19 pandemic, we have continued to provide critical and best-in-class services to our customers and their end-users, while ensuring the health and safety of our greatest assets - our associates. To address the potential impact to our business over the near-term, our Business Continuity team established a proactive plan in the first quarter of 2020 that has continued into the second and third quarters, which includes:

- Supporting our associates with a number of specific initiatives, including making improvements to our policies to extend short-term disability, providing extra supplemental sick leave coverage and introducing a hardship leave policy.

- At the end of the third quarter of 2020, approximately 75% of our workforce had been shifted to work-from-home. We will start a slow and measured approach to bringing associates back to Conduent offices, as appropriate. This will be a phased process and based on the specific COVID-19 conditions in certain geographies, as well as, business requirements.

- Increased sanitation and social distancing for required on-site essential associates.

- Draw down on our Senior Revolving Credit Facility (Revolver) as a precautionary measure.

In addition, the Company’s response to the COVID-19 pandemic has also resulted in diversion of management's time and delayed investments from strategic, transformational and technology initiatives which had been planned.

As the crisis continues, we may revise our approach to these initiatives or take additional actions to meet the needs of our employees, customers and their end-users and the Company to continue to provide our mission-critical services and solutions.

Refer to the discussion of results of operations below for additional estimated quantification and discussion of COVID-19 pandemic related effects.

Financial Review of Operations

($ in millions)	Three Months Ended September 30, 2020	2019	2020 vs. 2019 $ Change	% Change
Revenue	$ 1,041	$ 1,098	$ (57)	(5)%
Operating Costs and Expenses				
Cost of services (excluding depreciation and amortization)	779	859	(80)	(9)%
Selling, general and administrative (excluding depreciation and amortization)	122	112	10	9 %
Research and development (excluding depreciation and amortization)	—	1	(1)	(100)%
Depreciation and amortization	112	115	(3)	(3)%
Restructuring and related costs	20	8	12	150 %
Interest expense	14	20	(6)	(30)%
Goodwill impairment	—	—	—	0 %
(Gain) loss on divestitures and transaction costs	8	3	5	167 %
Litigation costs (recoveries), net	—	2	(2)	(100)%
Other (income) expenses, net	(1)	(8)	7	(88)%
Total Operating Costs and Expenses	1,054	1,112	(58)	
Income (Loss) Before Income Taxes	(13)	(14)	1	
Income tax expense (benefit)	(6)	2	(8)	
Net Income (Loss)	$ (7)	$ (16)	$ 9	

($ in millions)	Nine Months Ended September 30, 2020	2019	2020 vs. 2019 $ Change	% Change
Revenue	$ 3,108	$ 3,368	$ (260)	(8)%
Operating Costs and Expenses				
Cost of services (excluding depreciation and amortization)	2,406	2,644	(238)	(9)%
Selling, general and administrative (excluding depreciation and amortization)	349	360	(11)	(3)%
Research and development (excluding depreciation and amortization)	1	6	(5)	(83)%
Depreciation and amortization	344	342	2	1 %
Restructuring and related costs	56	50	6	12 %
Interest expense	46	60	(14)	(23)%
Goodwill impairment	—	1,351	(1,351)	(100)%
(Gain) loss on divestitures and transaction costs	14	19	(5)	(26)%
Litigation costs (recoveries), net	20	15	5	33 %
Other (income) expenses, net	—	(8)	8	(100)%
Total Operating Costs and Expenses	3,236	4,839	(1,603)	
Income (Loss) Before Income Taxes	(128)	(1,471)	1,343	
Income tax expense (benefit)	(21)	(118)	97	
Net Income (Loss)	$ (107)	$ (1,353)	$ 1,246	

Revenue

Revenue for the three and nine months ended September 30, 2020 decreased, compared to the prior year periods, primarily due to lost business and the effect of the COVID-19 pandemic across our Commercial Industries and our Transportation segments. These were partially offset by higher revenue due to COVID-19 related to increased volumes in our Government Services Solutions service offering within our Government Services segment and the ramp of new business.

Cost of Services (excluding depreciation and amortization)

Cost of services for the three months ended September 30, 2020 decreased, compared to the prior year period, driven by loss of business and lower volumes as well as our cost reduction program, which led to reductions in information technology, labor and real estate costs. Also contributing to the decline were lower costs to support volume loss resulting from the effect of the COVID-19 pandemic.

Cost of services for the nine months ended September 30, 2020 decreased, compared to the prior year period, mainly driven by loss of business, lower volumes, our cost reduction program, which led to reductions in information technology, labor and real estate costs, as well as divestitures completed in the first quarter of 2019. Also contributing to the decline were lower costs to support volume loss resulting from the effect of the COVID-19 pandemic.

The net impact to costs on our business due to the COVID-19 pandemic was an approximate $11 million and $42 million decrease for the three and nine months ended September 30, 2020, respectively. Included in this net impact were $14 million and $48 million of temporary cost savings associated with our cost reduction program. These temporary cost actions were primarily driven by furloughs, reduced travel, vendor and facilities spend. These cost reductions are split between Costs of services and Selling, general, and administrative.

Selling, General and Administrative (SG&A) (excluding depreciation and amortization)

SG&A for the three months ended September 30, 2020 increased, compared to the prior year period, driven by increase in management incentive compensation due to certain business results meeting or exceeding internal targets, partially offset by our cost reduction program, which led to reductions in real estate, corporate overhead and labor costs, as well as temporary savings from lower travel expenses.

Lower SG&A for the nine months ended September 30, 2020, compared to the prior year period, was driven by divested SG&A expenses as well as our cost reduction program, which led to the reductions in real estate, corporate overhead and labor costs.

Restructuring and Related Costs

We engage in a series of restructuring programs related to optimizing our employee base, reducing our real estate footprint, exiting certain activities, outsourcing certain internal functions, consolidating our data centers and engaging in other actions designed to reduce our cost structure and improve productivity. Additionally, during the latter part of the first quarter of 2020, the Company began an expanded cost transformation program to partially offset the negative effects of the COVID-19 pandemic, also referred to as our cost reduction program. This resulted in increased Restructuring and related costs for the three months ended September 30, 2020. This included the elimination of approximately 300 positions and closure of approximately 5 facilities. The following are the components of our Restructuring and related costs:

(in millions)	Three Months Ended September 30, 2020	Three Months Ended September 30, 2019	Nine Months Ended September 30, 2020	Nine Months Ended September 30, 2019
Severance and related costs	$ 4	$ 1	$ 14	$ 17
Data center consolidation	8	—	16	18
Termination, asset impairment and other costs	6	7	20	13
Total net current period charges	18	8	50	48
Consulting and other costs[(1)]	2	—	6	2
Restructuring and related costs	$ 20	$ 8	$ 56	$ 50

(1) Represents professional support costs associated with our strategic transformation program.

Refer to Note 5 – Restructuring Programs and Related Costs to the Condensed Consolidated Financial Statements for additional information regarding our restructuring programs.

Interest Expense

Interest expense represents interest on long-term debt and the amortization of debt issuance costs. The decrease in Interest expense for the three and nine months ended September 30, 2020, compared to the prior year periods, was driven primarily by lower interest rates, partially offset by a higher average debt balance that resulted from the $150 million withdrawn from our Senior Revolving Credit Facility (Revolver) in March 2020. Refer to Note 6 – Debt in the Condensed Consolidated Financial Statements for additional information.

Goodwill Impairment

There were no goodwill impairment charges for the three and nine months ended September 30, 2020. The goodwill impairment for the three and nine months ended September 30, 2019 related to the write-down of the carrying values of all the Company's reporting units.

(Gain) Loss on Divestitures and Transaction Costs

The costs included in the three and nine months ended September 30, 2020 consist of professional fees related to the strategic review by the Company's Board of Directors and reserves for certain divestiture related litigation. The costs included in the nine months ended September 30, 2019 consist of $5 million of changes in estimates related to losses on divestitures, $2 million related to a loss on sale of assets and $12 million of transaction and related costs, $4 million of which relates to costs to remediate Payment Card Industry Data Security Standards compliance issues related to the sale of select standalone customer care contracts to Skyview Capital LLC.

Litigation Costs (Recoveries), Net

Net litigation costs for the nine months ended September 30, 2020 primarily consist of reserves for various matters that are subject to litigation and costs related to certain reimbursement matters with our former parent company, Xerox Corporation. Net litigation costs for the nine months ended September 30, 2019 primarily consist of the $13 million expense related to the Texas litigation.

Refer to Note 11 – Contingencies and Litigation to the Condensed Consolidated Financial Statements for additional information.

Income Taxes

On March 27, 2020, the Coronavirus Aid, Relief, and Economic Security Act (CARES Act) was signed into law. The CARES Act provides for various tax relief and tax incentive measures, which are not expected to have a material impact on the Company's income tax provision. The payment of the employer share of payroll taxes for the remainder of 2020 will be deferred to 2021 and 2022 under the CARES Act, which will provide a temporary operating cash flow benefit.

The effective tax rate for the three months ended September 30, 2020 was 46.2%, compared to (14.3)% for the three months ended September 30, 2019. The September 30, 2020 rate was higher than the U.S. statutory rate of 21%, primarily due to the geographic mix of income, the election of the high tax exception for Global Intangible Low Tax Income (GILTI), an increase in the U.S. federal tax credits and a benefit attributable to the 2019 return to provision adjustment, partially offset by audit adjustments. The effective tax rate for the three months ended September 30, 2019 was lower than the U.S. statutory rate of 21%, primarily due to pre-tax loss, tax from the geographic mix of income and the inclusion of GILTI.

Excluding the impact of true up for divestitures, amortization of intangible assets, restructuring costs and certain discrete tax items, the normalized effective tax rate for the three months ended September 30, 2020 was 23.0%. The normalized effective tax rate for the three months ended September 30, 2019 of 28.8% was predominantly impacted by the exclusion of the impact of divestitures, charges for amortization of intangible assets and restructuring costs.

The effective tax rate for the nine months ended September 30, 2020 was 16.4%, compared to 8.0% for the nine months ended September 30, 2019. The September 30, 2020 rate was lower than the U.S. statutory rate of 21%, primarily due to the geographic mix of income, increase in valuation allowances, audit adjustments and tax charges recognized on the vesting of employee equity awards, partially offset by an increase in the U.S. federal tax credits and a benefit attributable to the 2019 return to provision adjustment. The September 30, 2019 rate was lower than the U.S. statutory rate of 21%, primarily due to the goodwill impairment charge being partially non-deductible for tax and the geographic mix of income, partially offset by U.S. federal tax credits and tax benefits recognized on the sale of a portfolio of select standalone customer care contracts to Skyview Capital LLC.

Excluding the impact of the true up for divestitures, amortization of intangible assets, restructuring costs and certain discrete tax items, the normalized effective tax rate for the nine months ended September 30, 2020 was 27.4%. The normalized effective tax rate of 31.3% for the nine months ended September 30, 2019, was predominantly impacted by the goodwill impairment, divestitures, the Texas litigation reserve, charges for amortization of intangible assets and restructuring costs.

The Company believes it is reasonably possible that unrecognized tax benefits of approximately $13 million will reverse within 12 months due to an anticipated audit settlement.

Operations Review of Segment Revenue and Profit

In the first quarter of 2020, we realigned our sales organization and certain shared IT and other allocated functions to reflect how we currently manage our business.

In the third quarter of 2020, in order to provide greater visibility into the profitability of our segments, certain costs that were previously included in the Shared IT/Infrastructure and Corporate Costs (now referred to as Unallocated Costs) are being allocated to each of the reportable segments. All prior periods presented have been recast to reflect these changes.

Our financial performance is based on Segment Profit/(Loss) and Segment Adjusted EBITDA for the following three segments:

- Commercial Industries,
- Government Services, and
- Transportation.

Other includes our divestitures and our Student Loan business, which the Company exited in the third quarter of 2018.

Unallocated Costs includes IT infrastructure costs that are shared by multiple reportable segments, enterprise application costs and certain corporate overhead expenses not directly attributable or allocated to our reportable segments.

We continue to modernize a significant portion of our infrastructure with new systems and processes and consolidate our data centers as part of our transformation initiatives. There is a risk, however, that our modernization efforts and data center consolidations could materially and adversely disrupt our operations. In addition, the Company's COVID-19 response has also resulted in diversion of management's time and delayed investments from strategic, transformational and technology initiatives which had been planned. See Part I, Item 1A – Risk Factors of our Annual Report on Form 10-K for the year ended December 31, 2019 and Part II, Item 1A – Risk Factors of this Form 10-Q for additional information.

Results of financial performance by segment were:

	Three Months Ended September 30,						
(in millions)	Commercial Industries	Government Services	Transportation	Other		Unallocated Costs	Total
2020				Divestitures	Other		
Revenue	$ 518	$ 348	$ 175	$ —	$ —	$ —	$ 1,041
Segment profit (loss)	$ 32	$ 122	$ 26	$ —	$ 6	$ (98)	$ 88
Segment depreciation and amortization	$ 24	$ 6	$ 9	$ —	$ —	$ 14	$ 53
Adjusted EBITDA	$ 56	$ 128	$ 35	$ —	$ 6	$ (84)	$ 141
% of Total Revenue	49.8 %	33.4 %	16.8 %	— %	— %	— %	100.0 %
Adjusted EBITDA Margin	10.8 %	36.8 %	20.0 %	— %	— %	— %	13.5 %
2019							
Revenue	$ 578	$ 319	$ 201	$ —	$ —	$ —	$ 1,098
Segment profit (loss)	$ 60	$ 70	$ 25	$ —	$ —	$ (83)	$ 72
Segment depreciation and amortization	$ 27	$ 7	$ 9	$ —	$ —	$ 12	$ 55
Adjusted EBITDA	$ 87	$ 77	$ 34	$ —	$ —	$ (71)	$ 127
% of Total Revenue	52.6 %	29.1 %	18.3 %	— %	— %	— %	100.0 %
Adjusted EBITDA Margin	15.1 %	24.1 %	16.9 %	— %	— %	— %	11.6 %

(in millions)	Commercial Industries	Government Services	Transportation	Other		Unallocated Costs	Total
Nine Months Ended September 30,							
2020				Divestitures	Other		
Revenue	$ 1,610	$ 969	$ 529	$ —	$ —	$ —	$ 3,108
Segment profit (loss)	$ 99	$ 282	$ 56	$ —	$ 9	$ (258)	$ 188
Segment depreciation and amortization	$ 79	$ 19	$ 27	$ —	$ —	$ 41	$ 166
Adjusted EBITDA	$ 178	$ 301	$ 83	$ —	$ 2	$ (217)	$ 347
% of Total Revenue	51.8 %	31.2 %	17.0 %	— %	— %	— %	100.0 %
Adjusted EBITDA Margin	11.1 %	31.1 %	15.7 %	— %	— %	— %	11.2 %
2019							
Revenue	$ 1,782	$ 970	$ 579	$ 36	$ 1	$ —	$ 3,368
Segment profit (loss)	$ 198	$ 202	$ 50	$ 1	$ —	$ (251)	$ 200
Segment depreciation and amortization	$ 76	$ 24	$ 27	$ —	$ —	$ 33	$ 160
Adjusted EBITDA	$ 274	$ 226	$ 81	$ 1	$ —	$ (218)	$ 364
% of Total Revenue	52.9 %	28.8 %	17.2 %	1.1 %	— %	— %	100.0 %
Adjusted EBITDA Margin	15.4 %	23.3 %	14.0 %	2.8 %	— %	— %	10.8 %

Commercial Industries Segment

Revenue

Commercial Industries revenue for the three months ended September 30, 2020 decreased, compared to the prior year period, due to COVID-19 related volume declines and interest rate impact in our BenefitWallet business and prior year lost business. For the three months ended September 30, 2020, approximately $48 million of the revenue decline in the Commercial Industries segment was attributable to the COVID-19 pandemic or COVID-19 related effects. This was primarily due to the following year-over-year changes: 1) lower transaction processing volumes for client in the auto, dental and financial services industries within our Business Operations Solutions (BOS) service offering, 2) reduced workers compensation claims and commercial healthcare claims processing in our Commercial Healthcare Solutions (CHS) service offering, 3) reduced revenue from BenefitWallet in our HRS service offering, as a result of interest rate reductions and 4) a slightly reduced call volumes within our CXM service offering across travel and retail clients.

Commercial Industries revenue for the nine months ended September 30, 2020 decreased, compared to the prior year period, primarily driven by loss of business, as well as COVID 19 related volume declines and interest rate impact. For the nine months ended September 30, 2020, approximately $99 million of the revenue decline in the Commercial Industries segment was directly attributable to the effects of the COVID-19 pandemic.

Segment Profit and Adjusted EBITDA

Decreases in the Commercial Industries segment profit and adjusted EBITDA margin for the three months ended September 30, 2020, compared to the prior year period, were mainly driven by overall revenue declines, the adverse effects of the COVID-19 pandemic and a certain non-recurring client item, partially offset by reductions from our cost reduction program.

Decreases in the Commercial Industries segment profit and adjusted EBITDA margin for the nine months ended September 30, 2020, compared to the prior year period, were mainly driven by overall revenue declines, the adverse effects of the COVID-19 pandemic and exit costs from prior year contract losses, partially offset by reductions from our cost reduction program.

Government Services Segment

Revenue

Government Services revenue for the three months ended September 30, 2020 increased, compared to the prior year period, primarily driven by ramp of new business, volume increases and COVID-19 related volume increases. These increases were partially offset by prior year contract losses. For the three months ended September 30, 2020, approximately $68 million of the revenue increase in the Government Services segment was attributable to the COVID-19 pandemic or COVID-19 related effects. This was largely driven by the following year-over-year changes: 1) increases in the Supplemental Nutrition Assistance Program (SNAP) volumes and Pandemic SNAP volumes, 2) an increase in the number of citizens to which we distribute unemployment insurance benefits, and 3) one month of the additional unemployment insurance benefit distributions under the CARES Act. Within the unemployment benefit business, we generate revenue based on the amount of spending by card holders.

Government Services revenue for the nine months ended September 30, 2020 decreased, compared to the prior year period, primarily driven by contract losses, partially offset by ramp up of new business, volume increases and COVID-19 related volume increases in the second and third quarters of 2020. For the nine months ended September 30, 2020, approximately $114 million of revenue in the Government Services segment was attributable to the COVID-19 pandemic or COVID-19 related effects.

Segment Profit and Adjusted EBITDA

Increases in the Government Services segment profit and adjusted EBITDA margin for the three months ended September 30, 2020, compared to the prior year period, were mainly driven by increased revenue and reductions from our cost reduction program.

Increases in the Government Services segment profit and adjusted EBITDA margin for the nine months ended September 30, 2020, compared to the prior year period, were mainly driven by reductions from our cost reduction program.

Transportation Segment

Revenue

Transportation revenue for the three months ended September 30, 2020 decreased, compared to the prior year period, primarily driven by one-time equipment sales in the prior year and COVID-19 related impacts, partially offset by the ramp of new business. For the three months ended September 30, 2020, approximately $17 million of the revenue decline in the Transportation segment was attributable to the COVID-19 pandemic or COVID-19 related effects. The COVID-19 related impacts were primarily driven by volume pressure in Curbside Management Solutions service offering and project delays in the Transit Solutions and Public Safety service offerings.

Transportation revenue for the nine months ended September 30, 2020 decreased, compared to the prior year period, primarily driven by loss of business and COVID-19 related impact, partially offset by the ramp of new business. For the nine months ended September 30, 2020, approximately $61 million of the revenue decline in the Transportation segment was attributable to the COVID-19 pandemic or COVID-19 related effects. The COVID-19 related impacts were primarily driven by volume pressure in the Roadway Charging & Management Services and Curbside Management Solutions service offerings and project delays in the Transit Solutions service offering.

Segment Profit and Adjusted EBITDA

Transportation segment profit and adjusted EBITDA margin for the three and nine months ended September 30, 2020 increased, compared to the prior year periods, mainly driven by reductions from our cost reduction program, partially offset by overall revenue declines and the adverse effects of the COVID-19 pandemic.

Other

Segment Profit (Loss) and Adjusted EBITDA

Increase in Other segment profit for the nine months ended September 30, 2020, compared to the prior year period, was primarily due to the adjustment to the remaining California Medicaid Management Information System settlement liability of $7 million as a result of the contract expiration in March 2020. This benefit was removed from adjusted EBITDA for segment reporting purposes due to its non-recurring nature.

Unallocated Costs

Unallocated Costs for the three months ended September 30, 2020 increased, compared to the prior year period. This was primarily driven by the accrual for management incentive compensation due to certain business results meeting or exceeding internal targets and a one-time COVID-19 related item, partially offset by efficiencies created by our cost reduction program.

Unallocated Costs for the nine months ended September 30, 2020 was flat, compared to the prior year period. This was primarily driven by the efficiencies created by our cost reduction program, offset by an increase in shared infrastructure related IT due to some discrete non-recurring credits benefiting the prior year, as well as increased costs incurred due to the effects of the COVID-19 pandemic and increase in management incentive compensation due to certain business results meeting or exceeding internal targets.

Metrics

Signings

Signings are defined as estimated future revenues from contracts signed during the period, including renewals of existing contracts. TCV is the estimated total contractual revenue related to signed contracts, excluding the impact of divested business as required.

Total signings for the three and nine months ended September 30, 2020 increased, compared to the prior year periods, driven by increases in new business and renewal TCV signings. TCV signings are defined as estimated future revenues from contracts signed during the period, including renewals of existing contracts.

For the three months ended September 30, 2020, the Company signed $468 million of new business, representing a 100% increase compared to the prior year period. Renewal TCV for the three months ended September 30, 2020 was $745 million, an increase of 46% compared to the prior year period. The Company continues to build the size and strength of the newly centralized sales team.

For the nine months ended September 30, 2020, the Company signed $1,415 million of new business, representing 80% increase compared to the prior year period. Renewal TCV for the nine months ended September 30, 2020 was $2,172 million, an increase of 26% compared to the prior year period.

The amounts in the following table exclude divestitures.

	Three Months Ended September 30,		2020 vs. 2019	
($ in millions)	2020	2019	$ Change	% Change
New business TCV	$ 468	$ 234	$ 234	100 %
Renewals TCV	745	512	233	46 %
Total Signings	$ 1,213	$ 746	$ 467	63 %
Annual recurring revenue signings[1]	$ 96	$ 71	$ 25	35 %
Non-recurring revenue signings[2]	$ 58	$ 43	$ 15	35 %

($ in millions)	Nine Months Ended September 30, 2020	2019	2020 vs. 2019 $ Change	2020 vs. 2019 % Change
New Business TCV	$ 1,415	$ 787	$ 628	80 %
Renewals TCV	2,172	1,724	448	26 %
Total Signings	$ 3,587	$ 2,511	$ 1,076	43 %
Annual recurring revenue signings[1]	$ 258	$ 207	$ 51	25 %
Non-recurring revenue signings[2]	$ 178	$ 124	$ 54	44 %

(1) Recurring revenue signings are for new business contracts longer than one year.

(2) Non-recurring revenue signings are for contracts shorter than one year.

The total new business pipeline at the end of both September 30, 2020 and 2019 was $22.0 billion, respectively. Total new business pipeline is defined as total new business TCV pipeline of deals in all sell stages. This extends past the next twelve-month period to include total pipeline, excluding the impact of divested business as required.

Critical Accounting Policies

COVID-19 Outbreak

The Company is experiencing disruptions to its business, costs, operations, supply chain, and customer demand for its services and solutions due to the rapid and widening spread of the COVID-19 pandemic. While we experienced expansion of volumes and revenues in some of our service offerings, mainly increases in certain government subsidy programs such as SNAP and Unemployment Insurance, these were more than offset by declines in retail call volumes, large banking, healthcare, automotive and other client volume declines in transaction processing, interest rate exposure in our BenefitWallet business, declines in our tolling business, which is part of our Transit solutions service offering, and our Curbside management solutions volume, among other challenges. We expect similar challenges and potential declines in volume ahead of us, but we also anticipate other factors to offset these declines such as leveraging automation, focusing on temporary and long-term cost solutions through re-engineering our operating model and leveraging our work-from-home infrastructure.

The Company also continues to monitor the potential effect on the carrying values of certain assets. These foregoing factors and other factors, which may worsen, can be expected to have a material adverse effect on our business, operations, financial results and capital resources. The ultimate effect of the COVID-19 pandemic on us is highly uncertain and subject to change and will depend on future developments, which cannot be accurately predicted, including the duration of the pandemic, additional or modified government actions, new information that will emerge concerning the severity and effects of COVID-19 and the actions taken to contain the pandemic or address its impact in the short and long term, among others. We do not yet know and cannot predict the full extent of potential impacts on our business, our services and business offerings or our operating results, financial condition and cash flow. Management uses significant judgment in determining the impact of the COVID-19 pandemic on its financial results for the current period and for any future periods. Changes in management's assumptions and judgment relating to the impact of COVID-19 could significantly affect the amounts disclosed in the MD&A – Financial Review of Operations and the MD&A – Operations Review of Segment Revenue and Profit, as the effect of the COVID-19 pandemic remains ongoing. For additional information on various COVID-19 impacts, uncertainties and risks, see Part I, Item 1A – Risk Factors included in our Annual Report on Form 10-K for the year ended December 31, 2019 (2019 Annual Report on Form 10-K), as updated by our Quarterly Report on Form 10-Q for the quarter ended March 31, 2020 and June 30, 2020.

Capital Resources and Liquidity

As of September 30, 2020, and December 31, 2019, total cash and cash equivalents were $488 million and $496 million, respectively. The Company also has a $750 million Revolver for its various cash needs, of which $150 million was drawn in March 2020 as a precautionary measure in response to the COVID-19 pandemic, and $8 million issued for letters of credit. The net amount available to be drawn upon under our Revolver as of September 30, 2020, was $592 million.

Pursuant to the terms of the State of Texas Agreement, the Company was required to pay the State of Texas $236 million, of which $118 million was paid in 2019 and $118 million paid in January 2020. The case has been dismissed with prejudice with a full release and discharge of the Company. Refer to Note 11 – Contingencies and Litigation to the Condensed Consolidated Financial Statements for additional information.

As of September 30, 2020, our total long-term debt outstanding was $1.7 billion of which $78 million was due within one year. Refer to Note 6 – Debt in the Condensed Consolidated Financial Statements for additional debt information.

In order to provide financial flexibility and finance certain investments and projects, we may continue to utilize external financing arrangements. However, we believe that our cash on hand, projected cash flow from operations, sound balance sheet and revolving line of credit will continue to provide sufficient financial resources to meet our expected business obligations for at least the next twelve months.

Cash Flow Analysis

The following table summarizes our cash flows, as reported in our Condensed Consolidated Statement of Cash Flows in the accompanying Condensed Consolidated Financial Statements:

	Nine Months Ended September 30,		
(in millions)	2020	2019	Better (Worse)
Net cash provided by (used in) operating activities	$ (11)	$ (216)	$ 205
Net cash provided by (used in) investing activities	$ (92)	$ (253)	161
Net cash provided by (used in) financing activities	$ 99	$ (60)	159

Historically the Company generates the majority of its cash from operating activities in the latter part of the year.

Operating activities

The net improvement in cash used in operating activities of $205 million, compared to the prior year period, was primarily related to accelerated collections of Accounts receivable of $49 million, timing of payments of Accounts payable and other current liabilities of $40 million, lower net cash income tax payments of $39 million, the deferral of payroll taxes allowed by the CARES Act of $32 million, lower management incentive payments and the impact of lower headcount on payroll of $28 million and other working capital changes of $17 million.

Investing activities

The decrease in cash used in investing activities of $161 million was primarily due to decreased spending for capital expenditures and the absence of the HSP acquisition which occurred in the first quarter of 2019 and lower divestiture payments.

Financing activities

The increase in cash from financing activities was primarily related to the $150 million draw down from our $750 million Revolver and lower tax payment related stock compensation payments of $9 million.

Market Risk Management

We are exposed to market risk from changes in foreign currency exchange rates which could affect operating results, financial position and cash flows. We manage our exposure to these market risks through our regular operating and financing activities and, when appropriate, through the use of derivative financial instruments. We may utilize derivative financial instruments to hedge economic exposures, as well as to reduce earnings and cash flow volatility resulting from shifts in market rates. We also may hedge the cost to fund material non-dollar entities by buying currencies periodically in advance of the funding date. This is accounted for using derivative accounting.

Recent market and economic events, including the effects of the COVID-19 pandemic, have not caused us to materially modify nor change our financial risk management strategies with respect to our exposures to foreign currency risk. Refer to Note 7 – Financial Instruments in the Condensed Consolidated Financial Statements for additional discussion on our financial risk management.

ITEM 3 — QUANTITATIVE AND QUALITATIVE DISCLOSURES ABOUT MARKET RISK

The information set forth under the “Market Risk Management” section in Item 2 of this Form 10-Q is hereby incorporated by reference in answer to this Item. During the reporting period, there have been no material changes to the quantitative and qualitative disclosures regarding our market risk set forth in our 2019 Annual Report on Form 10-K.

ITEM 4 — CONTROLS AND PROCEDURES

(a) Evaluation of Disclosure Controls and Procedures

The Company’s management evaluated, with the participation of our principal executive officer and principal financial officer, or persons performing similar functions, the effectiveness of our disclosure controls and procedures, as defined in Rules 13a-15(e) and 15d-15(e) under the Securities Exchange Act of 1934, as amended (''Exchange Act''), as of the end of the period covered by this Form 10-Q. Based on this evaluation, our principal executive officer and principal financial officer have concluded that, as of the end of the period covered by this Form 10-Q, our disclosure controls and procedures were effective to ensure that information we are required to disclose in the reports that we file or submit under the Exchange Act, is recorded, processed, summarized and reported within the time periods specified in the SEC’s rules and forms relating to the Company, including our consolidated subsidiaries, and was accumulated and communicated to the Company’s management, including the principal executive officer and principal financial officer, or persons performing similar functions, as appropriate to allow timely decisions regarding required disclosure.

(b) Changes in Internal Control Over Financial Reporting

There were no changes in our internal control over financial reporting that occurred during the quarter ended September 30, 2020, that have materially affected, or are reasonably likely to materially affect, our internal control over financial reporting.

PART II — OTHER INFORMATION

ITEM 1 — LEGAL PROCEEDINGS

The information set forth under Note 11 – Contingencies and Litigation in the Condensed Consolidated Financial Statements of this Form 10-Q is incorporated herein by reference in answer to this Item.

ITEM 1A — RISK FACTORS

Reference is made to the Risk Factors set forth in Part I, Item 1A of our 2019 Annual Report on Form 10-K. Below are additions to our risk factors as previously reported in our 2019 Annual Report on Form 10-K.

Supplemental Risk Factor

In light of recent developments relating to the COVID-19 pandemic, the Company is supplementing the risk factors previously disclosed in Item 1A of its Annual Report on Form 10-K for the year ended December 31, 2019, as filed with the Securities and Exchange Commission on February 27, 2020, to include the following risk factor:

Our business has been and will continue to be negatively impacted by the ongoing coronavirus pandemic.

Beginning in late 2019, the outbreak of a novel strain of virus named SARS-CoV-2 (severe acute respiratory syndrome coronavirus 2), or coronavirus, which causes coronavirus disease 2019, or COVID-19, has evolved into a global pandemic and has spread to most regions of the world.

As a result of the COVID-19 pandemic, we have experienced and can be expected to continue to experience disruptions to our business, our operations, the delivery of our services and customer demand for our services and business offerings, including:

- Social distancing, shelter-in-place and stay-at-home requirements and guidance of national, regional, state and local governments have required that substantial services being performed by us for our customers be shifted to work-from-home alternatives, which have created added burdens, risks and costs, including but not limited to: the added cost and uncertainty created by a significant change in our delivery model; delays and disruptions resulting from organizing and implementing work-from-home solutions, particularly in our lower cost geographies, such as India and the Philippines, which have not in the past generally permitted or accommodated work-from-home alternatives; customer protocols not allowing, without express customer waiver or permission, work-from-home alternatives, due to sensitivity of customer data, inclusion of personally identifiable information, cybersecurity and data security concerns, and other factors; delays and disruptions in providing customer services which may adversely affect our reputation and may in the future result in failure to satisfy customer contract requirements and other noncompliance issues; challenges in and cost of equipping work-from-home solutions with appropriate technology equipment and software, with suitable security protections; potential for increased cybersecurity and other data security issues; compliance with legal, regulatory, industry and customer standards and specifications; and increased logistical issues resulting from unexpected shift in service delivery model. As a result of these and other factors related to work-from-home solutions, we have experienced and can be expected to continue to experience delays and disruptions and an adverse impact on our business, operations, costs, satisfaction of customer requirements and operating results and financial condition.

- The COVID-19 pandemic has impacted and may be expected to continue to adversely impact customer demand for our services and business offerings. Many of our customers have experienced and will continue to experience substantial disruption in their own operations. In addition, many of our governmental and non-governmental customers have been allocating resources and management attention away from the ordinary conduct of their business and toward responding to COVID-19 related emergent events. Our sales and marketing personnel are also largely required to perform their services via virtual or other telecommunication alternatives, rather than in-person interactions. The COVID-19 pandemic has also resulted in greater customer uncertainty in their short-term and longer-term needs. In addition, under certain contracts we earn revenues based on the number of transactions processed, such as, for example, certain transportation and credit card processing arrangements where the number of transactions has decreased due to the COVID-19 pandemic. These and other pandemic-related factors have and will continue to adversely impact revenues, sales, new business opportunities, pricing and our sales pipeline.

- Further, our management has been focused on mitigating the impact of the COVID-19 pandemic, which has required and will continue to require a substantial investment of time and resources across our enterprise. This has resulted and can be expected to continue to result in a diversion of management attention, resources and previously planned investments away from strategic, transformational and technology initiatives which had been intended to improve customer demand, new business opportunities, business retention, service delivery, potential divestitures or acquisitions, and the overall profitability of our business and we cannot predict how long this may continue.

- Our government contracts are often subject to a government entity's right to change the scope of work or to terminate their project for funding reasons or at their convenience. Due to the COVID-19 pandemic and its current and future impact on governments, budgets and resources, we may experience government contracts' reductions or terminations.

- We are a leading provider of business processing services concentrated on transaction-intensive processing including financial transactions. If we fail to satisfy a customer's requirements or specifications, we could incur additional costs to address such dissatisfaction or on account of such deficiency as well as receive notice of termination. The COVID-19 pandemic has had and can be expected to continue to have an impact on compliance and non-interruption of service under certain customer contractual requirements, and certain customer relationships can be expected to be adversely impacted, in addition to our incurring added costs in response to any deficiency.

- The COVID-19 pandemic may have had and may continue to have an adverse impact on the operations, financial results and finances of many of our customers, which could impact customer payment cycles and payments due from customers.

- We rely on third parties to provide technology, other services and products we need to operate our business. Delays or interruption in the operations of third parties on which we rely may result in disruptions in our own operations and fulfillment of our customers' requirements.

- The economic downturn could also result in the carrying value of our goodwill or other intangible assets exceeding their fair value, which could require us to recognize further asset impairment.

- We also cannot predict the impact of remote working arrangements on our internal systems and normal administrative services.

- To the extent we draw under our credit facility, our debt would increase. Such increase in our level of debt could adversely affect our financial results or ability to incur additional debt and could negatively impact our credit ratings. In addition, as a result of the risks described above, we may be required to raise additional debt or equity financing, and our access to and cost of financing will depend on, among other things, global economic conditions, conditions in the global financing markets, the availability of sufficient amounts of financing, our prospects, our credit ratings, and the outlook for our industry as a whole. If, as a result of COVID-19, credit agencies downgrade our credit ratings, or general market conditions were to ascribe higher risk to our credit rating levels, our access to capital and cost of debt financing may be negatively impacted and certain of our existing commercial agreements may require us to post collateral; the continuing impact of the COVID-19 pandemic could also negatively impact our compliance with our financial covenants under our credit facilities. In addition, the terms of future debt agreements could include more restrictive covenants.

- The trading prices for our common shares and the securities of other companies in our industry have been highly volatile as a result of the COVID-19 pandemic and a recession, depression or other sustained adverse market event resulting from the COVID-19 pandemic could materially and adversely affect the financial markets, the value of our common shares and our ability to obtain equity or debt financing on favorable or acceptable terms.

The COVID-19 pandemic continues to rapidly evolve, and additional material impacts and disruptions are likely to occur. These and other factors, which may worsen, can be expected to have a material adverse impact on our business, operations, financial results and capital resources. The ultimate impact of the COVID-19 pandemic on us is highly uncertain and subject to change and will depend on future developments, which cannot be accurately predicted, including the duration of the pandemic, additional or modified government actions, new information that will emerge concerning the severity and impact of COVID-19 and the actions taken to contain COVID-19 or address its impact in the short and long term, among others. We do not yet know and cannot predict the full extent of potential impacts on our business, our services and business offerings or our operating results and financial condition.

Please also refer to the complete Item 1A of the Company's Annual Report on Form 10-K filed with the Securities and Exchange Commission on February 27, 2020 for additional risks and uncertainties facing the Company, any of which risks and uncertainties can be expected to be further heightened by the COVID-19 pandemic and have a material adverse effect on the Company's business, prospects, financial condition, results of operations and capital resources.

ITEM 2 — UNREGISTERED SALES OF EQUITY SECURITIES AND USE OF PROCEEDS

(a) Sales of Unregistered Securities during the Quarter ended September 30, 2020

During the quarter ended September 30, 2020, the Company did not issue any securities in transactions that were not registered under the Securities Act of 1933, as amended.

(b) Issuer Purchases of Equity Securities during the Quarter ended September 30, 2020

None.

ITEM 6 — EXHIBITS

3.1	Restated Certificate of Incorporation of Registrant filed with the Department of the State of New York on December 31, 2016. Incorporated by reference to Exhibit 3.1 to Registrant's Current Report on Form 8-K dated December 23, 2016.
3.2	Amended and Restated By-Laws of Registrant as amended through December 31, 2016. Incorporated by reference to Exhibit 3.2 to Registrants Current Report on Form 8-K dated December 23, 2016.
31(a)	Certification of CEO pursuant to Rule 13a-14(a) or Rule 15d-14(a).
31(b)	Certification of CFO pursuant to Rule 13a-14(a) or Rule 15d-14(a).
32	Certification of CEO and CFO pursuant to 18 U.S.C. Section 1350, as adopted pursuant to Section 906 of the Sarbanes-Oxley Act of 2002.
101.INS	Inline XBRL Instance Document - the instance document does not appear in the Interactive Data File because its XBRL tags are embedded within the Inline XBRL document.
101.CAL	Inline XBRL Taxonomy Extension Calculation Linkbase.
101.DEF	Inline XBRL Taxonomy Extension Definition Linkbase.
101.LAB	Inline XBRL Taxonomy Extension Label Linkbase.
101.PRE	Inline XBRL Taxonomy Extension Presentation Linkbase.
101.SCH	Inline XBRL Taxonomy Extension Schema Linkbase.
104	Cover Page Interactive Data File (formatted as Inline XBRL and contained in Exhibit 101).

SIGNATURES

Pursuant to the requirements of the Securities Exchange Act of 1934, the registrant has duly caused this report to be signed on its behalf by the undersigned thereunto duly authorized.

CONDUENT INCORPORATED
(Registrant)

By: /S/ BRIAN J. WEBB-WALSH

Brian J. Webb-Walsh
Chief Financial Officer
(Principal Financial Officer)

Date: November 5, 2020

CEO CERTIFICATIONS

I, Clifford Skelton, certify that:

1. I have reviewed this Quarterly Report on Form 10-Q of Conduent Incorporated;

2. Based on my knowledge, this report does not contain any untrue statement of a material fact or omit to state a material fact necessary to make the statements made, in light of the circumstances under which such statements were made, not misleading with respect to the period covered by this report;

3. Based on my knowledge, the financial statements, and other financial information included in this report, fairly present in all material respects the financial condition, results of operations and cash flows of the registrant as of, and for, the periods presented in this report;

4. The registrant's other certifying officer and I are responsible for establishing and maintaining disclosure controls and procedures (as defined in Exchange Act Rules 13a-15(e) and 15d-15(e)) and internal control over financial reporting (as defined in Exchange Act Rules 13a-15(f) and 15d-15(f)) for the registrant and have:

   (a) Designed such disclosure controls and procedures, or caused such disclosure controls and procedures to be designed under our supervision, to ensure that material information relating to the registrant, including its consolidated subsidiaries, is made known to us by others within those entities, particularly during the period in which this report is being prepared;

   (b) Designed such internal control over financial reporting, or caused such internal control over financial reporting to be designed under our supervision, to provide reasonable assurance regarding the reliability of financial reporting and the preparation of financial statements for external purposes in accordance with generally accepted accounting principles;

   (c) Evaluated the effectiveness of the registrant's disclosure controls and procedures and presented in this report our conclusions about the effectiveness of the disclosure controls and procedures, as of the end of the period covered by this report based on such evaluation; and

   (d) Disclosed in this report any change in the registrant's internal control over financial reporting that occurred during the registrant's most recent fiscal quarter (the registrant's fourth fiscal quarter in the case of an annual report) that has materially affected, or is reasonably likely to materially affect, the registrant's internal control over financial reporting; and

5. The registrant's other certifying officer and I have disclosed, based on our most recent evaluation of internal control over financial reporting, to the registrant's auditors and the audit committee of the registrant's board of directors (or persons performing the equivalent functions):

   (a) All significant deficiencies and material weaknesses in the design or operation of internal control over financial reporting which are reasonably likely to adversely affect the registrant's ability to record, process, summarize and report financial information; and

   (b) Any fraud, whether or not material, that involves management or other employees who have a significant role in the registrant's internal control over financial reporting.

November 5, 2020

/s/ CLIFFORD SKELTON

Clifford Skelton
Principal Executive Officer

CFO CERTIFICATIONS

I, Brian J. Webb-Walsh, certify that:

1. I have reviewed this Quarterly Report on Form 10-Q of Conduent Incorporated;

2. Based on my knowledge, this report does not contain any untrue statement of a material fact or omit to state a material fact necessary to make the statements made, in light of the circumstances under which such statements were made, not misleading with respect to the period covered by this report;

3. Based on my knowledge, the financial statements, and other financial information included in this report, fairly present in all material respects the financial condition, results of operations and cash flows of the registrant as of, and for, the periods presented in this report;

4. The registrant's other certifying officer and I are responsible for establishing and maintaining disclosure controls and procedures (as defined in Exchange Act Rules 13a-15(e) and 15d-15(e)) and internal control over financial reporting (as defined in Exchange Act Rules 13a-15(f) and 15d-15(f)) for the registrant and have:

   (a) Designed such disclosure controls and procedures, or caused such disclosure controls and procedures to be designed under our supervision, to ensure that material information relating to the registrant, including its consolidated subsidiaries, is made known to us by others within those entities, particularly during the period in which this report is being prepared;

   (b) Designed such internal control over financial reporting, or caused such internal control over financial reporting to be designed under our supervision, to provide reasonable assurance regarding the reliability of financial reporting and the preparation of financial statements for external purposes in accordance with generally accepted accounting principles;

   (c) Evaluated the effectiveness of the registrant's disclosure controls and procedures and presented in this report our conclusions about the effectiveness of the disclosure controls and procedures, as of the end of the period covered by this report based on such evaluation; and

   (d) Disclosed in this report any change in the registrant's internal control over financial reporting that occurred during the registrant's most recent fiscal quarter (the registrant's fourth fiscal quarter in the case of an annual report) that has materially affected, or is reasonably likely to materially affect, the registrant's internal control over financial reporting; and

5. The registrant's other certifying officer and I have disclosed, based on our most recent evaluation of internal control over financial reporting, to the registrant's auditors and the audit committee of the registrant's board of directors (or persons performing the equivalent functions):

   (a) All significant deficiencies and material weaknesses in the design or operation of internal control over financial reporting which are reasonably likely to adversely affect the registrant's ability to record, process, summarize and report financial information; and

   (b) Any fraud, whether or not material, that involves management or other employees who have a significant role in the registrant's internal control over financial reporting.

November 5, 2020

/s/ BRIAN J. WEBB-WALSH

Brian J. Webb-Walsh
Principal Financial Officer

CERTIFICATION OF CEO AND CFO PURSUANT TO 18 U.S.C. § 1350, AS ADOPTED PURSUANT TO § 906 OF THE SARBANES-OXLEY ACT OF 2002

In connection with the Form 10-Q of Conduent Incorporated, a New York corporation (the "Company"), for the quarter ended September 30, 2020, as filed with the Securities and Exchange Commission on the date hereof (the "Report"), Clifford Skelton, Chief Executive Officer of the Company, and Brian J. Webb-Walsh, Chief Financial Officer of the Company, each hereby certifies, pursuant to 18 U.S.C. § 1350, as adopted pursuant to § 906 of the Sarbanes-Oxley Act of 2002, to the best of his/her knowledge, that:

(1) The Report fully complies with the requirements of Section 13(a) or 15(d) of the Securities Exchange Act of 1934; and
(2) The information contained in the Report fairly presents, in all material respects, the financial condition and results of operations of the Company.

/s/ CLIFFORD SKELTON

Clifford Skelton
Chief Executive Officer
November 5, 2020

/s/ BRIAN J. WEBB-WALSH

Brian J. Webb-Walsh
Chief Financial Officer
November 5, 2020

This certification accompanies this Report pursuant to § 906 of the Sarbanes-Oxley Act of 2002 and shall not, except to the extent required by the Sarbanes-Oxley Act of 2002, be deemed filed by the Company for purposes of § 18 of the Securities Exchange Act of 1934, as amended.

A signed original of this written statement required by § 906 has been provided to Conduent Incorporated and will be retained by Conduent Incorporated and furnished to the Securities and Exchange Commission or its staff upon request.

State of Georgia

In conjunction with

NASPO ValuePoint

Attachment Y
Scopes of Services Submission Checklist
Event Name: Third Party Liability Services
eRFP (Event) Number: 41900-DCH0000120

Supplier Name: Conduent State Healthcare, LLC

Instructions: Identify the scope(s) of work listed below that your company will be providing a response to for this eRFP. Check the yes/no box as appropriate for your submission. Be sure to sign and date this checklist and upload a copy with your response.

	SCOPES OF WORK SUBMISSION	YES	NO
1.	TPL Care Management Organization (CMO) Come Behind Services	X	
2.	TPL Commercial Recoupment Services	X	
3.	TPL Hospital/Physician Services	X	
4.	TPL Recovery Services	X	
5.	TPL System Module Solution	X	

Supplier Representative's Printed Name/Title: Donna Migoni, Vice President

Supplier Representative's Signature:

Date: November 20, 2020

CERTIFICATE OF ASSISTANT SECRETARY

I, Christopher Scott Morrow, in my capacity as Assistant Secretary of Conduent State Healthcare, LLC, a Delaware limited liability company (the "Company"), am delivering this Certificate of Assistant Secretary to certify that Donna Migoni is the duly elected, qualified and acting Vice President of the Company and in such capacity is authorized to obligate, bind, and execute any and all proposals, contracts as well as any amendments thereto in connection with the Third Party Liability Services, eRFP 41900-DCH0000120, by and between Conduent State Healthcare, LLC and the Georgia Department of Administrative Services, and all other documents to be executed therewith.

IN WITNESS WHEREOF, I have set my hand to this Certificate of Assistant Secretary as of the 21st day of December, 2020.

CONDUENT STATE HEALTHCARE, LLC, a
Delaware limited liability company

By: _____
Christopher Scott Morrow, Assistant Secretary

State of Georgia

In conjunction with

NASPO ValuePoint

Attachment E

Statement of Certifications and Assurances
Event Name: Third Party Liability Services
eRFP (Event) Number: 41900-DCH0000120

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eRFP # STATEMENT OF CERTIFICATIONS AND ASSURANCES

The Supplier must sign and complete the Statement of Certifications and Assurances below as required, and it must be included in the Technical Response (as required by eRFP Attachment D, Mandatory Response Worksheet from Question 8).

The Supplier does, hereby, expressly affirm, declare, confirm, certify, and assure ALL of the following:

1. The Supplier will comply with all of the provisions and requirements of the eRFP.
2. The Supplier will provide all services as defined in the Scope of the eRFP **Attachment Y, Scopes of Services Submission Checklist** for the total Contract Term.
3. The Supplier, except as otherwise provided in this eRFP, accepts and agrees to all terms and conditions set out in the eRFP Attachment BB, Master Agreement Contract.
4. The Supplier acknowledges and agrees that a contract resulting from the eRFP shall incorporate, by reference, all proposal responses as a part of the Contract.
5. The Supplier will comply with:
   (a) the laws of the State of Georgia;
   (b) Title VI of the federal Civil Rights Act of 1964;
   (c) Title IX of the federal Education Amendments Act of 1972;
   (d) the Equal Employment Opportunity Act and the regulations issued there under by the federal government; and,
   (e) the Americans with Disabilities Act of 1990 and the regulations issued there under by the federal government.
6. To the knowledge of the undersigned, the information detailed within the response submitted to this eRFP is accurate.
7. The response submitted to this eRFP was independently prepared, without collusion, under penalty of perjury.
8. No amount shall be paid directly or indirectly to an employee or official of the State of Georgia as wages, compensation, or gifts in exchange for acting as an officer, agent, employee, subcontractor, or consultant to the Supplier in connection with this eRFP or any resulting contract.
9. Both the Technical Response and the Cost Proposal submitted in response to this eRFP shall remain valid for at least 120 days subsequent to the date of the Cost Proposal opening and thereafter in accordance with any contract pursuant to the eRFP.

By signing this Statement of Certifications and Assurances, below, the signatory also certifies legal authority to bind the proposing entity to the provisions of this eRFP and any contract awarded pursuant to it. The signatory hereby attests that the above information is true and correct to the best of their knowledge and further acknowledges and understands that they may be subject to a fine of not more than $1000 or imprisonment for not less than one and not more than five years, or both, if knowingly and willfully makes a false or fraudulent statement or representation to the Department regarding the information reported on this form or other information pursuant to O.C.G.A. Section 16-10-20

If the signatory is not the Supplier (if an individual) or the Supplier's company *President* or *Chief Executive Officer*, this document must attach evidence showing the individual's authority to bind the Supplier.

DO NOT SIGN THIS DOCUMENT IF YOU ARE NOT LEGALLY AUTHORIZED TO BIND THE SUPPLIER

SIGNATURE:	
PRINTED NAME & TITLE:	Donna Migoni, Vice President
DATE:	December 16, 2020
SUPPLIER LEGAL ENTITY NAME:	Conduent State Healthcare, LLC

Attachment Z
CERTIFICATE OF NON-COLLUSION

By responding to this solicitation, the supplier understands and agrees to the following:

1. That the submitted response constitutes an offer, which when accepted in writing by the State Entity, and subject to the terms and conditions of such acceptance, will constitute a valid and binding contract between the undersigned and the State Entity; and
2. That the supplier has read the specifications and requirements shown or referenced in the solicitation and that the supplier's response is made in accordance with the provisions of such specifications and requirements except as expressly stated otherwise in the supplier's response; and
3. That the supplier guarantees and certifies that all items included in the supplier's response meet or exceed any and all such stated specifications and requirements of the solicitation except as expressly stated otherwise in the supplier's response; and
4. That, if awarded a contract, the supplier will deliver goods and/or services that meet or exceed the specifications and requirements of the solicitation except as expressly stated otherwise in the supplier's response; and
5. That the response submitted by the supplier shall be valid and held open for a period of **one hundred and twenty (120) days (or such other time period as identified in the solicitation)** from the final solicitation closing date and that the response may be held open for an additional period of time subject to the supplier's consent; and
6. That the supplier's response is made without prior understanding, agreement, or connection with any corporation, firm, or person submitting a response for the same materials, supplies, equipment, or services and is in all respects fair and without collusion or fraud. The supplier understands and agrees that collusive bidding is a violation of state and federal law and can result in fines, prison sentences, and civil damage awards; and
7. That the provisions of the Official Code of Georgia Annotated, Sections 45-10-20 et seq. have not been violated and will not be violated in any respect.

DO NOT MODIFY THE BID/PROPOSAL CERTIFICATION TERMS IN ANY WAY. THIS FORM MUST BE COMPLETED, SIGNED AND SUBMITTED WITH YOUR RESPONSE.

Contractor's Full Legal Name: (PLEASE TYPE OR PRINT)	Conduent State Healthcare, LLC
Authorized Signature:	
Printed Name and Title of Person Signing:	Donna Migoni Vice President
Date:	November 20, 2020
Company Address:	9601 Amberglen Blvd, Suite 200 Austin, TX 78727
FAX Number:	202.906.8321
Email Address:	Donna.migoni@conduent.com
***This table must be completed in its entirety by the supplier.**	

Offerors must answer all questions in this document in the space provided.	
<u>Failure to answer these questions will result in disqualification of the proposal</u>	
Offerors must indicate whether their proposal meets the individual requirement and provide a supporting narrative in the space provided. The narrative description will be evaluated and awarded points in accordance with Section 6, Proposal Evaluation and Award. Certain questions require an attachment. ONLY upload documents where there is a "Yes-Required" in the "Upload Attachments with Additional Information?" column, to provide additional requested information for specific questions. If there is a "No" in the "Upload Attachments with Additional Information?" column, then a document will be NOT be evaluated, if uploaded. Suppliers must provide an answer in the answer box below for all questions with "No" in the "Upload Attachments with Additional Information?" column.	
DO NOT INCLUDE ANY COST INFORMATION IN YOUR RESPONSE TO THIS WORKSHEET.	
1	**Business Continuity and Disaster Recovery**- Describe in detail how your company will meet all the requirements identified in **Attachment F, Business Continuity and Disaster Recovery Section, BCDR01-BCDR05**. Your response should include the requirement number identified in the attachment, followed by your detailed response. You must provide a response to all requirements identified in **Attachment F, Business Continuity and Disaster Recovery Section**.
A1	*Answer # 1* Conduent business continuity planning provides procedures are tested and shown to restore vital business processes, minimize the negative effects of a major disruption to business operations, and facilitate the continuation of customer care and satisfaction. All known and available resources are used to prevent a business emergency from escalating to a business crisis. Conduent business continuity planning identifies potential risks, vital processes, and strategies for resuming processing during a business disruption. The plan designates a set of procedures for executing alternative activities, enabling core business processes to continue to function. The plan defines procedures needed perform operations with minimum impact to Conduent's core business processes, employees and customers. A critical capability of Conduent is the resiliency and responsiveness to events that may have an impact on the ability to achieve our business objectives. Our plans include key information about the critical business functions needed to support the analysis of recovery priority, restoration of necessary functions, and information needs related to an outage duration for each business component. We have recent experience planning, preparing for, and executing business continuity plans related to events beyond Conduent control, such as earthquakes in Alaska, potential volcano eruptions in Hawaii, hurricane-related flooding in Texas, and recently operations impacts caused by the COVID-19 pandemic. In all cases, we successfully responded to our continuity obligations, maintaining service to member and provider populations. A high-level view of the plan's content and scope is shown in Figure G1-1.

Figure G1-1. Business Continuity/Disaster Recovery Goals and Content

The BC/DR Plan addresses a broad array of actions required to recover from a disaster and restore business continuity.

The next crisis is not on the calendar: we are ready at any hour of every day, with proven, detailed plans tailored to your specific operational needs. Our processes comply with CMS requirements and the preliminary relevant Service Level Agreements (SLAs). Figure G1-2 shows our integrated approach to business continuity and disaster recovery.

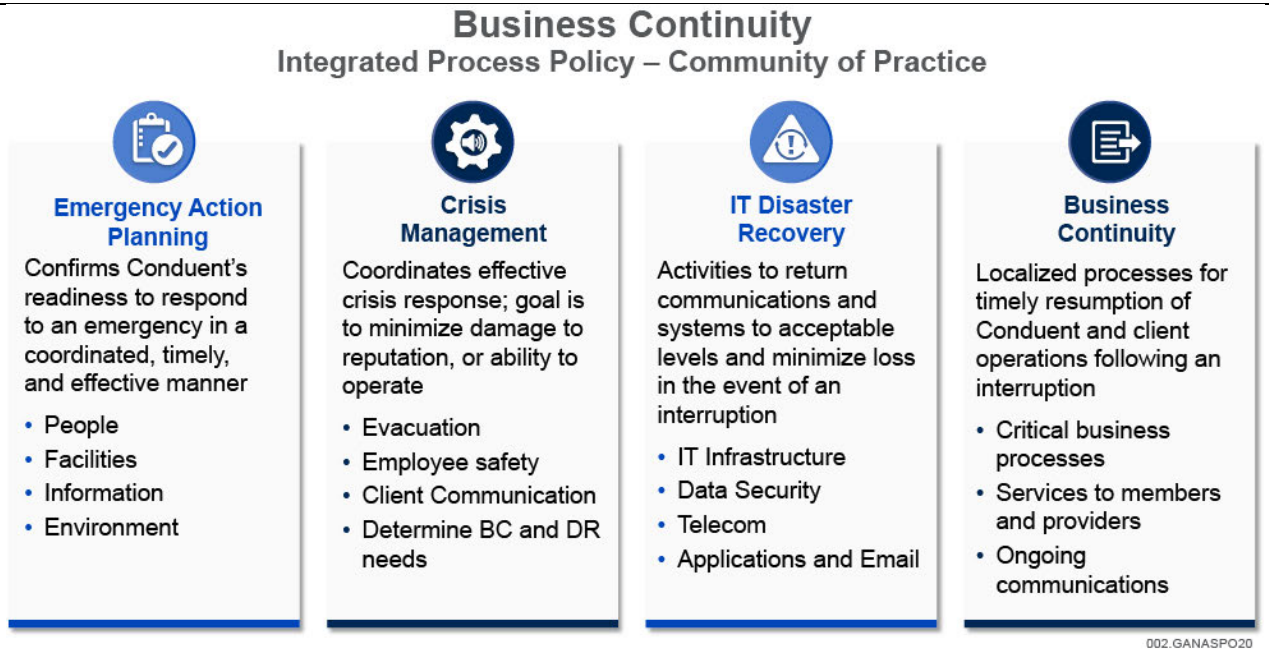

Figure G1-2. Providing Coverage for Business Continuity

Our Business Continuity Plan defines each step to achieve business resumption quickly after a disruption.

Attachment F: Requirements for Business Continuity and Disaster Recovery

On the following pages, Conduent provides a response to each Attachment F Requirements for Business Continuity and Disaster Recovery, BCDR01-BCDR05. Our initial response confirms our commitment to meet the requirements followed by our descriptions of our work.

Attachment F Requirement BCDR01

The Supplier shall develop and maintain annually, a Business Continuity and Disaster Recovery Plan that must be in place before any agency data is transferred or entered into the solution. The Plan must contain procedures for data backup, restoration, and emergency mode operations in the event of:

A. Hardware or Software Failures	B. Human Error;
C. Natural Disaster	D. Force majeure

The Business Continuity and Disaster Recovery Plan must be approved by the agency.

Conduent response: Conduent develops and maintains an annual Business Continuity and Disaster Recovery Plan before any agency data is transferred or entered into the solution. The Plan will contain procedures for data backup, restoration, and emergency mode operations in the event of hardware or software failures, human error, natural disaster, and force majeure. Conduent acknowledges that the plan will be approved by the Agency.

Meeting the very real need for business continuity (BC) and disaster recovery (DR) is fundamental both to the Agency's overall program strategy and our contractual service level agreements. Our Business Continuity and Disaster Recovery plan focuses on prevention, continuity of critical functions following a service disruption, and quick activation of a comprehensive disaster recovery response when a disaster is unavoidable. Our approach confirms that the plan contains detailed procedures and meets the requirements for data backup, restoration, and emergency mode operations in the event of:

- Hardware or software failures
- Human error
- Natural disaster or force majeure

Our procedures cover resumption or continuation of operations following any event that adversely affects, in whole or in part, the error-free and continuous operation of the CMdS product and supporting services, and/or affects the performance, functionality, efficiency, accessibility, reliability, and security of the solution. Disaster events may include natural disasters, human error, computer virus, or a malfunction of the hardware or electrical supply.

Business Continuity/Disaster Recovery Plan

Our preparation begins with the Conduent Business Continuity Program Office, which assumes corporate-wide governance responsibility for emergency preparedness. The office oversees the readiness of all Conduent accounts, assessing their continuity plans against a standard set of criteria, and requiring status reports during operational reviews. With the assistance of the Business Continuity Program Office, Conduent drafts and submits the Business Continuity Plan to the State for review and approval following the State's deliverable review and approval processes.

The Conduent approach to disaster recovery focuses on proactive planning and prevention designed specifically to negate the need to restore operations, as shown in Figure G1-3 below. When recovery of critical functions is required due to a service disruption, our approach addresses facilities and backup locations, off-site storage, recovery facilities, contact information, and the temporary staffing needed to resume business operations. We always submit the plan to the agency for review and approval. Periodic review and regularly scheduled testing are essential to verify that the plan remains current and effective. Consistent with agency requirements, Conduent Governance Policy requires annual disaster recovery testing. This is a cross-enterprise, end-to-end disaster recovery exercise that tests the performance of the solution's failover to backup resources.

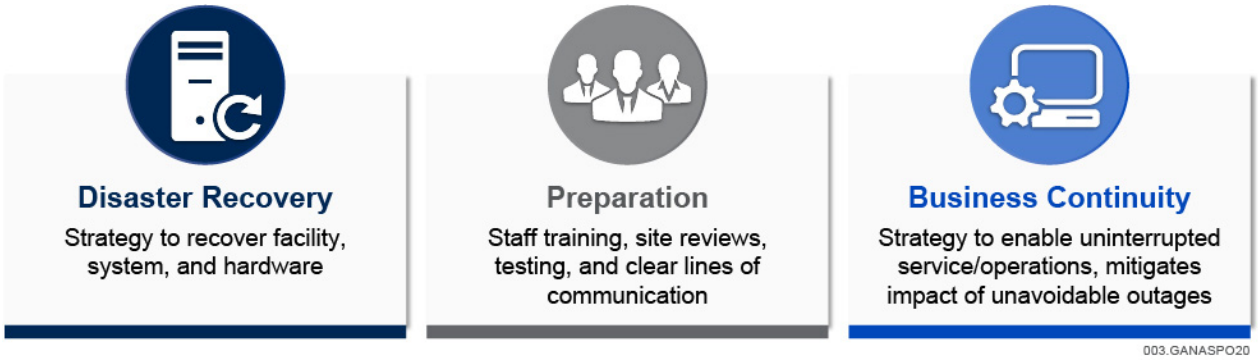

Figure G1-3. Disaster Recovery Approach Focuses on Prevention

Our strategy for BC/DR emphasizes proactive planning to support efficient recovery of operations.

Conduent hosts the solution in the Microsoft Azure Commercial Cloud, with a primary data center site for production operations and a secondary site for disaster recovery. Leveraging the high-availability capabilities of the Azure cloud for hosting, our solution provides redundant infrastructure, data, and application features to maintain uninterrupted solution access. In Azure, the site identified as the secondary disaster recovery facility is often the primary production data center for many other Azure customers. That facility is not a data center whose only function is to wait for processing to switch over from the primary production site.

The Microsoft Azure cloud hosts the solution with geographically segregated regions in the continental United States that include a primary datacenter facility for production operations and a secondary datacenter for backup and recovery, as configured. Azure Availability Zones provide high-availability hosting environments, protecting solutions and data from datacenter failures. Availability Zones are unique physical locations within an Azure region. Each zone is made up of one or more datacenters equipped with independent power, cooling, and networking. Figure G1-4 shows the location of Azure resources in the United States.

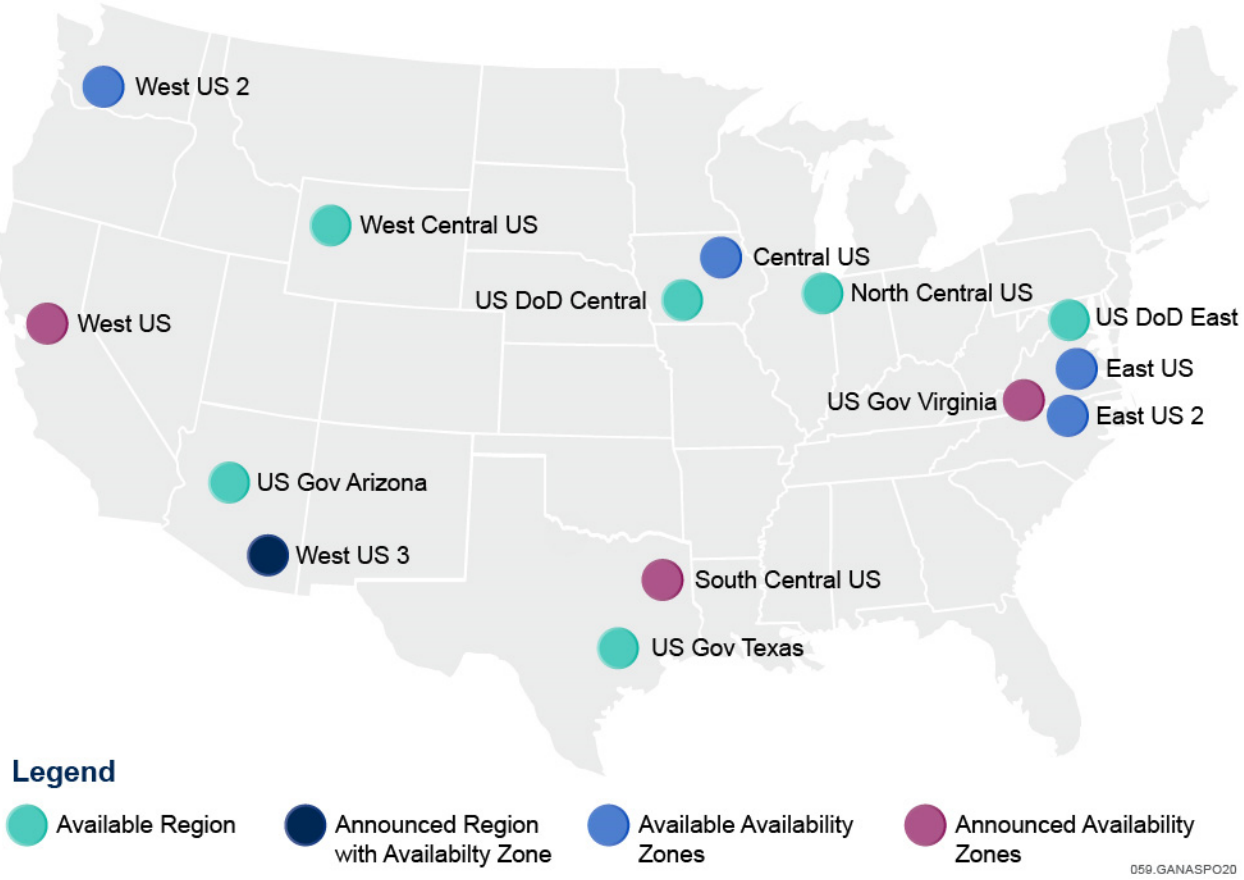

Figure G1-4. Providing Coverage for Business Continuity

Microsoft Azure provides multilayered data residency options across multiple U.S. regions and meets demanding data residency and compliance requirements.

In the application layer of the solution, geo-replicated Azure container registries help confirm that the same code is deployed in primary and secondary environments while Azure traffic manager provides end-point monitoring and failover to DR endpoints. In a cold (which provides a work area recovery space and infrastructure support, but doesn't function as a complete replica of the primary

environment) DR scenario, a new secondary environment can be quickly provisioned from scratch using version-controlled Infrastructure scripts, providing a Recovery Time Objective (RTO) of less than four hours.

In addition to maintaining a hot DR site (a real-time replication of an existing network environment in which all data at the primary site is immediately replicated at the DR site), the backup site provides a redundant version of the primary production site, duplicating the security and accessibility characteristics of primary resources as it takes over production operations. Each Azure instance has a snapshot taken daily through the Azure Managed Disk snapshot feature and a data backup using the Azure Backup client. These backups and snapshots are maintained in Azure storage accounts accessible by both the primary and secondary data centers. We combine tools and methods to cost-effectively achieve full restoration within the agreed upon service levels. These include:

- Geo-redundant datacenters
- Enterprise Database (EDB) Postgres Realtime Replication
- Daily snapshots and backups
- BLOB (Binary Large Object) storage replicated to the backup datacenter in near real-time

Attachment F Requirement BCDR02

The Supplier's Business Continuity portion of the plan must include identification of the core business processes involved in the production solution. For each core business process include:

1) Risk analysis;	2) Impact analysis
3) Definition of minimum acceptable levels of service/output;	4) Definition of triggers for activating contingency plans.
5) Procedures for activating any special teams for business continuity.	6) A plan for recovery of business functions, units, processes, human resources, and technology infrastructure in a timely manner
7) Set RPO and RTO targets as defined by the Agency	8) Communication protocols when restoring operations in a timely manner

Conduent response: The Conduent Business Continuity portion of the plan includes identification of the core business processes involved in the production solution. We confirm that each core business process includes and meets requirements (1 to 8) in BCDR02.

The Conduent plan identifies the core business processes involved in the production solution. The plan designates procedures for executing alternative activities, enabling Conduent's core business processes continue to function. We define a framework and strategy for the available resources to perform their responsibilities with minimum impact to Conduent's core business processes, employees and customers.

Risk Analysis

We collaborate with you to methodically identify potential risks, assessing and recording the probability of occurrence, potential impact, and develop a risk response strategy for each identified risk.

The Risk Management Plan defines the strategy and processes that both the agency and Conduent project teams follow to support risk identification, assessment and analysis, prioritization, and resolution. This plan establishes the strategy and systematic processes and procedures for identifying, analyzing, mitigating, monitoring and controlling, and reporting risk.

We provide comprehensive mitigation/contingency strategies and plans to meet your needs based on the assessment of each risk. The Mitigation/Contingency Plans are monitored continuously, managed as part of the overall project plans, discussed during project status meetings, and reported to appropriate stakeholders.

Following a proven risk management strategy maximizes the likelihood of successful project completion and minimizes, or eliminates, the potential negative impact of unavoidable risks. In short, managing risk consists of addressing two basic questions:

- What can go wrong on the Project?
- What can we do about it?

Conduent provides a deliberate and proactive process for identifying potential risks and assessing the probability and potential impacts of risk occurrence. The team follows a thorough risk response planning process that identifies mitigation strategies and lays out the criteria for early detection of risk, allowing us to rapidly take actions and minimize negative project impacts.

Risk monitoring and control involves the tracking of previously identified risks, triggers, response plans, and risk mitigation actions. The Project Management Office (PMO) handles the risk management process, and delivers a formal Risk Management Plan.

Impact Analysis

Conduent provides the impact analysis due to plan updates including the required impact and the financial impact to the State. Depending on the specific type of change and whether the State would like the updates to be implemented at a specific time in the system, we could accomplish this in suspense in the production environment, in a non-production environment, or by using reporting.

The Project team provides an impact analysis for any required addition of categories of services. We work with you to understand the related program changes and the requirements for processing with the new values. Based on that understanding, the team looks for the impact in the Project to plans, interfaces, claims processing, financial reporting, and federal reporting, and then, provides you with the details.

Definition of Minimum Acceptable Levels of Service/output

SLAs and performance specifications may be defined or adjusted by mutual agreement during the term of the contract to align with business, organizational objectives, and technological changes.

Definition of Triggers for Activating Contingency Plans

The BC/DR Plan outlines our strategy for maintaining system availability and recovery from any significant interruption in service and includes a Contingency Plan. We base our approach to developing the plan on HIPAA, International Organization for Standardization (ISO) 20000 guidelines, and Information Technology Infrastructure Library (ITIL) best practices.

The BC/DR Plan lists the significant triggers, as defined by the State that would invoke the plan as well as the escalation and notification guidelines and timelines.

Once the BC/DR Plan is invoked, Conduent executes command and control to oversee recovery activities, to monitor compliance with the BC/DR Plan, and to serve as a central point of communication. During the outage, we collaborate with you to provide personnel that coordinates efforts and reports the status of their recovery activities in a timely manner, based upon the severity and scope of the event. After resolution of the event, we coordinate with you to perform a root cause analysis and study the lessons learned. The plan is updated accordingly.

The Conduent contingency plans define the scope of business continuity and disaster recovery efforts and describe the policies, recovery requirements, and recovery strategies necessary to enable us to fulfill our responsibilities.

Conduent maintains and coordinates the elements of the contingency plans to meet business continuity requirements.

The plans also address:

- Data integrity
- Backups
- Storage management
- Contingency operations to restore the Project within required recovery timeframes

The BC/DR Plan describes the range of Conduent and State continuity of operations responsibilities. The plan addresses multiple potential scenarios, ranging from partial loss of function or data for a brief amount of time to a worst-case scenario in which a man-made or natural disaster or IT data center failure results in total system or facility loss.

	The plan also outlines the process and timing by which business partners notify Conduent and the State of an outage. Once notified, we coordinate with all stakeholders performing roles defined in the BC/DR Plan to restore the Project in a timely manner. **Procedures for Activating Any Special Teams for Business Continuity** Identification of individual facility recovery teams and their roles and responsibilities, include: • Detection and definition of the problem • Execution of any steps necessary to protect the safety of staff • Determination of the problem's scope • Hardware, software, or networks affected • Steps for problem resolution Conduent has defined procedures to address events affecting business continuity. **Recovery of Business Functions, Units, Processes, Human Resources, and Technology Infrastructure in a Timely Manner** The secondary Microsoft Azure Cloud data center for disaster recovery comprises complete duplication of hardware, to which data and application processes fail over in the event of a processing interruption. The plan clearly defines what hardware is critical at each location, including backup and recovery of each critical item in case of an emergency. Additionally, the plan is revised to cover any facilities or systems used to support the project's scope of work. **Set RPO and RTO Targets as Defined by the Agency** Conduent's infrastructure footprint includes a hot DR site, which includes a replica of the production environment running in a different region. Conduent does continuous and near-real time replication and back up for the production site. Our Business Continuity Plan/Disaster Recovery Plan has the following key features: • Asynchronous streaming replication in the database layer to support a remote point objective (RPO) of less than 15 minutes and remote time objective (RTO) of less than 4 hours • Support for both automatic and manual failover of application and database layers, including endpoint monitoring for automatic failover and alerting • Automation of infrastructure provisioning (networks, databases and applications) using Infrastructure as Code (IaC) scripts • Continuous monitoring of endpoints to provide seamless failover to disaster recovery environments • Tracking of disaster recovery and business-as-usual (BAU) infrastructure code through version control systems

	The Azure cloud's paired regions provide low latency connectivity between primary and secondary regions. The EDB database cluster spans Azure regions and is resilient to datacenter and region-level outages. An EDB Postgres cluster with streaming replication keeps the primary and secondary databases in sync, while EDB's failover manager handles failover in a DR scenario. Daily snapshots, backups, and replicated disk/BLOB storage provide an additional layer of protection against data loss to provide an RPO of 15 minutes or less. The configuration for disaster recovery is shown in Figure G1-5.

Figure G1-5. Cloud-Native Architecture Hosted in Azure for Business Continuity/Disaster Recovery

The BC/DR Plan addresses a broad array of actions required to recover from a disaster and restore business continuity.

Communication Protocols When Restoring Operations in a Timely Manner

The Conduent Business Resumption Team (BRT) leader, who is also the Conduent Contract Manager, decides on the best method for ongoing communications upon the activation of the plan.

Upon declaration of a crisis at any operations location, the Contract Manager notifies you of the crisis declaration and serves as your primary link with the operations team throughout the recovery process. We provide detailed status updates at predefined intervals during and after the incident that activates the BC/DR Plan. The plan also details contact information.

The Conduent System Manager notifies all internal and external business partners, vendors, and service providers about the crisis declaration and the recovery efforts carried out to resume operations. The State notifies its affected business partners (those other than Conduent) about the crisis declaration and the recovery efforts.

Attachment F Requirement BCDR03

The Supplier shall create and update annually a Disaster Recovery plan that must address, at a minimum:

a. Retention and storage of backup files and software	b. .Hardware backup for critical solution components
c. Facility backup	d. Backup for any telecommunications links and networks
e. Documented backup procedures and support to accommodate the loss of any systems, modules or communications, within a time frame as determined by the agency.	f. A detailed file backup plan, procedures, and schedules, including rotation to an off-site storage facility, at a frequency as determined by the agency.
g. The off-site storage facility must provide security of the data stored there, including protections against unauthorized access or disclosure of the information, fire, sabotage, and environmental considerations.	h. An enumeration of the prioritized order of restoration for Supplier's proposed solution.
i. Provide a short-term uninterruptible power supply to facilitate an orderly shutdown of the information system in the event of a primary power source loss.	j. Disaster recovery location within the United States and equipment provided to enable the Supplier to fulfill its contractual requirements.
k. Testing of the backup and restoration procedures/facility at a frequency as determined by the agency.	l. Notification process

Conduent response: Conduent creates and updates a Disaster Recovery plan that addresses the requirements cited in RFP Attachment F Requirement included in BCDR03 (a to l).

Conduent will annually develop and maintain a Business Continuity and Disaster Recovery Plan before any agency data is transferred or entered into the solution. The Plan will contain procedures for data backup, restoration, and emergency mode.

Retention and Storage of Back-up Files and Software

Conduent's BC/DR Plan includes procedures that address all aspects of operations, including a contingency for alternate facilities for backup and recovery of all hardware and software and handling all types of emergencies and disasters. Alternate resources duplicate all primary Microsoft Azure Cloud data center site resources at the secondary failover data center, to which "hot" data replication is performed in near-real time.

Disaster recovery planning addresses the elements that may need recovery, such as hardware, software, telecommunications, production data files, and system documentation.

The plan contains business resumption procedures specifically designed for each facility used to support the Project. The plan's goal is to make certain the prompt resumption of critical business functions if there are service disruptions. This plan supplies a layered recovery strategy that addresses disaster scenarios and documents critical procedures.

The plan clearly defines the software, functions, and operational procedures that are critical at each location, including backup and recovery of each critical item in case of an emergency. Additionally, the plan is revised annually to cover any facilities or systems used to support the Project's scope of work.

Facility Backup

In Azure, the site identified as the secondary disaster recovery facility is often the primary production data center for many other Azure customers. It is not a data center whose only function is to wait for processing to switch over from the primary production site.

Failure in any component at Azure data centers results in automatic switch over to the redundant component. Azure Traffic Manager, which is primarily responsible to detect if primary endpoint is no longer healthy, automatically uses the failover endpoint in the DNS response and users connect to the application on Azure disaster recovery environment.

The Conduent Business Continuity Plan includes a contingency plan and adheres to HIPAA and International Organization for Standardization (ISO) 20000 guidelines and Information Technology Infrastructure Library (ITIL) best practices. We submit a baseline version of the plan early in the project for review and approval.

At the application layer, a file share server supports the project. The server is geo-redundant and accessible to both locations. We use snapshot and backups to deploy the production environment and point to the replicated storage and databases.

	Facility Security Policies and Procedures Our physical security protocols address the implementation and maintenance of safeguards for the operations facility. They include site-specific components for physical security, data security, and confidentiality. In addition, controls for protecting confidential information include labeling documents containing confidential information appropriately. Protocols also involve applying role-based access control tools and techniques to restrict permissions in document access systems. **General Access.** A multi-level security system controls access into and within each facility 24/7/365. Key card/access badges limit employee, vendor, and visitor access to secured areas. Visitors to a facility must sign in and out, wear a temporary visitor badge, and be escorted by an authorized employee as appropriate. Vendors may, under some circumstances, receive temporary badges for access to low-risk areas (those not containing ePHI and/or PII). Regular employees are always required to display a picture ID access badge. The security system automatically monitors and records badge swipes of all building occupants and records unauthorized access attempts. To prevent anyone outside the building from inadvertently viewing PHI through windows, all facility windows have blinds and reflective windows. **High Security Access.** We limit and control access to highly secure areas within each facility, such as a computer room or mailroom, to allow only authorized personnel or escorted visitors or vendors to enter the area. Access is maintained separately from adjacent areas and granted only to specific personnel (e.g., IT operations and telecom personnel) who are assigned responsibilities within that area. The security system automatically monitors and records badge swipes to these areas and records unauthorized access attempts. **Terminating Access.** A formal process conforming to the HIPAA Workforce Security Standard 45 CFR 164.308(a)(3)(i) is in place that includes immediate termination of physical and system access as soon as it is no longer needed. We follow a formal change control process when employees are terminated or transferred to areas where their responsibilities dictate different levels of access. Requests for access changes are submitted through a help desk electronic form and immediately acted on by IT operations personnel. **After Hours Access.** Facilities are protected with 24/7 key card restricted access. Most employees have access capabilities only during regular business hours. If extended access is necessary under normal business conditions, it is pre-approved, and the badge access times are adjusted. Employees that are part of incident response teams, disaster recovery, and IT operations have 24/7/365 access. **Backup for Telecommunications Links and Networks** Redundancy built into the key points of the computer and network architectural solution minimizes the risk from hardware or other system failures. Disaster Recovery personnel can access the backup copies of all data files and confirm operations continuity.

	Network segmentation with virtual local area networks (VLANs) creates a collection of isolated networks in the data center. Properly configured VLAN segmentation severely hinders access to system attack surfaces. ***Telephone Communications Lines to the Disaster Back-up Site*** The BC/DR Plan includes measures supporting successful cut-over of re-routed telephone systems. This capability takes advantage of the telephony resources available in the secondary Microsoft Azure Cloud failover data center. ***Recovery Prioritization List (Hardware and Software Applications)*** The BC/DR Plan includes predetermined recovery requirements, tasks, priorities, and inter-dependencies that provide the ability to quickly resume critical operations in the event of an incident. The plan includes a prioritization of hardware and software applications. ***Telecommunication Voice Switch*** The plan includes backup procedures for the facility, telecommunications links and networks, support to accommodate the loss of any online communications. ***Power Supply to Facilitate Orderly System Shutdown*** Both the primary and secondary Microsoft Azure Cloud data centers include uninterruptible power supplies to facilitate an orderly shutdown of the information system. We check with local utilities for information regarding power, gas, water, and sewer usage. Uninterruptible power supplies and banks of batteries provide electricity if a short-term power disruption occurs. Emergency generators provide backup power for extended outages and planned maintenance. If a natural disaster occurs, the datacenter can use onsite fuel reserves. **Documented Backup Procedures and Support** Meeting the very real need for effective and practiced business continuity and disaster recovery is fundamental both to the Department's overall project strategy and to our design for ensuring ongoing operations for contracted services. The increased number and severity of natural disasters and security threats in recent years has underscored the need for effective planning and readiness. Development of the Business Continuity and Disaster Recovery Plan begins early in the project as this information must be in place before your data is transferred or entered in CMdS product. We submit the initial version of this document, annual updates, and any interim changes to the Department for review and approval.

Our business continuity and disaster recovery plans focus on prevention, continuity of critical functions following a minor or major service disruption, and preparedness for quick activation of a comprehensive disaster recovery response when a natural or manmade disaster is unavoidable. Conduent's Business Continuity Plan includes procedures that address all aspects of operations to include a contingency for alternate facilities for backup and recovery of all hardware and software and handling all types of emergencies and disasters.

In a disaster, our primary goal is to confirm that the operations staff are safe, and the facilities in which they work are secure. We then focus on ensuring business continuity and continuing to meet contract requirements and service level agreements. Each client has unique environmental, geographical, and technological risks that must be considered in developing plans for business continuity and disaster recovery.

In developing the Business Continuity Plan, Conduent addresses risks such as earthquakes, fires, and floods, pandemics and a multitude of other data center and supporting operational facilities disaster recovery concerns to include evacuations, chemical spills, hackers, ice storms, power outages, and shredded data.

Proven Business Continuity Plan

On Friday, November 30, 2018, a magnitude 7.1 earthquake hit Alaska with an epicenter about 10 miles north of our Anchorage facility. Conduent on-site and off-site staff sprang into action, accounting for all employees' safety and executing our Business Continuity Plan starting within an hour of the event and continuing through Monday morning. By executing the plan as designed and maintaining constant, transparent, and collaborative communications, we completed all necessary steps to resume business in Alaska safely and reliably. We were open for business Monday morning.

Documented Backup Procedures for Accommodating the Loss of Systems, Per Time Frame Set by the Agency

Our plan for backup procedures demonstrates the approach, technologies, and procedures we apply to minimize the impact of the loss of systems. The plan provides guidance, with updates and improvements introduced during the course of decades, to minimize impact to operations.

The plan identifies the existing disaster recovery processes and procedures for the Conduent primary data center and our backup data center, both hosted in Azure. It also defines the recovery mechanisms, staff, resources, alternate operations sites, alternate communications, and escalation procedures to accommodate anticipated scenarios that could disrupt or impair normal operations.

Conduent provisions for minimizing the impact of primary data center system loss provide strategically designed, superior flexibility, scalability, uptime, and outage prevention. The operational infrastructure, both hardware and software, are monitored at all times to confirm that hardware and software are healthy and operating as expected. Systems are regularly patched with security and software updates, and maintenance releases that enhance current features as well as add features and functionality.

	Highlights of our standard, documented Disaster Recovery portion of the Business Continuity and Disaster Recovery plan include: • Detection and definition of the problem. • Execution of any steps necessary to protect the safety of staff • Determination of the problem's scope • Hardware, software, or networks affected • Steps for problem resolution • Plan for the retention and storage of backup files and software • Detailed hardware data backup procedures and schedules for critical solution components • Backup procedures for the facility, telecommunications links and networks, support to accommodate the loss of any online communications • Plan for offsite facility storage including all necessary protections • Plan for the restoration of the CMdS product • Plan of action for recovery from a primary power source loss • Documented recovery timeframes • Outline of a strategy and detailed steps for safeguarding and restoring system operations • Plan for network and workstation hardware and software recovery • Relocation to a backup operational facility • Plan for uninterruptible power supply to facilitate an orderly shutdown of the information system We work with the Agency to confirm related SLAs. **Detailed File Backup Plan with Rotation to Off-site Facility, Per Frequency Set by the Agency** Our approach focuses on prevention of disruptions, as well as continuity of critical functions following a minor or major service disruption. It addresses facilities and backup locations, off-site storage, recovery facilities, contact information, and the temporary staffing needed to continue business operations in all cases. The Conduent Disaster Recovery Plan provides predefined best practices with detailed steps for restoring business processes, including all functions required to meet recovery timeframe commitments. In preparing a plan, we identify and document critical business functions, including key personnel, contacts, critical equipment and data, contingency work locations and personnel, recovery procedures, communication of the plan, testing, and updates to the plan.

	The plan details the disaster recovery and business continuity strategy, maintenance and testing of the plan, incident response procedures, establishment and responsibilities of a command center, operations recovery, and return to ordinary processing and operations. The plan is modified as necessary for specific solutions and contingencies of the program. The secondary datacenter provides offsite storage backup for Azure. **Data Security at Off-site Facility and Protections for Backup Data** Should a disruption in operations require a relocation or redirection of data, documents, work, or staff, all security and privacy procedures shall be adhered to as stated in the Conduent Security and Privacy Policies. We develop, maintain, and submit these procedures (e.g., proposed offsite procedures, locations, and protocols) to the State for review and approval prior to implementation. Such procedures include, but are not limited to; local policies adopted for the protection of individually identifiable information and protected health information (PHI). Our business continuity process predefines a set of procedures to follow during a highly disruptive event. The information we provide promotes efficient decision-making processes during an incident. This gives incident team leads the guidance needed for executing comprehensive, documented procedures to recover the production environment within the predefined recovery time objective. Figure G1-6 illustrates a business continuity flow that supports testing and continuous improvement.

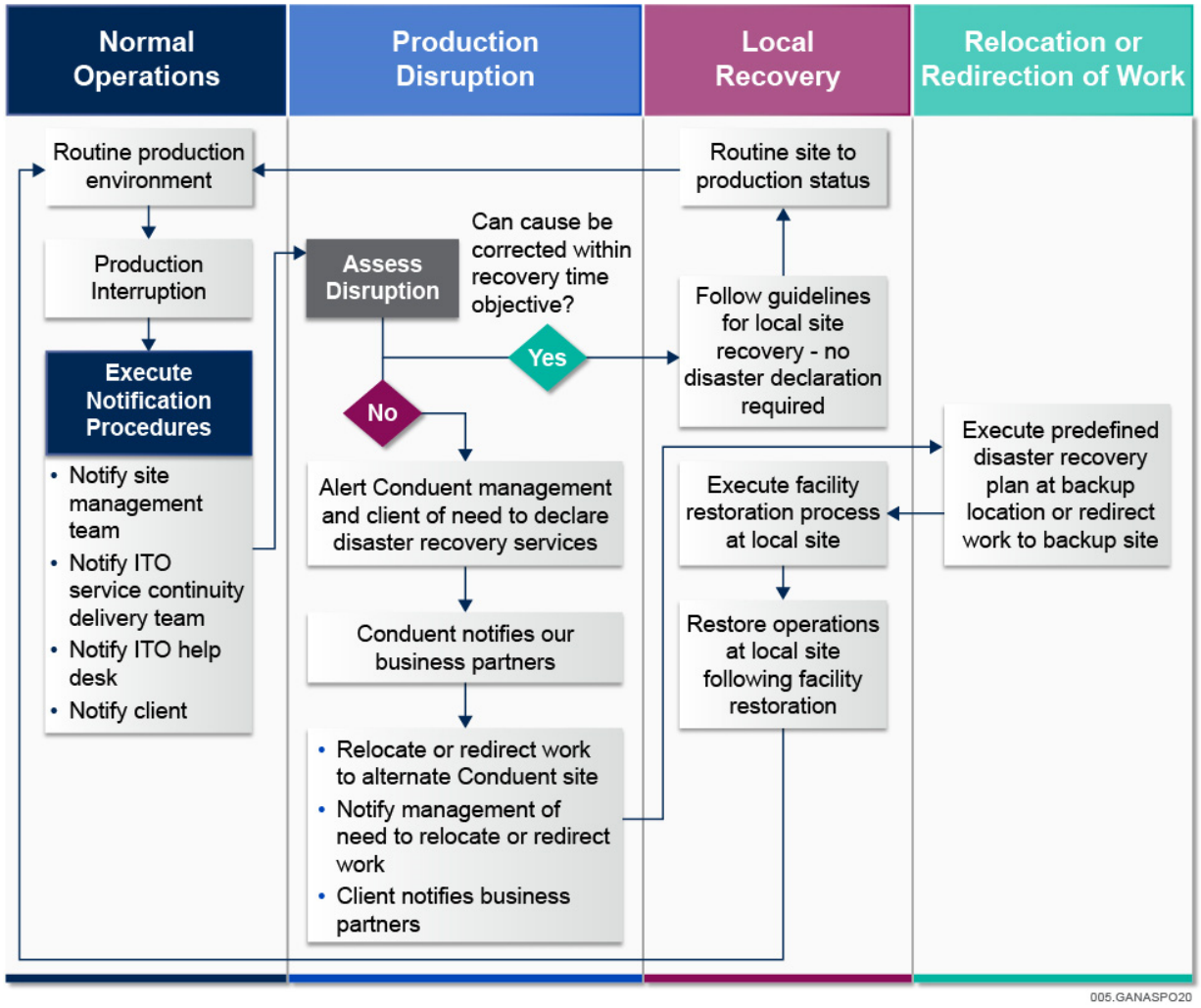

Figure G1-6. Business Continuity Flow Reflects Testing and Continuous Improvement

Highly defined business continuity processes provide the ODM with a predictable, repeatable approach to restoring operations.

Emergency incident procedures refer to the predetermined actions, performed immediately following an emergency incident. These procedures include coordination of the specific response and recovery actions. Examples of emergency incidents include:

- Fire
- Medical emergency or illness
- Bomb threat
- Extreme weather
- Power outage
- Suspicious mail
- Violence in the workplace

The goals of emergency incident procedures are to reduce injuries, prevent loss of life, and avoid or minimize damage to the organization's reputation or the ability to operate.

Conduent's Corporate Security and Safety Team requires that Conduent solutions include an Emergency Action Plan that is specific to their location. The Emergency Action Plan contains quick reference information and checklist procedures on:

- How to report an emergency?
- Who will assist you in an emergency?
- What to do in case of an emergency?

Conduent maintains these procedures and policies to ensure the safety and security of its employees, contractors, and business partners. The *Employee Guidebook* outlines many of the policies and procedures that affect employees.

Enumeration of Prioritized Order of Restoration

Rapid resumption of operations begins with prioritization of functions, established in the Business Continuity Plan.

State personnel have the best understanding of functions that are most critical to operational effectiveness. We work with you to identify which functions to prioritize for restoration, as well as the timeline for their recovery.

We also develop plans with you for incidents in which the State's systems are not available even though the Conduent ecosystem is fully functional. This includes the hot seating of State workers to the Conduent location to maintain business continuity.

Since problems can be identified through a variety of sources, our experience has proven that a best practice for prioritizing functions is to have the person closest to the problem assess its impact. This person has the most knowledge of affected functions and is generally best positioned to assign a level of priority.

Drawing on that input, Conduent performs a Business Impact Analysis (BIA) to prioritize production systems and operational functions for recovery. The team, in conjunction with the State, reviews the issues and agrees on the prioritization.

The priority of problems already discovered can be adjusted based on impact to users, workflows, and degree of urgency at any time.

The Conduent BIA prioritizes functions and allocates resources accordingly as follows:

1. Security and confidentiality.
2. Complaints and grievances.
3. Customer service center.
4. Quality management and program integrity.
5. Claims administration.
6. Reports.
7. Education and outreach.
8. Records retention and retrieval.
9. Informing materials.
10. Problem correction process.

Each of these functions is assigned a priority level, channeling resources most effectively to restore services in a timely, effective, and economical way. Table G1-1 defines priority levels for business service problems.

Table G1-1. Business Service Problem Priority Levels

Priority Level	Description
1. Critical	The service is inoperable and/or major functionality does not respond as it should
2. High	A major service function executes as expected, but produces inaccurate results
3. Medium	A non-major function executes, but produces inaccurate results
4. Low	A cosmetic issue, documentation issue, or something that does not affect the accuracy of the operation
5. Defer	The fix can be deferred until a dependency is resolved at a known date and time, depending on the case

Uninterruptible Power Supply for Orderly Shutdown

If there is no access to electricity on the site, we take steps to verify that there are no gas and sewer leaks in the facility. As previously stated, both the primary and secondary Microsoft Azure Cloud data centers include uninterruptible power supplies to facilitate an

orderly shutdown of the information system. We check with local utilities for information regarding power, gas, water, and sewer usage.

Disaster Recovery Location and Equipment Located in United States

Most Azure services are deployed regionally and enable you to specify the region into which the service will be deployed. Examples of such Azure services include virtual machines, storage, and SQL. Microsoft may copy customer data between regions within a given geography for data redundancy or other operational purposes. For example, geo-redundant storage replicates blob, file, queue and table data between two regions within the same geo for enhanced data durability in case of a major datacenter disaster.

Table G1-2. Microsoft Azure Regions in the U.S.

Datacenter Region	Location	Available to
Central U.S.	Iowa	All customers and partners
East U.S.	Virginia	All customers and partners
East U.S. 2	Virginia	All customers and partners
North Central U.S.	Illinois	All customers and partners
South Central U.S.	Texas	All customers and partners
West Central U.S.	Wyoming	All customers and partners
West U.S. 1	California	All customers and partners
West U.S. 2	Washington	All customers and partners
West U.S. 3	Arizona	Coming soon

Source: Microsoft. In some cases, data may be stored outside of specified regions.

Testing Backup and Restoration Procedures/Facility

Conduent testing simulates production operations at the recovery location in the event a crisis outage is declared. We test types of potential interruptions to operational groups. The scope, objectives, and timeline are determined prior to each test. Problem resolution is measured during each test.

	We document results and compare them to the test objectives to determine if all the objectives were met upon completion of the test. If an objective was not met, we document the results and include them as a test objective in a future test. Test issues and recommendations are documented for follow-up. We provide a summary of the results of each test to all test participants. These tests are conducted at a frequency determined by the Agency. **Notification Process** Each member of the Project team has a pre-assigned notification responsibility. The team must manage the actions of their respective vendors and other providers of goods and services in addition to notifying those individuals directly involved in recovery. This ensures the swiftest possible restoration of operations following the strategies outlined in the plan. Figure G1-7 summarizes a notification flow and the initial actions for a typical emergency incident.

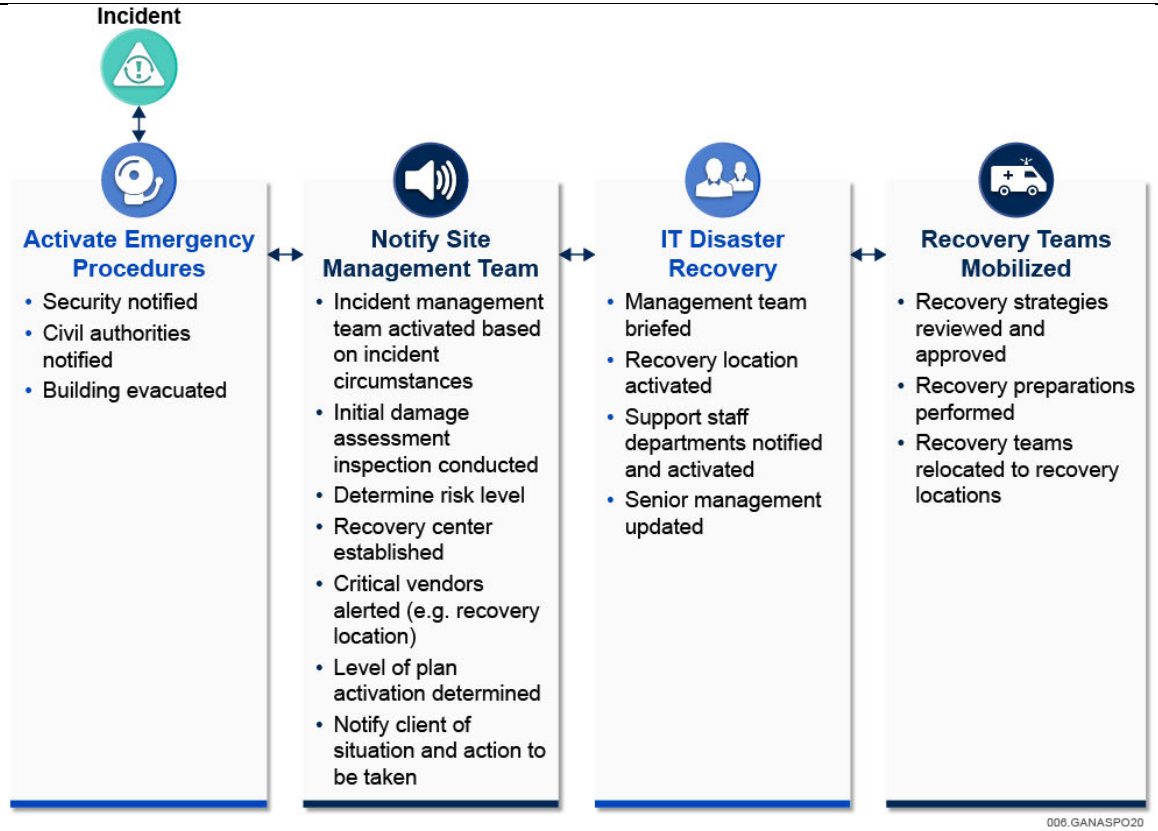

Figure G1-7. Typical Emergency Incident Procedure Notification Flow and Initial Actions

Early incident notification and detailed guidance promote early recovery action.

Attachment F Requirement BCDR05

The Supplier shall conduct an annual drill/test of the Disaster Recovery and Business Continuity Plan and submit the Disaster Recover/Business Continuity Test Report that includes the outcome, corrective action plan, and revisions, if any, to the agency.

Conduent response: Conduent will conduct an annual drill/test of the Disaster Recovery and Business Continuity Plan and submit the Disaster Recovery/Business Continuity Test Report to include the outcome, corrective action plan, and revisions to the agency. The Conduent Business Continuity portion of the plan will include identification of the core business processes involved in the production solution. We confirm that each core business process includes requirements (1 to 8) in BCDR02.

	As part of our annual disaster recovery demonstration, we perform testing of the BC/DR Plan, which includes coordinating with and demonstrating to the State the Business Continuity and Contingency Plans. Structured walkthroughs and/or live testing exercises determine the accuracy and completeness of these procedures and help evaluate the timely recovery at the recovery site. Testing implements various types of potential interruptions to operational groups. Each test simulates production operations at the recovery location in the event a disaster outage is declared. Prior to a scheduled recovery test, we perform a comprehensive walkthrough of the BC/DR Plan, review previously documented disaster recovery plans, and discuss the detailed steps that the sites must follow in the event of a disaster. The objectives of the walkthrough are: • Verify names of the people responsible for the plans. • Ensure detailed recovery steps are practical and work effectively. • Verify recovery locations. • Ensure plans incorporate new applications or business functions. • Validate all team members fully understand the plans. ***Disaster Recover/Business Continuity Test Report*** Disaster recovery testing is not simply a pass/fail scenario. The testing is an opportunity to assess the BC/DR Plan's capability to maintain a safe and secure operating environment for the Project's needs and those of providers and plan members. We deliver a report summarizing the disaster recovery testing results within five business days after completing the testing. This report not only includes the test outcomes but also the remediation steps take to resolve any issues found during the testing. We review the test results with you in an open, candid, and transparent manner. Together, we talk through recommendations for improvements or enhancements to the BC/DR Plan. We collaborate with you to execute all corrective actions in a seamless fashion that meets your satisfaction. Disaster recovery testing addresses elements of the production system, which may require recovery such as hardware, software, telecommunications, production data files and system documentation. We develop a Disaster Recovery Testing Document that includes full details of the planned test, a detailed task timeline of the test schedule, and any problems or recommendations documented during the test.

Business continuity testing addresses:

- Reviewing and updating emergency notification contacts
- Confirming key individuals to notify in the event of an emergency
- Directing the work force to the recovery site
- Obtaining and/or moving any required physical inventory to the recovery site
- Establishing network connectivity
- Redirecting vendor services to the recovery site

We work with you to schedule recovery tests, coordinate test activities, and evaluate the results. The coordinator determines team members for planning as well as those who participate in testing. The team tracks and documents the recovery test, which includes any problems that occur or recommendations.

The team facilitates a post-review meeting with the recovery test participants once a recovery test is completed. The team provides a summary report showing tasks performed, task timeframes, results, and action items. All test participants receive a copy of the summary report, including site and client management.

Corrective Action Plan

In the event that a performance deficiency is identified, we work with you to quickly assess the deficiency and resolve the issue. Conduent evaluates the current processes, develops process improvements, and determines the need for additional quality checks to avoid future occurrences of the deficiency. By measuring the quality of our work product, we also measure the effectiveness of our training and work instructions.

As a result of identifying an error or defect, we update and revise our training and work instructions to prevent the issue from reoccurring or continuing. If the situation arises where you require a corrective action plan, we work with your staff to develop and implement the corrective action to resolve the deficiency and prevent reoccurrence. Through open communication, monitoring of performance data and collaborative teamwork, we achieve continuous improvement in identifying and minimizing errors and deficiencies.

Attachment F Requirement BCDR04

The Supplier shall support the disaster recovery activities that will provide timely failover and create relevant documented policies and procedures to implement a recovery.

Conduent response: Conduent will support and meet the requirements for the disaster recovery activities that will provide timely failover and create relevant documented policies and procedures to implement a recovery.

	The Conduent BC/DR plan is comprehensive, performing essential functions to expedite recovery: • Safeguard employees, contractors, and partners working in our location(s) in case of an incident • Provide an effective and timely method of communication to our client(s) and other stakeholders during and after an incident • Eliminate, or at least minimize, the risk of service disruptions to critical business functions caused by natural, technological, or human error problems • Prevent the organization from sustaining a serious financial and operational impact • Maintain regulatory requirements while addressing a disruptive incident, and during the recovery process • Safeguard assets (including protected health information) during and after the incident • Minimize the impact to the organization's public and industry image • Minimize the decision-making time in case of an incident • Provide clear direction for specific recovery actions at the time of and immediately after an incident • Provide predetermined recovery requirements, tasks, priorities, and inter-dependencies that provide the ability to quickly resume critical operations in the event of an incident • Provide management oversight of the response and recovery effort • Communicate the plan to integrate support into training and plan response activities • Re-establish critical business operations/services within the required timeframes Your implementation brings unique environmental, geographical, and technological risks that evolve in response to a broad array of influences. We prepare and submit a comprehensive BC/DR Plan containing detailed policies and procedures for the State's review and approval. The plan covers the broad range of topics encountered during the course of a solution availability event. This combined BC/DR Plan contains procedures for data backup, restoration, and emergency mode operations in the event of hardware or software failures, human error, natural disaster, or other unforeseeable emergencies. The focus of our approach is to provide business continuity and ongoing communication with all the involved parties from the moment a problem is first detected. Recovery objectives, restoration priorities, and metrics are supported by the redundant failover systems that provide the real-time activation of an alternate site for all storage, processing, and communication functions. The plan identifies the teams responsible for: • Recovering operations • Managing the recovery process • Notifying staff on necessary actions to be taken • Evaluating the primary cloud for damage • Restoring the site to normal operations

	The BC/DR Plan also outlines the existing and proposed disaster recovery processes and procedures for the hosting services as they apply specifically to your deployment, as well as the recovery mechanisms, staff, resources, alternate operations sites, alternate communications, and escalation procedures to accommodate anticipated scenarios that could disrupt or impair normal Project operations. Hardware and software configurations are identified for recovery requirements, along with risk mitigation procedures. Alternate sites are identified should it be necessary to relocate operations to the recovery site. The plan describes system recovery and reconstitution tasks, along with the testing and training exercises performed annually. This information is used to implement the technical and human resources needed to provide full system restoration (without deterioration of the initial security safeguards or functionality) within a 24-hour time frame. The BC/DR Plan also evaluates the types of service interruptions that may affect the operations of the Project and the actions necessary to respond to these events. The primary goal is to restore access to the system for all users. Business continuity procedures are activated to stabilize normal operations and minimize the impact of natural and unplanned catastrophic events. Incident management procedures support the understanding of the risks and threats of non-technical interruptions (e.g., bomb threats, terrorism, workplace violence, fire, flood, general weather-related incidents). Checklists assist recovery teams in executing each phase of the declaration of a disaster, relocation of operations, restoration of the primary site, and finally, the return to the primary location. The BC/DR Plan: • Addresses the “worst case” scenario, an event or circumstance that renders a facility unusable for an undetermined amount of time • Confirm that sufficient personnel are available to carry out the required recovery steps • Addresses short-term outages, those of limited duration and resolved using documented local operating procedures • Includes recovery planning and formulation of an appropriate recovery strategy, which is contingent on a realistic assessment of risk and a cost-effective means of mitigating the worst-case type of risk	
	Upload Attachments with Additional Information? **Yes**	Attachment File Name: **Business Continuity and Disaster Recovery Requirements Response_ Base**

Attachment G Mandatory Scored Questions- TPL Base Requirements
Offerors must answer all questions in this document in the space provided.
Failure to answer these questions will result in disqualification of the proposal
Offerors must indicate whether their proposal meets the individual requirement and provide a supporting narrative in the space provided. The narrative description will be evaluated and awarded points in accordance with Section 6, Proposal Evaluation and Award. Certain questions require an attachment. ONLY upload documents where there is a "Yes-Required" in the "Upload Attachments with Additional Information?" column, to provide additional requested information for specific questions. If there is a "No" in the "Upload Attachments with Additional Information?" column, then a document will be NOT be evaluated, if uploaded. Suppliers must provide an answer in the answer box below for all questions with "No" in the "Upload Attachments with Additional Information?" column.
DO NOT INCLUDE ANY COST INFORMATION IN YOUR RESPONSE TO THIS WORKSHEET.

2	**MECT Certification Requirements**- Describe in detail how your company will meet all the requirements identified in **Attachment F, MECT Certification Section, CERT01-CERT21.** Your response should include the requirement number identified in the attachment, followed by your detailed response. You must provide a response to all requirements identified in **Attachment F, MECT Certification Section.**
A2	*Answer # 2* Conduent's extensive experience positions us to meet the Medicaid Enterprise Certification Toolkit (MECT) certification requirements CERT01 through CERT21. Our history of certification success, with the Centers for Medicare and Medicaid Services (CMS) MECT and direct experience with modular certification positions us to assist the Agency in achieving equivalent success. Conduent has a 100% success rate of federal certification in 15 Medicaid Management Information System (MMIS) implementations across 14 states and the District of Columbia (DC). Our team has achieved an enviable record in supporting our clients' adherence to the MECT checklist requirements, including using the latest MECT guidelines for certification of our Health Enterprise MMIS in New Hampshire in 2015, Alaska in 2018, and most recently, in North Dakota in 2019. In our latest certification effort in North Dakota, we developed a complete set of requirement artifact documents using MECT version 2.3 checklist requirements that were thoroughly vetted by the State, their Independent Verification and Validation (IV&V) contractor, and CMS. To best position the Agency for certification, we leverage these repeatable processes and a complete set of artifact documents to use as templates for Third Party Liability Services (TPL Services). Lastly, as CMS begins to streamline the certification process to be more outcomes based, our team has outcomes-based certification experience with Maryland and Georgia Electronic Visit Verification. Our certification team understands CMS' guidance for modular systems development requirements and works with the Agency and other stakeholders to validate that our solution, as configured for TPL Services, is consistent with and meets the requirements specified

in the MECT. Our Certification Lead has more than 18 years of experience in the MMIS and Prescription Benefits Management (PBM). She manages the preparation for certification of the MMIS and modular systems including outcomes based certifications. She serves as the primary point of contact for certification-related issues and works with the project teams, including the Independent Validation and Verification (IV&V) to coordinate certification planning, status meetings, and deliverables. She manages client expectations and provides clear, concise, and timely communication and support. She works individually with State staff to ensure they fully understood their checklist requirements and provides direction on the creation of their presentation/demonstration of their module. She is knowledgeable and experienced in the latest version of the CMS MECT Toolkit and works with the project team to crosswalk MECT checklist requirements, including Appendix B to traceable requirements and deliverables. She managed the project team in creating a complete set of requirement artifact documents to successfully validate the system and ultimately achieve certification. She also has experience in Operational Readiness Review and executing operational readiness checklists.

At the project start, our Certification Lead coordinates the effort to create a crosswalk between the RFP requirements, MECT or OBC requirements, and the solution product documentation. The crosswalk identifies module documentation used to evaluate the effective and efficient satisfaction of specific MECT requirements. Our team works with the Agency's Systems Integration Services contractor to provide seamless integration and standardized interfaces with other modules. Our testing plans and results are used as certification artifacts to prove MECT compliance. Conduent has successfully navigated the current MECT and the milestone review process, and look forward to bringing our best practices to the TPL Services project. We leverage our previous CMS certification successes to secure full federal financial participation (FFP) for the Agency.

Attachment F MECT Certification Requirements

On the following pages, Conduent provides a response to each Attachment F MECT Certification Section, CERT01-CERT21. Our initial response confirms our commitment to meet the requirement followed by our descriptions of our work.

Attachment F Requirement CERT01

The Supplier shall develop a Certification Crosswalk that describes how the Supplier's deliverables and other documentation align with federal certification requirements and MECT milestone reviews.

Conduent response: Conduent develops a Certification Crosswalk that describes how our deliverables and other documentation aligns with federal certification requirements and MECT milestone reviews.

At the onset of the project, our Certification Lead coordinates with the Agency and our technical and functional subject matter experts (SMEs) to crosswalk the MECT certification requirements to system requirements and to the TPL module documentation. The resulting crosswalk or Conduent's Certification Dashboard is used to demonstrate alignment of each federal certification requirement which are mapped to applicable use cases (UCs), reports, user interfaces (UIS'), interfaces and other documentation. Additionally, our Certification Lead lists each MECT Appendix B Required Artifact in an Excel spreadsheet by milestone reviews (R1, R2, R3) and works

with the certification team to assign ownership of each applicable requirement. This activity confirms that the responsible team members complete and submit deliverables and documentation in a timely fashion. As an example, for the technical/SDLC category, there are several artifacts such as a testing schedule, operations manuals, training materials, Interface Control Document that are required for operational milestone review (R2) and final milestone review (R3). Our crosswalk is used as a checklist that specifies the owners, completion dates, status and documentation required along with notes/comments. We review this crosswalk during regular status meetings with the Agency. As the project moves into user acceptance testing (UAT), our TPL module documentation is combined with test results then documented in the requirement artifact templates for operational milestone review (R2) and final milestone review (R3) demonstrating compliance with the business functions stated in the certification requirements. Figure G2-1 illustrates the three milestone reviews. Our certification team responds to questions from the Agency, the IV&V contractor, and the CMS Review team during the R2 and R3 milestone reviews as requested.

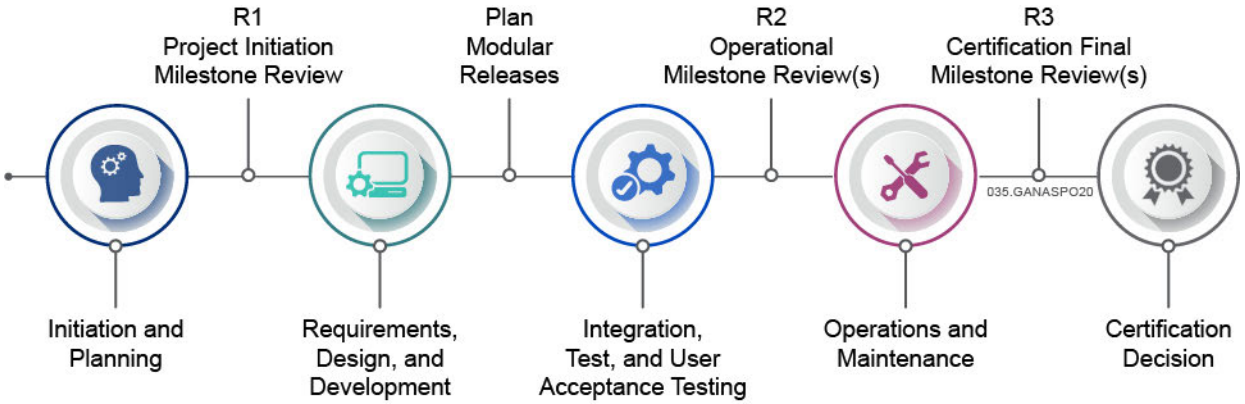

Figure G2-1. Milestone Review Timeline

Certification Milestone Reviews from Project Initiation (R1) to Certification Final Review (R3).

Attachment F Requirement CERT02

The Supplier shall complete milestone updates of the CMS Certification Checklists as requested by the agency.

Conduent response: Conduent completes milestone updates of the CMS Certification Checklists as requested by the agency. Our Certification team works with the Agency's project team to update milestone evidence for each system review criteria in the certification checklists. Upon the Agency's initial review of the checklist criteria for project initiation (R1), Conduent's certification team reviews the checklist criteria, determines the status of each requirement, and lists possible artifacts as evidence. The Certification team reviews the criteria and evidence in joint review sessions. In preparation for operational milestone review (R2), our SMEs update the

	artifact templates and certification checklists with testing evidence. We coordinate any artifact rework of the artifact templates and certification checklists as requested by the Agency and IV&V contractor. For the final milestone review (R3), Conduent creates core and MMIS module checklist requirement artifacts by replacing testing documents with actual production examples and screen captures. These new artifacts are uploaded and linked to the final milestone review (R3) certification documents following the same process used in the R2 review cycle. For each milestone review, we validate checklist evidence against the system, update the artifacts using test or production data to show compliance, then upload artifacts to the document repository, and verify SharePoint links in the certification checklists. Ultimately, the Agency project team reviews and approves each completed checklist, which is then reviewed and approved by the IV&V contractor. **Attachment F Requirement CERT03** The Supplier shall validate the system against the CMS Certification Checklists **Conduent response:** Conduent validates the system against the CMS Certification Checklists. Our certification team manages certification activities, deliverables, and the system against the Core and MMIS Module certification checklists for milestone reviews and produce required system documentation such as system design documentation, member and provider letters. MECT Appendix B required artifacts such as a substantive and representative set of all TPL reports (i.e., CMS64) are developed during design, development, and implementation (DDI) and uploaded to the document repository for their respective milestone review(s). The Certification Lead works with our project team to cross reference the certification checklists requirements with the RFP to verify that we have tracked and documented all components of the system required for CMS certification using Azure DevOps prior to the operational milestone review (R2) to assist in evaluating readiness for production cutover. Required test results are provided to the Agency and IV&V contractor for review and approval. Figure G2-2 illustrates a listing of the current core and MMIS Module CMS Certification Checklists applicable to the TPL module. Our certification team assists the Agency in the completion and validation of all applicable checklists for each module that Conduent implements.

Core-Checklists

Checklists Name	Conduent Meets
Information and Architecture	✓
Access and Delivery	✓
Intermediary and Interface	✓
Standards and Conditions	✓
Integration and Utility	✓

MMIS Module Checklist

Checklists Name	Conduent Meets
Third Party Liability	✓

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Figure G2-2. MECT Checklists

Our Project team provides CMS Certification Checklist system documentation to support each of the MECT Checklists. If needed, we can develop new documentation to meet the checklist requirements.

Attachment F Requirement CERT04

The Supplier shall contribute to the quarterly IV&V certification reports.

Conduent response: Conduent contributes to the quarterly IV&V certification reports. Our project team has worked extensively with IV&V contractors on large-scale system development and implementation efforts. We fully understand the roles and responsibilities of the IV&V contractor as well as our own responsibilities in supporting the IV&V's tasks. Use of an IV&V contractor instills a checks-and-balances approach to project assessment and supports the State's certification goals. Understanding and recognizing that project status transparency and open, two-way communications are essential to a successful working relationship between the Agency, Conduent, and the IV&V contractor. Our ability to work in a spirit of cooperation and openness with the IV&V contractor serves both to assist the Agency in monitoring project performance and to reduce overall risk to the TPL Services project.

The IV&V contractor prepares the MMIS IV&V Progress Reports which includes the IV&V programmatic checklist. If needed, our certification team assists with gathering any necessary documentation for this checklist. Our project team will contribute necessary information to the quarterly IV&V Progress Reports. The IV&V Contractor is invited to all certification planning meetings, including status meetings and checklist walkthroughs. The IV&V contractor has full access to our document repository so they can review and assess the project's progress.

Attachment F Requirement CERT05

The Supplier shall provide sufficient staff resources to support MECT milestone review and certification activities including participating in planning activities, meetings and other activities as required by CMS.

Conduent response: Conduent provides sufficient staff resources to support MECT milestone reviews and certification activities including participating in planning activities, meetings, and other activities as required by CMS.

Conduent provides a dedicated Certification Lead who serves both as the lead and CMS certification life cycle SME during DDI and through CMS certification achievement. We engage our product specialists and SMEs early in the certification process to provide support and actively participate in certification planning activities, status meetings, and other activities required by the Agency or CMS. Our product specialist and subject matter experts maintain an in-depth understanding of the latest CMS policy, current interpretation of State and federal legislation, and knowledge of industry standards affecting Medicaid systems.

Prior to a milestone review, our product specialists and SMEs along with the Certification Lead work with the Agency to prepare for the review by conducting dry runs, walkthroughs, and a final dress rehearsal. Conduent provides staff resources to support the Agency in fielding questions from CMS during operational milestone review (R2) and final milestone review (R3). Our project team also assists the Agency in researching and responding to assigned milestone review action items in a timely manner.

Table G2-1 highlights the responsibilities of our Certification team members.

Table G2-1. Certification Roles, Responsibilities and Disciplines

Role	Responsibilities
Certification Lead	• Assists with certification planning and management activities. • Assists in the development of the Certification Plan. • Leads certification staff to ensure that all CMS certification activities are completed on time. • Works with DDI and operations staff to ensure all certification criteria are met; plans and implements corrective actions where necessary. • Assists with preparations for the certification review.

Certification Analysts/SMEs	• Analyzes certification criteria, ensuring that related system functions and operational activity meet criteria and related documentation correctly. • Works with DDI and operations staff to ensure certification criteria are met; plans and implements corrective actions where necessary. • Gathers necessary documentation in the specific area of responsibility as needed to support certification review. • Assists with preparations for certification review. • Resolves any problems or issues encountered during certification process.

Attachment F Requirement CERT06

The Supplier shall assist the Agency in preparing certification artifacts, evidence and presentation materials, e.g., Requirements/ user stories and/or use cases for functional and non-functional requirements, data, business, capacity/performance, security/privacy/HIPAA compliance, usability, maintainability, interface, 508 compliance, disaster recovery, traceability to test plans or test cases.

Conduent response: Conduent assists the Agency in preparing certification artifacts, evidence, and presentation materials, e.g., Requirements/ user stories and/or use cases for functional and non-functional requirements, data, business, capacity/performance, security/privacy/HIPAA compliance, usability, maintainability, interface, 508 compliance, disaster recovery, traceability to test plans, or test cases.

The Project uses SharePoint as our single online repository to store all certification-related materials. This document repository allows authorized Agency users to access documentation from a single, web-accessible, and centralized collection point. Our certification team assists the Agency in preparing certification artifacts, evidence, and presentation materials by utilizing a complete set of requirement artifact documents from the MECT v2.3 checklist requirements. For all meetings we schedule with the Agency, we prepare and provide materials appropriate to the meeting topic. This could include agendas, minutes, status reports, the updated project work plan, presentations, or any documentation needed to support the certification meeting topic. Our project management methodology (PMM) includes a collection of templates that are tailored at the beginning of the project to meet the specific needs of the TPL Services project. Our Agenda and Minutes Template is a versatile template used to create a meeting agenda and/or track the minutes for a meeting that already includes best practices for meeting facilitation, such as listing meeting details and objectives, an attendee list, meeting topics, and a section to capture and assign action items. We leverage these repeatable processes and the complete set of artifact documents including PowerPoint presentations to use as templates.

Our SMEs and product specialists develop MECT Appendix B required artifacts during implementation and once approved, upload them to the document repository in their respective folders for each applicable milestone review. For example, we provide a Detailed System Design (DSD) document and an RTM to demonstrate use cases for functional and non-functional requirements. In addition, we create artifacts such as performance test manager plan, performance testing results and performance testing reports to support completion

	of the requirement. Under the leadership of the Project Manager, the Certification lead manages activities and deliverables against CMS Certification Checklists for each milestone review and produce the required documentation. Required test results are provided to the Agency and IV&V contractor for review and approval. We comply with the CMS Certification Requirements, including Standards and Conditions, MITA Maturity Levels, and other certification requirements in for example, configuring the TPL System Module if our Conduent Medicaid Suite (CMdS) product is selected. Conduent commits to complying with and consistently meeting or exceeding MITA Standards and Conditions over the life of the contract. Our team completes all CMS certification activities including, but not limited to, retaining enough onsite systems and operations staff for follow-up services to remedy any compliance issues involving the certification process. The Project team follows CMS' guidance on providing Section 508 Product Assessment by completing a Voluntary Product Accessibility Template (VPAT) listing all applicable criteria and supporting features, for example, Section 1194.41 Information, Documentation, and Support for IT products. **Attachment F Requirement CERT07** The Supplier shall participate and support as needed in CMS certifications of the other modules **Conduent response:** Conduent participates and supports as needed in CMS certifications of the other modules. Our history of certification success, extensive experience with the MECT, and direct experience with modular certification positions us to assist you in achieving certification. The Agency can rely on Conduent to participate and support the Agency as needed in certifying other system modules for which we have integration responsibilities. **Attachment F Requirement CERT08** The Supplier shall expeditiously correct, all required remediation activities related to certification findings on a schedule to be approved by CMS and the State. **Conduent response:** Conduent expeditiously corrects, all required remediation activities related to certification findings on a schedule to be approved by CMS and the State. Our Certification team works with the Agency to remediate all required activities, including action items and corrective action plans related to certification findings in the most expeditious manner. During and immediately following a milestone review, we populate the certification milestone review Action Item Log, noting the session ID, action item ID, captured by name, requestor name, date submitted, description, status, and comments. Each activity or action item is assigned to and researched by a SME and responded to in a timely manner. If CMS notifies the State of a corrective action plan to satisfy findings, we work expeditiously to remediate the finding and gain full certification. Options, proposed changes, and remedies are vetted and approved by the State, then introduced into our change control process, when necessary, to assign appropriate priorities and resources on a schedule approved by CMS and the State.

	Attachment F Requirement CERT09 The Supplier shall use appropriate testing, configuration and change control procedures for all changes made to the solution during the certification process. **Conduent response:** Conduent uses appropriate testing, configuration and change control procedures for all changes made to the solution during the certification process. Conduent aligns our solution for TPL Services with business needs and operational processes, and we validate adherence to standards through comprehensive test planning and execution. Our detailed test plans outline the strategies and methodologies used to plan, organize, and manage testing of the TPL System Module. The test plans define testing objectives, approach, roles, training, tools, environment, metrics, reporting, and other activities to provide an error-free CMdS-TPL product that meets the requirements of this RFP. Our approach to testing is described in Proposal Section 3.18, Testing Requirements. We follow stringent configuration and change management processes throughout all phases of the project including certification. Conduent's configuration approach identifies configuration items, including documentation and system components, establishes rules to manage changes to the items, and follows documented change control procedures to approve, record, and implement changes to the items. The configuration management content within the Application Configuration and Maintenance Plan deliverable is aligned with industry standards and results in a high level of integrity for our work products and software code. Our approach to change management is described in Proposal Section 3.16, Project Management Requirements. Our team uses Azure DevOps to track changes made to the system and searches can be run at any time to identify changes and updates that have occurred. The Project team work with the Agency during DDI and the certification process to define the parameters of the monthly change log that we will deliver. Our standard change management process includes: • Logging the change in Azure DevOps for identification, assessment, traceability, and accountability. • Using an impact assessment template to document the benefits, risks, timing, and staff needed to fully implement the proposed change • Logging the disposition of each change (approved, declined, pended for more information, etc.) by a Change Control Board so the Agency, Conduent, and any other impacted stakeholders collaborate to make proper decisions on resources, funding, and prioritization • Mutually agreeing on a plan and schedule for implementation of each change • Assigning the approved change request to an individual responsible for carrying out the change and reporting progress until implementation • Monitoring the individual changes as well as the overall change management process—a responsibility performed by the Project Manager

	As the change request moves through the different stages, we update Azure DevOps immediately. Our team works with the Agency to define change request steps, statuses, and transitions and configure Azure DevOps accordingly. At any point in time, we are able to produce reports from Azure DevOps detailing current information for change requests. We also generate for the Agency a standard monthly report in an agreed upon format from Azure DevOps detailing the system changes that occurred for the month. Through careful planning, adherence to our change management approach, and a robust change management tool, we support effective communication of system changes to the Agency and other impacted stakeholders. **Attachment F Requirement CERT10** The Supplier shall update system, user, and training documentation as necessary to support the certification process and to reflect changes that have been made to the solution during the certification process. **Conduent response:** Conduent updates system, user, and training documentation as necessary to support the certification process and to reflect changes that have been made to the solution during the certification process. Conduent maintains and updates system, user, and training documentation to support the certification effort. This documentation includes rules, best practices, and technical user manuals that contain tables, fields, calculated fields, interfaces, reports, and solution components. The State can access this documentation at any time, including during the implementation process and upon any system modification. Data dictionaries are supplied with the system to support each data element as well as user manuals for each functional area of the system. Additionally, Conduent provides and maintains several types of system documentation for all functional areas of our solutions including best practice guides, release notes, batch load specifications, and data definitions. Detailed technical manuals, user manuals, training, and best practices documentation are available online for our TPL system if selected. Our quality management approach emphasizes keeping documentation updated as functionality is enhanced, as well as performing quality reviews to make sure documentation is accurate and reflects the latest changes and improvements including any made to the solution during the certification process. This emphasis on maintaining current and accurate documentation results in consistent and reliable performance. Our staff is trained and operates in accordance with current procedures and policies. **Attachment F Requirement CERT11** The Supplier shall ensure system CMS Certification through correct design, implementation, documentation and certification support. **Conduent response:** Conduent ensures system CMS Certification through correct design, implementation, documentation and certification support. Our certification approach adheres to the most current MECT v2.3 guidelines and requirements. Our Certification lead monitors for updates to MECT requirements closely, and quickly adapt our approach as new versions are published. Conduent ensures CMS Certification is achieved by aligning our solution design, implementation processes, and documentation to CMS requirements through the bi-directional RTM and Certification Dashboard and by providing certification support from our expert team.

	Our certification SMEs and product specialist develop MECT Appendix B documents during DDI and we upload them to the document repository. Examples of these documents include the Project Management Plan, Schedule/Milestones, Test Plan, and many more. The Certification lead works with the Project Manager to forward certification documentation to the State and IV&V contractor for review and agreement that the TPL System Module meets all technical and operational requirements, without error, prior to implementation into production. Our Project Manager Office (PMO) provides the State and the IV&V contractor with required test results for review and approval. **Attachment F Requirement CERT12** The Supplier shall coordinate with the State to develop CMS Certification Checklist documentation for each MECT Checklist requirement. **Conduent response:** Conduent coordinates with the State to develop CMS Certification Checklist documentation for each MECT Checklist requirement. At the outset of the project, our Certification Lead coordinates with the State and our technical and business teams to crosswalk the MECT checklist requirements to the project Requirements Traceability Matrix (RTM). This helps confirm compliance and coverage for each checklist requirement. Our document repository contains a complete set of requirement artifact documents developed using MECT v2.3 checklist requirements. These artifact documents were thoroughly vetted during our North Dakota MMIS certification by North Dakota State, their IV&V contractor, and CMS. To best position the Agency for certification, we leverage these repeatable processes and the complete set of artifact documents to use as templates for the checklists. We support the review and validation of these templates by the Agency, your IV&V contractor, and CMS. Our Certification lead coordinates with the Agency to reuse and, in some cases, develop additional checklist documentation for all applicable MECT checklist requirements. **Attachment F Requirement CERT13** The Supplier shall populate the certification document repository, as each required item/artifact is completed and approved. **Conduent response:** Conduent populates the certification document repository, as each required item/artifact is completed and approved. The Certification Lead works with the Agency and Conduent checklist owners to populate the certification document repository with checklist artifacts and evidence for operational (R2) and final (R3) milestone reviews as the artifacts are completed and approved by the Agency and IV&V contractor. The Certification Lead coordinates the efforts and tracks the progress of the Conduent technical SMEs on the five core checklists artifacts and Conduent product specialists on the TPL MMIS module checklist.

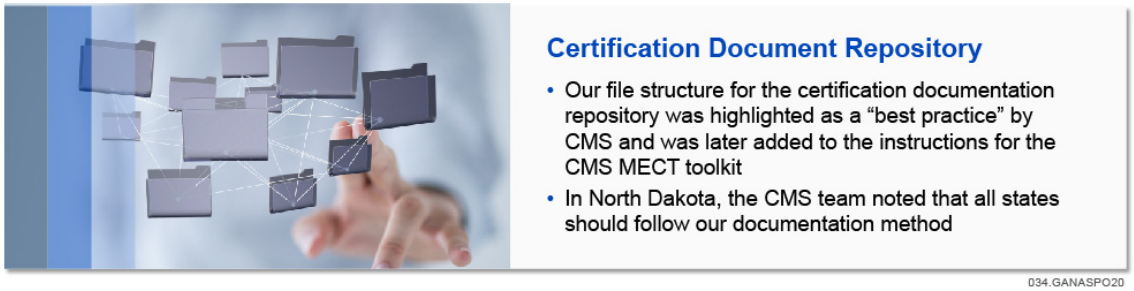
	Our folder structure for the certification document repository as illustrated in Figure G2-3 was highlighted as a “best practice” by the Centers for Medicaid and Medicare Services and was later added to the instructions for the CMS MECT toolkit.	

Figure G2-3. Example Certification Document Repository Folder Structure
We used our file structure, named by CMS as a "best practice," in four recent Medicaid certifications secured by our State partners and Conduent.

Attachment F Requirement CERT14

The Supplier shall present at milestone reviews and other certification meetings as directed by the State.

Conduent response: Conduent presents at milestone reviews and other certification meetings as directed by the State. We are prepared to present, demonstrate, and discuss any business or technical process to CMS as directed by the Agency. Conduent provides a complete team of onsite certification, technical, and business staff to support the Agency during milestone reviews, as demonstrated by our recent Montana Flexible Rx and North Dakota MMIS certifications. Although our responsibilities may vary depending on the milestone review being performed, standard activities involve:

- Supporting the preparation of documentation for milestone reviews and maintaining it in the document repository.
- Conducting process reviews prior to milestone reviews to verify team preparedness and identifying areas for improvement prior to reviews.
- Verifying requirements traceability of artifacts relevant to the review.
- Scheduling sufficient time for activities related to preparing for and executing milestone reviews.
- Actively participating in meetings as directed by the Agency.

In line with our communication management processes, we work with key State stakeholders early in the certification effort to align on key meeting elements. Such elements include identifying the recurring meeting topics, content or artifacts to be reviewed by meeting type, and the leadership levels, SME areas, and other attendees needed.

A few examples of the types of meetings that we hold during the certification effort and our role in managing and presenting at these meetings are: Kick off Certification Meeting, Weekly Certification Status Meetings, and Joint Review Sessions.

Attachment F Requirement CERT15

The Supplier must notify the agency if it identifies an area in which certification or recertification requirements may not be met or any reason for which maximum Federal Financial Participation would not be granted. The Supplier must also notify the agency of the deficiency, present corrective action plans and upon approval by the Agency, correct the deficiency at no additional cost to the Agency.

Conduent response: Conduent notifies the agency if it identifies an area in which certification or recertification requirements may not be met or any reason for which maximum Federal Financial Participation would not be granted. The Supplier will also notify the agency of the deficiency, present corrective action plans and upon approval by the Agency, correct the deficiency at no additional cost to the Agency.

Transparency coupled with prompt communications and actions are key to resolving unexpected issues that arise during the certification effort.

Issuing Notifications. While working toward a successful certification, our Certification team monitors this effort's progress and requirements closely. Where issues and concerns arise, we are quick to notify the Agency. This includes notifications about any project

area that may not meet certification or recertification requirements, any reason that may result in the denial of maximum FFP, or any project deficiency.

Correcting Deficiencies. Our Certification team apprises the Agency of any deficiencies and works with the Agency to remediate all required activities at no additional cost to the Agency, including action items and corrective action plans related to certification findings in the most expeditious manner. For example, during and immediately following a milestone review, we populate the certification milestone review Action Item Log noting the session ID, action item ID, captured by name, requestor name, date submitted, description, status, and comments. Each activity or action item is assigned to and researched by a SME and responded to in a timely manner. If CMS notifies the State of a corrective action plan to satisfy findings, we work expeditiously to correct the deficiency in order to gain full certification. Options, proposed changes, and remedies are vetted and approved by the Agency, then introduced into our change control process, when necessary, to assign appropriate priorities and resources on a schedule approved by CMS and the Agency.

Deficiencies may arise from the system not functioning according to approved design or from a failure to meet the signed off detailed requirements stated in the original request. Our procedures for tracking and correcting deficiencies are documented in the Defect Management Plan, referenced in Proposal Section 3.16, Project Management Requirements. These procedures include the following steps:

- Identifying, capturing, confirming, and logging unexpected results or problems.
- Notifying the Agency, as needed, of serious issues involving certification requirements, FFP status, and project deficiencies.
- Assigning an owner to each defect.
- Tracking each item from identification through resolution.
- Analyzing and repairing defects and updating related documentation.
- Verifying that defects are fixed.
- Retesting and verification.
- Closure.

Conduent uses Azure DevOps, a comprehensive, web-based lifecycle management tool, to manage defects/deficiencies, produce test incident reports, and perform root cause analysis. The Azure DevOps supports defect reporting, defect monitoring, traceability, notifications, and tracking to closure. Following the Capability Maturity Model Integration (CMMI) standard practices and processes, we compile information on defects found during testing or system operation, analyze that information, and report on it to recognize and address trends and significant events impacting quality.

Attachment F Requirement CERT16

The Supplier shall develop and maintain a Certification Plan that defines the Supplier's approach to CMS certification. It must describe the processes and procedures that will be used to manage Certification requirements. The Certification Plan must comply with the most current MECT process to ensure the system will meet all certification requirements.

Conduent response: Conduent develops and maintains a Certification Plan that defines the Supplier's approach to CMS certification. It will describe the processes and procedures that will be used to manage Certification requirements. The Certification Plan will comply with the most current MECT process to ensure the system will meet all certification requirements.

Our comprehensive Certification Plan defines our certification approach, including the processes and procedures, tools, and the methodology we use to achieve federal certification. The Certification Lead tailors the plan to conform to the processes and procedures used in the TPL System Module and maintains the plan through certification achievement. Our plan complies with the most current CMS Certification MECT guidance and checklist criteria.

The Certification lead works with the project team to develop the Certification Plan as we are completing the Requirements Phase, and we maintain it through to successful CMS certification. The Certification Plan provides information on the certification process, including the review milestones that the Agency must meet and the CMS activities that the Agency must follow to achieve CMS certification retroactive to the first day of operations. The purpose of the plan is to describe the process through which the Agency, supported by Conduent, seeks CMS certification of the TPL System Module, configured and operational for the TPL Services project.

Conduent provides support and expertise to the Agency during the certification process. We are confident our CMS certification preparations, processes, and supporting evidence will help the Agency achieve certification and maximum FFP. Conduent has achieved an enviable record in meeting MECT checklist requirements. Conduent was the first MMIS vendor to have a system certified based wholly on the MECT protocols and review criteria. Our Montana Flexible Rx system was the first pharmacy point-of-sale (POS) system to achieve CMS certification under the new modularity standards. We have never failed to receive federal certification for any of our implementations. Because of this experience, we are familiar with the process, planning, cooperation, communication, and teamwork required to be successful.

Attachment F Requirement CERT17

The Supplier shall develop and maintain a Certification Plan that defines the Supplier's approach to CMS certification. It must describe the processes and procedures that will be used to manage Certification requirements. The Certification Plan must comply with the most current MECT process to ensure the system will meet all certification requirements.

Conduent response: CERT17 is a duplicate of CERT16. Refer to the Conduent response for CERT16.

Attachment F Requirement CERT18

The Supplier shall provide during the initiation phase of the project and maintained throughout the project, user documentation.

The State requires User Documentation for use by a novice business user to understand the automated system or application from a business function perspective. The Supplier shall provide comprehensive, well-organized user documentation. The Supplier's User Documentation shall include at a minimum:

Written in a procedural step-by-step format. (Instructions for sequential functions must follow the flow of actual activity).

Manuals that helps users understand the purpose and operation of the module/module component(s) for each business process/major program/functional area.

- Acronyms used in user instructions must be identified and must be consistent with windows, screens, reports, and the data element dictionary.
- Cover system navigation, online help, and policies and procedures.
- The documentation must be available on-line and provide an on-line search capability with context-sensitive help.
- Provide the ability to produce a PDF version upon request
- Use version control to retain historical versions of documentation and revisions must be clearly identified.
- User documentation must be written and organized so that novice users can learn from reading the documentation how to access the on-line windows/screens, read reports, and perform all other user functions.
- User manuals must contain a table of contents and an index.
- Definitions of codes used in various Sections of a user manual must be consistent.
- Descriptions of error messages for all fields incurring edits must be presented and the necessary steps to correct such errors must be provided.
- Abbreviations must be consistent throughout the documentation.
- Each user manual must contain a Section describing all reports generated within the subsystem, which includes the following:
  - A narrative description of each report. The purpose of the report.
  - Definition of all fields in the report, including detailed explanations of calculations used to create all data and explanations of all subtotals and totals.
  - Definitions of all user-defined, report-specific code descriptions; and a copy of representative; and pages of each report. Instructions for requesting reports or other outputs must be presented with examples of input documents and/or screens.
- Instructions for making on-line updates must clearly depict which data and files are being changed.

Conduent response: Conduent provides user documentation during the initiation phase of the project and maintained throughout the project. We agree to comply with requirements in CERT18.

The successful delivery of high-quality technical solutions hinges on the seamless adoption of the new solution by the end-users. This adoption is dependent on well-designed and timely training as well as clear and accurate user documentation. Our User Documentation gives TPL solutions end-users knowledge, instruction, and training to perform their expected tasks with minimal assistance. It helps novice business users to understand the automated system or application from a business function perspective.

Conduent maintains the accuracy of our TPL solutions user documentation by engaging SMEs to evaluate and test user documents for usability, completeness, and comprehension, and to evaluate the support requested by and provided to the users. To facilitate the development of correct and consistent user documentation, Conduent uses MadCap Flare, a commercial-off-the-shelf (COTS) product, as our standard help-authoring tool. Our team can generate a range of web-based help files, context-sensitive help embedded in the application, and Word- and PDF-based procedures and manuals. Documentation specialists and trainers can build help content that is job- and role-based so the user sees the tasks necessary to complete his or her job. Development of user documentation begins during project initiation, and as we make process improvements, system changes, or enhancements, we update the user documentation accordingly. Included are some highlights of what is included in our standard user documentation:

- Procedural, step-by-step format to help even the novice user to easily understand the flow and functionality of the system
- User manuals that help users understand the purpose and operation of the module and its components

- Definitions of acronyms used consistently throughout the user documentation manuals, training documents, and online help
- Clearly stated navigation system instructions, online help, policies, and procedures
- Online documentation and online search capabilities supported for all user documentation
- Capability to produce PDF copies of documents
- Version history and automated version numbering of documents
- Well-written and organized documentation for new users to learn relevant user functions
- Instructions on how to access the online windows/screens, read reports, and perform all other user functions
- Standard definitions of codes, user errors, and abbreviations used in all user documents
- Reporting sections include a narrative description, purpose of the report, explanation of fields and calculations used in the report, code descriptions, and instructions for requesting reports
- Description of how to make online updates including a description of data and files involved

Attachment F Requirement CERT19

The Supplier shall document any gaps between the initially configured solution and the business requirements in the requirements management tool. Gaps must show bi-directional traceability with applicable business requirement(s), design, test cases, test results, Medicaid Enterprise Certification Toolkit (MECT) criteria and certification artifacts.

Conduent response: Conduent documents any gaps between the initially configured solution and the business requirements in the requirements management tool. Gaps will show bi-directional traceability with applicable business requirement(s), design, test cases, test results, Medicaid Enterprise Certification Toolkit (MECT) criteria and certification artifacts.

Conduent considers the requirements sessions, conference room pilots, and related documentation to be of paramount importance. We maintain the requirements and gap analysis in our requirements management tool (Azure DevOps), building requirements traceability for identified gaps through design, test cases, test results, MECT criteria, and certification artifacts. We trace the requirements during the design, customization, and testing processes to depict bi-directional traceability throughout the SDLC.

As shown in Figure G2-4, there are two main sources of requirements for the TPL System Module: the RFP requirements and the CMS Certification MECT System Review Criteria from the applicable MECT checklists. Conduent imports these requirements into the requirements management tool, a component of Azure DevOps, which we use to generate RTM reports that demonstrate traceability of requirements across the SDLC. We then host requirements validation sessions and Conference Room Pilots, demonstrating the system and gathering affirmations that the base system, as configured, meets Agency requirements.

To keep the RTM current, we require product owners (such as product specialists for functional requirements) to maintain all changes to requirements in the tool. As gaps are identified, we gather clarifying information from Agency subject matter experts in order to fully understand each requirement that must be met with additional configuration, modification, or enhancement. We add this clarifying

information into the requirements management tool as the basis for design, testing, and traceability to certification artifacts. As with all requirements, requirements changed to address gaps continue to provide bi-directional traceability.

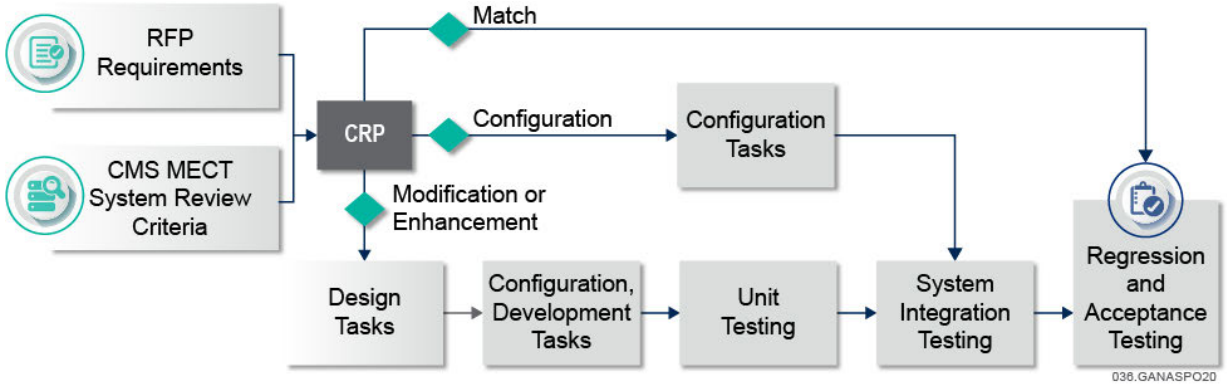


Figure G2-4. Requirements Traceability throughout the SDLC

RFP and MECT requirements identified as gaps are traced throughout design and testing.

Attachment F Requirement CERT20

The Supplier shall develop, maintain and submit a Requirements Traceability Matrix (RTM) to show bi-directional traceability with applicable business requirements and their realization throughout all project phases (e.g., requirements, design, testing and certification (Medicaid Enterprise Certification Toolkit) checklist items). This should include how the requirement is realized (e.g., configuration, custom development, base functionality). All revisions must be reviewed and approved by the State.

Conduent response: Conduent develops, maintains and submits a Requirements Traceability Matrix (RTM) to show bi-directional traceability with applicable business requirements and their realization throughout all project phases (e.g., requirements, design, testing and certification (Medicaid Enterprise Certification Toolkit) checklist items). We will include how the requirement is realized (e.g., configuration, custom development, base functionality) and confirm all revisions will be reviewed and approved by the State.

Once the project begins, our technical and functional SMEs develop the RTM by loading the requirements into Azure DevOps, where individual requirements are tracked as work items. Through this load process, and with your input, we incorporate additional requirement sources, such as the MECT checklists. Our SMEs assign, clarify, design, test, and implement each work item and track it through the SDLC using the Azure DevOps software. Our use of this integrated tool provides a single location for tracking and reporting on the traceability and satisfaction of the full set of RFP requirements.

Our project team works collaboratively with you to configure the system and identify any gaps, which we then address through iterative requirements clarification, design sign-off, customization, testing, and full traceability in the RTM. Our SMEs update the RTM

	in Azure DevOps each step of the way and allow the State to review and approve all revisions to assure you that your requirements are being satisfied. **Azure DevOps for Requirements Management.** Through the "Backlogs" component of Azure DevOps, we load each requirement from the RFP and identify its ID, source (e.g., Attachment F versus MECT Checklist), functional area, gap analysis, and priority with fields and tags that can be used in filters, saved queries, and ad hoc searches. We also maintain text in a description field to capture any clarifications and our plan for meeting the requirement, subject to Agency approval. We link work items to depict dependencies, parent/child relationships, and related requirements. We also link requirements to design artifacts and other documentation stored in SharePoint. This approach allows us to leverage the document management and version control capabilities of SharePoint while maintaining traceability and tracking progress in Azure DevOps. **Test Management.** With Azure DevOps as our primary test and defect management tool, we link requirements to the test plan and the test cases that validate them, and to any resulting defects. This linkage demonstrates to you that we have not only designed and configured the requirements, but that we have tested them and resolved any outstanding defects prior to Go Live. We adapt our SDLC activities to the gap analysis information captured for each requirement. Specifically, our design, documentation, and testing activities are adjusted depending on whether the requirement is met "out of the box," through configuration, or through code modification. **Attachment F Requirement CERT21** The Supplier's requirements management tool shall have the ability to manage requirements traceability by module(s), MITA business area, MITA business process and Medicaid Enterprise Certification Toolkit (MECT) checklists. **Conduent response:** Conduent's requirements management tool has the ability to manage requirements traceability by module(s), MITA business area, MITA business process and Medicaid Enterprise Certification Toolkit (MECT) checklists. Azure DevOps provides the capability to track attributes and add "tags" to categorize, filter, and report on requirements, user stories, and tasks. Our standards and procedures guide functional teams in setting values for attributes such as: • Status. • Related Feature or Use Case (used to group common requirements for a streamlined, efficient, process-based discussion). • MITA Business Area and Business Process. • Corresponding MECT Checklist. • Gap Analysis (indicates whether the requirement is a match, met with configuration, or a gap that must be filled with code modifications or enhancements). Our team uses these attributes to group related requirements for demonstration, to provide filtered traceability reports, and to monitor status of requirements throughout the life cycle. Our expertise in the full implementation life cycle and our successful

	certification history provide us the foundation to make sure that all RFP requirements are bi-directionally, accurately, and completely traced from RFP to certification.	
	Upload Attachments with Additional Information? **Yes**	Attachment File Name: **MECT Certification Requirements Response Base**

Attachment G Mandatory Scored Questions- TPL Base Requirements
Offerors must answer all questions in this document in the space provided.
Failure to answer these questions will result in disqualification of the proposal
Offerors must indicate whether their proposal meets the individual requirement and provide a supporting narrative in the space provided. The narrative description will be evaluated and awarded points in accordance with Section 6, Proposal Evaluation and Award. Certain questions require an attachment. ONLY upload documents where there is a "Yes-Required" in the "Upload Attachments with Additional Information?" column, to provide additional requested information for specific questions. If there is a "No" in the "Upload Attachments with Additional Information?" column, then a document will be NOT be evaluated, if uploaded. Suppliers must provide an answer in the answer box below for all questions with "No" in the "Upload Attachments with Additional Information?" column.
DO NOT INCLUDE ANY COST INFORMATION IN YOUR RESPONSE TO THIS WORKSHEET.

3	**Compliance Requirements-** Describe in detail how your company will meet all the requirements identified in **Attachment F, Compliance Section, CMP01-CMP30.** Your response should include the requirement number identified in the attachment, followed by your detailed response. You must provide a response to all requirements identified in **Attachment F, Compliance Section.**
A3	*Answer # 3* ***Government regulations for protecting data security, privacy, and confidentiality are complex, voluminous, and demanding—yet critical to doing business in the Medicaid space. Meeting these regulations requires systems and business process solutions built to meet current needs and extensive experience, security know-how, and resources to plan for future needs.*** Conduent places significant emphasis on compliance with federal and state legislation. While our nationwide healthcare presence gives us experience and continual exposure to federal regulations, guidelines, and laws, our current presence in numerous states provides us with the knowledge we need to meet state-specific regulations, guidelines, and laws. Our solutions are built to be compliant, robust, and secure. We enhance our offerings with business service processes that are flexible and adaptable as regulations change, and we produce inspection and audit reports with predictable results. Our solutions include and execute the technical and business processes required to manage your Third Party Liability (TPL) activities, including compliance standards such as Centers for Medicare and Medicaid Services (CMS) Standards and Conditions, Medicaid Information Technology Architecture (MITA), and the Medicaid Enterprise Certification Toolkit (MECT). As an example, our mature and complete approach to securing the data, staff, and facilities associated with the Conduent Medicaid Suite (CMdS) product is compliant with regulatory

mandates, including Statement on Standards for Attestation Engagements (SSAE)-18 Service Organization Control (SOC) 2 Type II requirements.

Statement on Standards for Attestation Engagements (SSAE-18 SOC 2) Type II

To maintain our SOC 2 compliance, we imbed the five Trusted Service Criteria from the American Institute of Certified Public Accountants as foundational components of our solutions. These are:

- **Common Criteria/Security.** The system is protected against unauthorized access, both physical and logical.
- **Availability.** The system is available for operation and use as committed or agreed upon.
- **Processing Integrity.** System processing is complete, accurate, timely, and authorized.
- **Confidentiality.** Information designated as confidential is protected as committed or agreed.
- **Privacy.** Personal information is collected, used, retained, disclosed, and destroyed in conformity with the commitments in the entity's privacy notice and with criteria set forth in generally accepted privacy principles (GAPP).

The SOC 2 Type II Audit Report is based on principles that focus on four broad areas: policies, communications, procedures, and monitoring. Each of the principles has defined controls that must be met. We are confident that our SOC 2 Type II Audit Reports orient personnel to recognize what compliance needs are required; users of the report can easily read and assess the adequacy of the findings.

To confirm our solutions, meet ongoing legislative developments once operational, we apply our change management processes to update our systems, infrastructure, business processes, and supporting documentation as the legislative environment evolves. Our comprehensive processes drive compliance and quality improvement during each phase of the implementation, and they provide assurance that we have considered all aspects of the system and operations when making updates to the solutions.

Working with the State, we gain an understanding of the magnitude of a legislative change and its specific effects on people, processes, and technology. We assess the potential business and stakeholder impact of new legislation. We consider the State's performance requirements and the steps needed to meet applicable legislative requirements. Our configuration management processes within the Application, Configuration, and Maintenance Plan deliverable follow industry standards and include identification of roles, responsibilities, policies. and procedures for expertly executing change, configuration, and release management activities. Execution of this plan results in a high level of integrity for our work products and software code.

Safeguarding Security and Privacy

Conduent adheres to a comprehensive set of security policies aligned with the requirements of Health Insurance Portability and Accountability Act (HIPAA) and Health Information Technology for Economic and Clinical Health (HITECH) Act of 2009. We apply an

array of security controls for preventing unauthorized access to State data from any network, including use of vulnerability scanning, user access audit logs, firewalls, encryption, role-based access control, logical and physical systems isolation, and virus protection.

We take all necessary steps to be certain that appropriate authorization to access electronic Protected Health Information (ePHI) is in accordance with HIPAA sections, including but not limited to:

- HIPAA Security and Privacy Rule
- 45 CFR Parts 160 and 164
- HIPAA General Administrative Requirements
- Affordable Care Act (ACA) sections:
  - 1104 – HIPAA Operating Rules, and
  - 1561 – File Transfer Protocol

Conduent clients rely on our extensive compliance know-how across the country. Table G3-1 summarizes our experience with major compliance frameworks and regulations. We leverage our systems, processes, and nationwide expertise to the benefit of our clients. This results in continued high-quality services with predictable and compliant results.

Table G3-1. High Level Security Frameworks and Regulation Experience

Frameworks & Regulation Samples	Experience
HIPAA	**198 customers** rely on Conduent's experience and expertise ensuring the confidentiality, integrity, and availability of protected health information are secured and privacy is provisioned per the laws.
FISMA / NIST	For over 13 years, Conduent has successfully developed, documented, and implemented an agency-wide program for more than **10 customers**, to provide information security for the information and systems supporting their operations and assets.
PCI – DSS	**76 customers** rely on Conduent to manage, accept, process, store or transmit credit card information in a secure environment guided by payment industry standards.
SSAE 18 SOC 1 & SOC 2	Conduent generates SOC reports for **80 customers** to meet their needs for non-financial reporting controls as they relate to security, availability, processing integrity, confidentiality, and privacy of a system.
Internal Revenue Service (IRS) Publication 1075	**Five customers** rely on Conduent to ensure the policies, practices, controls, and safeguards employed adequately protect the confidentiality of Federal Tax Information (FTI).

ISO 27001	Conduent provides requirements for an information security management system to more than **12 customers**.

Delivering CMS Standards and Conditions Compliance

As standards and conditions are central to MITA and the MECT checklists, our solutions incorporate CMS' Standards and Conditions and essential theme – that business needs drive technology, rather than technology driving the business. Our solutions infrastructure and architecture are based on the MITA goals and objectives for flexibility, adaptability, and rapid response to changing technologies and business needs. It aligns with the MITA principles of an open, standards-based architecture, integrating seamlessly with the state Agency Framework.

Attachment F Requirements for Compliance

On the following pages, Conduent provides a response to each Attachment F, Compliance Section, CMP01-CMP30. Our initial response confirms our commitment to meet the requirement followed by our descriptions of our work.

Proposal Sections 3.21 Authorization and Access Control, 3.22 Information Security Staffing and Support Resources, and 3.23 Security Awareness Training provide additional information on our security processes including our security policies, controls, tools, strategies, and training methods that assure compliance with security requirements. Proposal Section 3.02 MECT Certification Requirements provides expanded information on MITA and CMS Certification.

Attachment F Requirement CMP01

The Supplier shall, upon request by the State or at the end of the contract, transfer or destroy all documentation in the custody of the Supplier. The Supplier shall provide the transferred records and data in a format agreed upon by the State.

Conduent response: Conduent will upon request by the State or at the end of the contract, transfer or destroy all documentation in the custody of Conduent. We will provide the transferred records and data in a format agreed upon by the State.

We provide the State with a proven process for contract turnover based on Conduent's 50 years of Medicaid experience. During the Turnover phase of the contract, we assign a turnover manager who has direct oversight of the Turnover Plan and schedule, which includes both documentation transfer and destruction processes and tasks.

We work with the State to agree to all transfer or destruction processes, including the inventory subject to turnover, processes and methods used, schedule for turnover tasks, verification of tasks completed, as well as the transfer of any documentation received post-cut off. We create and use a series of checklists that include all necessary documents and other deliverables and artifacts to be

	destroyed or turned over to the State. We inventory the documents we have and meet with the State to determine how the Agency wants to dispose of them. We also use the checklists to verify we have transferred materials at the appropriate time and in a State-approved format. If document transfer or destruction is requested outside of the Turnover phase, we use the same process and rigor to comply with the request as planned for Turnover. This assures the State that Conduent understands, documents, and executes transfer or destruction requests according to the State's needs. **Attachment F Requirement CMP02** The Supplier shall notify the State in writing within twenty four (24) hours (or a timeframe as defined by the Agency) following initial detection of suspected fraud or abuse and provide supporting documentation. **Conduent response:** Conduent notifies the State in writing within 24 hours (or a timeframe as defined by the Agency) following initial detection of suspected fraud or abuse and provides supporting documentation. Upon initial detection of suspected fraud, waste, or abuse, we provide written notification and supporting documentation to the State within 24 hours (or a timeframe as defined by the Agency). We vet the fraud concern with leadership staff and provide supporting details. This includes producing a trail of communication such as what specifically we heard or saw (call log, screenshots, etc.). We work with the State to determine the specific reporting mechanism desired. Performing healthcare fraud analytics is a complex and daunting task for any Medicaid program. Medicaid is a high-risk, high-dollar program, vulnerable to fraud, waste, and abuse. Accurately identifying program integrity issues requires the evaluation of numerous data elements. Conduent has acquired substantial experience in program integrity and fraud, waste, and abuse prevention and detection services by supporting Medicaid programs in the states of California, Mississippi, New Mexico, New Hampshire, the District of Columbia, Montana, and Wyoming. We are committed to working closely with the State to eliminate fraudulent and wasteful behavior among Medicaid providers and members. We provide staff with annual training on the False Claims Act at the corporate level, which we supplement with state-specific procedures and training as applicable. The TPL Services product supports our commitment by providing technology to complement our experienced Medicaid resources. **Attachment F Requirement CMP03** The Supplier shall adhere to data retention requirements cited in 45 CFR 164.316 and Administrative Rule 37.85.414. The agency may require a longer retention period on an exception basis to support ongoing business needs (e.g., TPL recovery and drug rebate). **Conduent response:** Conduent adheres to data retention requirements cited in 45 CFR 164.316 and Administrative Rule 37.85.414. The Agency may require a longer retention period on an exception basis to support ongoing business needs, for example TPL recovery and drug rebate.

	We archive data using Agency-defined timeframes and archival specifications. You will receive solutions that meet CMS and industry standards, including 45 CFR 164.316, allowing for archived data to be highly accessible at short notice. We retain the data for at least six years and three months from the date on which the service was rendered or until any dispute or litigation concerning the services is resolved, whichever is later, as required by Montana Administrative Rule 37.85.414. We will also comply with any applicable other state data retention requirements. By doing so, we support the State's needs for access to historical data. We understand that the Agency may require longer retention periods on an exception basis to support ongoing business needs, such as TPL recovery, and we will accommodate these durations when required. During DDI, we work with the State to define documentation types and confirm the retention rules for that documentation. From the outset of the project, we begin to retain the documentation for the defined periods in the required format and repository. As with all TPL Services data, historical documentation is subject to our stringent security program, including HIPAA requirements for security and privacy. Conduent has decades of experience in meeting State program needs for data retention and, for example, currently retains data as required to support TPL activities in Wyoming. **Attachment F Requirement CMP04** The Supplier shall have written policies governing access to, and duplication and dissemination of all individual or entity information. **Conduent response:** Conduent has written policies governing access to, and duplication and dissemination of all individual or entity information. Conduent brings a series of methods and written policies for safeguarding privacy and information security—including governing duplication and dissemination of individual or entity information—that have earned the trust of Medicaid agencies across the United States. Conduent takes the necessary measures to make sure that member data is released exclusively to those with the proper authority and who require the information to accomplish their job duties. Our security program sets forth safeguards for ensuring: • **Confidentiality.** The right person has the right access to the right data. • **Integrity.** Confidential data is used for the proper purpose. • **Accountability.** Actions are traceable to the individual who accessed the data. Our product's design incorporates the appropriate privacy protections to control the collection, use, dissemination, duplication, and disposition of personal identifiable information (PII) and PHI (ePHI), in adherence with all required federal guidance. We employ the appropriate security constructs to identify, verify, authorize, and authenticate users before allowing access to sensitive resources such as PII or PHI data. Our objective in applying security and privacy controls is to prevent improper disclosure, access, modification, deletion, or destruction of ePHI data. Our processes ensure that only authorized staff can access necessary information in cases where they have a legitimate "need to know" and can access only the minimum information they need to execute their required program responsibilities. We employ multiple measures to promote the security of the data entrusted to us, including security awareness

	training, role-based security, encryption of all desktop and laptop computers, encryption of data at rest and data in transit, and encryption of all data within our boundary. We establish, document, follow, and update security and privacy policies, procedures, and measures to guard against the intentional or accidental release of information and secure the operations, facilities, systems, and other aspects of the project. We document our security strategy in a Security Plan, which includes technical architecture, system design, operational protocols, and in-depth staff training, supporting the physical, technical, and administrative safeguards called for by HIPAA/HITECH. The Security Plan incorporates the processes and procedures to ensure the required physical and operational security is in accordance with HIPAA, HITECH, Federal Information Security Management Act (FISMA), and other applicable security and privacy standards. Our security protocols effectively address the implementation and maintenance of safeguards for administrative, back-end operations, and system hosting. They include site-specific components for physical security, data security, and confidentiality for the TPL Services. Our approach includes safeguards at administrative, operational, and technical levels, and within the application architecture. Only those systems, databases, directories, and files that a user needs to perform assigned job duties are accessible to that user. This feature prevents unauthorized or accidental access to PII and other sensitive data. The system administrator can grant change privileges to a user or restrict a user to read-only access. The system logs modifications to data and creates an audit trail for viewing by authorized personnel. We treat all information obtained in performance of the contract as confidential. We only use or divulge it when necessary for proper discharge of our obligations. We develop detailed and clearly defined information technology (IT) policies, an all-encompassing Security Plan, based upon our proven IT experience and industry standards, on ISO (International Organization of Standards) 9001, and on the National Institute of Standards and Technology (NIST) for the development of IT policies. **Attachment F Requirement CMP05** The Supplier shall comply with all sections of the Americans with Disabilities Act (ADA), Section 508 of the Rehabilitation Act and ensure user interface standards account for the various forms of colorblindness. **Conduent response:** Conduent complies with all sections of the Americans with Disabilities Act (ADA), Section 508 of the Rehabilitation Act and ensures user interface standards account for the various forms of colorblindness. Our TPL Services solution provides services that fully support your goal to promote interactions with stakeholders and the public in a culturally competent manner. The access to our web pages, the services we provide, and the materials we develop and distribute for the TPL Services are designed to provide the same level of service for each applicant or client, regardless of accessibility needs. All the products built and implemented by Conduent comply with the Americans with Disabilities Act (ADA), Section 508 of the Rehabilitation Act. We employ Web Accessibility

	Evaluation tools to perform Section 508 testing prior to every release to continuously confirm our accessibility commitment. We fully comply with all applicable laws and regulations for disability and language access, including the following: • Title VI of the Civil Rights Act of 1964 • Section 1557 of the ACA • The ADA • Section 504 of the Rehabilitation Act of 1973 • CMS regulations and guidance • State laws and regulations • State policies Additionally, we apply standards that include those established by HIPAA for security, privacy, and electronic transactions; Sections 1104 and 1561 of the ACA; and 508c of the Rehabilitation Act (ADA standards that provide greater accessibility for individuals with disabilities, including various forms of colorblindness) for all users. We have vast knowledge and experience in developing and executing communication and written materials, and we use proven strategies to create materials that promote readability. **Attachment F Requirement CMP06** The Supplier and its services, work products and final deliverables provided by the Supplier applicable to the services described in the scope of work shall be knowledgeable of and in compliance with pertinent State and Federal Statutes, CIO Promulgated Rules, State IT policies, rules, and standards for required system hardware, software and development tools and processes, and operational procedures when completed and accepted by the agency. The Supplier shall also be aware of upcoming changes to existing rules and regulations as well as new rules and regulations that may impact the scope of work. **Conduent response:** Conduent services, work products, and final deliverables provided, applicable to the services described in the scope of work, will be knowledgeable of and in compliance with pertinent State and Federal Statutes, CIO Promulgated Rules, State IT policies, rules, and standards for required system hardware, software, and development tools and processes, and operational procedures, when completed and accepted by the Agency. We will also be aware of upcoming changes to existing rules and regulations, as well as new rules and regulations that may impact the scope of work. While fully appreciating the uniqueness of each state Medicaid program, Conduent's approach to our Medicaid projects is not formed in a silo. We track what works (best practices) and what doesn't (lessons learned), and we share technological, programmatic, and operational best practices with all our accounts for your benefit. Figure G3-1 shows examples of our organizational involvement with national standards and implementing new rules and regulations at the state level.

Figure G3-1. Conduent Leadership in Industry Standards
Conduent leads the way recommending, reviewing, and complying with Federal, State, and industry policies, rules, standards, and guidelines.

This commitment to continuous quality improvement is underscored and supported by our organization. We help address healthcare issues and their integration with human services programs. We also examine the ways in which health and human services IT initiatives, particularly state-driven efforts, are developing and evolving. Our participation, keeps our staff informed on current and evolving

	issues, allows us to work with industry partners supporting health and human services across county, state, and federal agencies to address common issues and concerns. We leverage this knowledge to help our customers interpret and implement new federal legislation. Our corporate resources provide our operational management the knowledge needed to assist the State in staying current with the ever-changing legislative and regulatory landscape. We combine the subject matter expertise with a deep understanding of how each state maintains a unique business environment and public health landscape. As a result, you receive comprehensive, high-quality services and work products that also incorporate your state's statutes, standards, and rules. **Attachment F Requirement CMP07** The Supplier shall adhere to recognized best practices during the execution of the scope of work including the latest version of the National Institute of Standards and Technology (NIST) Special Publication (SP) 800 series related to cyber security. **Conduent response:** Conduent adheres to recognized best practices during the execution of the scope of work including the latest version of the National Institute of Standards and Technology (NIST) Special Publication (SP) 800 series related to cyber security. Conduent complies with a number of cyber security standards in numerous states across our public sector and commercial accounts. You will receive security professionals with experience meeting a broad range of security requirements, and that keep up with evolving updates to security standards and new trends in cyber security. We meet our critical obligation in other accounts to protect our client data, which often includes private information that, if inappropriately disclosed or stolen, could have serious reputational, financial, or legal impacts on all parties. Please refer to Proposal Sections 3.21 Authorization and Access Control and 3.22 Information Security Staffing and Support Resources for additional information on our approach to security. **Attachment F Requirement CMP08** The Supplier's solution shall have full integration of the MITA initiative with business, architecture and data required to support the State's healthcare programs. **Conduent response:** Our solution will have full integration of the MITA initiative with business, architecture and data required to support the State's healthcare programs. Our solution supports full integration with the MITA initiative with business, architecture and data required to support the State's healthcare programs. For example, the CMdS product's service-oriented architecture (SOA) is interoperable and flexible, allowing it to seamlessly share data. Our solution communicates real-time data with other Enterprise programs using the Systems Integration Services Contractor's Enterprise Service Bus (ESB). Integration with other suppliers is seamless because the system's interoperability features fully integrate and align with the MITA initiative with business, architecture, and data; and support the CMS Standards and Conditions. This is achieved through a

	microservices driven application programming interfaces (API) architecture. Our solution performs all integrations with external sources through the SI's ESB on a frequency approved by the State. The CMdS infrastructure and architecture is based on the MITA goals and objectives for flexibility, adaptability, and rapid response to changing technologies and business needs. It aligns with the MITA principles of an open, standards-based architecture. This allows the CMdS product to integrate seamlessly, transparently, and smoothly within any state Agency's architectural framework. Additionally, the CMdS is built on a foundation of interoperable software components, internet and web-based technologies, configurability of business rules for reference file management, and support of the master data management (MDM) layer. Below are five guiding principles and architectural philosophies of CMdS, which support the NASPO Framework: • **Interoperability.** The NASPO solution requires loosely coupled, yet tightly integrated applications where standards-based transactions flow securely, efficiently, and instantly. To incorporate configuration of each state's unique requirements, the CMdS product supports the seamless integration of additional state-specific modules to offer the best of both worlds—a static, known foundation, plus extensibility to support your specific requirements. Third-party Commercial off-the-shelf (COTS) solutions or existing services can be integrated through the System Integrator using application programming interfaces (APIs) resident with the CMdS. There is also ability to expose restful web services and embed data visualizations into web applications. Additionally, the CMdS supports the Office of the National Coordinator for Health IT's (ONC) roadmap and milestones for achieving interoperability. • **Scalability.** The CMdS platform is a high-performance platform that accommodates growth along data volumes and data sources, reference files, business rules, end users, analytics and computing power, and information display. The cloud native architecture enables us to effectively store and manage business needs and increasing data volume. The modular architecture offers methods to extend its capabilities well beyond the current scope of this offering. The CMdS cloud native architecture makes scalability of infrastructure extremely simple compared to the need for adding physical hardware for additional scale. Environments can be configured and stood up in a matter of days instead of months (which included elaborate procurement cycles). The microservices driven architecture also allows for scaling of the application to add and enhance functional features sets while maintaining the integrity of the product. Finally, the data driven configurability of the CMdS product suite allows for configuration of the system to achieve the desired results of the State's business processes. This avoids code customization, thereby providing additional value to the State in terms of reduced cost and time. • **Reusability.** Conduent has included the CMS vision for reuse into the core guiding principles of our modular products. As a Software as a Service (SaaS) solution, the CMdS product suite allows Conduent to embrace reusability and push the benefits to the State. The same base product is configured and implemented for all the state Agencies participating in this RFP. This saves time and money and mitigates implementation risk. If post implementation changes to the product are required by a particular state, the changes in the product are built as microservices. These can then by consumed by multiple states with minimal changes to configuration or code. This allows for heavy reuse of our core code without the need for doing grounds up development for every

single state for the same enhancement. For example, in the future, if there was a federal mandate similar to Social Security Removal initiative, the changes done to the CMdS product suite can be used by all states instead of each state having to do its own SSNRI implementation covering the entire SDLC. This reuse of code, enabled by our microservices architecture, creates cost sharing amongst states for any standard changes or mandates.

The principles of reusability are not just limited to code sharing and cost sharing between states alone. The configurability of our product suite and the extensibility due to an API-led architecture allows the CMdS product suite to be extended for use beyond the Title IX program with minimal changes compared a new implementation (for example Behavioral Health, Department of Labor, etc.). This provides options to the State for consolidation and optimization of the various similar systems across departments. The result is greater fiscal and management control, conformity to design and architecture and the ability to maintain secure and current hardware and software infrastructure.

- **Adaptability.** CMdS is a data driven, rules engine-based configurable product. Therefore, any policy or State changes can be configured in the product to obtain the desired business process outcome, eliminating the need for heavy coding for every change. The CMdS product suite's core architecture is built on the principles of microservices. In the event of changes requiring code changes, they can be easily implemented by targeting the appropriate microservices instead of making base platform-level changes. As with all changes, they still go through rigorous testing and follow the progression from QA environments to UAT to Production to maintain the highest quality standards. Our cloud native architecture also allows us to adapt to changing business needs. In the event of a need for an environment for a particular project, the environments can be spun up in a matter of days and decommissioned after the need for the environment ceases, compared to procuring physical hardware.
- **Shared Information.** The CMdS product promotes and realizes the seamless flow of data and information in a secure manner. All data exchanges between the CMdS product and other modules and entities happens through the System Integrator's ESB. Our API-led architecture facilitates the consumption and delivery of data in a secured fashion from and to the SI. Within the CMdS product, collaborative sharing of information is achieved by our product's integrated workflow capabilities, which are securely managed by our Role Based Access Controls (RBAC).

Attachment F Requirement CMP09

The Supplier shall be knowledgeable of and support the agency to maintain compliance with the "to be" vision of MITA 3.0 Standards and Conditions-MITA Condition or the latest MITA version that requires states to align to and advance in MITA maturity for business, architecture and data.

Conduent response: Conduent is knowledgeable of and will support the agency to maintain compliance with the "to be" vision of MITA 3.0 Standards and Conditions-MITA Condition or the latest MITA version that requires states to align to and advance in MITA maturity for business, architecture and data.

We support the Agency to maintain compliance with the "to be" vision of MITA 3.0 Standards and Conditions-MITA Condition or the latest MITA version, by our extensive experience and proven processes for assisting states with MITA compliance and deeper maturity

	level achievement. That experience reinforces the connection between MITA principles and our efforts to drive improvements in healthcare delivery, quality, and efficiency. One of the central themes of MITA is that business needs drive technology, rather than the other way around. At the heart of the MITA Technical Architecture are shared services governed by an SOA that provides the flexibility, scalability, reusability, and adaptability necessary to support the current and evolving needs of Medicaid programs. Our vision of transformation is based upon the purpose and objectives of the organization, stakeholder input, improvements in information availability, and trends in policy and technology development. It depicts an objective that includes a description of the "as is" state, a description of the "to be" state, and a focused yet agile approach to the improvements needed to accomplish the transformation over time. The MITA Concept of Operations recognizes that the transition from "as-is" into "to-be" is a journey. It represents a movement of both business processes and technological structure continuously growing and evolving. The augmentations in workflow, services, and data access allow business users to rethink their processes to take full advantage of the new capabilities. The roadmap to enhanced maturity represents a continuous evolution, not a single event. The CMdS product, and our supporting business services, captures the proven functionality developed from 50 years of implementing Medicaid management solutions. It incorporates MITA-preferred technologies, including the use of a COTS rules engine, a workflow engine, web services, and a web-based user interface. With the release of MITA 3.0, we have engaged in a thorough review and update of all MITA processes, guidelines, and standards to make sure we remain aligned with federal requirements. Our solutions help the Agency attain or exceed the "to be" capabilities defined in the MITA State Self-Assessment (SSA). It also helps to improve the quality of outcomes for all stakeholders, to implement administrative efficiencies, and to achieve cost savings. ***Using MITA as a Tool for Strategic Application of Technology*** Our proposed infrastructure supports MITA through flexibility, adaptability, and rapid response to changing technologies and business needs. Our DDI approach applies the MECT checklists as traceable input throughout the development and implementation lifecycle. We use the checklists to help us achieve the goals of modular and agile development, satisfy certification criteria, support milestone reviews, and obtain early feedback on potential issues needing resolution. Cloud hosting, SaaS, and COTS components of our CMdS product demonstrate how we leverage the SOA platform through standards-based connectivity and open APIs.

Supporting MITA 3.0 Business Processes and Capabilities

Our TPL Services product provides support for business processes defined by MITA 3.0. Automation for communication processes applies technologies for managing communication by paper, telephone, mobile devices, web portal, and Electronic Data Interchange (EDI) transactions.

The user-configurable rules engine and embedded workflow support an extensive number of lines of business, including Medicaid, health information exchanges, and others. The solution enables user-configurable setup rules to automate specific operations and business requirements.

Attachment F Requirement CMP10

The Supplier shall be knowledgeable of and support the agency to maintain compliance with the "to be" vision of MITA 3.0 Standards and Conditions - Industry Standards Condition or the latest MITA version that requires states to align to and advance in MITA maturity for business, architecture and data. The Supplier shall ensure alignment with, and incorporation of, industry standards, HIPAA, privacy and transaction standards; accessibility standards, and standards that provide greater accessibility for individuals with disabilities and standards under the Affordable Care Act.

Conduent response: Conduent will be knowledgeable of and support the agency to maintain compliance with the "to be" vision of MITA 3.0 Standards and Conditions - Industry Standards Condition or the latest MITA version that requires states to align to and advance in MITA maturity for business, architecture and data. We will ensure alignment with, and incorporation of, industry standards, HIPAA, privacy and transaction standards; accessibility standards, and standards that provide greater accessibility for individuals with disabilities and standards under the Affordable Care Act.

To support the Agency in maintaining compliance with the “to be” vision of MITA 3.0 Standards and Conditions – Industry Standards Condition or the latest MITA version, Conduent brings extensive experience and proven processes for assisting states with MITA compliance and deeper maturity level achievement. That experience reinforces the connection between MITA principles and our efforts to drive improvements in care delivery, quality, and efficiency. We have a 100% success rate of federal certification in 15 Medicaid Management Information System (MMIS) implementations across 14 states and the District of Columbia (DC).

We apply standards that include, among others, those established by 45 CFR 164 for HIPAA for Security and Privacy rules, and Technical Report Type 3 (TR3) for X12 electronic transactions; Sections 1104 HIPAA Operating Rules and 1561 Secure File Transfer Protocol of the Affordable Care Act; and Section 508 of the Rehabilitation Act (standards that provide greater accessibility for individuals with disabilities) for all users.

We monitor CMS standards and MECT requirements closely and keep current with details of the latest MITA 3.0 updates. We track changes that affect MMIS certification requirements and maintain in-depth knowledge of the latest CMS policy and MECT updates.

Table G3-2 describes our security approach to meeting MITA maturity, HIPAA, and accessibility standards.

Table G3-2. Conduent's MITA, HIPAA, and Accessibility Standards Approach

Standard	Conduent's Approach
MITA	• Identify how to achieve the desired level of MITA maturity for the Agency. • Develop and implement solutions that support the Agency's desired level of MITA maturity.
HIPAA	• Establish policies and procedures that enforce HIPAA security and privacy rules. • Adhere to Standard Transactions mandated by HIPAA for exchange of information between proprietary information systems.
Accessibility	• Ensure that our solutions consider all state and federal accessibility standards, such as the ACA and Section 508 of the Rehabilitation Act. • Use web accessibility evaluation tools to validate that our solutions meet accessibility standards.

Attachment F Requirement CMP11

The Supplier shall be knowledgeable of and support the agency to maintain compliance with the "to be" vision of MITA 3.0 Standards and Conditions - Leverage Condition or the latest MITA version that requires states to align to and advance in MITA maturity for business, architecture and data. The Supplier shall promote sharing, leveraging, and reuse of healthcare technologies and systems within and among states.

Conduent response: Conduent is knowledgeable of and will support the agency to maintain compliance with the "to be" vision of MITA 3.0 Standards and Conditions - Leverage Condition or the latest MITA version that requires states to align to and advance in MITA maturity for business, architecture and data. We will promote sharing, leveraging, and reuse of healthcare technologies and systems within and among states.

To meet the Leverage Condition, we are offering the Agency a SaaS solution model hosted in the cloud. Our design objectives emphasize sharing and leverage of Medicaid technologies and data between states and other federal agencies Designed as an interoperable, modular system, our CMdS product promotes collaboration, data sharing, reuse of healthcare technologies, and consolidation of processes. It uses a rules engine, a workflow engine, web services, and a web-based user interface – all key to attaining "To Be" capabilities defined in the Agency's MITA self-assessment report. We base our approach on the view that the IT solution should never be a limiting factor in achieving MITA maturity. The solution promotes reuse, data exchange, and reduction of administrative burden on members, providers, and applicants. We participate in the development and implementation of regional or interstate standards and interfaces.

Attachment F Requirement CMP12

The Supplier shall be knowledgeable of and support the agency to maintain compliance with the "to be" vision of MITA 3.0-Standards and Conditions- Modularity Standard or the latest MITA version that requires states to align to and advance in MITA maturity for business, architecture and data. The Supplier's solution shall use a modular, flexible approach to systems development, including the use of open interfaces and exposed Application Programming Interfaces (API); the

separation of standardized business rule definitions from core programming; and the availability of standardized business rule definitions in both human and machine-readable formats.

Conduent response: The Conduent team is knowledgeable of and will support the Agency to maintain compliance with the "to be" vision of MITA 3.0-Standards and Conditions – Modularity Standard or the latest MITA version. Our solution will use a modular, flexible approach to systems development, including the use of open interfaces and exposed Application Programming Interfaces (API); the separation of standardized business rule definitions from core programming; and the availability of standardized business rule definitions in both human and machine-readable formats.

To comply with the Agency's "to be" vision of MITA 3.0-Standards and Conditions – Modularity Standard or the latest MITA version, CMdS architecture uses a modular and flexible approach, segregating the architecture into multiple layers which are exposed as APIs, and enabling faster changes to system development and deployment. CMdS architecture uses the Conduent Digital Hub to exchange the data using industry standard formats through open interfaces and APIs. Our Business Rules Engine (BRE) uses standard rule language (SRL) to define business rules. We separate the business rules from the core programing and invoked through the business rules APIs.

Attachment F Requirement CMP13

The Supplier shall be knowledgeable of and support the agency to maintain compliance with the "to be" vision of MITA 3.0 Standards and Conditions -Business Results Condition or the latest MITA version that requires states to align to and advance in MITA maturity for business, architecture and data in support of the business.

Conduent response: Conduent is knowledgeable of and will support the Agency to maintain compliance with the "to be" vision of MITA 3.0 Standards and Conditions – Business Results Condition or the latest MITA version that requires states to align to and advance in MITA maturity for business, architecture and data in support of the business.

The MITA 3.0 Seven Standards and Conditions – Business Results Condition text states that:

Systems should support accurate and timely processing of claims (including claims of eligibility), adjudications, and effective communications with providers, beneficiaries, and the public.

You can rely on our TPL Services supporting the business activities described in the Business Results Condition. We process all TPL cases to support the accurate payment of claims by the responsible payor source for the member. Our solution incorporates CMS' Standards and Conditions and the essential theme – that business needs drive technology, rather than technology driving the business. Please refer to the previous response to Attachment F Requirement CMP09 for additional detail on MITA compliance and deeper maturity level achievement.

Attachment F Requirement CMP14

The Supplier must provide the agency with compliance assurances for the Supplier scope of work.

Conduent response: Conduent will provide the agency with compliance assurances for Conduent's scope of work.

To provide the Agency with compliance assurances for the scope of work (SOW) under the new contract, Conduent integrates the compliance standards into our plans and required deliverables. We have experience meeting this requirement in numerous other projects, including our work in Montana and Wyoming.

We conduct interactive and collaborative Conference Room Pilot CRP sessions to demonstrate the base product, confirm requirements satisfaction, validate policy and rules, collaboratively configure the system, and identify gaps. As we embark on iterative configuration, development, and testing, we continue the collaborative and interactive approach by demonstrating the product as it evolves to meet your requirements. We update the requirements traceability matrix (RTM) in Azure DevOps (or your similar required lifecycle management tool) each step of the way to assure you that our scope of work is being satisfied across the SDLC.

As an example, our SaaS product affords the opportunity for you to see CMdS as we configure it to meet your requirements. Through our CRP approach we demonstrate to you the system, configured to your own policies and requirements, and we collaboratively identify any gaps, which proceed through iterative requirements clarification, design sign-off, customization, and testing.

Attachment F Requirement CMP15

The Supplier shall be fully compliant with the Health Insurance Portability and Accountability Act of 1996 (HIPAA, Public Law 104-1919) and Administrative Simplification (Subset of Title II) requirements in effect as of the date of release for the RFP and with any changes that subsequently occur, unless otherwise noted.

Conduent response: Conduent will be fully compliant with the Health Insurance Portability and Accountability Act of 1996 (HIPAA, Public Law 104-1919) and Administrative Simplification (Subset of Title II) requirements in effect as of the date of release for the RFP and with any changes that subsequently occur, unless otherwise noted.

The CMdS solution is aligned with, and incorporates industry standards (HIPAA privacy, security, and transaction standards, 508c of the Rehabilitation Act, Sections 1104 and 1561 of the ACA), and Administrative Simplification into its design. Conduent's solution promotes reuse, data exchange, and reduction of administrative burden on patients, providers, and applicants. Our solution fully leverages industry standards to help ensure interoperability with other state Agency systems and programs.

Conduent monitors federal regulations and has an established protocol for working with our clients as changes may be mandated by legislation. We actively participate in the following organizations:

- **ASC X12N Standards Setting Organization (x12.org).** This organization is designated by the Secretary of HHS as a Designated Standards Maintenance Organization (DSMO) under the Health Insurance Portability and Accountability Act – Administrative Simplification provision. We regularly attend the X12 meetings and participate in the work groups for the HIPAA-mandated

transactions as well as transactions that are recommended for use, but are not under the current mandates. We have a corporate Membership.

- **National Uniform Claim Committee (NUCC.org).** This organization is designated by the Secretary of HHS as a DSMO under the Health Insurance Portability and Accountability Act – Administrative Simplification provision. Our corporate representative attends these meetings to keep abreast of CMS-1500 and provider taxonomy code related issues and changes.
- **National Uniform Billing Committee (NUBC.org).** This organization is designated by the Secretary of HHS as a DSMO under the HIPAA – Administrative Simplification provision.

Attachment F Requirement CMP16

The Supplier shall ensure all information not specifically identified as Protected Health Information (PHI) or Personally Identifiable Information (PII) as defined under HIPAA and/or HITECH is treated as privileged communications, held confidential, and must meet the terms and conditions specified in the RFP, BAA and Contract.

Conduent response: Conduent will ensure all information not specifically identified as Protected Health Information (PHI) or Personally Identifiable Information (PII) as defined under HIPAA and/or HITECH is treated as privileged communications, held confidential, and must meet the terms and conditions specified in the RFP, BAA and Contract. We are fully compliant with HIPAA and we have successfully implemented the appropriate provisions in all of our systems and business services. We treat all information (including that which is not specifically identified as PHI or PII) as privileged communications. Our information security policies, supported by employee training, require the labeling of privileged communications as Conduent Confidential. We hold the information as confidential, restrict access according to our policies, and continually meet the terms and conditions specified in the RFP, BAA, and Contract to protect this information.

HIPAA privacy and security standards are designed to protect members' PHI as well as other confidential data. Conduent complies with applicable HIPAA requirements as they relate to the use of PHI in business processes necessary to performing the activities that we have contracted with the state Agencies.

Conduent Confidential

- Information that is non-public and propietary and/or confidential to Conduent or a client or belongs to another third party and which Conduent is required to protect
- Conduent Confidential information, if disclosed without restriction, is likely to result in serious financial injury, damage to competitve position, embarrassment, violation of individual or customer privacy, violation of legal or regulatory restrictions, or breach of contract

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	Conduent maintains policies and practices to support the information security and privacy requirements applicable to our system usage. Our information security approach aligns with the HIPAA threefold security objectives of integrity, confidentiality, and availability. Conduent's stringent regulations for handling PHI apply to both hardcopy and electronic information. We comply with state regulations and applicable HIPAA regulations; assessing our operations to cover where PHI is required and located, who has access, and how it is used. We encrypt all outbound data communications (i.e., emails, data transfers, etc.) containing personal information, including PHI. We control access to confidential information contained in all documents. Controlled sign-on procedures and other security tools protect confidential data. In addition, established, strict audit trails for all data received and transmitted allow Conduent to track and evaluate access and maintain strict confidentiality through safe, auditable data handling procedures. We control and monitor access to any member PHI in accordance with HIPAA regulations and state policy. We define the appropriate sharing of information, including who can receive the information and at what level. As defined in 45 CFR 160.103, all demographic data that relates to the individual's past, present, or future physical or mental health or condition, the provision of healthcare to the individual, or the past, present, or future payment for the provision of healthcare to the individual, and that identifies the individual is accessed and transmitted only as required. We provide training and information to staff with access to sensitive member information so they understand HIPAA confidentiality requirements and guidelines and so they do not disseminate member or provider data to unapproved sources. This training includes both initial and refresher training to keep staff informed and current on security and privacy guidelines and policies. We track and monitor requests to oversee and enforce these guidelines. We follow the requirements of 45 CFR 164.512 for releasing or transmitting PHI and/or individually identifiable information, in accordance with HIPAA regulations in effect at the time of the transmittal. **Attachment F Requirement CMP17** The Supplier shall ensure that except as provided by law, no information in the possession of the Supplier about any individual shall be disclosed without prior written consent. **Conduent response:** Conduent will ensure that except as provided by law, no information in the possession of the Supplier about any individual shall be disclosed without prior written consent. Under the contract (except as provided by law), Conduent agrees to not disclose information we possess about any individuals unless we first receive prior written consent to do so. To track such a disclosure, we log an information request into the CRM, provide this information to the State's Privacy Officer, and take action to fulfill the request once we receive approval from the State Officer.

Attachment F Requirement CMP18

The Supplier shall follow all applicable technical standards for site and system security policies and procedures to protect the agency's healthcare data and information systems.

Conduent response: Conduent follows all applicable technical standards for site and system security policies and procedures to protect the agency's healthcare data and information systems.

You will benefit from our involvement and partnership with CMS, the Medicaid community, and customers worldwide, though which we understand the ever changing and increasingly complex security landscape. We also know that security is of paramount concern to state Agencies. We are committed to protecting the confidentiality, integrity, and availability of the State's data and the shared network infrastructure from security vulnerabilities. We accomplish this through identifying and mitigating site and system threats, and by complying with all applicable state and federal statutes, regulations, and rules, including but not limited to HIPAA and the Agency's security policies, standards, and guidelines pursuant to the requirements outlined in the RFP.

As an example, in CMdS Conduent protects the Agency's physical and electronic data based on the stringent controls for our hosting services in Azure. We also secure our CMdS product from malicious attacks. To accomplish this, we establish, document, follow, and continually update security and privacy policies and procedures. We also implement defense in depth information security technical controls to protect confidential ePHI and PII data. These information security controls guard against the intentional or accidental release of information and ensure the security of operations, facilities, systems, and other aspects of the project. The project requires a balance: efficient staff onboarding procedures that grant users appropriate system access and the maintenance of strong information security controls that fully meet HIPAA security and privacy requirements.

The CMdS solution provides information security controls that are built into the Microsoft Azure Cloud infrastructure. The quality of these controls supports our decision to host protected data, system software, and solutions in the Azure Cloud environment. Azure's infrastructure is a trustworthy foundation upon which organizations can meet their hosting security needs.

As technologies that connect employees, vendors, and contractors proliferate, so do potential access points for unauthorized entry. Conduent's approach to optimizing information security in the face of these growing threats include:

- Autonomous continuous monitoring using our COTS product AppDynamics
- Web Application Firewall to ensure prevention of any malicious intrusion activity
- Full technical logging capability to meet industry compliance standards
- Personalizing access to specific roles and responsibilities with role-based access controls
- Protecting systems, files, and online activities from viruses, malware, spyware, and other threats with desktop antivirus software

	Attachment F Requirement CMP19 The Supplier's data management approach and operational policies shall meet HIPAA, HITECH, ARRA and other federal and State privacy and security requirements. **Conduent response:** Conduent's data management approach and operational policies meet HIPAA, HITECH, ARRA and other federal and State privacy and security requirements. In compliance with the RFP, state, and federal standards, Conduent's operational policies fully meet the Agency's requirements for data-management privacy and security. Further, our employees are required to adhere to corporate and applicable project policies, standards, and procedures for record keeping and asset protection. These protections and policies are designed to comply with the updated HITECH and HIPAA security and privacy guidance as published in the Omnibus bill of 2012. American Recovery and Reinvestment Act (ARRA) and HITECH expands HIPAA privacy and security requirements to business associates as well as Covered Entities—expanding the group of entities with legal liability. Our solution provides Hypertext Transfer Protocol Secure (HTTPS) and Secure File Transfer Protocol (SFTP) data encryption to safeguard sensitive data against unauthorized access during transit at the operating system level or through theft of hardware or backup media. Our encryption policies address privacy requirements as per HIPAA and CMS guidelines. The information security controls in our solution prevent data disclosures to unauthorized users and systems. The system can tightly and automatically control access that formerly was restricted only through training and instruction. Our information security controls protect data from being released without proper consent from the affected members. We work with the state Agencies to confirm user needs and establish business processes specific to the program. Our onboarding process is in line with your expectations. Users are granted only the access that is appropriate to their job responsibilities, which is determined on a "need-to-know" basis. **Role-Based Security.** Our system's robust, "role-based" security features are comprised of the Agency and user profiles that are associated to specific roles. Each role is a configurable, uniquely defined group of system permissions (rules and procedures). **Passwords and Logins.** Conduent implements a highly secure and robust information security and account lockout policy, for example in the CMdS product. The policy includes: • Passwords must contain a predefined minimum number of characters that include at least two each of uppercase, lowercase, numerical and special characters • Passwords expire after a specific time interval and need to be changed • Last five passwords cannot be re-used

- Passwords cannot be stored in clear text in tables, but must be stored in an encrypted fashion that is not accessible through standard file selection or inquiries
- The system limits the user's consecutive invalid logins and automatically locks out the user who exceeds the maximum number of login attempts. Our self-service web portal automatically logs off a user after a predefined time of inactivity

Penetration Vulnerability. An independent testing company performs external security/risk control assessments or audits. This testing entity executes penetration testing using automatic tools and manual probes to discover vulnerabilities. Our role in this process is to provide audit/assessment support, such as, cooperating with auditors, answering questions, providing artifacts, reviewing the audit feedback and so on.

The testing entity produces an assessment report on the status of the system's security. We then work to remediate improvements required by the assessment and that are within our contractual obligation, such as executing corrective action plans.

Attachment F Requirement CMP20

The Supplier shall retain, all original paper documents for a timeframe as specified by the Agency from the date the documents are received and have been scanned, indexed, stored and meet verification process standards. Original documents may be destroyed once indexed and stored and the retention period is met in accordance with State and Federal guidelines.

Conduent response: Conduent will retain, all original paper documents for a timeframe as specified by the Agency from the date the documents are received and have been scanned, indexed, stored and meet verification process standards. Original documents may be destroyed once indexed and stored and the retention period is met in accordance with State and Federal guidelines.

Our paper documents/records management approach and services fully comply with state and federal guidelines described in the RFP. We agree to retain all original paper documents, for a timeframe as specified by the Agency, from the date we have indexed and transferred them to the Shared Enterprise Content Management (ECM) system. We have detailed and strict record retention policies and procedures to provide for securely maintaining, retaining, retrieving, and destroying paper documents in accordance to State and Federal guidelines.

We maintain inventory logs to manage document retention dates according to prescribed retention periods, retaining paper documentation onsite for a timeframe as specified by the Agency. We dispose of records according to applicable disposition codes provided by the document retention and disposition schedule. Documents related to appeals, litigation, or settlement of claims are retained and available to authorized agencies or their authorized representatives until the appeal, litigation, claim, or exception has been resolved.

Attachment F Requirement CMP21

The Supplier shall maintain an auditing system and employ accounting/auditing procedures and practices that conform to GAAP and GAAS. All charges applicable to the contract shall be readily ascertainable from such records.

Conduent response: Conduent will maintain an auditing system and employ accounting/auditing procedures and practices that conform to GAAP and GAAS. All charges applicable to the contract will be readily ascertainable from such records.

As a publicly traded company, Conduent acts in accordance with SEC requirements. Through our public filing process, including formal earnings communications, Conduent management provides selective guidance to the public markets. Management uses both Generally Accepted Accounting Principles (GAAP) and non-GAAP forecasting methods to comply with accounting requirements and engage in strategic planning. Conduent also supports accounting and external financial reporting in accordance with the Cash Management Improvement Act (CMIA) Governmental Accounting Standards Board (GASB), and federal financial reporting requirements. The financial management component of the system ensures that each and every payment cycle balances, that reports balance to precursor steps, that financial data is reconcilable with internal and external sources, and that the process is transparently auditable. We maintain this principle of auditability and accountability throughout the life of the project as processes evolve. In accordance with GAAP, we review our internal fiscal control procedures with DPHHS for approval to maintain overall accounting integrity.

We also enforce GAAP standards at the corporate level and in every one of our accounts. Our corporate accounting organization verifies that updates to these standards, including GASB standards, are enforced through internal audits of our financial procedures.

CMdS uses a role-based security model that allows automated provisioning of access rights and access, defined by what information users need to do their assigned responsibilities. We use security profiles and data classification schemas to maintain security access control. Our business functions and security access maintain separate functions and segregate duties of personnel to assure adequate financial, security, quality, and auditing controls consistent with GAAP and Generally Accepted Auditing Standards (GAAS). We agree to make all charges applicable to the contract readily ascertainable from these records.

Attachment F Requirement CMP22

The Supplier will ensure that all technologies implemented are in compliance with any End User Licensing Agreements or other licensing arrangements.

Conduent response: Conduent will ensure that all technologies implemented are in compliance with any End User Licensing Agreements or other licensing arrangements.

Conduent has significant processes and mechanisms in place to verify and maintain compliance, in conjunction with three entities involved in procuring infrastructure, software, and hardware: our Architecture Review Board, Product Review Board, and our Chief Security Compliance Officer. Prior to acquiring new technologies, these entities review and approve the procurement. We acquire all software and hardware, including cloud subscriptions, through Conduent Global Procurement division. Through these safeguards, we

confirm any implemented technologies comply with all End User Licensing Agreements or other licensing agreements determined by the licensor. We have regular monitoring processes in place, which include reviewing our license agreements before they expire.

Attachment F Requirement CMP23
The Supplier's solution shall ensure that all data necessary for legal requirements is retained.

Conduent response: Conduent's solution will ensure that all data necessary for legal requirements is retained.

To support the Agency, we retain in our solution any records and data necessary for legal requirements such as appeals, litigation, or settlement of claims. We make records and data available to authorized agencies or their authorized representatives. We maintain inventory logs that enable us to effectively manage record and data retention dates according to prescribed retention periods, retaining paper documentation onsite for at least 15 calendar days from the date we receive and scan the documents. We transfer records to the Shared ECM System according to protocol and only dispose of records according to applicable disposition codes provided by the records retention and disposition schedule.

Attachment F Requirement CMP24
The Supplier shall provide a mechanism to purge source documents in accordance with HIPAA security provisions and State requirements.

Conduent response: Conduent provides a mechanism to purge source documents in accordance with HIPAA security provisions and State requirements.

The purpose of the Conduent records retention function is to preserve, retrieve, and control the destruction of records and source documents in accordance with HIPAA security and privacy provisions and the State requirements. Our project's privacy and security policies are derived from Conduent corporate policies covering physical, administrative, and technical safeguards. Our methods and policies (e.g., mechanisms) for purging source documents are in compliance with HIPAA Privacy and Security Rules and HITECH standards. These policies are also based in part on the NIST 800-53 standards.

Conduent reviews and updates the State's records retention manual to confirm it fully and accurately describes the procedures we follow to maintain document retention standards and carry out source-document purging responsibilities, such as:

- Procedures for preserving, protecting, and maintaining all source documents
- Procedures for confirming production of acceptable copies of documents that have been retained in online environments
- Policies and procedures regarding document retention and destruction, document security requirements
- Procedures for assuring that no documents under our control are destroyed without the prior written approval of the State
- The name of the Conduent office or position in charge of carrying out these responsibilities

Conduent has long-term relationships with Iron Mountain Incorporated, which provides us with comprehensive records management, data protection, and information destruction solutions on a variety of contracts. We also have a continuing relationship with document

destruction vendor, Shred-it, to provide locked confidential destruct bins for shredding documents on-site. We continue to use these vendors for our onsite and offsite storage and document-purging needs.

Once paper documents have been imaged, our document control team conducts a verification of the imaged documents. This step confirms we have captured a complete and legible copy of the original paper document for transfer to the Shared ECM System according to protocol. Once the verification is complete, the paper copy is either returned to the originator or destroyed in accordance with our standard privacy and security guidelines. After the retention period passes for electronic documents, the file is purged and the record is removed from the system to ensure it no longer appears in search results.

We also submit a copy of the master index to the State, which lists all items under Conduent custodianship including their volume, their medium, and whether they are complete in terms of the time period covered in the RFP Scope of Work. Our team meets with State representatives to review imaging, retention, and purging guidelines to comply with federal and state requirements.

Attachment F Requirement CMP25

The Supplier's Information Technology Equipment and Software purchased and licensed with monies under this Contract for use by agency, employees, program participants, or members of the public must provide, as required by state code, blind or visually impaired persons with access, including interactive use of the equipment and services, that is equivalent to that provided to persons who are not blind or visually impaired.

Conduent response: Conduent agrees that Information Technology Equipment and Software purchased and licensed with monies under this Contract for use by agency, employees, program participants, or members of the public will provide, as required by state code, blind or visually impaired persons with access, including interactive use of the equipment and services, that is equivalent to that provided to persons who are not blind or visually impaired.

In accordance with state code, as well as the ADA, and Section 508 of the Rehabilitation Act (29 U.S.C. § 794d), as amended by the Workforce Investment Act of 1998 (P.L. 105-220), we comply with all applicable federal, state, or other regulations, guidance, and laws in providing IT equipment and software access, and interactive use to blind or visually impaired persons. We further agree that the provided equipment and services will be equivalent to the equipment and services provided to those who are not blind or visually impaired.

Attachment F Requirement CMP26

The Supplier's solution shall be compatible with multiple standard browsers in accordance to the State's IT Standards. The solution shall be compatible with standard browsers (as determined by the Agency) without requiring specialized or proprietary plug-ins.

Conduent response: Conduent’s solution will be compatible with multiple standard browsers in accordance to the State's IT Standards and with standard browsers (as determined by the Agency) without requiring specialized or proprietary plug-ins.

We will review our solution’s compliance with the State to confirm we meet all State standards and Agency directions for this requirement. As information becomes more digital and dynamic, it becomes increasingly important to supply enhanced web-based

content for users that employ a variety of web browsers, smart phones, tablets, and emerging technology. Content must be relevant and easy-to-understand. As an example, our CMdS product exceeds these requirements, supporting the prominent web browsers such as Internet Explorer, Safari, Chrome, and Firefox browsers without requiring additional plugins. It is also device agnostic since it is built on reactive web technologies rendering appropriately in laptops, desktops, tablets, and mobile devices.

Attachment F Requirement CMP27

The Supplier shall provide licenses as required by the Agency to allow users access to perform all necessary business functions.

Conduent response: Conduent will provide licenses as required by the Agency to allow users access to perform all necessary business functions.

We furnish necessary licenses for Conduent's components of the TPL Services solution, as required by the Agency, so users can perform business functions. Conduent offers the CMdS for example, as a SaaS product that includes all necessary licenses for users to perform the business functions of the solution. As such, there is no need for individual licensing. We also work with the Agency to make project documentation, including the Project Work Plan, available in easily accessible formats such as PDF. This eliminates the need for specialized software licensing.

Attachment F Requirement CMP28

The Supplier must refer any possible provider or member fraud, waste and abuse matters and supporting documentation from any source to the state agency's program integrity unit.

Conduent response: Conduent will refer any possible provider or member fraud, waste and abuse matters and supporting documentation from any source to the state agency's program integrity unit.

Fraud, waste, and abuse prevention is fostered by open and ongoing communication with the staff. We require each employee to participate in a detailed fraud, waste and abuse training on the first day of work and before we grant access to our systems and facilities. This training covers the requirement to report and the process for referring, possible provider or member fraud, waste and abuse, with supporting documentation, to the state Agency's program integrity unit. In addition to new hire training, employees must take annual refresher training. Please refer to the previous response to Attachment F Requirement CMP02 for additional details on fraud, waste, and abuse reporting.

Attachment F Requirement CMP29

The Supplier must support the agency's benefit recovery functions by billing health carriers as defined in the Deficit Reduction Act of 2005 (DRA) via electronic, paper, or other means necessary in order to recoup monies.

https://www.cms.gov/Regulations-and-Guidance/Legislation/DeficitReductionAct/index.html

Conduent response: Conduent will support the agency's benefit recovery functions by billing health carriers as defined in the Deficit Reduction Act of 2005 (DRA) through electronic, paper, or other means necessary in order to recoup monies.

	Our TPL business activities support the Agency's benefit recovery functions by billing health carriers, as defined in the Deficit Reduction Act of 2005 (DRA), through electronic, paper, or other means necessary to recover funds. We agree to support the functions identified in this act, including: • Enhancing third party identification and payment • Clarifying the list of third parties and health insurers from which states must cost avoid and seek TPL recovery • Additional payors include self-insured plans, pharmacy benefit managers, and other parties that are by statute, contract, or agreement legally responsible for payment of a claim • Payors must cooperate with the state in determining liability and except the state from administrative timing and other procedural requirements for claims if the claims are submitted within three years and pursued within 6 years We have experience in applying our knowledge of the act to TPL recovery functions in other states and do so currently in Wyoming. **Attachment F Requirement CMP30** The Supplier's solution shall maintain Offshore Data Use policies as defined by the agency. The Supplier shall ensure that agency data is not used, maintained, transmitted, stored, or processed in geographic or virtual areas which are not subject to U.S. Law. **Conduent response:** Conduent solution will maintain Offshore Data Use policies as defined by the agency. We will make sure that agency data is not used, maintained, transmitted, stored, or processed in geographic or virtual areas which are not subject to U.S. Law. Our solution maintains Offshore Data Use policies, as defined by the Agency, that make certain that agency data is not used, maintained, transmitted, stored, or processed in geographic or virtual areas which are not subject to U.S. Law. For example, in the CMdS solution we offer, all data reside in the Microsoft Azure Commercial Cloud infrastructure. Access to the environments is standardized, controlled, and centrally monitored through industry standard virtual desktop infrastructure (VDI) that restricts any access for offshore staff to regions that has PHI and PII. Any Conduent staff in the continental United States obtaining access to data, masked, or otherwise, must have completed annual HIPAA and ePHI training, as do all Conduent State Healthcare employees. For all lower regions that are accessible by offshore staff we have a standard process to mask the production quality data to de-identify all PHI and PII information.	
	Upload Attachments with Additional Information? **Yes**	Attachment File Name: **Compliance Requirements Response_ Base**

Attachment G Mandatory Scored Questions- TPL Base Requirements
Offerors must answer all questions in this document in the space provided.
Failure to answer these questions will result in disqualification of the proposal
Offerors must indicate whether their proposal meets the individual requirement and provide a supporting narrative in the space provided. The narrative description will be evaluated and awarded points in accordance with Section 6, Proposal Evaluation and Award. Certain questions require an attachment. ONLY upload documents where there is a "Yes-Required" in the "Upload Attachments with Additional Information?" column, to provide additional requested information for specific questions. If there is a "No" in the "Upload Attachments with Additional Information?" column, then a document will be NOT be evaluated, if uploaded. Suppliers must provide an answer in the answer box below for all questions with "No" in the "Upload Attachments with Additional Information?" column.
DO NOT INCLUDE ANY COST INFORMATION IN YOUR RESPONSE TO THIS WORKSHEET.

4	**Correspondence Management Requirements**- Describe in detail how your company will meet all the requirements identified in **Attachment F, Correspondence Management Section, COR01-COR09.** Your response should include the requirement number identified in the attachment, followed by your detailed response. You must provide a response to all requirements identified in **Attachment F, Correspondence Management Section**.
A4	*Answer # 4* ***Clear, accurate, and automated communications—letters, notifications, and bulletins—support your business operations and promote positive relationships with members, providers, and other stakeholders.*** Our correspondence management system best meets the Third Party Liability (TPL) Services' correspondence needs by integrating with an enterprise content management (ECM) and plays a key role in your business communications. This global letter solution facilitates delivery of clear and accurate communications that promote positive relationships and comply with your business and operational requirements. Modern, user-friendly technology meets your evolving business needs by providing a complete solution for configuring, supporting, and maintaining your correspondence. The right mix of functionality is available to add, modify, and remove correspondence and the related templates at any time.

Conduent has a successful 50-year history of addressing correspondence and fulfillment requirements in support of Medicaid programs across 25 geographical areas. Our approach to correspondence management includes best practices that we have refined over many years and through numerous projects. We provide the tools, established processes, and experienced team for:

- Inbound correspondence records scanning and storage according to document retention policies
- Outbound correspondence using standard or configurable templates allowing staff to focus on content instead of formatting

Correspondence Management

Built for flexibility and scalability:

- Every letter and template can be customized to your specific needs
- Scheduled and ad hoc letter generation uses State-approved templates
- Index metadata streamlines the process of searching for stored correspondence
- Workflow and ECM integration

Our solution includes an existing library of letters and the ability to easily create new correspondence templates to provide control over the letter generation process, both in content and business rules. The correspondence management component keeps copies of generated letters with index fields to identify the recipient and type of letter. Authorized users can view previously sent letters at any time in the exact format in which they were sent.

Correspondence Management Resources and Skill Sets. Conduent's TPL Services team has extensive experience in managing correspondence and related documentation. As a result, our team members are well versed in the functions, processes, and best practices for correspondence.

Controlling Change. Even though letters and other correspondence are easy to configure and deploy, our change control process follows Azure life cycle protocols, to make sure changes are:

- Approved by stakeholders with the proper authority
- Documented appropriately
- Reviewed for quality
- Managed through the system development life cycle

We make sure correspondence requirements and changes are captured in the Azure DevOps life cycle management tool, changed at the right time in the development life cycle, and tested before deploying the change to subsequent test environments or to production.

No matter what TPL Services system solution is selected by the State, we will work with the Shared Enterprise Content Management system to meet the business needs of the State's enterprise.

Attachment F Requirements for Correspondence Management

On the following pages, Conduent provides a response to each Attachment F requirement for the Correspondence Management Section, COR01-COR09. Our initial response confirms our commitment to meet the requirement followed by our descriptions of our work.

Attachment F Requirement COR01

The Correspondence Management Solution must be able to generate correspondence (e.g., scheduled and ad-hoc correspondence and bulletins) using standard letters or forms, letter templates, and free-form letters.

Conduent response: Our Correspondence Management Solution generates correspondence (e.g., scheduled and ad-hoc correspondence and bulletins) using standard letters or forms, letter templates, and free-form letters.

Correspondence management functionality provides a global letters component that can, depending on the need, generate a single letter or an entire batch of letters. Scheduled letters are generated for designated situations such as high volume recurring letters. Ad hoc or free-form letters are generated for individual situations such as follow-up to an inquiry. Bulletins, including provider notices, are created in standard formats for posting to the provider website.

We can produce these communications manually or automatically. Our solution maintains a historical trail showing the origin of the correspondence and any activity related to it from initial setup.

While working with you, we can configure these communications to meet the State's specifications, including customizing various templates or forms for any correspondence, letter, notification, or bulletin. Template styles can differ by program, as needed, and they are designed for each correspondence type based on your needs. We can add additional sections and data elements to the standard layout, such as additional detail or a new summary section, if needed.

Our team drafts notification materials and works with the State to finalize them for delivery. We use both print and electronic delivery methods and determine the best method of delivery based on your specific initiatives.

Attachment F Requirement COR02

The Supplier's solution shall utilize industry standard barcode technology that is approved by the Agency.

Conduent response: Conduent uses industry standard barcode technology that will be approved by the Agency.

Our correspondence management solution for letter generation includes technology for integrating barcodes on the correspondence generated by the system. These barcodes are unique identifiers that allow us to track this correspondence, including the responses we receive back from an original correspondence that was sent out. They also aid in correspondence reconciliation and reporting.

Barcode designs include both 1D and 2D technology—the main difference being the level of complexity, which results in the level of information that can be stored into each barcode. A person can quickly grasp this difference with a cursory glance of the examples in Figure G4-1. Conduent's solution is capable of supporting 2D barcode technology, which is the industry standard.

1D Barcode CM 2D Barcode

Figure G4-1. Graphical Comparison of 1D and 2D Barcodes

The complexity of a 2D barcode allows us to store more information in the barcode.

The advantages of a 2D barcode, which is an industry standard, include the following:

- Can hold significantly more data.
- Can be stored in a smaller amount of horizontal space, allowing more free space for other details in the letter footer.
- Has approximately the same vertical height, depending on the number of characters required, as a 1D barcode.
- Expands easily into smartphone and other mobile device usages, since 2D barcode (specifically, QR type) decoders are more accessible for mobile devices.
- Results in much lower scanning errors.
- Can be damaged and still read accurately, according to studies, in as much as 20% to 60% of 2D barcodes.
- Available in different types and formats that we can apply based on your preference.

Table G4-2 provides a comparison of the two technologies.

Table G4-2. Detailed Comparison of 1D and 2D Barcodes

Barcode Type	Information Density	Information Capacity	Information Type	Error Correction Function	Dependence on Database	Nature
1D	Low	Small	Numbers, English	Yes	Must depend on database or communication network	Object label and index
2D	High	Big	Numbers, English, Chinese, pictures, voice, and other binary information	No	No dependency on database or communication network	Description on objects

	Furthermore, 2D barcodes come in different types and formats. Our solution can apply barcodes in whichever type and format the Agency prefers. **Attachment F Requirement COR03** The Supplier shall utilize letter, notification and other templates for correspondence that are approved by the Agency **Conduent response:** Conduent uses letter, notification, and other templates for correspondence that will be approved by the Agency. Our correspondence management system maintains and uses Agency-approved templates to generate various types of correspondence, including letters and notifications. All historical versions of templates are stored so that they are accessible for viewing or reuse in the future. There is no limit to the number of templates that can be stored, allowing for the creation of multiple templates to be used in many different TPL circumstances, such as correspondence to: • Notify or request more information from members. • Communicate with attorneys representing members. • Request title company searches related to estates. • Recoup payments from providers. • Communicate with trustees responsible for member trusts. • Request claims reprocessing by insurance carriers. An authorized user creates or modifies a template, which is then forwarded to the Agency for final approval before it is placed in the system for use. We bring experience using letter templates in many of our accounts. For example, we currently use over 100 letter and notices templates for TPL services in Wyoming. **Attachment F Requirement COR04** The Supplier's solution shall send documents and the necessary indexing metadata to the modular integration platform for storage of documents in an electronic repository as determined by the agency. **Conduent response:** Conduent's solution sends documents and the necessary indexing metadata to the modular integration platform for storage of documents in an electronic repository as determined by the Agency. We follow the strategic directive from the Centers for Medicare and Medicaid Services (CMS) related to modularity and has transformed our robust solutions into a modular and cloud-based architecture. Our solution offers the highest level of interoperability by managing data exchanges with the State's Integration Platform. We use required protocols to send and receive data from this integration platform and to access our correspondence management system, in which we store and retrieve correspondence and associated metadata.

When storing correspondence and related documents in our correspondence management system, we apply index metadata that can be used later in searching for that document. Conduent defines the index metadata for the Agency's review and approval. For example, in Wyoming we have a list of defined and approved metadata fields for each TPL letter, such as member name, date of letter, letter recipient, etc. When we develop a new letter for the Agency, we define and request the Agency's approval on the index metadata to use with that letter. When applicable, we can include a document identifier number to associate a document with a specific service. The index metadata and document identifier number become the keywords that can be used to search for and view a document. We encrypt all correspondence and imaged documents for security, and we index them so we can easily locate them later.

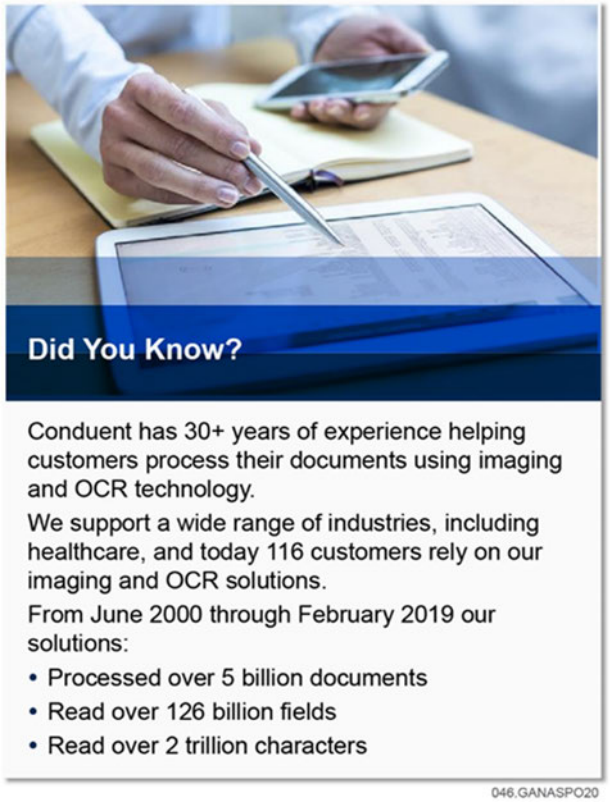
Attachment F Requirement COR05

The Supplier's solution shall store all sent or received documents in an electronic repository as determined by the agency.

Conduent response: Conduent's solution stores all sent or received documents in an electronic repository as determined by the Agency.

Our correspondence management system stores any correspondence and documentation that our solution sends or receives and can pass generated correspondence and indexing metadata to the State's Integration Platform for storage in an electronic repository or Shared Enterprise Content Management System, as determined by the Agency. The correspondence generated by our solution is sent to, indexed, and stored in our correspondence management system and, if needed, linked to an applicable data record. A document received in the mailroom is scanned, uniquely identified with a document identifier number, and stored with its date of receipt. All materials stored in the correspondence management system are available for online retrieval, viewing, and reprinting at any time.

Conduent has an extensive history in managing correspondence and related documentation. As a result of this experience, our team members are well versed in our solution's features, functions, and best practices. Our approach to storing these materials in our correspondence management system include best practices that we have refined over many years and through numerous projects. We have the tools, established processes, and team for generating and delivering correspondence, as well as for receiving, scanning, and associating



paper documents. When storing correspondence and documents in our correspondence management system, we apply index metadata that can be used as keywords or identifiers to easily search for and view a document later.

Attachment F Requirement COR06
The Supplier's Correspondence Management Solution must be able to integrate variable data to maximize efficiency.

Conduent response: Our Correspondence Management solution integrates variable data to maximize efficiency.

Functionality includes a global letters component that makes use of a built-in data merge functionality, which allows us to customize the correspondence we produce. During the letter generation process, this data merge feature can populate correspondence with variable data to make each communication unique to the individuals and circumstances involved. For example, data that can vary might include provider names and addresses or a subject line customized for a one-time mailing. Depending on the template, we can include fields that accept user input—even full paragraphs of user input—to create correspondence that is very specific to the need.

Conduent's approach to variable data allows us to create customized correspondence, such as including a standard notice to appear on all notices or to appear only on specific notice types. In such instances, there is no limit to the size of the notice, and the wording can be as simple as a holiday message or as detailed as needed. Taking this a step further, our variable data functionality can incorporate complex business information into the State's correspondence. We can configure correspondence to include dates for calendar and business days, as well as number of days from receipt. These configurations are made directly within our solution's user interface.

Our correspondence management system has a normalized database schema that includes the data elements required for robust TPL Services. The data elements are classified as submitted data (submitted when entities are created, for example, member data, payor information) or evaluated data (such as fund codes, accounts receivable balances, and claims information). The core data model can be extended to store additional state-specific data elements. The solution has the capability to integrate the elements available in the data model to suit the needs of the correspondence required.

	Attachment F Requirement COR07 The Supplier shall generate applicable notices to members, carriers, providers, and other entities (e.g., enrollment/disenrollment notices, requests for information, and program information). **Conduent response:** Conduent generates applicable notices to members, carriers, providers, and other entities. We deliver correspondence in a variety of formats, based on configured preferences. These notices include notifications and letters in electronic format for web posting or email delivery, as well as in print format for delivery by mail. Our correspondence management system generates these notices based on State-defined business rules and requirements. For example, in other states we currently: • Send notices of subrogation to attorneys related to member accidents • Submit judgment and sentencing involving restitution inquiries to courts • Mail member requests for information in printed letters • Post notices and program information on the provider website • Generate notices based on defined events and dates, such as annual accounting of trusts The letters in Figure G4-2 illustrate a few of the TPL notices our correspondence management component can generate.

Figure G4-2. Examples of TPL Letters

Our correspondence management component generates letters for a variety of TPL cases, in these examples, a request for information to a member, a request to reprocess claims to an insurance carrier, and a recoupment request to a provider.

	Attachment F Requirement COR08 The Supplier shall configure, support and maintain a method to generate correspondence and coordinate the print and distribution through the State's Print and Mail Services. The Supplier's solution shall include an integrated correspondence management solution. **Conduent response:** Conduent configures, supports, and maintains a method to generate correspondence and coordinate the print and distribution through the State's print and mail services. Our solution does include an integrated correspondence management solution. The correspondence management system is flexible, scalable, and standardized and can integrate with the State's print and mail services. The correspondence management system solution has a successful history of addressing correspondence and fulfillment requirements and supporting Medicaid programs. The correspondence management system generates letters based on predefined templates, which we then coordinate for distribution through the State's print and mail services to complete the fulfillment and mailing processes. We maintain and use state-approved templates to generate various types of correspondence, including letters and notifications. Each template includes a designation that specifies whether a letter should be sent by mail or email. These templates include data merge fields that allow us to insert data from our database, giving us the flexibility to dictate specific information needed on a template, such as a letterhead, electronic signature, and phone numbers. This functionality provides the flexibility to use one template for various letters. We store the generated letters in our correspondence management system, where they are available for retrieval, viewing, and reprinting as needed. Our solution offers the highest level of interoperability by managing data exchanges with the State's Integration Platform. Our correspondence management system allows easy access of stored letters in the correspondence management system and expediting those same letters to complete the print and mail process. **Attachment F Requirement COR09** The Supplier's solution shall provide the ability to create materials in language(s) (as determined by the Agency) and for reading levels as determined by the agency. **Conduent response:** Conduent's solution provides the ability to create materials in language(s), as determined by the Agency, and for reading levels as determined by the agency. All citizens in every state possess an inherent dignity and worth, and as such, deserve to be treated with the utmost respect and professionalism. Providing culturally sensitive services in a customer's preferred language is integral to communicating clearly and achieving high customer satisfaction results. Conduent's correspondence management system fully supports your goal of promoting interactions with the public in a culturally competent manner. Therefore, we carefully prepare correspondence to communicate effectively with a diverse population, in the appropriate language, and at a reading level that is easy to understand.

	We create correspondence, notifications, and various publications with ease-of-use in mind and to assist the recipient in navigating critical information with minimal effort. The solution's public-facing correspondence meet both State and federal accessibility requirements as defined by such standards and regulations as: • Section 508 of the Rehabilitation Act of 1973 as Amended. • Web Content Accessibility Guidelines (WCAG). **Real-world illustration of Conduent's sensitivity to customer needs.** We were monitoring phone calls in the Montana call center to gauge communication effectiveness. Determining that members were having difficulty understanding information provided by the call center, we requested the State's approval to revise the related communications for a different grade level. Receiving the State's approval, we moved quickly to rewrite call center scripts and modify educational messaging and videos on the member website page to achieve maximum understandability. As a result of Conduent's proactive efforts, which were at no cost to the State, the members understanding level of the information increased from 45% to 85% within just five short months.	
	Upload Attachments with Additional Information? **Yes**	Attachment File Name: **Correspondence Management Requirements Response Base**

Attachment G Mandatory Scored Questions- TPL Base Requirements
Offerors must answer all questions in this document in the space provided.
Failure to answer these questions will result in disqualification of the proposal
Offerors must indicate whether their proposal meets the individual requirement and provide a supporting narrative in the space provided. The narrative description will be evaluated and awarded points in accordance with Section 6, Proposal Evaluation and Award. Certain questions require an attachment. ONLY upload documents where there is a "Yes-Required" in the "Upload Attachments with Additional Information?" column, to provide additional requested information for specific questions. If there is a "No" in the "Upload Attachments with Additional Information?" column, then a document will be NOT be evaluated, if uploaded. Suppliers must provide an answer in the answer box below for all questions with "No" in the "Upload Attachments with Additional Information?" column.
DO NOT INCLUDE ANY COST INFORMATION IN YOUR RESPONSE TO THIS WORKSHEET.

5	**Data Conversion, Cleansing and Migration Requirements**- Describe in detail how your company solution will meet all the requirements identified in **Attachment F, Data Conversion, Cleansing and Migration Section, DC01-DC07.** Your response should include the requirement number identified in the attachment, followed by your detailed response. You must provide a response to all requirements identified in **Attachment F, Data Conversion, Cleansing and Migration Section.**
A5	*Answer # 5* Conduent brings extensive experience in data conversion, cleansing, and migration to the project. Collaboration with the Agency and other parties is key to ensuring converted data is properly managed that we thoroughly understand requirements, and that we identify reliable solutions. Thorough preparation of data and systems before migration takes place is key to maximizing the success of the migration results. We provide a complete conversion methodology shown to achieve high-quality results in similar efforts across the country. ## Attachment F Requirements for Data Conversion, Cleansing and Migration On the following pages, Conduent provides responses to Attachment F requirement for the Data Conversion, Cleansing and Migration Section, DC01-DC07. Our initial response confirms our commitment to meet the requirement followed by our descriptions of our work.

	Attachment F Requirement DC01 The Supplier shall provide authorized agency or other designated staff access to an environment to validate converted data and provide support for the data validation effort. **Conduent response:** Conduent provides authorized agency or other designated staff access to an environment to validate converted data and provide support for the data validation effort. Our Data Management, Conversion, and Migration Plan identifies the various components of the conversion effort. The plan includes: • The environments available for data conversion • Access to the solution in order to validate the converted data • The level of support we provide to the Agency, and designated staff for data validation During the design, configuration, and build phase of the project, we maintain environments that support different functions such as development, various test levels, and valid values or manually configured data. Each environment's definition and purpose relative to data conversion are documented in the Data Management, Conversion, and Migration Plan. Through collaboration with the Agency, Conduent carefully outlines the data conversion plan. The conversion plan addresses needs such as data access, environments, data analysis, data management, data conversion, and data migration. Support for validating the converted data includes providing reports on each file/table conversion test results, any issues identified, and conversion progress status. **Attachment F Requirement DC02** The Supplier shall work with the State to identify the data elements that will be converted into the Supplier's solution. For legacy data elements that cannot be converted into the Supplier's solution, the Supplier shall work with the State to achieve desired business outcomes using the data elements in the Supplier's solution. **Conduent response:** Conduent will work with the State to identify the data elements that will be converted into our solution. For legacy data elements that cannot be converted into the Conduent solution, we will work with the State to achieve desired business outcomes using the data elements in our solution. Through careful planning, Conduent experts easily execute the detailed data analysis and source to target mappings. As with any data conversion effort, Conduent and CMdS subject-matter experts offer insights and possible solutions related to legacy data to fit business needs. The objective of data conversion is to timely and accurately convert data from the legacy system into the new system. With 50 years of Medicaid experience, we have detailed knowledge of MMIS systems and Medicaid data models. Our depth of MMIS experience, applied with the advanced CMdS capabilities of a platform created expressly for Medicaid management, translates to faster turnaround

	times related to mappings, reduces risk and knowledge transfer from the Agency. That experience informs our decisions for supporting business outcomes, regardless of whether the data is represented in the CMdS product or not. We apply our experience to streamline mapping efforts, reduce risk, and eliminate the need for extensive knowledge transfer from the State to Conduent. This translates into faster project timelines and accurate conversion of data from source to target system. **Achieving Business Outcomes** We start with a joint review team meeting to collaborate on the plan for the conversion effort. We document execution steps and align them with our coordinated life cycle that runs concurrently with the development effort. Although the conversion life cycle has its own set of objectives, we follow the same structured management methodology for overseeing data transfer and conversion tasks as we do for managing our own CMdS implementation. We keep the implementation and conversion efforts synchronized, as there are several dependencies between them. The implementation team provides the data conversion team with accurate data and conversion requirements. Implementation and testing teams depend on the data conversion team to provide converted data for use in system and acceptance testing. Figure G5-1 depicts the high-level activities performed by our team that help achieve the State's desired business outcomes.

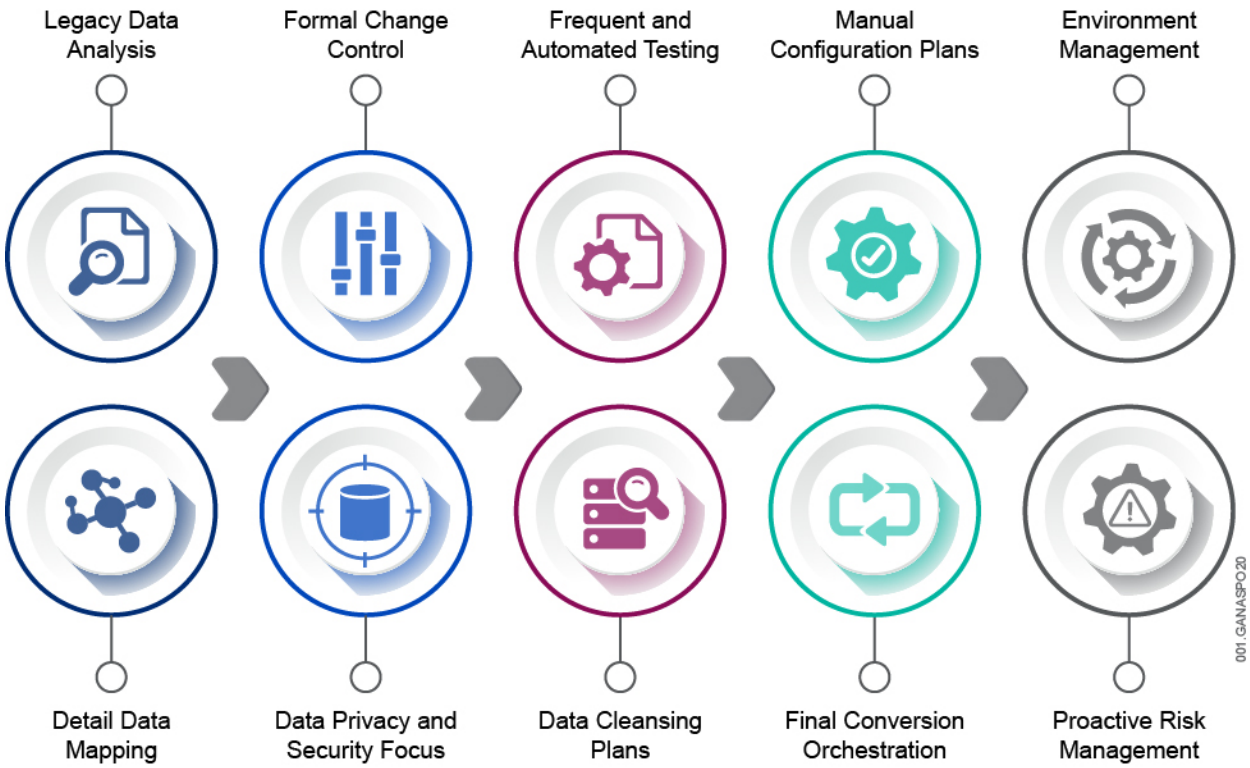


Figure G5-1. Data Conversion Activities

Data conversion requires careful planning and detailed analysis to achieve the Agency's desired business outcomes.

Conduent updates the Data Management, Conversion, and Migration Plans to include test inputs, procedure steps, expected results, and supporting tools. We deliver the updated plan to the Agency prior to user acceptance testing (UAT).

Discrepancies

During testing of conversion efforts, the Conduent data conversion team takes ownership of all conversion-related issues. They compare defects with the mapping rules documented in the conversion specifications. If there are discrepancies in the documented rule versus the mapping, they update the mapping, re-run the mapping, and reload the data. If the scenario encountered was

unanticipated, the conversion analyst works with the Agency and the joint review team stakeholders to create a new mapping rule and then the analyst re-runs the mapping and reloads the data.

If the data conversion team cannot find issues with the data transformation (that is, the mapping rules are legitimate, and the mapping performed as expected), it turns the issue over to the responsible functional team for research. The functional team takes responsibility for resolution. The data conversion team documents issues and tracks them in joint review meetings.

Error Reports

Each execution of the conversion process for a given set of functional area tables produces error reports that document data anomalies, inconsistencies, and errors encountered during the process. The Exception and Run-Time Report breaks down, by workflow, execution duration statistics and information on valid and rejected counts by source and target file/table. Extraction, transformation, and loading (ETL) developers review this report to determine if the conversion job executed successfully. If the report indicates runtime issues, ETL developers conduct additional analysis to determine if the issue is data related or inherent in the conversion process design.

If the report indicates design or conversion process errors, the ETL developer makes corrections and re-executes the conversion run. If the report indicates problematic data, the conversion analyst forwards the reports to the State for review. State staff make the decision to do one of the following:

- Correct the data in the source files (current system)
- Allow the data to be converted as-is and let CMdS edits handle the erroneous data
- Alter the mapping specifications to accommodate the erroneous data

Conduent's testing team works closely with the data conversion team and with the State and Conduent SMEs to monitor quality throughout the data conversion process.

By the time UAT starts, we have completed several runs of the conversion jobs providing converted data for the development and testing efforts. During these times, our developers, functional teams, and the State can identify any defects with the conversion jobs. All defects are corrected and retested.

Attachment F Requirement DC03

The Supplier shall work with the State to identify data elements or fields in the Supplier's solution that are not available to be converted from the legacy system, and whether the conversion programs should fill them with default or initial values.

Conduent response: Conduent will work with the State to identify data elements or fields in our solution that are not available to be converted from the legacy system, and whether the conversion programs should fill them with default or initial values.

Conduent develops a detailed Data Management, Conversion, and Migration Plan that provides the complete conversion strategy specific to the State. A step in the plan is the identification of conversion rules by field. Many decisions are made for each data element: whether the field will be converted from the legacy system, manually loaded, or set to default or null values. We determine data relationships and index values during the data design step.

Informatica PowerCenter Designer

For each CMdS functional area, analysts research each field and identify and document the detailed conversion rules in Informatica PowerCenter Designer. Our data conversion team uses it to:

- Capture source and target data elements
- Document relationships between data elements
- Record their respective metadata
- Create various conversion reports and specifications

The analysts create conversion rules to capture the transformation requirements from the source file/table to the target table. We use a target table-driven approach. This means we go through each target table, field by field, and determine where the source data is located to populate that field. If no source data exists, we identify a default value or develop a method for determining the value.

Data Gap Analysis

After we complete the data mapping process, we perform data gap analysis. The data gap analysis exposes differences in data models where legacy data has no counterpart in CMdS, where there is problematic data, or where CMdS has a table and/or column with no counterpart in the legacy system. Through this process, our functional teams identify the appropriate columns in the CMdS database, and the developers define data transformation requirements. Information obtained through data gap analysis serves as the basis for developing the conversion specifications in the Data Management, Conversion, and Migration Plans. Informatica PowerCenter Designer creates a source gap report and a target gap report. The Source Gap Report identifies fields that are not mapped to a target table. The Target Gap Report identifies all target fields that do not have a value from either source or default. We validate that all fields in the target table have an assigned value. These gaps in data might include:

- Historical data the State wants to preserve but serves no current functionality
- Data CMdS needs but does not exist in the legacy systems

The gap reports serve as critical inputs for manual data configuration, the conversion effort, and joint review meetings with the State during design discussions. Each CMdS table must have a defined load strategy. Data analysts define the initial load strategy immediately following table-level mapping, make necessary modifications, and maintain the load strategy detail throughout the entire

	conversion effort. Informatica PowerCenter Designer produces a source-to-target gap analysis report that documents a load strategy for each target system table by functional area. The load strategy for a given table includes: • Tables loaded with converted data • Manually entered or configured data • Data acquired through an interface • Data transferred from the baseline system • Tables that remain empty at go-live – data analysts examine any remaining CMdS tables to define a load strategy • Key data elements The data conversion team defines and creates a catalog of key data elements that can be expected to undergo frequent application processing. Based on data conversion experience from numerous MMIS implementations, the team gives special attention to key data elements that occur frequently to mitigate risks, should changes be recommended to these fields. Consequently, the team conducts a data element frequency analysis at the domain level. (A domain is a data entity employed by one or more data elements. For example, rendering provider ID, billing provider ID, and referring provider ID are all data elements that point to a common domain entity called provider ID.) Identifying key data elements at the domain level provides a more accurate frequency determination, as it consolidates the data elements count under a common entity. The data conversion team obtains a list of fields that have a significant impact on CMdS processing from the functional teams to assess their impact. The team uses this information when creating business rules that involve key data elements. Once key data elements are defined and cataloged, the data conversion team works with the functional teams and the State teams to define a common data conversion business rule for each key field. These rules describe either the specific process or transformation required to migrate a legacy system value to a CMdS field, or the specific calculation or process required to derive a value for a CMdS field. The rules defined in the key data element business rules catalog are not specific to any legacy system or CMdS field. Rather, they are designed to be reused across multiple system tables and fields. If a key field has a set of valid values, identifiers, or codes, the data conversion team works with the relevant functional team to define a valid value crosswalk, which maps each legacy system code value to the appropriate CMdS code value. Consider the following examples: • With the value crosswalk, if the current system defines recipient sex field as “1” for male and “2” for female, and CMdS requires an “M” or an “F” populated in the recipient sex field, we capture this information in the Data Management, Conversion, and Migration Plan • If the current system’s internal control number (ICN) is 13 bytes and the equivalent CMdS transaction control number (TCN) is 17 bytes, the data analyst documents the algorithm to expand the ICN from 13 to 17 bytes. We document the TCN mapping rule in

	Informatica PowerCenter Designer. In some instances, the data conversion team works with the State to develop appropriate conversion algorithms The data conversion team uses the key data element business rule and crosswalk catalogs created earlier to verify that the same field is converted consistently across all CMdS tables containing the field. Rather than defining a new mapping rule or crosswalk for each CMdS field, the data conversion team first refers to the business rule catalog to determine if a rule or crosswalk already exists for the field. A new rule or crosswalk is created only if one does not exist in the catalog. Because the key data element business rule and crosswalk catalogs are built at the domain level rather than the field level, the data conversion team can achieve even greater consistency in the application of mapping rules. Fields sharing the same domain generally have the same data conversion rules and code values. Moreover, Informatica PowerCenter Designer provides functionality to propagate business rules and crosswalks to the appropriate data mappings based on the data entity domain. For example, the business rule to convert the provider ID domain is defined once in the key data element business rules catalog and is automatically propagated to any mapping that uses a field with the provider ID domain. This includes any mapping using rendering provider ID, or billing provider ID. This automation significantly reduces the level of effort required to build field-level data mappings and promotes the consistent application of key data element business rules and crosswalks across mappings. Furthermore, reusing mapping rules and crosswalks helps avoid duplicate changes to mapping rules or code crosswalks for key data elements. ***Design, Development, and Migration*** During technical design, we determine the best method for designing and developing the conversion processes. If our data conversion team can build a table from an interface/update program, then we use the interface/update program. If we need to load data manually, our functional team may use CMdS screens to key in the data or may enter data into a spreadsheet for subsequent loading into a CMdS table. An example of manually loaded data is the member edit and hierarchy rules. When no other option is available, our team writes a new conversion mapping program. This approach accommodates the most efficient process for each table we need to load. Our data conversion team constructs conversion programs and processes for each legacy source table or file. During the conversion development and migration phase, the data analyst provides developers with mapping specifications. The developers develop code based on these mapping specifications and test the code at the unit level. The data conversion team works closely with the various functional teams to have a clear understanding of the mapping rules and the target database layout. They also make use of data profiling.

	Data Profiling and Informatica PowerCenter Data profiling is the process in which the data conversion team analyzes data files to identify erroneous data and valid values and to obtain data statistics. Data profiling ultimately determines if data is missing. Conduent begins this process as early as possible in order to review with the State any data issues found and determine the approach to correct the erroneous data. An important tool we use in data profiling is the Informatica PowerCenter Data Profiler tool. This tool allows the data conversion team to view and run reports on all data in a file or table. The reports provide data analysts with all values used in a field. It shows missing data in a field, duplicate keys in use, or if fields contain inappropriate data. Using this tool, the data conversion team can perform this level of analysis on any field in the data file. The Data Profiler tool identifies data issues up front and affords Conduent and the State enough time to make decisions on how to resolve data issues. Informatica PowerCenter is an important tool for ETL developers to use when building their conversion jobs. It allows visual mapping of legacy system data to CMdS structures and data manipulation using a real-time and batch data mapping GUI interface. The tool allows users to define rules for record filtering, error and reject record handling, and error logging. The error and reject record handling are extremely useful in identifying data that needs to be cleansed. Using the error log, the data engineer can determine why the data is rejected and can present the erroneous data to the data conversion team and the State to determine an appropriate corrective action approach. ***Errors*** If the current system data has errors, the data analyst documents the error and works with the functional team to determine the resolution. The data analyst documents the different solution options and discusses these options with the conversion lead and the State. The functional team and the State jointly choose one of the options or come to a different resolution regarding the discrepancy in the current system data. Although the data conversion team is responsible for conversion, when an error occurs in the current system data, Conduent and the State must mutually agree to the resolution. This resolution could include having the State fix the data in the legacy system so it can be resent for conversion. If the data cannot be corrected by the team and it cannot be corrected by modifying business rules, we may have to “scrub” or “clean” the data. Conduent works with the State to define the modifications we need to make, when we need to make them, and the impact on the conversion schedule. We analyze each data scrubbing task on an as-needed basis and reach a mutual agreement between Conduent and the State before modifying the data.

Staging and Converting Data

After receiving data from the legacy MMIS and other source systems, the data conversion team stages it on the conversion server in a flat file format. The flat files serve as the input into the conversion process. Conduent uses Informatica PowerCenter's toolset to write the conversion programs. The input into Informatica is the data from the current system that is staged on the conversion server. When a file created by a conversion mapping is loaded into the CMdS database, it is automatically assigned a new version or release number. This feature enables the data conversion team to keep track of program versions and the output files they create.

Loading Converted Data

The developers generate load files using Informatica programs and upload them to CMdS. The file naming convention has associated with it the version of the program that created it. At this point, the data conversion team has transformed the source data and can begin loading data into the target tables.

The database administrator uses a load utility to populate the target tables with the transformed data. Once the data conversion team populates the data into the target tables, the system can read the data and process it. At this juncture, the testing team performs tests against converted data. We use converted data for testing, including system testing, integration testing, and UAT.

We take the following steps to load data manually, as needed:

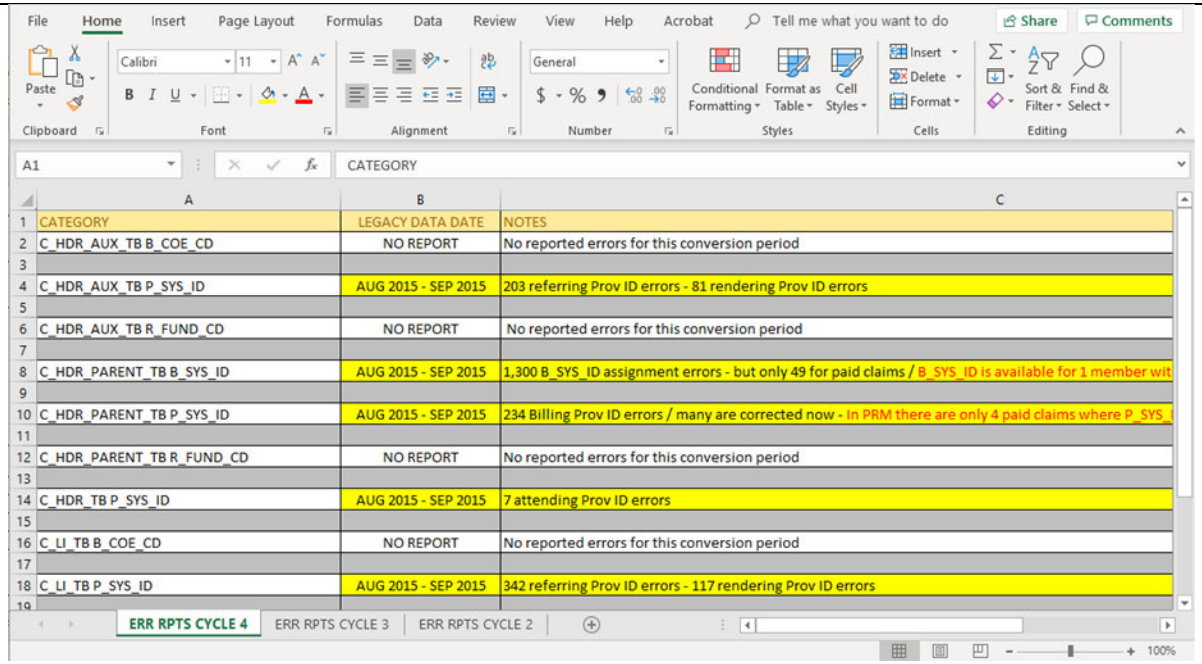
- Identify the target tables that require manual population
- Gather the data from subject matter experts (SMEs) to manually populate these tables. In CMdS, this information is entered manually or captured in a manual entry template spreadsheet, from which the data is imported into CMdS tables
- Evaluate the spreadsheets to determine if they contain all of the data needed to configure the tables manually
- Develop a load process to transfer data from the spreadsheets to the tables
- Load the CMdS tables

Comprehensive Approach to Data Management

Developers use Informatica for the conversion process and work closely with the data analyst, functional teams, and the State to garner a complete understanding of the business rules documented in Informatica PowerCenter Designer. The data conversion team uses dedicated servers for development. These servers are used only for conversion, so the team has enough bandwidth without interfering with another functional area's development efforts.

	ETL developers perform coding to the mapping specifications documented in Informatica PowerCenter Designer, unit test their code, resolve discrepancies identified during testing, and run coding error, balancing, and reconciliation reports. These reports assist the testing team and the State in validating converted data. ETL developers document each job and create a run sheet. The run sheet lists job inputs, outputs, the average time it takes to run the jobs, and any parameters that need to be set. ETL developers work with the DBAs to check that all data meets the relational integrity and database constraints defined in CMdS. The data conversion team supplies each testing region with converted data and works closely with the testing team to determine when to refresh/reload data in any given region. Regions may be fully refreshed, refreshed with just one functional area's data, or reloaded with only certain tables, depending on the situation and the request. **Attachment F Requirement DC04** The Supplier must perform one or more trial conversions as necessary, before final conversion of the data, and present the results to the State. **Conduent response:** Conduent performs one or more trial conversions as necessary, before final conversion of the data, and present the results to the State. Before converting data, we perform multiple trial conversions and conduct walkthroughs of completed file and table conversions. Each time the data is converted we conduct an internal walkthrough to examine the data and look for potential issues. The Data Management, Conversion, and Migration Plan: • Describes the levels of data verification activity • Defines the toolsets used to track errors and error resolution • Provides exhibits of error, balancing, and validation reports we provide to the State at the completion of each trial conversion Throughout the conversion and implementation activities, Conduent partners with the State to confirm our mappings and test results are accurate. As we work through the exception reporting process, we work with the State to define acceptable solutions to any problematic data identified. We perform acceptance testing of the conversion process and confirm we meet all defined criteria in the Data Management, Conversion, and Migration Plan before we start the final conversion. **Attachment F Requirement DC05** The Supplier shall produce the reports necessary to demonstrate adequate checks and balances within the data conversion process. **Conduent response:** Conduent produces the reports necessary to demonstrate adequate checks and balances within the data conversion process.

	Conversion testing uncovers issues of various types, including mapping, design, and referential integrity issues, drawing on reports related to checks and balances. Conduent verifies conversion data using a variety of strategies, which we review with State staff during walkthroughs prior to formal submission for review and approval. • **Validation of Conversion Mapping Specifications.** Consists of validating against the conversion crosswalk that programs comply with the specifications for conversion. We validate logical consistency within the target system, e.g., no instances of converted claims with zero claim lines; sum of claim line reimbursements will add up to claim header reimbursement amounts; etc. • **Balancing and Comparison.** Consists of comparing the output of converted data with data in the source file both at the macro and micro level. At the macro level, Conduent runs counts of records and categories of records to make sure that the counts in the source file match the counts in CMdS tables, validating that records are not lost or added during conversion. At the micro level, we compare sample records both from the source file and from the target table to verify that all data is properly converted. • **Testing CMdS Functionality.** Consists of testing the configured CMdS product using converted data to validate the new system is processing correctly and the converted data passes Web page editing or business rules. Conversion testing is divided into unit testing and data validation testing. Test scripts are included in the Data Management, Conversion, and Migration Plan. Test results are produced, delivered, and reviewed with the State to demonstrate adequate checks and balances are in place during the data conversion process. Figure G5-2 presents an example error report generated by the Informatica tool.



	CATEGORY	LEGACY DATA DATE	NOTES
2	C_HDR_AUX_TB B_COE_CD	NO REPORT	No reported errors for this conversion period
4	C_HDR_AUX_TB P_SYS_ID	AUG 2015 - SEP 2015	203 referring Prov ID errors - 81 rendering Prov ID errors
6	C_HDR_AUX_TB R_FUND_CD	NO REPORT	No reported errors for this conversion period
8	C_HDR_PARENT_TB B_SYS_ID	AUG 2015 - SEP 2015	1,300 B_SYS_ID assignment errors - but only 49 for paid claims / B_SYS_ID is available for 1 member wit
10	C_HDR_PARENT_TB P_SYS_ID	AUG 2015 - SEP 2015	234 Billing Prov ID errors / many are corrected now - In PRM there are only 4 paid claims where P_SYS_
12	C_HDR_PARENT_TB R_FUND_CD	NO REPORT	No reported errors for this conversion period
14	C_HDR_TB P_SYS_ID	AUG 2015 - SEP 2015	7 attending Prov ID errors
16	C_LI_TB B_COE_CD	NO REPORT	No reported errors for this conversion period
18	C_LI_TB P_SYS_ID	AUG 2015 - SEP 2015	342 referring Prov ID errors - 117 rendering Prov ID errors

Figure G5-2. Informatica Conversion Error Report

Our team uses Informatica to produce error reports associated with conversion.

Attachment F Requirement DC06

The Supplier shall convert and provide access to converted electronic documents identified by the agency in a format approved by the agency.

Conduent response: Conduent converts and provides access to converted electronic documents identified by the agency in a format approved by the agency.

Conduent works with the Agency to determine an effective approach/solution for electronic document conversion effort. During the joint reviews outlined in our Data Management, Conversion, and Migration Plan, Conduent discusses electronic document conversion recommendations with the Agency and works towards an approved format. The discussions include determining current versus future electronic documents conversion, source electronic document system, and destination of the electronic documents (for example, will they reside in the System Integrator's EDMS solution).

Data Management Strategy

The TPL services data management strategy builds on a track record of overcoming barriers to sharing data across the enterprise, leveraging the principles of a standards-based, open architecture based on MITA principles.

Data Integration. The Conduent security team holds joint application development (JAD) sessions with the State related to the design of TPL Services data integration. These sessions identify and design all aspects of TPL Services to achieve seamless integration of all solutions with the State.

Data Optimization. Conduent recognizes the value of your data. Our infrastructure allows us to effectively manage and fine tune cases in order to support your business goals. We use data quality tools to access, organize, and cleanse data. That enhanced availability of critical information provides businesses with significant benefits.

Data Standards. Conduent TPL service data integrity tools help identify, prevent, and adjust for invalid data entry and provide complete transaction audit trails. Adherence to data standards helps provide the flexibility to link members to specific programs and transactions. It supports sound data maintenance practices in conformity with State data management policies.

Data Quality. Conduent's testing team works closely with the data management team and with the State and Conduent SMEs to infuse quality throughout the data conversion process. By the time user acceptance testing (UAT) starts, we have completed several runs of the jobs providing data for the development and testing efforts. During these times, our developers, functional teams, and the State can identify any defects with the conversion jobs. All defects are corrected and retested.

Data Stewardship. The Conduent team analyzes cross-organization integrated data that support monitoring performance for strategic priorities. We seek design interventions that best respond to population needs, and steward resources. Specific activities include:

- Development and management of operational metric tracking tools and analysis
- User-facing business intelligence tool development
- User-facing value-added data model development
- Project-focused analyses of services and individuals that cross agencies

Data Governance. Access and update of heterogeneous production databases contributes to the complexity of data governance, many times over. Conduent's data governance program includes enforcement policies and practices to continually maintain the integrity and meaning of your data. To define, communicate and ensure adherence to data governance policy, Conduent works with the you to manage aspects of data definition and usage protocols. Collaboration with the State covers messaging standards, API definition, data definition and modeling, metadata definition and design, payload formatting, and archive strategy. It also provides guidance on

reassembling archived files in disaster recovery, rules on encryption, data naming standards, data quality metrics, security compliance and data use, and data audits.

Skill Sets, Processes, Technologies/Tools, Naming Conventions

Conduent applies appropriately skilled key personnel and vast implementation experience with modernized platforms. Our success of TPL Services hinges upon the quality of staff and the ability of the project organization to work effectively toward delivering a consistent experience for solution users.

With access to over 4,000 current Government Health Services resources, Conduent provides the technical resources and highly qualified staff with extensive implementation and maintenance operations experience that the State is seeking. As evidence, we point to our longtime overall Medicaid experience at other contracts, including our specific experience in staffing contracts of similar size and scope. We have consistently provided high-quality support to collaborate successfully to improve services.

We train our project staff on our documentation standards including formatting, diagramming, grammatical standards, the use of styles to maintain consistency, uniform naming conventions, and flexible database query.

Naming conventions for all members, providers, businesses, and corporate entities are consistently applied across all our data. Users can query any information in the database, using flexible searches that allow data to be based on a variety of data elements, divided into separate fields, and joined in logical order.

Approach to Conversion, Cleansing and Migration

Figure G5-3 presents the overall data analysis and conversion process. We describe this process in the Data Management, Conversion, and Migration Plan, which we deliver early in the system development life cycle (SDLC), before any data conversion activities begin.

Figure G5-3. Data Analysis and Data Conversion Process

Decades of system implementation projects have helped us refine our detailed, quality-oriented conversion process and work products.

We know the challenges that are inherent in system implementation projects when it comes to data conversion. Discrepancies between legacy and replacement systems' data models, evolving Medicaid policy and related data needs, changes in technology and data standards, and varying levels of data validation—all result in challenges when extracting, transforming, and loading data into the new CMdS product. The CMdS data model is fully 5010 compliant and can accommodate any industry standard Medicaid information. That, combined with our decades-long expertise with Medicaid data gives us a significant advantage when planning, executing, and testing for data conversion.

Conduent provides authorized State or other designated staff access to an environment to validate converted data and provides support for the data validation effort. The Data Management, Conversion, and Migration Plan identifies the various components of the conversion effort.

Approach to Risk Management for Data Conversion Effort

Our fiscal agent and Medicaid program experience eliminate much of the risk inherent with data conversion associated with a new system implementation and/or change in fiscal agent staff. Conduent mitigates risk by:

- Leveraging our established relationships with subcontractors, vendors, providers, and stakeholders
- Providing the system of record which can access more than 25 years of claims data
- Employing fiscal agent staff who know the data as well as State Medicaid policies and procedures, and have working relationships with State staff

The data conversion team defines and creates a catalog of key data elements anticipated to undergo frequent application processing. Based on data conversion experience from numerous MMIS implementations, the team gives special attention to key data elements that occur frequently to mitigate risks in the event changes are recommended to these fields.

Consequently, the team conducts a data element frequency analysis at the domain level. (A domain is a data entity employed by one or more data elements. For example, rendering provider ID, billing provider ID, and referring provider ID are all data elements that point to a common domain entity called provider ID.) Conducting key data element determination at the domain level provides a more accurate frequency determination since it consolidates the counts for data elements under a common entity. The data conversion team also notes system impact by obtaining a list of fields that have a significant impact on CMdS processing from the functional teams. The team uses this information when creating business rules that involve key data elements.

Approach for Testing Migration or Converted Data

Developers use Informatica for the conversion process and work closely with the data analyst, functional teams, and the State to garner a complete understanding of the business rules documented in Informatica PowerCenter Designer. The data conversion team uses

dedicated servers for development. These servers are used only for conversion, so the team has enough bandwidth without interfering with another functional area's development efforts.

Developers document each job and create a run sheet. The run sheet lists job inputs, outputs, the average time it takes to run the jobs, and any parameters that need to be set. Developers work with the database administrators to check that all data meets the relational integrity and database constraints defined in CMdS.

The data conversion team supplies each testing region with converted data and works closely with the testing team to determine when to refresh/reload data in any given region. Regions may be fully refreshed, refreshed with just one functional area's data, or reloaded with only certain tables, depending on the situation and the request.

Reporting Records Successfully Converted vs. Errors

Developers perform coding to the mapping specifications documented in Informatica PowerCenter Designer, unit test their code, resolve discrepancies identified during testing, and run coding error, balancing, and reconciliation reports. These reports assist the testing team and the State in validating converted data.

Each execution of the conversion process for a given set of functional area tables produces error reports that document data anomalies, inconsistencies, and errors encountered during the process. The Exception and Run-Time Report breaks down, by workflow, execution duration statistics and information on valid and rejected counts by source and target file/table. Developers review this report to determine if the conversion job executed successfully. If the report indicates runtime issues, developers conduct additional analysis to determine if the issue is data related or inherent in the conversion process design

If the report indicates design or conversion process errors, we follow steps described in our response above addressing Requirement DC02 on Error Reports.

Cleansing Data to Prepare it for Loading

The most common solution to data quality issues is correction during the data conversion process itself. In this option, a strategy is defined to resolve the data quality issue. That logic is created in the extraction, transformation, and load (ETL) process, and the data quality issue is resolved by the data conversion module. ETL tools have functionality that can be leveraged to correct many data quality issues and can make calls to external software tools for name and address validation, zip code validation, etc. Test cases are created to verify that the data cleansing steps are working correctly.

	Approach to Resolving Data Conversion Errors and Issues Informatica, an Industry leading data transformation tool, assists with the conversion and migration process. Informatica provides data transformation, data profiling, and data cleansing. Data quality and extract, transform, and load (ETL) controls are built into every stage of the conversion process. Our reconciliation processes compare ETL controls from source to target at every point in time that data is moved. Informatica's PowerCenter and PowerExchange capture operational metadata during the ETL process. It also provides statistics like the number of records processed, the number of warnings/errors generated, and the length of execution that we use to monitor and control the process. Our team extracts data and data specifications from the legacy system using current legacy formats (e.g., specifications on data elements and data types). We load the data into the conversion environment where we review and scrub the data (such as removing duplicates and validating addresses). We populate the new system batch loader with specifications and load the data into a test environment. The test environment is used by the State and Conduent jointly to validate and confirm that data is not only captured, but is accurate. Conduent reviews all errors, including errors that result from the conversion process and the load process (the load process has its own set of validation checks which may produce errors). During conversion and loading, we work together with the State to create a process for optimizing "ongoing" day-to-day loads and maintenance. **Approach for Supporting the Validation of Converted Data** We know the challenges that are inherent in new system implementation projects when it comes to data conversion. Discrepancies between legacy and replacement systems' data models, evolving Medicaid policy and related data needs, changes in technology and data standards, and varying levels of data validation—all result in challenges when extracting, transforming, and loading data into the new CMdS product. The CMdS data model is fully 5010 compliant and can accommodate any industry standard Medicaid information. That, combined with our decades-long expertise with Medicaid data gives us a significant advantage when planning, executing, and testing for data conversion. Conduent provides authorized State or other designated staff access to an environment to validate converted data and provides support for the data validation effort. The Data Management, Conversion, and Migration Plan identifies the various components of the conversion effort. Support for validating the converted data includes providing reports on each file/table conversion test results, any issues identified, and conversion progress status.

Tasks, Timelines, and Responsible Parties for Conversion and Migration

Although the conversion life cycle has its own set of objectives, we follow the same structured management methodology for overseeing data transfer and conversion tasks as we do for managing the CMdS implementation. We keep the implementation and conversion efforts synchronized since there are several dependencies between them. The data conversion team depends on the implementation team to provide accurate data and conversion requirements and the implementation and testing teams depend on the data conversion team to provide converted data for use in system and acceptance testing.

Conduent updates the Data Management, Conversion, and Migration Plan to include test inputs, procedure steps, expected results, and supporting tools. We deliver the updated plan to the State prior to user acceptance testing (UAT).

Entrance and Exit Criteria

We deliver test results to the State in our joint review meetings. During testing, we document test scenarios that highlight converting data related to:

- Once-in-a-lifetime events
- Active TPL cases
- Future TPL case (e.g., members over 55 years of age that have ever been in a nursing home)
- Drug rebates
- Service frequency limits as defined by the State

During this step of the process we produce comparative reports for all converted data and these reports are made available to the State. The final conversion test results are delivered after final conversion execution for use in the Go/No Go decision meeting, any exit criteria item outlined in the Data Management, Conversion, and Migration Plan, and as an entry point to the final conversion process.

	Upload Attachments with Additional Information? **Yes**	Attachment File Name: **Data Conversion, Cleansing and Migration Requirements Response_ Base**

Attachment G Mandatory Scored Questions- TPL Base Requirements
Offerors must answer all questions in this document in the space provided.
Failure to answer these questions will result in disqualification of the proposal
Offerors must indicate whether their proposal meets the individual requirement and provide a supporting narrative in the space provided. The narrative description will be evaluated and awarded points in accordance with Section 6, Proposal Evaluation and Award. Certain questions require an attachment. ONLY upload documents where there is a "Yes-Required" in the "Upload Attachments with Additional Information?" column, to provide additional requested information for specific questions. If there is a "No" in the "Upload Attachments with Additional Information?" column, then a document will be NOT be evaluated, if uploaded. Suppliers must provide an answer in the answer box below for all questions with "No" in the "Upload Attachments with Additional Information?" column.
DO NOT INCLUDE ANY COST INFORMATION IN YOUR RESPONSE TO THIS WORKSHEET.

6	**Data Management Requirements** - Describe in detail how your company will meet all the requirements identified in **Attachment F, Data Management Section, DM01-DM20.** Your response should include the requirement number identified in the attachment, followed by your detailed response. You must provide a response to all requirements identified in **Attachment F, Data Management Section.**
A6	*Answer # 6* Conduent applies a thorough understanding of data management issues related to TPL Services. Measures we take range from suppressing Member identification, careful maintenance of audit trails, record maintenance, reliable backup and archive, data formatting, support for reporting, governance, and related disciplines. To remain current with continuously changing requirements for data management, we collaborate with the Agency and other relevant organizations on a range of topics related to data management. ## Attachment F Requirements for Data Management On the following pages, Conduent provides responses to Attachment F requirement for the Data Management Section, DM01-DM20. Our initial response confirms our commitment to meet the requirement followed by our descriptions of our work.

Attachment F Requirement DM01

The Supplier shall provide an indicator to suppress generation of documents containing Member identification for confidential services.

Conduent response: Conduent provides an indicator to suppress generation of documents containing Member identification for confidential services.

We use confidentiality codes in our solutions to suppress document generation due to confidentiality. For example, in CMdS, if selected as a system module, configurable confidentiality codes can be assigned to individual member records as seen in Figure G6-1. The codes are utilized to suppress generation of documents altogether or for partially redacting information during document generation. The codes appear at the bottom of the member details in our web-based user interface.

Figure G6-1. Suppressing Generation of Documents with Member Information

The Member Details screen includes codes for suppressing documents containing confidential information.

Attachment F Requirement DM02

The Supplier shall maintain a record/audit trail of a Member's requests for copies of personal records (including time/date, source, type, and status of request).

Conduent response: Conduent maintains a record/audit trail of a member's requests for copies of personal records (including time/date, source, type, and status of request). A request for copies of personal information is documented as a type of correspondence record. Our customer relationship management (CRM) solution captures all requested fields in a correspondence record.

	Attachment F Requirement DM03 The Supplier shall maintain current and historical records of benefit plan assignment(s) for members, including periods of dual-eligibility historical record of benefit assignment(s) for a client including identifying dual-eligibility spans. **Conduent response:** Conduent maintains current and historical records of benefit plan assignment(s) for members, including periods of dual eligibility. The historical record of benefit assignment(s) for a client includes identifying dual-eligibility spans. CMdS maintains detailed current and historical records of benefit plan enrollments/assignments and eligibility/benefit assignments. Periods of dual eligibility for both entities are also captured and tracked. For each of these items, the system captures the span/period and maintains the data indefinitely. Span periods are stored as beginning and end date pairs. Dual eligibility is indicated by overlapping beginning and end date periods for each segment. **Attachment F Requirement DM04** The Supplier's solution shall provide audit trails to allow information on all transactions to be traced from receipt of the transaction through the completion of the transaction, capture at a minimum date/timestamp, data source, worker id, action taken and log any errors encountered for reporting. **Conduent response:** Our database systems, including CMdS, provide a full end-to-end granular audit trail down to the field level for all critical data elements that any user/transaction changes. Successful as well as transactional errors are logged and available for reporting and audit. We configure our audit solutions choosing the data elements to be audited. We maintain full audit trails for user activity including additions, modifications, and deletes. Audit trails log, track, and report the details of changes. An example is shown in Figure G6-2.

Figure G6-2. Granular Audit Trail Extends to Field Level

We capture audit details showing before and after values, timestamp, and user (redacted here for privacy and security purposes).

Attachment F Requirement DM05

The Supplier shall be able to demonstrate the ability to support requirements for backup and archiving consistent with agency SLAs and CMS, State, and industry standards. The Supplier shall also adhere to data retention requirements cited in 45 CFR 164.316 and the State's Administrative Rules.

Conduent response: Conduent confirms we will demonstrate our ability to support requirements for backup and archiving consistent with Agency SLAs and CMS, State, and industry standards. We will also adhere to data retention requirements cited in 45 CFR 164.316 and the State's Administrative Rules.

Conduent takes weekly full and daily incremental backups, supporting requirements for backup and archiving. Databases run in archive log mode. Restoration of data to a specific point in time is possible using the backup process.

Conduent uses two method for backups:

- **De-centralized.** Backups run on respective servers where database is running
- **Centralized.** We configure a dedicated backup server to backup of all databases running on different servers from one location using Backup and Recovery Tool (BART)

Backup files are stored on a centralized server. We can generate backup reports and the retention period is configurable. The files are generated using the methods described above and then backed up using Azure Backup for virtual machines (VM). The retention period is configurable.

Leveraging the FedRAMP-certified Microsoft Azure cloud for hosting, our product provides redundant infrastructure, data, and application features for high availability. The Microsoft Azure cloud hosts the solution with geographically segregated regions that include a primary data center facility for production operations and a secondary data center for backup and recovery, as configured.

The Azure hosting and disaster recovery environments are self-sustained, with power generators and access to all major communication carriers. Failure in any component at our data centers results in automatic switch over to the redundant component.

For example, CMdS performs backups on a different Microsoft Azure Cloud zone than production. Backups occur at a regular frequency that is mutually agreed upon with the Agency. Data are retained for seven years. The Azure Cloud meets CMS and industry standards for backups.

CMdS also performs PostgreSQL database backups using the BART tool. The transactional databases run in archive log mode, which allows for point-in-time recovery. Full database backups are taken weekly; full and incremental backups are taken daily. The database backup retention period is configurable.

We archive data using State-defined timeframes and archival specifications. The data is retained for at least six years and three months from the date on which the service was rendered or until any dispute or litigation concerning the services is resolved, whichever is later.

Attachment F Requirement DM06

The Supplier shall participate in governance processes led by the Agency and including the System Integrator and other module vendors as appropriate during design, definition, and any subsequent revisions of data formats to be used for communicating data to and from the module.

Conduent response: Conduent participates in governance processes, working sessions, and meetings as requested by the Agency. These activities may include teleconferencing sessions and use of media as appropriate for specific audiences and topics. Sessions promote consistency, uniformity, and predictability in providing services for Medicaid recipients.

Our data governance program also includes enforcement policies and practices to continually maintain the integrity and meaning of your data. To define, communicate, and verify adherence to data governance policy, Conduent works with the Agency and the systems integrator to manage aspects of data definition and usage protocols.

Collaboration with the Department and its contractors on data governance covers messaging standards, API definition, data definition and modeling, metadata definition and design, payload formatting, and archive strategy. It also provides guidance on reassembling archived files in disaster recovery, rules on encryption, data naming standards, data quality metrics, security compliance and data use, and data audits.

To support communication of data governance requirements, Conduent will make them accessible to solution stakeholders. We conduct regularly scheduled audits to monitor data for consistency, validity, compliance, integrity, and accuracy.

Conduent stores all fields in a data dictionary and identifies existing fields or define new fields when needed on an ongoing basis. We test changes through a change lifecycle that ends with change control board approval for production. Post-implementation reviews are done for at least 30 days.

Working with the Agency, we communicate governance rules, such as naming standards and data definitions. We also communicate data governance practices, such as cataloging and safeguarding, consistent data definition, modeling, and design. We provide oversight to validate that rules are followed. This assists in developing a common understanding of information, establishing consistent data definitions and a common vocabulary.

Our data governance role encompasses verifying that processes are in place for adherence to State-defined requirements, as well as monitoring and reporting on adherence.

Attachment F Requirement DM07

The Supplier shall provide the capability to exchange data in standard and non-standard formats as well as structured and unstructured data with multiple sources.

Conduent response: Conduent provides the capability to exchange data in standard and non-standard formats as well as structured and unstructured data with multiple sources. We support industry-standard HIPAA formats using our EDI gateway. We also bring proprietary interfaces that accelerate loading data into CMdS such as our common eligibility interface. For all non-standard formats and other

	unstructured data formats, the Conduent Digital Hub has in built capabilities that combines messaging, web services, data transformation, and intelligent routing. These capabilities connect and coordinate the interaction of significant numbers of diverse applications across extended enterprises with transactional integrity. **Attachment F Requirement DM08** The Supplier's solution shall maintain an audit trail of all changes to data, including changes that were made in error and subsequently backed out of or suspended. **Conduent response:** Conduent's solution maintains an audit trail of all changes to data, including changes that were made in error and subsequently backed out of or suspended. We provide a full end-to-end granular audit trail down to the field level for data elements changed by any user transaction. Successful updates and transactional errors are logged and available for reporting and audit. Our audit solution is fully configurable, which means we can choose the data elements to be audited. **Attachment F Requirement DM09** The Supplier's solution shall archive all versions of reference information and update transactions. **Conduent response:** Conduent's solution archives all versions of reference information and update transactions. For example, CMdS stores reference information with begin and end dated spans, including where appropriate a source identifier, and a reason code for the added or changed information. A begin date with an open-ended end date identifies an active data element. The date information maintained in the reference database is not just one set of begin and end dates, but rather a stack of date sets that represent all versions of historical reference information. The reference data tables are designed to include an unlimited number of years. In addition, we retain the audit log information to indicate what changes occurred over time and the user id or transaction that made the change. Staff views audit log details using the online web pages. **Attachment F Requirement DM10** The Supplier shall maintain valid and standardized addresses according to United States Postal Service (USPS) verification, validation and standardization rules. **Conduent response:** Conduent maintains valid and standardized addresses according to United States Postal Service (USPS) verification, validation, and standardization rules. Our solution will use the USPS APIs service to verify, validate, and standardize address information against USPS standards.

Attachment F Requirement DM11

The Supplier's solution shall facilitate real-time data processing including data cleansing, data loading, data brokerage, integration, validation, reconciliation, and synchronization with the State's Medicaid Enterprise system, as defined by the agency.

Conduent response: The Conduent Digital Hub facilitates real-time data processing meeting all the data translation requirements while integrating with other Agency applications through the system integrator's enterprise service bus (ESB). Our solution provides both batch and real-time API capabilities to enable this data exchange.

Conduent Digital Hub is a standards-based integration platform that combines messaging, web services, data transformation, and intelligent routing to reliably connect and coordinate the interaction of significant numbers of diverse applications across extended enterprises with transactional integrity. We have standard services for reconciliation and synchronization of data received. During the data conversion process, we will use an industry-standard ETL tools for data cleansing, data loading, and validation.

Attachment F Requirement DM12

The Supplier's solution shall optimize, manage and consolidate data storage.

Conduent response: The Conduent solution optimizes, manages, and consolidates data storage.

Use of cloud storage instead of physical drives affords a range of benefits, with optimization improvements enabled by removal of requirements such as directly having to manage spindles, RAID configurations, fragmentation, etc. Further optimization and consolidation advantages are:

- **Cost.** Without the need for hardware, cloud storage is significantly less expensive per gigabyte than using external drives
- **Accessibility.** The cloud consolidates storage, affording users access files from anywhere that has an internet connection
- **Recovery.** In the event of a hard drive failure or other hardware malfunction, users can access local files on the cloud. It acts as a backup solution for local storage on physical drives
- **Synchronizing and Updating.** Every time a user changes a file it will be synced and updated across all devices that access the cloud
- **Security.** We utilize the Azure FedRAMP-moderate certified Commercial Cloud, which meets all Agency stated objectives for security of the solution

Attachment F Requirement DM13

The Supplier's solution shall maintain all data sets defined by the HIPAA Implementation Guides to support storage of all transactions required under HIPAA Administrative Simplification Rule (e.g., Gender, Reason Code) for a timeframe as determined by the agency.

Conduent response: Conduent's solution maintains all data sets defined by the HIPAA Implementation Guides to support storage of all transactions required under HIPAA Administrative Simplification Rule (e.g., Gender, Reason Code) for a timeframe as determined by the Agency.

	Our EDI gateway solution provides translation and clearinghouse services for supported transactions. The platform supports all HIPAA X-12 EDI data sets. We commit to maintaining backward compatibility support for all required HIPAA data sets, or for that matter custom data sets, for a period of seven years after the data set is rendered obsolete or is revised, or otherwise determined by the Agency. **Attachment F Requirement DM14** The Supplier shall participate in ongoing data governance meetings as required by the Agency. **Conduent response:** Conduent participates in ongoing data governance meetings as required by the Agency. We participate in working data governance sessions and meetings as requested by the Agency. These activities may include web conferencing sessions and other media as appropriate for specific audiences and topics. The sessions promote consistency, uniformity, and predictability in providing services for Medicaid recipients. Our data governance program also includes enforcement policies and practices to continually maintain the integrity, consistency and meaning of the data. To define, communicate, and confirm adherence to data governance policy, Conduent works with you to manage aspects of data definition and usage protocols. Collaboration on data governance covers: • Messaging standards • API definition • Data definition and modeling • Metadata definition and design • Payload formatting • Archive strategy It also provides guidance on reassembling archived files in disaster recovery, rules on encryption, data naming standards, data quality metrics, security compliance and data use, and data audits. Working with the Agency, we communicate governance rules, such as naming standards and data definitions. We also communicate data governance practices, such as cataloging and safeguarding, consistent data definition, modeling, and design. We provide oversight to validate that rules are followed. This helps to develop a common understanding of information, establishing consistent data definitions and a common vocabulary.

Attachment F Requirement DM15

While the agency prefers real-time/event driven process, the Supplier shall provide a tool to easily administer and execute scheduled events (e.g. reports, file transfers, processes, notifications) to be performed on a regular basis (e.g. daily, weekly, monthly).

Conduent response: Conduent understands that while the Agency prefers real-time/event driven process, we will provide a tool to easily administer and execute scheduled events (e.g., reports, file transfers, processes, notifications) to be performed on a regular basis (e.g., daily, weekly, monthly).

We use the Apache Airflow tool to schedule system events. The tool is also used to monitor scheduled events. The tool allows us to easily schedule any type of system event with any frequency. Interdependences between tasks are easily managed by creating appropriate workflows that are referred to as a directed acyclic graph (DAG) in Apache Airflow parlance. All actions are logged.

Attachment F Requirement DM16

The Supplier shall standardize the structure and visibility of data and applications to support automated electronic data exchanges within the State's enterprise to promote interoperability.

Conduent response: Conduent standardizes the structure and visibility of data and applications to support automated electronic data exchanges within the State's enterprise to promote interoperability. We use our EDI Gateway platform for all electronic data exchanges in the Agency's enterprise. In addition to pre-configured modules for standard data interchange formats such as HIPAA X12 transactions, custom formats can be built easily. We work with the Agency and the system integrator to define and standardize custom data interchange structures to transmit or receive data to support seamless interoperability with all of the Agency's enterprise partners when required.

Attachment F Requirement DM17

The Supplier shall be responsible for data management including ensuring that the architecture addresses data semantics, data harmonization, and shared-data ownership.

Conduent response: Conduent will be responsible for data management including confirming that the architecture addresses data semantics, data harmonization, and shared-data ownership.

We use industry-standard tools to publish our data models. We have a process to publish data models in a periodic manner for all stakeholders of the solution. We can work with the Agency to make sure this publication is available at the Agency enterprise level for all other participating partners to benefit.

We understand that the need for data harmonization becomes very critical in a modular implementation. It helps to make sure all the disparate modules use a common data framework, and display data the same data the same way. For that reason, we need to make sure that we coordinate this with other modules to make sure we all display information with consistency. It also goes without saying

	that we need to display the data within our modules that way as well. Conduent understands this well and will work with the other Agency partners in the modular ecosystem to accomplish this. In an enterprise that is this modular, data integrity across the enterprise becomes the most critical need to keep all the participating applications and their business operations in check. We will make every effort to work alongside the Agency and system integrator to establish an enterprise-wide data sharing framework that safeguards data integrity. **Attachment F Requirement DM18** The Supplier shall collect and maintain the relevant data necessary to support the budget neutrality reporting requirements specified in the State's 1115 Waiver (including the ability to identify those Members who would be ineligible for Medicaid in the absence of the State's 1115 Waiver). **Conduent response:** Conduent collects and maintains the relevant data necessary to support the budget neutrality reporting requirements specified in the State's 1115 Waiver (including the ability to identify those Members who would be ineligible for Medicaid in the absence of the State's 1115 Waiver). We accumulate and maintain all datapoints needed to support budget reporting requirements for specific population groups. We accumulate and report on all expenditures, as well as characteristics of specific population groups. Budgets can be run against member information. The budget data filter function assembles complete data relevant to supporting specific waivers. Eligibility indicators stored against individual members allows us to identify and provide the Agency with a summary as well as detail report of members who would lose eligibility in the absence of a State 1115 waiver. **Attachment F Requirement DM19** The Supplier shall collaborate with all State enterprise Suppliers and solutions to accurately collect, process, and distribute applicable HIPAA EDI transactions. **Conduent response:** Conduent collaborates with all State enterprise Suppliers and solutions to accurately collect, process, and distribute applicable HIPAA EDI transactions. Conduent EDI/HIPAA Gateway supports all transactions seen in state healthcare programs including: • 270/271 • 276/277 • 277U • 278 • 820 • 835 • 837 We collaborate with the State contractors on specific requirements for data sharing. Data is collected and processed by Conduent through its EDI gateway.

	With decades of fulfilling large-scale government Medicaid, commercial payer, and federal payer's ANSI X12N healthcare transactions, Conduent maintains access to a vast library of X12 transactions. We support electronic data interchange (EDI) and non-EDI data transmissions between healthcare stakeholders in a safe, efficient manner. Our services include: • Transaction validation • Transaction response • Any-to-any translation services Our EDI solution is fully 5010-compliant, and within the Medicaid space, was the very first solution to achieve the ACA Section 1104 Phase I mandate. Our EDI solution provides connectivity for the flow of PHI data among providers, facilities, claims payment agencies, State offices, clearinghouses, and various other partners that exchange data with MMIS solutions and commercial insurers. We work closely with all State enterprise contractors to define requirements, test and implement new transactions. The flexibility of the translator and the Enterprise Service Bus (ESB) environment enables Conduent EDI Solutions to implement new transactions as they are adopted. **Attachment F Requirement DM20** The Supplier shall participate in the Data Governance process, as defined and administered by the Agency. The Data Governance process will define processes and adjudicate concerns for items including but not limited to: Enterprise data lifecycle management processes (including master data management) Data synchronization processes Data formats for data exchanged by/between systems in Agency's Enterprise Management of reference data (i.e. code list versions) Dispute resolution for data management issues **Conduent response:** Conduent participates in the Data Governance process, as defined and administered by the Agency, including items in requirement DM20. As previously stated, Conduent has implemented, operated, and supported large-scale, multivendor-sourced solutions requiring collaborative governance and framework on similar issues in the past. Our solutions interact with dozens of eligibility and enrollment vendor sourced solutions, interface and integrate with different Pharmacy Benefit Managers (PBM), TPL, provider, and number of other specialty third-party solutions, requiring strong governance across issues listed above. Conduent will participate and contribute to the Agency's and system integrator's governance discussions.	
	Upload Attachments with Additional Information? **Yes**	Attachment File Name: **Data Management Requirements Response_ Base**

Attachment G Mandatory Scored Questions- TPL Base Requirements
Offerors must answer all questions in this document in the space provided.
Failure to answer these questions will result in disqualification of the proposal
Offerors must indicate whether their proposal meets the individual requirement and provide a supporting narrative in the space provided. The narrative description will be evaluated and awarded points in accordance with Section 6, Proposal Evaluation and Award. Certain questions require an attachment. ONLY upload documents where there is a "Yes-Required" in the "Upload Attachments with Additional Information?" column, to provide additional requested information for specific questions. If there is a "No" in the "Upload Attachments with Additional Information?" column, then a document will be NOT be evaluated, if uploaded. Suppliers must provide an answer in the answer box below for all questions with "No" in the "Upload Attachments with Additional Information?" column.
DO NOT INCLUDE ANY COST INFORMATION IN YOUR RESPONSE TO THIS WORKSHEET.

7	**Design, Configuration and Build Requirements-** Describe in detail how your company will meet all the requirements identified in **Attachment F, Design, Configuration and Build Section, DCB01.** Your response should include the requirement number identified in the attachment, followed by your detailed response. You must provide a response to all requirements identified in **Attachment F, Design, Configuration, and Build Section**.
A7	*Answer # 7* Conduent commits to meet requirement DCB01 by applying our System Development Methodology (SDM) – a comprehensive set of methods, best practices, templates, procedures, and supporting tools to design, configure, build, test, and deploy our technical solutions and services efficiently, accurately, and according to your documented requirements. Our SDM includes our System Development Life Cycle (SDLC), depicted in Figure G7-1, whose phases and activities best accomplish an on-time implementation that fully meets your expectations for the CMdS-TPL service module, if selected, and supporting operational services.

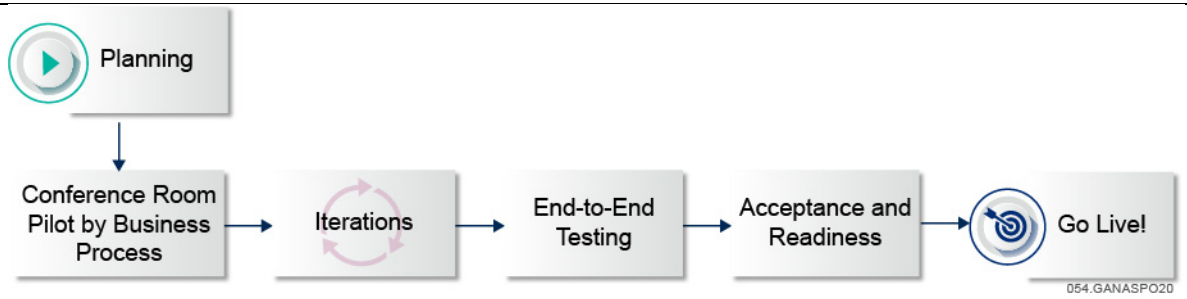


Figure G7-1. Conduent System Development Life Cycle

Conduent's SDLC blends traditional requirements validation sessions, interactive and collaborative conference room pilots, and scrum-based iterations to meet your State's TPL requirements. Conference Room Pilots serve as early, live demonstrations of your pre-configured solution, giving you confidence we can meet your requirements and program policies with system and service solutions.

Our innovative delivery model capitalizes on various life cycle best practices to meet your needs. In the paragraphs below, we describe the features and benefits of our end-to-end SDLC. By executing these phases, activities, and methods, we can effectively design, configure, and build TPL solutions that meet your needs and quality expectations.

Collaborative, transparent, and proven start-up activities set the stage for success. During the Planning Phase, we bring proven and comprehensive start-up checklists, curated over decades of projects by polling implementation managers across our organization for best practices and lessons learned from start-up activities.

We take an interactive approach to planning, making sure that we partner with you and your identified stakeholders to make decisions as we tailor the project management plans (including the Project Work Plan), system design templates, deliverables expectations, supporting tool usage, and more. We plan a joint kick-off meeting and project staff training sessions to make sure all team members—both Conduent and the agency—are aware of the planned SDLC, milestones, deliverables, tools, and templates, as well as each team member's role in contributing to project success.

Key to SDLC preparation, we also use the Planning Phase to load the initial set of RFP requirements and applicable CMS MECT Checklists into Azure DevOps, our standard lifecycle management tool (or any comparable lifecycle management tool required by the agency). Together, these two sources guide our subsequent SDLC activities.

Requirements validation sessions clarify your goals, objectives, to-be business processes, and requirements. We recognize the criticality of well-planned and well-run requirements validation sessions. They provide a mechanism for us to align with the agency, systems integrator, and other impacted suppliers regarding requirements, goals, needs, standards, and constraints. Using the initial contractual requirements loaded into Azure DevOps during the Planning Phase, we hold joint requirements validation discussions with

	the goal of producing a full set of measurable, testable, objective, unique, and implementable requirements in the Requirements Traceability Matrix (RTM). In addition to clarifying requirements, we use requirements validation sessions (in conjunction with Conference Room Pilot sessions, described in next paragraph) to gather documentation, policies, procedures, and other artifacts that support and streamline future configuration and testing efforts. **Conference Room Pilot sessions demonstrate how our solutions meet your stated requirements.** A key feature of our scalable and flexible Software-as-a-Service (SaaS) delivery model is the Conference Room Pilot (CRP)—a live, demonstration-based activity that allows the agency to visually compare the solution to clarified requirements as they are being configured. The objective of these facilitated walkthroughs is to leverage the system's ease of configurability and current functionality to identify approved features and potential gaps in real time. With CRPs, we demonstrate the configurability of our system in live demonstrations, gaining momentum and efficiency early on that builds confidence in our solution well before go-live. Using the validated requirements from preceding Requirements Validation Sessions, we configure the system to demonstrate how it meets your requirements and confirm any gaps (variances between our proposed solution and your requirements). "Matched" requirements—those that are fully present in the solution—can go through an expedited SDLC because there is no configuration or modification needed. For all other requirements, we review the work that must be done to satisfy each requirement, and we plan scrum-based sprints (described in the next paragraph) accordingly. **Scrum-based sprints successively design, configure, build, and test identified gaps.** To fill identified gaps, we apply an iterative approach to deliver customized functionality, incrementally in three-week blocks called sprints; gathering feedback and course correcting as we progress. We work in Scrum teams, which are cross-functional groups that include agency and Conduent business analysts, subject matter experts, configuration analysts, developers, testers, and other experts based on the scope of the sprint. The Scrum team commits to satisfying a selection of requirements, typically contained within a feature or business process, over the course of three weeks. During each sprint, these experts collaborate to design, configure, build, and test committed functionality. The sprint concludes with an interactive demonstration and State acceptance of the completed feature (i.e., the State agrees the requirements are met and ready for end-to-end and acceptance testing). Each sprint builds on the last, successively configuring and modifying CMdS-TPL features and TPL business processes according to State-specific requirements and policies. **Comprehensive testing confirms our system acts in accordance with your requirements.** We perform system and integration testing occurs during the sprints; additional testing is completed during the End-to-End Testing Phase. We work with the systems integrator and other suppliers to make sure the end-to-end business processes function as designed and are in accordance with validated requirements. We also complete performance optimization and more comprehensive security testing at this time. Then, we engage agency users during the subsequent user acceptance testing and operational readiness testing.

Proven implementation practices prevent defects and operational deficiencies at Go Live. We apply proven, comprehensive practices and checklists to deploy the CMdS-TPL module and to begin performing TPL services. We carefully orchestrate and thoughtfully design the implementation. Thanks to our iterative, quality-infused, phased approach that serves as the prerequisite to the implementation, our solution yields a live TPL system and supporting operations that are of the highest quality and in alignment with your requirements.

We fully elaborate on these SDLC processes in our Application Configuration and Maintenance Plan deliverable, which we submit to the agency during the Planning Phase of the project. We describe the contents of this plan in our response to DCB01 below.

Attachment F Requirements for Design, Configuration and Build

On the following pages, Conduent provides a response to Attachment F requirement for the Design, Configuration and Build Section**,** DCB01. Our initial response confirms our commitment to meet the requirement followed by our descriptions of our work.

Attachment F Requirement DCB01

Prior to beginning design and configuration/build activities, the Supplier must develop and submit to the State an Application Configuration and Maintenance Plan that describes the Supplier's approach to applications configuration and enhancements including:

a. Approach to conducting design sessions or walkthroughs.

b. Approach to conducting sprints or iterations.

c. Configuration management.

d. Schedule of major and minor releases.

e. Tasks, timelines, and responsible parties for design and configure/build tasks.

f. Approach to system enhancements

g. Programming and coding standards

The plan must be maintained through the system implementation. Revisions must be approved by the State.

Conduent response: Prior to beginning design and configuration/build activities, Conduent tailors and submits to the State our Application Configuration and Maintenance Plan, which meets the detailed requirements in DCB01.

The Application Configuration and Maintenance Plan provides the process for executing the system development life cycle, including requirements validation, agile design, configuration, and testing, as well as acceptance and readiness leading up to implementation. The plan walks the reader through the Design, Development, and Implementation (DDI) project, itemizing the inputs, process steps, outputs, roles, and responsibilities for each phase. It is supported by several procedures that help our team execute the phases consistently and reliably. It includes a write-up of our configuration management practices, which include processes, standards, and oversight mechanisms to make sure changes to configuration baselines are made only through approved configuration protocols and with required version control and tracking. Figure G7-2 shows an illustration of the table of contents of our typical Application Configuration and Maintenance Plan, Conduent will tailor the Application Configuration and Maintenance Plan to meet the specific needs of the project during the Planning Phase and will maintain the plan throughout the DDI phase.

Figure G7-2. The Application Configuration and Maintenance Plan Documents Our Approach, Tasks, Timelines and Standards
We index content in well-defined chapters for ease of use.

Conduent Application Configuration and Maintenance Plan Highlights

The Application Configuration and Maintenance Plan includes:

- Guidance for our Conference Room Pilots, in which we demonstrate base functionality as well as product configurations specific to your TPL implementation
- Processes descriptions for conducting sprints or iterations, which include:
  - Approach to conducting design sessions or walkthroughs for requirements that necessitate modification or enhancement of the base product
  - Practices to modify and enhance the system in accordance with documented programming and coding standards
  - Standards to test the system changes according to our Master Test Plan
  - Steps to conduct incremental and comprehensive demonstrations to validate functionality meets the State's business needs
  - Guidelines for sprint practices including sprint planning, daily stand-up meetings, and sprint reviews
- Configuration management approach and identification of configuration items
- Methods to authorize configuration changes to baselines
- Schedule of major and minor releases, if applicable to the State-specific implementation plan
- Timeline, including resources and tasks, for the design and build activities – this approach serves as the basis for the project work plan phases, tasks, durations, sequences, and resources
- System enhancement processes including the approach, reporting, and supporting change management processes. Once the desired system enhancements are identified, Conduent also provides work estimates based on the detailed requirements for each system enhancement
- Programming and coding standards – our technical teams follow industry best practices and robust coding standards to develop code that is comprehensible, scalable, and easy to maintain

	Upload Attachments with Additional Information? **Yes**	Attachment File Name: **Design, Configuration and Build Requirements Response Base**

Attachment G Mandatory Scored Questions- TPL Base Requirements
Offerors must answer all questions in this document in the space provided.
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DO NOT INCLUDE ANY COST INFORMATION IN YOUR RESPONSE TO THIS WORKSHEET.

8	**Hosting and Environments Requirements-** Describe in detail how your company will meet all the requirements identified in **Attachment F, Hosting and Environments Section, ENV01-ENV03.** Your response should include the requirement number identified in the attachment, followed by your detailed response. You must provide a response to all requirements identified in **Attachment F, Hosting and Environments Section.**
A8	*Answer # 8* Conduent provides secure, flexible, and comprehensive resources for hosting the solution. Our modern Service-oriented Architecture (SOA) platform promotes ease of integration with other solutions for interoperability and cost effectiveness. We support the multiple, simultaneous execution of functions as well as scalability of the solution as business requirements indicate. Conduent takes advantage of proven techniques for maintaining solution and data integrity. ## Attachment F Requirements for Hosting and Environments On the following pages, Conduent provides responses to Attachment F requirements for the Hosting and Environments Section, ENV01-ENV03. Our initial response confirms our commitment to meet the requirement followed by our descriptions of our work.

Attachment F Requirement ENV01

The Supplier's hosting solution shall provide the flexibility to integrate other solutions for security and regulatory purposes in the future and be cost-effective with burst capacity.

Conduent response: Conduent's hosting solution provides the flexibility to integrate other solutions for security and regulatory purposes in the future and be cost-effective with burst capacity.

Integrating Other Solutions for Security and Regulatory Purposes

CMdS provides functionality to capture and maintain all Agency-identified data necessary in a secure manner. There are multiple ways in which we can achieve integration with other solutions, each with robust functionality for maintaining secure processing that satisfies federal and Agency regulatory requirements.

We summarize these approaches at a glance in Table G8-1.

Table G8-1. Approaches to Integration with Other Solutions

Single Sign On	Conduent Digital Hub	Collaborative
• Uses identity provider session. • User logs in with an enterprise Security Assertion Markup Language (SAML) identity provider. • Or logs in through an identity provider, such as Google or Facebook.	• Supports secure transfers using the Conduent Digital Hub, our enterprise service bus (ESB). • Distinguished by its ability to scale, perform secure transfers, manage encryption, and support extraction, transformation, and load (ETL)-type feeds. • Provides support to such exchanges seamlessly.	• For security controls from other technology suppliers. • We collaborate with those organizations to confirm that the Conduent solution works with theirs. • Open to other technologies to provide a comprehensive, integrated security framework.

Single Sign On

Understanding the increasing importance of digital identity management and access control in the face of evolving threats to information security, we use a COTS product ForgeRock Identity Management to achieve strong identification, authentication, and authorization. It provides a route to achieving the flexibility needed to integrate other solutions for security and regulatory purposes.

ForgeRock was named a Visionary in the Gartner Magic Quadrant for Access Management, Worldwide, 2020. Its capabilities include identity management and governance, access management and strong identification and authentication, identity gateway, directory services, user-managed access, and edge security.

ForgeRock Identity Management supports comprehensive and secure handling of the complete identity lifecycle of users and services across all kinds of devices. As the combined number of users, devices, services, and other IT touchpoints continues to grow, the need for an identity management tool capable of handling increasing complexity has become essential. The solution safeguards users on a broad array of devices and services, from digital identity to device registration, provisioning, synchronization, and reconciliation.

ForgeRock use of digital certificates and public key infrastructure (PKI) helps provide non-repudiation services. The receiving entity's registration authority (RA) assigned in the PKI infrastructure accepts requests for digital certificates and authenticates the entity making the request.

The software's Intelligent Authentication supports the creation of authentication trees for fine-grained user verification, allowing multiple paths and decision points throughout the authentication flow. Authentication trees are made up of authentication nodes, which define actions, such as the collection of user names and passwords, taken during identification and authentication process. Administrators create complex yet customer-friendly identification and authentication experiences by linking nodes together, as shown in Figure G8-1.

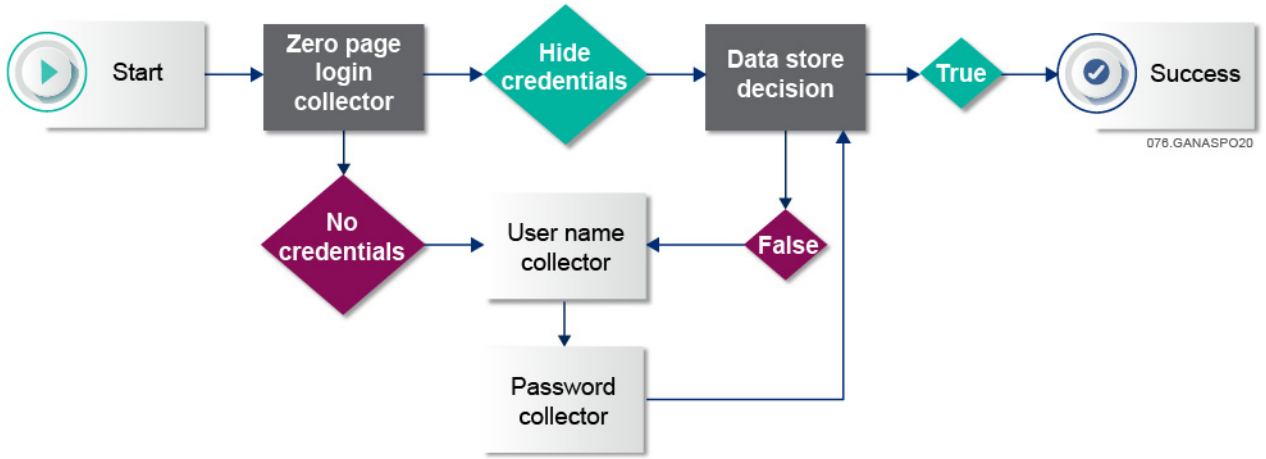

Figure G8-1. ForgeRock Intelligent Authentication

Enabling multiple paths and decision points helps users experience effective, user-friendly authentication.

For denying access to unauthorized users, ForgeRock makes the following types of account lockouts available. They determine how user accounts are locked and unlocked:

- Persistent (physical) lockout
- Memory lockout
- Account lockout
- Directory server-based account lockout

To verify transactions, thread IDs are added to log statements, including how to correlate thread IDs with transaction IDs for tracing transactions through standard audit logs.

Conduent Digital Hub

Our CMdS data exchange technology also provides adaptability for changing business needs with a native service-oriented architecture (SOA) and openness to emerging commercial off-the-shelf (COTS) technologies. CMdS distributes and shares captured data with technology partners and other stakeholders. It provides functionality for sharing and reporting on claims data, as well as ancillary data provided by managed care organizations (MCOs), providers, carriers, and other entities, in a secure manner. Each component shares data with the other solution modules, the Agency, and external entities.

The CMdS Digital Hub and API suite handle integration and data exchange in both real-time and batch mode. Using the Digital Hub, we can receive Agency-identified data in industry-standard formats and call microservices to capture and process the data. We store the data as part of our data model. The Conduent Digital Hub and API suite handle integration and data exchange in both real-time and batch mode.

Collaborative Security Controls

In addition to implementing security controls that manage security for our own technologies, we collaborate with other vendors as needed to confirm that controls from other suppliers work with ours to provide a comprehensive security solution. For example, if we need, for the purpose of satisfying regulatory requirements, to provide information needed for Transformed Medicaid Statistical Information System (T-MSIS) we work with the Agency and other applicable technology suppliers to confirm that all parties get secure, compliant access to the information needed while meeting security parameters.

Cost-effective Scalability with Burst Capacity

The use of cloud computing techniques enables Conduent to manage the cost of computing by applying a pay-as-you-go (PAYG) model, by which organizations pay only for what they use, similarly to how utility bills work. As a result, there no wasted resources, since users

	only pay for services procured, rather than provisioning for a certain amount of resources that may or may not be used. If needed, you can scale up using the dynamic, expandable capabilities of the cloud. This model helps avoid one aspect of traditional enterprise design, in which organizations architect data storage to handle the maximum workload. Conduent provides a cloud-native architecture – instead using an infrastructure-as-a-service model -- for its solutions, with built-in scalability afforded by the readily expandable cloud. **Attachment F Requirement ENV02** The Supplier shall provide the ability to run multiple sessions /environments/applications/areas/views simultaneously. This includes providing sufficient environments and configurations (e.g., multiple environments, multiple application layers, hub architecture) necessary to perform all required functions (e.g., testing, training, production operations, modeling, disaster recovery). **Conduent response:** CMdS provides the ability to run multiple sessions, environments, applications, areas, and view simultaneously. This includes providing sufficient environments and configurations (e.g., multiple environments, multiple application layers, hub architecture) necessary to perform all required functions (e.g., testing, training, production operations, modeling, disaster recovery). We provide browser-based solutions that accommodate running multiple applications in multiple tabs in one browser or in multiple browser windows. Information from the same environment, or heterogeneous environments, can be accessed and displayed in a consolidated presentation. We not only provide access to multiple environments, but to multiple sessions in a single environment. As mentioned previously, CMdS builds on a SaaS architecture designed with a flexible DevOps and containerized deployment architecture. This foundation overcomes the traditional limitations while scaling the application to meet dynamic needs of the agency. Our DevOps, continuous integration, and continuous deployment services will scale environments on demand. We provide sufficient environments, and regions to meet the requirements. All these environments are independent of each other and available simultaneously for the needs of the projects. The technical environments are fully equipped with the necessary platforms, software, applications, databases, network, and communication tools necessary to support the project's demands throughout contract execution. For any future needs, the underlying architecture enables us to stand up a new region/environment in a few days. We comply with this and all other environment requirements described in the RFP. At the beginning of the project during planning, we identify all uses for each environment. For example, if there is not a requirement for a separate identified training environment, we recommend which environment to conduct training activities in. **Attachment F Requirement ENV03** The Supplier's solution shall maintain Data Segregation: Supplier shall ensure that agency Systems, Applications, and Data used to provide agency services are physically and/or logically separated from third-party Systems and Data. **Conduent response:** Conduent maintains data segregation: We confirm that Agency systems, applications, and data used to provide Agency services are physically and/or logically separated from third-party systems and data.

	Conduent's network includes multiple security features, including firewalls, encrypted tunnels and logically segregated network paths. We use IP source filtering to limit access so that more than a stolen password is required to connect. Based on the internet gateway address of Conduent and the Department, we use firewall rules to restrict access to only those trusted addresses. We understand the importance of maintaining strong separation of the Agency's data from those of third-party systems and data. As a result, we require client network environments to be designed and configured with network security zones. Conduent CMdS infrastructure efficiency provides logical separation from third-party data at a minimum. We use multiple network security zones to logically separate the state's data information systems, to verify they are secure from unauthorized disclosure. We confirm that our network security policy entails segmenting the network into multiple zones, with varying security requirements, and rigorously enforcing the policy on what is allowed to move from zone to zone. Network security zoning separates systems based on their communication and protection needs to minimize security risks. Zoning segments similar information technology assets (hardware, software, and data) into logical groupings that have the same security policies and security requirements. We apply granular controls on network security zone traffic, users, and assets. The controls must be reviewed periodically and are supported by documented justifications for use by users, services, protocols, and applications. Requirements for network security zoning include the definition and implementation of a firewall configuration. The configuration standard dictates how firewalls should handle network traffic for specific IP addresses and address ranges, protocols, and applications based on the organization's information security policies. By default, all access ports on the network outside of the restricted Azure cloud physical infrastructure are configured to deny access to any external, connected device. **Segregating Personnel Duties** Our business functions and security access controls maintain separate functions and segregate duties of personnel to satisfy high financial, security, quality, and auditing standards consistent with the expectations of a SSAE-18. This includes using the security profiles and data classification schemas to maintain security access control. All audit trails are logged using the user IDs. All update transactions—whether batch or online—are reported and create appropriate audit trails and reports.	
	Upload Attachments with Additional Information? **Yes**	Attachment File Name: **Hosting and Environments Requirements_ Base Requirements**

Attachment G Mandatory Scored Questions- TPL Base Requirements
Offerors must answer all questions in this document in the space provided.
Failure to answer these questions will result in disqualification of the proposal
Offerors must indicate whether their proposal meets the individual requirement and provide a supporting narrative in the space provided. The narrative description will be evaluated and awarded points in accordance with Section 6, Proposal Evaluation and Award. Certain questions require an attachment. ONLY upload documents where there is a "Yes-Required" in the "Upload Attachments with Additional Information?" column, to provide additional requested information for specific questions. If there is a "No" in the "Upload Attachments with Additional Information?" column, then a document will be NOT be evaluated, if uploaded. Suppliers must provide an answer in the answer box below for all questions with "No" in the "Upload Attachments with Additional Information?" column.
DO NOT INCLUDE ANY COST INFORMATION IN YOUR RESPONSE TO THIS WORKSHEET.

9	**Implementation and Acceptance Requirements** - Describe in detail how your company will meet all the requirements identified in **Attachment F, Implementation and Acceptance Section, IA01-IA07.** Your response should include the requirement number identified in the attachment, followed by your detailed response. You must provide a response to all requirements identified in **Attachment F, Implementation and Acceptance Section.**
A9	*Answer # 9* Conduent applies our established operational readiness procedures and implementation guidelines, refined over decades of system deployments, to provide a consistent approach leading up to Go-Live that results in agency acceptance. **Keys to Success** • Perform early, detailed implementation planning • Execute process discipline and oversight • Provide regular and consistent communication • Leverage best practices and lessons learned from 50 years of system and service implementation 040.GANASP020

	We know the importance of minimizing disruption to providers, members, and other stakeholders while implementing a new system and supporting services. We work diligently to understand the needs and nuances of your program and provider community. This knowledge helps us deliver thorough, time-tested, and tailored operational readiness, acceptance, and implementation services. In the final two to four weeks leading up to Go-Live, we conduct a thorough Operational Readiness Review. This review, detailed in the coming pages, provides the agency with confidence we are ready to provide operational support and maintenance of the proposed solution. Once the agency agrees we are ready to implement, we work with the legacy operations staff, our Design, Development, and Implementation (DDI) staff, new operations staff, and agency stakeholders to finalize the Implementation Plan and supporting checklist items. Objectives of these artifacts are to: • Document detailed, accountable, and trackable task-level orchestration of activities before, during, and after Go-Live • Identify mechanisms, including the creation of a "command center" to support, drive, and coordinate communications and reporting throughout the Go-Live process • Provide stakeholders with timely information regarding implementation progress and status • Facilitate smooth and successful implementation and transition to operations The Implementation Plan details best practices and specific activities to move operations from the legacy system to the new Conduent solution and supporting services environment, including: • Planning and scheduling of activities in the work plan • Identifying implementation resources • Agreeing upon acceptance criteria • Facilitating communications to stakeholders • Coordinating knowledge transfer activities, tracking, and documentation • Executing Operational Readiness Review activities to verify staff are ready to perform their work functions • Determining process to handle work in progress before, during, and after implementation • Adapting DDI-focused project management and system development processes to an operational environment • Planning for performance monitoring once operational We also document the processes required to transition operations: we make plans to stop operational processing of legacy components, transition work-in-progress, and begin performing services under the new TPL contract.

Our Implementation Plan is supported by detailed implementation checklist items that track step-by-step—even hour by hour—deployment activities, assignments, and dependencies. The detailed level of planning we perform mitigates risk and minimizes, to the greatest practical extent, negative impact on the agency and end-users.

During implementation, we apply a rigorous level of attention, visibility, reporting, and transparency to the planned activities. Our implementation practices are executed under the careful oversight of our management team, who apply many of the same project management processes that served us throughout DDI, for example:

- **Risk Management.** We apply risk management processes to identify implementation risks and mitigate them to secure a smooth implementation.
- **Communication Management.** We update our Stakeholder Analysis to make sure we are communicating with and reporting status to the right stakeholders throughout implementation.
- **Issue Management.** We execute consistent issue management practices to quickly and effectively identify, assess, and resolve any issues that arise during the implementation effort.
- **Schedule Management.** We implement both top-down and bottom-up schedule development methods to make sure every implementation task is identified, scheduled, sequenced, and resourced.

We submit the Implementation Plan to the agency for review and approval, and we collaborate to finalize the implementation checklist items, sequencing, and assignments. As updates or new issues are identified, we update the Implementation Plan and seek agency approval throughout the DDI Phase, up to and including Go-Live. In addition, we work with the agency to receive required approval from CMS before Go Live. During this review, CMS validates the functionality and security of our solutions and services before deployment. There may be cases where CMS considers a more formal review to be appropriate and schedules a teleconference or site visit. We support the Agency and CMS as they perform the review, and we work diligently to resolve any identified issues to support a timely deployment.

After we go live, we hold a Post Implementation Review meeting and produce a Post Implementation Review Report to capture successes, actions taken, issues, challenges, performance findings, and more—with the goal of confirming the agency's implementation acceptance criteria have been met and learning lessons to apply to future deployments.

Attachment F Requirements for Implementation and Acceptance

On the following pages, Conduent provides a response to each Attachment F requirements for the Implementation and Acceptance Section IA01-IA07. Our initial response confirms our commitment to meet the requirement followed by our descriptions of our work.

Attachment F Requirement IA01

The Supplier shall follow the following process for deploying each proposed services and solution(s) :

a. Submit an implementation letter to the agency confirming that the solution is ready for implementation.

b. Receive the agency's approval of the implementation letter, accepting the Supplier's confirmation.

c. Deploy the services and solutions according to the approved Implementation Plan.

d. Provide confirmation that the services and solutions have been deployed to production and the Supplier has completed within a timeframe as determined by the agency of operations without significant operational issues defined as no critical or high defects.

e. Receive the agency's acceptance of the services and solutions implementation.

Conduent response: Conduent follows the process for deploying each proposed services and solutions in IA01 including (items a to e).

Before we seek the agency's approval to go live, we first verify successful completion of end-to-end testing, user acceptance testing, and operational readiness review. These entry criteria are incorporated into our Implementation Plan deliverable. We discuss in advance with the agency what kind of information must be included in the implementation letter as evidence of readiness.

As shown in Figure G9-1, our high-level workflow for implementing services into production aligns to your requirements. We seek agency approval of readiness to implement by conducting a Go/No-Go Decision meeting. During this meeting, we review all completed DDI activities to jointly confirm their satisfactory completion and our mutual readiness and willingness to go live. We submit an implementation letter summarizing our findings and seeking the agency's approval to go live.

Figure G9-1. Process for Deploying Solutions to Production

We follow documented processes for an orderly implementation that meets the agency's acceptance criteria.

Once approved, we deploy the solution and begin operations per our Implementation Plan, described in our response to IA02 in the next response. We monitor our services and solutions to confirm they have been operational for an agreed-upon timeframe without significant operational issues, defined as no critical or high defects. We submit confirmation to the agency after this timeframe has elapsed, at which point which we look forward to the agency's acceptance of our services and solutions implementation.

	By following these steps, we lead a defined, orderly, and quality-infused process before, during, and after implementation. **Attachment F Requirement IA02** The Supplier shall develop an Implementation Plan in conjunction with the agency that describes activities, such as: a. The rollout approach, including phased implementation, if necessary. b. Overall integration approach c. Approach to continuous integration of other modules or data from other data providing entities. d. Integration Testing, including coordination procedures with System Integrator, other modules, other stakeholders and vendors. e. Approach to continuous integration of other modules or data from other data providing entities. f. The proposed implementation schedule. g. The rollback strategy. h. Communication and Supplier support procedures. i. Supplier and State roles and responsibilities. j. Operational Readiness Checklist(s) that defines, in advance, the go/no-go decision, and all aspects of Supplier, solution, and State readiness. k. All critical tasks that are required for cutover. l. Post cutover monitoring. m. The onsite and offsite user support provided by the Supplier and State during the initial solution implementation. n. Solution acceptance procedures. o. Tools and processes to ensure overall quality. p. Describe post implementation production deployment process and activities. **Conduent response:** Conduent develops an Implementation Plan in conjunction with the Agency that describes activities in IA02 including items (a to p). Our standard Implementation Plan establishes a structured, repeatable deployment process, which Conduent tailors to the specific needs and requirements of the State and TPL solution and services being deployed. The plan details the framework for managing and coordinating the wide variety of activities that occurs before, during, and after implementation. It describes how the module and services are deployed, installed, and transitioned to operations. The plan identifies key milestones, processes, equipment, staffing, roles and responsibilities, tasks, and success criteria that are necessary to accurately implement the solution.

Figure G9-2. Implementation Plan

Our Implementation Plan details the framework for managing and coordinating the wide variety of activities that occurs before, during, and after implementation.

	As each phase and activity during DDI must contribute to a successful implementation, Conduent actively monitors, reviews, and updates the Implementation Plan throughout the DDI project. The plan includes inputs to a Go/No-Go decision meeting in which the agency, Conduent, and CMS jointly review the integration, operational readiness, and user acceptance testing completed to date to confirm the system, staff, and operational processes are ready for deployment. The Implementation Plan also addresses transition and post-implementation review and monitoring processes to confirm the successful cutover of both the system and operations. Objectives and goals of this plan are to: • Confirm that the module is ready for implementation prior to operations • Facilitate the smooth and successful implementation and transition to operations • Provide executives and stakeholders with timely information regarding the implementation progress and status Conduent advocates the following strategies in planning for a successful implementation: • Identify implementation roles and responsibilities; make sure there is accountability across the board and individual assignments for each task • Collaborate with agency staff and stakeholders to define and document the details of the implementation • Plan for implementation-specific communications • Capture lessons learned and best practices afterward in a Post-Implementation Review Report in order to refine processes for future implementations ***Implementation Plan Highlights*** Included below are some highlights of our Implementation Plan. • Includes the rollout approach for the configured TPL module and services • Captures the overall integration approach including how the module is deployed, installed, and transitioned to operations alongside other modules; as well as how Conduent's TPL services integrate with other suppliers' services • Describes our approach to continuous integration; how the data from providing entities are iteratively and incrementally consolidated and validated • A review of the completed integration testing to expose faults or gaps in the interaction between integrated units and to optimize the overall, integrated system. This review may necessitate collaboration with the System Integrator, other stakeholders, and other suppliers

- The implementation schedule clearly lists all the tasks necessary to complete the deployment and related assignees, outcomes, and deadlines
- The rollback strategy includes all the steps that are required to roll back the deployment and/or revert to the previous version
- List of communications procedures to support all stakeholders and suppliers, including establishment of a command center, escalation procedures, and implementation-specific issue and risk management processes
- List of roles and responsibilities for stakeholders, including Conduent and agency staff
- Operational Readiness Checklists used to validate the readiness of the system, the environment, and the personnel to support the production system
- List of critical tasks required for cutover and their timing
- Post cutover monitoring; Conduent monitors the system for any unusual or inconsistent behavior while seeking opportunities to optimize the system's performance; we also monitor our operational performance and SLA adherence for continuous process improvement
- Description of onsite and offsite user support
- Describes procedures by which Conduent and the agency jointly accept the system
- Description of the tools and processes used to oversee quality throughout the project lifecycle
- Description of all post-implementation production deployment processes and activities

Attachment F Requirement IA03

The Supplier's environments (e.g., development, testing, training and production) shall be available and accessible twenty-four (24) hours a day, seven (7) days a week, with the exception of planned downtime due to system upgrades or routine maintenance. All planned downtime and maintenance outages shall be coordinated and approved by the agency at least five (5) business days in advance.

Conduent response: Conduent keeps required environments available and accessible twenty-four (24) hours a day, seven (7) days a week, with the exception of approved planned downtime due to system upgrades or routine maintenance. We achieve availability and uptime with the following practices:

- **"Blue-Green" deployments.** Our solution is cloud-native and is built with Kubernetes cluster technology. We use a blue-green deployment technique using Kubernetes cluster to provide zero-downtime upgrades for our microservices. The "blue" version is the current running production version, and the "green" version is the new version. Once the green version is ready, traffic switches over to the new version.

- **Load balancing.** We use technology that detects the load and, if needed, stands up another instance of any resource-constrained applications to maintain the quality of our service. This technology also allows us to run a minimum number of instances in periods of low utilization.
- **Automated rollout and rollback.** The system pushes out changes in a controlled manner. We can configure the system to rollout and integrate changed components with existing, running components to reduce the need for maintenance windows.
- **Self-healing.** In the event of a component issue, our technology detects the issue, adds in a new instance, and removes the errant component, resulting in continuous availability.
- **Database scaling.** Our database architecture facilitates scaling to meet your growing data needs. The EDB Postgres Replication Server enables geographically distributed Postgres data management, with fast read/write access in every location. With multiple primaries, data are secured and accessible on any other primary almost immediately.
- **Hosted Infrastructure.** Our solution's components are hosted by top cloud services provider, Microsoft Azure, with facilities designed to run 24/7.

Based on this design, our solution provides high-availability and reliability features so project staff can access the technical environments, such as development and testing, as well as the training and production environments, in accordance with SLAs for availability and uptime.

We discuss all deployments and planned downtime with the agency at least five business days ahead of time to obtain necessary approvals.

Attachment F Requirement IA04

During the requirements validation sessions, the Supplier must demonstrate a solution and/or set of business services, before implementation, that will fully function after implementation based on the requirements described in the RFP and publicly available policy documents, manuals, and fee schedules.

Conduent response: Conduent's requirements validation sessions and Conference Room Pilot demonstrations provide a forum to collaborate, capture clear and traceable requirements, and improve our understanding of your agency's needs. Adequate preparation of the environment, our team, and the supporting documentation helps to secure the success of these sessions.

We collaborate with the Agency to fully understand RFP requirements, clarify requirements for the proposed solution set, and confirm the preliminary alignment of the proposed solution. Our approach helps all parties understand the requirements, gives early visibility to solution alignment, and helps us better estimate the upcoming configuration, design, and development effort. Conduent's understanding and confirmation of RFP requirements and client processes, rules, and policy provide a critical foundation for delivering technical outcomes that align with your business objectives.

	We perform three main requirements activities and determine the level of effort and duration for each activity based on the clarity, complexity, and mutual understanding of the RFP requirements. 1. **Internal requirements analysis and session preparation.** During the Planning Phase of the project, we divide the solution into components (called “epics”) and business processes (called “features”). Our functional and technical teams identify which requirements can be configured in the product using current knowledge, understanding, and available documentation (i.e., without meeting with the Agency first). Business analysts complete information (such as requirement type, gap analysis, assigned team, and acceptance criteria) about each requirement in the Azure DevOps requirements management and lifecycle management tool. Where feasible, the team begins configuring the system to meet requirements and agency-specific policy. 2. **Requirements validation sessions.** For any requirements that need clarification, as well as for TPL services requirements that are not system related, Conduent holds meetings with the agency to discuss clarifications, background information, acceptance criteria, and to gather supporting documentation. If these sessions reveal that requirements necessitate coding changes to the CMdS-TPL module, the requirements are not candidates for Conference Room Pilot sessions; rather, business and technical analysts create user stories and design tasks to capture the necessary system changes, which will be completed during design, development, and testing sprints. For any requirements that are matched in the system or met with configuration only (i.e., no coding changes), we prepare for interactive, collaborative, and demonstration-based Conference Room Pilot sessions. 3. **Conference room pilots.** For requirements that are matched or met with configuration only, the team configures the CMdS-TPL module to meet requirements and demonstrates the requirements and functionality within each feature using a Conference Room Pilot approach. **This approach is live, interactive, and product-driven**. The methodology encourages communication between all approving parties and key stakeholders, and it focuses on leveraging base product functionality and configuration over modifications and enhancements wherever possible. Conduent demonstrates how the base solution meets each RFP requirement, and validates with the agency its alignment, accuracy, validity, clarity, and testability. Through these sessions, we demonstrate our system and service solutions to confirm requirements, validate policy and rules, finalize configurations, and identify gaps. Within Azure DevOps, our requirements and life cycle management tool, we jointly categorize requirements as matched (met), configuration (needs configuration but no code modification), modification (partially met; needs minor code changes), or enhancement (new functionality). Because the requirements that are identified as "matched" in the base system have been built and tested already, they represent a low implementation risk. Our risk-focused approach recognizes the remaining requirements as having higher risk and needing focused effort on the project, warranting our increased attention and detailed discussions with the agency during requirements and design sessions in order to drive requirements-aligned solutions and high-quality results.

	Because these sessions—as well as the subsequent iterations to configure and develop functionality—are solution demonstration-based, we instill confidence in you and your stakeholders that the implemented system and business services will function according to RFP requirements and publicly available documentation. **Attachment F Requirement IA05** The Supplier shall work with the agency to confirm the Supplier's understanding of the requirements and to clarify and/or elaborate requirements where necessary to achieve desired business outcomes. **Conduent response:** Conduent works with the agency to confirm our understanding of the requirements and to clarify and/or elaborate requirements where necessary to achieve desired business outcomes. Our business analysts and subject matter experts prepare diligently for requirements validation sessions to clarify and elaborate requirements. For any requirements that need clarifications or additional information, we hold requirements validation sessions. In these sessions we capture clarifying details, background information, and supporting documentation. We capture this information in Azure DevOps, our requirements and lifecycle management tool. Armed with information from requirements validation and our own subject matter expertise, we prepare orderly and detailed Conference Room Pilots —demonstrations of the system—and we review requirements alignment throughout the sessions. Based on these demonstrations, we collaborate with you to identify which requirements are matched in the system and which are gaps. For gaps, we discuss and elicit details behind each requirement: we aim to clarify the agency's relevant policies, programs, and business processes, so we can better understand the requirement and meet it with systematic solutions, automated processes, and operational procedures. We capture elaborations and clarifications in Azure DevOps; these stories form the basis for subsequent design specifications. **Attachment F Requirement IA06** The Supplier shall, during requirement validation, provide designated agency staff access to a fully functioning environment to become familiar with the solution and/or business services. **Conduent response:** For the DDI phase, including during requirement validation, we provide a fully-functioning demo environment, which we call our "Model Office" environment, to agency staff in order to become familiar with the solution early in the project. This familiarity benefits both the agency and Conduent: The agency can learn about and explore system functionality; Conduent can move more quickly through the system during requirements validation and conference room pilot demonstrations; and the agency can prepare questions and comments prior to sessions based on self-driven evaluation of the environment. **Attachment F Requirement IA07** The Supplier shall utilize project control tools to formally track all requirements and related design, configuration, testing, and certification artifacts. The Supplier's requirements management tool shall ensure approved changes to requirements are linked back the approved change request. **Conduent response:** Conduent utilizes project control tools to formally track all requirements and related design, configuration, testing, and certification artifacts. Our requirements management tool ensures approved changes to requirements are linked back the approved change request. Once the project begins, we load the requirements into Azure DevOps, our requirements and lifecycle management

	tool, where we track requirements as individual work items. Through this load process, and with your input, we incorporate additional requirement sources, such as the Medicaid Enterprise Certification Toolkit (MECT) checklists. We assign, clarify, design, test, and implement each work item and track it through the System Development Life Cycle (SDLC) using the Azure DevOps software. Our use of this integrated tool provides a single location for tracking and reporting on the traceability and satisfaction of the full set of RFP requirements. **Azure DevOps for Requirements Management.** Through the "Backlogs" component of Azure DevOps, we load each requirement from the RFP and identify its ID, source (e.g., RFP Attachment F, MECT Checklist, etc.), gap analysis, and priority with fields and tags that can be used in filters, saved queries, and ad hoc searches. We also maintain text in a description field to capture any clarifications and our plan for meeting the requirement, subject to agency approval. We link work items to depict dependencies, parent/child relationships, related requirements, and approved change requests. We also link requirements to design artifacts and other documentation stored in SharePoint. This approach allows us to leverage the document management and version control capabilities of SharePoint while maintaining traceability and tracking progress in Azure DevOps. **Test Management.** Because Azure DevOps is also our primary test and defect management tool, we link requirements to the test plan and the test cases that validate them, and we also link any resulting defects. This linkage demonstrates to you that we have not only designed and configured the requirements, but that we have tested them and resolved any outstanding defects prior to Go Live. We adapt our SDLC activities to the gap analysis information captured for each requirement. Specifically, our design, documentation, and testing activities are adjusted depending on whether the requirement is met "out of the box," through configuration, or through code modification. Figure G9-3 below shows a hierarchical view of features, RFP requirements, tasks, test cases, and bugs. The right-most column "Supporting Artifact," links the user to design and/or certification artifacts, which we store and manage in the project's SharePoint site.

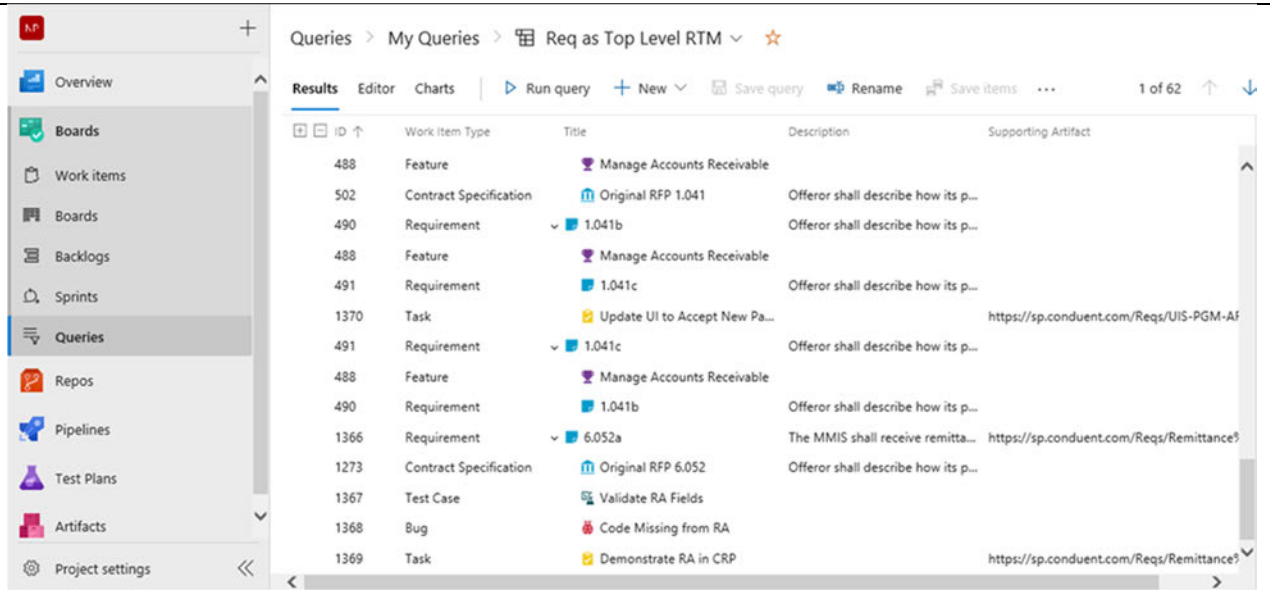

Figure G9-3. Sample of our Requirements Traceability Matrix (RTM) View in Azure DevOps
Using Azure DevOps, we build comprehensive, drill-down, informative RTMs that can be exported to Excel or reviewed directly and dynamically in the application.

Just as we can show requirements related to tasks, test cases, and bugs, we can also show downstream impact of change requests, as shown in the next Figure G9-4.

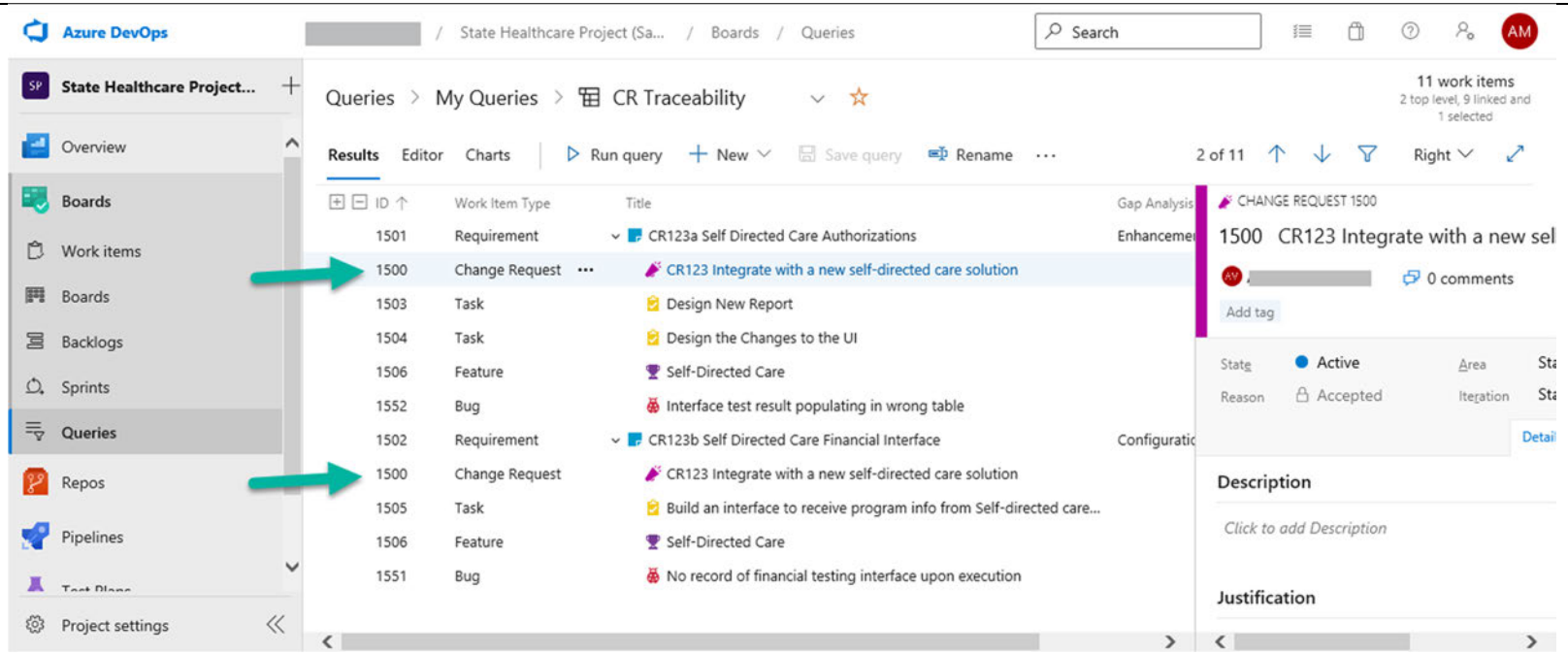

Figure G9-4. Change Request Traceability

Using Azure DevOps, we can explore and report on relationships between change requests, requirements, tasks, features, and bugs.

	Upload Attachments with Additional Information? **Yes**	Attachment File Name: **Implementation and Acceptance Requirements_ Base**

Attachment G Mandatory Scored Questions- TPL Base Requirements
Offerors must answer all questions in this document in the space provided.
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DO NOT INCLUDE ANY COST INFORMATION IN YOUR RESPONSE TO THIS WORKSHEET.

10	**Integration Requirements** - Describe in detail how your company will meet all the requirements identified in **Attachment F, Integration Section, INT01-INT32.** Your response should include the requirement number identified in the attachment, followed by your detailed response. You must provide a response to all requirements identified in **Attachment F, Integration Section.**
A10	*Answer # 10* **Conduent response:** With 50 years of experience in the development, support, and operations of MMIS systems across the country, Conduent naturally has worked through implementations involving a combination of in-house developed, third party custom, and commercial off-the-shelf (COTS) products. Conduent employs a team of seasoned professionals with extensive experience in multi-vendor implementations and operational support. Our CMdS data exchange technology provides adaptability for business change with a native service-oriented architecture (SOA) and openness to emerging COTS technologies. Attachment F Requirements for Integration Requirements On the following pages, Conduent provides a response to the each of the requirements in Attachment F Integration Requirements INT01-INT32. Our initial response confirms our commitment to meet the requirement followed by our descriptions of our work.

	Attachment F Requirement INT01 The Supplier's solution shall have the ability to identify errors in member information and member eligibility transactions and immediately notify the source system of the specific errors including whether the errors have precluded loading and/or using the data. **Conduent response:** Our CMdS solution can identify errors in member information and member eligibility transactions and immediately notify the source system of the specific errors including whether the errors have precluded loading and/or using the data. The CMdS architecture supports data exchange in a variety of formats through the Conduent Digital Hub as shown in Figure G10-1. The solution supports both Real-time (Application Programming Interface (API) based) and Extract, Transform and Load (ETL) batch processes. Real-time enrollment and eligibility transactions go through two rounds of editing and vetting prior to acceptance and refresh of member databases. Errors are identified immediately by validating message format and message content. Conduent's Digital Hub supports Simple Object Access Protocol (SOAP)/Representational State Transfer (REST) interfaces where any specific error and the type of errors (for example, whether the errors have precluded loading and/or using the data) can be included in the error response through a defined error message structure that includes error ID, error type and error description, etc. Upon getting this error response, CMdS returns the error response immediately to the source system through the System Integrator (SI) in synchronous mode for real-time data exchange or asynchronous mode for batch data exchange.

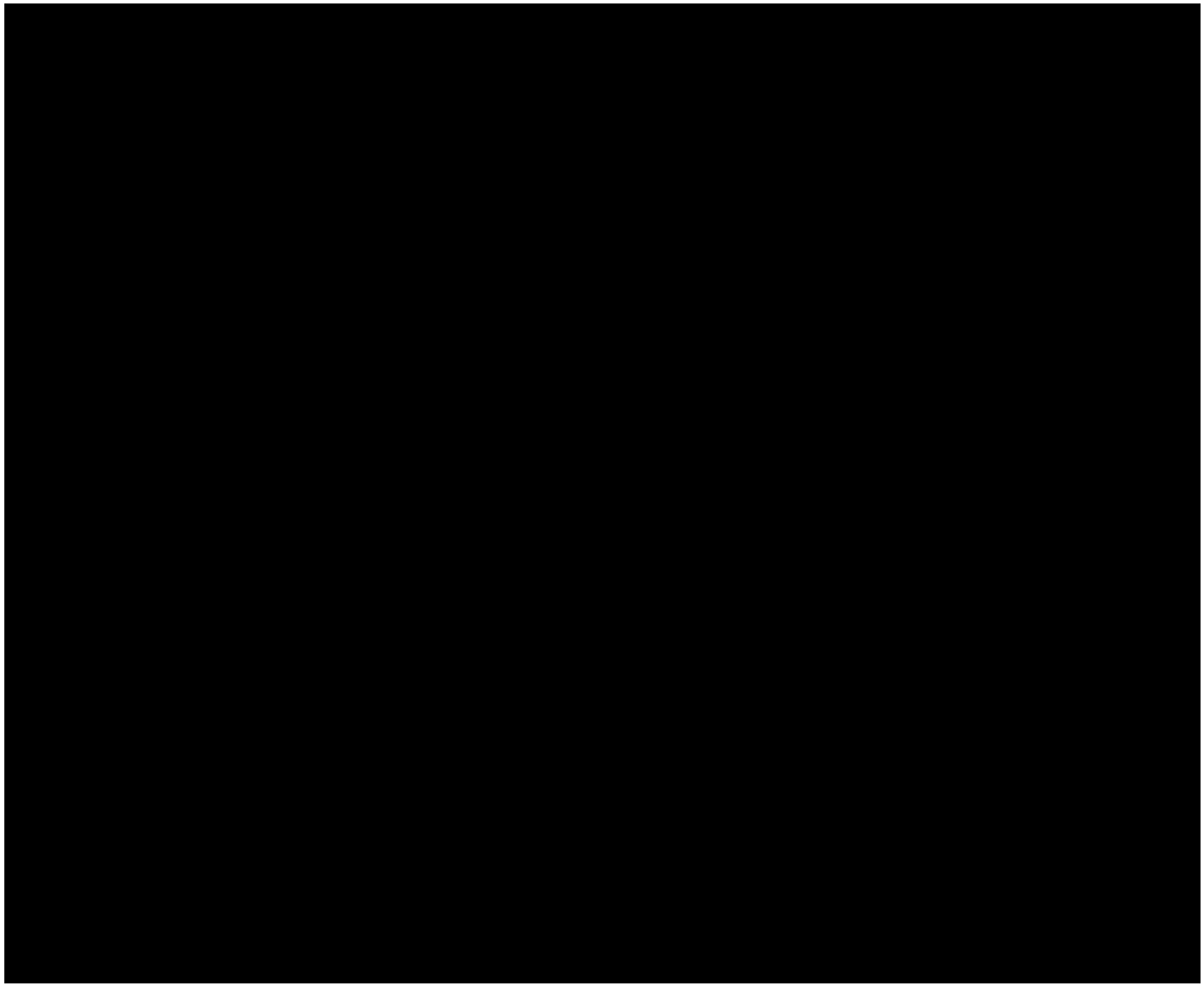

Figure G10-1. CMdS Error Notification

Sequence of actions to identify errors and notify source systems through the System Integrator.

	Attachment F Requirement INT02 The Supplier's solution shall support retrieval and presentation of data associated with geographic indicators such as by state, by county, by zip code, by peer group, or other geographical indicators specified by the Agency. **Conduent response:** The CMdS solution supports retrieval and presentation of data associated with geographic indicators such as by state, by county, by zip code, by peer group, or other geographical indicators specified by the Agency. Our CMdS data model, which currently supports multiple MMIS implementations, accounts for and has placeholders to store commonly used geographical indicators. Our User Interface (UI) enables access and comprehensive search capability including geographical and other key attributes. We store provider and member geographic indices such as state, county and zip code, and provider peer group. The geographic indicators for various entities such as provider or carriers etc., are evaluated within the adjudication processing rules. For example, the billing provider zip code information is used to validate a unique provider ID on a claim when processing the NPI ID. Figure G10-2 shows the provider UI.

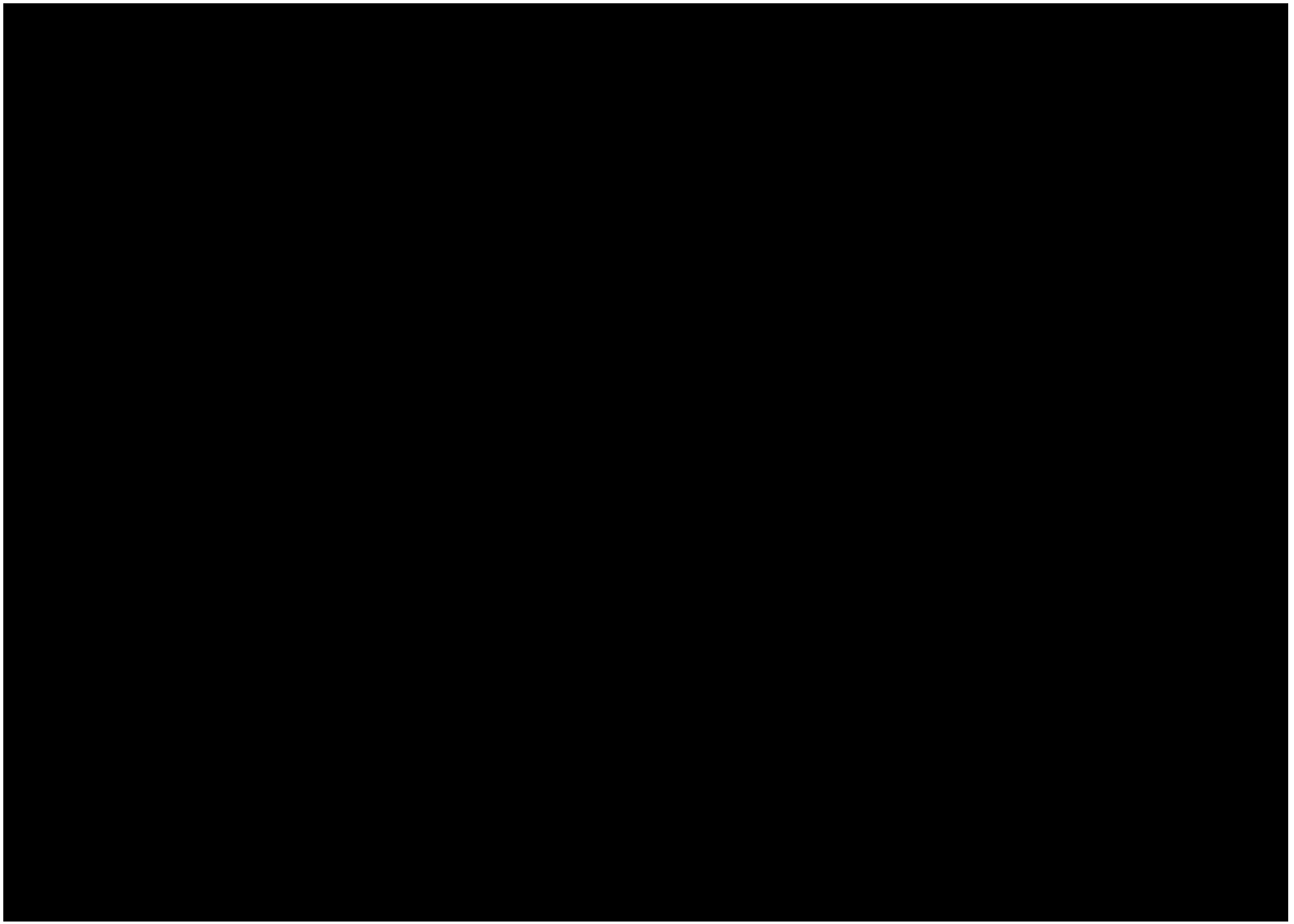

Figure G10-2. Provider Geographical Indicators

This screen shows the provider address information stored in CMdS.

	Attachment F Requirement INT03 The Supplier shall develop operational procedures in coordination with other enterprise module vendors to restore system availability. **Conduent response:** Conduent develops operational procedures in coordination with other enterprise module vendors to restore system availability. We use mature operational procedures that we have refined over time to support a multi-vendor solution. Conduent collaborates with the Systems Integrator and other solution providers supporting the TPL Services to assess and incorporate unique requirements for operational procedures and to restore system availability. The operational procedures cover scheduled maintenance activities, monitoring, planned downtime, reporting, and vendor file sharing schedule, among other items. Within CMdS, system availability is provided with periodic backups, rapid restore, service redundancy and High Availability (HA) configuration of the system. **Attachment F Requirement INT04** The Supplier shall work with the Agency and the Systems Integrator if data quality issues arise and shall assist in remediating those issues. **Conduent response:** Our team works with the Agency and Systems Integrator if data quality issues arise and assists in remediating those issues. We collaborate with the Agency and Systems Integrator on data quality issues and support efforts around identifying root cause and mitigation. Conduent teams have supported similar efforts across multiple installations partnering, assisting, leading, and owning root cause analysis and mitigation and correction of data. We have significant experience in this area. We identify and consolidate issues into our Azure DevOps life cycle management tool, which is accessible by authorized stakeholders and used throughout the life of the contract to track technical work. Quality issues are categorized based on the severity and the root cause. Conduent teams identify issue owners and work independently or in conjunction with impacted stakeholders in remediating these issues. The fixes can vary from changes to the interface, data conversion transformations, or SQL-based data updates. Similar to our process to track test defects, issues are logged in Azure DevOps, triaged, assigned, fixed, and retested. Any documentation updates are tied back to the issue to demonstrate end to end compliance and traceability. The audit information on the database tables includes the issue ID from Azure DevOps to ensure traceability at the database level. **Attachment F Requirement INT05** The Supplier's solution shall support query-based service calls (e.g. request & response) for data entities and associated query parameters as required by the Agency. **Conduent response:** Our solution supports query-based service calls (e.g., request & response) for data entities and associated query parameters as required by the Agency.

	The Conduent Digital Hub and CMdS product are developed with RESTful services and support REST query-based service calls and associated responses. Conduent solutions support an array of third-party solutions requiring data access interfaces with Conduent systems and data repositories. These solutions can easily integrate using the Conduent Digital Hub. **Attachment F Requirement INT06** The Supplier's solution shall support real-time notifications as required by the Agency including but not limited to: changes to solution's data, transaction events, etc. **Conduent response:** Conduent's solution supports real-time notifications as required by the Agency including, but not limited to, changes to the solution's data, transaction events, etc. Conduent uses industry standard monitoring tools with built in capability for notification and alerts which can be configured to support the Agency's specific notification requirements. The Conduent API Management suite allows the Agency to subscribe and consume alerts and notifications raised by CMdS for predefined business cases for changes to transactions. Figure G10-3 shows a sample CMdS notification.

Figure G10-3. Email Notification Generated for Import Errors

This shows an example of an email communication generated real-time due to transactional import errors.

Attachment F Requirement INT07

The Supplier's solution shall transmit all dates in a format specified by the Agency (ISO8601).

Conduent response: Conduent transmits all dates in a format specified by the Agency (ISO8601).

Our solutions support Medicaid programs across the United States which gives us the ability to support a wide range of requirements including ISO8601 date transmittal requirements.

	Attachment F Requirement INT08 The Agency reserves the right to make use of and share with stakeholders at the Agency's discretion, the technical specifications supplied by the Supplier for the solution endpoints exposed to the State's Integration Platform. **Conduent response:** We acknowledge that the Agency reserves the right to make use of and share with stakeholders at the Agency's discretion, the technical specifications supplied by Conduent for the solution endpoints exposed to the State's Integration Platform. We recognize the criticality of stakeholder engagement and consistent communication. Our experience on multi-vendor projects provides proof that promoting transparency and open communications help foster a successful working relationship among stakeholders. Conduent is supportive of sharing our technical specifications on service endpoints with stakeholders to support development and integration. **Attachment F Requirement INT09** The Supplier shall ensure that all data, transactions and service calls between the Supplier's solution and other modules (including legacy systems) are routed through the State's Integration Platform as required by the Agency. **Conduent response:** Conduent ensures that all data, transactions and service calls between our solution and other modules (including legacy systems) are routed through the State's Integration Platform as required by the Agency. The primary function of our Digital Hub is to facilitate exchange of data with Systems Integrator solutions. Figure G10-4 depicts the communication of service calls and integration approach with other modules including legacy systems.

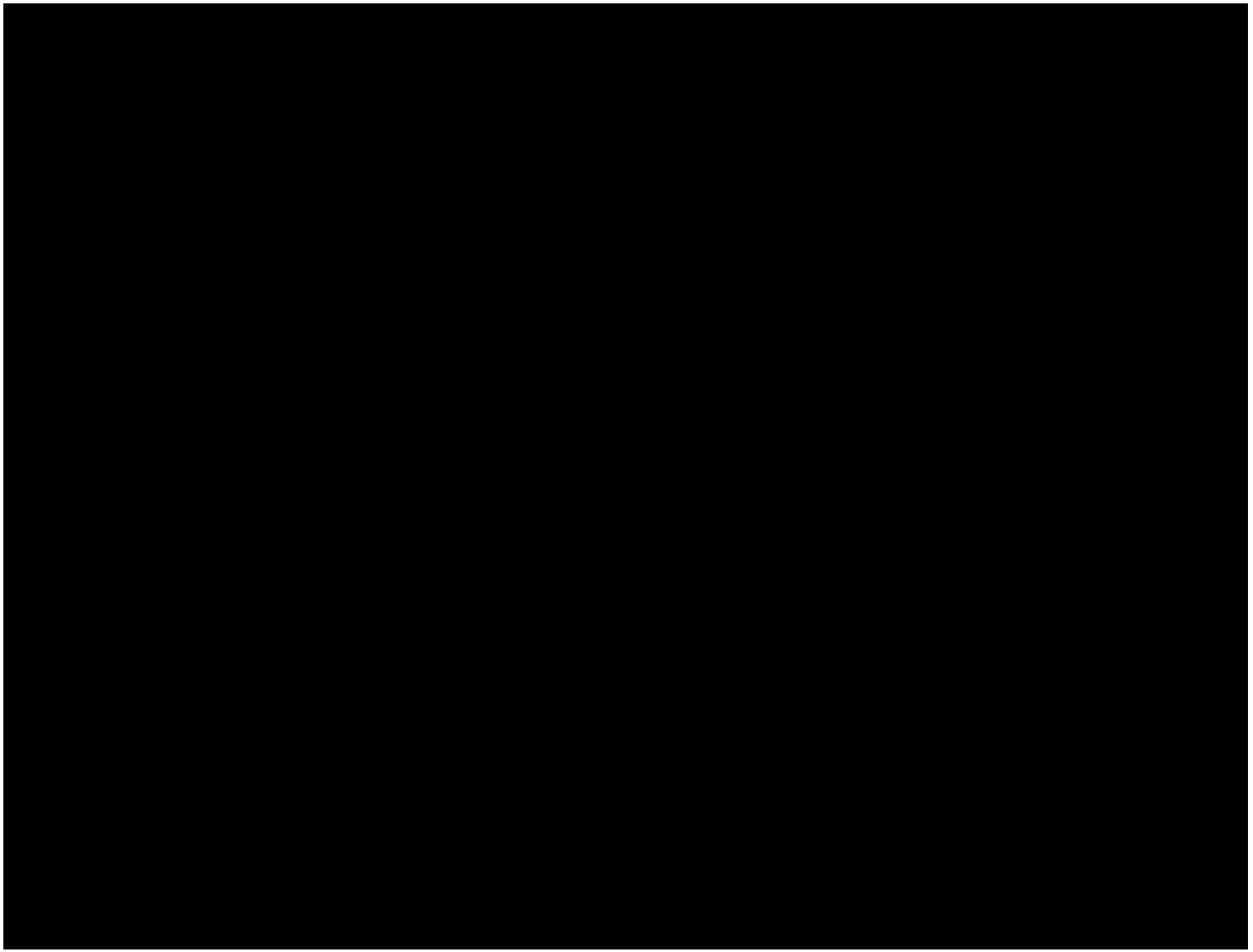

Figure G10-4. CMdS Modular Integration

CMdS Service Oriented Integration through the System Integrator.

	Attachment F Requirement INT10 The Supplier shall generate and supply solution test data (including synthetic or de-identified data). Test data shall approximate production data with sufficient fidelity to ensure reliability and accuracy of test results. **Conduent response:** We generate and supply solution test data (including synthetic or de-identified data). The test data approximates production data with enough fidelity to provide reliability and accuracy of test results. The practice we employ to maintain, protect, and restore testing datasets relies on the concept of a "Golden Copy." Conduent takes a copy of production data and loads it into a separate schema, known as the Golden Copy. The data, now separate and distinct from the production database, is de-identified according to HIPAA guidelines, including the 18 PHI identifiers. We use industry standard data masking tools to ensure no PHI/PII related data exists in any development or testing environment without compromising the integrity of production data. We load the data into the test environment and use it for test execution. In order to preserve the integrity of the test data set, we refresh the test environments with the de-identified copy on an "as needed" basis. In addition, to prevent staleness of data scenarios, we refresh the Golden Copy from production on a defined schedule. No testing or development environments will ever contain live production data. **Attachment F Requirement INT11** The Supplier shall provide technical, functional and performance documentation required by the IV&V Supplier for the solution in order to support IV&V reporting needs identified in the most current version of MECT. **Conduent response:** Conduent provides technical, functional and performance documentation required by the IV&V Supplier for the solution to support IV&V reporting needs identified in the most current version of MECT. We are committed to having a cooperative relationship between the parties involved in the modular implementation, including the IV&V. Having experience with projects using modular certification and gate reviews, we have estimated and included staff in our staffing model to create, tailor, and deliver required documentation to the IV&V. We understand that IV&V contracting has been changed by CMS, and the ability to review IV&V artifacts prior to submission to CMS may be limited. We prepare and deliver high quality artifacts to the IV&V related to our scope of work, including technical, functional, and performance documentation. Conduent maintains extensive documentation on all requirements in the form of product documentation. The approved system design documentation is made available in SharePoint with controlled access. Conduent develops system documentation in electronic form using Microsoft Word, Microsoft Excel, and Microsoft Visio. The documentation includes: • System Design Documentation (which includes workflow diagrams, data interface mappings and UI specifications) • Business Rule/Error Message Catalogs • Master Reports and Letters Inventories and Specifications • Role/Security Privilege Matrix

	• Logical/Physical Data Model • Technical and System Architecture Documents Conduent updates the documentation as necessary throughout the contract term. Our subject matter experts (SMEs) review the documentation before it is delivered. Conduent acknowledges and provides additional artifacts that may be required by the IV&V. **Attachment F Requirement INT12** The Supplier shall ensure all hardware, software, and communication components installed for use by Agency staff are compatible with the State currently supported versions of the Microsoft Operating System, Microsoft Office Suite and browser as determined by the Agency; and current technologies for data interchange. **Conduent response:** Conduent ensures all hardware, software, and communication components installed for use by Agency staff are compatible with the State currently supported versions of the Microsoft Operating System, Microsoft Office Suite and browser as determined by the Agency; and current technologies for data interchange. Conduent leverages the Microsoft suite of products on all our projects, including Microsoft Office 365, Microsoft Edge, and current technologies for data interchange. Our teams are knowledgeable of and well-trained in how to use these tools efficiently and effectively to meet Agency requirements. **Attachment F Requirement INT13** The Supplier's solution shall allow internal and external stakeholders to upload and view electronically submitted documents. **Conduent response:** Our solution allows internal and external stakeholders to upload and view electronically submitted documents. CMdS has its own Enterprise Content Management (ECM) solution which allows users (both internal and external) to attach documentation using the upload Attachment function and that any uploaded documentation is indexed, stored, and accessible for viewing from the online repository by the user and other internal/external stakeholders, based on their access privileges. Figure G10-5 shows how to search for uploaded documents.

Figure G10-5. Searching for uploaded documents

Our ECM solution provides users with multiple search options.

	Attachment F Requirement INT14 The Supplier's solution shall ensure information and event notifications include aggregated and integrated information. **Conduent response:** Our solution's information and event notifications include aggregated and integrated information. Monitoring the correctness and performance of interfaces (real time and batch) is critical to high-quality system operations on a day-to-day basis. Proper and consistent oversight maintains the highest data integrity across the Department ecosystem of applications exchanging data for different business operations. The CMdS product includes tools integrated with the solution to both monitor and communicate with stakeholders involved in data exchanges. Some monitoring activities include: • CMdS can send out an email identifying any SLA misses for a specific scheduling interval • CMdS can send out emails when a specific point in a collection of interrelated tasks is reached • Sending notifications to other applications in the Department ecosystem • The CMdS monitoring dashboard provides up-to-date information on status of job execution and supports aggregated views • Automated operators can track the output of a task, make more informed decisions based on the context in which it is run, and move to a specific branch of execution for notification purposes Our monitoring approach tracks execution status and performs timely communication for intervention and remediation. **Attachment F Requirement INT15** The Supplier's solution shall have business process orchestration in an event-driven environment that maximizes process automation. **Conduent response:** Conduent has business process orchestration in an event-driven environment that maximizes process automation. CMdS is built using Service Oriented Architecture (SOA) principles and an event-driven architecture as recommended by the Medicaid Information Technology Architecture (MITA). CMdS uses an enterprise service bus (ESB) for integration of various distributed services. Each business service can be scaled and tuned individually based on usage load.

Business process orchestration is performed by Conduent's Digital Hub Apache Camel Routes, which fully support most of the industry standard Enterprise Integration Patterns (EIP) to integrate all CMdS business services. Routes perform service integrations by connecting various CMdS services using flow and integration logic, which support both synchronous and asynchronous messaging. Sources and endpoints are maintained and managed at the route level, and all changes are version controlled in a source control repository for compliance. Routes support different sources and services and transport protocols or messaging models for service communication. This includes HTTP, JMS, Amazon's SQS, Docker, MQTT, and many more.

Attachment F Requirement INT16

The system shall provide the ability to share and federate data with other data sharing partners.

Conduent response: Our solution provides the ability to share and federate data with other data sharing partners.

The Conduent CMdS product is designed with the intent to distribute and share captured data with the Systems Integrator and other stakeholders. The CMdS Digital Hub and API suite handle integration and data exchange in both real-time and batch mode. Figure G10-6 shows the high-level architecture for how data is shared and federated.

Figure G10-6. CMdS Data Federation

This graphic illustrates how we federate and share data using Conduent's Digital Hub, API Gateway, and the SI's ESB.

	Attachment F Requirement INT17 The Supplier's solution shall provide the ability to create/edit, send, receive and process X12, NIEM standardized transactions and NCPDP D.0 transactions relative to the Supplier's scope of work. **Conduent response:** Our solution creates/edits, sends, receives and processes X12, NIEM standardized transactions and NCPDP D.0 transactions relative to our scope of work. The Conduent EDI solution can process X12 837 P, 837 D, 837 I, 835, 270, and 271 transactions. As the EDI/HIPAA gateway receives files, submitter authentication occurs based on the associated trading partner's unique credentials issued during the enrollment process and elements in the individual transactions. The system tracks the transaction through the complete lifecycle including submission, routing, clean up, validation and processing, while generating and sending standard acknowledgements at the appropriate stages. We validate cross-application throughput and backlog for data consistency. To control balancing, a trace numbering system assigns a unique trace number to each transaction received then delivers the number to CMdS. As the system processes electronic transactions, it generates confirmation records to reflect accepted and rejected claims. Along with X12, CMdS supports NCPDP D.0 transactions for processing pharmacy transactions. NIEM provides a common vocabulary to enable efficient information exchange across diverse public and private organizations. Conduent will work with Agency's Systems Integrator and HIE vendor to support NIEM interoperability standard for identified claims and financial data elements for interfaces. **Attachment F Requirement INT18** The Supplier shall collaborate with the Systems Integrator to automatically report system availability to the SI availability solution. The frequency of each module component verification will be defined by the agency. **Conduent response:** Conduent collaborates with the Systems Integrator to automatically report system availability to the Systems Integrator availability solution. The frequency of each module component verification is defined by the Agency. Conduent leverages industry leading monitoring tools and collaborates with the Systems Integrator to agree on governance around notification and setup of automated alerts regarding availability notifications. The necessary APIs are exposed to integrate with the Systems Integrator's system availability solution. **Attachment F Requirement INT19** The Supplier shall identify and describe the licenses necessary for the scope of work to support the infrastructure that will provide sufficient bandwidth and redundancy to ensure accessibility, reliability/fault tolerance and acceptable performance. **Conduent response:** During the implementation phase, Conduent identifies and describes the licenses necessary for the scope of work to support the infrastructure that provides enough bandwidth and redundancy to ensure accessibility, reliability/fault tolerance and acceptable performance.

	The CMdS product is available through a SaaS offering based on commercial clouds to provide sustained availability and access to the N-1 level software needed to operate and maintain CMdS at optimum and required performance levels. The CMdS SaaS offering includes all necessary licenses required to operate for the duration of the contract period. The infrastructure is sufficiently fine-tuned to support the bandwidth and computing power required to operate within SLA limits. Figure G10-7 shows how CMdS infrastructure design supports elastic scalability and is built with redundancy and fault tolerance to support performance and disaster recovery requirements and SLAs. **Figure G10-7. CMdS Fault Tolerant Architecture** CMdS infrastructure architecture provides redundancy and fault tolerance to support performance and disaster recovery.

Attachment F Requirement INT20

The Supplier shall be responsible for understanding the business processes to automate and orchestrate appropriate workflows, business rules, data flow and metadata within the solution and work collaboratively with the SI.

Conduent response: Our team takes responsibility for understanding the business processes to automate and orchestrate appropriate workflows, business rules, data flow and metadata within the solution and to work collaboratively with the System Integrator.

Our team of product specialists and architects work with the State and the Systems Integrator to configure business process workflows that are suitable for process automation and rules engine integration. Here are a few of the CMdS components that are configured to meet these requirements.

- **Workflow Engine:** Automates the business process workflow.
- **Rules Engine:** Supports rules authoring and rules execution with business user friendly rules authoring UI.
- **Conduent Digital Hub**: Supports CMdS integration with the System Integrator for data exchange for most common enterprise integration scenarios.

Attachment F Requirement INT21

The Supplier's solution shall provide a highly automated systematic processing of healthcare claims and eligibility transactions.

Conduent response: CMdS provides highly automated systematic processing of healthcare claims and eligibility transactions.

CMdS is a fully automated product with built-in capabilities for handling data interchange for claims and eligibility transactions. We support processing the transaction in both real-time and batch using our standard API's and Conduent digital hub.

Attachment F Requirement INT22

The Supplier's solution shall be integrated in loosely coupled manner with the rest of the enterprise by encapsulating its inner-workings and interacting with the rest of the enterprise via interfaces to and from the System Integrator's Solution which leverage interoperability data standards.

Conduent response: Our solution integrates in a loosely coupled manner with the rest of the enterprise by encapsulating its inner-workings and interacting with the rest of the enterprise through interfaces to and from the System Integrator's Solution which leverages interoperability data standards.

The CMdS product is built so that interactions among modules are managed through its Service Bus (Conduent Digital Hub). Conduent has successfully leveraged the Digital Hub for building integration between MMIS and State Enrollment and Eligibility systems. CMdS is a cloud-native system built with loosely coupled services that the system develops and deploys separate as shown in Figure G10-8.

Figure G10-8. CMdS Cloud Native Architecture
CMdS is a cloud-native system built with loosely coupled services.

These services may be redirected without affecting other applications. Applications can be redeployed easily in case of a failure and scaled to accommodate load changes through a stateless protocol. They can connect to other enterprise applications through API interfaces through the Systems Integrator platform, maintaining robustness and efficiency which allows for scaling services and improved tolerance to failure.

Our container-based solution includes the following features:

- **Load balancing.** We utilize technology that detects the load and stands up another instance of the resource constrained application to ensure the quality of our service. This also allows us to specify the minimum instances so that in a period of low utilization the applications can reduce to the minimum set.

- **Automated rollout and rollback.** The system pushes out changes in a controlled manner. The system can be configured such that changed components co-exist with the existing component to reduce the need for maintenance windows.
- **Self-healing.** In the event of a component issue, our technology detects the issue, adds in a new instance, and removes the errant component resulting in continuous availability.

Attachment F Requirement INT23
The Supplier's solution shall allow internal and external users to enter data using electronic forms and receive documents electronically from other systems.

Conduent response: Conduent allows internal and external users to enter data using electronic forms and receive documents electronically from other systems.

Conduent CMdS has web-based user interfaces for internal and external users to perform data entry and interact with the system. For electronic data interchange (EDI), CMdS utilizes industry standard formats such as X12, NCPDP, HL7 and coordinates with the Systems Integrator to determine mutual data exchange format.

Attachment F Requirement INT24
The Supplier's solution shall have the capability to receive and display data , messages and alerts from other systems in real-time.

Conduent response: Our solution can receive and display data, messages, and alerts from other systems in real-time.

CMdS interfaces support well-known data exchange protocols such as REST and SOAP based web services. We utilize Conduent Digital Hub for asynchronous data exchange and message-oriented communications, and API Management Suite for real time data exchange. Alerts captured from other systems through the System Integrator's ESB are queued and routed in Conduent Digital Hub for CMdS to consume.

Attachment F Requirement INT25
The Supplier's solution shall provide context sensitive help (situational clarification and support associated with process specific steps), to support user activities (e.g., provider enrollment and maintenance activities).

Conduent response: CMdS provides context sensitive help (situational clarification and support associated with process specific steps), to support user activities (e.g., provider enrollment and maintenance activities).

The CMdS-TPL product has a context-sensitive help feature as shown in Figure G10-9 below. Context sensitive help is available on all user interfaces where a user performs an action. To access the help information, the user clicks the "Help" link in the corresponding screen. Help is available in a pop-up window and the system displays information specific to the screen with which the user is interacting.

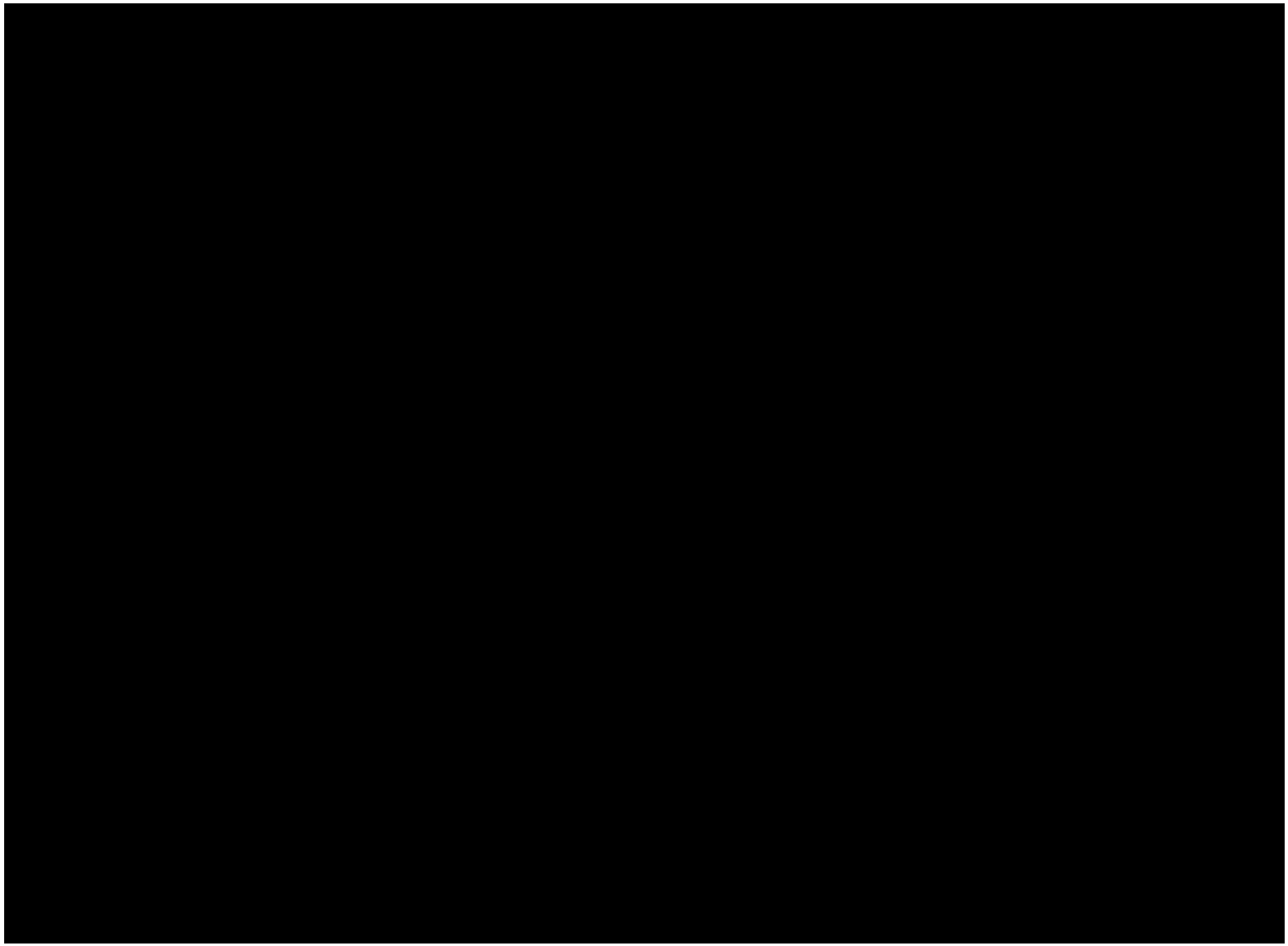

Figure G10-9. CMdS Context-Sensitive Help

CMdS utilizes context-sensitive help throughout our user interfaces.

Attachment F Requirement INT26

The Supplier shall implement a solution where module components are loosely coupled and can be added or replaced quickly.

Conduent response: Conduent implements a solution where module components are loosely coupled and can be added or replaced quickly.

The Conduent CMdS is a cloud-native system built on the principles of modularity with loosely coupled components that the system develops and deploys separately. These components may be redirected without affecting other applications. Applications can be redeployed easily in case of a failure and scaled to accommodate load changes through a stateless protocol. They can connect to other applications through APIs maintaining robustness and efficiency, which allows for scaling services and improved tolerance to failure. All components are connected through the Conduent Digital Hub, which allows a single connection point to add or replace modules or connections through the Systems Integrator.

Our container-based solution includes the following features:

- **Load balancing.** We use technology that detects the load and stands up another instance of the resource constrained application to ensure the quality of our service. This also allows us to specify the minimum instances so that in a period of low utilization the applications can reduce to the minimum set.
- **Automated rollout and rollback.** The system pushes out changes in a controlled manner. The system can be configured such that changed components co-exist with the existing component to reduce the need for maintenance windows.
- **Self-healing.** In the event of a component issue, our technology detects the issue, adds in a new instance, and removes the errant component resulting in continuous availability.

Attachment F Requirement INT27

The Supplier shall provide electronic notification including detailed release notes for Major and Minor version, patches, updates and fixes deployed to the production environment.

Conduent response: Conduent provides electronic notification including detailed release notes for major and minor version, patches, updates and fixes deployed to the production environment.

Our operations management, configuration management, and product maintenance practices all include a framework for release planning and communication, including the publication of a release schedule. Release schedules are shared with all impacted stakeholders through email or preferred communication method in advance of the release. Release notes for major versions, minor versions, patches, updates and fixes are published post-release and reviewed during post-release meetings.

Attachment F Requirement INT28

The Supplier shall work collaboratively with module vendors to reconcile Operational data store with data elements for each module component.

Conduent response: Conduent works collaboratively with module vendors to reconcile the operational data store with data elements for each module component.

Conduent currently supports multiple large-scale systems that include third party solution components with data source and/or repositories such as warehouses, analytics, marts, PBM, etc. These systems may require reconciliation and synchronization with Operational Data Store (ODS) from time to time. The Conduent team has successfully worked with third party solution providers to complete data reconciliation and develop controls and audit trails. Our team is experienced and prepared to assist Agency's module vendors in their data reconciliation effort.

Attachment F Requirement INT29

The Supplier shall implement interfaces with the State's Integration Platform in accordance with technical specifications approved by the Agency.

Conduent response: Conduent implements interfaces with the State's Integration Platform in accordance with technical specifications approved by the Agency.

Conduent works with the Agency and the State's System Integration Services Contractor to design and agree on common technical specifications. Our team captures the following details as part of the technical specification:

- Signature of an interface
- Data types/structures required (input data types, data size, output data types, exceptions)
- Detailed models including all methods, attributes, dependencies, and associations
- Specific transformation logic and/or algorithms that a component employs
- Physical data and logical data models including attributes and each entity/data type

Attachment F Requirement INT30

The Supplier shall route data, transactions and service calls between the Supplier's solution and third-party systems and federal systems (e.g., CMS, IRS, SSA) through the State's Integration Platform as required by the Agency.

Conduent response: The Conduent Digital Hub and the CMdS products were developed with intent to channel data exchange with various program stakeholders through the Systems Integrator solutions inclusive of CMS, IRS, and other entities required by the Agency.

Attachment F Requirement INT31

The Supplier's solution shall utilize supporting services, data sources, or data feeds (master indices, reference data, etc.) provided by the State's Integration Platform as required by the Agency.

Conduent response: Conduent's solution uses supporting services, data sources, or data feeds (master indices, reference data, etc.) provided by the State's Integration Platform as required by the Agency.

Conduent has a large array of solutions deployed nationally resulting in advanced and mature capabilities in utilization of supporting services and data captured from the translation server. Figure G10-10 shows how Conduent can integrate with the State's integration platform to utilize data sources, reference data, and master data from source systems. Conduent will coordinate with the Systems Integrator to identify transactions which are mission critical and would benefit from data synchronization using publish/subscribe patterns or real-time APIs to support High SLA requirements.

Figure G10-10. CMdS Data Federation

Real-time data exchange with API Gateway and Conduent Digital Hub.

	Attachment F Requirement INT32 The Supplier's solution shall capture, log, maintain and supply upon request to the Agency metadata for transactions and service calls between the solution and the State's Integration Platform. Metadata shall include but is not limited to, enterprise-supplied transaction IDs, transaction success/failure status, and other information as defined by the Agency. The Supplier shall support tracking and debugging of transactions as required. **Conduent response:** Our solution captures, logs, maintains and supplies upon request to the Agency metadata for transactions and service calls between the solution and the State's Integration Platform. Metadata includes, but is not limited to, enterprise-supplied transaction IDs, transaction success/failure status, and other information as defined by the Agency. CMdS supports tracking and debugging of transactions as required. Conduent Digital Hub has the responsibility for capturing and logging transaction information including metadata and service calls between Conduent CMdS platform and the Systems Integrator solution. Conduent understands the significance of log capture in various system component levels to address all security, compliance, and business needs. Our Application Performance Management (APM) solution aggregates all log data to a centralized repository for the purpose of log analytics. Understanding the application environment holistically is a challenge, and pinpointing issues impacting performance and availability can be difficult given the level of interconnectivity and breadth of the platform. CMdS' APM log capture and analytics help in running powerful advanced searches to pinpoint errors and perform ad--hoc log analysis to "connect the dots." We maintain a strict logging process in CMdS for all components deployed for this solution. We will work with Agency and State's Integration Platform vendor to integrate CMdS log repository for ease of integration and exchange. We configure all our components to capture log data to track at the transaction level and provide visibility of transaction IDs, transaction completion status, and other vital information for analysis. A complete tracking and reporting component allows the system to identify each file, record statistics for each file, and report file status at any point in time.	
	Upload Attachments with Additional Information? **Yes**	Attachment File Name: **Integration Requirements_ Base**

Attachment G Mandatory Scored Questions- TPL Base Requirements
Offerors must answer all questions in this document in the space provided.
Failure to answer these questions will result in disqualification of the proposal
Offerors must indicate whether their proposal meets the individual requirement and provide a supporting narrative in the space provided. The narrative description will be evaluated and awarded points in accordance with Section 6, Proposal Evaluation and Award. Certain questions require an attachment. ONLY upload documents where there is a "Yes-Required" in the "Upload Attachments with Additional Information?" column, to provide additional requested information for specific questions. If there is a "No" in the "Upload Attachments with Additional Information?" column, then a document will be NOT be evaluated, if uploaded. Suppliers must provide an answer in the answer box below for all questions with "No" in the "Upload Attachments with Additional Information?" column.
DO NOT INCLUDE ANY COST INFORMATION IN YOUR RESPONSE TO THIS WORKSHEET.

11	**Interface Requirements** - Describe in detail how your company will meet all the requirements identified in **Attachment F, Interface Section, INR01-INR04.** Your response should include the requirement number identified in the attachment, followed by your detailed response. You must provide a response to all requirements identified in **Attachment F, Interface Section.**
A11	*Answer # 11* **Conduent response:** The Modularity Standard requires the use of a modular, flexible approach to systems development, including the use of open interfaces and exposed application programming interfaces (APIs) for the purpose of easy integration with other modules through the system integrator (SI). Conduent Medicaid solutions are built with modularity standards and exposes open APIs to communicate securely with other modules, according to CMS's Final Rule (CMS 2392-F). Usin2g open APIs, we easily share data and consume services with other Medicaid modules and vendor systems, as required by the Agency. ## Attachment N Requirements for System Requirements On the following pages, Conduent provides a response to each Attachment F requirement for the Interface Section, INR01-INR04. Our initial response confirms our commitment to meet the requirement followed by our descriptions of our work.

Attachment F Requirement INR01

The Supplier shall support the exchange of data between the System and the systems with which it interfaces (including external entities) to facilitate business functions that meet the requirements of agency policy, and federal and State rules and regulations.

Conduent response: The Conduent understands and accepts this requirement. Conduent agrees to support all the required inbound and outbound interfaces listed in the RFP. For each interface we:

- Meet with the Agency and appropriate stakeholders to define the interface details, frequency, security requirements, and secure data access/transmission protocols
- Document the interface details in an Interface Control Document (ICD) and seek Agency approval
- Configure the interface using our standard library of production interfaces or if new, develop the interface according to the ICD
- Review the data to test its validity
- Perform quality assurance testing
- Update our workflows to process the interface according to Agency-approved procedures
- Document the interface in appropriate manuals, i.e., systems and operational procedure manuals

We have many years of experience from contracts with state Medicaid and Children's Health Insurance Program (CHIP) clients that require us to support the same types of interfaces required by the RFP. This allows us to easily understand the purpose and details behind each interface. The knowledge we bring to the project and our existing configurable interfaces allows us to hit the ground running to support your interface requirements throughout the contract term.

Attachment F Requirement INR02

The system shall send and receive real-time discrete transactions between modules and the State's integration platform to reduce the need for bulk data transfers.

Conduent response: Conduent agrees to send and receive real-time discrete transactions between modules and the State's integration platform. The Conduent Digital Hub supports Enterprise Integration patterns that enable real time discrete transactions, and the API-Gateway provides endpoints that are secure access points for our services. Figure G11-1 illustrates the Conduent Digital Hub and API gateway.

Figure G11-1. The Conduent Digital Hub

Conduent Digital Hub and API gateway enable real-time discrete data exchange.

Attachment F Requirement INR03

The Supplier shall ensure proprietary interfaces and protocols between modules are not used, except where specified by the agency.

Conduent response: Conduent understands the private and restrictive nature of proprietary interfaces and protocols. We agree not to use any proprietary interfaces and protocols between modules, except where specified by the Agency.

Attachment F Requirement INR04

The Supplier shall document all interfaces in the Agency's Interface Control Document (ICD) format which will include data layout documentation, data mapping crosswalk, inbound/outbound capability and frequency of all interfaces. The Agency will approve finalized interface designs detailed in the ICDs.

Conduent response: As part of our system design process, Conduent creates an Interface Control Document (ICD) for each existing and new interface. The ICD identifies the system, responsible office, interface method, data elements, frequency, format, and communication method for each interface.

Our approach to developing and maintaining interfaces requires team members from each functional area to identify relevant interface requirements from all entities, specify design details, support development, create delivery schedules for file layouts, identify sample data needs, and support testing with the interfacing entities.

	The Conduent team works closely with the State and business partners to establish processes and protocols for schedules, rules, interface availability, and other interdependencies for each interface. This includes the definition of the message structure and protocol that govern the exchange of data between systems, the identification of the communication path along which the data between the systems is expected to flow, completion times, timing windows, inbound definitions, as well as delivery requirements for outbound interfaces. There are three primary sections in typical ICD template that capture the required information for each interface: definition, file layout, and specification. These forms are used for each interface and capture the requirements identified for the ICD, including data assembly (envelope), data elements, communications, and security. During the project, the Conduent team makes the necessary modifications to current data interfaces and develops new interfaces as necessary to meet specifications. Interfaces are thoroughly tested, both internally and with external business partners, to guarantee true end-to-end functionality and to ensure measures are in place to handle file receipt errors and other failures. This interface control process continues throughout the Software Development Life Cycle (SDLC). The ICD is reviewed for alignment with State requirements and updated as required. The ICD is then made available to the State in an agreed upon format. Conduent agrees to document all interface specifications in the State's ICD format and recognizes Agency's authority to approve finalized interface designs. An example of the Conduent ICD template is shown in Figure G11-2.

Figure G11-2. Interface Control Document Sample
This is an example of the details captured in our ICD documentation.

	Upload Attachments with Additional Information? **Yes**	Attachment File Name: **Interface Requirements_ Base**

Attachment G
Mandatory Scored Questions- TPL Base Requirements

Offerors must answer all questions in this document in the space provided.

Failure to answer these questions will result in disqualification of the proposal

Offerors must indicate whether their proposal meets the individual requirement and provide a supporting narrative in the space provided. The narrative description will be evaluated and awarded points in accordance with Section 6, Proposal Evaluation and Award. Certain questions require an attachment. ONLY upload documents where there is a "Yes-Required" in the "Upload Attachments with Additional Information?" column, to provide additional requested information for specific questions. If there is a "No" in the "Upload Attachments with Additional Information?" column, then a document will be NOT be evaluated, if uploaded. Suppliers must provide an answer in the answer box below for all questions with "No" in the "Upload Attachments with Additional Information?" column.

DO NOT INCLUDE ANY COST INFORMATION IN YOUR RESPONSE TO THIS WORKSHEET.

12	**Key Personnel and Resources Requirements -** Describe in detail how your company will meet all the requirements identified in **Attachment F, Key Personnel and Resources Section, KR01-KR32.** Your response should include the requirement number identified in the attachment, followed by your detailed response. You must provide a response to all requirements identified in **Attachment F, Key Personnel and Resources Section.**
A12	*Answer # 12* For the State to achieve the goals established for the Third Party Liability (TPL) Services, the selected contractor must provide key personnel with the necessary targeted skills for each of the required project roles. The success of the project hinges on the quality of staff and the ability of the project organization to work effectively toward common goals and success. By selecting Conduent, you benefit from a contractor that has a proven record of successfully staffing and implementing similar projects for other state health and human service programs nationwide. Throughout this section, we showcase our extensive staffing qualifications and credentials for performing the full scope of services for the TPL Services project. We demonstrate that Conduent is the most qualified contractor to provide these services. Our hiring philosophy for our projects is to find people with the right experience, skillsets, and mindset for each role. Our people are the key to our success. We recruit and hire employees and subcontract additional resources when required in order to bring the best talent to projects such as this one. We create a cohesive team of specialists who have the experience and knowledge to manage and run your project effectively. The Conduent team achieves this level of success through their dedication to quality and attention to detail in providing professional services and technical solutions. Project success depends on a skilled, talented project team with the experience in effective management and oversight.

Key Personnel and Resources

TPL Services require a tested and proven partner that can deliver key personnel who has prior exposure and experience implementing a modular TPL system and services. We place a high priority on identifying staff with recent and relevant experience and who meet the requirements for the key roles identified in this RFP. In light of the State response to Q&A question 163, which indicates that Suppliers are not expected to name individuals associated with roles as part of this solicitation, we are submitting representative resumes of key personnel and resources. These representative resumes provide insight into the high standards and expectations Conduent has of its key staff, as well as levels of prior experience and subject matter expertise we require for projects of this type and scope.

Attachment F Requirements for Key Personnel and Resources

In the following descriptions, Conduent provides a response to each of the Attachment F requirements for Key Personnel and Resources, KR01-KR32. Our initial response confirms our commitment to meet the requirement followed by our description of the work.

Attachment F Requirement KR01
The Supplier, and any of its subcontractor, shall work cooperatively with state agency and its identified vendors to ensure the success of the program.

Conduent response: The Conduent team including any of our subcontractors works cooperatively with state agency and it's identified vendors to ensure the success of the program.

Based on considerable experience working on similar projects in other states, we are keenly aware of the complexities faced by State agency staff and module contractors in coordinating a complex project with phased implementations of modules that are interdependent. Our extensive experience—supporting implementation and day-to-day support of third-party solution components—has enabled us to recognize the importance of open and frequent communication, collaboration, and cooperation with solution providers.

Managing a Modular Solution. Our systems background gives us a full understanding into how modular technology can best be applied to the TPL Services solution. Our experience in other states' multi-vendor implementations has made clear the need to collaborate with other contractors and modules. Our goal is to implement an integrated, stakeholder-centric solution that promotes flexibility, scalability, and interoperability in line with the NASPO cooperative vision. We work with the Agency to integrate our methods with your current processes, minimizing process disruptions, and enabling us to quickly adapt to new state policies, regulations, and implementations.

	Throughout all phases of the project, we work collaboratively with the State agency and participating vendors to ensure cohesive planning, strategy, and execution. The Project Manager is the Conduent staff member responsible for ensuring ongoing communication, cooperation, and service delivery with oversight of the day-to-day activities of the project. The PM serves as a liaison for certification and for collaborating with other contractors and stakeholders. To ensure a successful integration with all module contractors, the Project Manager provides status information that offers informative reporting on deliverables, milestones, resources, and overall project health. During the planning phase, we adapt our schedule and work breakdown structure (WBS) components to those of the TPL Services program management office, to align tasks with other contractors as needed, and to incorporate the necessary tasks into our schedule. We continuously evaluate our alignment with the other contractors to keep our CMdS-TPL modules on track with the overall goals and vision for the Third Party Liability Services solution. **Attachment F Requirement KR02** The Supplier shall ensure that sufficient resources and knowledgeable, experienced staff are available to meet the required project schedule. The Supplier shall help prevent project delays and address them if they occur. **Conduent response:** Conduent ensures sufficient resources and knowledgeable, experienced staff are available to meet the required project schedule. This includes helping to prevent project delays and addressing them if they occur. We ensure appropriate staff and resources by using a carefully constructed staffing plan. Project staffing is a key responsibility of our Project Manager, who is charged with making sure the project has the right resources at the right time to meet scheduled tasks, activities, milestones, and deliverables. The Project Manager works with the Contract Manager and project leadership to continually evaluate resource needs and make sure the teams are equipped with the right number of resources with the right skill sets to complete project work, carefully evaluating job descriptions, roles, and responsibilities for all members of the team. With access to more than 2,900 resources in our Government Health Services organization, Conduent has both the experience and means necessary to provide the knowledgeable and experienced resources needed. The Project Manager is also responsible for proactive risk management and expert project scheduling. Before beginning the project, the Project Manager uses the strategy of including slack in the work plan where possible to prevent schedule slippage due to unforeseen change. The Project Manager plans for flexibility in non-critical tasks, so they can be adjusted within the schedule as needed. They use the project plan and project schedule to track progress and help forecast any delays and address them. The project manager also uses historical data and subject matter expertise to estimate our work, so our schedule is as accurate and low-risk. Additionally, the Project Manager anticipates problems that could affect the schedule using our Quality Management System (QMS) risk management processes to identify, analyze, and either avoid or mitigate risk occurrence by designing and implementing solid risk mitigation plans.

	Despite our proactive risk management efforts, if a problem does occur—or if a change is determined to be necessary—we work quickly and decisively to minimize its impact on the project's schedule, cost, and resources. If the issue or change is identified as having a significant impact on scope, schedule, cost, or resources, we look to the processes in the approved Change Management Plan to fully assess the impact on the system, operations, documentation, communications, and resources, so the State and Conduent stakeholders can make an informed decision on next steps. The Contract Manager and Project Manager, together with other leaders that directly manage the planning efforts of the team, provide the direction, management, and oversight necessary to ensure the success of the project. A key function of the Contract Manager is to provide oversight of operations delivery, team leadership, and contract administration. In addition, the Contract Manager serves as the point of escalation for any disputes of issues related to Conduent's performance on this contract, ensuring timely completion of milestones, quality service delivery, and smooth running of operations. With decades of experience successfully managing large, complex Medicaid projects, the State can be assured of our capability to provide the skilled professionals with the necessary background for their roles on the project, as well as our ability to foresee potential project delays and address them when they occur. **Attachment F Requirement KR03** The Supplier shall provide sufficient personnel to administer and execute all required activities during design, development, implementation, and operations. **Conduent response:** In developing our response to the RFP, we carefully reviewed the operational requirements, incorporated our extensive knowledge of our in-place programs, and applied our knowledge of other TPL programs we have implemented and operate. Our prior experience guides us in ensuring we maintain sufficient personnel to administer and execute all required activities for the contract during design, development, implementation, and operations. Our organizational approach reflects a solid project team structure staffed with the expert personnel required to implement, operate, and maintain the Third Party Liability Services solution. We clearly delineate roles and responsibilities to leverage appropriate knowledge and to facilitate a successful implementation while ensuring we are not impacting current service delivery. The program staffing approach is based on project requirements and proven successful project organizational structure. With a strong management organization and a sound staffing plan, we offer clear lines of authority to maintain accountability and successful communication, well-defined functional areas to complete each RFP service component and deliverable, and a professional project team and Corporate Oversight Team to ensure the resources needed for project success. We continually assess program needs and adjust staffing levels accordingly to ensure repeatable project functions. By tailoring our organizational structure and personnel resources to the needs of the program, we facilitate lines of communication, provide a flexible framework for change, and continue to improve the ability to measure performance.

Attachment F Requirement KR04

Key personnel described in the proposal shall become named resources on the project and are subject to the following requirements:

a. Key personnel shall not be replaced, transferred or removed without prior approval of the Agency.

b. The Agency will approve key personnel assigned to the Contract.

c. The Agency reserves the right to request removal of any Supplier staff or sub Supplier staff, if applicable, assigned to the project, and the Supplier shall comply with any such request immediately.

d. If a vacancy occurs in a key role, the Supplier shall notify the agency immediately and fill the position within a timeframe as determined by the agency. The Supplier shall ensure there are no gaps in the provision of contracted services during the replacement period.

e. The Suppler must also provide their date of separation in advance, as well as notify the agency again on their last day of employment.

Conduent response: Conduent acknowledges and affirms that the key personnel described in the proposal shall become the named resources on the project and are subject to the specified requirements (a – e above). As indicated in the Q&A questions 143 and 145, we understand that each state will have its own rules, regulations, roles and responsibilities for indicated key personnel.

Attachment F Requirement KR05

The Supplier must designate a Project Manager during design, development and implementation to represent and oversee the day-to-day activities of the project. This individual shall serve as the agency's primary point of contact for matters relating to the project and serve as a liaison for certification, collaborating with other Suppliers, and stakeholders.

Conduent response: Conduent designates a Project Manager during the design, development and implementation phases to represent and oversee the day-to-day activities of the project who serves as the agency's primary point of contact for matters relating to the project and also serve as a liaison for certification, collaborating with other suppliers and stakeholders. We acknowledge and confirm this is the case for all projects related to this RFP.

We assign a Project Manager for both the DDI and Certification Phases of the project and the Operations, Maintenance and Configuration Phase of the project who will meet or exceed the given requirements. Conduent is presenting a representative resume of a Project Manager to demonstrate our ability to provide qualified and experienced staff for the project and to offer the states insight into the caliber of staff we provide to lead the projects for each state. The following text provides further information about her qualifications.

Project Manager

Our representative project manager is a PMP and ScrumMaster certified professional with over 25 years of progressive experience in IT, health and education for the public and private sector. She has proven success in collaborating cross functionally with various internal and external partners to oversee software/programming issues and project management. She currently supports projects in Alaska and Georgia, as well as add-on business opportunities in other states. Her focus on continuous improvement as well as her superior leadership and management skills make her an ideal choice for Project Manager for the TPL Services.

Attachment F Requirement KR06

The Supplier's Project Manager must meet the following qualifications including:

a. A minimum of seven (7) years' project management experience managing projects of similar size and scope, preferably in Medicaid or the healthcare industry. This experience must include relevant experience within the last three (3) years from the release date of the RFP.

b. Project Management experience should include each phase of the system development life cycle.

c. Project management certification through the Project Management Institute (PMI) is preferred.

Conduent response: Conduent acknowledges and confirms that the Project Manager must have a minimum of seven years' project management experience managing projects of similar size and scope, preferably in Medicaid or the healthcare industry and that this experience must include relevant experience within the last three years from the release date of the RFP. In addition, the project management experience should include each phase of system development life cycle. The state prefers project management certification through the Project Management Institute.

Table G12-1 describes how our representative Project Manager meets the RFP Requirements for the project manager position for the project.

Table G12-1. Project Manager

Requirement	Response
A minimum of seven (7) years' project management experience managing projects of similar size and scope, preferably in Medicaid or the healthcare industry. This experience must include relevant experience within the last three (3) years from the release date of the RFP.	Our proposed project manager brings 19 years of project management experience, **eight years of which includes projects of similar size and scope as the Third Party Liability Services project**. Her previous experience at Florida Blue, together with her experience at Conduent, provides her with four years of proven project capability in healthcare and Medicaid-related projects. For the past three years, she has served as project manager in government healthcare and Medicaid Management Information Systems (MMIS) projects with a heavy focus on IT and business services; a natural bridge from previous experience in IT and other healthcare projects, this additional background provides her with the experience necessary to serve as Project Manager for the Third Party Liability Services project and bring to it the same efficiencies as she has to so many others.
Project Management experience should include each phase of the system development life cycle.	With 19 years of project management experience, the representative Project Manager is well-versed in phases of the system development lifecycle. She recognizes the importance of planning to ensure that the project is initiated with a solid foundation and clear goals in mind and has considerable experience both leading and participating in planning. With extensive experience in the Systems Analysis and Requirements phase, the project manager works with teams in determining appropriate scale, scope and shared vision among stakeholders, During the Systems Design, Development, Implementation, and Testing phases, she works to ensure all teams communicate effectively with one another, adhere to timelines and budgets, manage risks,

	escalate appropriately, and stay within scope; at Conduent, this is almost daily work. During Operations and Maintenance, she engages actively with stakeholders to ensure all systems function as desired and meet the needs of all those concerned.
Project management certification through the Project Management Institute (PMI) is preferred.	The Project Manager is a certified Project Management Institute Project Management Professional (PMP).

Attachment F Requirement KR07

The Supplier's Integration Lead must meet the following qualifications including:

a. Minimum of five (5) years leading system design and integration projects, including the technical design and implementation of projects similar in size and scope to this project.

b. Experience must involve directing multi-discipline technical teams producing integration solutions (e.g., Service Oriented Architecture, network, hardware and software).

c. A Bachelor's Degree in Information Systems Engineering, Computer Science, or a related field is preferred.

Conduent response: Conduent acknowledges and confirms that the Integration Lead must have a minimum of five (5) years leading system design and integration projects, including the technical design and implementation of projects similar in size and scope to this project and that experience must involve directing multi-discipline technical teams producing integration solutions. The state prefers a Bachelor's Degree in Information Systems Engineering, Computer Science, or a related field.

We propose our representative Integration Lead to oversee the projects integration requirements. He meets or exceeds the given requirements – Conduent is presenting his qualifications and experience to offer the states insight into the caliber of staff we provide to lead the projects for each state. Table G12-2 provides additional details on how the representative meets the RFP requirements for the integration lead position.

Table G12-2. Integration Lead

Requirement	Response
Minimum of five (5) years leading system design and integration projects, including the technical design and implementation of projects similar in size and scope to this project.	Our proposed Integration Lead has **eight years of experience leading system design and integration projects, including the technical design and implementation** of projects similar in size and scope to this project. He served in Montana as the Application Development, Support, and Integration (ADSI) Manager. In this role, he managed application developers and the testing team; he also oversaw requirements development, system plans and design, project reporting, and the application help desk. From 2012 to 2016, he served in data conversion roles for Montana

	Medicaid, where he managed the development, testing, and implementation of data conversion, data interfaces, and data cleansing.
Experience must involve directing multi-discipline technical teams producing integration solutions (e.g., Service Oriented Architecture, network, hardware and software).	The Representative Integration Lead's experience includes directing multi-discipline technical teams producing integration solutions. In his current role for our Hawaii MMIS contract, he manages help desk integration and escalation. In his current role as ADSI Manager for Montana Medicaid, he routinely oversees system integration work. From 2012 to 2016, he served Montana in data conversion roles, where he managed the development, testing, and implementation of data conversion, data interfaces, manual data configuration, and data cleansing. During that period, he managed multiple vendors over multiple platforms and disciplines.
A Bachelor's Degree in Information Systems Engineering, Computer Science, or a related field is preferred.	The proposed Integration Lead possesses a Bachelor of Science degree in Computer Information Technology from Western Governors University, Salt Lake City, Utah.

Attachment F Requirement KR08

The Supplier must designate a Testing Lead to coordinate all testing activities.

Conduent response: Conduent designates a Testing Lead to coordinate all testing activities. We acknowledge and confirm this is the case for all projects related to this RFP.

We propose our representative Testing Lead to support the project's testing activities. He meets or exceeds the given requirements—Conduent is presenting his qualifications and experience to offer the states insight into the caliber of staff we provide to lead the projects for each state.

He has extensive experience managing and performing testing. In his current role at Conduent, he leads onshore and offshore teams to meet testing deadlines and goals and develops test plans and various testing documentation. He managed more than 70 testers from different countries from 2009 to 2013 with Conduent. From 2013 to 2019, he worked at Molina Healthcare as a test lead. At Molina, he also provided on-site support for user acceptance testing and regression testing. In all, he has extensive IT-related experience going back more than 20 years. He is experienced working with government officials and executives on business strategies, documentation, and business processes to meet internal and external client demands.

Attachment F Requirement KR09

The Supplier's Testing Lead must meet the following qualifications including:

a. Minimum of three (3) years experience leading testing activities for a project similar in size and scope to this project.

b. In-depth understanding of the testing lifecycle and all artifacts required to successfully validate the system.

Conduent response: Conduent acknowledges and confirms that the Testing Lead must meet the qualifications specified by the State, namely a minimum of three years' experience leading testing activities for a project similar in size and scope to this project as well as an in-depth understanding of the testing lifecycle and all artifacts required to successfully validate the system.

Table G12-3 describes how our representative Testing Lead meets the RFP requirements for testing lead.

Table G12-3. Testing Lead

Requirement	Response
Minimum of three (3) years experience leading testing activities for a project similar in size and scope to this project.	Our proposed Testing Lead recently rejoined Conduent and has **10 years of experience leading testing activities for projects similar in size and scope to this project**. From 2013 to 2019, he worked at Molina Healthcare as Senior Test Lead for Medicaid and Medicare Claims Processing Systems where some of his achievements included serving as test lead for multiple state/territory implementations in the U.S. Virgin Islands, West Virginia, New Jersey, and Kansas. At Conduent from 2009 to 2013, he served as testing manager for our Tennessee VIP Migration Project where he managed a team of 15 to 20 testers. He also served as functional testing manager for our MMIS software system. In that role, he managed more than 70 testers from the United States, Philippines, and India, and worked with state governments on testing requirements and testing strategy.
In-depth understanding of the testing lifecycle and all artifacts required to successfully validate the system.	The Representative Testing Lead's extensive background has given him an in-depth understanding of the testing lifecycle and all artifacts required to successfully validate the system. He has worked for the past 10 years directly in state healthcare testing environments. He also has an IT background going back more than 20 years that includes testing experience. He was certified in 2016 as a Certified Software Tester and Certified Software Test Analyst.

Attachment F Requirement KR10

The Supplier must designate a person to be the single point of contact for matters concerning the Supplier's performance under the Contract. This person shall have the authority to make decisions that are binding to the Contract, shall be responsible for timely completion of the project, and shall be responsible for meeting all contractual obligations.

Conduent response: Conduent designates a single point of contact for matters concerning our performance under the contract and this personal has the authority to make decisions that are binding to the Contract, shall be responsible for timely completion of the project, and shall be responsible for meeting all contractual obligations. We acknowledge and confirm this is the case for all projects related to this RFP.

We propose our representative Operations Director to be the single point of contact for matters concerning Conduent's performance under the contract. She has the authority to make decisions that are binding to the contract. She is responsible for timely completion of the project, and for meeting all contractual obligations.

Attachment F Requirement KR11

The designated person must have experience managing related services with similar budgets, preferably in Medicaid or the healthcare industry and for operations which are similar in size to this one.

Conduent response: Conduent acknowledges and confirms that the designated point of contact must have experience managing related services with similar budgets, preferably in Medicaid or the healthcare industry and for operations which are similar in size to this one.

Our proposed designated point of contact meets or exceeds the given requirements – Conduent is presenting her qualifications and experience to offer the states insight into the caliber of staff we provide to lead the projects for each state.

Table G12-4 describes how our representative Operations Director meets the RFP Requirements for the designated contact person.

Table G12-4. Operations Director

Requirement	Response
The designated person must have experience managing related services with similar budgets, preferably in Medicaid or the healthcare industry and for operations which are similar in size to this one.	Our proposed Operations Director has **experience managing health care and state government projects in a considerable range, from hundreds of millions to nearly two billion dollars, with specialized experience in TPL.** She recently managed revenue for contract valued at $14 million annually. The majority of her management projects over the last five years have involved healthcare or Medicaid-related solutions, including current work on a multilayered TPL department specializing in Commercial Recoupment, Recovery, Cost Avoidance, Medicare Buy-In programs, and Estates/Trusts.

Attachment F Requirement KR12

The Supplier, when requested, shall submit two (2) references for each of the key personnel assigned to any State specific project. Each reference should depict relevant and current experience for work completed within a timeframe as determined by the agency. Revised per Amendment 5, dated 11/20/2020.

Conduent response: Conduent understands the importance of references as a key component of validating the qualifications and experience of proposed key personnel. Conduent will submit two references to the State for each of the key personnel, depicting relevant and current work experience, when requested within the specified timeline.

Attachment F Requirement KR13

The Supplier must demonstrate that it can commit an adequate level of technical and human resources sufficient to complete the project within the required time frame and to meet the quality requirements outlined in this RFP. Furthermore, the level of technical and human resources which the Supplier agrees to commit to the project at the time of proposal must be maintained throughout the life of the project at a necessary level to complete the scope of work.

Conduent response: Conduent leverages our existing talent in the area of TPL services in combination with a recruitment strategy resulting in the resources needed to staff projects appropriately and on time. We ensure that staffing levels are maintained throughout the life of the contract to complete the agreed upon scope of work.

When recruiting we employ proven strategies to attract and retain talented, enthusiastic, and committed staff, including creation of a recruiting plan and assigned recruiter to identify a resource pool to staff our projects. We have an advanced applicant tracking system, worldwide recruiting and hiring experience, partnerships with community based organizations and recognize the need for geographic and cultural diversity in our workforce. In our screening and interviews we leverage comprehensive interview guides to provide consistent, unbiased hiring recommendations.

With access to over 4,900 Government Healthcare Services resources, Conduent is fully capable of providing the type of technical resources and highly qualified staff that the agencies are seeking. We have decades of experiences with Medicaid-related projects and have considerable experience in staffing all levels of projects, from small-scale projects with a narrow focus to large-scope, complex Medicaid Management Information Systems (MMIS), including TPL services, and Medicaid Eligibility Systems (MES) projects.
Figure G12-1 below illustrates our extensive experience in Medicaid and Medicaid-related projects over the past 50 years, highlighting our capability to successfully staff a diversity of large-scale projects with substantial variation in personnel requirements.

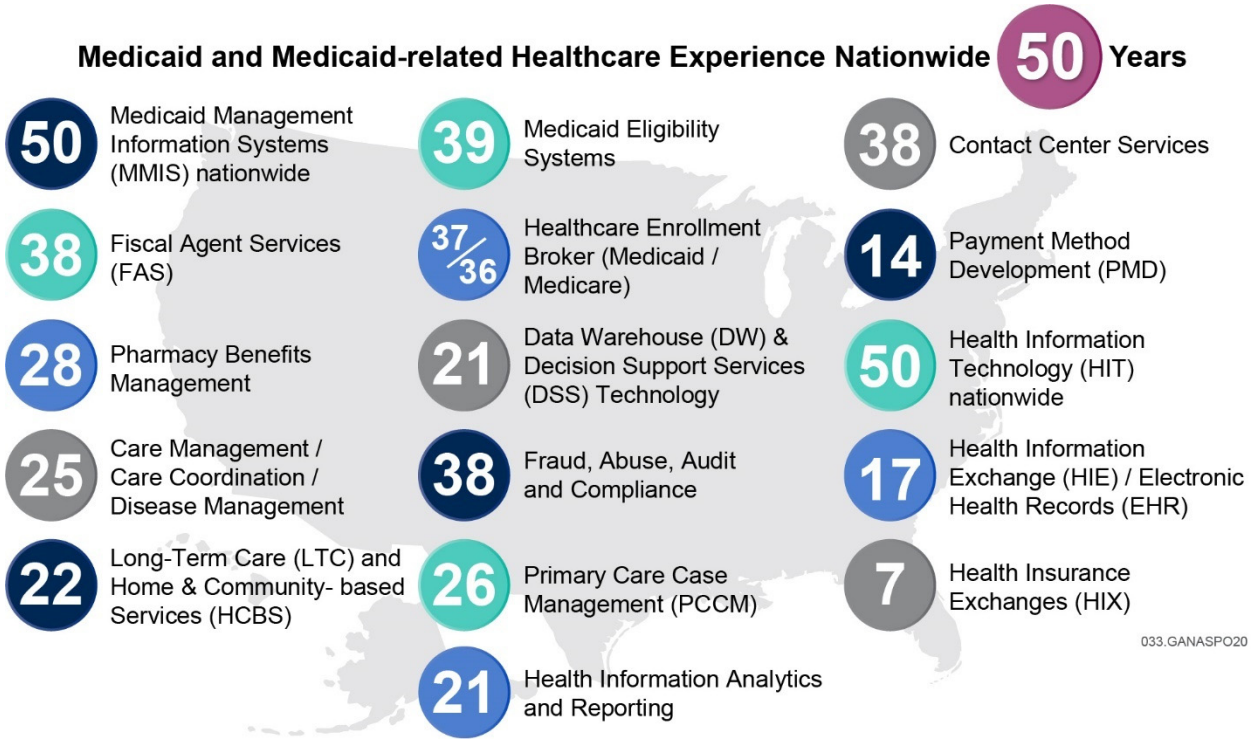

Figure G12-1. Profile of Conduent Experience

Serving state governments since the beginning of Medicaid—we support the technical and business needs of the Medicaid enterprise, ably accommodating changes in program direction.

Our current projects span the country, extending from New Hampshire to California and from Texas to Alaska. Through a range of programs, Conduent provides critical services to stakeholders and members in 29 U.S. States and territories, as shown in Figure G12-2. For several agencies, we provide health and human services under more than one contract.

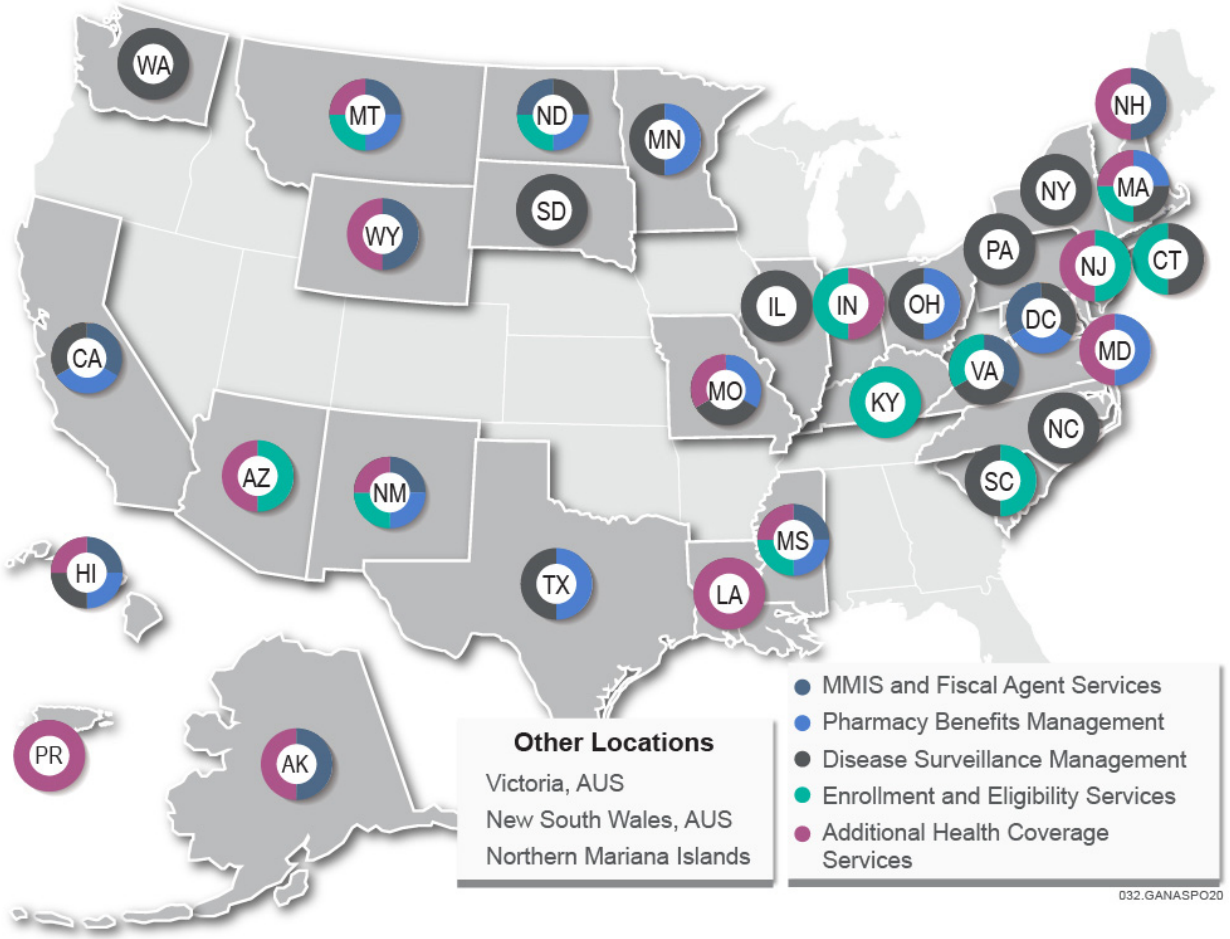

Figure G12-2. National Government Healthcare Experience
Conduent projects throughout the United States demonstrates our capability to provide necessary resources for the TPL Services Project.

We advance and maintain a field of professionals—at all staffing levels—that focus on government healthcare relationships, with a primary focus on Medicaid. In addition to former Medicaid directors and state Medicaid officials, Conduent staff members include physicians, pharmacists, nurses, clinicians, eligibility and call center experts, quality assurance experts, fraud investigators, health policy

	experts, payment methodology experts, health economists, systems analysts, developers, and Customer Service Representative (CSR) professionals. The quality of the staff we employ provides consistent thought leadership and innovation to our Medicaid projects. **Corporate Capability** Conduent is a financially sound corporation with a long history of displaying professional responsibility in implementing and operating state healthcare programs. We bring the required financial stability and solvency to establish all required stages of this contract and the financial strength to maintain it through completion. We provide and administer state healthcare systems and services for a wide variety of government healthcare-related programs, including Medicaid, CHIP, behavioral health, federal employee benefits, workers' compensation, health information exchanges, and health insurance exchanges. Our project teams work with states to develop, administer, and improve their healthcare services. We continue to invest in our readiness to support the future of healthcare programs by continually strengthening our team with talented industry experts and by bringing to the market solutions designed for our clients' unique program requirements. Successful support of this project requires an extensive set of skills, as well as deep domain expertise to meet the requirements. With thousands of trained and expert individuals in our healthcare solutions organization, we have the ability to quickly provide the required number of qualified staff required to support this project. As the prime contractor, Conduent is fully responsible for all program management and overall contract performance, including partner performance. We have a long record of smooth working relationships with other contractors or external organizations as we employ an integrated management approach with clearly stated roles and responsibilities, well defined lines of authority, and open channels of communication. **Corporate Technical Infrastructure and Resources** As a national leader in Medicaid service delivery, Conduent has experienced resources specializing in technical infrastructure support as well as the interpretation of new and evolving federal rules, regulations, and legislation. For example, we maintain detailed knowledge of CMS policy, Health Insurance Portability and Accountability Act of 1996 (HIPAA) regulations, budget mandates, and industry standards affecting Medicaid systems. The level of industry experience of many of our staff members contributes greatly to the success of the project, enabling you to benefit from our specialized expertise, especially as healthcare reform moves forward. These resources provide guidance and support to all our accounts, in addition to our key personnel, to help ensure our projects are continuously improving, while meeting the ongoing changes to healthcare program requirements.

	Conduent's fully hosted components not only provide the State with the technology to support your vision and goals for the consumers you serve, but also minimize the IT support burden through routine maintenance activities. The Conduent team leverages existing data centers within the continental United States, providing a cost-effective solution while maximizing our disaster recovery and business continuity capabilities. Each data center site has a shared technical support team responsible for ensuring ample support for all networking, telecommunications, programming, and systems matters. Regional technical support resources may be deployed to assist the local IT team with new program implementations; migrations of network, telephony, or software platforms; and other major system upgrades. This structure allows the State to benefit from the skills of specialized teams without incurring the total attendant cost. Each site's technical support team provides maintenance for the hardware and software, using a combination of internal and external third-party resources where applicable. **Attachment F Requirement KR14** The Supplier must demonstrate that it can commit an adequate level of human resources sufficient to meet TPL operational requirements and SLA's. The level of Human Resources which the Supplier agrees to at the time of the proposal must be maintained throughout the life of the contract. Staffing will be re-evaluated if there are changes in scope of services provided by the supplier, with the approval of the agency. **Conduent response:** Conduent provides an appropriate level of human resources sufficient to meet TPL operational requirements and SLA's and maintains sufficient staffing levels throughout the life of the contract. If changes in scope occur, Conduent re-evaluates staffing needs and makes necessary changes with the approval of the agency. As a highly qualified service provider with decades of experience in large-scale state government implementations, we have access to a pool of professionals ready and able to meet state-requirements from day one of the project and continue through the life of the contract. If changes in scope occur, we are ready to engage additional resources as needed. Maintaining a highly knowledgeable and engaged staff benefits not only our employees, but also our state partners. Since 2014, Conduent has invested in sponsoring more than 300 employees to become Medicaid Learning Center (MLC) Certified Medicaid Professionals (MCMP-II). With access to this and a variety of other training, development, and mentoring opportunities, employees have increased possibilities for growth within the company, enabling Conduent to maintain flexible staff available to shift as engagements become available. In the event we need to supplement our personnel resources for a project, we first seek to leverage existing staff, and then if needed, utilize internal human resources expertise or experienced local recruiters who work directly with our Contract Manager and other appropriate key staff to replace or hire additional staff for the project.

	Whether conducting internal or external candidate searches, recruiters work closely with hiring managers throughout the recruitment process. This helps ensure: • Our recruiters have a complete understanding of job requirements • Positions are filled in accordance with staffing plans and operational needs • Candidates have the requisite knowledge and skills for each position • The process is compliant with all employment regulations **Attachment F Requirement KR15** The Supplier's staff shall have sufficient experience appropriate for their role. **Conduent response:** With the State's needs in mind, we propose a project team of highly competent managers and support personnel dedicated to operating an exceptional TPL Services project and solutions, many of whom possess significant TPL, technical, and/or management experience today. At all times we work to ensure an appropriate, sufficient number and mix of project staff onsite and offsite to complete all required services set forth by the State. Each team member was selected based on their experience with TPL programs, performance in positions of similar responsibility, subject area expertise, and a history of exceeding client expectations. Based on their collective experience in pre-implementation analysis and planning, project management, data conversion, implementation, database administration and training, we provide both the right quantity and quality of staff to ensure the successful completion of these tasks. Because of our stringent internal hiring standards, each proposed key staff member meets—and in many cases exceeds—your requirements. **Attachment F Requirement KR16** The Supplier must retain a Personnel Background Check Attestation (written documentation) of a favorable background check for all Supplier personnel. The agency may request the removal of staff for disqualifying offenses. Supplier must describe their process for performing background checks. The Supplier is responsible for the cost of obtaining the background checks. **Conduent response:** Conduent uses a thorough and proven background check procedure to hire the best qualified staff. Our process not only determines candidate suitability, but also protects our clients' business and helps ensure employee safety. In addition to our internal background check process, we require our staffing vendors to certify that individuals assigned to perform work on behalf of Conduent have satisfactorily passed a background investigation. We also perform background checks on staff that join Conduent from other companies, such as during a takeover. If/when Conduent converts a vendor or subcontractor employee vendor to a Conduent employee, an additional background investigation is conducted when the person is hired, unless we have an acceptable original background investigation report from the vendor or subcontractor.

	Our final hiring decisions are based on the information we receive from the background investigation results. Results are confidential and distributed on a need-to-know basis. If, upon background check, a candidate is considered ineligible, we send a notification letter to the candidate, and the recruiter rescinds the offer. The candidate may follow a dispute process. If a hiring manager wants to employ a candidate who is considered ineligible, the hiring manager must secure written approval from the Conduent Vice President of HR. Conduent acknowledges that we are responsible for the cost of background checks. **Attachment F Requirement KR17** The Supplier's Project Manager shall be required to perform work at the State's primary project location (e.g., city, state), unless approved by the agency to work remotely. **Conduent response:** Our project manager performs work at the State's primary project location unless approved by the State to work remotely. **Attachment F Requirement KR18** The Supplier's staff shall be available Monday through Friday 8:00 AM to 5:00 PM in the time zone of the participating State. **Conduent response:** Conduent commits to our staff being available Monday through Friday as early as 8:00 a.m. and as late as 5:00 p.m. in the time zone of the participating State. **Attachment F Requirement KR19** For any work performed at a location other than the primary Project site, the Supplier must identify the specific location (city, state, country), describe the type of work to be performed, and the percent of the total hours for that type of work at that location. **Conduent response:** Prior to beginning of the project, Conduent will work with the State to identify the specific location of the project's primary site, the type of the work to be performed at that location, and the percentage of total hours that will be performed at that location. **Attachment F Requirement KR20** The Supplier's staff working remotely, must be available to work in the State's primary project location at the agency's' request for functions necessary to support the scope of work (e.g., risk review meetings, root cause analysis sessions, integration planning, release planning, operational readiness reviews, UAT, implementation, and production deployment). **Conduent response:** We acknowledge and agree to meet this requirement. Conduent supports the intent of the State that key staff working remotely be available to work in the State's primary project location, at the State's request, for functions necessary to support the scope of work, such as risk review meetings and other events identified in this requirement.

Attachment F Requirement KR21

The Supplier's key personnel and/or management replacement must meet the minimum qualifications for the position. The Supplier shall provide a detailed resume for a proposed key personnel and/or management replacement. Replacements are subject to agency approval prior to any assignment.

Conduent response: Our key personnel and/or management replacements meet the minimum qualifications for the position. We provide detailed resumes for all proposed key personnel and replacements over the course of the contract. Conduent acknowledges and affirms that replacements are subject to agency approval prior to any assignment. We submit detailed resumes of representative key personnel at the end of this proposal section.

Each member of team is selected for their proven experience on past projects, availability to assume the responsibilities associated with the project, and specialized skills they possess that make them a good fit.

Three personnel are assigned to all phases of the project: the Contract Manager, Project Manager, and Technical Manager. The Testing Lead, Integration lead, and Certification lead are present during the Design, Development, Implementation, and Certification phases of the project. As would be expected, the Operations Director and Operations Manager are assigned only to the Operations phase.

Key personnel are critical as their specialized skillsets, direction, and leadership help to drive the delivery and provision of project services. Duties and responsibilities for each position are described in Table G12-5 below.

Table G12-5. Key Personnel: Duties and Responsibilities

Key Personnel Role	Duties and Responsibilities
Contract Manager (DDI and Operations):	The Contract Manager provides oversight of operations delivery as well as contract administration. They are the point of escalation for any disputes or issues related to Conduent's performance on this contract.
Project Manager (DDI and Operations)	The Project Manager oversees coordination of the task and activities of the project. They serve as the State's primary point of contact for matters relating to project management tasks and serves as a liaison for certification, collaborating with other contractors, and stakeholders.
Technical Manager (DDI and Operations):	The Technical Manager leads the development and infrastructure teams and is responsible for the successful configuration and implementation of our CMdS-TPL products. They manage the team of developers and technical subject matter experts and provides day-to-day guidance to the technical teams.
Testing Lead (DDI):	The Testing Lead manages the team responsible for thoroughly testing the CMdS-TPL modules. They work closely with the State and Systems Integrator management to ensure adequate testing of Conduent's components.

Integration Lead (DDI)	The Integration Lead directs the team of integration specialists and coordinates with the Systems Integrator as well as the other module vendors and stakeholders in the design, configuration/build and integration of the CMdS product. Their team is responsible for the seamless integration of our products into the overall solution.
Certification Lead (DDI)	The Certification Lead spearheads the effort to achieve CMS certification, a major milestone for the project.
Operations Director (Operations):	The Operations Director leads the team and is the single point of contact for matters concerning our performance under the contract. They have the authority to make decisions that are binding to the contract and are responsible for timely completion of the project, as well as for meeting all contractual obligations.
Operations Manager (Operations):	The Operations Manager provides leadership, subject matter expertise, reporting oversight, and training. They are responsible for ensuring the success of day-to-day operations.

How We Make Sure Management Replacement Staff Meets Qualifications

Although we strive to maintain a stable leadership workforce, if it is necessary to replace key personnel, we follow a proven selection process. When management receives notice of a permanent separation of a key personnel resource from employment through a resignation, we prepare, whenever possible, by selecting a replacement before the terminating employee leaves. Once notice is received, we provide the State with notification and endeavor to fill the vacancy promptly and within specified SLAs.

To replace key personnel, we look first to existing Conduent employees, particularly those already on the project, or on similar projects nearing the end of a contract term, and those who have expressed a desire for new or additional challenges. In all cases—whether hiring or promoting from within—our recruiters work closely with hiring managers through each step of the recruiting workflow.

In evaluating candidates to replace key personnel, we take into consideration an individual's past performance on other assignments. To accomplish this goal, we couple our staff retention and development activities with a customized project recruitment plan built on our experience with the agency and other similar projects, ensuring that all key personnel needs are met in an efficient and effective manner by quality staff, with no disruption in services.

Our aggressive internal and external recruiting program has proved successful in obtaining highly qualified candidates to satisfy personnel needs for our other similar large-scale healthcare projects. We have a history of maintaining well-trained staff and encouraging low employee turnover throughout the life of our contracts. We are committed to maintaining the key personnel as sufficient key personnel as outlined in the RFP.

	Attachment F Requirement KR22 The Supplier shall provide the appropriate level of knowledge transfer/training to Supplier staff. **Conduent response:** We agree to provide the appropriate level of knowledge transfer and training. Based on our MMIS and TPL work experience, we ensure thorough knowledge transfer and training is completed for our staff to perform successfully in their assigned roles. Conduent Learning Management System (LMS) solution is Knowledge Connection, a dynamic, web-based tool for managing, developing, tracking, reporting, and deploying our training programs. Knowledge Connection is an effective LMS and a Learning Content Management System (LCMS) that allows users to create, design, and manage content on web pages. It offers access to reporting and analytic tools, advanced survey and evaluation tools, creation of role-specific training curricula, and user-friendly training interactions for end users. Knowledge Connection supports module development, training delivery, knowledge transfer activities, and competency assessment. The tool is highly configurable, allowing designers to set a response time limit, request feedback, or include both pre- and post-testing prompts so instructors can easily observe learners' improvement. The Conduent training team plans a blend of delivery methods, including traditional instructor-led classes, self-paced training through CBT and our Microsoft Teams software, and hands-on activities for a rich training experience. Trainers develop targeted knowledge transfer materials and e-learning content for each training method (e.g., computer-based training (CBT), role-based, instructor-led, train-the-trainer, etc.), which includes manuals, presentations, handouts, and other resources to support effective learning. We maintain our training materials throughout the life of the project in order to stay current and meaningful to our learners. For more information on training, please see Proposal Section 3.19, Training. **Attachment F Requirement KR23** The Supplier must designate a Certification Lead to coordinate all certification activities (e.g. MECT or outcomes based) **Conduent response:** Conduent acknowledges and confirms that we will designate a Certification Lead to coordinate all certification activities. We propose our representative Certification Lead to coordinate certification activities. She meets or exceeds the given requirements—Conduent is presenting her qualifications and experience to offer the states insight into the caliber of staff we provide to lead the projects for each state.

Our proposed Certification Lead is a skilled Healthcare IT professional with 18 years of experience in Medicaid Management Information Systems (MMIS) and Pharmacy Benefits Management (PBM). She has considerable experience leading large MMIS and PBM projects for certification, including the new MMIS system in North Dakota and is well-versed in the latest version of the CMS MECT toolkit. She participates early in the project to develop the Certification Plan and address certification criteria during implementation. She works with your project team to coordinate certification planning, status meetings, deliverables, gate reviews, and the preparation of checklists and artifacts.

Attachment F Requirement KR24

The Supplier's Certification Lead must meet the following qualifications including:

a. Minimum of three (3) years experience certifying systems against industry standards for projects similar in size and scope to this project.

b. In-depth understanding of the most current MECT certification lifecycle required to successfully validate the system.

Conduent response: Conduent acknowledges and confirms that the Certification Lead meets the indicated experience requirements.

Table G12-6 describes how our representative Certification Lead meets the RFP requirements for the position of certification lead.

Table G12-6. Certification Lead

Requirement	Response
Minimum of three (3) years experience certifying systems against industry standards for projects similar in size and scope to this project.	Our proposed Certification Lead has four years of experience certifying systems against industry standards that are similar in scope and size to this one, with the state of North Dakota MMIS being the most recent. She participated in the certification process from planning through final certification and acted as a primary point of contact for certification-related issues. She coordinated certification planning, status meetings, and deliverables, facilitated review sessions, prepared status reports and weekly dashboards, managed resources and capacity planning, and assisted in training team members on the certification process.
In-depth understanding of the most current MECT certification lifecycle required to successfully validate the system.	The Proposed Certification Lead's work on the state of North Dakota preparation for certification has provided her with experience in the most current MECT certification lifecycle required to validate the system.

Attachment F Requirement KR25

The Supplier's key personnel positions may not be vacant for more than a time frame as determined by the agency without a qualified substitute (temporary replacement). A qualified substitute must be in place within a time frame as determined by the agency after the separation date of the vacating resource. The Supplier shall ensure there are no gaps in the provision of contracted services during the replacement period. The Supplier may not fill vacant key personnel positions without approval by the agency.

Conduent response: We acknowledge and agree to meet this requirement. If it is necessary to replace key personnel, we replace them in the time frame determined by the agency with qualified substitutes. We agree not to fill vacant key personnel positions with other existing key personnel without approval by the agency. We acknowledge that the agency has the authority to approve proposed replacements of key personnel.

Attachment F Requirement KR26

The Supplier must designate an Integration Lead to coordinate with the System Integrator, other module vendors, and other stakeholders, manage the design, configuration/build, integration, defect management, and implementation of the Supplier's scope of work.

Conduent response: Conduent acknowledges and confirms that the Integration Lead will coordinate with the System Integrator, other module vendors, and other stakeholders, manage the design, configuration/build, integration, defect management, and implementation of the Supplier's scope of work.

We propose our representative Integration Lead to lead the aforementioned activities. He meets or exceeds the given requirements – Conduent is presenting his qualifications and experience to offer the states insight into the caliber of staff we provide to lead the projects for each state.

Our representative integration lead has more than 20 years of experience in computer technology specifically supporting Medicaid. He has served the Montana Medicaid account since 1999 serving in various capacities including assistant network administrator, systems analyst, database administrator, data conversion lead, and data management manager. He currently serves as the application development, support, and integration (ADSI) manager for the Montana Medicaid account. In addition, he manages help desk integration and escalation for our Hawaii MMIS contract. He is an excellent fit for the integration lead position.

Attachment F Requirement KR27

The Supplier shall provide key personnel that at a minimum include the Project Manager, Technical Manager, Contract Manager, Testing Lead, Integration Lead and a Certification Lead during the DDI and Certification Phases of the Program. For the Operations Phase of the Program, the Supplier shall provide key personnel that at a minimum include the Project Manager, Operations Manager, Technical Manager, and Contract Manager. Key personnel shall not hold more than one key role unless otherwise approved by the Agency. The Agency will review and approve all key personnel.

Conduent response: We provide the key personnel required by this requirement. Our key personnel do not hold more than one key role unless otherwise approved by the Agency. We acknowledge that the Agency will review and approve all key personnel.

We identify and describe these individuals under these IDs:

- KR05 and KR06 – Project Manager
- KR07 and KR26 – Integration Lead
- KR08 and KR09 – Testing Lead
- KR24 – Certification Lead

In this response we describe the representative experience of individuals for the following roles:

- Technical Manager
- Contract Manager
- Operations Director
- Operations Manager

The Technical Manager, Contract Manager, Operations Director, and Operations Manager all meet or exceed the given requirements – Conduent is presenting their qualifications and experience to offer the states insight into the caliber of staff we provide to lead the projects for each state.

Technical Manager

We propose our representative Technical Manager during the DDI and Certification phases. He is an accomplished technical and business professional and a versatile leader with over 27 years of experience in IT and serves as the Technical Director for the State of Alaska MMIS. He has 16 years of focused health care experience in both Payer and Public Health domains including specialized technical and functional experience in Affordable Care Act (ACA)-compliant Medicaid Management Information Systems (MMIS) implementations, claims and encounter management systems, health care management systems, Electronic Health Record (EHR) incentive payment program and quality reporting systems, behavioral and substance abuse program solutions, and Medicaid waiver program management (Care Management) solutions.

He led several mission critical technology initiatives and programs in health care, public health and Medicaid enterprises utilizing agile technology development and change management techniques. With and extensive technical background, **he has experience in providing guidance teams ensuring adherence to NIST, FISMA and FIPS guidelines, supporting third party audit (SSAE-16, SOC1 and SOC2) and ensuring that all recommendations and corrective actions are completed.**

Contract Manager

We propose our representative contract manager during the DDI, Certification, and Operations phases. She has more than 30 years of experience with government healthcare operations, including administrative management, managed care and provider relations operations, as well as twelve years in a project management capacity managing consulting teams. She is a MITA subject matter expert

and performs Medicaid Information Technology Architecture (MITA) Assessment, impact analysis, and related activities. With decades of experience in project management, she has provided key contributions to the successful implementation of large, complex information systems.

Operations Director

We propose our representative Operations Director during the Operations Phase. She is Certified Medicaid Professional with **nine years of management experience.** She is highly skilled in optimizing business functions, with a passion for improving stakeholder engagement, performance, compliance, and regulation adherence. She is a highly effective leader, successfully managing high revenue accounts, large teams, and dozens of projects. She works with your project team to ensure that status reports, deliverables, risk and issue reporting/escalation, and risk and issue resolution occur in expected timeframes and the level of equality expected by the State.

Operations Manager

We propose our representative Operations Manager during the operations phase. **She has 14 years of experience in Third Partly Liability and Medicaid Requirements related to cost avoidance and recovery.** She has considerable experience in the details of TPL processes and serves as a SME in all areas of TPL. She excels in identifying viable cases and has successfully brought in over $5,000,000 in recoveries. In addition, she is an excellent leader and able to effectively manage workloads, team communication, issue resolution, status reporting, and process improvement.

Attachment F Requirement KR28
The Supplier and any subcontractor shall perform all TPL services within the United States of America

Conduent response: Conduent confirms that Conduent and each of our subcontractors shall perform all TPL services within the United States of America.

	Attachment F Requirement KR29 Operations Director a. The named Operations Director shall be dedicated to any contract that results from this procurement, throughout the duration of the contract unless death, illness, resignation, or other unforeseeable circumstance occurs. b. The proposed Operations Director and any replacement of the same shall have the Agency's prior approval before beginning work on any contract that results from this procurement. c. The Operations Director's resume shall detail his/her work experience and that he/she possess the knowledge, skills, and ability to plan, conduct, and supervise work to be completed under any contract that results from this procurement and as identified below. d. The Operations Director shall meet the following qualifications and requirements: i. Have a minimum of experience as determined by the agency managing a project of similar size and scope to this Scope of Services ii. Have thorough knowledge of TPL and Medicaid requirements as they relate to recoupment and third-party resources iii. Have the authority to make decisions and be totally responsible for all operations throughout the life of any contract that results from this procurement iv. Provide executive direction for the accomplishment of work under any contract that results from this procurement v. Have authority for staffing and operations decisions, with the Agency's approval vi. Have knowledge of and apply new management practices and innovative methods and procedures for managing all aspects of the project. e. The Operations Director shall conduct periodic telephonic and face-to-face meetings with the Agency's TPL Director or designee as requested by the Agency. f. The Operations Director shall ensure project team members fulfill the following activities: i. Plan, schedule, track, and control the project on a day-to-day basis in coordination with the Operations Director ii. Provide weekly status reports to the Agency's TPL Director/management staff, including periodic on-site meetings iii. Report any issues that are causing delays and/or problems on the project iv. Resolve risks and issues reported by the Agency's TPL Director or her designee within the agreed upon timeframe by the Agency and Supplier v. Escalate critical issues to the Agency senior management for resolution within one (1) business day from notification of issue. **Conduent response:** Conduent acknowledges and confirms that the Operations Director shall be dedicated to any contract that results from this procurement, throughout the duration of the contract unless death, illness, resignation, or other unforeseeable circumstance occurs, that the proposed Operations Director and any replacement of the same shall have the Agency's prior approval before beginning work on any contract that results from this procurement, and that the Operations Director shall conduct periodic telephonic and face-to-face meetings with the Agency's TPL Director or designee as requested by the Agency. Conduent proposes our representative Operations Director for the position. She meets or exceeds the given requirements—Conduent is presenting her qualifications and experience to offer the states insight into the caliber of staff we provide to lead the projects for each state. Her resume provided at the end of this section details her work experience and confirms that she possesses the knowledge, skills, and ability to plan, conduct, and supervise work to be completed under any contract that results from this procurement. Table G12-7 describes how the representative Operations Director meets the indicated requirements.

Table G12-7. Operations Director

Requirement	Response
Have a minimum of experience as determined by the agency managing a project of similar size and scope to this Scope of Services	Our proposed Operations Director has successfully managed contracts valued at $14 million annually, with an operations and systems team totaling 67 FTEs, with 150 Change Service Requests per year completed on time.
Have thorough knowledge of TPL and Medicaid requirements as they relate to recoupment and third-party resources	The representative Operations Director currently oversees a multilayered TPL department specializing in commercial recoupment, recovery, cost avoidance, Medicare Buy-in programs and Estates/Trusts. In addition, she is a Certified Medicaid Professional.
Have the authority to make decisions and be totally responsible for all operations throughout the life of any contract that results from this procurement	Inherent in this position is the authority to make decisions and retain responsibility for operations throughout the life of the contract. She receives support for this from Conduent senior management. Her prior experience managing the Fiscal Agent contract for Wyoming, as well as her considerable experience managing accounts, provides her with the knowledge, acumen, and leadership skills necessary for this level of responsibility and authority.
Provide executive direction for the accomplishment of work under any contract that results from this procurement	Conduent acknowledges and confirms that she provides executive direction for the accomplishment of work under any contract that results from this procurement. Her considerable management background provides her with the leadership skills the successfully execute this requirement, in particular her recent position as Wyoming Fiscal Agent Contract Manager for the Division of Health Care Financing.
Have authority for staffing and operations decisions, with the Agency's approval	Conduent acknowledges and confirms that she has authority for staffing and operations decisions, with the Agency's approval. Her considerable experience managing staff and making daily operations decisions, including managing revenue for a $150 million dollar contract, ensures she has the skills and preparation necessary to effectively address these types of decisions.
Have knowledge of and apply new management practices and innovative methods and procedures for managing all aspects of the project.	The proposed Operations Director is an experienced leader who seeks out new knowledge as it relates Third Party Liability and innovative and efficient ways to improve program's performance. She has implemented Availity and MEVSnet services to remain agile and aligned with cutting edge information of value to Third Party Liability innovation. She is actively participating in a Medicaid Enterprise Systems Community seven-part series regarding TPL topics for Medicaid systems professionals. This

		embodies innovative methods and procedures for managing all aspects of TPL. The series has been developed in collaboration with the TPL-TAG leadership to provide cutting edge information and guidance to help States perform at the highest levels of performance. The series has thus far covered two topics: 1) Decoupling TPL Services with the NASPO ValuePoint Consortium Procurement Estate Recovery Automation, and 2) Estate Recovery Automation. There are four additional topics to be covered monthly from December through March of next year: 1) TPL Cost Avoidance: An Ounce of Avoidance is Worth a Pound of Chase. Using Advanced Data Techniques, 2) Next-Gen TPL is Here. Showcase new/innovative technology for the TPL module, 3) TPL-101, 4) Diving Deeper into TPL: Design Thinking Session. She looks forward to adding additional skills to personal toolkit and applying new, innovative processes where the State agrees they would be a good fit.
	The Operations Director shall ensure project team members fulfill the following activities: i. Plan, schedule, track, and control the project on a day-to-day basis in coordination with the Operations Director ii. Provide weekly status reports to the Agency's TPL Director/management staff, including periodic on-site meetings iii. Report any issues that are causing delays and/or problems on the project iv. Resolve risks and issues reported by the Agency's TPL Director or her designee within the agreed upon timeframe by the Agency and Supplier v. Escalate critical issues to the Agency senior management for resolution within one (1) business day from notification of issue.	Conduent acknowledges and confirms that the proposed Operations Director ensures that project members will fulfill the indicated activities, including daily planning, scheduling, tracking and control, submission of weekly status reports, issue and risk reporting, issue and risk resolution, and issue escalation. The representative Operations Director is well-acquainted with the operational processes that accompany adoption of new solution. Her prior experience managing similar projects and her knowledge Medicaid and TPL processes ensure that she can provide the guidance and leadership necessary to ensure the Agency receives project deliverables on time, and that issues and concerns are addressed timely and appropriately.

Attachment F Requirement KR30
Operations Manager
a. The Operations Manager shall be capable of meeting the following qualifications and requirements:
i. Have a minimum amount of experience as determined by the agency managing a project of similar size and scope to this Scope of Services
ii. Have thorough knowledge of TPL and Medicaid requirements as they relate to recovery, subrogation and third-party resources;
iii. Have the authority to make decisions and be responsible for all operations for the program(s)
iv. Provide direction for the accomplishment of work under any contract that results from this procurement
v. Have authority for staffing and operations decisions, with the Agency's approval
vi. Have knowledge of and apply new practices and innovative methods and procedures for managing all aspects of the assigned programs
b. The Operations Manager shall plan, schedule, track, and control the program on a day-to-day basis in coordination with the Operations Director.
c. The Operations Manager shall report to the Agency TPL Director/management any issues that are causing delays and/or problems with the program.

Conduent response: Conduent acknowledges and confirms that the Operations Manager shall plan, schedule, track, and control the program on a day-to-day basis in coordination with the Operations Director and shall report to the Agency TPL Director/management any issues that are causing delays and/or problems with the program.

Conduent proposes our representative Operations Manager for the position. She meets or exceeds the given requirements – Conduent is presenting her qualifications and experience to offer the states insight into the caliber staff we provide to lead the projects for each state. Table G12-8 describes how she meets the indicated requirements.

Table G12-8. Operations Manager

Requirement	Response
Have a minimum amount of experience as determined by the agency managing a project of similar size and scope to this Scope of Services	Our proposed Operations Manager has close to two years of experience managing projects of similar size and scope to this Scope of Services. She has proven successful in managing staff, facilitating communications among stakeholders, providing required reports and updates, balancing workloads, serving as a SME in all areas of TPL, implementing process efficiencies, and enabling substantial recoveries. She manages the implementation of the Wyoming's Eligibility Verification Systems used to research and update a client's primary insurance and assist with cost avoidance.
Have thorough knowledge of TPL and Medicaid requirements as they relate to recovery, subrogation and third-party resources;	The representative Operations Manager has 14 years of experience in TPL and Medicaid requirements related to cost avoidance, recovery, subrogation, and third-party resources.

Have the authority to make decisions and be responsible for all operations for the program(s)	Inherent in this position is the authority to make decisions and retain responsibility for operations throughout the life of the contract. The Operations Manager receives support for this from Conduent Senior Management. Her prior experience, provides her with the knowledge, acumen, and leadership skills necessary for this level of responsibility and authority.
Provide direction for the accomplishment of work under any contract that results from this procurement	Conduent acknowledges and confirms that the Operations Manager provides direction for the accomplishment of work under any contract that results from this procurement. Her prior success in managing and directing similar work in Wyoming ensures she is well prepared to provide the required direction for these services.
Have authority for staffing and operations decisions, with the Agency's approval	Conduent acknowledges and confirms that the representative Operations Manager has authority for staffing and operations decisions, with the Agency's approval. Her considerable experience managing staff and making daily operations decisions leading to $5,000,000 in case recoveries ensures she has the leadership skills necessary to make these types of decisions.
Have knowledge of and apply new practices and innovative methods and procedures for managing all aspects of the assigned programs	The proposed Operations Manager's dedication to continual self-improvement and skills attainment demonstrates her willingness to put into practice new methods and procedures as appropriate. At the Wyoming Department of Health, she has instituted several new practices that have improved efficiency and resulted in cost savings. She recently worked with the State agency to set up data matches with United Healthcare, Blue Cross Blue Shield, AARP and Cigna to automatically update clients' profiles with the most up to date third party information, ensuring proper claims processing and cost avoidance. In 2017 she spearheaded the transition to electronic case files and data retention. This cut cost on paper and mailing and improved timeliness of working, responding to and recovering on cases. In 2014 she proposed and assisted the systems team in the evolution of redacting hard copy claims profiles by hand into a filterable spreadsheet for best use of time management in reviewing and redacting claims related to recovery on cases.

Attachment F Requirement KR31

The Supplier must retain qualified Information Security and Privacy staff to manage, provide and meet all information security and privacy requirements and contractual deliverables. Information Security and Privacy Staff do not have to be dedicated. Qualified Information Security and Privacy Staff must have a working knowledge of NIST Federal security standards and documentation, HIPAA privacy and security regulations, and information system security best practices.

Conduent response: Conduent confirms that we will retain appropriately qualified Information and security and privacy staff to manage, provide and meet all information security and privacy requirements and contractual deliverables and that these individuals have a working knowledge of NIST federal security standards and documentation, HIPAA privacy and security regulations, and information system security best practices.

	We require security staff to have skills needed to manage information security controls (administrative, technical and physical) requirements from such major industry information security frameworks as: • Health Insurance Portability and Accountability Act (HIPAA) • Payment Card Industry Data Security Standard (PCI DSS) • NIST 800-53 • ISO 27001/27002 • Federal Risk and Authorization Management Program (FedRAMP) • Minimum Acceptable Risk Standards for Exchanges (MARS-E) Staff are expected to have skills needed to support information security policies, standards, and procedures that address the information security controls requirements for each domain. Conduent guidance in staffing for security is to fulfill our responsibility to maintain the security and privacy of all applicable formats of project information under our control. **Attachment F Requirement KR32** The Supplier and any subcontractors must perform all Data Match services within the United States of America **Conduent response:** Conduent confirms that Conduent and our subcontractors shall perform all Data Match services within the United States of America.	
	Upload Attachments with Additional Information? **Yes**	Attachment File Name: **Key Personnel and Resources Requirements_ Base**

3.12.A Key Personnel and Resources Requirements Base Requirements

REQUIREMENT: Attachments with Additional Information

The State requires knowledgeable, dedicated staff with the necessary understanding of Third Party Liability (TPL) and related services to ensure the highest quality deliverables and outcomes for the TPL Services project.

TPL Services, though of critical importance, are not often at the forefront when considering the broad spectrum of services provided by a Medicaid agency. Even so, they require a specialized and detailed knowledge, along with in-depth of understanding of Medicaid services. Skilled staff with the requisite knowledge and experience are at a premium and are highly valued, both at the Agency and as members of our team.

The team members we propose each have the required qualifications, necessary understanding of TPL, and relevant experience to ensure the highest quality deliverables and outcomes on this project. With a focus on TPL-specific and other related service delivery, each of the professionals indicated below demonstrates strengths that qualify them as leaders in their field, resulting in their selection for the indicated roles. Their experience is highlighted in the resumes submitted below.

Resumes

Contract Manager G12-32
PMP, SMC, MCMP-II – Project Manager G12-35
Technical Manager G12-38
Testing Lead G12-41
Integration Lead G12-44
Certification Lead G12-46
Operations Director G12-49
Operations Manager G12-51

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Contract Manager

Summary of Qualifications

Our representative Contract Manager brings over thirty (30) years of experience with government healthcare operations, including administrative management, managed care and provider relations operations, as well as twelve (12) years in a project management capacity managing consulting teams. Today she serves as the contract manager for projects in multiple states including Wyoming, New Mexico, Hawaii, Mississippi, Texas and Georgia. These teams are responsible for defining, analyzing and documenting government management information system and healthcare program business and technical requirements, developing procurement deliverables such as Advance Planning Documents and Request for Proposals, assisting in contract development and contract negotiation activities and defining and running operational readiness tests for Medicaid enterprises.

She has conducted research and performed analysis on current healthcare reform legislation such as the Patient Protection and Affordable Care Act (PPACA), prepared executive debriefs on results and presented results to healthcare executive teams on impacts to current healthcare administration and system technology. **She is one of the most experienced contract managers in the industry, performing Medicaid Information Technology Architecture (MITA) Assessment and related activities and led one of the first teams to develop MITA driven documentation for a MMIS implementation.** She has contributed to the successful implementation of large, complex information systems and contributed to a successful Health Insurance Portability and Accountability Act (HIPAA) Transaction and Code Set Remediation of those systems. She is well versed in HIPAA and Electronic Data Interchange (EDI), especially with respect to health care transactions (e.g. X12 and ANSI standards). She is well versed in federal and state government policy and performed impact analysis in areas such as MITA and practices such as Electronic Visit and Verification (EVV).

Professional Experience

Conduent **2012 – Present**

Regional Director ***2017 – Present***

- Provides oversight management of all government healthcare accounts in defined regions, including Conduent's PI Program projects
- Responsible for sales growth of existing account, profitable operations and client relations
- Provides business leadership and perspective to all sales opportunities in defined regions
- Reviews all financial budgets, projections and ensures contract terms and targets are met
- Provides guidance and mentors account leaders within defined region
- Ensures and promotes positive client/customer relations

Executive Account Manager/Program ***2014 – 2017***

- Responsible for all account operations for the Texas Pharmacy Claims Processing and Rebate Administration contract
- Managed customer relations, resolved contract performance issues, negotiated contract terms and ensure compliance with all contract terms
- Managed consulting professionals to assist Conduent accounts with various assignments related to business operations, documentation and problem resolution
- Served as the MITA subject matter expert for development and operational accounts; ensured documentation for development projects reflected the business and operational needs for account activities
- Led team efforts in producing MITA driven business documentation and worked with State agencies in development of ToBe Roadmap activities and certification

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Account Operations Manager ***2013 – 2014***

- Responsible for all account operations for the Texas Medicaid Healthcare Partnership contract
- Managed customer relations, resolves contract performance issues, negotiates contract terms and ensure compliance with all contract terms
- Managed account operations for over 300 individuals including claims processing, provider relations, enrollment, outreach and training, prior authorization, third-party liability, financial processing and special program services
- Worked with department officers and managers to ensure excellent customer service and quality and develop problem resolutions resulting in effective and efficient operations
- Managed corporate budget to ensure financial goals and targets were met or exceeded

Enterprise Project Manager ***2012 – 2013***

- Responsible for development of change order request for major enhancement projects for the Medicaid Management Information System for the State of Texas
- Worked closely with customer to understand goals, objectives and vision resulting in a change order request that clearly define requirements and criteria for successful implementation
- Worked closely with operations and technical teams to ensure exceptional service delivery
- Provided leadership and guidance during system implementation lifecycle phases of projects
- Identified risks and developed mitigation strategies, providing oversight and management of project activities to ensure both operation and technical activities aligned with defined goals and objectives
- Projects implemented included ACA, MITA assessment and Electronic Visit and Verification assessment

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FourThought Group, Inc. **2004 – 2011**

Consulting Services Manager ***2006 – 2011***

- Responsible for contract delivery, customer relations and business development of a 15-state region, with on-time and on-budget delivery for 100% of contracts
- Directed the activities of 4TG teams responsible for transition of ICD-10 diagnosis and procedure code sets and business process reengineering and organizational change for state MMIS project
- Served as subject matter expert on business operation impacts for system changes, with an emphasis on MMIS implementations

Senior Consultant ***2004 – 2006***

- Directed the activities of 4TG teams responsible for developing documentation and deliverables for a MMIS replacement project and performing an MITA organizational assessment of the Mississippi Medicaid program
- Examined the Medicaid organization and MMIS against a set of 4TG developed, standardized criteria using the MITA framework
- Led teams that developed the assessment methodology and tool, and guided users through operational readiness testing and system implementation
- Assisted in User Acceptance Testing, validating and supplementing user test case scenarios and validating results

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Electronic Data Systems (EDS) Corp **2000 – 2004**

Project Manager/Advanced Business Analyst

As Project Manager Directed the activities of 47 claims engine testers responsible for system testing verification in preparation for the implementation of a replacement MMIS for the State of Texas. Also directed the activities of 31 Business Analysts responsible for definition, design, system testing, and production verification.

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National Heritage Insurance Company (NHIC)
Subsidiary of Electronic Data Systems **1987 – 2000**

Provider/Client Services Director

As Client Services Director, led a 136-member division for the State of Texas Medicaid and Medicaid Managed Care Programs delivering provider and client services. As Provider Relations Manager, directed a 48-member department that delivered provider-related services including provider relations, customer service and provider enrollment activities for the State of Texas Medicaid program.

Education

Bachelor of Science, Human Resource Management, North Texas State University, 2014
Project Management Curriculum, Quality, Scope, Risk, Procurement, Cost, Time, Human Resources, and Communication Management

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PMP, SMC, MCMP-II – Project Manager

Summary of Qualifications

Our representative Project Manager is a PMP and ScrumMaster certified professional with over 25 years of progressive experience in IT, health, and education for the public and private sector. She has proven success in collaborating cross functionally with various internal and external partners to oversee software/programming issues and project management. She is a creative problem solver with excellent analytic skills. In addition to her project management skills, she has extensive experience in all aspects of educational program development and delivery including strategy, program design, development and management, financial management, bidding, grant applications, contract negotiation, public relations, marketing, advertising, curriculum design, course material development, instruction, instructor recruitment and hiring, and logistics. She has given instruction and presentations in-person, and using live or recorded multimedia, or webinars for local and national groups ranging from individual instruction to groups of 100+. She has superior coaching/leadership skills and is an excellent communicator both verbally and written.

Professional Experience

Conduent – 3 years PM experience **6/2017 – Present**

Senior Project Manager

- Senior Project Manager for Design, Develop, and Implement (DDI) projects, Business Improvement (BI) and Business Opportunities (BO) valued at $.5 to $100 million. Projects included Government Healthcare and Medicaid Management Information Systems (MMIS) projects in the state of Arkansas, such as:
  - EDI278
  - SSN removal
  - Service Authorization automation
  - ClaimsXten
  - Security (Archer)
  - Contract proposal and extension projects.
- Coordinates with stakeholders (leadership, team members, vendors, sub-contractors, and customers) in all aspects of IT and business projects from initiation through the successful completion of the projects
- Manages project risk identification, escalation, and resolution
- Develops and improves PM processes and templates, implements and leads PM team meetings to coordinate efforts of PMs, and coaches and mentors PMs and others

CiviTek Solutions/Florida Court Clerks and Comptrollers – 4 years PM experience **1/2013 – 12/2016**

Special Projects Consultant, Customer/Project Management

Managed projects and undertook a wide range of responsibilities from leadership to detailed analysis to ensure a smooth transition, manage risk/issues, and provide timeliness and continuous improvement for projects that include:

- Clerk of the Court case management system
- Florida statewide Courts E-Filing Portal (1 million filings per month)
- Statewide training programs
- Statewide best practices (recording and processing tax deeds, foreign judgments, local eService)
- Enterprise website transition
- Enterprise Disaster Recovery/Business Continuity Plan

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Florida Blue – 1 year PM experience **10/2011 – 10/2012 and 11/2016 – 1/2017**

Project Manager/Business Analyst

- Project Manager/Business Analyst for products valued at $1 to $10 million including a Health Information Exchange (HIE) Platform designed using interoperability standards endorsed by the Department of Health and Humans Services for Meaningful Use Stage 1 and Stage 2 and a Mobile Health initiative with Telemedicine
- Produced product plans, business requirements, project strategies, proposals, and options.
- Collaborated cross-functionally with internal and external partners (IT, Service Management, Network Financial Performance, Medical Operations, Medical Cost Management, Medical Informatics and Analytics and Business Performance) to ensure revenue, program, and customer satisfaction goals were met
- Managed project/product risk identification, escalation, and resolution
- Analyzed data elements of the (HITSP) C32 (CCD) and C48 – Medical Summary and HL7 required for CMS quality reporting, healthcare payers, and ambulatory and acute care environments and developed Use Cases.

St. John's County Council on Aging **2009 – 2011**

Portfolio Manager/Program Coordinator

- Provided workflow redesign of administration and automated government funding reports using Visual Basic Scripts in Microsoft Excel and Word which increased accuracy by 50% while decreasing preparation time by 25% and created a single point of entry for clients
- Successfully developed and ran an advisory board to provide input on programs.
- Led the initiative to provide programs geared toward a new client base
  - More than doubled the number of regular activities and events
  - Quadrupled enrollment in activities and events, tripled the number of volunteers
  - Doubled the number of partners, vendors, and funding sources
- Managed the growth of programs in two initial facilities, and the transition to a temporary facility and then to a new facility

Higher Moves – 10 years PM experience **1999 – 2011**

Founder/Portfolio, Program, & Project Manager

Creatively led business development and strategy, and managed education and technology projects, programs, and portfolios Performed risk identification and resolution. Managed cash flow and handled all financial aspects such as risk management, budgeting, scheduling, RFP responses and bids, purchasing, and grant application. Tripled program enrollment in educational programs, reached over 70% re-enrollment, and doubled revenues per client.

Lifeware Tek, Florida Department of Labor, and National Business Data Systems **1986 – 1999**

Project Manager, Systems Analyst and Computer Programmer/Analyst for IT projects

Additional Experience

Project Management Institute Northeast Florida Chapter **11/2012 – Present**

Board Member (VP Marketing), participant, and member (NEFL and Tallahassee Chapters)

- Built business development and marketing program from the ground up
- Led business development and marketing initiatives (Sponsor Program, PMO Leadership Council, Ambassador Program) to provide support for PMI NEFL via sponsorship (1st year $0 - $5k + in-kind ~$10k), volunteers (more than doubled), and engaged members (+20%) and organizations (+15)
- Initiated, planned, managed (project and risk/issues), and participated in the enhancement of a Project Management Professional (PMP) exam preparation class which added value for the participants and provided a sustainable financial support for the organization
- Tripled enrollment and classes continue to have a waiting list each semester

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Education

Master of Fine Arts, Computer Animation Research, Florida State University, Tallahassee, FL, 1983

Bachelor of Arts with Virginia Teacher's Certificate, Virginia Intermont College, Bristol, VA, 1980

Certifications

Project Management Professional (PMP), Project Management Institute #2572961, 2013
Agile Certified Professional course, Project Management Institute, 2014
Medicaid Learning Center Certified Medicaid Professional II (MCMP-II), 2019
ScrumStudy Scrum Fundamentals Certification ID# 739087, 2019
Scrum Master Certification #762945. 2020

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Technical Manager

Summary of Qualifications

Our representative Technical Manager is an accomplished technical and business professional and a versatile leader with over 27 years of experience in IT with roles as Technical Project Manager, Implementation Manager, Enterprise Solutions Architect, Functional Manager and Technical Lead. Throughout his career has proven successful in leading several large, multi-cultural global teams. He has 16 years of focused health care experience in both Payer and Public Health domains including specialized technical and functional experience in Affordable Care Act (ACA)-compliant Medicaid Management Information Systems (MMIS) implementations, claims and encounter management systems, health care management systems, Electronic Health Record (EHR) incentive payment program and quality reporting systems, behavioral and substance abuse program solutions, and Medicaid waiver program management (Care Management) solutions.

He led several mission critical technology initiatives and programs in health care, public health and Medicaid enterprises with attention to detail. He utilized agile technology development and change management techniques to implement innovative health care technology solutions for clients including State of Maine, Maryland, Louisiana and Washington. In addition, **he has experience in providing guidance teams ensuring adherence to NIST, FISMA and FIPS guidelines, supporting third party audit (SSAE-16, SOC1 and SOC2) and ensuring that all recommendations and corrective actions are completed.**

Professional Experience

Conduent **2016 – Present**

Technical Director – State of Alaska MMIS (Operations and Maintenance)

Alaska Department of Health and Social Services (DHSS) contracted with Conduent to design, develop, implement, and operate a new DW/DSS, Point of Sale, and MMIS for the Department and provide other fiscal agent services. The new Alaska MMIS went into production in 2013. Conduent continues to support the operations and maintenance.

Technical Director responsibilities include:

- Leading a team of Conduent, Cognizant and Atos technical staff to ensure that the system is in compliance with CMS, HIPAA and NIST 800-66 standards in preparation for CMS federal certification
- Leading the effort to migrate from the data center in Oregon to a new facility in Utah.
- Standing up and testing the disaster recovery environment for AK MMIS
- Developing an access review process policy document and ensuring compliance of the same
- Developing and updating the Business Continuity and Disaster Recovery plans
- Supporting third party forensic, SOC1 and SOC 2 audits for AKMMIS
- Leading the system performance improvement initiative
- Completing security assessment including HIPAA compliance for the client
- Serving as a committee member advising the client on how to bring about program efficiencies through continuous business process improvements as well as to lower the program cost

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State of Maryland MMIS, The Department of Health and Mental Hygiene (DHMH) **2011 – 2015**

Director—Delivery and Implementation,
Medicaid Enterprise Restructuring Project (MERP) ***2012 – 2015***

- Directed a core team of engineers to design, develop and implement the system functions of the new MMIS for DHMH, replacing the legacy MMIS claims processing system – responsible for oversight of the full system development life cycle (SDLC)
- Ensured that the System Architecture was in alignment with MITA 3.0 business processes, complying with the seven standard and conditions, as well meeting HIPPA/HITECT compliance and NIST and FISMA guidelines
- Managed integration of various components of the MMIS solution and ensured that the design for the solution was highly-configurable, meeting the CMS seven standards and conditions required for CMS certification
- Responsible for State holder management, communication, and collaboration
- Led the MITA gap analysis effort and deliverable management
- Developed the Case Management solution configuration and management plan for TPL, Program Integrity, Prior Authorization, Grievance and Appeals, Care Management cases
- Performed Infra-Structure planning, capital cost budget development, and resource allocation
- Managed Internal/external vendors to ensure smooth data exchange
- Served as a member of the internal review board to identify and successfully mitigate the risks
- Updated master project plan to ensure reportable, measurable, and realistic work activities and goals
- Chaired the technical review board and ensure that all the documentation and artifacts are created, peer reviewed, quality checked and updated as needed
- Served as Steering committee member to advise on program efficiencies and cost reduction
- Created the security Assessment deliverable and as part of the contract, hiring third party to conduct the SSAE-16 Audit, assisting the auditors and ensuring all corrective actions proposed are done

Technical Program Manager, Maryland Electronic Health Records (EHR) Program ***2011 – 2012***

- Developed project management plan for the EHR system design, development, and implementation
- Oversaw of a core team of engineers to design, develop and implemented the system functions of the proposed solution for every aspect of the project system development life cycle (SDLC)
- Worked with a core team of system administrator and network engineers to ready the hosting environment
- Worked with the state of Maryland policy director to develop data model to import clinical information
- Chaired the technical review board and ensured all documentation and artifacts are created, peer reviewed, quality checked and updated as needed
- Provided solution customization for clinical document exchange (EHR integration), quality reporting and related performance analytics
- Delivered report projecting status weekly, identified any new risks/ issues, and ensured mitigation of the same
- Oversaw operation maintenance, ensuring that all service level agreements and service level metrics are met

State of Maine DHHS, Enterprise Information System (EIS) **2001 – 2011**
Department of Behavioral Development Services

Technical Project Manager, Operation and Support ***2006 – 2011***

Managed a team of analysts, developers and testers for an Enterprise Application in support of a new system providing access to additional departments and integrating multiple systems. Participated in design and development of waiver management solutions. Ensured DDI was completed in timely and efficient manner. Worked with the state to add systems capabilities to enhance the user experience and

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oversaw operations maintenance ensuring that all the service level agreements and service level metrics were met.

Business Analyst and Technical System Team Lead ***2001 – 2006***

Led Joint Application Development (JAD) sessions with CNSI, the contractor selected to design, develop, and implement a web-based Enterprise Information System (EIS) for the State. Worked with stakeholders, led the functional analysis design and testing effort, led Cognos BI suite implementation for OSA and Department of Behavioral services, and consolidated 15 large legacy applications.

Census Bureau National Processing Center – Census 2000 **1999 – 2001**

Team Lead, Data Administration and Cluster Workflow Engineers

Led a team of Software Engineers that designed, developed, tested, and supported a customized Client/Server application for support of the production process for the Census 2000 Data capture. Successfully lead the team through induction, training and production for the data processing.

Lintas India, Mumbai, India-Linwiz **1993 – 1999**

Senior Systems and Technology Executive

Responsible for designing and developing front end GUI screens for the Commercial Module using Developer 2000 Forms 5.0. Also created various reports for using Developer 2000 Reports 3.0 for different modules. Integrated all the different modules together and tested and deployed the system on the clients' location.

Trade Wing Group of Companies **1991 – 1993**

Finance Accountant

Assisted with managing the books of accounts for Trade Wing of companies including creating and maintain the ledger, preparing the trail balance and balance sheet, preparing and filing income and sales tax and liaising with third party audit firms like Price Water House Cooper.

Education

Master of Business Administration, University of Maryland, College Park, Maryland, 2009
Diploma, Business in European Context, University of Antwerp, Antwerp, Belgium, 2009
Master of Science in Computer Management, Pune University, Pune, Maharashtra, India, 1998
Bachelor of Commerce (Accounting and Finance), Bombay University, Mumbai, Maharashtra, India, 1991

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Testing Lead

Summary of Qualifications

Our representative Testing lead has extensive experience managing a team of testers in the healthcare industry. In his current role with Conduent, he leads onshore and offshore teams to meet testing deadlines and goals. He previously managed a diverse group of over 70 testers during his initial tenure with the company then known as ACS, a Xerox Company. **He has over 15 years' experience managing testing teams in a variety of fields.** He is also experienced working with government officials and executives on business strategies, documentation, and business processes to meet internal and external client demands. He is knowledgeable in Agile/Scrum Testing, Azure, HP Application Lifecycle Management (ALM), Drug Rebate, Provider Enrollment, Claims, Financials, Mongo, OneNote, MMIS testing, ICOMS, Microsoft Office Suite, IBM Rational Suite, and SharePoint.

Professional Experience

Conduent **2019 – Present**

Testing Lead

- Works in an Agile testing environment using Azure for development and testing statuses
- Leads both onshore and offshore teams to meet testing deadlines and goals
- Develops test plans and various testing documentation for use among members of testing team

Molina Healthcare, a DXC Company **2013 – 2019**

Senior Test Lead for Medicaid and Medicare Claims Processing System

- Managed Encounter and FFS claims processing for professional, dental, and institutional claim types
- Worked in an Agile testing environment on the Drug Rebate portion of MMIS system
- Served as test lead for multiple state/territory implementations in US Virgin Islands (ICD-10 Conversion Project), West Virginia, New Jersey (80% Encounter Claim Processing), and Kansas (Drug Rebate)
- Involved in the Provider Enrollment Application (PEA) documentation and testing on multiple state DDI projects
- Provided on-site support for User Acceptance Testing (UAT) and Regression Testing
- Provided testing support for Member, Provider, Claims Adjudication, Drug Rebate, PEA, and other CMS-defined Medicaid Information Technology Architecture (MITA) 3.0 business areas
- Developed use cases and test scripts and provided client testing support for user acceptance testing (UAT)

Conduent **2009 –2013**

Testing Manager for TN VIP Migration Project ***2010 – 2013***

- Managed a team of 15 to 20 testers, overseeing their quarterly and annual evaluations and making annual pay increase decisions
- Designed testing plans for conversion verification and validation
- Developed and tested scripts based on state and federal regulations to validate policies for Medicare, Food Stamps, Family First, and Child Care programs

Functional Testing Manager for MMIS Software System ***2009 – 2009***

- Managed over 70 testers from the United States, Philippines, and India
- Worked with state governments on testing requirements and testing strategy for MMIS software
- Used IBM Rational tool suite to maintain requirement traceability for state and federal regulation
- Negotiated with states, documented, and implemented the defect management process for IBM Clear Quest

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AT&T **2006 – 2009**

Application Specialist/Business Analyst for Telephony Billing and Ordering System

- Led test team for 2.5A and 2.5B deployments; managed 4 full-time business analysts/test analysts for the life of the project and led state and internal clients through UAT and OR testing
- Developed and reviewed telephony high-level and detail design documents from a business need perspective
- Led development of testing scripts and requirement analysis using Mercury Quality Center

Time Warner **2006 – 2007**

Project Manager

- Oversaw Portland Maine conversion to automated TWC telephony provisioning system (OMSe)
- Provided written and oral communications to the team and superiors
- Served as a SME for ICOMS configuration based on the TWC Corporate standards

RCN **2005 – 2006**

Application Specialist

Worked extensively on RCN bundle migrations, including using SQL to update Matrix Table pricing, supported the testing and upgrade of ICOMS from 4.7.3 to 7.1.2, and resolved billing system trouble tickets.

Business Edge Solutions **2004 – 2005**

Application Specialist, Cox Communications, Atlanta, Georgia

Tested the new Infinys application for the Customer Service Portal (CSM) and performed regression testing for ICOMS 7.0. Worked with the CAAF security system to set up user roles and responsibilities on the Unix platform and led the support for field test teams.

Application Specialist, VOOM, Long Island, New York

Led applications support for ICOMS 6.1. and developed the requirements for enhancement requests regarding equipment sharing, paring, and automated refunds. Ensured all enhancement requests and support needs were met regarding the billing system and advised VOOM on industry standard business practices.

Charter Communications **2003 – 2004**

Application Specialist

Led the set up for the Convergys conversion at Charter Communications Michigan market and provided consultation on the application of ICOMS software during the conversion and implementation. Also led the setup of the LA market for Charter Communications.

RCN **2002 – 2003**

Operational Support Specialist

Oversaw operational support to all branches, resolved trouble tickets, and provided backlog and live support for each market during conversion from multiple billing systems.

AT&T Broadband **2001 – 2001**

Process Specialist

As a subject matter expert for the telephony component of the billing system ICOMS, assisted in the development of AT&T Standard Operating Model (SOM) for all lines of business and its integration with billing systems and developed methods and procedures based on business process, cost analysis, FCC regulations, and best business practices.

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Convergys Information Management Group **1999 – 2001**

Lead Trainer/Applications Specialist

Performed system conversion and managed quality control testing for telephony, cable, and high-speed data software. Provided end-user training and support for onsite implementation.

From 1991 to 1999, Steve also worked as Manager of Broker Services Division at Peachtree Settlement Funding; Finance Manager at Circuit City, CarMax; Project Supervisor/Scientist at Black & Veatch Waste Science, Inc.; and Project Supervisor/Scientist at Law Companies Corp.

Education

Bachelor of Science, Environmental Science, Auburn University, Auburn, Alabama, 1991

Certifications

Certified Software Tester, 2016
Certified Software Test Analyst, 2016

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Integration Lead

Summary of Qualifications

Our representative Integration Lead is a Microsoft Certified Professional (MCP) with 20+ years of experience in computer technology, demonstrating his developer technical expertise, and 18+ years of experience specifically in healthcare. He has been with the Montana Medicaid engagement since 1999 serving in various capacities from assistant network administrator, systems analyst, database administrator, data conversion lead, data management manager, and **currently acts as the application development, support, and integration (ADSI) Manager for the Montana Medicaid account.**

He has been responsible for providing services that range from envisioning products and solutions, to transforming existing system architectures, setting up support organizations, identifying appropriate applications for outsourcing, and optimizing application portfolios. He has been consistently endorsed for his expertise and experience in custom application development, maintenance, and management, legacy modernization, performance engineering and enhancement, Enterprise systems integration, business process management, packaged application services, and service-oriented architecture.

Professional Experience

Conduent **2016 – Present**

Technical Program Manager, Hawaii MMIS ***2018 – Present***

Manages requirement development with the client; system plans and design; application developers; project reporting; help desk integration and escalation; and IT spend, sales, and contracts

Application Development, Support, and Integration (ADSI) Manager, Montana Medicaid ***2016 – 2018***

Manages requirement development with the client; system plans and design; application developers and the testing team; project reporting; and the application help desk

Cognizant Technology Solutions **2014 – 2016**

Data Manager, Montana DDI

- Managed development, testing, and implementation of data conversion, data interfaces, manual data configuration, and data cleansing
- Managed the implementation of data between multiple environments, including a staff complement of 14
- Supervised development, testing and execution of Informatica maps for conversion and interfaces

Conduent **1999 – 2013**

Data Conversion Lead, Montana DDI ***2012 – 2013***

- Developed requirements with the client including conversion plans and design, and managed conversion developers and testing team
- Coordinated all conversion efforts, including project reporting

Database Administrator, Montana Medicaid ***2001 – 2012***

- Maintained, enhanced, and provided support for the following systems:
  - Fraud Detection system
  - Drug Rebate Analysis and Management System
  - Decision Support System (DSS) and multiple Data Warehouses (DWs)
  - Five Oracle databases
  - ArcGIS

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  - 13 Microsoft SQL databases: all versions of Microsoft SQL from 6.5 through 2008; MS SQL Extract, Transform, Load (ETL) services including Data Transformation Services (DTS) and SQL Server Integration Service (SSIS); data cube services from MS online analytical processing (OLAP) through SQL Server Analysis Services (SSAS); and Biztalk stack including custom DotNet Webservices and Enterprise Service Bus (ESB)
  - Sybase SQL database
  - Four Microsoft Access databases
  - Montana and ACS (now Conduent) Extranet Website (MAE)
- DotNet solution architect for multiple systems and websites including: a big data mining performance management system; large employee commission-based payroll system; multiple migration from monolithic mainframe systems to ESB systems; and migrated large ad hoc query tool from Java to DotNet

Systems Analyst, Montana Medicaid ***2001 – 2001***

- Maintained and enhanced the Montana Medicaid Management Information System (MMIS)
- Served as Assistant Database Administrator

Assistant Network Administrator, Montana Medicaid ***1999 – 2001***

- Maintained the ACS (now Conduent) internal network (server systems and databases)
- Provided Provider Help Desk support for ACS and Montana State users
- Served as Assistant Database Administrator on Oracle 9 and SQL 7
- Maintained and supported Novell Netware 4.11, Microsoft Windows 2000 and Microsoft NT 4.0

Education

Bachelor of Science, Computer Information Technology, Western Governors University, Salt Lake City, Utah, 2007

Training

Oracle 10G R1 & R2 Upgrade for Administrators, Sideris, 2006

Certifications

iNet+, CompTIA, 2005
Security+ (Sec+), CompTIA, 2005
Microsoft Certified Database Administrator (MCDBA) SQL Server, 2001
Microsoft Certified Professional (MCP) Microsoft Windows Server, 2001
Microsoft Certified Systems Engineer (MCSE), 2001
Microsoft Certified Solutions Developer (MCSD) Visual Studio, 2000
CompTIA A+, 1999

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Certification Lead

Summary of Qualifications

Our representative Certification Lead is a resourceful Healthcare IT professional with over 18 years of experience in Medicaid Management Information Systems (MMIS) and Prescription Benefits Management (PBM). She is proficient at coordinating and managing simultaneous activities and prioritizing competing demands.

With four years' experience leading large MMIS and PBM projects for certification, most recently **she managed the preparations for Certification, including the Centers for Medicare & Medicaid Services (CMS) audit of the new MMIS Medicaid system in North Dakota.** She served as the primary point of contact for certification-related issues and worked with the project teams, including the Independent Validation and Verification (IV&V) organization to coordinate certification planning, status meetings, and deliverables.

She is knowledgeable and experienced in the latest version of the CMS MECT Toolkit. She worked with the project team to crosswalk MECT checklist requirements, including Appendix B to traceable requirements and deliverables. She managed the project team in creating a complete set of requirement artifact documents to successfully validate the system, and ultimately achieve certification. She also has experience in Operational Readiness Review's and executing operational readiness checklists.

Professional Experience

Conduent **2001 – Present**

Senior Business Operations Analyst, PMO ***2019 – Present***

- Serves as Certification lead on three major Projects: GA Electronic Visit Verification, Commonwealth of Massachusetts PBM and the State of Maryland Outcomes-based Certification
- Primary point of contact for all certification-related items; working with the project team to coordinate certification planning, status meetings, certification training and deliverables
- Facilitates State-facing meetings, prepare agendas, meeting minutes, status reports and provide weekly dashboard metrics on certification deliverables
- Manages the Certification team in reviewing and updating the MECT certification checklist requirements and artifact templates to demonstrate operational capability and compliance to CMS standards
- Facilitates work group meetings with the project teams subject matter experts to create outlines and draft presentations/demonstrations as per CMS' guidance for each milestone review
- Facilitates mock certification sessions, walk throughs and final dress rehearsal prior to final certification
- Gathers lessons learned from other state certifications to aid the team in responding to CMS questions and preparing for milestone reviews
- Serves as primary liaison and facilitates assigned working sessions with Operations teams to meet operational and customer objectives
- Develops detailed operational dashboards so that requirements meet operational objectives, developing recommendations where applicable
- Partners with operational teams to improve and transform business processes, optimize knowledge, productivity, quality, and monitor for compliance
- Leads internal projects with manageable risks and resource requirements
- Tracks projects statuses; and collaborates with project managers regarding the overall health of projects
- Provides governance methodology support on all projects; standardizes business processes and templates for internal and external use, storing them in the Quality Management System

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Project Manager, Certification ***2015 – 2019***

- Supported the State of North Dakota in preparing for Certification and audit of the new MMIS Medicaid system with the Centers for Medicare & Medicaid Services (CMS)
- Primary point of contact for certification-related issues; worked with the project team to coordinate certification planning, status meetings, and deliverables
- Facilitated review sessions of system evidence and required artifacts to demonstrate the MMIS operational capability and compliance to CMS standards
- Facilitated State-facing meetings; prepared weekly status reports, and provided weekly dashboard metrics on certification activities
- Assigned and monitored workload of Subject Matter Experts (SME), managed resource and capacity planning for the project, and assisted in training team members on the certification process

Project Manager, Training ***2013 – 2015***

- Served as liaison between the internal team and the client for all Train the Trainer activities; Facilitated Trainer the Trainer sessions
- Assisted and provided feedback on Provider Enrollment and MMIS training checklist items
- Updated training materials, training agendas, schedule changes and other tasks associated with training
- Managed client expectations and maintained the training project plan
- Provided clear, concise, timely communication/support to the team; facilitated knowledge transfer sessions
- Prepared training objectives and a standard process flow for the trainers (SMEs) to facilitate seamless training and increase the probability of successful client training

Project Manager, Operational Readiness Training ***2011 – 2013***

- Served as liaison between the internal team and the client for all Operational Readiness Training (ORT) activities, managed client expectations and maintained the project work plan
- Worked with internal and external teams to prepare the client for System Operational Readiness by creating, testing, and executing operational readiness checklists
- Created operations documentation and assisted the client with writing desktop procedures
- Organized and facilitated Operational Readiness testing at the client site for two weeks

Business Analyst/Project Lead (North Dakota Pharmacy Benefits Management) ***2008 – 2011***

- Led and managed activities of the internal Business Analyst team and external consultants
- Managed all change requests, action items and internal issues
- Estimated effort and duration for project managers to determine the critical path for project planning
- Tracked tasks, progress, and milestones; provided management with updates; documented issues, risks, and contingency plans; and requested additional resources when necessary
- Gathered, translated, and wrote business requirements in the form of use-cases
- Created work-flows, designed screen layouts, developed graphical user interfaces and reports, and produced interfaces with other systems
- Communicated business requirements to development teams for system development and implementation
- Developed system and integration test plans, test cases, configurable test cases, and test scripts to ensure adherence to business rules; ran queries to obtain daily and weekly reports for metrics
- Managed and assigned defects to the appropriate development team for resolution
- Executed system and integration testing (SIT), conducted user-acceptance and end-to-end testing with clients

Business Analyst/Team Lead ***2005 – 2008***

Led three major PBM projects, led and managed activities of the internal Business Analyst team, and conducted requirements gathering and documentation, managed QA tester workload. Wrote and executed test plans and scripted, developed user and system documentation, documented defects and coordinated defect resolution.

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Quality Assurance Analyst/Tester ***2003 – 2005***

Engaged in pre-product reviews, conducted QA, system testing, and regression testing, developed test plans and scripts, documented defects, coordinated defect resolution with developers, and ran queries on the mainframe to gather test data.

Systems Business Assistant ***2001 – 2003***

Provided administrative support to the CIO and Systems Director and facilitated the flow of client service requests (CSRs) priority list for programmers, analysts and Client Service department. Assisted project managers with documenting requirements for two MMIS Medicaid projects, maintained PBM system procedures, and served as test team coordinator for PBM project system testing.

Education

Bachelor of Arts, Social Work, University of Wisconsin - Madison, Madison, Wisconsin, 1988

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Operations Director

Summary of Qualifications

Our representative Operations Director is a passionate director experienced in optimizing business functions to improve employee and client engagement, performance, compliance and regulation adherence and P&L performance. She is an innovative strategist that continuously creates and executes plans to exceed client needs/ expectations specific to business problem by swiftly leading insightful discussion, encouraging real-time dialogue surrounding people, products and value potential. Her success is highly attributed to her skills and invaluable experience as a **Certified Medicaid Professional** with 5 years of healthcare-related management expertise and sustaining relationships by being a visible and influential presence among senior management.

Professional Experience

Conduent **2019 – Present**

Director, Operations/Service Delivery Management, Government Healthcare Sector

- Wyoming Fiscal Agent Contract Manager for Division of HealthCare Financing
- Managed revenue for $150 million contract ($14 million annually), 67-FTE operations and systems team, totaling 150 Change Service Requests (CSRs) per year completed on time
- Oversees multilayered Third Party Liability Department specialized in Commercial Recoupment, Recovery, Cost Avoidance and Medicare Buy-in Programs. Estates/ Trust
- Serves as subject matter expert for various retail leading and payment platforms, specializing in user adoption improvements, onboarding, training, and best practices; aligns right solutions and products to customer business needs and delivers results
- Synthesize and present qualitative and quantitative workforce data and trends to deliver long and short-term framework, strategy, and policies initiatives and programs that reflect business priorities
- Developed and operationalize business and human talent management strategy resulting in tangible and measurable success. Employee retention rate: 85% Customer Retention rate: 100%
- Devised a scalable/ repeatable Disaster Recovery Plan, Business Continuity Plan and Business Resumption Plan including best practices and policies on system and operations continuity, pandemic handling, CDC guidelines adherence and remote work

Genesis Financial Solutions® **2017 – 2019**

Account Director, Signet Portfolio and Programs

- Managed high volume enterprise level account business needs related to fraud management, regulatory compliance, global payment processing, and overall portfolio performance for private label credit card consumer base
- Served as subject matter expert for various retail leading and payment platforms, specializing in user adoption improvements, onboarding, training, and best practices; aligned right solutions and products to customer business needs and delivers results
- Successfully managed multi-million accounts purchase totaling $650 million in new account receivables through revenue analysis and contractual negotiations; increased level of engagement while strengthening relationships and deepening collaboration opportunity; identified and developed strategies for new and existing partnerships to support hyper growth and advise on key features and functionality, which allowed the customer to execute strategies

Televerde **2016 – 2017**

Strategic Account Manager/Marketing Consultant

- Responsible for the retention and growth of mid-market Healthcare, Human Resources, and Information Technology (IT) software clients on a global basis; hired to catalyze and manage accounts that engaged framework services for providing education, consumer marketing, and management solutions

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- Promoted long-term customer relationships/partnerships with successful program adoption by enhancing education, analytics (key performance indicators or KPIs), sales and marketing alignment
- Maximized clients' revenue by designing, developing, and executing sales and marketing campaigns that resulted in $70+ million in revenue—generated for ENT and small-to-medium-sized business (SMB) companies
- Managed all implementations, projects, and problem resolutions for cross-functional teams
- Maintained a target 85% clientele renewal/retention rate, with an average renewal length of two years

CVS Health **2015 – 2016**

Senior Account Manager

- Successfully managed PBM implementation for $1.9 billion healthcare provider
- Established and maintained relationships with chief executive officers (CEOs), chief finance officers (CFOs), finance vice presidents (VPs), and other senior leaders
- Prepared proposals and credit packages, negotiated price and other terms, closed deals and led account implementation
- Performed annual training to facilities on products and services regarding features, benefits, and applications of equipment
- Negotiated performance guarantees to ensure brand was maintained and metrics and revenues were increased
- Developed and presented executive capability presentations to clients onsite and online for product upgrades and new business sales

Network Engineering Technologies, Inc. **2011 – 2015**

National Account Manager

- Managed $2.5+ million revenue and 5-person project team, totaling 70 projects per year, on time and on budget; exceeded profit and revenue goals year over year since start date; exceeded quota the last two years (2014 by 125%; 2015 by 116%)
- Prepared client budgets, reviewed all client billing, and managed monthly invoices
- Developed project plan, scope, and requirements for all projects; negotiated, confirmed, and approved response for proposals
- Hired and trained the best account coordinator in the agency

Education

Master of Business Administration, Major in Organizational Leadership, Grand Canyon University, Phoenix, Arizona, In progress

Bachelor of Arts, Personality and Mental Illness, Upper Iowa University, Fayette, Iowa, 2014

Training

Conceptual Selling Training, Miller Heiman Group, 2014

Strategic Selling Training, Miller Heiman Group, 2014

Certifications

Medicare Part D Certification, CVS Caremark, 2016
MLC Certified Medicaid Professional, 2019

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Operations Manager

Summary of Qualifications

Our representative Operations Manager is an accomplished professional with 14 years of experience in Third Party Liability (TPL) and Medicaid requirements related to cost avoidance and recovery. **During her tenure, she has provided over $5,000,000 in case recoveries.** She has extensive experience in all aspects of TPL and serves as a subject matter expert providing training, issue resolution, workload management, and process improvement. She provides operational support for Third Party Liability services for the State of Wyoming Department of Healthcare Financing in such areas as estate recovery, trust recovery, Medicare Buy-In, EID, WHIPP, health insurance update\cost avoidance, and subrogation. She recently managed the implementation of the Wyoming's use of a new eligibility verification system, used to research and update clients' primary insurance and assist with cost avoidance.

Professional Experience

Conduent **2006 – Present**

Manager, Operations/Third Party Liability, Government Healthcare Sector ***2019 – Present***

- Provides support and consultation for multiple state TPL projects
- Interviews, hires, and onboards new staff
- Coaches staff and develops developing workload assignments and reviews
- Performs corrective action, including termination of employees as required
- In addition to all Senior Subrogation Specialist tasks, responsible for payroll, including entering staff time into payroll system and reconciling time for submission to the payroll system

Senior Subrogation Specialist ***2014 – 2019***

- Proven success in Team Handling and Supervision
- Facilitated team training, mentoring and support for new and current staff and multiple departments
- Ran workload reports and send updates to staff weekly; complete one on one sessions with staff weekly to review questions and workloads
- Worked closely with key personnel and management team to implement more productive policies and procedures for day to day operations
- Continued to perform all tasks associated with Subrogation Specialist

Subrogation Specialist ***2014 – 2019***

- Served as Subject Matter Expert in all areas of Third Party Liability
- Handled referred cases, special projects, correspondence with State office as well as the Attorney General's office
- Resolved issues in a timely manner with clients, attorneys, insurance companies and providers regarding all TPL responsibilities
- Improved productivity and success of the TPL team
- Ensured working practices and compliance procedures relevant to the department are followed
- Applied thorough knowledge of the insurance industry to processes and issue resolution
- Effectively handled large workloads with case file load ranging between 200-400 cases, maintains WHIPP program, spearheaded global lawsuit\product liability cases, files maintained QA through review, worked incoming mail, process trauma report, investigate bankruptcy notices, updated clients TPL information from SDX report
- Adhered to Agency Service Level Agreement requirements and contractual obligations
- Managed the workload of QA testers
- Efficiently brought in over $5,000,000.00 in case recoveries

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Education

Thompson Valley High School, Loveland, Colorado, 2001

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Attachment G Mandatory Scored Questions- TPL Base Requirements
Offerors must answer all questions in this document in the space provided.
Failure to answer these questions will result in disqualification of the proposal
Offerors must indicate whether their proposal meets the individual requirement and provide a supporting narrative in the space provided. The narrative description will be evaluated and awarded points in accordance with Section 6, Proposal Evaluation and Award. Certain questions require an attachment. ONLY upload documents where there is a "Yes-Required" in the "Upload Attachments with Additional Information?" column, to provide additional requested information for specific questions. If there is a "No" in the "Upload Attachments with Additional Information?" column, then a document will be NOT be evaluated, if uploaded. Suppliers must provide an answer in the answer box below for all questions with "No" in the "Upload Attachments with Additional Information?" column.
DO NOT INCLUDE ANY COST INFORMATION IN YOUR RESPONSE TO THIS WORKSHEET.

13	**Operation, Maintenance, and Configuration Requirements -** Describe in detail how your company will meet all the requirements identified in **Attachment F, Operations, Maintenance and Configuration Section, OMC01-OMC15.** Your response should include the requirement number identified in the attachment, followed by your detailed response. You must provide a response to all requirements identified in **Attachment F, Operations, Maintenance and Configuration Section.**
A13	*Answer # 13* ***Conduent's operational experts apply repeatable and documented processes from our System Development Methodology (SDM), Project Management Methodology (PMM), and Operations Methodology to maintain and enhance our solutions and services accurately and efficiently.*** Conduent's Quality Management System (QMS) has been enhanced based on our vast operations experience to include a comprehensive Operations Methodology. The Operations Methodology provides the practices for configuring, managing, maintaining, overseeing, and continually improving the people, processes, policies, and procedures for operational activities and systems maintenance. Procedures for continuous system monitoring, configuration changes and end-user support help us provide a fully functioning solution that meets all State requirements. During operations, we continue our strict adherence to project management disciplines across our scope of work. Our resulting approach to supporting operations is a combination of employing supporting tools, following proven methods, leveraging expert resources, executing new enhancement projects approved through change control, and providing oversight and governance. We work collaboratively with the State to understand and support the State's goals early in the project, so we can spend the life of the contract

helping you to meet those objectives while adapting to new needs as they evolve over time. The Operations, Maintenance and Configuration Plan deliverable documents the processes and standards we follow for the operations phase of the project.

During the project life cycle, we support the project with a 360-degree support and maintenance structure that preserves the achievements gained in a successful implementation. Figure G13-1 depicts the areas of support we provide for the project.

Figure G13-1. 360 Support and Maintenance Structure
Conduent's comprehensive support continues throughout the project lifecycle.

When the State requests modifications or enhancements to our solution or to business processes, we apply well-defined procedures to drive successful, efficient, and cost-effective system changes. Our solution facilitates faster, more efficient modifications during operations in part, due to our solution's flexibility to include or exclude various functions, driven by specific program requirements. Whether it is maintenance support or State-submitted system change requests, the timeframe for applying changes to the solution is significantly reduced when compared to that of a legacy system's changes.

Conduent applies stringent change management and configuration management processes throughout the contract to tightly control system changes and the resources assigned to work on them. All changes to the product go through the change request process held

collaboratively with the State. The benefit of such consistency and governance is that we stay aligned on priorities, schedules, and the broad range of impacts. We bring stringent documentation and deliverable management protocols to further simplify and streamline the maintenance and modification of system documentation, functionality, and supporting operational procedures. This process improves ongoing end-to-end operations support, consistency of services, and reliability of systems.

Implementing and managing modifications and enhancements are not just a matter of adhering to the process steps in our systems development life cycle (SDLC); our strategy is grounded in the principles we follow from the first tasks of the Planning Phase through the life of the project. Our focus remains centered on delivering and maintaining business processes that meet the State's needs.

Attachment F Requirements for Operations, Maintenance, and Configuration

On the following pages, Conduent provides a response to each Attachment F requirement for the Operations, Maintenance, and Configuration Section, OMC01-OMC15. Our initial response confirms our commitment to meet the requirement followed by our descriptions of our work.

Attachment F Requirement OMC01

The Supplier shall cooperate and assist the agency in responding to all law enforcement, federal and State audit and review requests. The Supplier shall provide audit support including, random sample generation, data extracts, hard-copy documents, and provide any requested data or information.

Conduent response: Conduent cooperates and assists the Agency in responding to all law enforcement, federal and State audit and review requests. We understand the criticality of accurate and timely responses to audit and review requests and agree to meet these requirements in OMC01. Conduent assists State staff in responding to requests from federal and State auditors, law enforcement officials, and/or their designees. Our documentation management and retention practices facilitate efficient access and retrieval of information needed to quickly respond to audits, program administration, hearings, appeals, and fraud, waste, and abuse inquiries. Our product images, indexes, and retains paper documents in a document repository by document type to support access during audits and reviews. A number of index factors, such as member ID, provider ID, and claim TCN facilitate retrieval of documents.

Conduent maximizes the use of data standards—including fully 5010 compliant data content, data representations, data access, and data distribution—which are fundamental to establishing control over the data layer and helping in the exchange and retrieval of information. We follow industry standards for system design and data exchange, enabling us to effectively generate random samples, extract data, and perform data analysis to respond to audit and review requests.

We have extensive experience with project-specific external audits, as required by the terms of each individual contract. As with certification, we have a solid track record of performance in a variety of audits. Once you inform Conduent of an impending audit, we appoint a lead, gather key information, retrieve and produce required information, and provide further assistance upon request.

	Additionally, our team is appropriately staffed and prepared to participate in meetings with auditors or state legislators to help present information and answer questions when requested by the State. **Attachment F Requirement OMC02** The Supplier shall provide Operations support, Maintenance, and ongoing Configuration of the provided Solution(s) throughout the life of the Contract. This includes providing Operations support as described in the scope of work as well as providing Maintenance and Enhancements to the provided Solution(s). The Supplier will follow project management and system development processes throughout the life of the Contract. The agency defines maintenance for each module as follows: 1. Making configuration updates as requested by the State. Configuration includes changes to table values, parameters, codes, and business logic, including hardcoded business logic. 2. Correcting deficiencies (defects) found in the solution(s) based on detailed requirements described in the scope of work and published design specifications. 3. Correcting deficiencies (defects) found in the solution(s) based on a failure to meet the detailed requirements in completed enhancement, configuration or maintenance requests. 4. Conducting research requested by the State or required to support the agency. For example: a. System behavior and results b. New healthcare initiatives c. Best practices research across states and industry d. Impacts of new State and federal legislation 5. Performing mass adjustments or mass changes as requested by the State or required to support the State's healthcare programs (for example, errors in pricing, eligibility, cost share, and financial code assignments, TPL discovery, and provider reimbursement changes). 6. Performing regular maintenance as needed by the State required to support the State's healthcare programs. Examples of maintenance include but are not limited to: a. Performance optimization. b. Database management. c. Software, hardware, and tools (e.g., patches, upgrades, and replacement). d. Interface, report, and correspondence changes. e. Making corrections or changes to maintain the integrity of the system or the data within it (e.g., backing out changes, correcting duplicate records, cleansing corrupt data, adding security measures, adding redundancy). 7. Using appropriate testing, configuration, and change control procedures. 8. Updating system, user, and training documentation and online help to reflect changes that have been made to the solution. 9. Performing the activities above to maintain customizations implemented as part of an approved enhancement. **Conduent response:** Conduent provides Operations support, Maintenance, and ongoing Configuration of the provided Solution(s) throughout the life of the Contract. This includes providing Operations support as described in the scope of work as well as providing Maintenance and Enhancements to the provided Solution(s). Conduent will follow project management and system development processes throughout the life of the Contract. During the Operations and Maintenance Phase of the project, Conduent pairs decades of operational experience and performance excellence with proven processes to perform daily system operations, system maintenance, and enhancements. Modification and enhancement projects follow a documented life cycle similar to the development life cycle used during DDI, but we tailor the life cycle to the size and complexity of each enhancement requested by the Agency. Using effective

project management practices and supporting tools for risk and issue management, scheduling, resource management, document collaboration, and change management, Conduent provides the State with transparency into the status of current and upcoming projects.

In the sections that follow, we provide insight into each of the maintenance activities we perform for the Third Party Liability Services project to meet each component of requirement OMC02 (1-9).

Configuration Updates (#1)

As requested by the State, Conduent makes configuration updates including changes to table values, parameters, codes, and business logic, including hardcoded business logic. Our robust configuration management process documented in the Operations, Maintenance and Configuration Plan promotes the delivery of high-quality system configuration changes. This results in a reliable, stable, and controlled technical infrastructure throughout the contract. The Conduent configuration approach identifies configuration items, including documentation and system components; establishes rules to manage changes to the item; and uses change control procedures and software configuration management tools to approve, record, and implement changes to the items. We track configuration changes through the full lifecycle from initiation to deployment to production using our lifecycle management tool, Azure DevOps (or a similar tool mandated by the Agency), for full transparency and traceability.

Defect Correction (#2 and #3)

Conduent corrects defects/deficiencies found in the solution quickly and efficiently—and with input from the Agency regarding business prioritization. Such defects could arise from the system not functioning according to approved design, an error in operational procedures, or a misinterpretation of requirements. We document our procedures for tracking and correcting defects/deficiencies in the Defect Management Plan. These procedures include the following steps:

- Identifying, capturing, and confirming unexpected results or problems
- Assessing defects for priority and severity
- Assigning an owner to each defect
- Tracking each item from identification through resolution
- Analyzing and repairing defects and updating related documentation
- Retesting and verification
- Closure

Conduent uses Azure DevOps, a comprehensive, web-based lifecycle management tool, to manage defects/deficiencies, produce test incident reports, and perform root cause analysis. We compile information on defects found during testing or system operation,

	analyze that information, and report on it to recognize and address trends and significant events impacting quality. The Quality Manager uses the Azure DevOps software to support defect reporting, defect monitoring, traceability, notifications, and tracking to closure. While Azure DevOps is our standard solution for lifecycle management, we have several active projects using similar tools, such as Atlassian JIRA. Conduent commits to tracking this information in the tool agreed upon with the Agency. **Research (#4)** Our subject matter experts (SMEs) conduct research as requested by the State or required to support the solution. During our 50-year presence in the MMIS domain, we have cultivated a knowledge and understanding of the unique complexities of state healthcare programs and policies. This experience enables us to provide timely and accurate responses to the State's research requests. We organize and staff our implementation and operations teams to provide you with research and problem-solving expertise throughout the life of the contract, and our local staff additionally can seek the expertise of and leverage the experience of government healthcare employees across the U.S. In our government healthcare, and specifically, our TPL tenure, we have experienced policy changes of all sizes, types, sources, and levels of impact. Changes often stem from federal or State policy changes, but they can also come from new healthcare initiatives, revised priorities, improved processes, or technological innovations. We share best practices and lessons learned across our accounts through both formal and informal communication, so that our accounts can collectively benefit and maximize efficiency of TPL collections, using the depth and breadth of services, solutions, and response mechanisms across the company. When performing research as part of an enhancement request, we use our comprehensive Impact Assessment Template, a supporting artifact of our Change Management Plan, to assure that all aspects of a policy change are considered, measured, and documented before determining how a change should be implemented. We perform research to evaluate the impact of potential changes to technology, system behavior, services, processes, documentation, cost, schedule, members, communication, training, and staffing. This provides an end-to-end assessment that enables informed decision-making. Through informed and thorough research activities, we support the State's decision-making processes regarding the implementation of initiatives and policy changes throughout the life of the project. **Mass Changes and Adjustments (#5)** We acknowledge that mass adjustments or changes, which could include changes to or errors with pricing, cost share, claims mass adjustments, financial code assignments, TPL discovery, and provider reimbursement changes, are considered maintenance activities. The Conduent solution processes mass adjustments quickly and consistently, and it allows a complete audit trail of actions taken and

transactions generated. Conduent's solution provides tools to analyze the impact of running mass adjustments so that decisions can be made about whether to proceed.

Routine Maintenance (#6)

Conduent provides comprehensive system support and maintenance of the system to provide the highest quality system performance and accuracy to our stakeholders. Our SaaS delivery model delivers production-ready technology upgrades for hardware and software, security updates, and bug fixes, at no additional cost to the State.

Our cloud native, microservices driven architecture maximizes system resources to achieve the highest degree of availability, keeping systems and services up and running in accordance with SLAs. We plan and schedule maintenance windows to release Agency-approved system updates and modifications. We perform regular maintenance of the system to support the State's TPL services including:

- Performance optimization tasks to tune the system performance, response time, database stability, and processing to perform at the standard and condition for which it was approved; assisted by performance monitoring tools such as MS AppDynamics
- Database management, including rebuilding indexes, removing duplicate records, and other optimization activities
- Configurations to manage changes to interfaces, reports, and correspondence to meet user needs and policy changes
- Product upgrades deployed to production to correct, change, or upgrade the system to maintain product integrity – including but not limited to security patches, virus protection, etc. Configuration and data changes are also migrated after testing to correct data discrepancies, update fee schedules, etc.
- Stringent software guidelines, product release manuals, and deployment manuals that enable back out and roll backs in the event of issues discovered in smoke testing after a deployment. These processes mean that, in the event of a back out, the product is successfully working at the previous release levels after roll back
- Updates to or replacement of software, hardware, operating systems, tools, or other system components requiring version updates, manufacturer "patches," and other routine manufacturers' updates to software

Conduent maintains system availability, proper functionality, high availability, and performance optimization using planned, scheduled intervention, as well as efficient responses during times of unplanned adverse impacts to the system. Conduent's 360-degree support includes autonomous, continuous monitoring using MS AppDynamics, which provides detailed insight into business processes, infrastructure usage, bottleneck identification, system availability, and performance indices.

The Agency can rely on Conduent to maintain the solution with predictability and precision through the life of the contract.

Configuration and Change Control (#7)

As part of maintenance, we apply consistent, repeatable, and quality-focused processes when making changes. Our Operations, Maintenance and Configuration Plan is tightly aligned to our Change Management Plan, providing comprehensive processes to:

- Identify changes
- Log changes in our lifecycle management tool, to maintain full traceability and audit trails
- Assess proposed changes for impacts to the system, business operations, stakeholders, procedures, training, communications, etc.
- Size and mutually prioritize the work
- Configure and test changes in accordance with test plans and guidelines
- Perform release readiness to confirm change and configuration processes have been followed and results of testing are acceptable for implementation
- Support the State as it performs user acceptance testing of changes to be propagated to production
- Implement changes using careful and rigorous configuration controls and release processes
- Perform a post implementation review to identify unintended results and prevent future issues

During operations, we continue to leverage our documented project management and system development processes, and we subject ongoing changes to the same process rigor as in implementation. Using Azure DevOps, we track and report configuration and change requests from identification through to closure and approval by the State, reassuring you that changes have been made according to your requests.

Documentation Updates (#8)

Conduent works closely with the State to develop and maintain documentation to be accessed by project stakeholders throughout the course of the contract. Using our established deliverable management processes, capabilities, and best practices, we update system, user, and training documentation, as well as online help, to reflect changes that have been made to the system or operational processes. The standards we enforce in the Microsoft SharePoint document management system are universal best practices and can be applied to any document management tool required by the Agency, SharePoint or otherwise.

Like system changes, documentation updates also follow strict configuration and quality management practices to control and oversee their timely and accurate modifications. We add tasks to Azure DevOps to make documentation updates corresponding to system changes. Assigned documentation specialists then adapt user documentation, system documentation, training materials, and other artifacts in tandem with approved system and operational changes. Annually, or as changes occur, we review documents for quality by

providing peer reviews and document quality assurance reviews according to our Quality Management Plan. These processes result in complete, accurate, consistent, and current documentation available to stakeholders.

Maintaining Enhancements (#9)

After implementing system enhancements, we apply the same rigor, monitoring, oversight, and preventive maintenance of those changes once they have been incorporated into the production solution. We perform these maintenance activities in accordance with the processes documented in the Operations, Maintenance and Configuration Plan. The customizations built for the State are built in accordance with our microservices architecture, thereby maintaining the custom enhancements specific to each client. This provides the added value of allowing a state to absorb the enhancements done for another state into its eco-system by doing a minimal amount of changes, instead of doing ground up re-development. These features, built in accordance to the CMS cost-sharing and reuse philosophies, provide maximum return of investment to the Agency.

Attachment F Requirement OMC03
The Supplier shall provide a notification web page that displays when the system is unavailable for scheduled maintenance or unscheduled outages.

Conduent response: Conduent provides a notification web page that displays when the system is unavailable for scheduled maintenance or unscheduled outages. The Conduent team provides full support and maintenance for our product, including scheduled maintenance, activities to restore systems after unscheduled outages, and other routine tasks required to keep the product running at peak performance. Our solution maximizes system availability to give users consistent access to data during regular State business hours, minimizing the times when users cannot access data needed to perform their business functions. Our built-in tools deliver asynchronous communication, timely alerts, and notifications to keep users informed on the system's status.

We provide reliable technology and follow defined processes to mitigate unscheduled downtime due to system failures. In the event the system is unavailable due to scheduled maintenance or an unscheduled outage, a web page notification displays for all users. Figure G13-2 is a sample system unavailable web page notification.

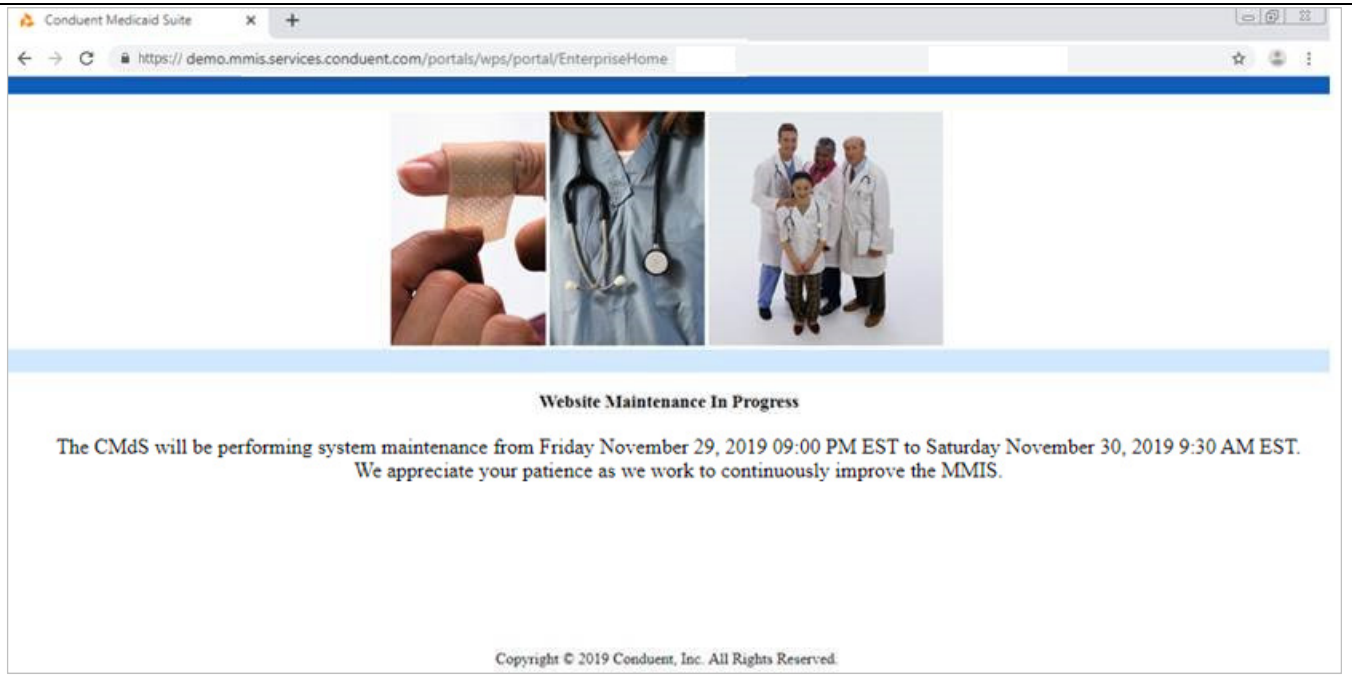


Figure G13-2. System Unavailable Notification
Conduent's system notifies users of scheduled and unscheduled downtime.

Attachment F Requirement OMC04
The Supplier shall have processes in place to restrict access when inappropriate system access or misuse is detected.

Conduent response: Conduent has processes in place to restrict access when inappropriate system access or misuse is detected.

Conduent's commitment to security allows for full compliance with Requirement OMC04. We maintain data confidentiality and restrict access to authorized users through the Conduent Security Framework, which provides robust security and complies with NIST 800-53, HIPAA, HITECH, and other federal and state privacy regulations. Our security framework has a robust RBAC (Role Based Access Controls) function to manage user profiles with associated roles and access to a specific combination of system features and data. Roles and access are determined in the Administrator Security matrix that defines user roles and assigns one or more users to the roles. Users, departments, and their roles can vary and provide flexibility for access to multiple databases if applicable. To enforce separation of duties, the Conduent solution prevents user access to unauthorized information. For example, a user with member access may not

be able to access certain data. If a user attempts to inappropriately access a portion of the system, an error screen appears. Figure G13-3 is a sample of an access denied screen.

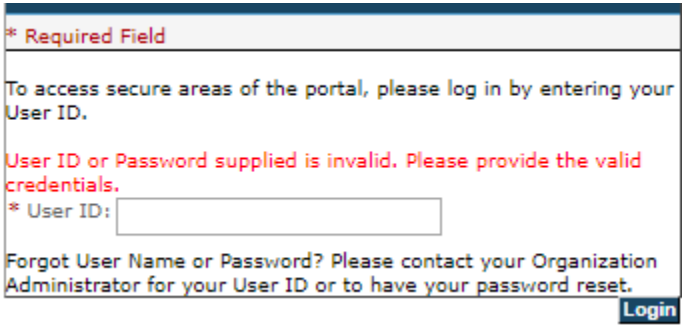


Figure G13-3. Access Denied Screen

A user attempting to access the system may encounter this screen if he/she does not have the necessary privileges to execute a function.

In addition, the Conduent solution enforces a limit of consecutive invalid access attempts by a user and automatically locks the user out of the system when the maximum number of unsuccessful login attempts is exceeded. Equally important, in the event of inappropriate system access or when misuse is detected through our security monitoring, the Conduent solution provides a one-click capability to modify or terminate access to the system (refer to Requirement OMC15 for more information on our Security protocols).

Our security framework has a robust RBAC (Role Based Access Controls) function to manage user profiles with associated roles and access to a specific combination of system features and data. We work with you to determine roles and access in an administrator security matrix that defines user roles and assigns one or more users to the roles. Users, departments, and their roles can vary and provide flexibility for access to multiple databases if applicable. The system includes the capability to perform audits and reviews of all activities based on a specific timeframe and/or date, along with the ability to track who accessed or updated a given record or screen. System Administrators can monitor and track system access based on user levels or application functions, and they can limit users' access to inquiry-only or write-only access. This system-enabled strict adherence to role-based security helps ensure data confidentiality, restricts system access, and prevents disclosure to unauthorized users. Refer to Proposal Section 3.21, Authorization and Access Control, for more information on our approach to system security.

Attachment F Requirement OMC05

The Supplier shall test and implement all production ready patches, upgrades, and releases for all software, firmware and operating systems in a timely manner, in coordination with other modules.

Conduent response: Conduent will test and implement all production ready patches, upgrades, and releases for all software, firmware and operating systems in a timely manner, in coordination with other modules. We collaborate with the State and other module

suppliers each step of the way to fully assess each production change, align it with the needs of the State, prioritize it, test it, and schedule it for implementation in a timely manner.

As programs, policies, and technology evolve, Conduent acknowledges that change can and will occur. Changes may affect our solution alone, or they may have a broad impact across multiple modules. We believe constant communication, thorough impact analysis, stakeholder engagement in change decisions, and appropriate oversight are critical to managing change effectively. No change is made in production (including but not limited to security and software patches, software upgrades, code releases, etc.) without thorough testing and progression of those changes through the lower environments and validation and approval by the State in user acceptance testing. We capture these testing requirements in the Master Test Plan deliverable, subject to Agency approval.

Attachment F Requirement OMC06

The Supplier shall notify the appropriate user community, as defined by the State, of system events (e.g., major system changes and system outages).

Conduent response: Conduent will notify the appropriate user community, as defined by the State, of system events (e.g., major system changes and system outages).

Conduent follows our established and comprehensive Communication Plan embodied within our Project Management Methodology to identify and analyze communication needs and appropriately engage our stakeholders. As we prepare this deliverable, we work with the State to define the appropriate user communities to receive notification of system events, including major system changes and system outages in alignment with Requirement OMC06.

For system events and planned outages, we communicate the details and timing to the appropriate stakeholder list using communication methods such as emails and web page notifications. We follow up with users to provide the disposition of the change such as a notice that the changes are complete with a link to release notes. Additionally, since version upgrades or new functionality may require additional training for providers and operational system users, we also plan for and communicate the availability of training sessions and/or user documentation updates through the communication method(s) defined in the same Communication Plan. Recognizing that we create and disseminate our communications on behalf of the Agency, we work with the Agency to review and approve communications prior to publication.

Attachment F Requirement OMC07

The module Supplier shall provide help desk services to provide level 0 (customer self-service) level 1(basic support), level 2 (moderate support) that includes as appropriate, escalation to the State and level 3 (technical/integration) support related to the functionality of the module's scope of work. Level 1 help desk is the first point of contact and is responsible for logging the issue and, if possible, assisting the user.

Conduent response: Conduent will provide help desk services to provide level 0 (customer self-service) level 1(basic support), level 2 (moderate support) that includes as appropriate, escalation to the State and level 3 (technical/integration) support related to the functionality of the module's scope of work. Level 1 help desk is the first point of contact and is responsible for logging the issue and, if possible, assisting the user.

When technical issues arise, it is essential that State-authorized users have access to timely and accurate systems support. To fulfill Requirement OMC07, we provide a fully functional help desk to assist authorized users and serve as the first point of contact for all technology incidents and requests associated with the Conduent solution.

The State can reach our help desk by telephone, email, and through the self-service web portal. Our help desk staff is well trained and knowledgeable in the Conduent solution. Our help desk is managed by Conduent and staffed on all state business days, Monday through Friday (excluding state holidays).

Our help desk staff is equipped to handle both simple and complex issues related to the technology we propose for the project. We train our help desk staff to direct users to links for online help documentation on the Conduent product, including manuals and documents that provide reference and information related to the user's inquiry or issue. We also proactively monitor all solution components to identify and resolve issues before they affect end-users.

As shown in Figure G13-4, our Helpdesk provides multiple tiers of support.

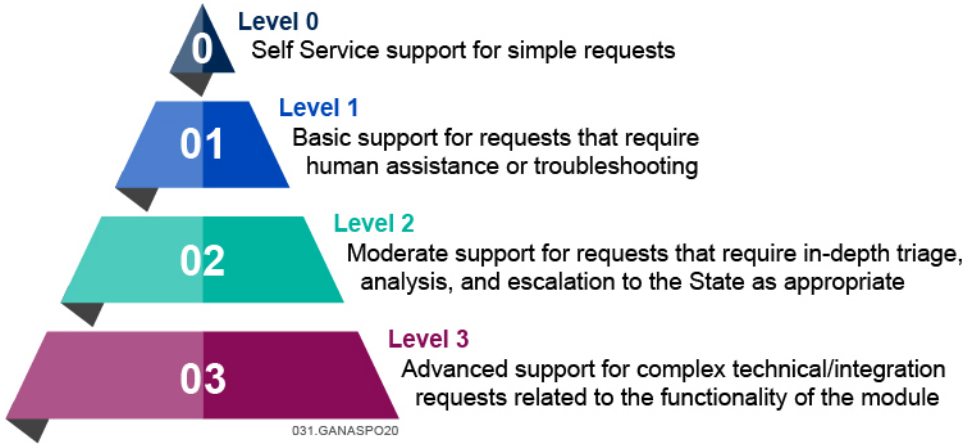


Figure G13-4. Helpdesk Tiers of Support

Our Helpdesk provides three tiers of support and self-service support for simple requests.

As the first point of contact, our Level 1 support staff assists the user if possible and logs the issue in ServiceNow. Our ticketing platform has the required workflows and escalation trees defined to escalate tickets to the appropriate teams, as well as identified State staff. Our system has been proven to provide quick and timely resolution for issues with high levels of user satisfaction.

Attachment F Requirement OMC08

The Supplier shall provide online help for external and internal users.

Conduent response: Conduent will provide online help for external and internal users.

Our solution provides comprehensive support for external and internal system users in the form of immediately available online help and user manuals. Conduent uses MadCap Flare as our standard help-authoring tool to facilitate the development and maintenance of complete, correct, and consistent documentation. This tool's greatest benefit is the concept of single sourcing. From a single set of content developed within the tool, we can generate a range of web-based help files, context-sensitive help embedded in the application, and procedure manuals based in either Microsoft Word or Adobe PDF. Content is reusable and centrally maintained, so a change to any content can be perpetuated across various outputs of that content. In addition to online help for external and internal users, our help desk is available during State-specified business hours to submit tickets for complete, prompt resolution of issues.

Attachment F Requirement OMC09

The Supplier shall notify the agency when updated reference materials (e.g., Requirements Matrices, Manuals, System Documentation, System Design Documentation, User Documentation, Business Rules Catalog, and Training Materials) are available for review.

Conduent response: Conduent will notify the agency when updated reference materials (e.g., Requirements Matrices, Manuals, System Documentation, System Design Documentation, User Documentation, Business Rules Catalog, and Training Materials) are available for review.

Our document management process spans the entire life cycle of all reference materials, including Requirements Matrices, Manuals, System Documentation, System Design Documents, User Documentation, Business Rules Catalog, and Training Materials. To comply with Requirement OMC09, we make reference materials accessible to the State and State-approved users in our project's secure SharePoint site, or other similar document management tool mandated by the Agency. We advocate strict version control by including document revision history within each deliverable and leveraging the version history and automated version numbering provided by the SharePoint application. We notify the State of changes, and authorized users can also set alerts on the SharePoint site to be notified through email when specific documents, libraries, or list items change.

Attachment F Requirement OMC10

The Supplier shall provide 24x7 access to the agency for all reference materials (e.g., Requirements Matrices, Manuals, System Documentation, System Design Documentation, User Documentation, Business Rules Catalog, and Training Materials).

Conduent response: Conduent will provide 24x7 access to the agency for all reference materials (e.g., Requirements Matrices, Manuals, System Documentation, System Design Documentation, User Documentation, Business Rules Catalog, and Training Materials).

We commit to providing full, secure, 24x7 access to published reference materials during all stages of DDI and operations to the State, the IV&V Contractor, and/or any oversight agent designated by the State or CMS in compliance with Requirement OMC10. We load, maintain, and share document-based reference materials on the project's SharePoint site, or any similar document management tool

	mandated by the Agency. Examples of reference materials include Requirements Matrices, Manuals, System Documentation, System Design Documentation, User Documentation, Business Rules Catalog, Training Materials, and project management plans and artifacts. We work with the State to determine stakeholders who can access the document repository, so we can provide the appropriate level of access. We notify the State and obtain State approval prior to scheduling any document repository maintenance. **Attachment F Requirement OMC11** The Supplier shall provide and maintain an Operations, Maintenance and Configuration Plan for the agency's approval that describes post-implementation processes for areas such as: a. Architecture/hosting operations. b. Monitoring daily operations performance. c. Performing routine maintenance. d. Maintaining user documentation. e. Online help approach and documentation, as appropriate. f. Configuration and change management. g. Approach to enhancements and other new requirements. h. Maintaining system documentation. i. Maintaining training documentation. j. Archiving requirements. k. Tasks, timelines, and responsible parties for design and configure/build tasks. l. Reporting status against relevant Service Level Agreements (SLAs) m. Schedule of major and minor releases. The agency must review and approve all revisions of the Operations, Maintenance and Configuration Plan. **Conduent response:** Conduent will provide and maintain an Operations, Maintenance and Configuration Plan for the agency's approval that describes post-implementation processes for requirement areas (a-m). Conduent agrees the agency must review and approve all revisions of the Operations, Maintenance and Configuration Plan. During operations, we continue our strict adherence to project management disciplines across our scope of work. Our resulting approach to supporting operations is a combination of employing supporting tools, following proven methods, leveraging expert resources, executing new enhancement projects approved through change control, and providing oversight and governance. We work collaboratively with the State to understand and support the State's goals early in the project, so we can spend the life of the contract helping you to meet your objectives and new needs as they evolve over time. This approach enables Conduent to fully meet Requirement OMC11. Prior to go-live, we submit a comprehensive Operations, Maintenance and Configuration Plan to the State for approval. This deliverable builds upon our Application, Maintenance and Configuration Plan to describe our post-implementation processes to maintain

	operational system functionality. This document identifies the systematic process and procedures for maintenance and configuration that help us fulfill the Third Party Liability Services scope of work. Our Operations, Maintenance and Configuration Plan is tightly aligned to our Change Management Plan, providing comprehensive information including: • Architecture and hosting builds • Monitoring daily operational performance and reporting on SLAs • Scheduling and performing routine maintenance and major and minor releases • Communicating downtime and scheduled maintenance to affected stakeholders and end users • Maintaining and updating system documentation, user documentation, training, and online help • Identifying, monitoring, and implementing changes and configuration modifications • Assessing proposed changes for impacts to the system, business operations, stakeholders, procedures, training, communications, etc. • Logging changes in our lifecycle management tool, Azure DevOps, or a similar tool mandated by the Agency, to maintain full traceability, audit trails, and requirement archives • Implementing changes, including for enhancements and other new requirement, using careful and rigorous configuration controls and release processes • Maintaining tasks, timelines, and responsible parties for design and configuration work • Performing a post implementation review to make sure there are not unintended results • Configuring and testing changes in accordance with test plans and guidelines • Performing release readiness to confirm change and configuration processes have been followed and results of testing are acceptable for implementation During operations, we continue to leverage our documented project management and system development processes to assure that ongoing changes are subject to the same process rigor as in implementation. Through the use of our lifecycle management tool, we add configuration and change requests to the log for tracking and reporting from identification through to closure and approval by the State, reassuring you that the system is operating according to your expectations and that changes have been made according to your requests.

Attachment F Requirement OMC12

The Supplier shall develop a comprehensive Operations Procedure Manual which shall provide guidelines for the operation. At minimum the Operations Procedure Manual shall contain policies, processes and workflows.

Conduent response: Conduent will develop a comprehensive Operations Procedure Manual which shall provide guidelines for the operation. At minimum the Operations Procedure Manual shall contain policies, processes and workflows.

We develop and submit our draft Operations Procedure Manual for your review and approval prior to User Acceptance Testing (UAT) and Operational Readiness Review (ORR) in accordance with Requirement OMC12. The Operations Procedure Manual details the daily TPL activities Conduent performs and the policies, regulations, laws, and contractual requirements that govern those activities. The document is a comprehensive how-to guide for all facets of the Third Party Liability Services program operations. It includes a compilation of Standard Operating Policies and Procedures (SOPPs) from across the service offering, and it defines the daily, weekly, and monthly activities performed by each functional area.

The manual contains specific details around staffing requirements needed to meet program goals and service level agreements. It also summarizes daily activities we perform, monitoring we do to measure performance, and tactical steps we take to mitigate service-impacting issues.

The Operations Procedure Manual includes SOPPs for each functional area. It contains visual diagrams and charts that illustrate more complex operations. Diagrams and charts include process flow charts, swim-lane diagrams, organizational charts, workflows, Responsibility Assignment Matrix (RAM)/Responsible Accountable Consulted and Informed (RACI) matrices, and any other type of diagrams/charts where they help the reader fully understand the inputs, steps, and outputs of operational procedures. The Operations Procedure Manual also describes the operational procedures and protocols we undertake in the event of unscheduled downtime. If an event occurs that renders one of our systems inoperable, it is imperative that we have documented, predefined steps in place to minimize the impact to program stakeholders.

Attachment F Requirement OMC13

The Supplier shall maintain a list of technology components used in the solution and deliver annually to the agency for review.

Conduent response: Conduent will maintain a list of technology components used in the solution and deliver annually to the agency for review.

Conduent maintains a list of technology components used within our solution to fulfill Requirement OMC13. This list includes the technology and version of each component, and we agree to provide this list to the Agency annually for review and approval. If changes are needed, we follow documented change and configuration processes to keep our system up to date, our software and hardware functioning as expected, and our documentation aligned with the solution's current configuration.

	Attachment F Requirement OMC14 The Supplier's solution shall maintain reporting services that are backward compatible, and the reports functionality is preserved over major or minor releases or the Supplier will provide migration support to move reports forward. **Conduent response:** Condeunt's solution will maintain reporting services that are backward compatible, and the reports functionality is preserved over major or minor releases or the Supplier will provide migration support to move reports forward. Conduent's solution is designed with backward compatibility in mind, and we intend to continue supporting backwards compatibility of reporting services with each major and minor release of our solution in accordance with Requirement OMC14. Based on a COTS product that maintains its data content in a relational database, each new release of the software preserves backwards compatibility by automatically converting reports to the format of the new version. As part of our validation responsibilities, we confirm reports convert appropriately and continue to execute successfully before and after applying an upgrade to a production environment. **Attachment F Requirement OMC15** The Supplier's solution shall implement the appropriate infrastructure protection measures in order to protect agency data. This includes Network/Host Intrusion Prevention, Firewalls, Proxies, Anti-Malware Detection and Prevention, etc. **Conduent response:** Conduent's solution will implement the appropriate infrastructure protection measures in order to protect agency data. This includes Network/Host Intrusion Prevention, Firewalls, Proxies, Anti-Malware Detection and Prevention, etc. Conduent makes it a priority to protect all sensitive and confidential data in alignment with Requirement OMC15. Conduent implements defense in depth information security controls infrastructure. This infrastructure includes the implementation of next-generation firewalls, network and host intrusion detection/preventions controls, web proxies, and anti-malware detection controls on all endpoint systems. At the network layer, Conduent deploys next generation stateful firewalls that monitor and block malicious TCP/IP traffic. These firewalls are also enabled for intrusion detection and prevention security capabilities. Conduent deploys next generation stateful firewalls in a multi-tiered architecture by creating demilitarized zones (DMZs) using explicit access lists. We use TCP/IP port-level filtering and network address translation (NAT) between internal and external systems and users to provide the highest level of security. The architecture of our systems includes access isolation and protection through the DMZ, various network devices, and firewalls. This approach provides protection from access over unauthorized ports. Access to the DMZ is limited to the minimum necessary TCP/IP ports within the firewalls and by access lists on the internet routers. The system is further protected by a Network Intrusion Detection System (NIDS) that monitors the network and records both successful network access and unauthorized attempts. All Conduent network Infrastructure is protection by an NIDS to detect, protect, and alert on network related threats.

	Conduent employs a Web Application Firewall to protect all web application traffic. The Web Application Firewall is configured to filter, monitor, and block HTTP traffic to and from a web service. By inspecting HTTP traffic, it can prevent attacks exploiting a web application's known vulnerabilities, such as SQL injection, cross-site scripting (XSS), file inclusion, and improper system configuration. For all endpoint systems (servers, workstations, laptops, etc.), anti-malware protection and firewall software is installed. Anti-malware controls are configured to protect systems and data from viruses, malware attacks, and unauthorized access. Conduent also configures all anti-malware software to provide real time detection and removal of all malware. The host-based firewalls are configured to only allow legitimate TCP/IP based traffic to endpoint. Conduent keeps all endpoint systems up-to-date with the latest security patches. We review all patches or updates issued by the software vendors or developers and prioritize evaluation and implementation of patches with security implications in a timely manner. Often, announcements about an identified security vulnerability are accompanied with a patch (or source code that fixes the problem). Conduent standard procedures include vulnerability scans of all IT infrastructure. Conduent ensures that all detected vulnerabilities are remediated in a timely manner.	
	Upload Attachments with Additional Information? **Yes**	Attachment File Name: **Operations, Maintenance and Configuration Requirements_ Base**

Attachment G Mandatory Scored Questions- TPL Base Requirements
Offerors must answer all questions in this document in the space provided.
Failure to answer these questions will result in disqualification of the proposal
Offerors must indicate whether their proposal meets the individual requirement and provide a supporting narrative in the space provided. The narrative description will be evaluated and awarded points in accordance with Section 6, Proposal Evaluation and Award. Certain questions require an attachment. ONLY upload documents where there is a "Yes-Required" in the "Upload Attachments with Additional Information?" column, to provide additional requested information for specific questions. If there is a "No" in the "Upload Attachments with Additional Information?" column, then a document will be NOT be evaluated, if uploaded. Suppliers must provide an answer in the answer box below for all questions with "No" in the "Upload Attachments with Additional Information?" column.
DO NOT INCLUDE ANY COST INFORMATION IN YOUR RESPONSE TO THIS WORKSHEET.

14	**Project Closeout and Turnover Requirements -** Describe in detail how your company will meet all the requirements identified in **Attachment F, Project Closeout and Turnover Section, PTO01-PTO07.** Your response should include the requirement number identified in the attachment, followed by your detailed response. You must provide a response to all requirements identified in **Attachment F, Project Closeout and Turnover Section.**
A14	*Answer # 14* Chronologically, the turnover period represents the last set of activities completed by Conduent; however, these activities do not rank low in importance. We employ the same guiding principles for the turnover of contractual responsibilities as we do throughout the life of the Contract. Our approach supports an active, seamless, and cooperative transition with no interruption in service to the Agency or its stakeholders. Conduent recognizes the importance of turnover activities that are both carefully planned and properly executed. We also recognize our role in maintaining high service levels throughout this potentially disruptive period. We believe that an effective and efficient service delivery turnover at the end of the contract is vital to the success of this program. Conduent provides an initial Turnover Plan that details how we manage the completion, closure, and transfer of all Conduent work and related artifacts to the Agency or its designee. In our response to the Project Closeout and Turnover requirements below, we describe our approach to turnover and closeout planning and execution. Our organization maintains a standard, baseline Turnover Plan in our Quality Management System (QMS) that is formed upon years of experience both as incumbent and successor supplier, and we can easily tailor it to meet any of your additional specific needs. Based

on the approved project schedule, we update the Turnover Plan and work with you to make sure it meets the requirements for turnover of Conduent's TPL module and services.

Attachment F Requirements for Project Closeout and Turnover

On the following pages, Conduent provides a response to each Attachment F requirement for the Attachment F, Project Closeout and Turnover Section PTO01-PTO07. Our initial response confirms our commitment to meet the requirement followed by our descriptions of our work.

Attachment F Requirement PTO01
The Supplier shall provide a turnover approach and the services required for the transition of operations, services and systems.

Conduent response: Conduent will provide a turnover approach and the services required for the transition of operations, services and systems. Our approach to project closeout and turnover focuses on customer satisfaction with little to no disruption in services. Our Turnover Team completes turnover tasks efficiently and professionally, in accordance with the Agency's requirements and preferences. Furthermore, Conduent strives for a "top-down" turnover, in which all aspects of the project—including operations, services, and module components—are identified, detailed, and turned over to the Agency or another supplier in an orderly fashion.

We leverage the Turnover Plan from our QMS and review and agree to key processes with the Agency and its designated stakeholders. Depicted in Figure G14-1, our process for turnover includes the creation and execution of critical turnover artifacts:

- Turnover Schedule includes all activities for a comprehensive turnover
- Turnover checklists to itemize the data, systems, and documents that are subject to turnover
- Knowledge transfer templates that guide the transfer of subject matter expertise

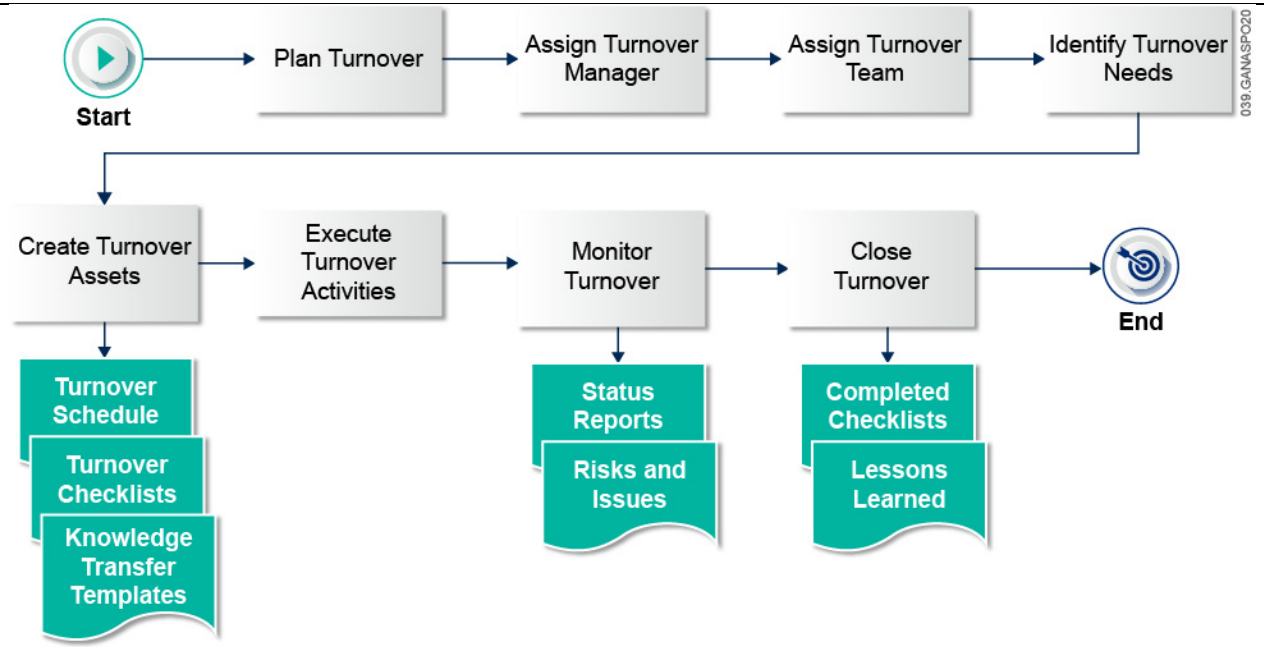


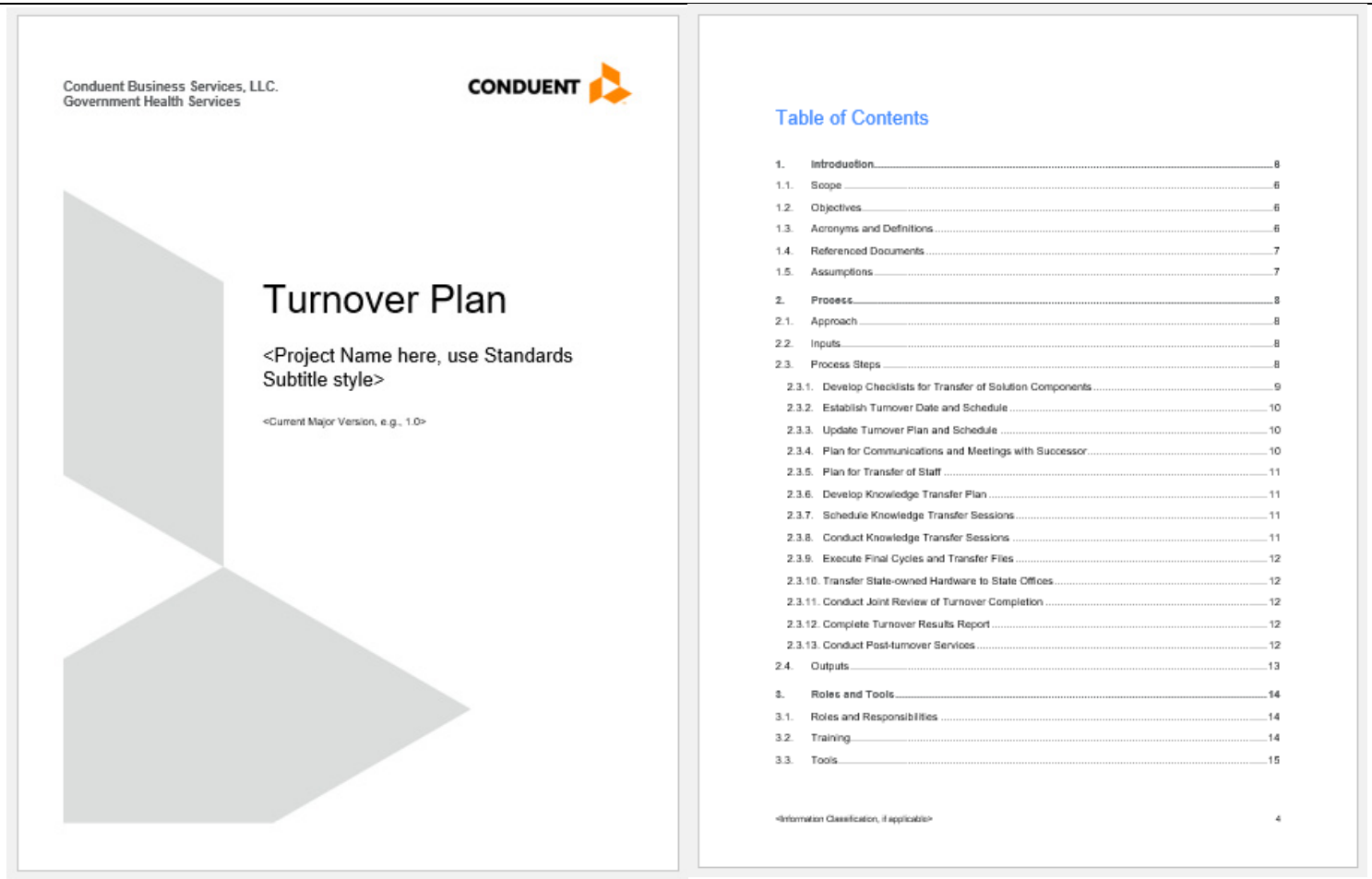
Figure G14-1. Turnover Approach and Key Artifacts

Our comprehensive approach to turnover features artifacts like simple inventory checklists to track turnover of agency-owned assets and templates to track knowledge transfer in line with the Turnover Schedule.

One element that contributes to a successful turnover is the simplicity of our approach. We create and use checklists to capture the inventory subject to turnover and the knowledge transfer topics that must be reviewed with successor staff. Once agreed to with the Agency, we use the checklist to track the turnover of each inventory item or knowledge transfer session according to the schedule. We provide regular status reports, and we provide the completed checklists along with the Final Turnover Results Report at the end of the turnover period.

Several other factors contribute to a successful turnover, including prior turnover experience; personnel who understand the project's operations and systems; and a commitment to meeting turnover responsibilities. Our approach combines these factors with a detailed Turnover Plan and schedule, open lines of communication, and a spirit of genuine cooperation among Conduent, the Agency, and the successor.

	Our experience as both the incumbent and the successor Supplier on other accounts serves as the basis for our approach to a successful transition and turnover. This experience enables us to understand firsthand the pressures, issues, and deadlines facing both the incumbent and the successor. **Planning** Conduent designates a turnover manager, who employs a collaborative approach to facilitate Conduent's turnover responsibilities. Representatives from Conduent, the successor supplier, and the Agency hold weekly turnover status meetings to monitor and track progress. Prior to each meeting, the turnover manager coordinates the meeting preparation including the development and distribution of agendas, status, outstanding issues, action items, and risks. During the initial planning stages, Conduent meets with the Agency and the successor Supplier to capture and align the turnover approach and tasks for the Turnover Plan. This includes a joint evaluation of Conduent's Turnover Schedule and the successor Supplier's Takeover Schedule. This joint evaluation allows both vendors the opportunity to identify gaps and formulate a cohesive plan and agreeable timeframes to perform all turnover and takeover activities. We capture these decisions in the Turnover Plan and supporting schedule and submit both artifacts to the Agency for approval. We make any subsequent updates to the artifacts with Agency and successor Supplier involvement.



Conduent Business Services, LLC.
Government Health Services

CONDUENT

Turnover Plan

<Project Name here, use Standards Subtitle style>

<Current Major Version, e.g., 1.0>

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Figure G14-2. Turnover Plan

Communication

Conduent's Turnover Plan includes a section dedicated to communication planning. The communication strategy serves as a roadmap to establish and maintain open communication channels and support a cooperative and seamless transition to the successor.

Our turnover approach embraces a philosophy of cooperation and communication. We lean toward providing an abundance of communication in order to inform stakeholders about this critical transition. Our communication efforts are intended to provide as much succinct and relevant communication as possible to minimize the possibility of turnover activities being overlooked.

Transition of Staff

Conduent understands that turnover staff management is very challenging. It may be difficult to retain team members when they know their tenure is limited. Staff may, of course, apply for the open positions offered by the successor Supplier. Under these circumstances, our proactive approach benefits all program stakeholders. As the incumbent, the turnover manager works with the Agency to identify the staffing needs of both parties and support uninterrupted service levels to program stakeholders.

Our collaborative approach allows both suppliers (incumbent and successor) to establish guiding principles that support continuity, to coordinate opportunities for staff to participate in job interviews, and to dedicate the resources to support and protect the interests of our respective teams. Conduent does not believe that a wholesale transfer of staff works for either party. We feel a planned and carefully choreographed process works best.

Our turnover manager employs a variety of techniques to coordinate and manage the transition of our staff. To provide uninterrupted service levels, Conduent may offer incentives for employees to remain on the job; and, when necessary, we may augment our staffing levels with temporary and corporate resources to support a seamless transition.

Training and Knowledge Transfer

We remain steadfast in our commitment to perform comprehensive knowledge transfer activities to support turnover. Our approach to turnover knowledge transfer is consistent with the training approach used throughout the project. We work collaboratively with the Agency resources and the successor to identify training and knowledge transfer needs and topics, to identify stakeholders for each topic, and to schedule training or knowledge transfer sessions with those stakeholders. Conduent also employs the Shadow Reverse-Shadow training approach whereby new resources follow and observe the day-to-day activities of existing resources. This is followed by the new resources assuming responsibility for day-to-day activities while being shadowed and mentored by the existing resources until all parties are confident with the transition. This approach facilitates a seamless transition to the successor with minimal disruption to the program.

Inventory Management

As the incumbent Supplier, our performance levels will not decline during the Turnover Phase. Our efforts provide the confidence necessary to affirm that all operational inventories of work products are turned over to the successor Supplier. Our turnover team works to manage our inventory levels to eliminate service level disruptions or delays. We capture inventory of all data, content, files, instructions, processes, and all other items deemed appropriate by the Agency in the Turnover Plan. We communicate with the Agency

and successor Supplier to make sure data is in an industry-standard format, is approved by the Agency project manager or designee, and that each item is turned over properly and successfully.

Quality Assurance

Continuous process improvement does not end with management and operations. It is integrated into the maintenance and execution of turnover as well. Our Turnover Plan identifies quality control checkpoint activities that measure and improve quality. To complete these checkpoint activities, we:

- Solicit feedback from the Agency and the successor after each artifact turnover. This allows us to determine what improvements can be made for the next successive turnover
- Monitor the quality of each deliverable by understanding Agency requirements, addressing comments, and by applying industry knowledge of the turnover process. As turnover activities proceed, we improve each successive deliverable by understanding the environment and Agency requirements and expectations
- Refine tasks and timelines due to turnover schedule monitoring and continuous improvement efforts. This includes adding detail to the turnover schedule to clarify tasks and assignments
- Identify and mitigate areas of concern through continued application of risk and issue management processes to provide transition quality improvement
- Perform process quality assurance activities to verify executed turnover activities adhere to documented turnover processes, such as those for knowledge transfer, and perform corrective actions when necessary

Turnover Closeout

Turnover requires we demonstrate that all contractual requirements have been met; we transition operational tasks to a new Supplier and/or the Agency; and we provide lessons learned from the project prior to the end of the contract term. Our expert execution of project processes, including those for turnover, make this possible. We provide the Agency with completed copies of turnover artifacts and a Final Turnover Results Report to mark the closeout of our contractual obligations.

Applying Project Management Best Practices to Turnover

Conduent uses a consistent, process-based approach to project management throughout turnover. Our approach aligns with the best practices described in **A Guide to the Project Management Body of Knowledge** (PMBOK Guide) and covers all knowledge areas with an integrated system of initiating, planning, executing, controlling, and closing process groups. In practical terms, project controls and activities relevant to turnover include:

- Creating a comprehensive turnover schedule that includes all activities and tasks required to fully and completely execute our turnover responsibilities
- Updating the turnover schedule with weekly progress, revising any time and/or resources associated with each task, and publishing the updated turnover schedule
- Reviewing the project risks to determine if any risk status has changed or if triggering events have been reached, reviewing the results of any mitigation efforts, reviewing risk classifications and updating the risk and issue tracking systems
- Reviewing quality control metrics, defect-detection and mitigation processes, and other quality related information
- Confirming requirements have been met; using traceability information to help identify artifacts and services to be turned over
- Communicating the results of these monitoring and controlling processes to stakeholders in status reports and other agreed-upon communication vehicles

Attachment F Requirement PTO02

At least six (6) months (or a timeframe determined by the Agency) prior to the final Contract year (including option years that have been exercised) and at least six (6) months (or a timeframe determined by the Agency) prior to the end of any contract extension(s), the Supplier shall provide the following:

a. An updated Turnover Plan.
b. Complete and update system and user documentation.
c. Statement of the resources that would be required by the agency or another Supplier to fully take over business or system functions outlined in the Contract (s). This includes quantity and types of resources and volume of tasks to support the scope of work.
d. Operational tasks and procedures as necessary to support ongoing operations and solutions.
e. Lessons learned report.
f. List of incomplete tasks, such as open or pending cases and activities and solution modifications or enhancements.
g. A detailed description of the services that would be required by another Supplier to fully take over business or system functions outlined in the Contract.

The agency reserves the right to request this information at any time throughout the Contract.

Conduent response: The objective of the turnover period is to provide an orderly transfer of the Third Party Liability Services artifacts from Conduent to the Agency or a (prospective) successor Supplier at the end of the Contract. We approach the turnover as we approach Design, Development, and Implementation (DDI)—through careful and methodical planning. At least six months prior to the final Contract year (including option years that have been exercised) and at least six months prior to the end of any contract extension(s), we will complete a series of turnover related tasks to demonstrate our readiness and support of turnover. These activities include:

- **An updated Turnover Plan.** Our plan describes the overall approach, tasks, schedule, and artifacts to complete an orderly and collaborative turnover.
- **Complete and updated system and user documentation.** The system and user documentation are stored in the project's SharePoint site, updated throughout the contract to remain current with the system functionality, and optimized user procedures. We transition ownership of these artifacts to the Agency or its designee as part of the turnover process.

- **Required resources list.** The turnover manager provides a list of the resources needed to take over the solution, technical, and business functions, along with a list of resources that may be released or reassigned.
- **Operational tasks and procedures needed to support the project.** The project manager supplies copies of the tasks and procedures required to keep the project running smoothly.
- **Lessons learned.** As part of our iterative development life cycle, our team is accustomed to conducting retrospectives on a routine basis and implementing improvements as a result of lessons learned findings. Conduent conducts additional lessons learned at the end of the contract and makes the findings available to the Agency. The turnover manager reviews the feedback, works with the turnover team to identify potential process improvement opportunities, and provides them to the Agency.
- **Listing all incomplete tasks for the project.** The turnover manager compiles a list of all incomplete tasks along with estimated dates of completion and provides it to the Agency. This may include items such as outstanding defects, deferred enhancements, incomplete modifications, or mass adjustments.
- **Description of the services required to fully take over the project.** The turnover manager generates a descriptive list of services needed to take over the technical and business functions required by the project.

Throughout the turnover process, our subject matter experts serve as points of contact for questions and communications. The turnover manager works with the Agency to confirm the turnover is completed in accordance with the contract. During the turnover, we maintain the staffing levels and resources necessary to continue the successful support of the project. We make every effort to minimize or avoid delays in the turnover to minimize the impact to the Agency.

Attachment F Requirement PTO03
The Supplier shall provide a Monthly Turnover Report reflecting transition activities during the turnover period.

Conduent response: Conduent will provide a Monthly Turnover Report reflecting transition activities during the turnover period.

As part of our commitment to facilitate open communication and collaboration between Conduent, the Agency, and a successor Supplier, the teams meet weekly to discuss turnover. The Conduent team submits and reviews a Monthly Turnover Report during these meetings. In addition to having access to the documents associated with turnover, we also use meetings, workgroups, and reports to maintain transparency of our activities and operations.

The turnover manager is responsible for providing the Monthly Turnover Report reflecting transition activities during the turnover period. The turnover manager serves as our liaison to the Agency and successor Supplier and is the primary contact for all turnover-related matters and for meeting all Turnover Phase objectives.

Attachment F Requirement PTO04

The Supplier shall provide operational procedures that describe how maintenance is performed for the solution.

Conduent response: Conduent will provide operational procedures that describe how maintenance is performed for the solution.

Our Operations, Maintenance and Configuration Plan and Operations Procedure Manual deliverables, described in our response to requirements OMC11 and OMC12, identify procedures for how we maintain and operate our solutions. They cover maintenance activities, monitoring, planned downtime, reporting, and standard operating procedures for TPL services. We maintain these documents for the life of the contract and include them as part of the turnover materials to seamlessly transition to the successor Supplier.

Attachment F Requirement PTO05

The Supplier shall cooperate with the successor Supplier while providing all required turnover services. This will include meeting with the successor and devising work schedules that are agreeable for both the agency and the successor Supplier.

Conduent response: Conduent will cooperate with the successor Supplier while providing all required turnover services. This will include meeting with the successor and devising work schedules that are agreeable for both the agency and the successor Supplier.

Our staff remains committed to a successful turnover to the Agency and the successor Supplier. Turnover is only deemed complete when approved by the Agency. Therefore, while we strictly adhere to approved turnover processes, we also commit to cooperation and collaboration with the successor Supplier with regard to meetings, work schedules, schedule modifications, and process adjustments that align with Agency objectives. We are committed to ensure no disruption of services to the State, your members and providers.

Attachment F Requirement PTO06

The Supplier must transfer services and solution documentation and all data requested by the agency to the agency.

Conduent response: Conduent will transfer services and solution documentation and all data requested by the Agency to the Agency.

During the Turnover Phase, many details need to be provided to help guide the successor Supplier throughout the transition. Some of the critical items include solution and services documentation, requested data, or other information required by the Agency. We provide full support and assistance in turning over complete and current information requested by the Agency. Low-risk turnover that is transparent to members, providers, and users is at the forefront of our transition approach.

	Attachment F Requirement PTO07 The Supplier shall deliver a Turnover Results Report that documents completion of each step of the Turnover Plan. **Conduent response:** The Supplier will deliver a Turnover Results Report that documents completion of each step of the Turnover Plan. In order to document the results of each step in the Turnover Plan, Conduent provides a Turnover Results Report. This report includes necessary progress-to-date information about the files, data, artifacts, knowledge transfer sessions, and system functionality subject to turnover at key intervals or milestones during the turnover phase. We use this report to both gauge and present to you our overall execution of planned versus actual turnover work—an essential element of our approach to complete this project phase as effectively and efficiently as our implementation.	
	Upload Attachments with Additional Information? **Yes**	Attachment File Name: **Project Closeout and Turnover Requirements_ Base**

Attachment G Mandatory Scored Questions- TPL Base Requirements
Offerors must answer all questions in this document in the space provided.
Failure to answer these questions will result in disqualification of the proposal
Offerors must indicate whether their proposal meets the individual requirement and provide a supporting narrative in the space provided. The narrative description will be evaluated and awarded points in accordance with Section 6, Proposal Evaluation and Award. Certain questions require an attachment. ONLY upload documents where there is a "Yes-Required" in the "Upload Attachments with Additional Information?" column, to provide additional requested information for specific questions. If there is a "No" in the "Upload Attachments with Additional Information?" column, then a document will be NOT be evaluated, if uploaded. Suppliers must provide an answer in the answer box below for all questions with "No" in the "Upload Attachments with Additional Information?" column.
DO NOT INCLUDE ANY COST INFORMATION IN YOUR RESPONSE TO THIS WORKSHEET.

15	**Project Management Requirements -** Describe in detail how your company will meet all the requirements identified in **Attachment F, Project Management Section, PMT01-PMT45.** Your response should include the requirement number identified in the attachment, followed by your detailed response. You must provide a response to all requirements identified in **Attachment F, Project Management Section.**
A15	*Answer # 15* ***Conduent's team of experts uses an integrated, results-oriented project management and system development approach to support the needs of the Third Party Liability Services project.*** Conduent's system implementation and operations delivery approach follows our proven Quality Management System (QMS) – a collection of turnkey plans, procedures, and delivery accelerators that enables our team to reliably initiate, plan, execute, and control project activities. Guided by industry standards and best practices garnered from 50 years of healthcare implementation experience, our QMS is proven, reliable, and repeatable. As depicted in Figure G15-1, our QMS employs a holistic approach to all facets of project execution by incorporating methodologies for project management, system development, operations, and training. By advocating standardized and consistent processes, we not only implement a proven formula for success during the initial implementation, but we are able to repeat these processes to manage future enhancements and iterations.

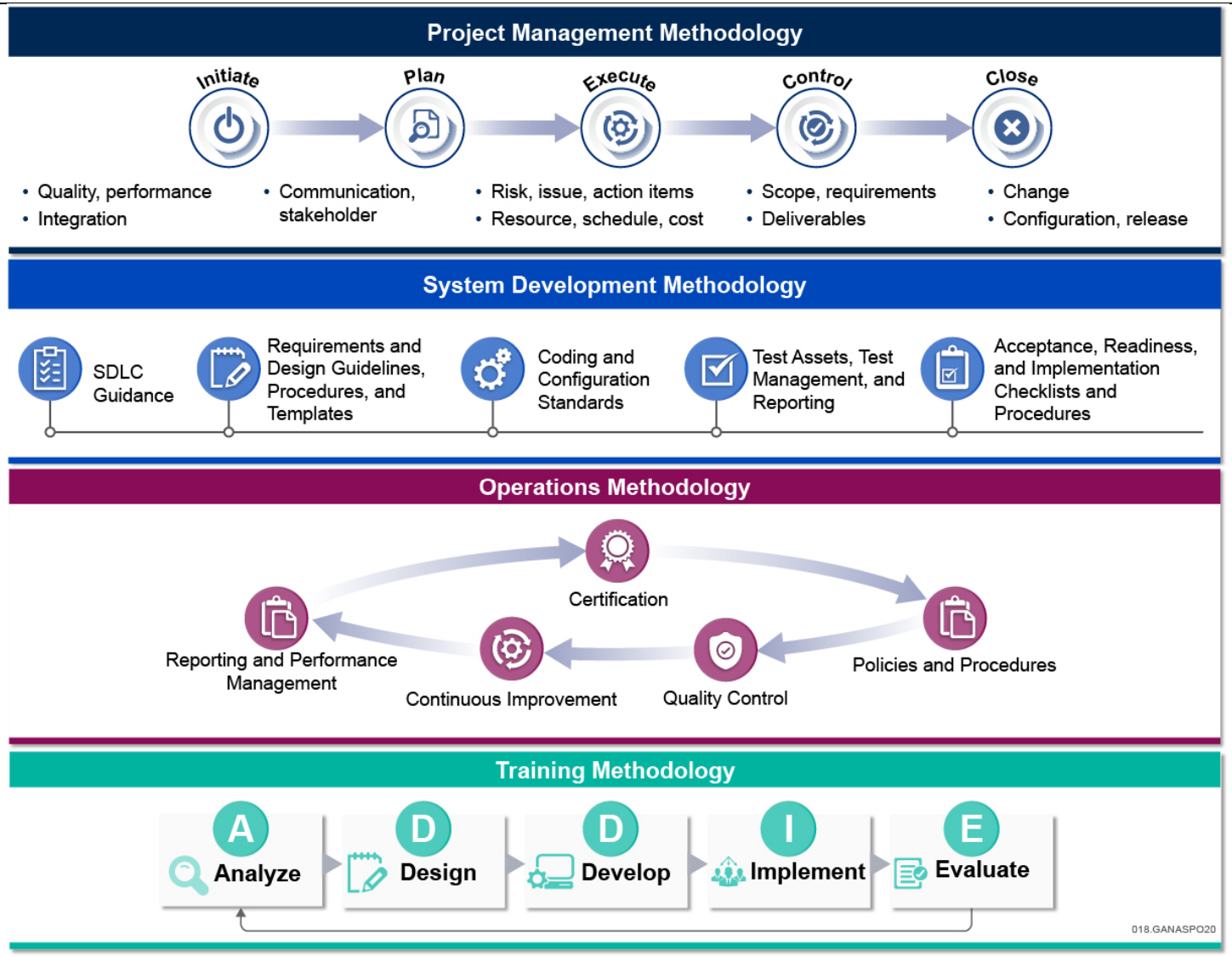


Figure G15-1. Conduent Quality Management System

Our methodologies are integrated, turnkey, and comprehensive.

	Our **Project Management Methodology (PMM)** includes processes executed in every project phase and provides oversight and monitoring for all project activities. Our PMM can be leveraged to provide project stakeholder communication strategies, project staff planning, risk identification and mitigation, as well as scope, schedule, and cost planning and control. Our baseline documentation set is designed to be flexible and easily customizable, allowing us to tailor documentation to meet the specific needs of TPL Services project. Our **System Development Methodology (SDM)** provides best practices, templates, procedures, and supporting tools to configure and deploy our technical solutions. Our delivery model capitalizes on proven system development life cycle (SDLC) elements to meet State needs and requirements. A key feature of our scalable and flexible Software-as-a-Service (SaaS) delivery model is the Conference Room Pilot (CRP) – a live, demonstration-based approach to requirements validation that allows the State to experience the actual system, configured to meet your requirements and policy, early in the life cycle. The objective of these facilitated walkthroughs is to leverage the system's ease of configurability and current functionality to identify both approved features and potential gaps in real-time. To fill identified gaps, we apply an agile development life cycle to incrementally deliver customized functionality, gathering feedback and course correcting as we progress. Our **Training Methodology** includes a comprehensive, user-centric, and closely monitored learning approach designed to ramp up resources quickly and maximize productivity as soon as possible. Our training is tailored to the needs of specific learner groups and is based on the job functions that individuals will be performing. A key component of our training methodology is the use of a feedback loop, where training is critiqued by the trainees after completion so that updates and changes can be made to increase training effectiveness. Our Training Methodology includes industry best practices and is aligned with the fundamental instructional design framework: Analyze, Design, Develop, Implement, and Evaluate (ADDIE). A more complete discussion of our training methodology and approach can be found in Proposal Section 3.19, Training Requirements. Finally, our **Operations Methodology** includes the standards, processes, and templates required to successfully prepare for, run, and monitor operations in a healthcare systems environment. This methodology and its related management artifacts are based on industry best practices as well as Conduent's many years of successfully managing operations for state healthcare programs. Components of our operations methodology include staffing management, quality assurance, quality control, service level agreement (SLA) management and reporting, continuous process improvement, operational readiness review, and a complete CMS certification toolkit. Additional detail regarding our operations methodology is discussed in Proposal Section 3.14, Operations, Maintenance, and Configuration Requirements. Strengthened and reinforced by implementing and refining our QMS in accounts across the country, our methods provide a pathway to expertly satisfy the TPL Services project scope of work. This approach and our familiarity with healthcare programs and policy qualify us to enact a stakeholder-centric solution that considers the processes, oversight, integration, and interoperability needed to support your program's success.

Our QMS offers process documents that are descriptive, standardized, specialized, and ready for integration. Each of our plans contains an overview, process diagrams, inputs, steps, outputs, roles, and supporting artifacts and tools based on our long tenure of implementing and operating healthcare systems. Conduent develops project documentation and deliverables based on experience and industry standards which include:

- Project Management Institute's A Guide to the Project Management Body of Knowledge (PMBOK® Guide)
- Institute for Electrical and Electronics Engineers (IEEE)
- Medicaid Enterprise Certification Toolkit (MECT)
- CMS IT eXpedited Life Cycle (XLC)

Because our documents are founded upon industry-standard best practices and methods, we can quickly align our processes and supporting artifacts to your requirements, to the System Integration Services Contractor, and to other contractors' processes.

We are confident we can meet and exceed the federal and State standards and requirements set forth for the TPL Services project through the effective execution of our comprehensive QMS methodologies and tools. Our experienced project managers, turnkey yet tailorable project management processes, and collaborative approach allow us to execute the TPL Services project with efficiency, collaboration, transparency, and excellence.

Attachment F Requirements for Project Management

On the following pages, Conduent provides a response to each Attachment F requirement for the Project Management Section**,** PMT01-PMT45. Our initial response confirms our commitment to meet the requirement followed by our descriptions of our work.

Attachment F Requirement PMT01
The Supplier shall support the agency in all program governance activities as necessary.

Conduent response: Conduent will support the agency in all program governance activities as necessary. With extensive experience on multi-vendor and collaborative projects, Conduent recognizes the importance of an established governance structure and agrees to meet Requirement PMT01. Project governance makes up the foundation for effective communication and decision-making throughout the project. Governance is a critical function especially in multi-module or multi-supplier environments. Therefore, during project initiation, we collaborate with the State to align our proposed project governance model with your governance programs. We work with you to make sure our processes for communication and reporting meet your needs and requirements.

Our formal governance model, encapsulated in our Communication Plan, encourages regular and open communication at all levels to assist in defining, monitoring, and meeting our overall project and performance objectives. We jointly establish regularly scheduled

governance meetings early in the project and continue this cadence through go-live and on-going operations, modifying supporting artifacts, agendas, and timing as needed throughout the life of the contract.

This proactive approach to governance allows us to anticipate potential risks and issues and implement mitigation strategies prior to missing performance expectations. Figure G15-2 outlines our recommended governance approach for the project.

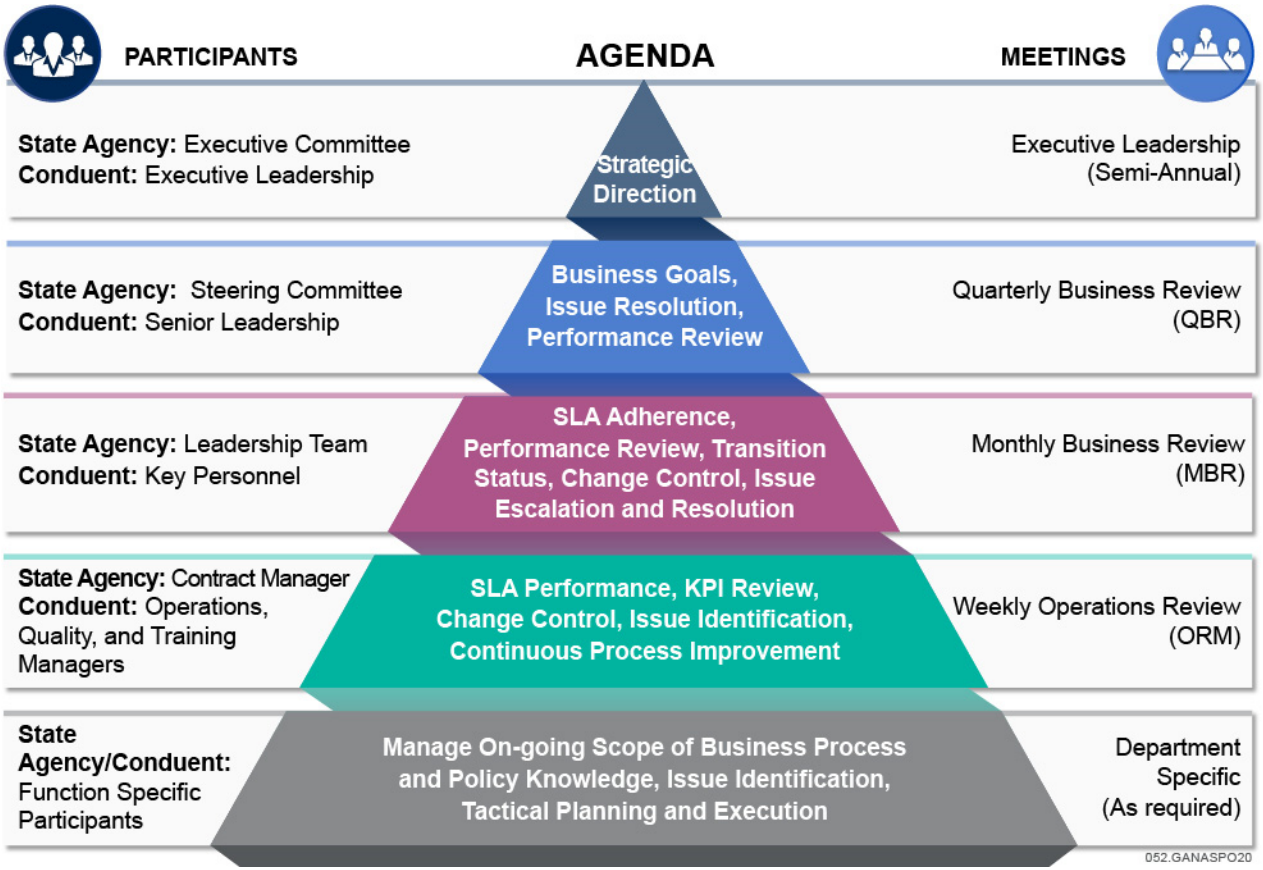


Figure G15-2. Proposed Project Governance Model

Our Governance Model enables communication, alignment, and performance monitoring across all levels of the organization.

	The Conduent proposed governance model emphasizes the importance of providing necessary, fact-based information to top-level agency staff for decision making and issue escalation. Executive leadership draws on available data, opinions, and recommendations made by managers when rendering decisions and providing direction for mitigating risks and resolving issues. Our governance approach provides the following benefits: • A plan for clear definition of roles and responsibilities, channeling decision making and tasks to the most appropriate teams, individuals, and levels • A streamlined process for decision making, drawing on data needed for leadership oversight while limiting escalation of decisions to matters affecting schedule, scope, or budget • An approach to organizing the governance team for accountability, centered on a tiered team structure that channels decisions to the most appropriate levels • Status reporting that maximizes status visibility to management and supports escalation of risk mitigation efforts • Detailed and accurate deliverables tracking to ensure that deliverables are completed on time and meet contractual obligations and related requirements • Accurate, comprehensive post-implementation reporting, documenting lessons learned, observations, and recommendations for improvements In addition to working with you to set the format and frequency of governance meetings, we believe that alignment on critical details – such as what defines a "red" status indicator versus a "yellow" status indicator – is essential to setting and maintaining mutual project expectations and promoting transparent reporting to all governance levels. To accomplish this, we leverage our QMS Project Status Calculator, which assists in the determination of heat map status indicators using a series of standardized questions and answers for each key performance indicator. As we complete the calculator, answering questions for each category, the calculator displays status heat map indicators of red, yellow, or green to indicate performance in key areas such as schedule, budget, resources, scope, technical performance, and operational performance. Our team uses the tool to calculate status and assure consistent, objective assignment of heat map color and end-to-end assessment of the factors that influence project performance. Through consistent, accurate reporting, we create a project culture and governance model that supports transparency between Conduent and the State and promotes performance excellence. **Attachment F Requirement PMT02** The Supplier shall be responsible for the capture and dissemination to the agency of agendas, meeting minutes and documentation necessary for successful execution of the project. **Conduent response:** Conduent will be responsible for the capture and dissemination to the agency of agendas, meeting minutes and documentation necessary for successful execution of the project.

	Our QMS offers ready-made templates for agendas, meeting minutes, status reports, and other project documentation to help us meet Requirement PMT02. We customize these documents to support your agency's requirements and make them available to the project team during project initiation to support consistent documentation and reporting. Once the project begins, we meet with the State to agree upon timelines for the distribution of meeting agendas and minutes. We provide meeting agendas prior to any meeting with the State and/or applicable stakeholders. During meetings, we capture detailed meeting minutes that track attendance, summarize topics of discussion, capture key action items and decisions, and establish necessary follow-ups. Conduent distributes completed meeting minutes to attendees following the meeting. We post meeting minutes to our document management and collaboration tool for the project, Microsoft SharePoint, for easy retrieval and review. We also utilize a customizable set of project plans, procedures, templates, and guidelines from our QMS document repository. Our repository is not a library of "shell" files with headings and instructions awaiting content. Rather, the documents are descriptive, standardized, specialized, and integrated. It includes documentation from management plans to requirements and design templates to documentation standards and many, many more. By providing these turnkey documents at the start of the project, we can quickly adjust them to support project integration. **Attachment F Requirement PMT03** The Supplier shall participate in necessary meetings with the stakeholders and/or other Suppliers. **Conduent response:** Conduent will participate in necessary meetings with the stakeholders and/or other Suppliers. Effective meeting facilitation plays a vital role in clarifying goals and expectations, coordinating work, sharing an understanding of responsibilities, providing a uniform understanding of schedule milestones, and promoting team trust and rapport. Conduent's PMM offers processes to identify stakeholders, standardize communication media, monitor adherence to communication protocols, and provide timely, consistent, and complete documentation before, during, and after meetings conducted with identified stakeholders and other contractors. We work with the State during project initiation to complete our Communication Plan, Stakeholder Analysis, and Communication Event Schedule. These documents work in conjunction to: • Determine meeting and communication schedules and frequencies • Identify applicable stakeholders • Document communication activities for the life of the project • Define level of impact to stakeholders • Establish clear responsibilities and expectations In addition, our Communication Plan documents best practices and protocols for meeting planning and administration to make sure we have the right stakeholders in attendance, to achieve the desired outcomes of meetings, and to track meeting decisions, action items,

and resulting work products with accuracy and efficiency. Our governance approach, detailed in Requirement PMT01, leverages industry best practices and lessons learned while operating alongside multiple suppliers to reach common objectives.

By setting communication expectations early in the project, we engage and build working relationships with stakeholders and other contractors well before operations. We advocate for the identification of stakeholders, not only at the beginning of the project, but as the project progresses from one phase to the next. We work with the State throughout the project to complete and update the Stakeholder Analysis, which uses the Responsible, Accountable, Consulted, and Informed (RACI) model to define the level of stakeholder responsibility for processes and tasks. Table G15-1 defines the RACI values and Communication Levels that are part of our Stakeholder Analysis.

Table G15-1. Stakeholder Analysis Captures RACI and Communication Levels

Level	Definition
RACI Level	
R	**Responsible.** Those who do work to achieve the task. There can be multiple resources responsible
A	**Accountable**. (also Approver) The resource is answerable for the correct and thorough completion of the task. There must be exactly one accountable person specified for each task or deliverable
C	**Consulted.** Those whose opinions are sought; use two-way communication
I	**Informed.** Those who are kept up-to-date on progress; one-way communication is sufficient
Communication Level	
1	Involve Extensively/Key Decision Maker
2	Involve as Needed/Subject Matter Expert (SME)
3	Keep Informed/Address Concerns (project team members, key operations staff)
4	Send Materials/Need-to-know Basis (e.g., Providers, Third Party resources, External Customers)

From this categorization, we can determine specific ways to engage and communicate with our stakeholders. A key output of this analysis is the Communication Event Schedule, which identifies one-time as well as recurring communication and collaboration events, including recurring meetings. We use this tool to schedule to involve and engage the right people at the appropriate time. Events documented in the Communication Event Schedule include kick-off meetings, requirements validation sessions, Conference Room

	Pilots, specific document reviews, and weekly and monthly status meetings. From planned governance meetings to impromptu hallway discussions, we are committed to supporting communication objectives through both formal and informal communication means. **Attachment F Requirement PMT04** The Supplier shall provide deliverables or documentation as defined in the Project Work Plan (PWP) and approved by the agency. **Conduent response:** Conduent provides deliverables or documentation as defined in the Project Work Plan and approved by the Agency. We provide the Agency with a draft Project Work Plan. Conduent seeks agency approval on the finalized Project Work Plan and all included deliverables in order to fully meet your requirements. The deliverables listed in the Project Work Plan encompass the documentation and work products required to implement and operate the TPL Services project. We draft our work plan based on industry standards and our own best practices curated over decades of healthcare implementations. We deliver the PWP early in the project and gain agency buy-in. A summary-level view of our proposed project schedule is included in Attachment G. In addition to listing deliverables in the PWP, we hold deliverables expectations discussions with the agency and create Deliverable Expectations Documents to make sure we mutually agree upon deliverable purpose, format, content, and stakeholders. We firmly believe this step increases quality and reduces rework, because all parties know what to expect from the deliverable early in the life cycle. Conduent develops each deliverable based on the content and format specifications defined in the approved Deliverable Expectations Document. In the PWP delivered to the agency, we use standardized nomenclature to identify and quickly locate deliverables ("D:"). Our work plan always includes tasks to create Deliverable Expectations Documents, conduct peer review, quality assurance review, deliver to the client, accept comments, revise, and redeliver. This means we plan the resources and time necessary to produce quality deliverables. **Attachment F Requirement PMT05** The Supplier shall support the State and its Supplier(s) in Independent Verification and Validation (IV&V) activities associated with the contract including CMS Certification(s). **Conduent response:** Conduent will support the State and its Supplier(s) in Independent Verification and Validation (IV&V) activities associated with the contract including CMS Certification(s). Conduent works collaboratively with the State, the IV&V Contractor, and any oversight agent designated by the State or CMS throughout the project to support contract activities and meet Requirements PMT05. We have extensive experience working closely with IV&V vendors in other implementations and recognize our obligation and responsibility to work with this important group. We work with the State to determine system and repository access needs, so we can provide appropriate access for the IV&V contractor and any other oversight group throughout the project life cycle. In addition, Conduent posts all document-based deliverables to the project's SharePoint site or other State designated document repository for easy access and review.

	For certification efforts, we provide a Certification Lead who serves as the primary point of contact for certification-related issues. The Certification Lead works with the State's project team and IV&V to support and assist in certification planning, status meetings, deliverables, preparation of checklists and artifacts, milestone reviews, and supporting the review and validation of requirements by the State, IV&V, and CMS. Our Certification Lead hosts status meetings to provide updates on the certification activities, openly discuss issues, and respond to questions from the State, the IV&V, and any other third parties engaged in the certification process. More information on our certification processes and results are in Proposal Section 3.2, MECT Certification Requirements Response. **Attachment F Requirement PMT06** The Supplier shall conduct a monthly status meeting to discuss project tasks and activities (e.g., deliverables, milestones, issues, risks, and SLAs). **Conduent response:** In alignment with our communication management processes, Conduent will conduct monthly status meetings to discuss project tasks and activities. We work with State stakeholders early in the project to align on key meeting elements such as recurring meeting topics, content or artifacts to be reviewed by meeting type, and the leadership levels, SME areas, and other attendees based on the goals or topics for each meeting. For example, monthly status meetings may include month-over-month progress information, both strategic and tactical meeting topics, and information geared toward higher level leadership stakeholders than, for example, a weekly status or topic-specific meeting. This effort, and the resulting differentiation between meetings, aligns with our governance structure, prioritizes stakeholder time, and focuses project messaging. In the monthly status meeting, we summarize the information gathered and compiled from our weekly status reports in a presentation for agency leadership. During this meeting, we discuss: • Project Work Plan updates including completed, in progress, slipped or slipping tasks, and upcoming tasks and milestones • Completion status of the project including key milestones and schedule variations • Planned tasks and activities for the next reporting period • Deliverable statuses and percent complete including at-risk deliverables • Staffing changes and issues • Status of project risks and issues including any new or closed risks or issues • Testing status and metrics • System enhancement pool hours used and remaining • Status of Service Level Agreements (SLAs) We focus discussions on critical path items and items that require escalation to the State and/or other stakeholders. This promotes visibility and collaboration on the issues, risks, and other items that have a significant or direct impact on overall project health.

Attachment F Requirement PMT07

The Supplier shall conduct weekly meetings to discuss issues, risks, progress of current projects, solution changes, resource changes, and other areas specific to the scope of work.

Conduent response: Conduent conducts weekly status meetings with the State and other designated stakeholders to review project status, risks and issues, solution and staffing changes, recent deliverables and upcoming milestones, and work planned and completed during the reporting period. We use our Project Status Report Template, with format and content we agree upon with the State, as a visual aid to clearly identify these key performance indicators.

Our Project Status Report Template includes a description of the overall schedule status, planned and actual deliverable start and end dates and percent complete, work planned and completed during the reporting period, and open issues and risks. It includes status heat map indicators of red, yellow, or green for key performance areas including schedule, financials, resources, scope, technical performance, and operational performance. Figure G15-3 show a sample report template we use to depict project status and health.

Summary Status for <Status Reporting Period>

Contract Manager	<Name Here>	**Overall Status**	**Green**
Project Manager	<Name Here>		
Technical Manager	<Name Here>		

Project Activities, Discussion Topics

Key Accomplishments Last Period	Key Activities Planned for Next Period	Discussion Topics
1.	1.	
2.	2.	
3.	3.	
4.	4.	
5.	5.	

Color Status by Category (Use the "Project Status Calculator" Excel Workbook to Determine Color Status per Category)

Category	Status	Trend	Comments
Schedule	Green	No Change	
Financials	Green	No Change	
Resources	Yellow	No Change	
Scope	Green	No Change	
Technical Perf	Green	No Change	
Operational Perf	Green	No Change	

Risks and Issues

Risk/Issue ID	Title	Status	Mitigation/Resolution Plan	Additional Comments
Risk #05	Resources on Vacation	Open	Looking for additional resources from another team to keep schedule on track	An additional analyst will join to project.
Issue #04	Code not migrated to DR environment	Resolved	Fixed migration scripts same day and migrated code to CR environment per plan.	

Summary Metrics

Base Start	Base Finish	Actual Start	Planned Finish	Duration Days	Base Work	Current Forecasted Work	Actual Work	Remaining Work	% Work Complete
12/31/2020	12/31/2021	12/31/2020	12/31/2021	365	500	500.1	320	180.1	64%

Key Deliverables and Milestones

ID	Deliverable and Milestone Name	Baseline Completion	Forecast Completion	Actual Completion	Status
380	Requirements Analysis	3/30/2020	3/30/2020		On Track
432	Detailed System Design	6/31/2020	7/5/2020		On Track
502	Infrastructure Build	7/31/2020	7/31/2020		On Track
613	SIT Testing	Aug-20	Aug-20		On Track

Figure G15-3. Customizable Status Report Template

Our template presents a dashboard view of status, risks, issues, deliverables, and milestones.

Accurate execution of our PMM processes allows us to generate work performance information and status reports that are informative, comprehensive, and transparent. Conduent appreciates the importance of consistent status reporting across contractors to promote uniform, informative, and actionable messaging. We can easily modify our nomenclature and format to align with your requirements and to support consistency with the System Integration Services Contractor and other module vendors and service suppliers.

Attachment F Requirement PMT08

The Supplier must employ a project management approach that will satisfy the scope of work and incorporate all activities described in the RFP. The Supplier shall adjust the project management approach or project schedules, as necessary, to collaborate with the module vendors in order to incrementally build the enterprise platform.

Conduent response: Conduent employs a project management approach that will satisfy the scope of work and incorporate all activities described in the RFP. The Supplier will adjust the project management approach or project schedules, as necessary, to collaborate with the module vendors in order to incrementally build the enterprise platform.

Conduent's PMM is designed upon industry-standard best practices with a focus on repeatable processes, rigorous controls, and continuous communication with the State. This approach allows Conduent to fulfill requirement PMT08. Our PMM incorporates the knowledge areas of the PMBOK® Guide, but also extends beyond the ten standard PMBOK Guide Knowledge Areas by providing additional critical plans, procedures, and guidelines in our QMS, curated over decades of government and healthcare implementation experience.

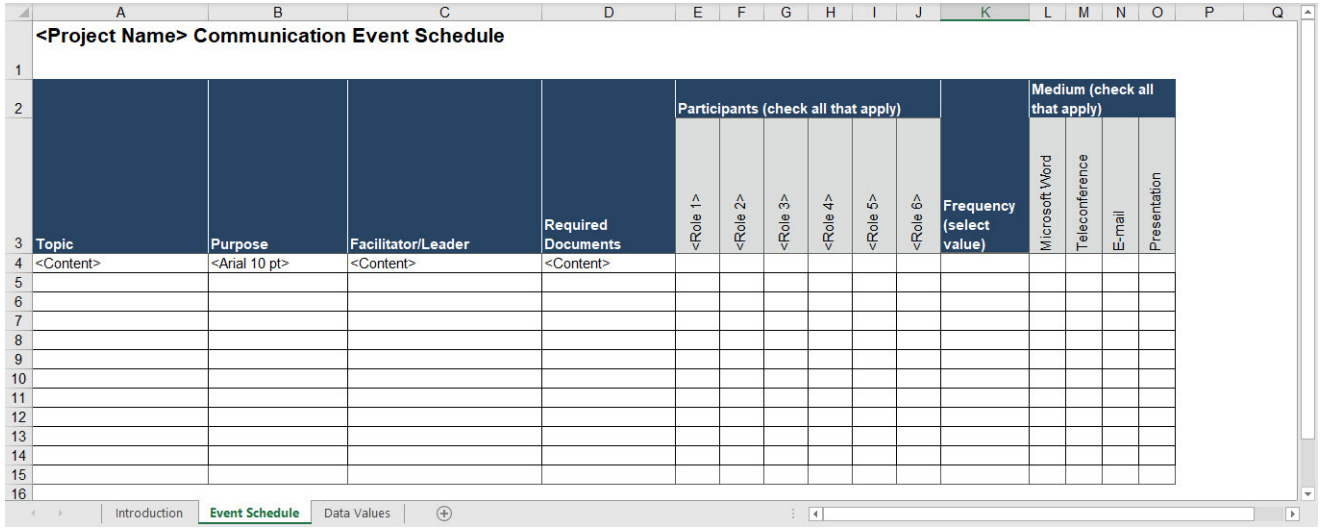
Our PMM is documented as a series of plans that define key project management processes, their inputs, outputs, roles and the related metrics that are required to initiate, plan, execute, and monitor all project management activities. In addition to aligning to the latest PMBOK Guide processes, these plans incorporate industry-standard practices from IEEE, CMS IT Expedited Life Cycle (XLC), and other standards related to system development, project management, operations management, and healthcare programs. Our plans are standardized and turnkey, which means we can tailor them quickly and effectively to align to your project management requirements and collaborate with other module vendors. We set aside time during project initiation to review each plan with you and make sure we are aligned with your standards and requirements. We work with you over time to make incremental improvements and to align our documentation and project schedule to the project's evolving needs. In the pages that follow, we discuss several of the PMM knowledge areas that are critical to the success of the TPL Services.

Communication Management

Effective communication plays a vital role in clarifying goals and expectations, coordinating work, sharing an understanding of responsibilities, and providing a uniform understanding of schedule milestones. Conduent's PMM offers processes to identify stakeholders, standardize communication media, monitor adherence to communication protocols, and provide timely, consistent, and complete reporting. Our Communication Plan, Communication Event Schedule, Stakeholder Analysis, and Agenda and Minutes

Template are all artifacts of our communication management knowledge area used to document communication activities for the life of the project.

Our QMS templates supply the right level of detail to provide a boost to our project's start-up activities. For example, the Communication Event Schedule shown in Figure G15-4 demonstrates the depth of detail our plans and artifacts include. This template defines the who, what, where, when, and why of each planned communication event.



<Project Name> Communication Event Schedule

Topic	Purpose	Facilitator/Leader	Required Documents	Participants (check all that apply)						Frequency (select value)	Medium (check all that apply)			
				<Role 1>	<Role 2>	<Role 3>	<Role 4>	<Role 5>	<Role 6>		Microsoft Word	Teleconference	E-mail	Presentation
<Content>	<Arial 10 pt>	<Content>	<Content>											

Introduction | Event Schedule | Data Values

Figure G15-4. QMS Artifact Depth Example: Communication Event Schedule

Our artifacts provide the right level of detail to accomplish the need effectively and efficiently.

Our experience on multi-vendor projects provides proof that promoting transparency and open communication helps foster a successful working relationship among stakeholders. The project manager conducts regular status meetings, provides clear and informative status reports, and keeps stakeholders informed and engaged regarding issue and risk mitigation activities, schedule tracking, deliverable progress, and solution development. Once agreed upon with the State, we can imbed the project's approach to governance directly within the plan or can provide it as its own stand-alone artifact so that all elements of communication protocols – from email signatures and telephone etiquette to status report contents and governance groups are formally documented and referenceable.

Our Communication Plan – and the training and guidance we provide our project team – includes best practices and protocols for meeting planning and administration to make sure we have the right stakeholders in attendance, to achieve the desired outcomes of meetings, and to track meeting decisions, action items, and resulting work products with accuracy and efficiency. We also communicate

regularly with our team members to remind them of best practices for facilitating formal and informal meetings, capturing action items, phone and conference call etiquette, and conciseness and clarity of email messages. While these items may not seem particularly significant, they contribute to a professional, accountable, and transparent project environment in which we collaborate with you openly and productively.

Change Management

A mature change management approach acknowledges that change will occur; institutes proven change management strategies, and incorporates change in an orderly, informed, and collaborative manner. Our Change Management Plan establishes a structured, repeatable change management process; provides an approach to effectively manage hardware, software, and documentation changes; and describes tools and processes needed to track, analyze, manage, and implement changes according to the approved schedule. Figure G15-5 illustrates how we use our SharePoint list to track and monitor change request status and associated information.

Figure G15-5. Sample Change Request List in SharePoint
We use SharePoint to track and monitor key project information such as Change Requests.

Our QMS also includes many artifacts that provide a structured approach to problem solving and decision support. The Impact Assessment Template from our Change Management Plan is one such artifact. It provides a consistent and thorough approach to

	identifying, assessing, and implementing changes. This artifact includes general information about the Impact Assessment itself such as the requestor, person assigned to complete the assessment, and the target completion date, as well as the following prompts about the change being requested: **Title and ID Number.** The author includes on the form a short but descriptive title of the change, as well as the unique identification number from the SharePoint-based Change Requests list. **Change Description.** The description of the change, also taken from the Change Requests list, gives the assessor awareness of the subject matter where impact research is required. **Justification.** Provides the business justification and source of the request. This field is used to balance the impact of the change with the benefits of the change. **Impact Type.** A series of checkboxes that can be used to designate impact areas and to enlist the help of additional SMEs as necessary. Impact types include budget, schedule, scope, staffing, quality, technical performance and systems, and operations performance and systems. **Implications of Proposed Change.** Discusses the potential consequences if the change is implemented, such as performance degradation, impacts to related functionality, etc. **Requirements or Tasks Affected.** Lists the requirements, documents, processes, and development activities that are impacted by the change. **Iteration/Release(s) Affected.** Lists the iterations or releases impacted by the change. **Integration Considerations.** Describes how the change affects other components, implementations, interfaces, and other integrated elements such as releases, work schedules, or modules. **Level of Effort Estimate.** A table that quantifies the level of effort, in hours, by resource type, to fully execute the change if approved by the Change Control Board. We analyze and capture the technical, schedule, and budget impacts to the project, so we can collectively determine the priority and timing of each proposed change. Through these processes and templates, we make sure we are staying aligned with your vision and desire for ongoing improvements, while keeping you informed of how new ideas and programs can be incorporated into our schedule and scope. During project initiation, we work with the State to tailor our Change Management Plan to meet the needs and requirements of the Enterprise Change Management Plan. We also work with the agency to determine membership in joint Change Control Board meetings.

Document and Deliverable Management

Our meticulous document management process spans the entire life cycle of each deliverable throughout the project. Our Deliverable Management Plan and Deliverables Expectations Documents (DEDs) guide our rigorous, quality-focused process for drafting, reviewing, submitting, seeking approval of, and maintaining deliverables.

Conduent's approach to a quality-focused deliverable management process includes:

- Setting deliverable expectations to agree upon the deliverable outline, content, timing, and designated State stakeholders
- Training our team to adhere to documentation standards, including formatting, grammatical standards, and naming conventions
- Performing peer reviews of deliverables to verify business and technical accuracy and alignment to requirements
- Performing Document Quality Assurance (DQA) review prior to submission of deliverables to verify consistency, completeness, and alignment to templates and standards
- Managing State document feedback to address deficiencies both within the document and to identify improvement opportunities
- Providing a single point of contact for deliverable submission who delivers documents and work products to our State point of contact and uploads documents to the SharePoint site

We collaborate with you throughout the deliverable life cycle to produce clear and concise documentation that meets deliverable expectations. State comments and feedback are welcome during the review process, and we incorporate all feedback into the final draft. Once the final draft is ready for delivery, we submit the deliverable for final signoff and approval. We store records of deliverable approval in the project's SharePoint site. These process steps provide you with assurance that the deliverable reflects your requirements and collective feedback, and that a complete history of the deliverable's approval is maintained and available.

Once a deliverable is baselined with your approval, the deliverable is placed under configuration control. This means we only modify it through approved change and maintenance protocols, in order to adhere to project scope and schedule. We work with you to set the mutually agreed level of control and frequency of maintenance that must be applied to each document. These fundamental processes guide our teams in developing documentation that fully conforms to requirements and accurately reflects our services.

Risk and Issue Management

Risk and issue management are dynamic processes in which characteristics are constantly subject to change. We apply standardized processes to maintain ownership, accountability, tracking, reporting, and closure of action items, issues, and risks, so problems are identified before they negatively impact the quality of the project or technical solution. We encourage and train all team members to identify and log risks and issues. Our constant vigilance helps us to escalate these items when necessary and respond quickly.

Our risk and issue lists in the project's SharePoint site provide the State and Conduent with an at a glance view of the project's risks and issues. The priority for each risk or issue is determined by assessing the risk or issue against a multifaceted, numerical scale to assess

the potential or real impact to the project for each respective problem. The numerical rank of each risk and issue is further discussed in our Risk Management Plan and Issue Management Plan, but Figure G15-6 shows an overview example of how our QMS provides increased process rigor for key performance areas such as project risk. In this case, our QMS provides users with instruction on what level of risk mitigation should occur opposite the risk rank.

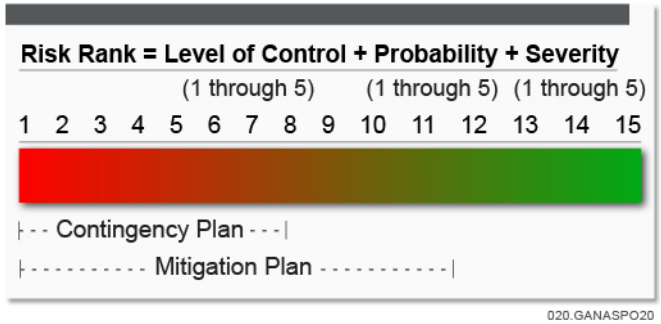


Figure G15-6. QMS Focus on Key Performance Areas Example: Risk Management Contingency Plan Trigger
Our Risk Management Plan protects the project by including built-in triggers indicating when a risk must not only be mitigated but must also have a contingency plan in case the mitigation plan fails.

We hold our own review meetings to assess and update risks and issues each week, and then we publish the results of these updates through the project's SharePoint site. We report associated metrics and risk and issue status in the Project Status Report, so we can focus status meetings on discussing progress being made, risk mitigation plans in progress, and barriers to issue resolution.

Quality Management

Our approach to quality management begins with the individual. Through extensive training and ongoing quality reviews, our staff understands how each member of the team contributes to the overall delivery of quality services for the project. By holding team members responsible for delivering quality work within their roles, we create an environment that promotes teamwork, accountability, accuracy, and professionalism. We define measurable performance standards that apply not only to individual performance and operational activities, but also to all documents and deliverables. We establish quality activities such as peer review, quality assurance, quality control, and performance management, all guided by our Quality Management Plan.

Our QMS documents, including those for Quality Management, use the same document layout: approach overview, inputs, process, outputs, metrics and monitoring, and roles and tools. This consistency makes using them simple and efficient. You can see the key process steps right in the table of contents, as presented in Figure G15-7, which shows the table of contents for our Quality Management Plan.

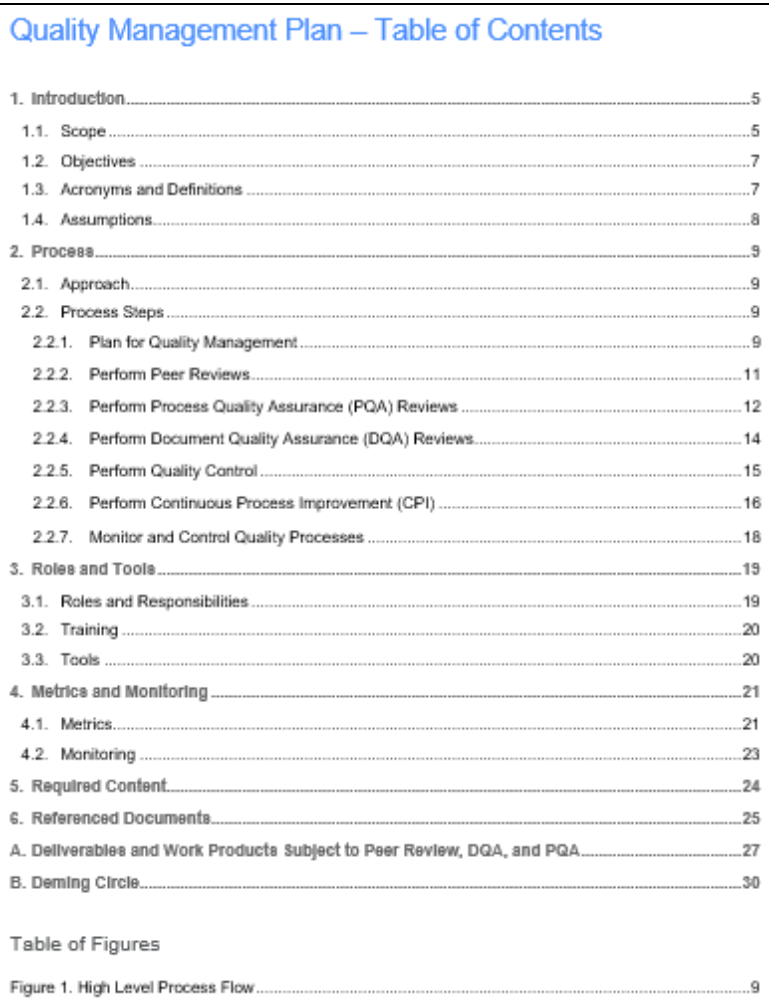


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Figure G15-7. QMS Ease of Use Example: Key Quality Management Content in the Table of Contents

Team members can review all documents or focus quickly on key process steps using the descriptive table of contents. This consistency and readability make using the document simple and efficient.

	Our Quality Management Plan details the management strategy to continually plan for, govern, promote, implement, and improve quality in all project activities. The comprehensive plan establishes the approach for validating the quality of project-wide processes and documentation for implementation and operations. Our Quality Management Plan offers a comprehensive description of the approach, features, and benefits that infuse quality into all aspects of the project. Our approach requires all team members to take responsibility for quality in their respective positions on the project. We provide oversight through our Quality Manager to make sure quality reviews and improvements take place as scheduled. **Resource Management** Seamless implementation and efficient operations of our product require that our staff, equipped with appropriate training, are in the right place at the right time. Our Staffing Plan details our management strategy for properly resourcing the project to complete project objectives. The plan defines our approach to identifying and communicating staffing needs so that we meet project objectives within the schedule, scope, and budget constraints. Furthermore, our Training Plan outlines activities to establish the project's overall training approach, identify training topics to be delivered to learners, deliver necessary training, and monitor training effectiveness. These plans are essential roadmaps to successful implementation and operation of technical solutions. Alongside these plans, our staffing model includes experienced key and non-key staff resources. For more information on Key Personnel and our staffing approach, see Proposal Section 3.12 Key Personnel and Resource Requirements. We know that experience alone does not guarantee successful transition, implementation, or ongoing operations: it must be supported by an effective and comprehensive training program. The combination of Conduent's Training and Staffing plans guide the development of a team capable of implementing and operating the TPL Services solution. **Requirement Management** Our SaaS solution affords an opportunity for you to see the solution as we configure it to meet your requirements. As part of our Conference Room Pilot (CRP) approach, we demonstrate the solution for you long before UAT. First, we work collaboratively with you during requirements validation sessions to review and clarify your requirements, business processes, policies, and relevant documentation. We then configure the system to meet the identified requirements. These requirements then come to life in CRPs, which give you an in-depth look at the product, configured for the TPL Services project. During CRPs, we demonstrate the configured product, confirm requirements' satisfaction, validate policy and rules, and identify gaps. If gaps are identified, we then work through agile requirements clarification, design sign-off, customization, and testing to establish full traceability in the Requirements Traceability Matrix (RTM) to the satisfied requirement. As we embark on iterative configuration, development, and testing, we continue the collaborative and interactive approach by demonstrating the system as it evolves to meet your requirements. We use Azure DevOps to manage requirements, produce queries of

widow/orphan requirements, monitor assignments, control scope, and schedule requirements work into sprints. We continue to update the RTM through this process, so you can be assured your requirements are being satisfied across the SDLC.

Schedule Management

Mature and proactive schedule management starts with the development of an accurate, complete, and predictive Project Work Plan and work breakdown structure (WBS). We execute stringent and regular maintenance processes to track the progress of the project through deliverables, milestones, and tasks.

Our Schedule Management Plan, consistent with all our QMS plans, provides an overall approach diagram to help users visualize key process steps: Figure G15-8 presents our overall approach for schedule management. We execute these process steps to promote stakeholder awareness, gain requisite approvals, and monitor progress toward an on-time deployment.

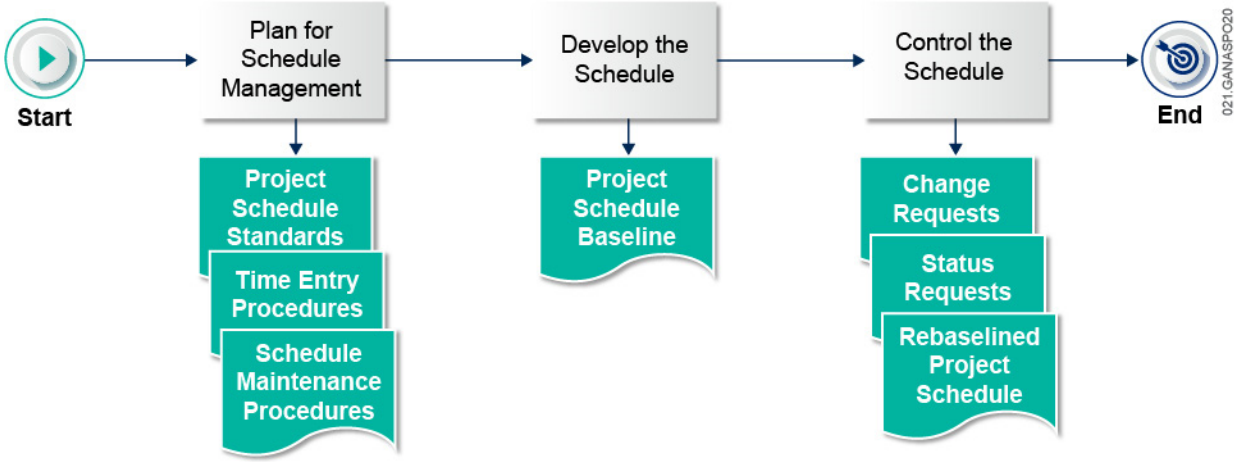

Figure G15-8. QMS Approach Visualization Example: Schedule Management
All our project management plans include a descriptive diagram that gives readers a solid understanding of the overall process before providing detail in each process step.

Our approach to work plan development encourages a dynamic, effort-driven, and predictive schedule. Our standards require consistency in naming tasks; effective and informative decomposition of tasks; and the use of historical data and industry-specific experience to improve the accuracy and predictability of the project schedule. Adherence to these and other standards means that resources know and understand their assigned tasks and durations, reviewers can quickly ascertain the status of clearly named and unique activities, and we can facilitate reporting by applying filters on clean, concise schedule data. Just as a well-built and well-

maintained machine will encounter fewer issues throughout its life, a thoughtfully organized and routinely maintained project schedule can steer the project management team in the right direction towards on-time deployment.

We are keenly aware of the complexities that module contractors face in coordinating a complex project with phased implementations of modules with interdependencies. Regarding schedule management, we leverage our experience with multi-vendor implementations in other states to understand best practices for schedule development, notation, and monitoring that help us identify touchpoints between our work and other module contractors. This allows us to closely monitor and control our dependent tasks and release schedules to incrementally and collaboratively build the enterprise platform.

Attachment F Requirement PMT09
The Supplier shall conduct a project initiation kick-off meeting with key stakeholders and the State's project team.

Conduent response: Conduent holds kick-off meetings for all our new projects and implementations in alignment with Requirement PMT09.

We encourage the State's project team to join us in presenting the kick-off materials to support and encourage a collaborative team environment and partnership. We use our Kick-off Presentation Template to establish a framework of topics for discussion, and we work with the State's project team to identify attendees, including other module contractors, the IV&V, and other stakeholders.

During the kick-off, we introduce our project team, present the organization chart, and identify points of contact. This helps us open lines of communication and collaboration with stakeholders.

We also provide a project overview, which outlines the goals, priorities, and policies of the project. It is important all stakeholders understand the overall project vision; while each module contractor is responsible for the technology and operation of a specific business function, we must share common expectations to achieve the success of the Enterprise.

We present a high-level solution overview, detailing the solution components and how the modular solution fits into the Enterprise as a whole. The TPL Services project scope, complexity, and interdependent relationships require mutual agreement to support effective and successful interactions and accountability for assigned responsibilities.

We review our implementation plan, which outlines our implementation timeline and project phases, methodologies used to develop the plan, supporting tools, and any anticipated implementation challenges. This helps stakeholders to set timing expectations and mitigate potential risks and issues related to the project schedule.

	Reviewing these topics during the kick-off meeting helps the project team and stakeholders establish a mutual understanding of the project overview, goals, requirements, and vision. **Attachment F Requirement PMT10** The Supplier shall implement procedures and tools for tracking project action items, decisions, issues, risks and defects. **Conduent response:** Conduent implements procedures and tools for tracking project action items, decisions, issues, risks and defects. Conduent uses tools and detailed procedures for tracking project action items, decisions, issues, risks, and defects to meet Requirement PMT10. During project start-up, we agree upon processes and procedures for monitoring and controlling these important items. We document State-specific procedures using our baseline, tailorable QMS documents, including our: • Issue Management Plan • Risk Management Pan • Action Item Management Plan • Master Test Plan • Defect Management Plan • Decision Procedure These documents help us establish a mutual understanding of the process to identify, document, triage, and resolve each item. We train our teams on how to use the SharePoint site's list functionality to track action items, issues, risks, and decisions. The functionality allows us to capture and record key information related to each item, such as owner, title, status, date opened and closed, importance, and additional notes as needed as shown in Figure G15-9. SharePoint Lists can also be exported to Microsoft Excel for easy viewing, sorting, filtering, and sharing. We keep version history on all list items, so we can monitor their progress towards timely closure.

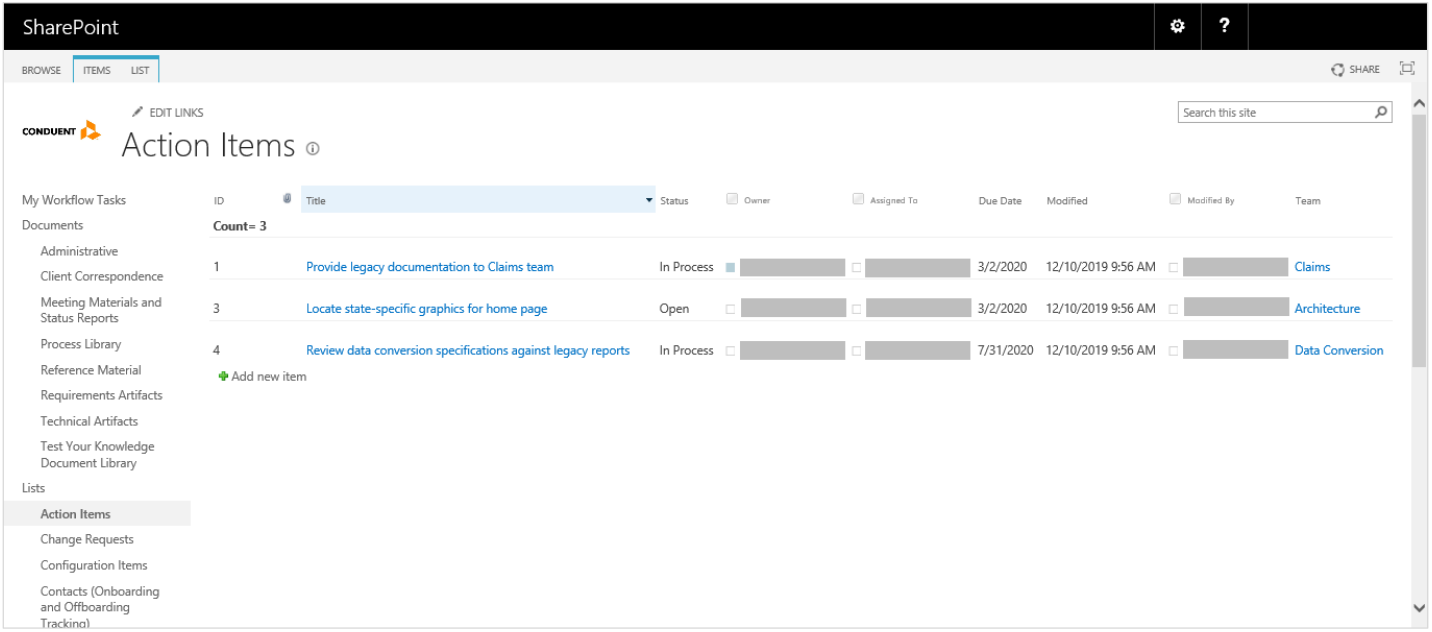

Figure G15-9. Sample Action Item Tracking

Conduent uses a Microsoft SharePoint site to track and monitor action items, risks, issues, and decisions.

As we move into system testing, we document the procedures for tracking defects in our Defect Management Plan. We use a Defect Log in the Azure DevOps life cycle management tool to track defects, assign severities, and execute remediation and retesting. We submit the Master Test Plan and Defect Management Plan for State review and approval and regularly review the Defect Log with the State to provide transparency in defect tracking.

Attachment F Requirement PMT11

The Supplier shall provide an electronic document repository for project documents and deliverables. The Supplier, agency staff and other Suppliers with the appropriate security level must have the ability to upload/attach new or revised versions of documents. The repository must perform version control and allow users to view all prior versions.

Conduent response: Conduent provides an electronic document repository for project documents and deliverables. Conduent, agency staff and other Suppliers with the appropriate security level must have the ability to upload/attach new or revised versions of documents. The repository must perform version control and allow users to view all prior versions.

Conduent uses Microsoft SharePoint as a standard collaboration and document management tool for our projects in alignment with Requirement PMT11. Our team members are well versed in the tool's features, functions, and best practices. Our QMS offers a comprehensive library of standards, procedures, and best practices for SharePoint usage. This includes a catalog of recommended SharePoint document and deliverable libraries; baseline templates and procedures to load into the project's site; and customized filters, views, and lists to track risks, issues, and action items in accordance with the approved PMM plans. We collaborate with the State to establish and promote proper SharePoint usage. Figure G15-10 shows an overview of the libraries within our project SharePoint site.

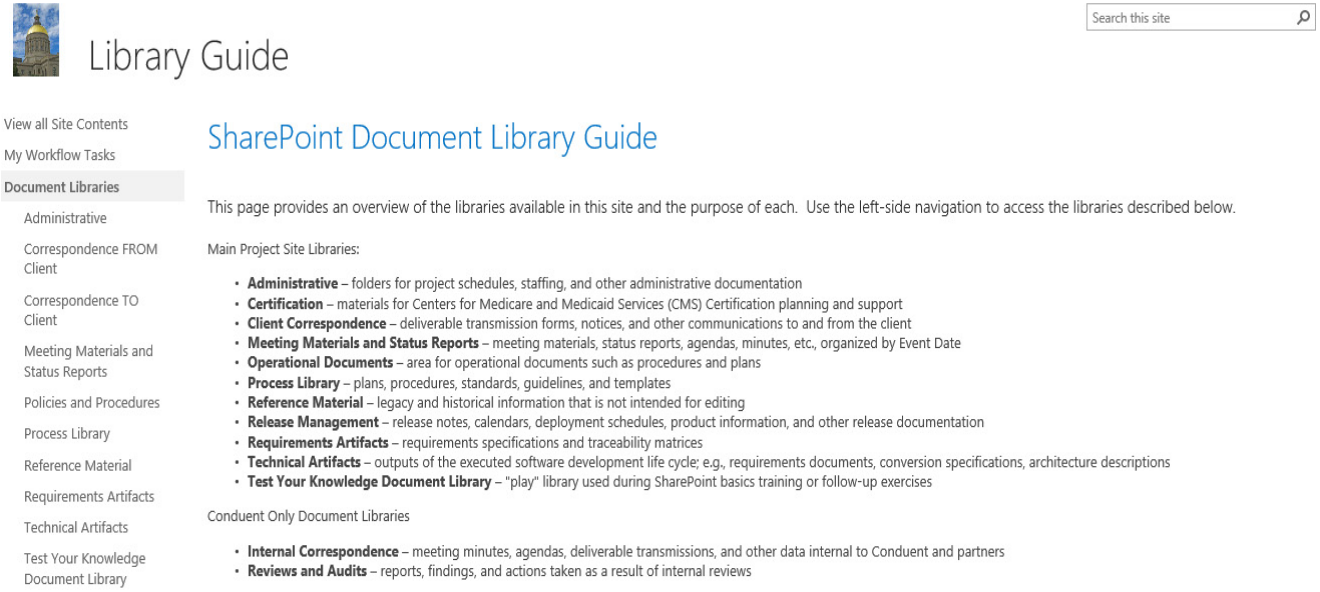

Figure G15-10. Sample of Conduent SharePoint Libraries

Our established SharePoint template tracks key project information and deliverables.

We train the project team on best practices for document check-out, check-in, version control, comments, properties, views, filtering, sorting, and even browser settings, alerts, and tips to optimize their SharePoint experience. We look forward to collaborating with the State to develop project artifacts and documents and execute the agreed-upon deliverable process.

We also maintain strict security standards on SharePoint to prevent unauthorized access. By assigning users to groups, we control access and set standardized controls across the project. This approach allows us to provide easy, consistent access to the site when new users join the project.

	Attachment F Requirement PMT12 The Supplier shall provide deliverables that at a minimum meet the following quality standards: a. Provide accurate and comprehensive content, reflecting the specific requirements for the deliverable. b. Ensure appropriate technical level for the audience. c. Utilize correct grammar, spelling, and versioning. d. Ensure diagrams are clear, concise, and value added. e. Follow industry-related standards. f. Appropriately define and reference information. **Conduent response:** Conduent provides deliverables that at a minimum meet the quality standards requirements for PMT12 (a-f). A hallmark of our quality management approach is our thorough and meticulous document quality process, which meets all standards established in Requirement PMT12. Conduent prides itself on clean, concise, and easy-to-read documentation free of grammatical, stylistic, formatting, and other errors that can cause you and other stakeholders to become distracted during critical content reviews. Our documentation builds in industry-standards such as the PMBOK Guide to create a structured approach to each deliverable. We want you to be able to focus on function, not form, during document reviews and approvals. In order to accomplish our high standards for document quality, we perform thorough and rigid work product reviews prior to delivery. First, our project staff are trained on our documentation standards. Documentation standards include formatting, diagramming (clear, concise, and value added), and grammatical standards, the use of styles to maintain consistency, and uniform naming conventions. Project team members use all available resources to produce quality content, such as legacy system documentation, policy documents, reference materials supplied by the State, and industry-related standards. Team leads supervise deliverable development and make sure SMEs are staffed to complete or review each work product. We write each document in a manner that is understandable to the defined audience and meets applicable business and technical requirements. Each deliverable contains a referenced documents table that identifies and locates reference information and acronyms and definitions tables to clearly identify and define acronyms and deliverable-specific terminology. We maintain draft documents within the project's SharePoint site; first to maintain proper version history and ability to review or restore prior versions, and second to leverage the check-out feature to avoid making conflicting or redundant changes to a work product. Conduent allocates adequate time and human resources to conduct peer reviews of all formal deliverables. The project manager determines appropriate SMEs to conduct peer reviews. Peer reviewers are given checklists and other reference materials to conduct peer reviews in a structured, documented, and consistent manner. SMEs review documentation to confirm cross-functional consistency, adherence to deliverable requirements, appropriate technical level details, and business validity of diagrams and associated artifacts. Prior to submitting the deliverable to the State, we also review the deliverable for content, accuracy, and completeness to confirm that defined objectives for the deliverable are met.

	Our quality analysts review each deliverable for standards adherence, grammar, formatting, adherence to expectations set in the Deliverables Expectations Document, and other aspects of quality, so the State can focus on the most important aspect of the deliverable—the content. Analysts review documents for grammar, punctuation, contents, indices, spelling, legibility, organization, and consistency with the format defined for the deliverable. The analysts produce deficit logs to capture errors and inconsistencies found in the documentation, allowing the author to fix the errors (and avoid making the same errors in future deliverables) prior to State delivery. After all internal reviews are complete, Conduent posts draft documentation to the project's SharePoint site for State access. An advantage of SharePoint is that Conduent can post-draft and updated documents regularly and frequently, giving the State ready access to current documents. The ultimate result is a set of clean, consistent, and accurate documentation that has been fully quality reviewed by project staff, SMEs, and quality analysts. **Attachment F Requirement PMT13** The Supplier shall submit a monthly status report. The monthly status report must contain, at a minimum: a. A complete set of updated and current output from the Project Work Plan along with a copy of the corresponding Project schedule files in electronic version. b. A description of the overall completion status of the Project including schedule variations that report the earned value of the work completed, the planned value of the work completed, and the variance. c. Planned tasks and activities for the next month. d. The Deliverable status, with percentage of completion and time ahead or behind schedule for particular tasks. e. Identification of any staffing issues or changes in the Resource Allocation Matrix. f. An updated status on all issues being monitored. g. An updated status on all risks being monitored. h. Provide metrics as determined by the agency. i. Provide testing status and metrics. j. An updated status on all SLA being monitored. **Conduent response:** Conduent agrees to provide a monthly status report containing all information included in Requirement PMT13 (a-j). Our Project Status Report Template includes a description of the project's overall schedule, resource, and budget status; planned and actual deliverable start dates, end dates, and percent complete; work planned and completed during the reporting period; work planned to be completed for the upcoming reporting period; open and closed issues and risks; project changes; and testing status and metrics. We modify our base Project Status Report Template to encompass additional information including metrics necessary to support the State's needs. Our monthly status report uses information from our weekly status reports to create summary information for the reporting period. We post the monthly status report to the project's SharePoint repository and make electronic copies of the work plan available in a PDF format. The Project Status Report Template, presented in our response to requirement PMT07, also includes status heat map indicators of red, yellow, or green for key performance areas including schedule, financials, resources, scope, technical performance, and operational

performance. Our team uses a question-and-answer based tool to calculate status to assure consistent, objective assignment of heat map color and end-to-end assessment of the factors that can influence project performance in each area.

Through accurate execution of our PMM processes, we generate work performance information and status reports that are informative, comprehensive, and transparent. We work with the State to define any additional reporting elements for monthly status reports and deliver them according to the project schedule.

Attachment F Requirement PMT14

The Supplier shall develop and maintain a Project Management Plan (PMP): The purpose of the Project Management Plan is to provide a comprehensive baseline of what needs to be achieved by the project, how it is to be achieved, who will be involved, how it will be reported and measured and how information will be communicated with the project. It will serve as a reference for decision and clarifications. All relevant project plans including but not limited to the Communication Plan, Change Management Plan, Staffing Management Plan, Quality Management Plan, Risk Management Plan, Issue Management Plan and the Work Breakdown Structure are incorporated into the Project Management Plan. It is a living document that evolves as the project progresses and is updated with the latest relevant information as required. The Project Management Plan may be broken into separate documents, but all documents will be considered sections of the Project Management Plan.

Conduent response: Our Project Management Plan describes our project management structure and summarizes the approach, standards, and supporting deliverables and work products for each of the management areas specified in the PMBOK Guide. The Project Management Plan is documented as a series of plans that define key project management processes, their inputs, outputs, roles and the related metrics that are required to plan, execute, and monitor all project management activities. Our Project Management Plan and its subsidiary plans enables Conduent to meet Requirement PMT14. Together with the subsidiary plans, the Project Management Plan provides a comprehensive baseline of what needs to be achieved by the project, how it will be achieved, who will be involved, how it will be reported, and how results will be measured, and how information will be communicated. Subsidiary plans include:

- **Change Management.** The Change Management Plan details the standards and activities that occur to manage changes to a project via change requests. It defines the strategy the project team follows to support a continuous change management model and to assess the complete range of impacts for each change.
- **Communication Management.** The Communication Plan identifies standard, scheduled communication activities and provides a structured approach to creating and delivering information, defining audiences, and establishing delivery vehicles. The plan also details the framework for managing and coordinating a wide variety of communications that occur during all phases of the project. It addresses communicators, audiences, messages, communication channels, feedback mechanisms, and message timing.
- **Application Configuration and Maintenance Plan.** The Application Configuration and Maintenance Plan is a custom blend of our baseline QMS plans that details the standards and activities that occur to identify, control, and verify work products and software code placed under configuration management. It includes the processes for our system development life cycle approach, managing requirements, conducting CRPs, and executing Feature Driven Development.

	• **Deliverable Management.** The Deliverable Management Plan outlines the process for creation, delivery, and management of document-based deliverables. This plan describes the overall approach to producing, transmitting, maintaining, and tracking document-based deliverables throughout the life of the project. While not a required deliverable, we provide this important plan as a value add that is part of our Project Management Plan. • **Issue Management.** The Issue Management Plan outlines the issue management approach for the project. It provides standard terminology, clear roles and responsibilities, a detailed description of the approved issue management process, and the standard templates used during the process. It is designed to guide the project team and stakeholders throughout the contract. • **Quality Management.** Quality Management Plan details the management strategy for continually planning for, governing, promoting, implementing, and improving quality in all activities for the project. Quality management begins with defining measurable performance standards and goals for all activities, documents, and deliverables. • **Resource Management.** The Staffing Plan details the management strategy for properly resourcing the project to complete project objectives. The plan defines the approach to identifying and communicating staffing needs such that project objectives can be met within the schedule, scope, and budget constraints. The plan also addresses the acquisition and management of physical resources, such as equipment, materials, facilities, and infrastructure. • **Risk Management.** The Risk Management Plan defines the approach the project takes to manage project risks. It includes minimizing the probability and consequences of adverse events to project objectives. Risk management includes risk identification, risk assessment, risk response, and risk monitoring. • **Schedule Management.** The Schedule Management Plan and Work Breakdown Structure detail the approach the project takes to manage its scheduled activities. Schedule management includes planning, developing, executing, monitoring, and controlling all tasks necessary to complete the project. It also includes project progress and schedule adjustments reporting. We provide this plan as a value add. In addition to aligning to the latest PMBOK Guide processes, these plans incorporate industry-standard practices from IEEE and CMS IT XLC and other standards related to system development, project management, operations management, and healthcare programs. The fact that our plans are standardized and turnkey means that we will be able to tailor them quickly and effectively to align to your project-specific needs. We set aside time during project initiation to review each plan with you and make sure we are aligned with your standards and requirements. At the outset of the project, we establish our project management organizational structure. Our project manager adopts, monitors, and controls the execution of our Project Management Plan processes and oversees the key PMM activities, including: • Maintaining the project work plan and schedule • Establishing deliverable submission and acceptance processes

- Validating the quality of artifacts
- Managing communications and producing status reports
- Monitoring and controlling project risks and issues
- Planning for staff and physical resources
- Overseeing the change management process
- Maintaining supporting tools, including Microsoft Project for schedule management, Azure DevOps for SDLC management, and SharePoint for communication and document management

Our project management processes are cohesive and carefully orchestrated to govern project phases throughout the project lifecycle. The Project Management Plan and subsidiary plans can be updated throughout the project following established change management processes.

Attachment F Requirement PMT15

The Supplier shall coordinate with the agency and with the module vendors as required by the agency, to support the program-level change management process consistent with the Enterprise Change Management Plan.

Conduent response: Conduent will coordinate with the agency and with the module vendors as required by the agency, to support the program-level change management process consistent with the Enterprise Change Management Plan. With extensive experience on multi-vendor projects, Conduent understands the importance of a uniform change management process. We customize our QMS Change Management Plan to meet the requirements of the Enterprise Change Management Plan in accordance with Requirement PMT15, and we work with the State to implement procedures consistent with others across the enterprise through which changes are requested, approved, or disapproved. We fully assess change impact using the most current and accurate information available and document all relevant data. This allows the State and other stakeholders to understand the full implications of every change. We use our Impact Assessment Template to document the full scope change, including impacts to schedule, budget, resources and other dependencies.

All changes are entered into the project's SharePoint site for tracking, assignment, impact assessment, and disposition. We monitor the change from initiation through to closure, making sure there is ownership, accountability, documentation, and validation for each change.

We track system-related changes in Azure DevOps for management of the change across the SDLC through to release. We plan and implement them according to a defined schedule, using an approach that provides clear progress information and minimizes risks and rework. We update system documentation, user manuals, and training materials to reflect the changes and share updated information across the enterprise. Further, we perform retrospectives or post-implementation reviews after deployments and incorporate the

findings to promote an environment of continuous process improvement. We include results of implemented changes, and any continuous process improvement opportunities, in our routine status meeting with the State.

Attachment F Requirement PMT16

The Supplier shall be required to work collaboratively with the agency and other suppliers to provide schedule information to be included in the Integrated Master Schedule (IMS). Elements necessary for the IMS include; start and end dates of major phases, key project milestones, integration points, dependencies, and sufficient information to support the reporting requirements as determined by the agency.

Conduent response: Conduent will work collaboratively with the agency and other suppliers to provide schedule information to be included in the Integrated Master Schedule (IMS). Elements necessary for the IMS include; start and end dates of major phases, key project milestones, integration points, dependencies, and sufficient information to support the reporting requirements as determined by the agency.

Conduent understands the importance of working with the State and the System Integrator to provide schedule information for the Integrated Master Schedule (IMS) and meet Requirement PMT16. Our work on numerous multi-vendor projects has shown us the importance of a holistic schedule that encompasses, not just our module, but all the modules that make up the enterprise. Our Project Work Plan includes all the elements needed to share information with the IMS, including project start and end dates for our project phases and key project milestones, and we share this information with the System Integrator and other applicable stakeholders. During project initiation, we define key integration points and cross-module dependencies to confirm other module contractors understand system responsibilities. We share this information with the System Integrator, so inter-dependencies can be appropriately documented and mapped in the master schedule.

Attachment F Requirement PMT17

The Supplier shall coordinate module deliverable and milestone walkthroughs and participate in other module walkthroughs as required by the agency.

Conduent response: Conduent will coordinate module deliverable and milestone walkthroughs and participate in other module walkthroughs as required by the agency.

Conduent provides live demonstrations and deliverable walkthroughs to support open collaboration with the State and other stakeholders and will meet Requirement PMT17. This is evident in our CRP approach, which supplements requirements validation through collaborative and iterative configuration, demonstration, and review of the product. This means you get to see the product as it is being configured to meet your requirements.

We work with the State to identify key milestones and deliverables for walkthroughs and demonstrations. We value such collaborative sessions as they help us validate product functionality and alignment with your vision. Based on our system development life cycle described in Proposal Section 3.7, Design, Configuration and Build Requirements, additional opportunities for walkthroughs and demonstrations are frequent – typically at the end of each three-week sprint in order to demonstrate the incremental progress made

during that sprint. We also schedule walkthroughs of deliverables and test results to gain your buy-in and feedback each step of the way.

Attachment F Requirement PMT18

The Supplier shall submit a monthly System Enhancement Pool report that details tickets invoiced to the hourly pool and must include hours used and hours remaining for the agency's approval.

Conduent response: Conduent understands the importance of having a monthly report providing a clear understanding of tickets invoiced against the hourly pool and remaining hours available. Understanding the remaining enhancement pool hours allows the State to plan for program changes and allocate your hours strategically.

Based on the scope of the TPL Services project, we will provide a monthly System Enhancement Pool report that details tickets invoiced to the hourly pool. This report will include hours used, hours planned, and hours remaining. We submit this report and related documentation to the State and the Medicaid Director for review and approval on a monthly basis.

Attachment F Requirement PMT19

The Supplier shall cooperate with the State's PMO and the IV&V Supplier to give an accurate, honest reporting of the project status.

Conduent response: Conduent will cooperate with the State's PMO and the IV&V Supplier to give an accurate, honest reporting of the project status.

Conduent submits weekly and monthly status reports to the State, the State's PMO, and IV&V contractor in order to meet Requirement PMT19. Our status reports include detailed status and heat map indicators of red, yellow, or green for key performance areas including schedule, budget, resources, scope, technical performance, and operational performance. Our team uses a question-and-answer based tool to consistently and objectively assign heat map colors to status categories and to assess end-to-end factors that can influence project performance in each area.

Through accurate execution of our PMM processes, we generate work performance information and status reports that are informative, comprehensive, and transparent. We work with the State to define the reporting elements for weekly and monthly status reports and deliver them according to the project schedule. We provide status information to the State, the State's PMO, and IV&V with informative reports on deliverables, milestones, resources, SLAs, and overall project health and commit to cooperation with these entities.

Attachment F Requirement PMT20

The Supplier shall contribute to the State's and/or the Systems Integration Services collaboration site, technical and non-technical project artifacts for the Supplier's module or module components including requirements, use cases, user stories, storyboards, system design documents, supplemental specifications, test cases, test scripts, test results, user, system and training documentation at the State's direction.

Conduent response: Conduent will contribute to the State's and/or the Systems Integration Services collaboration site, technical and non-technical project artifacts for the Conduent module or module components including requirements, use cases, user stories, storyboards, system design documents, supplemental specifications, test cases, test scripts, test results, user, system and training documentation at the State's direction.

To promote collaboration and transparency and meet Requirement PMT20, Conduent uses Microsoft SharePoint to maintain and share deliverables, requirements, use cases, system design documents, supplemental specifications, test cases, test scripts, test results, and training documentation. We maintain user stories and storyboards in our Azure DevOps life cycle management tool. We provide designated State users with online access to both tools for the ability to review documentation at any time. We then contribute documentation the State's and/or the Systems Integration Services collaboration site as directed by the State.

Conduent coordinates with the State and the System Integrator to distribute approved technical and non-technical project artifacts as required to a designated repository. We work with the System Integrator to determine the most appropriate method of transmission, including email, encrypted email, or document upload.

Attachment F Requirement PMT21

The Supplier shall develop and maintain a detailed Project Work Plan (PWP) and a Gantt Chart that is aligned with the scope of the work outlined in this RFP, and the resulting contract. The PWP must identify detailed project tasks, realistic person hours for each task, the sequence of tasks and activities including duration necessary to meet deliverable and milestone dates for each phase, estimated baseline start and completion dates, actual start and completion dates, the critical path(s), resources (by name or by resource type if not known), dependencies, permanent tracking number for each task, completion percentages, and phase-level milestones. The dates and hours in the approved PWP form the project baseline. Once established, the baseline will only be modified with approval from the State. Additionally, the PWP must be continually refined and updated as the project progresses and will retain the baseline for comparative reporting. From the approved work plan, the Supplier must calculate the required information necessary to meet the agency's reporting requirements which include: the work percent complete, SPI, CPI, earned value, planned value, schedule variance, planned amount paid, actual amount paid, and cost variance.

Conduent response: To effectively manage the implementation schedule and Project Work Plan and meet Requirement PMT21, we bring two fundamental project management concepts—experienced, thoughtful, and standardized project planning, paired with proactive, consistent, and detailed maintenance and oversight.

We start by evaluating the RFP to develop an initial high-level timeline to use as the basis for Project Work Plan development. In Figure G15-11, we provide a sample timeline that is representative of the estimated schedule for delivering the TPL solution and associated services. The timeline factors in delivery of both system functionality and business services associated with the project. We collaborate with the agency to further refine the timeline based on the participating agreement and your availability or constraints of other module contractors. The timeline may also be adjusted based on the scope of services awarded to Conduent.

Figure G15-11. Sample Timeline for the TPL Service Project

Our sample timeline depicts the overall schedule for implementation of the TPL solution and associated business services.

Once the scope of service has been awarded, we develop our Project Work Plan and detailed Gantt Chart using Microsoft® Project. We base the tasks and sequencing on standards that are part of our PMM and align with our SDLC phases, tasks, milestones, and deliverables. We adjust the tasks based on RFP requirements and project-specific needs and amend durations based on the work and resources we need to meet your requirements. We include descriptions for each activity, task, and sub-task to accurately represent the completion steps for each activity, milestone, dependency, and deliverable.

Our approach to Project Work Plan development encourages a dynamic, effort-driven, and predictive schedule. Our standards require consistency in task naming; effective and informative decomposition of tasks; and the use of historical data and industry-specific experience to improve the accuracy and predictability of the project schedule. Standards for work hours and time estimation include:

- Standard use of fixed work, effort driven tasks
- Manual leveling of resources to optimize resource allocation
- Decomposition of tasks scheduled to start within 90 days
- Documentation of schedule assumptions and constraints
- Inclusion of at least one predecessor and successor for every task to allow correct identification of the project's critical path
- Setting of constraints to "As Soon As Possible," unless there is an absolute need to set a fixed date for a task

Adherence to these and other standards allows for clarity of assignments, ease of reporting, effective management, and reliability of a well-developed, predictive schedule.

Project Work Plan Maintenance

Our project manager maintains the Project Work Plan by applying PMBOK Guide principles for Project Schedule Management. Using an integrated management approach, we baseline the State approved work plan and make changes only through proper protocols including State approvals. We continually inform appropriate stakeholders of progress against the schedule; we identify and respond to schedule slippage; and we report on progress regularly and consistently.

We update the Project Work Plan on a weekly basis and at the end of each sprint with progress, task details, and durations and follow approved change control processes when requirements change. All team members are responsible for understanding the tasks assigned to them and reporting actual work against planned tasks. Our project managers are responsible for identifying and controlling inconsistencies with planned progress.

We execute schedule management best practices as follows:

- **Team-wide access to schedule information.** The project manager stores and shares the Project Work Plan on the project's SharePoint site for team access. The ability to share files in Microsoft Project and PDF formats makes it possible for anyone to view the files, without having schedule management software installed.
- **Accurate reporting of progress.** The team leads and scrum masters report actual and planned work, identify deviations from planned progress, and take the necessary action to remedy deviations.
- **Proactive monitoring and risk mitigation.** The project manager continually monitors and reports on project progress, measuring project progress, and identifying and mitigating risks early to keep the project on track.
- **Regular updates.** The project manager updates the Project Work Plan on a weekly basis to ensure accurate and complete data is always available. This includes reviewing sprint progress and the achievement of stated sprint goals with scrum masters, so we can adjust the sprints, resources, or timing if needed to accommodate changes.
- **Comprehensive oversight.** The project manager tracks and monitors any risks, issues, and action items associated with cost, resources, schedule, and the technical environment, and adjusts priorities, tasks, and contingencies as necessary.
- **Informative status reporting.** The project leads provide status reports that include automated metrics and manually written details that, together, provide insights concerning project status, potential or existing roadblocks; and completed, in-progress, and scheduled work. These reports are used in weekly and monthly status meetings with the State. We also prepare metrics for reporting requirements and work with the State to identify key project metrics.

Attachment F Requirement PMT22

The Supplier shall provide toll-free or call-back telephone and webinar web-based conferencing capabilities (or an alternative solution approved by the Agency) to support contract activities.

Conduent response: Conduent provides toll-free or call-back telephone and webinar web-based conferencing capabilities (or an alternative solution approved by the Agency) to support contract activities.

Conduent uses Microsoft Teams as a standard web-based, teleconferencing tool on our implementation projects and operations in order to meet Requirement PMT22.

Microsoft Teams is a communication and collaboration platform within Microsoft Office 365 that allows users, both internal and external, to web chat, video conference, meet, and store and collaborate on files in real-time. Microsoft Teams is capable of hosting large scale, online events and supports meeting recording functionality. It can be accessed via any desktop, browser, or mobile device and supports call back telephone functionality. Users can view visual meeting content on their computer or mobile device and have

multiple options for audio content including using their computer, designating a call back number, or selecting a phone number from a pre-generated list to call.

As part of Microsoft Office 365, Microsoft Teams automatically synchronizes meetings schedules in Outlook and allows users to open other Microsoft applications such as Word, PowerPoint, and Excel directly in the application. This allows for easy collaboration and deliverable review.

Attachment F Requirement PMT23

The Supplier shall establish and utilize a deliverable review and acceptance process agreed upon by the agency including but not limited to review cycles and deliverable walkthroughs within a timeframe as determined by the agency.

Conduent response: Conduent works with the agency to establish a deliverable review and acceptance process in order to meet Requirement PMT23.

To allow the agency time for thorough review, we factor required review times into our draft Project Work Plan by assessing each deliverable's complexity. We schedule review times based on content, length, required SME input, and resource availability. We identify all project deliverables and review timelines in our Project Work Plan and welcome feedback from the State during project initiation to coordinate and set appropriate review durations. Our proposed Project Work Plan incorporates a ten-day review period for initial review and five-day review period for secondary submission. For deliverables that require specialized reviews, such as security-related deliverables, we allot time for a twenty-day first submission review, ten-day secondary review, and five-day third review. We document this review process in our Deliverable Management Plan and seek State approval to set expectations for timely, appropriate reviews.

Our Project Work Plan also incorporates an incremental delivery schedule for most deliverables, which helps avoid excessive simultaneous reviews. This allows the State and other stakeholders time to thoroughly review deliverables, enter feedback, and ask questions – without being overloaded with too much content or too many deliverables at one time. We also encourage the use of both formal and informal deliverable walkthroughs and reviews to facilitate efficient identification and resolution of comments. If the State or other stakeholders require clarification regarding our deliverables, we hold meetings outside the scheduled review cycle. We also make appropriate team members available to answer questions via phone call or email to provide clarifications and support the review process.

Once a deliverable has been approved by the State, we place the deliverable under configuration management, tracking the approval and any subsequent required changes. During project initiation, we work with the State to identify the processes for deliverable management and configuration management. This establishes coordination with the overall modular program, ensuring changes to deliverables are not made without enterprise level coordination.

Attachment F Requirement PMT24

The Supplier shall develop and maintain a Quality Management Plan. The Quality Management Plan identifies the quality standards for the project and how quality standards are measured. It includes the process steps and quality tools that will be used (e.g., templates, standards, and checklists).

Conduent response: Conduent agrees to meet Requirement PMT24 using our QMS Quality Management Plan. Our Quality Management Plan provides a full range of quality assurance and quality control processes that we apply to our work throughout the various phases of the project. Our long history of systems implementation and operations brings structured processes for quality, accuracy of documentation, resolution of issues, adherence to your SLAs, and continuous process improvement.

The Quality Management Plan details the management strategy for continually planning for, governing, promoting, implementing, and improving quality in all project activities. Quality activities begin with defined and measurable performance standards and goals that apply not only to activities and operations, but also to all documents and deliverables. Our overall process flow, presented and elaborated upon in the Quality Management Plan, is shown in Figure G15-12.

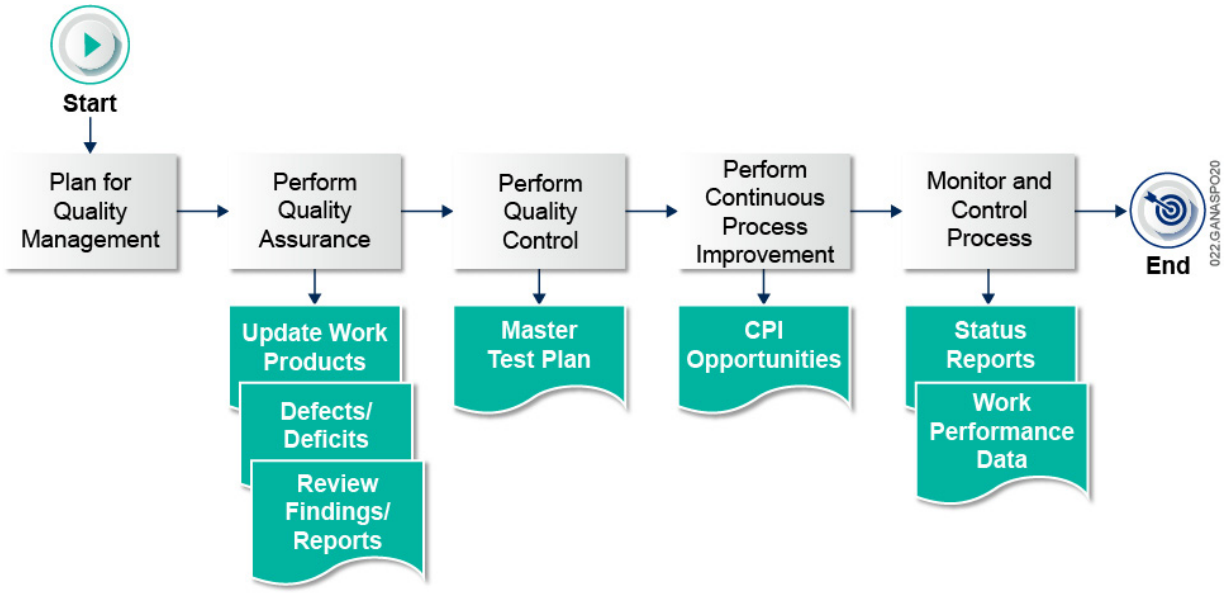

Figure G15-12. Quality Management Process Flow

Our approach to quality management is comprehensive and spans the duration of the contract.

Quality management processes form the basis for many quality practices and improvement opportunities to be applied throughout the project phases to our module, our services, our process execution, and our documentation. We have quality workbooks that are used

to schedule, resource, and track quality review activities and findings. We measure quality through test results, metrics reporting, defect tracking, stakeholder feedback on deliverables, and meeting project requirements.

This constant focus on quality is the foundation of our operational approach and the services we provide to the State and its stakeholders. Our quality management approach helps us to function consistently and efficiently across the scope of work for the project.

Conduent Quality Management Plan Highlights

Included below are some highlights of our standard Quality Management Plan:

- Quality Management Overview
- Peer Review processes, including standards and checklists, to check documents and solutions for content completeness, accuracy, and alignment to requirements
- Document Quality Assurance procedures, to check document-based deliverables for writing quality, clarity, and template adherence
- Process Quality Assurance procedures, to oversee accurate and complete execution of our project management and system development processes
- Quality control discussion, to provide an overview of quality control (testing) activities, measures, monitoring, and reports; and how we test our solutions for fidelity to standards for data exchanges, telecommunications, interfaces, and single sign-on requirements
- Performance monitoring reviews, measures, and reports
- Continuous process improvement steps
- Roles and responsibilities in performing quality activities, in the form of a Responsible, Accountable, Consulted, Informed (RACI) Chart
- Supporting procedures, checklists, and workbooks for quality analysts and team members to perform their quality tasks, record and resolve deficits, and report findings

Attachment F Requirement PMT25

The Supplier shall develop and maintain a Change Management Plan. The Change Management Plan must include the following elements.

a. Tools to support change management

b. Change management process steps

c. Escalation process

d. Training

e. Roles and Responsibilities

Conduent response: Our Change Management Plan includes the processes to identify, assess, and disposition changes to project scope, requirements, and timelines and allows us to fulfill Requirement PMT25. The baseline Change Management Plan that we maintain in our Project Management Methodology includes tools to support change management, best practices, change management process steps, escalation procedures, training, roles and responsibilities, and industry project management standards.

It is aligned with the PMBOK Guide as a component of Project Integration Management and Project Scope Management knowledge areas. Through this alignment, we establish a structured, repeatable process to effectively manage and incorporate project scope changes. We have applied our mature and proven change management process in other large state projects similar in scope to the TPL Services project to make sure proposed changes are fully vetted, analyzed, sized, prioritized, and approved prior to implementation. Our process for Change Management is presented in Figure G15-13 below.

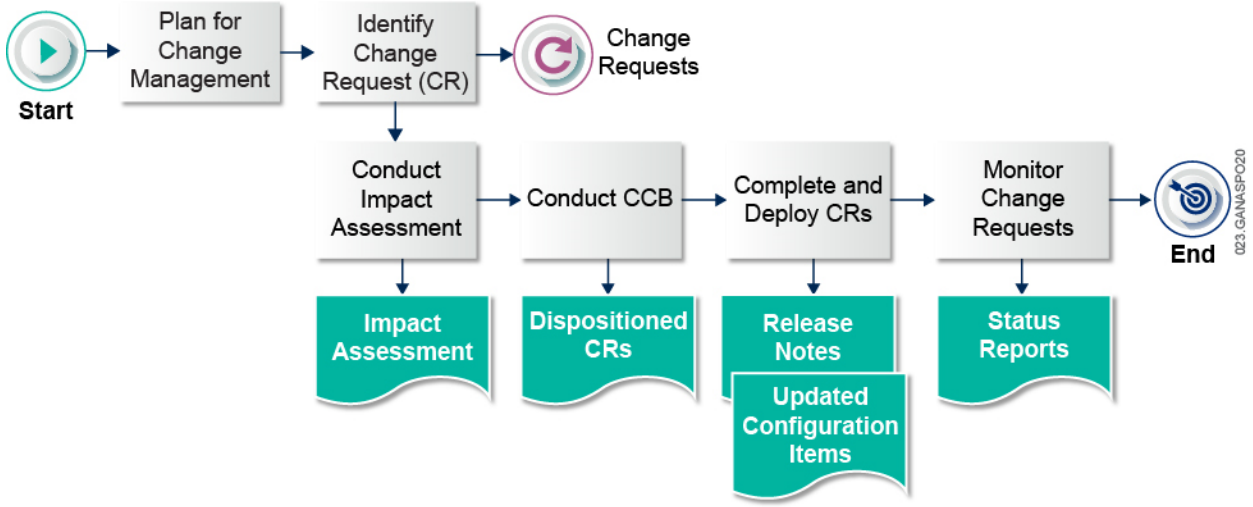

Figure G15-13. Change Management Process Flow

Our approach to change management focuses on impact assessment.

Conduent Change Management Plan Highlights

Included below are highlights of our Change Management Plan:

- Description of change management tools used in the project, including SharePoint and Azure DevOps
- Informative metadata fields used in the Change Request list in SharePoint
- Change management approach for process steps and escalation procedures
- Specialized training for change management
- Key personnel roles and responsibilities in the form of a Responsible, Accountable, Consulted, Informed (RACI) Chart
- Discussion of change control board processes

Attachment F Requirement PMT26

The Supplier shall provide and maintain Technical Documentation including written description of module component(s) design, function and architecture that will provide guidance to system developers. Additionally, the Supplier must include a detailed list of all environments, each environments' IT technologies including software, middleware, hardware, utility applications, development tools, testing tools, and provides detailed information on the programming languages and protocols used.

Conduent response: We provide clear and updated technical documentation throughout the life of the project in order to meet Requirement PMT26. We know that up-to-date technical documentation is paramount to deploying and maintaining a high-quality solution. Our technical documents communicate design information, architecture decisions, environments, software, tools, and other critical aspects of our product.

Our approach for developing technical documents includes:

- Establishing expectations for the types of documentation needed and content of each document to adequately specify the technical solution
- Storing the documentation in Microsoft SharePoint and gaining both document quality assurance and technical peer reviews on content to assure accuracy and clarity
- Providing the right information to gap developers, infrastructure engineers, and other analysts in order to configure and build the right solution for the agency

Conduent Technical Documentation Highlights

Included below are some highlights of our Technical Documentation:

- Inclusion of standard functionality and design of module components function and architecture
- Description of each environment used as part of the project and the technologies, applications, and tools used to support the environment
- Index of programming languages and protocols used for each module

Attachment F Requirement PMT27

The Supplier shall provide a Solution Architecture Document. The Solution Architecture Document includes a technical explanation of all aspects of the solution including detailed architectural diagrams, data flows, component specifications, SaaS, COTS products and hosting environment details. The document will include architectural tradeoffs using the Architecture Tradeoff Analysis Method (ATAM) method or other suitable method for evaluating the proposed platform architecture relative to the enterprise goals to identify risks that would inhibit the achievement of Agency's business goals.

Conduent response: We develop a Solution Architecture Document as part of our standard system development methodology. This documentation fulfills all standards established in Requirements PMT27. The document describes the IT solution design for Conduent's TPL Services implementation. The purpose of the Solution Architecture Document is to:

- Communicate the end-to-end IT solution to all stakeholders
- Provide traceability of the solution back to business requirements and reference architecture
- Provide all views of the solution required for design, build, testing, and implementation
- Define impacts of the solution for estimation, planning, and delivery purposes

The document captures decisions made in conjunction with Conduent's Architecture Review Board and factors that were considered in those decisions.

Conduent Solution Architecture Document Highlights

Included below are some highlights of our Solution Architecture Document:

- Detailed and technical explanation of all aspects of the solution
- We create our architectural design artifacts in standards such as UML, BMPN, and Archimate to represent the component specification, business flows, system design, and integration aspects in detail
- Drivers and constraints of the solution – defines the purpose and goals of the project along with the constraints of the solution including:
  - Project overview
  - Reference architectures

- Business context
- Requirements

- Conceptual solution – defines the conceptual architecture by depicting the current and target state in a more abstract view
- Logical solution – specifies the solution using the various architecture views
- Solution delivery – specifies the delivery approach and assessment of the solution including:
  - Delivery considerations
  - Architecture assessment
  - Impacts assessment
- The Solution Architecture document clearly captures design details such as:
  - Agency's goals
  - Quality of Service requirements
  - Case, Logical, Process, Deployment, and Implementation Views
  - Non-functional requirements
  - Architectural trade-offs
  - Alternative design considerations

Attachment F Requirement PMT28

The Supplier shall develop and maintain a Defect Management Plan that describes the process of submitting, monitoring and resolving defects. The plan will detail the following:

a. Approach and tools utilized to assign, identify, prioritize, track, resolve, and test system defects.

b. Approach to defect severity categorization using an industry standard methodology.

c. Approach to reporting and documenting defects.

d. Describe how the Supplier will work collaboratively with other State healthcare programs enterprise vendors.

e. Describe the defect management processes related to all test types and levels in the RFP (e.g., the relationship between defect resolution and the coordinated test case execution).

f. Describe the defect management processes after implementation.

Conduent response: Our Defect Management Plan includes the processes to identify, submit, assess, triage, assign, monitor, resolve, and retest system defects throughout the project and fulfill conditions identified in Requirement PMT28. The plan includes a consistent, streamlined, accountable, and detail-oriented approach to defect management using our Web-based lifecycle management tool, Azure DevOps.

The Defect Management Plan describes our overall approach to the correction process, which consists of a series of sequential steps, shown in Figure G15-14.

Figure G15-14. Defect Process Flow

Our approach to defect management focuses on capturing the details of the issue so it can be resolved and retested expeditiously.

Conduent applies this cycle consistently to all types of testing and all testing phases required by the RFP. By applying a standard defect management and correction process to all types of testing, we reduce the learning curve for test processes and facilitate easy setup and maintenance of the test management tool and related reporting.

When a test is executed and discrepancies exist between the predicted results and the actual results, the test analyst enters a defect in Azure DevOps. The defect log captures all necessary information to identify and resolve defects, such as the test case/script, functional area, severity, steps to reproduce, status, and sprint. Testing is an iterative process. As defects are found, the software or processes are amended, and the test is re-executed. Defects discovered during test execution are tracked using integrated defect tracking and test management tools.

When entering a defect, a severity is assigned to alert staff of the relative need for immediate action to correct the defect. The highest severity indicates no further testing can be completed on this function until the defect is corrected. Particular attention is paid to these defects, as they can affect the testing schedule if not given immediate consideration. The lowest severity indicates the defect does not hinder further testing but does need immediate correction.

We leverage the defect management protocols from our QMS and tailor them to align with your needs, especially with respect to cross-contractor ranking nomenclature and SLAs. We work with the State to determine business priority of defects and consider priority and severity when scheduling work to remediate and retest defects. Our defect severity ranking template and definitions are identified in Table G15-2.

Table G15-2. Defect Severity Rankings, Definitions, and SLAs (if required) Template

Ranking	Definition
1 – Critical	The defect impacts the current function being tested, other functions within the component, and/or functions in other components. The test analyst cannot continue to execute the current test case. No workaround is available. Other test cases may be affected. Examples include a user interface is not available, the create function is not available, or reference data is not available.
2 – High	The defect only impacts the current function being tested. The test analyst cannot continue to execute the current test case. No workaround is available. Other test cases are not affected. Examples include the test analyst can enter data for an inquiry but cannot select the data from a list box or specific calculations within a function return incorrect results.
3 – Moderate	The incident has a minor impact on functionality. The test analyst can continue to execute the current test case. One example is a missing value in a drop-down list.
4 – Low	The incident does not impact functionality. The test analyst can continue to execute the current test case. Examples include misspellings of field names or incorrect tab order on the web page.

Routing rules for defect assignment and processing are established by the project and configured by the tool administrator. We create defects in Azure DevOps, and we triage and assign them to the team or person responsible for resolution based on the functional or topic area. Management staff track testing progress reports and defect resolution metrics generated by the tool to confirm that anomalies are corrected and retested in an efficient manner. Defects are retested to confirm actual results match the expected results outlined in the test cases.

Conduent Defect Management Plan Highlights

Included below are some highlights of our Defect Management Plan:

- Description of tools used in the defect management process
- Overview of the defect management process throughout the life of the project
- Inclusion of defect severity rankings and their definitions
- Reporting tools and actions
- Approach for handling defects that result from SIT, UAT, and End to End testing
- Approach for handling defects that potentially affect other module contractors
- Approach for handling defects after implementation

	Attachment F Requirement PMT29 The Supplier shall submit and maintain a Staffing Plan as part of the Project Management Plan. The Staffing Plan must include: a. Identify the roles and responsibilities by resource type throughout all phases of the contract, including identifying key and non-key personnel as well as FTE allocation for all personnel. b. Staffing Levels (estimated by resource type by phase for the duration of the project) to be reported in the Resource Allocation Matrix. c. Detail how the staffing levels shall achieve consistent, dependable service regardless of changes that may influence work volume. d. Detail differentiated by Proposer staff, sub Supplier staff, if applicable, and State project staff. e. Identify total hours to be expended, per phase or effort, and for the entire project, by Proposer staff and by State project staff. f. Tools and processes used to screen available staff and fill positions. g. Expectations regarding onsite time for Supplier resources h. Process for temporarily and permanently replacing vacancies in key personnel and other manager/lead positions consistent with staffing SLAs. i. Resumes for all proposed project team members, detailing work experience and demonstrating the individual possesses the knowledge, skills, and ability to perform the responsibilities of their role and task assignments. j. Proposed project team organization chart for both the Implementation Phase and Operations Phase of the project (if different), showing the level of authority and time commitment for all proposed staff (full time and part time). **Conduent response:** The Conduent Staffing Plan aligns with the PMBOK Guide processes for Resource Management and covers the staffing approach and structure we propose to meet Requirement PMT29. The Staffing Plan establishes the level of effort for each task and phase of the TPL Services project. It includes proven strategies for both monitoring and improving staff performance; it helps us to continually meet the organizational and staffing needs of the project; and it supports our quality performance. In addition, the Staffing Plan provides resumes for all proposed project team members and the project team organization chart for all phases of the project. Our overall process flow for resource management is shown in Figure G15-15.

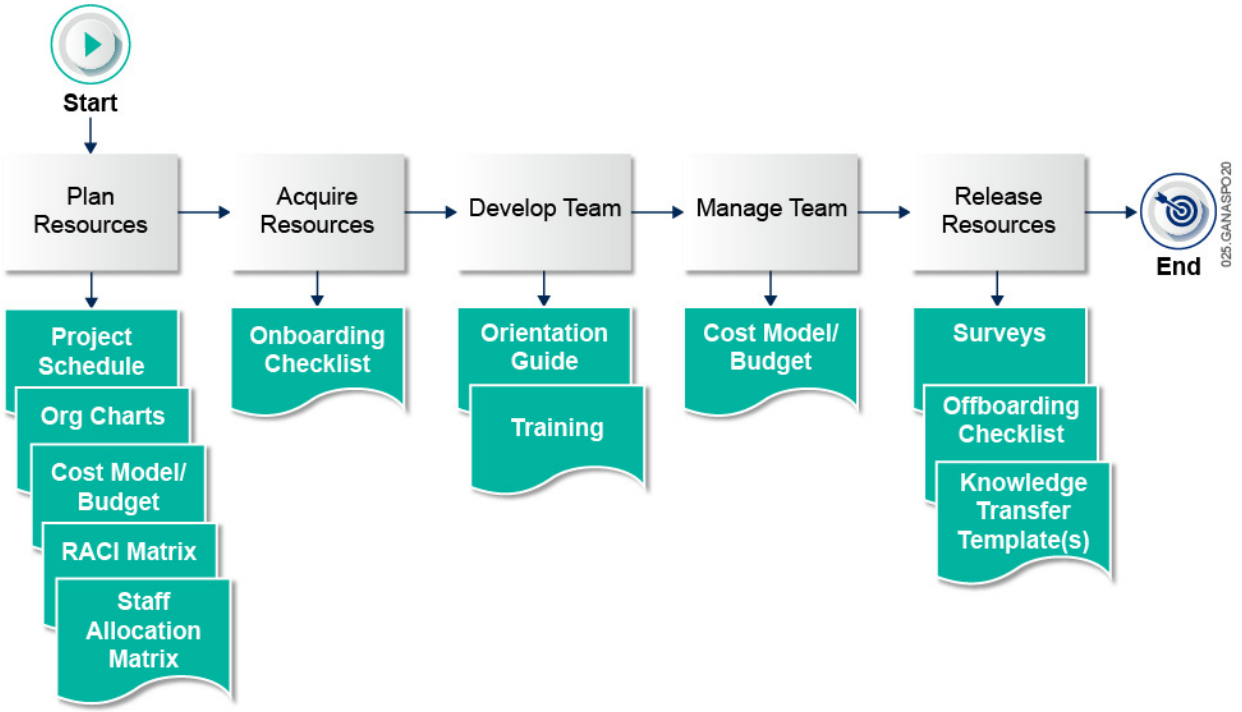

Figure G15-15. Resource Management Process Flow

Our approach to resource management results in the right number and type of staff to accomplish project objectives.

The Staffing Plan helps Conduent identify the individuals that are assigned task ownership and responsibilities in the Project Work Plan. The roles and responsibilities, by resource type, are documented throughout each of the individual deliverable plans.

The Staffing Plan establishes the appropriate staffing levels that comply with RFP requirements to fully support the operations for the new contract period. It evaluates the current level of services provided, the future level of services being requested, and the necessary staffing to support those activities. It also details how staffing levels might be organized and physically located to provide optimal support to the TPL Services project and the State. Additionally, the Staffing Plan identifies the tools and processes used to screen available staff and fill positions and vacancies.

Conduent Staffing Plan Highlights

Included below are some highlights of our standard Staffing Plan:

- Provides a matrix of all key and non-key staff and FTE allocation
- Includes Conduent, subcontractor and State staffing levels for every phase of the project
- Approach to providing consistent staffing levels
- Estimated number of hours per project phase and for the whole project
- Staffing procedures, including replacing vacancies

Attachment F Requirement PMT30

The Supplier shall develop, submit and maintain a Master Test Plan that describes the Supplier's plan for all testing activities, processes, types and levels. Testing must be as automated and self-documenting as possible (e.g., continuous unit testing). At a minimum, the Master Test Plan must address the following:

a. Overall testing strategy for the following testing types: unit testing, system testing, integration testing, regression testing, parallel testing, performance and load testing, manual and automated and/or scripted testing, disaster recovery and end-to-end integration testing of COTS products if any.

b. Approach to planning and preparing the test/staging environment

c. Approach to conducting each test level.

d. Approach for supporting UAT.

e. Approach for testing nonfunctional requirements.

f. Approach to test documentation (e.g., test cases, test scripts, test case matrices added as design progresses).

g. Approach to quality control/quality assurance.

h. Approach to bi-traceability to requirements and design.

i. Tools, techniques, and methods.

j. Reporting mechanisms, traceability and metrics.

k. Defects and defects resolution.

l. Entrance and exit criteria for each test level including alignment with industry standards.

m. Configuration management for each test level

n. Testing roles and responsibilities

o. Acceptance Criteria shall include but is not limited to; no high or critical defects in code released to production and production releases will not be promoted if more than 5% of requirements have an open defect

Conduent response: The Master Test Plan describes the approach considerations, test planning, and types of testing that are conducted; the testing deliverables, tools, and processes used; and the roles and responsibilities associated with testing activities. Our Master Test Plan meets all standards established in PMT30. The document first details activities common to all test phases and then defines each test phase at a high level. Prior to initiating the test execution for each phase, a phase-level, detailed test plan is developed, reviewed, and submitted to the State for approval. The detailed information specific to individual test phases, such as industry-standard entry criteria; specific tasks that occur within the test phase; roles and responsibilities specific to the phase; and

	industry standard exit criteria, is provided in the specific phase-level test plan documents. These phase-level test plans are then used to manage and track progress throughout the respective test phase. **Conduent Master Test Plan Highlights** Included below are some highlights of our standard Master Test Plan: • Testing strategy for all testing types, unit testing, system testing, integration testing, regression testing, parallel testing, performance and load testing, manual and automated and/or scripted testing, disaster recovery, and end-to-end integration testing • Structure, criteria, environments, and standards that define how testing is conducted and how the results are documented for all test types and levels • Our comprehensive testing approach includes: – Planning and configuring the test/staging environment – Conducting each test level – Supporting the State's UAT testing efforts – Testing nonfunctional requirements – Providing test documentation including a specific reference to test cases, test scripts, test case matrices added as design progresses – Field-tested quality assurance methodology and controls – Bi-directional traceability to requirements and design using Azure DevOps – Testing tools, techniques, and methods used as part of our testing efforts – Comprehensive reporting solution – Defect management – Rigorous criteria consistent with industry standards for test entrance and exit – Acceptance standards including no high or critical defects in code released to production; production releases will not be promoted if more than 5% of requirements have an open defect

	Attachment F Requirement PMT31 The Supplier shall develop and submit a Training Plan (as determined by the Agency) that, at a minimum, addresses the following: a. Summary of training approach that focuses on the train-the-trainer methodology, objectives, and desired outcomes. b. Training needs analysis, including an assessment of the target audience and their knowledge and skills. c. Recommendations on type and delivery approach based on training needs analysis. d. Summary of proposed training materials and documentation in addition to hands-on training. e. Approach to maintaining training documentation and accompanying materials. f. Approach to providing training necessary to support new functionality and/or major software releases that materially change the user interaction. g. Approach to processing for incorporating feedback to improve train the trainer effectiveness over the course of the Contract. **Conduent response:** The Conduent Training Plan meets all conditions established in Requirement PMT31. The Training Plan supports standardized, repeatable, and quality-focused training events and materials for all learners. The objectives of the Training Plan are: • Provide a method and template to identify and analyze learner roles and learning needs • Include best practices to design and develop learning solutions using appropriate delivery methods and timelines • Determine the appropriate method to deliver and track learning • Monitor the quality and effectiveness of the training Our overall approach to training follows the ADDIE framework, as shown in Figure G15-16 below.

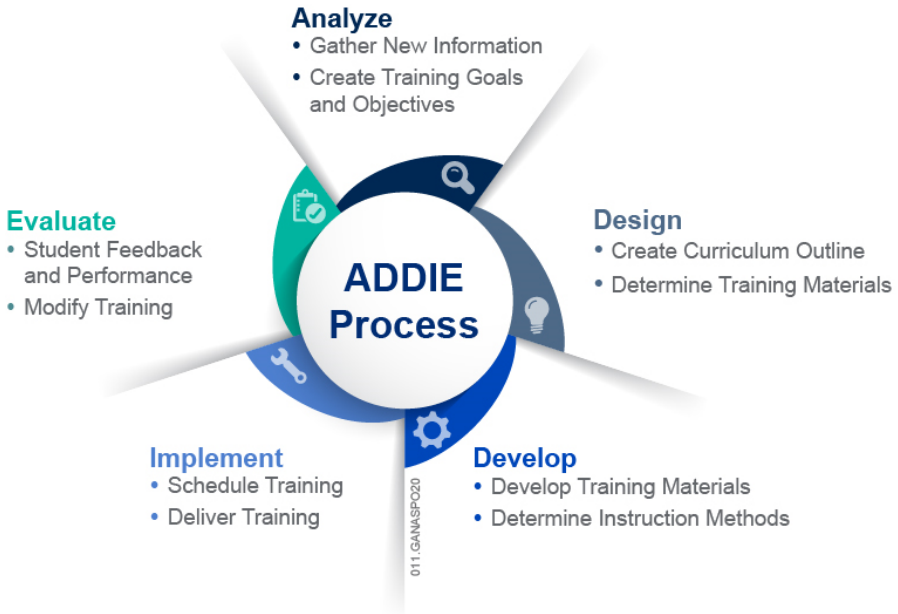

Figure G15-16. Training Plan Follows ADDIE

The Training Plan takes the reader through the industry-standard instructional design method of: Analyze, Design, Develop, Implement, and Evaluate.

We maintain the Training Plan to reflect your expectations and goals as the training needs of the project evolve. For example, as the project progresses, we may identify specific training needs related to UAT, supporting tools, or specific implementation roles and responsibilities. We maintain an up-to-date training calendar that includes all training activities throughout the project.

Conduent Training Plan Highlights

Included below are some highlights of our standard Training Plan:

- Summary of our approach, which focuses on the applying the ADDIE (analyze, design, develop, implement, and evaluate) model, objectives, and desired outcomes, along with a blend of delivery methods and a train the trainer approach to confirm we meet the full range of needs for the project
- We perform a training needs analysis, including an assessment of the target audience and their knowledge and skills, and make recommendations based on our findings

	• Description of the training materials provided for the training, along with our approach for developing the training materials and peripherals • Our approach supports continuous process improvement as additional training is designed to support new functionality and/or major software releases that materially change the user interaction • Following training, Conduent evaluates the training content, delivery, and approach by collecting feedback from participants. We incorporate the feedback, updating our training documentation and materials, to improve our train-the-trainer effectiveness over the course of the project. Monitoring user support requests also acts as a measure of training effectiveness • Training schedule that is approved by the State **Attachment F Requirement PMT32** The Supplier shall develop in collaboration with the agency, a System Test Plan that describes the Supplier's System Testing approach, such as: a. Test Coverage b. Walkthroughs and Inspections c. Test Data Considerations d. Entrance Criteria e. Exit Criteria f. Configuration Management g. Testing Documentation h. Process Steps i. Inputs to System Testing j. Outputs for System Testing k. Metrics l. Pass/Fail Criteria m. Suspension Criteria and Resumption requirements n. Testing Deliverables o. Testing activities p. Resources, Roles and responsibilities q. Testing Tools r. Meetings and Communication s. Acceptance Criteria shall include but is not limited to; no high or critical defects in code released to production and production releases will not be promoted if more than 5% of requirements have an open defect. **Conduent response:** Conduent meets all conditions established in Requirement PMT32 for the System Test Plan. Our system testing demonstrates that the TPL Services solution is fully functional by identifying data entered into the system, following the data through processing, and demonstrating the data is included in output reports and processes – otherwise known as end-to-end testing. With our agile SDLC, we conduct system testing iteratively and incrementally, with various system tests building on prior tests. System testing culminates with exhaustive end-to-end test cases executed after the sprints are complete.

	System testing is guided by our System Test Plan, which describes the processes and standards for system and integration (end-to-end) testing. It supports the overall process in the Master Test Plan and provides methods and reporting consistent with other test plans. **Conduent System Test Plan Highlights** Included below are some highlights of our standard System Test Plan: • An overview of the test plan, the goals/objectives, assumptions, and any known risks, dependencies, or constraints • Test coverage listing all test items and features to be tested • Approach, instructions, and considerations for: – Walkthroughs and inspections – Test data considerations – Entrance and exit criteria – Configuration management – Testing documentation – Process steps and testing activities – Inputs and outputs to system testing – Metrics • Pass/Fail Criteria defining whether the test item has passed or failed testing • Suspension criteria to define when to suspend testing activity and resumption requirements that define when testing can resume • Test deliverables including test cases, scripts, defect and enhancement logs, and test result reports • Key staff roles and responsibilities in the form of a RACI Chart • Complete inventory of all tools used for testing • Test environment properties, tools, and configuration information • Schedule, specifying key test milestones, and/or a link to the detailed schedule • Acceptance criteria

Attachment F Requirement PMT33

The Supplier shall provide during the initiation phase of the project and maintain throughout the project, system documentation that at a minimum includes:
A description of each component, their purpose, including basic functions and the business areas supported
User stories/use cases
Screen layouts, report layouts, and other output definitions, including examples and content definitions
Physical database design
A module system diagram, including all components, identifying all business process diagrams, data flows, systems functions, and their associated data storage Configurations
Job streams within each module, identifying programs, inputs and outputs, control, job stream flow, operating procedures, and error and recovery procedures.
A network schematic showing all network components and technical security control
Listing of the edits and audits applied to each input item and the corresponding error messages.
As applicable, listing and description of all control reports
Interface Control Documents
Narrative descriptions of each of the reports and an explanation of their use must be presented.
Definition of all fields in reports, including a detailed explanation of all report item calculations.
Operations Procedure Manual
Data Dictionary

Conduent response: Conduent provides the State with a copy of our base system documentation during the initiation phase of the project. We then update it throughout the project as we configure and modify the product to agency specifications. System Documentation is a reference tool for system users to get better acquainted with the system and its functionality. It is supplemented by training materials and other process documentation. Our system documentation and training fulfill all standards established in Requirement PMT33.

Our System Documentation includes a variety of specifications that describe the functionality of the system adequately and completely. The Operations Procedure Manual is included as part of the system documentation. It benefits both new and experienced staff during initial training and as a reference on the operation and use of the solution. We store and maintain system documentation in the project's SharePoint site.

Conduent System Documentation Highlights

Included below are some highlights of our System Documentation:

- Detailed description of each component, along with its functionality, supporting features, and configuration
- Use cases describing use of the system to achieve business goals
- User stories, including a high-level definition of the requirements, for base features and any identified gaps
- Specifications of user interface (screen), report, and letter layouts, and output definitions

- Listing of all reports, including descriptions, data fields used, explanation of item calculations
- Diagram of the database design including all components
- Workflow diagrams for system components, functions, processes, etc.
- Information about the edits, audits, and associated error messages
- Job streams within each module, identifying programs, inputs and outputs, control, job stream flow, operating procedures, and the corresponding error messages
- Diagram of network components
- Interface control documents describing system interfaces
- Inclusion of Operations Procedure Manual and Data Dictionary

Attachment F Requirement PMT34

Six (6) months (or a timeframe as determined by the Agency) before the end of the final Contract year (including option years that have been exercised) the Supplier shall provide, a Turnover Plan to the agency. The Plan will include:

a. Proposed approach to turnover.

b. Tasks and subtasks for turnover.

c. Schedule for turnover.

d. Updated operational tasks and procedures during turnover.

e. Description of vendor coordination activities that will occur during the turnover task and implementation of the activities to ensure continued system and services as deemed necessary by the agency.

f. List of incomplete tasks, such as system defects, modifications or enhancements, mass adjustments, reference updates, and configuration requests.

g. A detailed description of the services that would be required by another Supplier to fully take over system, technical, and business functions outlined in the Contract. The description shall also include an estimate of the number and type of personnel required to support the technical platform and supporting services.

h. The data and documentation shall be organized in a format required by the State (e.g., by provider unique ID and provider name).

Conduent response: Six (6) months (or a timeframe as determined by the Agency) before the end of the final Contract year (including option years that have been exercised) Conduent will provide, a Turnover Plan to the agency. The Plan will include all PMT34 requirements (a-h).

Conduent recognizes the importance of turnover activities that are both carefully planned and properly executed in order to meet Requirement PMT34. We believe that an effective and efficient service delivery turnover at the end of the project is vital to help preserve our relationship with the State.

Conduent's Turnover Plan includes a section dedicated to communication planning. The communication strategy serves as a roadmap to establish and maintain open communication channels and formulate guiding principles that support a cooperative and seamless transition to the successor contractor. Our turnover approach embraces a philosophy of cooperation and communication.

The Turnover Plan defines roles and responsibilities for turnover staff, including the turnover manager, who has direct oversight of the design, development, implementation, and maintenance of the plan. The turnover manager is responsible for overseeing that each

deliverable is completed, and each milestone is met according to the requirements of the Turnover Plan. We provide the Turnover Plan to the State at least six months before the start of the final Contract year.

Conduent Turnover Plan Highlights

Included below are some highlights of our standard Turnover Plan:

- Approach to turnover activities to promote communication and a spirit of genuine cooperation between Conduent, the State, and the successor supplier
- Description of turnover artifacts such as checklists, knowledge transfer templates, and reports
- After a turnover date has been identified, we identify the turnover tasks and subtasks that must be completed to successfully turn over the project to the State and the successor supplier
- Turnover schedule approved by the State
- List of the operational tasks, procedures, and resources required to keep the project working smoothly
- Approach to vendor management and coordination
- List of incomplete tasks, if any, along with estimated dates of completion
- Complete description of services needed to operate the project after the turnover has been successfully executed
- List of data and documentation subject to turnover, organized according to the requirements

Attachment F Requirement PMT35

The Risk Management portion of the Project Management Plan must describe at a minimum:

a. Proactive identification and analysis of risks before they become issues.

b. Development of risk avoidance, transfer, mitigation or management strategies.

c. Approach to monitoring, communicating, reporting of risk status including procedures for documenting, resolving, and reporting issues and risks identified by the Supplier, the agency or other project Suppliers.

d. Approach to root cause analysis.

e. The appropriate methods, tools, and techniques for active and ongoing identification and assessment of project risks.

f. Describe how risks will be quantified and qualified.

Conduent response: Conduent agrees to meet Requirement PMT35 through our Risk Management Plan. The early identification of risks provides the basis for effective mitigation and minimization of potential impact. The purpose of the Risk Management portion of the Project Management Plan is to establish a structured, repeatable risk management process that guides our team to effectively identify and mitigate the impact of risks to the project.

Our risk management process is PMBOK Guide-aligned and includes identification of risks by all team members in the project's SharePoint site; analysis of risks by completing fields such as probability, severity, and level of control; mitigation and contingency

planning; implementing risk responses; and risk monitoring through to closure. Our approach to risk management is presented in the process flow in Figure G15-17.

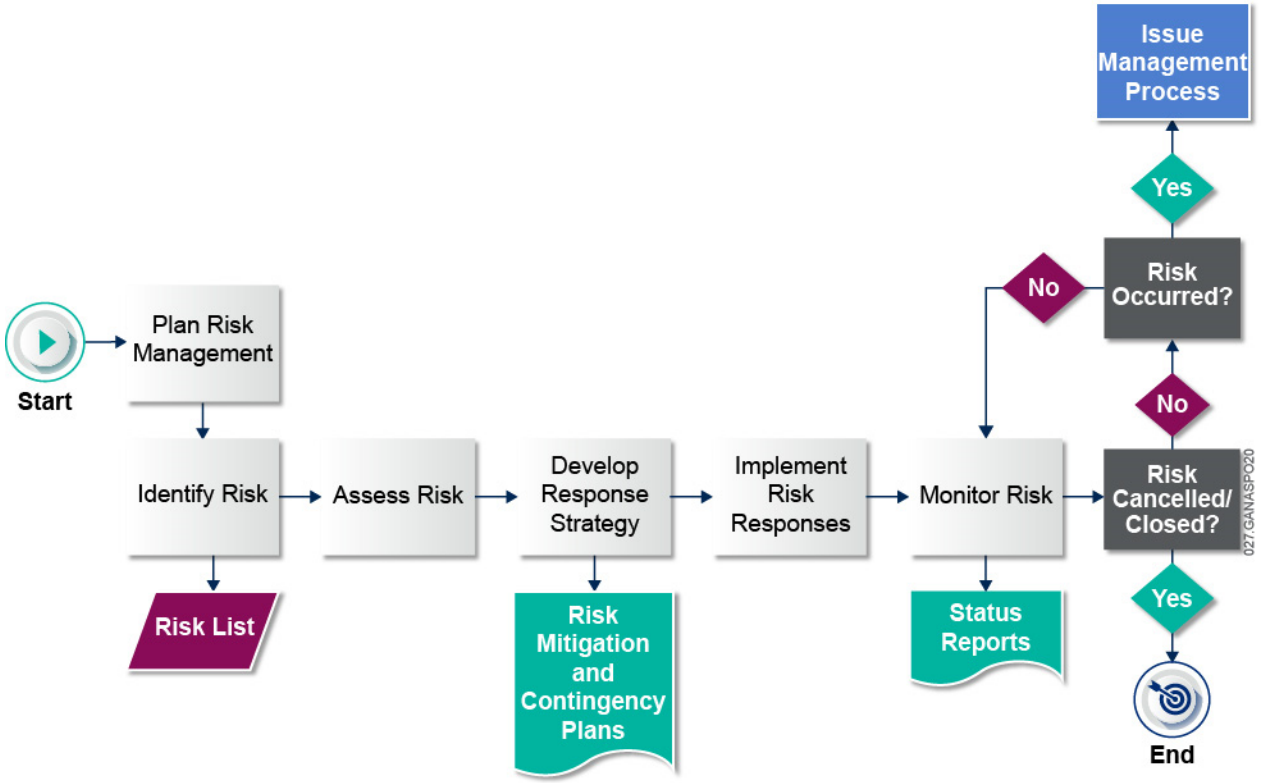

Figure G15-17. Risk Management Process

Our approach to risk management includes early identification and mitigation to minimize the negative impact on the project.

Our Risk Management strategy maximizes the probability and consequences of positive events and minimizes the probability and consequences of adverse events to project objectives. This approach promotes project-wide identification of risks and continual risk monitoring in order to maximize the probability of project success.

Conduent Risk Management Plan Highlights

Included below are some highlights of our standard Risk Management Plan:

- Description of initial risk assessment and analysis done during project startup to identify specific project risks, overall project risks, and areas of complexity.
- Processes for proactive identification and analysis of risks before they become issues.
- Explanation of the development of risk response strategies including:
  - **Avoidance.** Risk avoidance involves changing the project plan to eliminate the risk or condition to protect the project objectives from the risk's impact.
  - **Transference.** Risk transference involves shifting the impact of a risk event and the ownership of the risk response to a third party.
  - **Mitigation.** Risk mitigation reduces the probability or impact of a potential risk to a more acceptable level.
  - **Acceptance/Contingency Planning.** This strategy refers to accepting a risk for which there is no method of mitigation or which management decides there will be no proactive response.
- Ongoing management and monitoring of risks throughout the life of the project, revisiting risk attributes regularly for potential changes.
- Performance of root cause analysis, which provides a systematic process for identifying root cause of problems or events and an approach for responding to them to prevent future recurrence.
- Overview of risk management tools, methodology, and techniques for identification and assessment of risks, including procedures for documenting, resolving, and reporting identified issues and risks, root cause analysis, etc.
- Description of the process of quantifying and qualifying risks that have been identified and developing the data that will be needed for making decisions as to what should be done about them.

Attachment F Requirement PMT36

The Issues Management Plan portion of the Project Management Plan must describe at a minimum:
a. Approach to issue management.
b. Issue management process steps including:
Approach to prioritizing, tracking, escalating, communicating, reporting issues
Approach to documenting, reporting, and resolving issues identified by the Supplier, the agency or other module Suppliers.
Approach to impact analysis.
c. Tools, and techniques for active and ongoing identification and monitoring of project issues.
d. Roles and responsibilities.
e. Describe how issues will be quantified and qualified.

Conduent response: The Issues Management Plan component of the Project Management Plan describes the approach, management process, and tools used to identify, log, track, and resolve issues throughout the project. The Issue Management Plan meets all standards identified in Requirement PMT36. It describes the roles and responsibilities, communication processes and protocols, and how issues will be quantified (e.g., severity and priority ranking), qualified (using fields such as impact area and team), and reported to the State.

The Issues Management Plan provides guidance for addressing, analyzing, and resolving issues. We take a proactive approach to identify issues, assessing them, and swiftly mitigating or resolving them to minimize the impact on the project's success.

Our issue management approach illustrated in Figure G15-18 is a continual process executed throughout the contract. It includes categorizing and prioritizing issues, identifying a path to resolution, and resolving issues completely and timely.

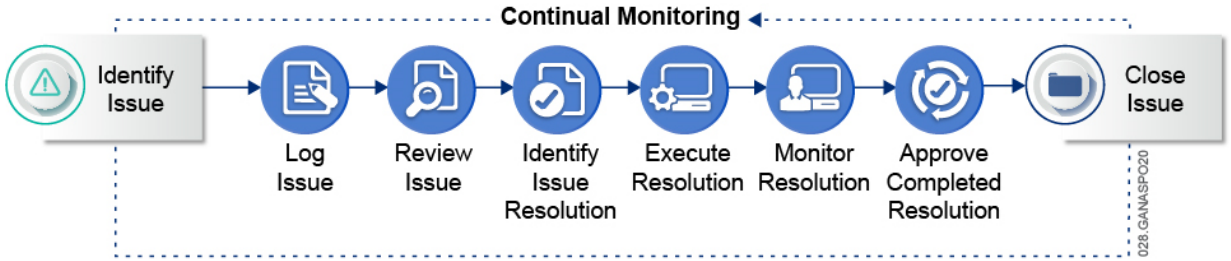

Figure G15-18. Issue Management Process

Our issue management approach enables continual identification and monitoring issues throughout all project phases.

The Issues Management Plan is modified to meet the unique needs of the State and the project and is submitted to the State for approval upon completion. Conduent has a set of integrated management processes that are consistent with industry best practices, and we plan to conduct an integrated planning exercise to configure those processes to maximize project success.

Conduent Issues Management Plan Highlights

Included below are some highlights of our standard Issues Management Plan:

- Issue management process steps include:
  - Issue identification, categorization, recording, assignment, and prioritization
  - Tracking, monitoring, and reporting on issues to resolution
  - Communicating issue status
  - Issue maintenance and escalation

- Approach for documenting, monitoring, and reporting on issues using the project's SharePoint site
- Identified issues are resolved and managed according to the established plan and procedures
- Our approach to impact analysis which describes the tools and methods used for issue identification and tracking, keeps track of roles and responsibilities, and describes how issues are categorized and quantified
- Roles and responsibilities in the form of a RACI Chart

Attachment F Requirement PMT37

The Supplier shall provide a User Interface Style Guide or equivalent document defining the design standards for user interfaces. The User Interface Style Guide must demonstrate how the solution meets the most current MECT user interface requirements including:

a. User ability to customize or make adjustments (e.g. language support, font size) to portal presentation.

b. Users utilizing scripting languages and/or assistive technology have the ability to access the information, field elements, and functionality required for electronic form or page completion and submission including directions and cues.

c. User Interface organization so documents are readable without requiring an associated style sheet.

d. User Interfaces identifying row and column headers for data tables.

e. User Interfaces informing users when a timed response is required and given sufficient time to indicate more time is required.

f. User Interfaces providing a method that permits users to skip repetitive navigation links.

g. User Interfaces provide text titles for frames to facilitate frame identification and navigation.

h. User Interfaces use markup to associate data cells and row/header cells for data tables that have two or more logical levels of row or column headers.

Conduent response: Conduent's user interface provides a consistent and intuitive user experience by following the principles of user-centered design. The UI Style Guide specifies how the solution meets the most current MECT user interface requirements, and it provides an overview of its abilities, organization, and features and meets Requirement PMT37. We update our UI Style Guide to reflect any State-specific branding that should be applied to the product as part of configuration for the TPL Services project.

The UI Style Guide brings cohesion to the solution user interface and experience. It includes all the design elements and interactions that occur within a module; lists crucial UI components such as buttons, typography, color, navigation menus; documents important components like hover states, dropdown fills, animations; and contains live elements and code snippets for developers to reference and use.

User Interface Style Guide Highlights

Included below are some highlights of our UI Style Guide:

- Defines the typography included and how to customize or adjust the font size of the portal presentation. It also provides instructions for Titles, Subtitles, Headings (H1, H2, H3), Body Text, and Captions
- Assistive technology capabilities are described in the UI Style Guide. Assistive technology helps increase, maintain, or improve the functional capabilities of individuals with disabilities, through devices like screen readers, magnification tools, and hearing aids

- Describes UI organization for document readability
- Describes UI for row and column headers for data tables
- Defines UI for timed responses and required actions
- Provides instructions to skip repetitive navigation links
- Describes text titles for frames
- Describes markup to associate data cells and row/header cells for data tables

Attachment F Requirement PMT38

The Supplier will configure, support and maintain Enterprise Content Management (ECM) functionality (including Document Management, Workflow, OCR/ICR) to meet the business needs of the State's enterprise.

Conduent response: Conduent agrees to meet Requirement PMT38. We bring experience with a number of ECM solutions, including COTS products such as the Docfinity solution we offer in Module 5, but also including Conduent owned proprietary ECM systems and other COTS solutions. Our experience includes working with ECM systems provided by other vendors or by State clients. For example, in Mississippi we use the State-owned OpenText Worksite ECM where we are responsible for uploading and indexing Medicaid eligibility documents.

For the ECM solution that you select for the project, we will configure, support, and maintain it to provide storage, indexing, and viewing of multiple electronic files, including project management document, correspondence, supporting documentation, and reports. We support the mapping of business processes to a workflow, which allows us to configure workflows for automatic business process routing. We define workflows and processes to route and assign documents to specific individuals or groups, such as routing documents to quality review or peer review. We index all documents using metadata, so the documents can be easily located to meet the business needs of the State’s enterprise. This includes being able to search the full text of an imaged document or across many documents using OCR/ICR, based on the capabilities of the selected ECM.

Attachment F Requirement PMT39

The Supplier's ECM solution must be able to support all common document types (i.e., Word, PDF, Visio, Excel, PowerPoint, TIFF, and JPEG) and must integrate seamlessly with the most common document viewing and editing tools used by the agency.

Conduent response: Our ECM solution can accept and store documents in all industry standard document types including, but not limited to, Word, PDF, Visio, Excel, PowerPoint, TIFF, and JPEG and meets Requirement PMT39. The ECM solution maintains the integrity of these documents at each point—from upload to storage to search to view/open. Documents can be downloaded from the ECM in their original format and users can open them in the appropriate tools for viewing and editing depending on their access levels.

Attachment F Requirement PMT40
The Supplier's solution shall be able to index, link and display incoming correspondence or uploaded documentation with the entity record.

Conduent response: Conduent's solution is able to index, link and display incoming correspondence or uploaded documentation with the entity record.

Conduent's solution does far more than just act as a repository for storing project documents. With our solution, we can index, link, and display a variety of imaged files, including claims, service authorization forms, correspondence, medical reports, HIPAA attachments, and other types of documents.

Our tools and processes support documentation in both printed and electronic format. Documentation generated in the ECM solution can be transmitted as a fax, uploaded to the web portal, or scanned as hardcopies in the mailroom. We can link documents that we have indexed and stored to the associated entity records. These documents are then retrieved and viewed from an associated record or searched for using index metadata.

Attachment F Requirement PMT41
The Supplier's solution shall send all documentation to the Systems Integration Services module for storage in the centralized ECM.

Conduent response: Conduent provides all documentation to the System Integration Services module for storage in the centralized ECM in accordance with Requirement PMT41. The Conduent Digital Hub provides a single point of entry into the system for all external entities. The ECM solution is integrated via the hub and available for the SI to push and pull documents. We work with the State's SI to push documents to the central ECM through the SI on a pre-defined schedule, or the SI can pull documents as needed.

Attachment F Requirement PMT42
The Supplier's ECM solution must allow users to associate metadata with documents.

Conduent response: Conduent's ECM solution allows users to associate metadata with documents. When storing correspondence, reports, supporting documents, or any other document images in our repository, we can index stored documents, so they can be easily located later. Conduent defines the index metadata for the State's review and approval. Where applicable, we can include a DCN to associate a document with a specific claim. This index metadata and DCNs become the keywords that can be used to search for and retrieve a document for viewing and editing.

Attachment F Requirement PMT43
The Supplier shall update all project documentation (e.g., system design documentation, user and training documentation) as necessary throughout all phases of the project.

Conduent response: Conduent will update all project documentation (e.g., system design documentation, user and training documentation) as necessary throughout all phases of the project.

	Conduent updates project documentation at pre-defined intervals throughout all phases of the project to keep assets and artifacts used by our teams and end-users accurate and up-to-date. To help us meet Requirement PMT43, we work with the State to refine our project documents, plans, procedures, materials, and supporting tools to align with the RFP requirements and meet evolving project needs. Our standard DED template has a place to establish a document update frequency and process. This is important to establish expectations with the State as to how often a document must be updated and what controls must be placed on the document to protect the integrity of its content. In all cases, we maintain strict version control by including document revision history for project documents and by using the check-out and check-in features of the project's SharePoint site. **Attachment F Requirement PMT44** The Supplier shall develop and maintain a Communication Plan. The purpose of the Communication Plan is to provide a description of the communication that will occur on the project and how it will be managed. This includes details about various types and means of communication, communication channels, communication flow within the organizational structure, escalation, guidelines for meetings, dissemination of knowledge, and communication effectiveness. The Communication Plan shall ensure that the communication approach addresses communication across multiple vendors. Effective communication is a key element for the success of the project. **Conduent response:** Conduent agrees to meet Requirement PMT44 through the submission of our Communication Management Plan. The Communication Plan defines the standards and processes for formal and informal communication used to support the successful completion of the project. It establishes a routine communication approach that keeps the State, Conduent team members, and other stakeholders including other vendors informed in a timely and accurate manner. Figure G15-19 shows our process flow for communication management, as is depicted and elaborated upon in our baseline Communication Plan.

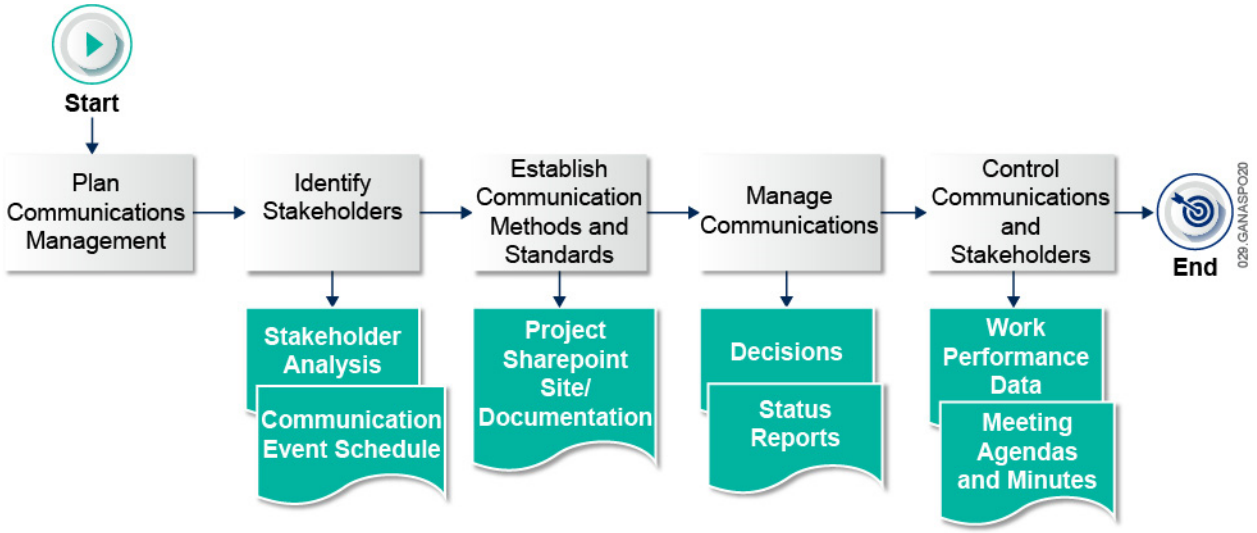

Figure G15-19. Communication Plan Process

Our approach to communication management is carefully planned and stakeholder oriented.

Our project manager oversees that communication events, such as status reports and meetings, are planned, documented, and executed according to the Communication Plan. The project manager works with the State to continually update the Stakeholder Analysis and confirm stakeholders are receiving the right levels and types of communication to support their involvement. This helps ensure we deliver messages and statuses that are timely, accurate, and meaningful to demonstrate agreed upon communication processes are being followed.

Conduent Communication Plan Highlights

Included below are some highlights of our Communication Plan:

- Description of communication events, frequency, and management approach
- Contents of status reports, standards for heat map indicators, and the frequency of delivery
- Guidelines such as meetings, email signatures, telephone etiquette, and proper terminology
- Stakeholder analysis to analyze which stakeholders receive what information when and how
- Events schedule to document formal communication events, such as governance and meetings, across the project
- Approach to governance and facilitating effective communication across multiple vendors

	• Guidelines for communication means, protocols, channels, timing, and effectiveness • Escalation procedures **Attachment F Requirement PMT45** The Supplier shall provide a Deliverable Expectations Document (DED) for each deliverable that describes the purpose, content, applicable MECT minimum required content and industry standards (e.g., PMI, IEEE/ISO, CMS XLC) that are satisfied for each Deliverable. Each DED is a deliverable. **Conduent response:** Conduent provides a Deliverable Expectations Document (DED) for each deliverable that describes the purpose, content, applicable MECT minimum required content and industry standards (e.g., PMI, IEEE/ISO, CMS XLC) that are satisfied for each Deliverable. Each DED is a deliverable. During project initiation and planning, Conduent works with the State to create a Deliverable Expectations Document (DED) for each project deliverable specified in the RFP in order to meet Requirement PMT45. The DED details the objective, scope, key milestones, content description, location, constraints, and assumptions for each deliverable. The DED captures and affirms our mutual understanding of the requirements, required industry standards, approval process, and acceptance criteria for the deliverables we generate and submit to you throughout the project. In the DED, we also capture the review cycle that will be enforced for each deliverable. We understand that deliverable review cycles may need to be adjusted based on deliverable complexity with staggered review times to assure both timely implementation of key processes and adequate time for a through State review. Some deliverables, like the DEDs themselves, will only need a couple of days of review and revision. Others, such as the Security Plan, may need as many as 20 days and several review cycles. We set forth the plan for each deliverable's review cycle in the DED so that we mutually agree to the process and timeline before we start work on the deliverable. Figure G15-20 provides a sample DED template.

Deliverable Expectations for <Deliverable Name>

Requirements	ID	Text
	<Requirement ID or Section>	<Relevant Requirement Text>
Deliverable Description	<Include a description of the document its purpose, objectives, and scope. State any items that will not be incorporated into the document. Indicate any sections that will use graphics or tables heavily or strictly.>	
Deliverable Outline	<Provide an outline of the deliverable, including planned headings (to third or fourth level) sufficient to illustrate document structure and sequence, as well as bulleted items to indicate planned content under each heading.>	
Acceptance Criteria	☑ Alignment to RFP requirements ☐ Clarity and value of reporting ☐ Business and technical accuracy ☐ Completeness of the document	☐ Alignment to the agreed upon template or standard ☐ Feasibility of the proposed solution ☐ Other: <Add>
Assumptions and Constraints	<Assumptions here>	
Process	Review	<Describe the client review process, e.g., send document to client SharePoint, live walkthrough, etc.>
	Comment	<Describe the client comment process, e.g., in-line comments, tracked changes, deliverable comments in SharePoint list.>
	Approval	<Describe the approval mechanism, e.g., client transmittal, e-mail, etc.>
Periodic Updates	<If the deliverable is expected to be updated on a periodic basis, list the proposed schedule of updates.>	

Stakeholders

Stakeholder Name/Title	Conduent Accountable	Conduent Responsible	Client Approver	Keep Informed
<Name and Title>	X			
<Name and Title>		X		
<Name and Title>			X	
<Name and Title>				X

Figure G15-20. Setting Deliverable Expectations Yields Faster Review Cycles

We reduce the potential for rework by establishing deliverable expectations upfront.

	Conduent Deliverable Expectations Document Highlights Included below are some highlights of our standard Deliverable Expectations Document: • Describes the purpose and pertinent information regarding the deliverable • Describes the content of the document, including purpose, objectives, and scope • Includes deliverable outline, including planned headings • Includes acceptance criteria used for the deliverable • Describes the MECT minimum required content and industry standards related to the content	
	Upload Attachments with Additional Information? **Yes**	Attachment File Name: **Project Management Requirements_ Base**

Attachment G Mandatory Scored Questions- TPL Base Requirements
Offerors must answer all questions in this document in the space provided.
Failure to answer these questions will result in disqualification of the proposal
Offerors must indicate whether their proposal meets the individual requirement and provide a supporting narrative in the space provided. The narrative description will be evaluated and awarded points in accordance with Section 6, Proposal Evaluation and Award. Certain questions require an attachment. ONLY upload documents where there is a "Yes-Required" in the "Upload Attachments with Additional Information?" column, to provide additional requested information for specific questions. If there is a "No" in the "Upload Attachments with Additional Information?" column, then a document will be NOT be evaluated, if uploaded. Suppliers must provide an answer in the answer box below for all questions with "No" in the "Upload Attachments with Additional Information?" column.
DO NOT INCLUDE ANY COST INFORMATION IN YOUR RESPONSE TO THIS WORKSHEET.

16	**Subcontractor Requirements**- Describe in detail how your company will meet all the requirements identified in **Attachment F, Subcontractor Section, SUB01-SUB09.** Your response should include the requirement number identified in the attachment, followed by your detailed response. You must provide a response to all requirements identified in **Attachment F, Subcontractor Section.**
A16	*Answer # 16* The State gives Suppliers an opportunity to engage in collaborative efforts that improve the quality of services they provide by allowing them to include subcontractors in their solutions. As a Supplier with a history of successful large-scale implementations utilizing subcontractors, Conduent appreciates the opportunity to ally with strong subcontractor partners to propose the best possible solution. Serving as the Prime Contractor on this solution offering, Conduent has overall and ultimate responsibility for all work delivered to the Agency, including any work completed by the subcontractors. We contract with and manage our subcontractors to make sure they fully understand their roles and responsibilities, produce quality work, and adhere to all requirements of their subcontracts, including appropriate flow down provisions. In addition, we hold subcontractors to the same extremely stringent quality standards we hold to ourselves in order to provide the best possible offering to the Agency.

Over the years, Conduent has engaged subcontractors as necessary in various phases of Design, Development, and Implementation (DDI) and Operations of Medicaid systems and other state healthcare projects. We typically use subcontractors to augment our core staff and services in order to achieve our clients' overall project goals. Additionally, we engage subcontractors for other reasons that allow us to enhance our product and Software-as-a-Service (SaaS) offering. This includes niche services that require third party subcontractors to ensure external audit and compliance, standard offering suppliers to provide niche functionality and business processes, and staff augmentation for development, testing and infrastructure services.

In this case, we are engaging a subcontractor, [redacted], for the purpose of insurance discovery.

We deploy best practices for reviewing subcontractor plans, monitoring their progress, and evaluating their work products for compliance with defined requirements. Our goal is to leverage the strengths of our partners to develop better solutions and improve through all project phases.

Attachment F for Subcontractor Requirements

On the following pages, Conduent provides responses to Attachment F requirements for the Subcontractor Section, SUB01-SUB09. Our initial response confirms our commitment to meet the requirement followed by our descriptions of our work

Attachment F Requirement SUB01
The Supplier may use subcontractors for a percentage of the scope of work as determined by the agency.

Conduent response: With the understanding of the importance of the prime supplier relationship and its significance to the Agency, we acknowledge and agree that Conduent will operate under the percentage of scope of work as determined by the Agency. Additional information about the defined engagement in support of this contract is provided in our response to SUB05.

Attachment F Requirement SUB02
The subcontractor must obtain a "Commercial License" for use by the agency, if they use a COTS or SaaS product as part of the proposed solution.

Conduent response: Conduent will obtain a "Commercial License" for use by the agency if a COTS or SaaS product is used as part of the solution.

Attachment F Requirement SUB03

If the Supplier transfers resources required to fulfill the contract to a third party, the third party is considered a subcontractor and the transfer will be subject to participation limitations as defined by the agency.

Conduent response: In accordance with the requirement SUB03 set forth by the Agency, Conduent acknowledges that any transfer of resources required to fulfill the contract to a third party results in that third party being considered a contractor, with the transfer being subject to participation limits defined by the Agency.

Attachment F Requirement SUB04

The Supplier shall list all subcontractors, if any, in the proposal.

Conduent response: Conduent lists all subcontractors in this proposal.

We have identified the subcontractors and their level of participation on the project as it relates to providing services for the TPL Services project.

We have carefully evaluated RFP requirements, including your long-term TPL Service goals, and considered our experience with subcontractors in this field. As a result, we are confident that [redacted] and [redacted] are the right subcontractors to assist us in accomplishing your vision. [redacted] will provide data services related to insurance discovery for TPL Commercial Recoupment, TPL Hospital-Physician, and the TPL CMO Come Behind Services. [redacted] will provide legal services as required by the RFP.

Attachment F Requirement SUB05

The Supplier shall provide a detailed description of all work to be sub-contracted to third parties.

Conduent response: In this section, we provide a detailed description of the work to be subcontracted to our partners and summarize their qualifications.

Conduent will partner with our subcontractor [redacted] for the TPL Commercial Recoupment Services, the TPL CMO Come Behind Services, and the TPL Hospital/Physician Services. [redacted] provides services, resources, and tools to support Conduent and operate the data matching requirements in these areas.

Weekly, or as determined by the State, [redacted] receives several files, converted by Conduent from their original format to a standardized layout. These include fee-for-service claims data for TPL Commercial Recoupment Services, Managed Care Organizations (MCO) encounter data for TPL CMO Come Behind Services, and eligibility files data for TPL Hospital/Physician Services. For all files, subsequent add and update files will be provided, and at a time agreed to by both parties a complete balancing full file shall be supplied. Typically this occurs monthly.

	After secure transfer, [redacted] then processes the input data to match those Members for whom information has been provided to potential alternative or additional healthcare coverage. Upon completion, [redacted] then delivers other health insurance reports composed of accounts that contain alternative or additional payer other coverage information accounts that pay primary to the coverage provided by Medicaid Customer for the same Member. The other health insurance reports also include relevant information such as the name of the alternative or additional payer and supplementary information. [redacted] also delivers a Summary Report showing the number of member records processed, and the number of OHI policies validated ("OHI Hits") that fall into the categories of commercial or Medicare OHI coverage and any other relevant categories. [redacted] proven record of successful recoveries utilizing [redacted] Other Health Insurance Discovery (OHI) platform, combined with Conduent's expertise in the Medicaid sphere, to include an in-depth understanding of claims, encounter, and eligibility fields as well as related processes, yields a formidable team dedicated to maximizing recovery and cost avoidance for the State. With 17 years' experience performing insurance discovery for the provider/payer community, [redacted] success is demonstrated not only through the $6.4 Billion in Net Revenue and Cash delivered to clients, but also through the over 1,800 Hospitals and 250,000 physicians that trust them to provide services. Their flagship [redacted] Other Health Insurance Discovery (OHI) solution, now holding five patents, is the only Healthcare Financial Management Association **(**HFMA**)** Peer Reviewed Insurance Discovery Solution. In addition, the solution is HITRUST CSF Certified, ensuring that it has attained the highest degree of assurance with the necessary security controls and protections in place to guard personal data. Unlike most other data match partners, [redacted] does not rely on the receipt of regularly updated carrier member files to perform standard data matches for coverage discovery. Rather, they have developed an innovative approach leveraging their considerable expertise performing insurance discovery for the provider/payer community, along with a robust data lake and patented algorithms which help maintain and source leads. In addition, [redacted] uses modified real-time HIPAA transactions to verify the sourced leads as active coverage with commercial payers on the date of the electronic data interchange (EDI) verification. This results in high quality, actionable coverage. Given the challenges inherent in pay and chase, particularly as relates to encounter data and TPL CMO Come Behind Services, working with an innovative and successful data match vendor will be key to a successful TPL recoupment program. Through utilization of [redacted] Other Health Insurance Discovery (OHI) solution, including access to commercial and consumer databases, as well unique processes and algorithms, Conduent and [redacted] can leverage combined expertise to help the State amplify successful recovery and cost avoidance capabilities.

	Conduent will also partner with our subcontractor [redacted] located in Atlanta, Georgia to provide legal services as required by the RFP. As required, our partner Staff Attorney meets the following required qualifications: a. Completion of a law degree from an accredited law school b. Licensed and be in good standing with the state bar association c. Two years of professional legal experience in Healthcare, Personal Injury, or Litigation [redacted] will enable Conduent to meet the requirements set forth to provide the following Staff Attorney services. a. Review documents and provide legal recommendations to both the Agency and the Supplier's staff on a variety of topics related to Medicaid and third party liability issues and the administration of TPL functions b. Manage and oversee the Trust Review and Accounting Review Programs c. Develop, draft, and maintain policies and procedures manuals for the Trust programs d. Participate in telephone conference calls and settlement negotiations e. Provide case management and file review f. Attend hearings before the State and Superior Courts, the Office of State Administrative Hearings, or other administrative body as requested by the Agency g. File liens and probate claims h. Review proposed statutory changes and recommended changes/updates i. Develop and draft written communication/correspondence regarding Medicaid members, opposing counsel, state Agencies and court officials for Agency approval j. Provide advanced legal research, interpretation and application of federal, state and/or local laws in accordance to TPL k. Attend professional meetings and conferences in accordance to TPL l. Maintain knowledge of current trends and developments related to Medicaid and any impact to TPL m. Stay abreast of legal issues and developments in the healthcare industry n. Any other related tasks as requested by management or the Agency

Attachment F Requirement SUB06

The Supplier must submit to the agency annually, a subcontractor Usage Report on the use of subcontractors and certify that all subcontractors are in compliance with the employment practices mandated by federal and State statutes and regulations. The subcontractor Usage Report must at a minimum contain the total subcontract dollar value, total subcontractor FTE's, total subcontractor hours.

Conduent response: Conduent provides the Agency with an annual Subcontractor Usage Report on our use of subcontractors, including certification that all our subcontractors comply with the employment practices mandated by federal and State statutes and regulations. We acknowledge and agree that the Subcontractor Usage Report, at a minimum, must contain the total subcontract dollar value, total subcontractor FTE's, and total subcontractor hours.

Attachment F Requirement SUB07

The subcontractor will be required to enter into a signed Business Associate Agreement (BAA) as a part of the contract, that is in compliance with the Privacy and Security provisions of the Health Insurance Portability and Accountability Act of 1996 (HIPAA) prior to start of work.

Conduent response: Conduent will ensure subcontractors enter into a signed Business Associate Agreement (BAA) as a part of the contract, that is in compliance with the Privacy and Security provisions of the Health Insurance Portability and Accountability Act of 1996 (HIPAA) prior to start of work.

Conduent shares and supports the Agency's expectation that our subcontractors comply with HIPAA Privacy and Security provisions. As a longtime provider of similar state healthcare systems and services nationwide, we are familiar with this process. We acknowledge and agree to this requirement that each of our subcontractors will enter into a signed Business Associate Agreement (BAA) as a part of the contract, that is in compliance with the Privacy and Security provisions of the Health Insurance Portability and Accountability Act of 1996 (HIPAA) prior to start of work.

Attachment F Requirement SUB08

The Supplier shall allow agency personnel direct access to all subcontractors or third-party personnel serving in critical roles on the project and shall not act as an intermediary between the agency and such parties for questions about the proposed solution or operation of the proposed solution and/or services. The agency reserves the right to discuss design, configuration, implementation, operation, routine maintenance, and enhancement of the proposed solution(s) and/or services directly with any subcontractors or third parties involved in performing work for the agency.

Conduent response: Conduent will allow Agency personnel direct access to all subcontractors or third-party personnel serving in critical roles on the project and shall not act as an intermediary between the Agency and such parties for questions about the proposed solution or operation of the proposed solution and/or services. Conduent agrees the Agency reserves the right to discuss design, configuration, implementation, operation, routine maintenance, and enhancement of the proposed solution(s) and/or services directly with any subcontractors or third parties involved in performing work for the Agency.

Conduent acknowledges the Agency's request to have direct access to all subcontractor or third-party staff serving in critical roles on the project, and that Conduent shall not act as an intermediary between the Agency for questions about the proposed solution or operation of the proposed solution. We understand that the Agency reserves the right to discuss design, configuration,

	implementation, operation, routine maintenance, and enhancement of the proposed solution(s) directly with any subcontractor or third parties involved in performing work for the Agency. Conduent has extensive experience in managing subcontractor/third-party contracts. We encourage and support a communication structure that fosters direct communication. Communication, coupled with the sharing of essential information across impacted parties (regardless of where it is initiated), helps ensure that communications and decisions are made and shared appropriately, and project alignment and understanding is considered and protected. **Attachment F Requirement SUB09** The agency shall have the right to review and approve any subcontracts through the Supplier. **Conduent response:** We acknowledge and agree that the Agency shall have the right to review and approve any subcontracts through Conduent.	
	Upload Attachments with Additional Information? **Yes**	Attachment File Name: **Subcontractor Requirements_ Base**

Attachment G Mandatory Scored Questions- TPL Base Requirements
Offerors must answer all questions in this document in the space provided.
Failure to answer these questions will result in disqualification of the proposal
Offerors must indicate whether their proposal meets the individual requirement and provide a supporting narrative in the space provided. The narrative description will be evaluated and awarded points in accordance with Section 6, Proposal Evaluation and Award. Certain questions require an attachment. ONLY upload documents where there is a "Yes-Required" in the "Upload Attachments with Additional Information?" column, to provide additional requested information for specific questions. If there is a "No" in the "Upload Attachments with Additional Information?" column, then a document will be NOT be evaluated, if uploaded. Suppliers must provide an answer in the answer box below for all questions with "No" in the "Upload Attachments with Additional Information?" column.
DO NOT INCLUDE ANY COST INFORMATION IN YOUR RESPONSE TO THIS WORKSHEET.

17	**Testing Requirements -** Describe in detail how your company will meet all the requirements identified in **Attachment F, Testing Section, TEST01-TEST18.** Your response should include the requirement number identified in the attachment, followed by your detailed response. You must provide a response to all requirements identified in **Attachment F, Testing Section.**
A17	*Answer # 17* Conduent will meet all requirements stated for testing the application during the System Development Life Cycle (SDLC). Testing will occur at several stages of the SDLC and will be comprehensive. Our planned testing includes: 1. **Unit Testing.** For any gaps that require development, developers test the smallest elements of changed or added code, programs, and configurations to validate the system performs to specification. 2. **System Testing.** We check features and functions of the system to confirm they function according to configuration and design. System testing accomplishes this objective through a structured set of tests that validate the solution from a transactional perspective called functional testing. All aspects of the system are exercised including system inputs and system outputs. 3. **Integration Testing.** Also known as system integration testing, this test level involves functional, end-to-end, compliance testing, and business-based testing; used to validate transactions with external or third-party interfacing systems. We validate data interchanges and integration touch points with the Systems Integration Services Contractor. 4. **Regression Testing.** Regression testing validates that recent program, configuration, or code changes have not adversely impacted the existing features. The purpose of regression testing is to verify that only code meeting specific quality standards is introduced

into subsequent cycles or phases of testing. The regression test suite is continuously upgraded as we progress through the Requirements Validation and Conference Room Pilot (CRP) sessions to maintain maximum coverage of the regression suite. We also factor in automation to run large volumes of tests in a short period of time to validate repeatable and consistent test results.

5. **Parallel Testing.** Parallel testing confirms that the new technical solution provides results consistent with the current legacy system as appropriate. This confirmation occurs by executing transactions in both systems using the same converted input data and then showing through inspection that the results of continuous parallel operation of the legacy and new systems match over an extended period.

6. **Performance Testing.** The purpose of performance testing is to measure and evaluate response times, transaction rates, and other time-sensitive requirements of a system in order to verify that performance requirements have been achieved. Some types of performance testing include:

   - **Load.** Determine how the system will perform under peak usage and normal usage.
   - **Volume.** Confirm that the system and the underlying infrastructure can handle peak volumes of key business transactions.
   - **Stress.** Establish the limits of an application or infrastructure. Identify the "breaking point" of the application in terms of throughput, number of users, or other criteria.
   - **Benchmark Timing.** Confirms that the system can process transactions in normal volumes within agreed system performance standards.

7. **User Acceptance Test (UAT).** The objective of User Acceptance Test (UAT) is to validate that the system meets its users' expectations and requirements. UAT is a critical testing process because a system that meets business requirements and passes system test is not truly ready until end-user representatives confirm that it meets their requirements.

   We work with the State and your UAT participant groups to understand their acceptance criteria. Participants should be representative of the end-user population so that test results are predictive of actual, operational user experiences.

   Conduent emphasizes robust and comprehensive acceptance tests to verify the smooth implementation of the system into a production environment. Our User Acceptance Test Support Plan provides the details of how we will support state-led UAT. Through the plan and related discussions, we review the responsibilities of each party, the testing schedule, how we will triage any identified defects, and any acceptance test data you require of us.

   Conduent prefers to partner with the State in test efforts throughout the contract. We routinely share our SIT test assets to form a baseline. We also work closely with you to incorporate your UAT scenarios in our regression and automation framework after completion of a UAT cycle so we can address quality as a continuous improvement activity. Similarly, we collaborate on test scenarios and edge conditions and incorporate them in our test bed for future cycles.

8. **Disaster Recovery Testing**: A disaster recovery test (DR test) is the examination of each step in a disaster recovery plan as outlined in a Conduent's business continuity/disaster recovery planning process.

   As part of the DR testing, we engage in detailed plan reviews and "tabletop" tests in which stakeholders collectively walk through components of the DR plan. This activity confirms all stakeholders know their roles and responsibilities in the case of a disaster, and it helps ween out inconsistencies, missing information, or errors.

   We also conduct simulated DR activities to validate that procedures and resources—including backup systems and recovery sites—work in a situation as close to the real-world as possible. Our DR simulation runs a variety of disaster scenarios to validate if the teams involved in the DR process can restart technologies and business operations in a timeframe specified by the RFP.

9. **Security Penetration Testing**: A penetration test, or "Pen Test," is a simulated cyberattack to check for exploitable vulnerabilities in the system. Pen Testing involves the attempted breaching of any number of application systems, (e.g., application programming interfaces (APIs), frontend/backend servers) to uncover vulnerabilities, such as unsanitized inputs that are susceptible to code injection attacks.

We use insights provided by the penetration test to fine-tune our web app firewall (WAF) security policies and patch detected vulnerabilities. We perform Pen Testing during parallel testing prior to go-live and then subsequently on an annual basis through the course of the contract.

Attachment F Requirements for Testing

On the following pages, Conduent provides responses to Attachment F requirements for the Testing Section, TEST01-TEST18. Our initial response confirms our commitment to meet the requirement followed by our descriptions of our work.

Attachment F Requirement TEST01

At a minimum, the Supplier and/or services shall provide sufficient segregated environments to support testing as determined by the agency; such as: Integration Testing, System testing Regression Testing, Parallel Testing, Performance and Load Testing and User Acceptance Test.

Conduent response: Conduent agrees that at a minimum, Conduent and/or services shall provide sufficient segregated environments to support testing as determined by the agency; such as: Integration Testing, System testing Regression Testing, Parallel Testing, Performance and Load Testing and User Acceptance Test.

Conduent provides sufficient segregated environments to support testing as determined by the Agency including those needed to support Integration Testing, System Testing, Regression Testing, Parallel Testing, Performance and Load Testing and User Acceptance Testing. We establish test environments to support the different levels of testing.

Attachment F Requirement TEST02

The Supplier must identify and resolve interdependencies that restrict or impede required testing of the Supplier's solution, other enterprise modules, or module components from performing required testing. Unless otherwise identified by the State strategies to resolve interdependencies must be reviewed and approved by the State prior to implementing the resolution strategy.

Conduent response: Conduent will identify and resolve interdependencies that restrict or impede required testing of Conduent's solution, other enterprise modules, or module components from performing required testing. Conduent agrees that unless otherwise identified by the State, strategies to resolve interdependencies must be reviewed and approved by the State prior to implementing the resolution strategy.

Conduent identifies and resolves interdependencies that restrict or impede required testing of our solution, other enterprise modules, or module components from performing required testing. We understand that unless otherwise identified by the State, strategies to resolve interdependencies must be reviewed by the State prior to implementing the resolution strategy.

Our recent experience across the country with system integrator contractors helps us identify and resolve interdependencies that restrict or impede required testing of our solution, other enterprise modules, or module components from performing required testing. Additionally, our vast experience developing claim and TPL systems, has provided us with a field-tested approach that helps us understand, identify, and resolve interdependencies. We seek the State's review and approval prior to implementing the resolution strategy. Our approach includes:

- **Communication and collaboration** with other module contractors to perform a detailed analysis of inter-module dependencies as part of system development planning and scheduling, including test planning.
- **Leveraging our familiarity with interdependencies.** Our long history working on the multiple claims and TPL systems for various agencies has helped us developed expertise on what interdependencies exist and to understand the dependencies within the system.
- **Using an iterative approach** means that we are incrementally building and testing small pieces of functionality; we sequence those iterations based on our own knowledge of the best way to build these systems.

Attachment F Requirement TEST03

The Supplier shall perform testing and present the results for the test levels as defined by the agency: e.g. Performance Test results, System Test results, Parallel Test results, Regression Test results, Integration Test results. Test results shall be traced to the use case/user story and design documentation being tested.

Conduent response: Conduent performs testing and presents the results for each of the test levels: performance, system, parallel, regression, and integration. We trace test results to the use case/user story and design documentation being tested.

Our Master Test Plan supports detailed level test plans, defines the features included in the test scope, addresses the types and phases of testing needed, and captures the process for tracing test results to the use case/user story and design documentation being tested. Our proven and documented use of Azure DevOps for lifecycle management and test management allows us to provide test results for each of the test levels being tested, including pass/fail, time and environment of execution, tester; and if there's a failure, details of what failed.

Azure DevOps is a complete life cycle management tool. It traces the test execution to the requirements and SLAs defined for each testing phase. We load your requirements into the Azure DevOps software and provide reports demonstrating traceability all the way from requirements to testing. Azure DevOps can generate reports and dashboards based on this information. Through Azure DevOps, we can generate dashboards and metrics for each testing phase. For agencies using other lifecycle management tools and testing tools, such as Atlassian JIRA, we have expertise around the organization in other lifecycle management tools and can easily transfer our tool expertise and best practices to the tool preferred by the Agency.

Table G17-1 depicts the test level results and traceability.

Table G17-1. Test Traceability

Test Level	Results Trace To
Performance Test	Performance requirements and SLAs
System Test	Requirements categorized as gaps in the system
Parallel Test	Claims configuration requirements
Regression Test	Regression testing is performed when we migrate code or introduce changes to code; regression testing is tracked and reported but not traced to individual business requirements.
Integration Test	Functional requirements and use cases/features

	Attachment F Requirement TEST04 The Supplier shall provide sufficient environments and resources for the following: a. Synchronize the software and the data from the production environment and testing and impact analysis environment at a minimum on a quarterly basis or at the discretion of the agency. b. Synchronize the software and the data from the production environment and training environment following software deployments. c. Provide a fully functioning online test environment, which includes batch and online programs, files, and supporting systems. d. Provide technical and functional support to create and analyze "what-if" scenarios and compare results between scenarios in the impact analysis environment. Provide an analysis of outcomes in impact analysis environment and another environment, such as production or test. e. Provide State, Supplier, and IV&V staff a minimum of read-only access to all environments and tools. f. Provide sufficient resources to support the execution of automated regression testing. h. Provide comparative analysis support of regression testing results. i. Conduct testing of approved system configuration changes, corrections or enhancements or before implementation. j. Allow agency resources and Suppliers designated by the agency to create and edit appropriate data to support testing efforts, including provider, member, and reference data. **Conduent response:** Conduent provides sufficient environments and resources to meet all requirements set forth in TEST04 (a-j). Conduent provides robust environments and adequate resources to fulfill the State's requirements including: a. We synchronize the software and the data from the production environment to testing and impact analysis environment on a quarterly basis or at the discretion of the State. The practice we employ to maintain, protect, and restore testing datasets relies on the concept of a "Golden Copy." Conduent takes a copy of production data and loads it into a separate schema, known as the Golden Copy. The data, now separate and distinct from the production database, is de-identified according to HIPAA guidelines, including the 18 PHI identifiers. We load the data into the test environment and use it for test execution. In order to preserve the integrity of the test data set, we refresh the test environments with the de-identified copy on an as-needed basis. In addition, to prevent staleness of data scenarios, we refresh the Golden Copy from the production environment on a defined schedule. b. Following software deployments, we synchronize the software and the data from the production environment to the training environment. This practice means that users taking training have access to the latest set of features, functions, and data in the training environment. Our Golden Copy approach described in our response to item "a" provides a process to refresh the data for this environment. c. We provide a fully functioning online test environment, which includes batch and online programs, files, and supporting systems. In this environment, we also prevent the staleness of data scenarios with the Golden Copy approach. d. Our environment plan for operations includes maintaining a Model Office, or "What if" environment that mirrors production. In this environment, we provide technical and functional support to create and analyze "What if" or alternative scenarios and compare results between scenarios and potentially another environment for impact analysis purposes.

	e. We provide the required access for State staff, our staff, and IV&V staff to all environments and tools, at a read-only or other level as approved by the State. This requires a discussion with the State regarding security and role privileges, so we can configure the environment accordingly. f. We provide enough resources to support the execution of automated regression testing. This includes automation subject matter experts and tools such as Selenium for automation of TPL test scripts. We also continuously update the automated regression suites to provide maximum and up-to-date coverage. g. We provide comparative analysis support of regression testing results. Our Master Test Plan advocates regression testing under a number of scenarios to validate the ongoing integrity of our system as the configuration, features, and functions are modified to State requirements. We use regression testing to compare results before and after a change to make sure the results are consistent and/or intentionally different as expected. h. We conduct testing of approved system configuration changes, corrections, or enhancements before implementation. All changes are applied and tested in the applicable "lower environments" prior to being implemented in production. In accordance with our approach, if the requirements are a "match" with current system functionality and configuration, we do not need to make coding or configuration changes. In this situation, we perform only regression testing and UAT to validate this functionality is present and continues to function properly. In the case of requirements necessitating configuration changes, we execute system integration testing. If requirements require coding changes, we execute unit, system integration, regression, and user acceptance testing. In other words, we vary the level and rigor of testing based on the gap analysis of the requirement. Our (Software as a Solution) SaaS product and Conference Room Pilot approach, discussed in Proposal Section 3.7 Design, Configuration, and Build, allows for streamlining of the overall SDLC and testing efforts based on how well the requirement aligns to current product functionality. When requirements are matched in the SDLC, we can bypass unit and system testing; when requirements are confirmed as "configuration," we can bypass unit testing. The more we can confirm requirements are met in the current product—and the more we can reduce customization—the faster we can implement. i. We allow Agency resources and suppliers designated by the Agency to create and edit appropriate data to support testing efforts, including provider, member, and reference data. If the Agency provides reference data using files or spreadsheets, the Conduent team then loads the data in the test environments for further use to support the Agency's needs. **Attachment F Requirement TEST05** The Supplier shall ensure, in order to release code to UAT or production, it must meet the minimum acceptable defect levels (as determined by the Agency). **Conduent response:** Conduent ensures, in order to release code to UAT or production; it must meet the minimum acceptable defect levels as determined by the Agency.

	UAT allows the Agency to confirm the newly developed system meets all business and functional requirements. We accomplish this through hands-on testing in an environment closely simulating production. Defect status and severity are monitored during UAT. Defect levels are reported to the Agency as part of completing UAT, and a successful UAT is achieved when defect levels meet minimum levels determined by the Agency. The result of successful UAT is that the system is accepted for implementation and commencement of operations. UAT also confirms the orientation and training of the end-users to the developed system and confirms the initial baseline performance metrics. UAT occurs after all the development iterations, system, and integration testing have been completed. While the iterative life cycle offers the Agency the opportunity for incremental UAT activities at the conclusion of each sprint or iteration, a formal, final acceptance test is necessary for user representatives to confirm the end-to-end solution. The information below describes this consolidated UAT that takes place after the completion of end-to-end testing by Conduent. **Entry Criteria** According to our Master Test Plan, the following criteria must be completed prior to starting UAT. We work with the Agency to adapt the criteria to your requirements: • Minimum acceptable defect levels are set and accepted by the Agency. • The end-to-end integration test cases for all functional areas tested are complete. • Draft user documentation is developed. • User stories have been completed with clear and testable acceptance criteria, which can be used as the basis for UAT cases. • The UAT environment is prepared. • Conversion or production data is available for use in test case execution. **Exit Criteria** The following criteria signify the end of UAT, according to our Master Test Plan: • Completed and client-approved user acceptance test results. • Updated design and testing documentation based on test results and defect remediation. • The defect levels are in an acceptable range, as determined by the Agency, with 100% of critical and high defects resolved satisfactorily.

	After completing UAT, we conduct a release readiness review prior to release to production. This release criteria includes a check that all exit criteria have been met. This process is incorporated into our Implementation Plan and related checklists to confirm we will not migrate code to production until these criteria are met. **Attachment F Requirement TEST06** The agency plans to perform UAT on all software releases as part of the contract. The Supplier's approach to establishing testing environments should not impact the agency's ability to conduct continuous UAT in a separate, dedicated environment. **Conduent response:** Conduent acknowledges the agency plans to perform UAT on all software releases as part of the contract. Conduent's approach to establishing testing environments will not impact the agency's ability to conduct continuous UAT in a separate, dedicated environment. We establish a UAT environment that is separate and distinct from all other environments and the production environment to support the Agency's plans to perform UAT on all software releases. We configure the environment to support the validation of all required system functionality. Our approach to establishing testing environments does not impact the Agency's ability to conduct continuous UAT on all software releases in a separate, dedicated environment. **Attachment F Requirement TEST07** The Supplier shall facilitate UAT as defined by the agency, such as: a. Provide test cases and scripts b. Assist the agency in developing UAT test cases. c. Provide a dedicated UAT environment to the agency and maintain the environment as needed to support continuous UAT throughout design, configure/build and testing. d. Refresh data, execute processes, and migrate releases or code fixes as requested or on an agreed-upon schedule. e. Provide test data. f. Provide a mechanism for the agency to enter defects into the online defect-tracking tool. **Conduent response:** Conduent facilitates UAT as defined by the Agency in this requirement as outlined in this response to meet all TEST07 requirements. We develop a User Acceptance Test Support Plan as part of our standard Quality Management System. This plan serves to set expectations regarding the activities and processes we execute to support your UAT efforts. In it, we address how we meet Agency requirements for UAT, including: 1. We provide SIT test cases, scripts, and results for review and approval from the Agency that also can be leveraged for UAT. 2. We assist the Agency in writing UAT test cases to meet their own testing objectives. Conduent provides SMEs, systems analysts, trainers, and other technical staff necessary to coordinate activities and support the execution of test cases and analysis of test results.

	3. We provide to the Agency a dedicated UAT environment that is separate and distinct from the production environment, and we maintain the environment to support continuous UAT throughout design, configuration, build, and testing. 4. As previously described (in our response to ID TEST05), we refresh data on an agreed upon basis using the Golden Copy approach. We execute processes, migrate releases, promote defect fixes, etc., to provide support during UAT execution. 5. We provide the necessary test data to support and maximize the accuracy of UAT testing. The Agency selects its own test data for UAT testing. 6. Azure DevOps has the ability to grant the necessary access to users at the test phase level, which means we can grant the Agency access to manage UAT efforts in the tool. The Agency can store test cases and scripts, log test execution records, and record defects in the tool for Conduent review and resolution. **Attachment F Requirement TEST08** The Supplier shall provide agency resources or their designee access to test cases, test results and defect tracking via online tools. The agency reserves the right to inspect artifacts and results at any time. **Conduent response:** Conduent provides Agency resources or designee access to test cases, test results and defect tracking using our online Azure DevOps testing tool. We understand that the Agency reserves the right to inspect artifacts and results at any time Access to our Azure DevOps testing tool grants Agency resources full visibility into our test efforts including requirements tested, the associated test cases, the disposition of the test cases executed (pass/fail), and defect tracking and resolution. With this access to the online tool, Agency resources can inspect artifacts and results at any time. The Azure DevOps toll is available 24x7. **Attachment F Requirement TEST09** The agency reserves the right to conduct independent testing of the solution at any time. The Supplier must cooperate with the agency or its designee, and provide environments, data, and technical support for independent testing. **Conduent response:** Conduent acknowledges that the Agency reserves the right to conduct independent testing of the solution at any time. We will cooperate with the Agency or its designee, and provide environments, data, and technical support for independent testing. With our iterative SDLC, we have the full set of development and test environments available during the DDI phase. This includes the UAT environment. Conduent provides the Agency with transparent access to the appropriate testing environments to conduct independent testing throughout the life of the contract. We encourage such testing at the end of each sprint in order to review incremental functionality based on features that were completed in the prior sprint. This reduces the amount of UAT needed at the end of the project and reduces rework by discovering defects earlier in the SDLC. We provide data, environments, test scripts, and technical support for the Agency or its designee to conduct independent testing of the solution at its discretion.

Attachment F Requirement TEST10

The Supplier's Performance and UAT test environments shall be sized to be capable of mirroring the production System in its infrastructure, files, databases, processing, and reporting.

Conduent response: Conduent sizes testing environments to be capable of mirroring the production system infrastructure, files, databases, processing, and reporting. As a standard practice, we create and size the UAT environment to be as close of a replica of production as possible in terms of infrastructure, files, databases, processing, and reporting, which is partly why UAT is created as a mirror of production so users can evaluate and experience results similar to production.

Attachment F Requirement TEST11

The Supplier shall work proactively with the State's designated testing resources to review all test results and provide the necessary system and functional information to create verification procedures and user acceptance test cases.

Conduent response: Conduent works proactively with the State's designated testing resources to review the test results and provide the necessary system and functional information to create verification procedures. We will identify possible user acceptance test cases for the State from our repository of existing cases.

Our testing lead establishes a cooperative working relationship with the State's designated testing resources to ensure the success of the project throughout the SDLC. This includes reviewing and clarifying system and functional information during requirements validation sessions; confirming the configuration and design specifications during conference room pilots and design review sessions; and Conduent demonstrating functionality at the end of each sprint to verify completed features. We provide access to system documentation as it is refined during each phase, and we work proactively to review test results, giving you confidence in its accuracy and thoroughness. Each of these steps and outputs helps the State's designated testing resources to understand the work performed to meet requirements and helps you to build more informed, complete verification procedures and UAT cases.

Attachment F Requirement TEST12

The Supplier shall develop test criteria and algorithms for expected outcomes prior to production of reports.

Conduent response: Conduent develops test criteria and algorithms for expected outcomes prior to production of reports. Our experienced testing SMEs are familiar with agencies programs and policies and trained on how to develop test criteria and algorithms for validating reports. We make sure our test scripts provide setup data, and we select and test each report against your requirements. These test scripts validate that reports produce the expected outcomes based on the input conditions. More importantly, our test scripts and criteria validate the data and the system functionality of the product suite for accuracy, which end up feeding the reports created. We confirm all selected test scripts have passed prior to the production of reports.

	Attachment F Requirement TEST13 The Supplier shall ensure that the Project Work Plan allocates sufficient time to the State's user acceptance testing activities relative to the detailed scope of work, requirements and gaps, the number of manually executed test cases, and the complexity of module integration. The Supplier will be responsible for extended user acceptance testing if the proposed testing duration is not sufficient for the State to validate the module. **Conduent response:** Conduent ensures the Project Work Plan allocates sufficient time to the State's user acceptance testing activities relative to the detailed scope of work, requirements, and gaps, the number of manually executed test cases, and the complexity of module integration. We will be responsible for supporting extended user acceptance testing if the proposed testing duration is not sufficient for the State to validate the module. During project initiation, we collaborate with the State's to decompose, level, and baseline the Project Work Plan. As the project progresses, we can provide actuals from our project schedule and/or the Azure DevOps lifecycle management tool regarding the time we spent on tasks such as SIT testing if they are helpful to the State in planning UAT tasks, resources, and durations. We design our schedule for flexibility so we can extend testing if the proposed duration is not sufficient for the State to validate the module. **Attachment F Requirement TEST14** The Supplier shall plan and execute testing for all inbound and outbound interfaces, ensure accurate and secure data transmission between the Supplier's solution and the State's Integration Platform and coordinate with external entities as appropriate. **Conduent response:** Conduent plans and executes testing for inbound and outbound interfaces, facilitate accurate and secure data transmission between the Supplier's solution and the State's Integration Platform, and coordinate with external entities as appropriate. Our testing approach addresses all inbound and outbound interfaces to validate data transmissions are complete, secure, and accurate. During SIT testing the testing lead will coordinate with System Integrator to confirm responsibilities, data, and timing of such testing. We effectively establish testing environments, along with the necessary data to support integration, functional, system, interface, user acceptance, performance, and operational readiness testing activities. **Attachment F Requirement TEST15** The Supplier shall coordinate with the agency, Systems Integrator, and specific module component vendors to conduct integration testing. **Conduent response:** Conduent coordinates with the Agency, Systems Integrator (SI), and specific module component vendors to conduct integration testing. As a leading MMIS provider, we maintain an atmosphere of cooperation and collaboration with other module vendors for integration testing and for the overall success of the enterprise. To achieve this, we assign accountability and responsibility for the coordination of testing and other integrative activities. From a scheduling and communication standpoint, our primary contact is the Project Manager (PMO manager); from a technical coordination perspective, the Technical Manager; and from a test planning and test asset perspective, the Testing Lead. These resources collaborate with the Agency, Systems Integrator, and specific module component

vendors to conduct integration testing and to meet the enterprise implementation schedule. We currently execute this model successfully in multiple states including Montana, New Mexico, Virginia, and Mississippi.

Attachment F Requirement TEST16

The Supplier shall support system performance and load testing by supplying solution test data in sufficient volume (amount) in order to represent production data quantities.

Conduent response: Conduent supports system performance and load testing by supplying the volume of solution test data that is sufficient to represent production data quantities.

Conduent will ensure the solution meets the response or processing times defined in the specifications, under the data flow and connection volumes expected. Types of performance testing include:

- **Stress Testing:** Establish the limits of an application or infrastructure. Identify the "breaking point" of the application in terms of throughput, number of users or other criteria.
- **Load Testing:** Determine how system will perform under peak usage and normal usage. Identify the throughput, number of users or other criteria under which the system will operate effectively.

Attachment F Requirement TEST17

The Supplier shall provide isolated testing environments and the ability to support testing with de-sensitized (non-PHI, non-PII) data sets.

Conduent response: Conduent provides isolated testing environments and the ability to support testing with de-sensitized (non-PHI, non-PII) data sets. We understand the importance of production data security and data integrity. Public sector organizations and businesses constantly strive to protect their data from a complex mix of authorized and unauthorized users—both internal and external.

Masking or otherwise obscuring sensitive data is necessary in certain instances, such as using production data for testing purposes. To prevent security issues, Conduent uses an internal standard data masking tool to de-identify production data and to load data for non-production environments, such as the testing and training environments.

The Conduent Security Framework provides capabilities for masking of data, hiding of the data, or showing partial values of the data. These attributes, when assigned to the users' role and access privileges, determine if data should be shown or hidden from the user based on his or her security permissions. This is in accordance with the Security and Confidentiality Plan and Title 45 of the Code of Federal Regulations, section §164.514.

	Attachment F Requirement TEST18 The Supplier shall provide a pre-production environment configured to mirror production settings to support integration checks and pre-deployment checks with sensitive (e.g. PHI/PII) data sets. **Conduent response:** Conduent provides a pre-production environment configured to mirror production settings to support integration checks and pre-deployment checks with sensitive (e.g., PHI/PII) data sets. At the successful completion of UAT, we will ensure the critical business functions of the operation are supported by the system. Conduent will provide a pre-production environment configured to mirror production settings to support integration checks and pre-deployment checks with sensitive (PHI/PII) data sets. Typically, the UAT environment is used for this purpose. Two examples of validation include: • Validation of both the software and manual operational procedures of the staff are ready for production. • Execution of the critical business functions that characterize the operation, validate the system's availability, functionality and accuracy.	
	Upload Attachments with Additional Information? **Yes**	Attachment File Name: **Testing Requirements_ Base**

Attachment G Mandatory Scored Questions- TPL Base Requirements
Offerors must answer all questions in this document in the space provided.
Failure to answer these questions will result in disqualification of the proposal
Offerors must indicate whether their proposal meets the individual requirement and provide a supporting narrative in the space provided. The narrative description will be evaluated and awarded points in accordance with Section 6, Proposal Evaluation and Award. Certain questions require an attachment. ONLY upload documents where there is a “Yes-Required” in the "Upload Attachments with Additional Information?" column, to provide additional requested information for specific questions. If there is a “No” in the "Upload Attachments with Additional Information?" column, then a document will be NOT be evaluated, if uploaded. Suppliers must provide an answer in the answer box below for all questions with “No” in the "Upload Attachments with Additional Information?" column.
DO NOT INCLUDE ANY COST INFORMATION IN YOUR RESPONSE TO THIS WORKSHEET.

18	**Training Requirements-** Describe in detail how your company will meet all the requirements identified in **Attachment F, Training Section, TRN01-TRN09.** Your response should include the requirement number identified in the attachment, followed by your detailed response. You must provide a response to all requirements identified in **Attachment F, Training Section.**
A18	*Answer # 18* ***We design a comprehensive, innovative training program that provides our team, system users, the State, and other stakeholders with the knowledge, skills, and abilities they require to understand and successfully transition to and use the TPL Services product.*** To help the State realize its full training vision, Conduent offers a comprehensive training strategy with innovative tools that support the TPL Service’s goals and objectives. Our well-developed, organized, and advanced training and knowledge-transfer program teaches learners how to perform their roles effectively—answering questions and resolving issues at the first interaction with the system or when engaging with another stakeholder. An encounter with educated staff who are proficient using Conduent tools and resources results in a positive experience for all involved.

We have extensive experience working with Learning Management Systems (LMS) and, should you decide to have an enterprise LMS, we include information in this overview section about Conduent's LMS functionality and benefits.

Our Knowledge Connection is a LMS and a Learning Content Management System (LCMS) that allows users to create, design, and manage content on web pages. Knowledge Connection, is a dynamic, web-based tool for managing, developing, tracking, reporting, and deploying our training programs.

Knowledge Connection, offers access to reporting and analytic tools, advanced survey and evaluation tools, creation of role-specific training curricula, and user-friendly training interactions for end users. It supports module development, training delivery, knowledge transfer activities, and competency assessment.

The Conduent Approach

- Complete training assessment to determine training needs for each role and learner group.
- Collaborative approach with the State and other stakeholders.
- Complete training on all aspects of the TPL system.
- Dynamic, web-based LMS available for managing, developing, tracking, reporting, and deploying our training program.

On-demand training is available to users through Knowledge Connection. New hires access job appropriate online CBT training modules once access to the LMS is granted, and experienced users can retake CBT classes on-demand.

Knowledge Connection includes functionality to assess a learner's comprehension of the training material throughout the training process. The tool is highly configurable, allowing designers to set a response time limit, request feedback, or include both pre- and post-testing prompts so instructors can easily observe learners' improvement. Designers also have access to a common-question bank that leverages existing content prompts while allowing creation of more customized questions.

Additional configurations include setting minimum competency scores before the learner can move to the next training level or into an operations environment and limiting the number of test retakes. Figure G18-1 shows how we develop assessment questions in Knowledge Connection.

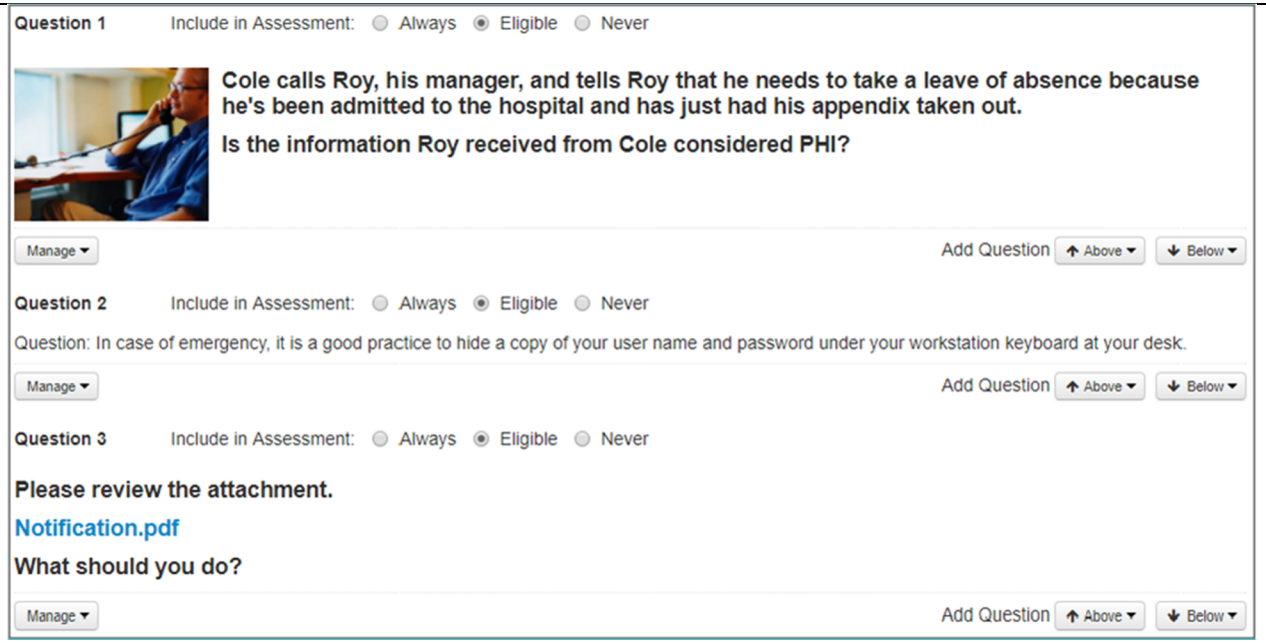

Figure G18-1. Assessment Development in Knowledge Connection

Our training team can easily interact with our highly configurable training solution to design and develop training materials and assessments.

Whether working with or without a LMS, because our training team has specific knowledge of the State's programs plus experience with TPL systems, they can provide learners with benefits that include:

- Increased knowledge and expertise through well-designed, learner-centric modules
- Reusable training modules configured into learning pathways for diverse groups of users based on their role
- Increased stakeholder productivity
- Use of dynamic methods that promote higher knowledge retention
- The right training content, using the right methods, at the right time based on learners' needs

To best serve the learning needs of the TPL Services, we leverage an instructional system design framework called ADDIE (Analyze, Design, Develop, Implement, and Evaluate) depicted in Figure G18-2. The Training Methodology in our Quality Management System (QMS) elaborates upon the ADDIE process and how we use it to develop and deliver training. This flexible method allows our training

team to develop material for new concepts, so we can deliver effective training when policy, rule, and regulation changes affect our system, solutions, or services.

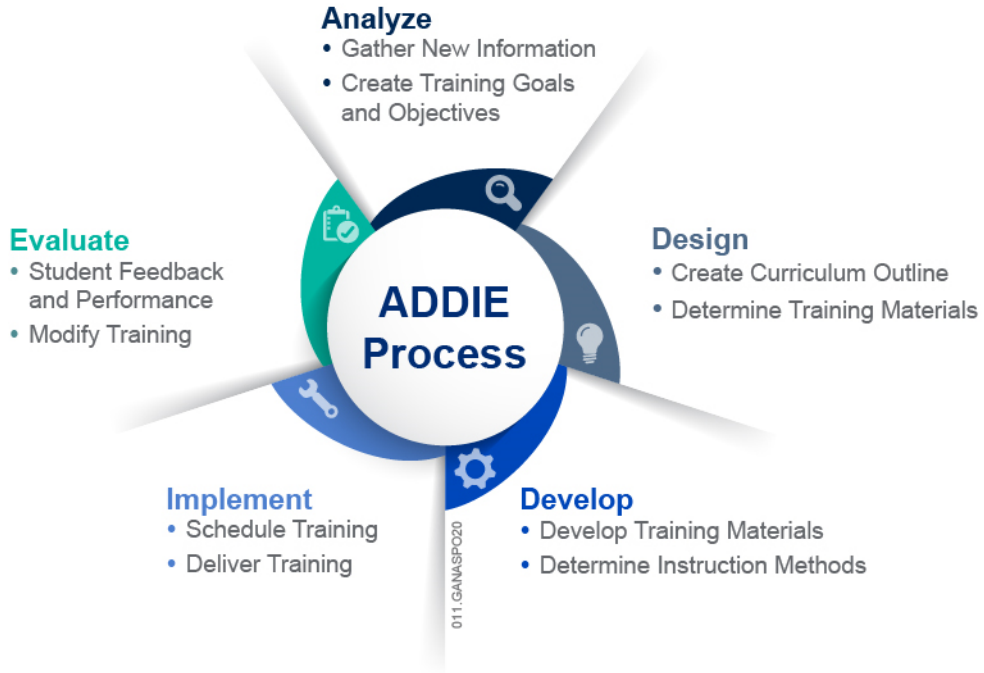

Figure G18-2. ADDIE Process

The ADDIE framework provides a lifecycle for training delivery and continuous improvement.

Our training program focuses on analyzing learner needs and outlining performance objectives upfront for each stakeholder group (Agency, project staff, operations staff, providers, etc.), user group, and job function. Conduent works closely with the State to incorporate these findings in a training schedule that addresses the training needs for the project.

We begin by conducting a comprehensive training needs assessment, drawing from program policies and procedures to develop a Training Plan specific to requirements, job needs, and skills development needs. Through the assessment process, we design training modules with specific objectives for each user audience. Our instructional designers work with leadership and the State to identify and develop the training materials required for delivering effective initial and ongoing training. As we continue to work through the ADDIE

process, we schedule and implement meaningful training sessions that focus on the end user, transferring the knowledge necessary to educate, empower, and inform.

It is important for the trainee to understand how to use these systems efficiently and proficiently, how the new solution affects his or her operations functions, and how to obtain support during interactions with providers, members, and other stakeholders. We design training modules with the specific objectives for each group of trainees in mind. We focus on providing State and Conduent resources and other stakeholders with the knowledge and skills required to perform their job responsibilities. Figure G18-3 details key tenets of our results-oriented learning approach with the goal of enabling the full utilization of any product.

Figure G18-3. Results Oriented Learning

Our results-oriented learning approach increases learners' knowledge and mastery.

Innovative Training Technology

The MITA maturity journey brings changes in process, policy, and technology. To successfully implement and adopt these changes, the State must rely on an effective training program for the State staff and other stakeholders. We provide a training team, a comprehensive library of training modules, and support to manage the training materials and schedule. Our training programs have been instrumental in creating a culture of learning and quality for Medicaid programs across the country.

	As an added benefit, training materials in place today are easily transferrable. Our training team can enhance our already successful training program to meet the needs of the TPL Services to help you realize your vision for updated services and solutions using modernized, award winning communication and learning channels. **Assessing Training Effectiveness** We assess the learner's comprehension of the training material throughout the training process. This includes both pre- and post-testing assessment to observe learner's knowledge improvement. Assessments are critical to recognizing preparedness for the learner to smoothly transition into their day-to-day job responsibilities. After each training session, Conduent evaluates the training content, delivery, and approach by collecting feedback from participants. We develop, distribute, and evaluate training questionnaires from all training sessions, and we can provide the State with a summary of responses. We use these questionnaires as a benchmark to identify potential improvements and changes for future training. **Knowledge Transfer through "Train the Trainer"** The train-the-trainer (T3) approach provides an efficient model in which we train selected stakeholder representatives to train their staff. The T3 model aligns successful strategies we have implemented for our other state clients in the spirit of CMS' theme of collaboration and leveraging resources. Our trainers convey current processes to TPL Services stakeholders who will use our solutions and services. We identify topics that help individuals understand the project, proper use of the systems, Medicaid, and other state program specifics. We provide tools for their specific job responsibilities to build proficiency and support learners as they progress to mastery. Through T3, we develop trainers who also understand the principles of adult learning and build upon those themes to ensure that both the technical information and the behavioral change elements are properly explained and reinforced. These activities reduce long-term training costs, increase skills retention, and reinforce the knowledgebase across the program. **Ongoing and Refresher Training** Conduent's history and familiarity with Medicaid policy and operations positions us to effectively support the State through customized user training. Ongoing refresher training provides periodic, job-specific training for end users. We also disseminate information and instructions when policies, procedures, regulations, systems, or functionality change. We work with State staff to identify training needs for each type of user and develop training sessions to meet those needs. In addition to recurring training sessions, we can provide ad-hoc or on-demand training for specific topics when requested.

We also train our new hires on State and Conduent policies and provide an overview of Medicaid and other State-sponsored health care programs. We monitor staff capabilities and job specific quality expectations to identify when internal resources require additional or remedial training.

Training Documentation

To maximize use of training and documentation by users, Conduent provides and maintains several types of written documentation that may include, manuals, FAQs, screenshots, quick start guides, and best practice guides. Depending on the TPL system selected, some types of training documentation may be available online. We use established quality-performance measures to determine whether learners are fully using and benefitting from these resources.

Attachment F Requirements for Training

On the following pages, Conduent provides a response to each Attachment F requirement for the Training Section, TRN01-TRN09. Our initial response confirms our commitment to meet the requirement followed by our descriptions of our work.

Attachment F Requirement TRN01

The Supplier shall provide technical training to agency project resources and designated Suppliers to develop an understanding of how to utilize the system using available tools and dashboards while leveraging technical and functional documentation and/or reports.

Conduent response: Conduent provides technical training to Agency project resources and designated suppliers to develop an understanding of how to utilize the system using available tools and dashboards while leveraging technical and functional documentation and/or reports.

Our initial training and knowledge transfer approach includes dedicated technical training for identified State resources and designated contractors to help them successfully transition to the new user environment. We participate in structured sessions with the State and other contractors to develop an understanding of how the system works, how to use the system's available tools and dashboards, technical and functional documentation, and reports to monitor the system and to perform system tasks specific to their role within the Agency enterprise. We train learners and confirm their comprehension of how to use the systems and access operational data. Our training team works with the trainees and their leadership to gauge the learning retention and identify additional training needs.

Training plays a pivotal role in preparing state-authorized users to practice and gain the most benefit from the features of any new solution and meet customer needs. Conduent is well positioned to support states through customized user training, as we are deeply familiar with Medicaid policy, systems, and business operations in several states.

Our goal for State and contractor training is to be both proactive and reactive to your training needs so that all users become proficient in accessing and using information in order to effectively and efficiently provide business operations and service delivery.

Figure G18-4 summarizes the key activities of our training process for State staff and other stakeholders.

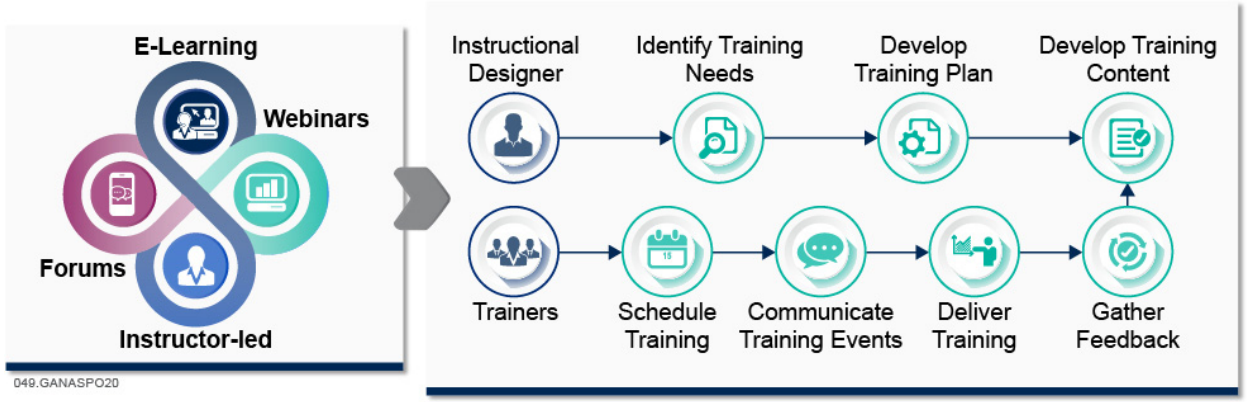

Figure G18-4. Training Flow Diagram

We develop and adapt our training strategies to deliver effective training that is targeted toward the needs and concerns of both State and other stakeholder staff.

Attachment F Requirement TRN02

The Supplier shall create and update training materials as changes occur. These materials must be approved by the agency prior to publication.

Conduent response: Conduent creates and updates training materials as changes occur and we will work with Agency to get approval before publication.

To provide training materials that are current and accurate, we review materials regularly and make updates when system or business changes occur so that our training materials always reflect the latest version of the system and procedures. Our training team works closely with our project team when changes are initiated to understand the change and how it impacts existing processes, procedures, and subsequently training.

Our instructional designers use Microsoft Word, Microsoft PowerPoint, and Adobe Captivate to develop and maintain engaging, role-specific training and support materials with our audience in mind. We perform peer reviews to check content for accuracy and alignment with the goals for each training course or module. Once we complete peer reviews, the training team meets for a final

	review prior to submitting the training materials to the Agency for approval. Only after receiving Agency approval do we publish or deliver training. **Attachment F Requirement TRN03** The Supplier shall collaborate with the agency to finalize and approve the training schedule. **Conduent response:** Conduent collaborates with the Agency to finalize and approve the training schedule. Our training program focuses on analyzing learner needs and outlining performance objectives up front for each stakeholder group (State, project staff, operations staff, etc.), user group, and job function. Conduent works closely with the State to confirm these objectives and develop a training schedule that addresses diverse training needs of users based on their roles. We collaborate with you to finalize an Agency approved training schedule that addresses all the training needs, including the readiness training needs leading up to implementation, as well as ongoing training needs throughout the contract. We maintain an up-to-date training calendar that includes training activities throughout the project. It is imperative that we collaborate early so that training is available, scheduled, and delivered before each learner group interacts with the system for the first time. **Attachment F Requirement TRN04** The Supplier shall maintain and update the training environment with training data to use during user training. **Conduent response:** Conduent maintains and updates the training environment with training data to use during user training. We maintain an up-to-date training environment as a critical part of the interactive learning experience as it allows end users to enter and process data exactly as they will within the production environment. Being able to execute multiple scenarios in a system that mirrors production allows Conduent to train using data and case information that are either ordinary in the workday, or unique to a situation. Thus, we create a training environment to deliver training to users. The training environment parallels the production version of the system, so learners have a safe environment to practice new job skills. The environment allows users to enter and process data exactly as if the data is entered into production. As in the production databases, we implement and enforce configuration management procedures to support proper execution of program code and migration of data to the environment. These migrations must be scheduled jointly with trainers, so that training sessions are not interrupted and that training materials are consistent with training scenarios and expected data. We perform periodic backups of the database information and test our ability to restore the data if needed. **Attachment F Requirement TRN05** The Supplier shall utilize a variety of delivery methods to best meet the training objectives. Examples include online self-paced training presentations, in-person classroom setting, written material, user manuals and demonstrations. **Conduent response:** Conduent uses a variety of delivery methods to best meet the training objectives, for example, online self-paced training presentations, in-person classroom setting, written material, user manuals, and demonstrations.

	Conduent's training team develops and delivers comprehensive training and materials that blend multiple delivery methods, tailored to the TPL Services to educate learners quickly and efficiently. During the training design process, our instructional designers evaluate the objectives for each training module or session and determine the most effective delivery methods for the specific material and audience. There is no "one size fits all" solution when it comes to training, so we plan a blend of delivery methods, including traditional instructor-led classes, self-paced training through CBT, webinars, or group discussion through Microsoft Teams, and hands-on activities for a rich and meaningful training experience. We minimize straight lectures and maximize time to view demonstrations, engage in role playing, ask questions, provide feedback, promote one-on-one coaching, participate in peer group discussions, and conduct proficiency tests. When end users receive sufficient training to be confident in their knowledge and abilities, they are more likely to experience greater job satisfaction and increased productivity, which positively affects the State's stakeholders. We are committed to the philosophy that a continuous training improvement process helps us deliver high-quality learning and meet the State's goals for the project. We systematically monitor and evaluate the adequacy and appropriateness of the training program and pursue opportunities to improve our performance, enhance trainee satisfaction, and solidify users' knowledge and proficiency in system use and business processes. **Attachment F Requirement TRN06** The Supplier must provide training necessary to support new functionality and/or major software releases that materially change the user interaction. **Conduent response:** Conduent provides training necessary to support new functionality and/or major software releases that materially change the user interaction. Our training program is designed to be flexible, and will support new functionality or major software releases as project and program needs change. While we prepare both initial transition and operations-focused product trainings, our training team also reviews new system functionality and major software releases to understand the change, evaluate its impact on processes and procedures, and incorporate any necessary changes into our training modules and materials or to develop new modules or materials. Additionally, we perform a comprehensive annual review and update of all training materials. Once changes are complete, we share the most current materials with the State and other stakeholders. Conduent's training approach successfully supports the TPL Services through all contract phases. Our approach is based on our proven methodology and supports continuous process improvement as additional training is designed or procured to support new functionality and/or major software releases that materially change the user interaction. **Attachment F Requirement TRN07** The Supplier shall provide training to other designated entities as defined by the agency. **Conduent response:** Conduent provides training to other designated entities as defined by the Agency. We provide comprehensive training to Agency staff and other designated entities to support the TPL Services, including for example, specific training on our overall data management strategy and process for investigating data or process issues related to module integration. Our data management

	training focuses on familiarizing training participants with our data conversion, data management, data integration, and data exchange processes and tools. We deliver in-depth and hands-on training for topics such as: • Technical framework • Integration touch points • Governance processes • New system components • Business processes • Services • Implementation requirements We support ongoing collaboration with you and other designated entities to deliver training that successfully serves your needs of the project. **Attachment F Requirement TRN08** The Supplier shall provide training and support to State staff and individuals designated by the State (e.g., IV&V, QA/QC vendor), on the use of DDI tools provided by the Supplier. This may include traceability tools, document repositories and testing tools. **Conduent response:** Conduent provides training and support to State staff and individuals designated by the State, on the use of DDI tools we provide. This may include traceability tools, document repositories, and testing tools. We conduct comprehensive training for the State staff and other individuals designated by the State, to support the services, including specific training on the use of our DDI tools. Our training includes familiarizing training participants on the use of our traceability tools, document repositories, and testing tools. We deliver in-depth and hands-on training for topics such as: • Azure DevOps (our development lifecycle, requirements traceability, and testing solution) • Project management documentation and plans • Microsoft SharePoint (project repository) • Testing plans and procedures We support ongoing collaboration with you and other designated module vendors to deliver training that successfully serves the needs of the TPL Services.

	Attachment F Requirement TRN09 The Supplier shall provide training on the system for UAT testers. The Supplier shall provide updated User and System Documentation to UAT testers to support the UAT effort. **Conduent response:** Conduent provides training on the system for UAT testers and updated User and System Documentation to UAT testers to support the UAT effort. Prior to commencement of User Acceptance Testing (UAT) activities—both during implementation and ongoing for change requests—we deliver training to all UAT testers so that each tester is fully trained on the products used and supporting components. We also provide each UAT tester with comprehensive and current User and System Documentation to support UAT activities. The delivery of training prior to UAT serves two important purposes: • Provides the UAT participants with the knowledge and skills necessary to use the system and validate the functionality selected for UAT • Serves as an additional layer of quality control for the presented training materials prior to delivery for the project implementation In preparation for UAT training, our trainers select course materials for each staff member to correspond with the system components or functions he or she will be testing. Once training and testing are completed, we review and update our training materials based on the user's feedback.	
	Upload Attachments with Additional Information? **Yes**	Attachment File Name: **Training Requirements_ Base**

Attachment G Mandatory Scored Questions- TPL Base Requirements
Offerors must answer all questions in this document in the space provided.
Failure to answer these questions will result in disqualification of the proposal
Offerors must indicate whether their proposal meets the individual requirement and provide a supporting narrative in the space provided. The narrative description will be evaluated and awarded points in accordance with Section 6, Proposal Evaluation and Award. Certain questions require an attachment. ONLY upload documents where there is a "Yes-Required" in the "Upload Attachments with Additional Information?" column, to provide additional requested information for specific questions. If there is a "No" in the "Upload Attachments with Additional Information?" column, then a document will be NOT be evaluated, if uploaded. Suppliers must provide an answer in the answer box below for all questions with "No" in the "Upload Attachments with Additional Information?" column.
DO NOT INCLUDE ANY COST INFORMATION IN YOUR RESPONSE TO THIS WORKSHEET.

19	**System Integration Requirements** - Describe in detail how your company will meet all the requirements identified in **Attachment F, System Integration Section, SI01-SI22.** Your response should include the requirement number identified in the attachment, followed by your detailed response. You must provide a response to all requirements identified in **Attachment F, Training Section.**
A19	*Answer # 19* With more than 50 years of pioneering experience in the development, support and operation of multiple MMIS systems, Conduent has completed implementations involving combination of in-house developed, third party custom and COTS products. Conduent employs a team of seasoned professionals with extensive experience in multi-vendor implementations and operational support. Our data exchange technology provides adaptability for business change with a native service-oriented architecture (SOA) and openness to emerging commercial, off-the-shelf (COTS) technologies.

Attachment N Requirements for System Requirements

On the following pages, Conduent provides a response to each Attachment F requirement for the System Requirements Section. Our initial response confirms our commitment to meet the requirement followed by our descriptions of our work.

Attachment F Requirement SI01

The Supplier's solution shall support full and incremental data synchronization between the solution and the State's Integration Platform for data entities as defined by the agency.

Conduent response: Our solution supports full and incremental data synchronization between the solution and the State's Integration Platform for data entities as defined by the Agency.

Conduent will fully comply with your data synchronization requirement. CMdS supports data synchronization with full and incremental data synchronization in either direction or bi-directional. We have experience with both approaches and support both types of interfaces with our existing Medicaid clients. We utilize Conduent Digital Hub to subscribe to the State Integration Platform to capture changes as they occur and synchronize data. Figure G19-1 illustrates the Conduent Digital Hub and API gateway.

Figure G19-1. The Conduent Digital Hub

Conduent Digital Hub and API gateway enable real-time data exchange.

	Attachment F Requirement SI02 The Supplier's solution shall ensure that module operational data is available and is supplied to the System Integrator in a format and frequency as defined by the agency. The System Integrator may require periodic data refreshes at agreed upon intervals. **Conduent response:** Our solution ensures that module operational data is available and is supplied to the System Integrator in a format and frequency as defined by the Agency. The System Integrator may require periodic data refreshes at agreed upon intervals. Conduent will meet all integration requirements, including all of the aspects of this requirement for module operational data. We have experience with supplying data including operational data with multiple Medicaid programs, including experience integrating both legacy systems and modules with integration platforms. We are committed to a collaborative relationship with all interfacing partners so that every module gets the data appropriate to its purpose and scope, in the format and frequency required. **Attachment F Requirement SI03** The Supplier shall work with the agency and the System Integrator to identify data quality issues and shall assist in remediating those issues as required. **Conduent response:** Conduent will work with the Agency and the System Integrator to identify data quality issues and will assist in remediating those issues as required. The Conduent team is prepared to collaborate with the System Integrator and the Agency on data quality issues and support efforts around identifying root cause and mitigation. Conduent teams have supported similar efforts across multiple installations partnering, assisting, leading, and owning root cause analysis and mitigation and correction of data. The Conduent team has significant experience in this area. The issues are identified and consolidated into our Azure DevOps life cycle management tool, which is accessible by authorized stakeholders and used throughout the life of the contract to track all technical work. Quality issues are categorized based on the severity and the root cause. Conduent teams identify issue owners and work independently and in conjunction with the System Integrator and impacted stakeholders in remediating these issues. The fixes can vary from changes to the interface, data conversion transformations, or SQL-based data updates. As previously noted, all issues are logged in Azure DevOps, triaged, assigned, fixed, and retested. Any documentation updates are tied back to the issue to demonstrate end-to-end compliance and traceability. The audit information on the database tables includes the issue ID from Azure DevOps to ensure traceability at the database level.

Attachment F Requirement SI04

The Supplier shall participate in the API Governance process, as defined and administered by the Agency. The API Governance process will define processes and adjudicate concerns for items including but not limited to:

Design and definition of solution endpoint API specifications

Revisions to solution endpoint APIs (minor & major)

Deprecation of solution APIs

Definition of data formats and code lists utilized by an API

Dispute resolution for API designs and behavior

Publication of solution API specifications to the Agency's API Registry

Conduent response: Conduent will participate in the API Governance process, as defined and administered by the Agency. The API Governance process will define processes and adjudicate concerns for items including but not limited to:

- Design and definition of solution endpoint API specifications
- Revisions to solution endpoint APIs (minor & major)
- Deprecation of solution APIs
- Definition of data formats and code lists utilized by an API
- Dispute resolution for API designs and behavior
- Publication of solution API specifications to the Agency's API Registry

Our API management process encompasses designing, publishing, documenting, and analyzing APIs in a secure environment. Through our API management approach, we create both public and internal APIs that are consumable and secure. The Conduent Digital Hub, to receives, publishes, and exposes APIs between our system and the System Integrator's ESB, which can be easily consumed by the System Integrator solutions to build the integrations with the CMdS Solution.

Conduent agrees to adequately represent our solution, participate in the API Governance process, including meetings organized by the System Integrator, Agency partners and/or the Agency, and actively participate in discussions and decision-making efforts towards building a robust integration solution with the Agency's partners. We will work collaboratively with other involved entities in the definition of processes and adjudication of concerns, including the six areas to be addressed by the Governance Process as listed in the requirement. Conduent's experience in various multi-vendor engagements, has provided us with vast experience and knowledge in this area.

Attachment F Requirement SI05

The Supplier shall develop, in coordination with the System Integrator, an overall integration approach as approved by agency. The approach shall be documented within the Module Implementation Plan and shall include but not be limited to:

Supplier's solution interfaces exposed to the State's Integration Platform

Integration schedule including milestones / checkpoints

Integration test plan (including test report formats, acceptance criteria)

Designated point of contacts for integration activities and their roles
Processes for communicating delays, issues, etc.
Processes for coordination during solution deployment

Conduent response: Conduent will develop, in coordination with the System Integrator, an overall integration approach as approved by agency. The approach will be documented within the Module Implementation Plan and will include but not be limited to: our solution interfaces exposed to the State's Integration Platform; integration schedule including milestones/checkpoints; integration test plan (including test report formats, acceptance criteria); designated point of contacts for integration activities and their roles; processes for communicating delays, issues, etc.; and processes for coordination during solution deployment.

Conduent agrees to all aspects of this requirement and we will work with the System Integrator and provide the Module Implementation Plan. The Module Implementation Plan establishes a structured, repeatable deployment process tailored to the specific needs and requirements of the Agency and the implementation of the CMdS solution. The plan details the framework for managing and coordinating the wide variety of activities that occur during implementation. It describes how the module is deployed, installed, and transitioned to operations. The plan identifies key milestones, processes, equipment, staffing, roles and responsibilities, tasks, and success criteria that are necessary to accurately implement the solution.

Attachment F Requirement SI06

The Supplier's solution shall provide comparable environments, and be able to establish connectivity, to those used by the Integration Platform (e.g., testing, staging, and pre-production). The Supplier shall coordinate with the Systems Integrator the security and data sensitivity configurations for the multiple environments as required.

Conduent response: Conduent's solution provides comparable environments, and is able to establish connectivity, to those used by the Integration Platform (e.g., testing, staging, and pre-production). We will coordinate with the Systems Integrator the security and data sensitivity configurations for the multiple environments as required.

We maintain the necessary comparable environments and to establish connectivity as required to support the project as detailed in this requirement. For example:

- Our Integration testing environment, primarily used by our test team, closely replicates production wherein we perform comprehensive testing
- Our pre-production UAT environment supports acceptance testing for functional and non-functional requirements

Each environment includes all the components necessary to perform its intended purpose and is updated at a frequency that supports the environment use case. We disclose and describe in writing when a production environment component is not replicated at a lower level and explain why its omission does not impact environment use.

	CMdS provides an advanced infrastructure for protecting the security and privacy of data exchanged with the enterprise. We subject Agency information to rigorous privacy-related rules and regulations, especially when related to health information such as claims and member data and data provided by carriers, and other entities. Each module within CMdS is secured individually to scale access based upon the type of data present. Data with PHI/PII is only available in Production, Disaster Recovery, UAT, and Integration environments. Conduent controls the integrity of data through access and identity controls and strong role-based access controls. No resources working on development or testing will ever have edit access to Production. In addition, our tightly controlled change management process prohibits data manipulation of Production through the back end without explicit approval from the State. We control all testing activities end-to-end including data copy, data refresh, and de-identification through Conduent's rigorous change and configuration management processes. In addition to the internal security features above, the Conduent Security Framework (CSF) enforces the application to be from a known endpoint and an "API-Key," to protect against unauthorized API consumption. Once CSF verifies the endpoint, it utilizes the Single Sign On (SSO) protocol to communicate with the identity provider to validate the user and their action. User access will be controlled though Role Based Access Control, using predefined roles. Additional roles can be created using the user module. Conduent agrees to work with both Agency, the System Integrator along with the Security administrators to define and publish process for registering their applications, API endpoints, User Registration and access, and SSO implementation. **Attachment F Requirement SI07** The Supplier shall provide and keep current API documentation for Supplier's solution to be included in the enterprise API Registry. **Conduent response:** We will provide and keep current API documentation for our solution to be included in the enterprise API Registry. The CMdS solution Application Lifecycle Management leverages OpenAPI specification to document all interface specifications. OpenAPI is a specification for machine-readable interface files for describing, producing, consuming, and visualizing RESTful services. All specifications can be exported and provided to other participating vendors, so they can import and perform auto discovery. **Attachment F Requirement SI08** The Supplier shall support the agency and agency's System Integrator in review and comparison of reports available within the Supplier's solution and legacy reports from an electronic system as determined by the agency, e.g. Medicaid Enterprise System. The contractor shall support the development of any reports that have been identified as a gap. **Conduent response:** Conduent will support the agency and agency's System Integrator in review and comparison of reports available within our solution and legacy reports from an electronic system as determined by the agency, e.g., Medicaid Enterprise System. We will support the development of any reports that have been identified as a gap using our CMdS-Insights reporting solution.

Attachment F Requirement SI09

The Supplier shall work collaboratively with the agency and agency's System Integrator to review T-MSIS data fields and recommend data elements for which the Supplier's solution shall serve as the system of record. The Supplier shall identify controls to ensure the quality, integrity and consistency of T-MSIS data.

Conduent response: Conduent will work collaboratively with the Agency and Agency's System Integrator to review T-MSIS data fields and recommend data elements for which our solution will serve as the system of record. We will identify controls to ensure the quality, integrity and consistency of T-MSIS data.

The Conduent team has successfully worked with third party solution providers to complete data reconciliation and develop controls and audit trails. Our team is experienced and prepared to assist the Agency and the Agency's System Integrator in their review of T-MSIS data fields and CMdS data elements, and in their data reconciliation effort for T-MSIS reporting.

It takes a meticulous and proactive approach to maintain compliance with all federal and state regulations such as T-MSIS, and Conduent commits to working with the Agency to ensure success.

Attachment F Requirement SI10

The Supplier's solution shall support the ability to monitor, record and automatically report to the Integration Platform the system health, performance and utilization of resources within the Supplier's solution.

Conduent response: Conduent's solution supports the ability to monitor, record and automatically report to the Integration Platform the system health, performance and utilization of resources within our solution.

Conduent will meet this requirement using our solution capabilities. The CMdS solution includes tools to both monitor and communicate with stakeholders involved in data exchanges. Some monitoring activities include:

- CMdS can send out an email identifying any SLA misses for a specific scheduling interval
- CMdS can send out an email when a specific point in a collection of interrelated tasks is reached
- CMdS can sending notifications to other applications in the System Integrator (e.g., incident tracking system with severity levels)
- CMdS monitoring dashboard provides up-to-date information on status of job execution
- Automated operators can track the output of a particular task, make more informed decisions based on the context in which it is run, and move to a specific branch of execution for notification purposes

Our monitoring approach tracks execution status and performs timely communication for intervention and remediation. In the event of an incident, we use the approved incident tracking system and state-defined incident severity rules, consistent with state-defined SLAs, to report and track the incident to closure.

Monitoring the correctness and performance of interfaces (real-time and batch) and subsequent transaction processing is critical to high-quality system operations on a day-to-day basis. Proper and consistent oversight and timely notifications to the State and it's

	integration platform allow us to maintain the highest data integrity across the ecosystem of applications exchanging data for different business operations. **Attachment F Requirement SI11** The Supplier's solution shall contain verification mechanisms that are capable of authenticating authority (as well as identify) for the use or disclosure requested. **Conduent response:** Our solution contains verification mechanisms that are capable of authenticating authority (as well as identify) for the use or disclosure requested. CMdS meets this requirement and centralizes authorization by supporting managed access policies separately from applications and resources. Instead of building access policy into a web application, an agent can be installed with the web application to request policy decisions from the ForgeRock Access Management module. With ForgeRock's Access Management module, we can audit authorization credentials and the access control list on a state-defined schedule (e.g., quarterly) and on demand, to maintain appropriate access. This confirms that access is only granted to authorized users, correcting credentials and lists as appropriate, and providing the Agency with a report of all adjustments made. **Attachment F Requirement SI12** The Supplier's solution shall support a user security profile that controls user access rights to data categories and system functions as part of a Role-based Access Control (RBAC) or Attribute-based Access Control (ABAC) authorization approach. **Conduent response:** Our solution supports a user security profile that controls user access rights to data categories and system functions as part of a Role-based Access Control (RBAC) or Attribute-based Access Control (ABAC) authorization approach. We maintain data confidentiality and restrict access to authorized users through the Conduent Security Framework, which provides robust security and complies with NIST 800-53, HIPAA, HITECH, and other federal and state privacy regulations. Our security framework meets this requirement using a robust RBAC (Role Based Access Controls) function to manage user profiles with associated roles and privileges that determine access to a specific combination of system features and data. Roles and access are determined in the Administrator Security matrix that defines user roles and assigns one or more users to the roles. Users, departments, and their roles can vary and provide flexibility for access to multiple databases if applicable. To enforce separation of duties, CMdS prevents user access to unauthorized information. For example, a user with member only access roles would not be able to view claims if the user was not assigned any roles allowing claims data access. Applying the RBAC, based on the roles assigned to a user, the users access to system functions, data fields, and actions is controlled though the user security management. If the user does not have access to modules, then they are not presented links to the modules on log-on to the system. More granular version of the access can be granted by:

- disabling and/or greying out links to functions within a module or
- disabling/hiding from view entire field sets that contain sensitive data not authorized for view by that user or
- disabling action buttons so that the user cannot perform unauthorized actions such as applying approvals

Field level security is applied for specific users, by masking the presentation of data for example displaying only the last 4 digits of the SSN etc.

Attachment F Requirement SI13

The Supplier's solution shall ensure account access authorization procedures shall follow the concept of least privilege; allowing users access to only the information that is necessary to accomplish assigned tasks in accordance with business functions.

Conduent response: Conduent's solution ensures account access authorization procedures shall follow the concept of least privilege; allowing users access to only the information that is necessary to accomplish assigned tasks in accordance with business functions.

CMdS has impressive security access management capabilities through the application of the RBAC, where the assignment or non-assignment of roles allows/restricts a user's access to data. This ensures that users are authorized to have adequate access to those functions within the system that they need to accomplish operational tasks associated to their business function, while restricting those users at a broader or granular level from accessing sensitive or other data that they do not need or are not authorized to view.

Attachment F Requirement SI14

The Supplier shall support technical exchange meetings with the agency, agency's System Integrator and other parties as appropriate to cover topics including but not limited to: data models, data migration, enterprise systems integration, integration testing, change management workflows, API analysis, reporting analysis, business rules, ECM, reference data, PHI data sharing requirements, governance participation.

Conduent response: We support technical exchange meetings with the Agency, Agency's System Integrator and other parties as appropriate to cover topics including but not limited to:

- data models and data migration
- enterprise systems integration and integration testing
- change management workflows
- API analysis
- reporting analysis
- business rules
- ECM
- reference data
- PHI data sharing requirements
- governance participation

	Conduent agrees to participate in working sessions and meetings when requested by the Agency to meet this requirement. These activities may include teleconferencing sessions and use of media as appropriate for specific audiences and topics. Sessions promote consistency, uniformity, and predictability in providing services for Medicaid recipients. Based on our experience in various states, we are keenly aware of the complexities faced by the Agency, the System Integrator Contractor, and module contractors in coordinating a complex project with phased implementations of modules that are interdependent. Our extensive experience in supporting implementation and day-to-day support of third-party solution components has enabled us to recognize the importance of free and frequent communication, collaboration, and cooperation with solution providers. Our data governance program also includes enforcement policies and practices to continually maintain the integrity and meaning of your data. To define, communicate, and verify adherence to data governance policy, Conduent works with the Agency and the Systems Integrator to manage aspects of data definition and usage protocols To support communication of data governance requirements, we make them accessible to solution stakeholders. We conduct regularly scheduled audits to monitor data for consistency, validity, compliance, integrity, and accuracy. **Attachment F Requirement SI15** The Supplier shall support the Systems Integrator in the design and definition of APIs and API data formats as required by the agency. This may include but is not limited to: Support identifying gaps and issues in existing APIs/interfaces and data formats Providing documentation for the Supplier solution's existing APIs or data exchanges Review and provide feedback for legacy APIs/interfaces and data formats Provide feedback on technical specifications for interfaces with the Integration Platform **Conduent response:** Conduent agrees to this requirement. Conduent will support the Systems Integrator in the design and definition of APIs and API data formats as required by the agency. This may include but is not limited to: supporting identifying gaps and issues in existing APIs/interfaces and data formats; providing documentation for the Supplier solution's existing APIs or data exchanges; reviewing and providing feedback for legacy APIs/interfaces and data formats; and providing feedback on technical specifications for interfaces with the Integration Platform. We will collaborate with the Systems Integrator to help them create API definitions that meet Agency goals. To help the Systems Integrator come up to speed on our solution, we provide a standard document library (Interface Specification Document) provides insight into our standard integration patterns. Our integration SMEs coordinate these implementations with the Systems Integrator and other contractor teams through the module implementation period and ongoing maintenance phases.

	Our API management process encompasses designing, publishing, documenting, and analyzing APIs in a secure environment. Through our API management approach, we create both public and internal APIs that are consumable and secure. Our Service Oriented Architecture (SOA) platform uses our Digital Hub to receive, publish, and expose APIs between our system and the Systems Integrator's ESB. **Attachment F Requirement SI16** The Supplier shall support migration efforts to onboard new modules (i.e. claims) that will be receiving TPL data. **Conduent response:** Conduent commits to support migration efforts to onboard new modules that will be receiving TPL data. We understand that the need for data exchange becomes very critical in an implementation to make sure all the disparate modules within a modular Medicaid enterprise are seamlessly able to exchange data. Conduent understands this well and will work with the other Agency partners to accomplish this. **Attachment F Requirement SI17** The Supplier shall support the development and execution of cross-module integration test scenarios. **Conduent response:** Conduent supports the development and execution of cross-module integration test scenarios. As a leading MMIS provider, we maintain an atmosphere of cooperation and collaboration with other module vendors for integration testing and for the overall success of the enterprise. We meet this requirement by working with the Agency, Systems Integrator, and specific module component vendors to develop and execute cross-module integration test scenarios. We currently are executing this model with success in multiple states including Montana, New Mexico, Virginia, and Mississippi. **Attachment F Requirement SI18** The Supplier shall demonstrate the ability to securely and accurately exchange user credentials between the integration platform and the Supplier's solution. **Conduent response:** Conduent will demonstrate the ability to securely and accurately exchange user credentials between the integration platform and our solution. We manage application security with ForgeRock, a COTS security product. Security of data in motion is achieved through the built-in support for TLS in the enterprise service bus. ForgeRock can integrate with the security provider of the integration platform as well as with the Agency's identity platform for authorization management to meet this requirement. The primary mechanism for such exchange is through federated identity management. CMdS integrates with ForgeRock Identity Management for Single Sign On (SSO) federation. This security measure generally follows a simple integration pattern. We collaborate with the system integrator to integrate the CMdS web application with the State's digital identity product for SSO, achieving trusted information exchange between Identity provider and service provider applications.

Attachment F Requirement SI19

The Supplier shall support system testing and validation during the parallel operation period using production data supplied by the legacy system.

Conduent response: We supports system testing and validation during the parallel operation period using production data supplied by the legacy system.

Conduent provides various environments to support testing processes. One of the key testing processes is parallel testing, which confirms that the new technical solution provides results consistent with the current legacy system as appropriate. Conduent agrees to support the Agency and designated partners in the process of parallel testing, including supporting system testing and validation.

Attachment F Requirement SI20

The Supplier shall support enterprise-wide coordinated deployments with the agency's Integration Platform and other Enterprise systems as required. This may include but is not limited to:

Coordination with the Systems Integrator and other parties

Coordination of deployments for different environments (e.g., integration testing, PHI environment testing, and production environment)

Coordination with the Systems Integrator and other parties to debug and resolve issues related to deployments

UAT with data validation

Providing to the agency testing reports and other artifacts as required per deployment

Conduent response: We will support enterprise-wide coordinated deployments with the agency's Integration Platform and other Enterprise systems as required. This may include but is not limited to:

- Coordination with the Systems Integrator and other parties
- Coordination of deployments for different environments (e.g., integration testing, PHI environment testing, and production environment)
- Coordination with the Systems Integrator and other parties to debug and resolve issues related to deployments
- UAT with data validation
- Providing to the agency testing reports and other artifacts as required per deployment

Conduent understands the importance of minimizing disruption to various stakeholders while implementing a change to an enterprise system. We will meet all parts of this requirement for enterprise-wide deployment coordination. Conduent will work with the various stake holders and Agency to coordinate and finalize an enterprise release plan and supporting checklists.

This includes:

- Document detailed, accountable, and trackable task-level orchestration of activities before, during, and after release, including integration test plan and schedule, roll back plan

- Identify mechanisms, including designating a “Release Manager” to support, drive, and coordinate communications and reporting though a release
- Provide stakeholders with timely information regarding release progress and status including issues identified, analyzed and their remediation strategies

Attachment F Requirement SI21

The Supplier's solution shall support parallel testing and validation with the operational Legacy electronic system as determined by the agency, e.g. Medicaid Enterprise System. This may include but is not limited to:

Ongoing data synchronization

UAT with data validation

Providing to the agency testing reports and other artifacts as required per deployment

Coordination with the Systems Integrator and other participants in release planning and debugging of issues related to deployments

Participation in deployment governance involving multiple environments (e.g., for integration testing, PHI environment testing, and production environment)

Conduent response: Conduent’s solution will support parallel testing and validation with the operational Legacy electronic system as determined by the agency, e.g., Medicaid Enterprise System. This may include but is not limited to:

- Ongoing data synchronization
- UAT with data validation
- Providing to the agency testing reports and other artifacts as required per deployment
- Coordination with the Systems Integrator and other participants in release planning and debugging of issues related to deployments
- Participation in deployment governance involving multiple environments (e.g., for integration testing, PHI environment testing, and production environment)

Parallel testing phase helps to compare and validate the outcomes from the legacy MMIS solution and make sure that the CMdS system outcome is accurate, consistent as appropriate with the legacy outcome, and meets requirements. Conduent commits to supporting parallel testing and validation as described in this requirement.

Conduent emphasizes robust and comprehensive acceptance and parallel tests to verify the smooth implementation of the system into a production environment. Our Test Support Plan provides the details of how we will support Agency led UAT/Parallel testing phases along with the Agency and Agency’s partners. Through the plan and related discussions, we review the responsibilities of each party, the schedule, how we will triage any identified defects, and any test data you require of us.

	Attachment F Requirement SI22 The Supplier's rule engine shall be able to adopt and implement enterprise-level rules as defined by the agency. If the TPL module is required to make use of a business rules engine, otherwise it is not be applicable **Conduent response:** Our COTS-based business rule engine (BRE) allows us to adopt and implement enterprise-level rules as defined by the Agency. The BRE uses a customizable, English-like language for rules management. This enables business analysts to employ familiar terminology and to develop new business rule syntax that fits their specific business environment. We create rule templates from frequently used rule patterns, eliminating the need to recreate the rules.	
	Upload Attachments with Additional Information? **Yes**	Attachment File Name: **System Integration Requirements_ Base**

Attachment G Mandatory Scored Questions- TPL Base Requirements
Offerors must answer all questions in this document in the space provided.
Failure to answer these questions will result in disqualification of the proposal
Offerors must indicate whether their proposal meets the individual requirement and provide a supporting narrative in the space provided. The narrative description will be evaluated and awarded points in accordance with Section 6, Proposal Evaluation and Award. Certain questions require an attachment. ONLY upload documents where there is a "Yes-Required" in the "Upload Attachments with Additional Information?" column, to provide additional requested information for specific questions. If there is a "No" in the "Upload Attachments with Additional Information?" column, then a document will be NOT be evaluated, if uploaded. Suppliers must provide an answer in the answer box below for all questions with "No" in the "Upload Attachments with Additional Information?" column.
DO NOT INCLUDE ANY COST INFORMATION IN YOUR RESPONSE TO THIS WORKSHEET.

20	**Authorization and Access Control management of Privilege Access Accounts-**Describe in detail your capability and procedures to authorize, manage and implement logical access control for software, applications, operating systems and infrastructure privilege access level accounts within the vendor proposed solution. Include as part of your response the process flow from request to authorization to implementation and how privilege level accounts will be tracked and access rescinded when the account is no longer needed.
A20	*Answer # 20* Conduent's procedures and proposed solution fully support logical access control. Conduent has developed and implemented access control policies and procedures that address purpose, scope, roles, responsibilities, compliance and management with regards to all information technology access. The purpose of these policies and procedures is to provide specific guidance that addresses roles and responsibilities, management commitment, and the necessary procedures for compliance with regards to access control for the information technology environment. All employees and contractors who use Conduent electronic information systems abide by the access control policies and procedures. These policies and procedures apply to Conduent information and information technology assets, any customer or third-party information entrusted to Conduent and systems that originate, process, transmit, or store information in electronic form.

Authorization and Access Control Management of Privilege Access Accounts

On the following pages, Conduent provides responses to our proposal section on Authorization and Access Control Management of Privilege Access Accounts. Our initial response confirms our commitment to meet the requirement followed by our descriptions of our work.

The goal of these policies and procedures is to prevent the unauthorized disclosure, modification, destruction, or other misuse of Conduent information and to preserve the confidentiality, integrity, and availability of that information.

Conduent reviews and revises our access control policies and procedures annually.

Information Technology Account Management

Conduent develops account management procedures that govern user access for the information technology network and applications. These procedures:

- Support the creation and disablement of individual, administrative, system, application, guest/anonymous, emergency, and temporary accounts
- Assign account managers responsible for all information system accounts
- Establish conditions for group and role membership
- Specify authorized users of the information system, group and role membership, and access authorizations and other attributes (as required) for each account
- Require approvals by defined personnel for requests to create information system (IS) accounts
- Establish organizational standards for creating, enabling, modifying, disabling, and removing IS accounts for each account type
- Establish procedures for continual monitoring of creation and disablement of all information technology accounts

Privileged Information Technology Accounts

Conduent applies specific procedures to manage the creation and disablement of privileged (administrative) technology accounts. These procedures:

- Establish procedures for the creation and disablement of privileged accounts
- Establish and administer privileged user accounts in accordance with a role-based access scheme that organizes allowed information system access and privileges into roles

- Establish and administer application-specific, privileged user accounts in accordance with a role-based access scheme that allows access based on user responsibilities associated with application use
- Require approvals by defined personnel or roles for requests to create privileged information system accounts
- Monitor privileged role assignments as well as application-specific privileged role assignments
- Continually audit the creation and/or disablement of administrator groups and privileged (administrative) accounts

Overview of Privileged Account Creation Process Workflow

The workflow for creating a system privileged account appears in Figure G20-1.

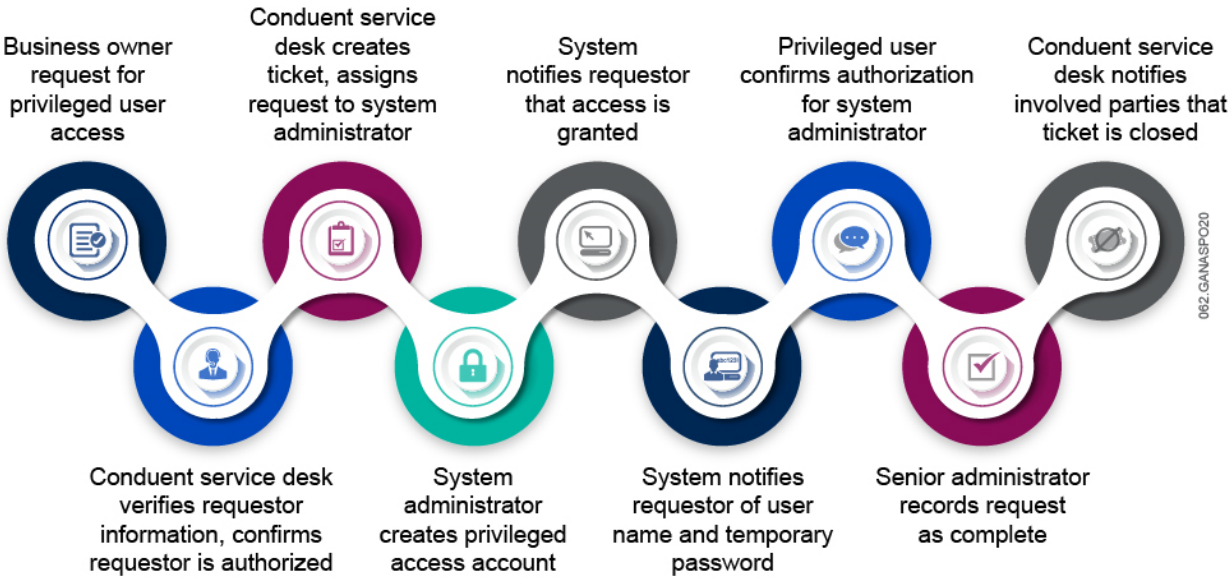

Figure G20-1. Privileged Account Creation Process Workflow

The steps for creating a new privileged account are simple, consistent, well-defined, comprehensive, and documented.

Overview of Privileged Account Disablement Process Workflow

Figure G20-2 shows steps in the process for disabling a system privileged account.

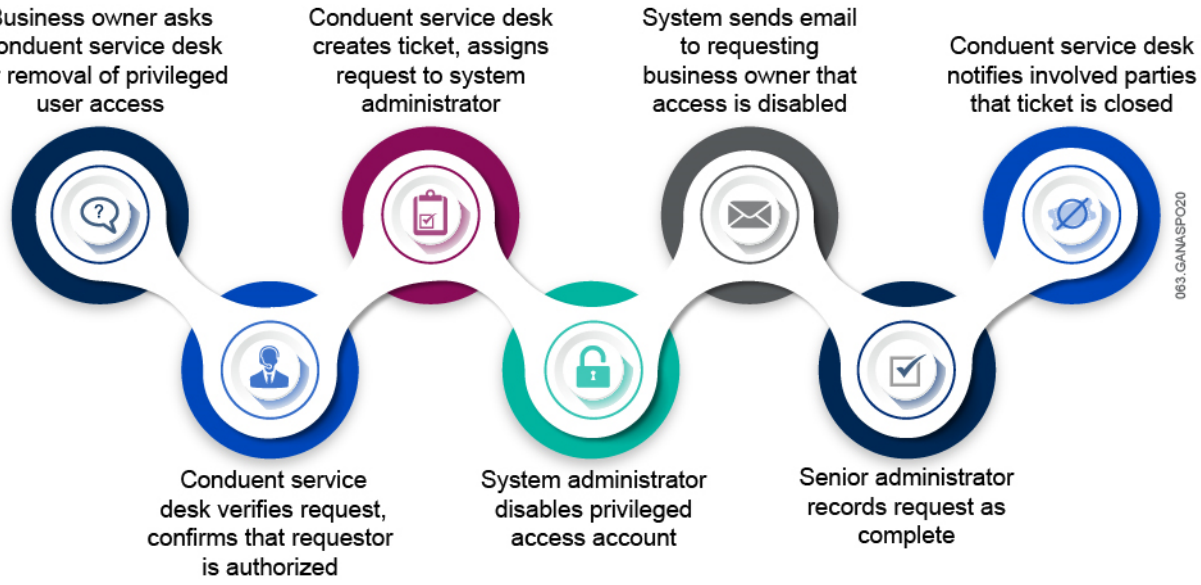

Figure G20-2. Account Disablement Process Workflow

Disabling privileged user access involves a series of well-defined, easily completed steps.

Least Privilege

As part of our access control policies and procedures, Conduent employs the principle of least privilege. Least privilege allows only authorized accesses for users (or processes acting on behalf of users) that are necessary to accomplish assigned tasks in accordance with the organization's missions and business functions. Through this principle, only authorized users can access the information technology network, files, directories, drives, workstations, servers, network shares, ports, protocols, and services that are expressly required for their performance of job duties.

We employ least privilege for specific duties and information systems. We apply the principle of least privilege to information system processes, confirming that the processes operate at privilege levels no higher than necessary to accomplish required organizational missions/business functions. Conduent also applies least privilege to the development, implementation, and operation of organizational information systems.

	Role-based Access Conduent assigns operational roles to enforce separation of duties, limiting everyone's access only to functions needed to perform their jobs. Within the security administration function, user IDs are linked to role-based security profiles that allow and restrict access to the system consistent with job duties. Role-based authorization limits a user's access to only the data and functions for which they are approved. Each role's access can be customized allowing inquiry and/or update authority to specific functional areas of the system depending on his or her role.	
	Upload Attachments with Additional Information? **Yes**	Attachment File Name: **Authorization and Access Control_ Base**

Attachment G Mandatory Scored Questions- TPL Base Requirements
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21	**Information Security Staffing and Support Resources-**Describe in detail your capability to provide the appropriate professional information security and privacy staff necessary to adequately maintain the security requirements of the information system throughout the timeline of the contract agreement. Include as part of your response a description of how you will retain adequate information security staff in order to provide information security and compliance related contractual deliverables by the established due dates and timelines. Examples of security deliverable(s) include, Disaster Recovery Plan documentation, development and annual testing, NIST based System security plan development and documentation, etc. The description of capability must address how you will maintain adequate staffing and resources to meet the supplier requirement to submit the system security plan deliverable to the Agency for review within ninety (90) days of contract award.
A21	*Answer # 21* As a leading provider of solutions and services to the healthcare industry, Conduent understands the importance securing and protecting client data. Our highly educated and experienced staff has proven experience to confirm that your data is safe and not vulnerable to threats. Our business model and processes are constantly reviewed and updated, allowing us to match the ever-changing nature of the workforce. **Conduent response:** In this section we describe in detail Conduent capabilities to provide the appropriate professional information security and privacy staff necessary to adequately maintain the security requirements of the information system throughout the timeline of the contract agreement. We describe how Conduent retains adequate information security staff in order to provide information security and compliance related contractual deliverables by the established due dates and timelines. Examples of security

	deliverable(s) include disaster recovery plan documentation, development and annual testing, NIST-based system security plan development and documentation, etc. The description of capability addresses how we maintain adequate staffing and resources to meet the requirement to submit the system security plan deliverable to the Agency for review within 90 days of contract award. Conduent's robust security program has multiple components, including, but not limited to: • Categorizing sensitive/non sensitive data • Role-based access control (RBAC) • Managing separation of personnel • Risk management/assessments • Encryption • Ongoing security awareness training • Disaster planning/recovery • Quarterly/annual risk testing Our policy and procedure documentation is meticulously maintained and stored. Conduent is committed to providing exceptionally qualified staff to provide all deliverables and services required for this contract. We recognize the need to have access to the right people in order to provide best in class service and solutions. We have experts to support our operations in the areas of information security and privacy, technology, human resources, workforce management, recruiting, training, and operational excellence, among others. We continuously review constant advances in relevant technology and apply those that make sense for our specific security challenges. This practice of continuous security technology review and upgrade has proven to be an effective way to attract and retain highly qualified, skilled staff. We employ a proven recruiting and retention strategy that allows us to fulfill staffing requirements quickly and efficiently. An important component of our recruiting strategy includes thorough background checks. Our staffing and retention plan is data-driven. We use historical statistics, performance indicators, and projected volumes to determine the optimal staffing levels and skills needed to meet performance goals. Our plan incorporates contingency planning to address workload variations and potential disruptions. We identify potential risks involving insufficient numbers of staff early and take steps to mitigate the occurrence and impact of any risks, including complexity factors and documented assumptions such as work volume estimates for peak periods. We consistently analyze data to identify and implement changes to our staffing structure or processes to help ensure we meet or exceed performance goals. In addition, we set thresholds that exceed requirements so that we can proactively address potential problems before they affect our service or performance.

	Conduent emphasizes the importance of providing adequate staffing levels during all contract phases. We incorporate the necessary activities to identify, recruit, hire, train, schedule, and retain personnel at the appropriate times. In addition, we monitor roles for which certifications are required. Staff also take advantage of internal training available through our internal training web complex, Learning@Conduent. Our staffing practices include guidance for providing backfills and replacements as needed. Based on our understanding of your needs, we know that each phase of the contract requires a different mix of staff. Keeping this in mind, we crafted our staffing approach to include specific security disciplines. Our organization includes well-qualified operations and technical staff to meet operational needs, while also meeting our service level commitments to you. Every member of our team understands the importance of delivering quality service and has the required skills to support the continued success of the contract. Our staff are in place from day one of the contract with ample experience in Medicare and Medicaid as well as other paying organizations. To provide the right security staff, we look for candidates' skills supporting security capability in areas described below. **Risk Planning** Effective risk planning includes tailoring the Risk Management Plan to align with contract-specific needs. We require candidates with skills in identifying, analyzing, mitigating, monitoring, controlling, and reporting risk. Capabilities sought include knowledge of risk management processes, responsibilities, tools, and techniques to be used throughout the contract. This includes describes how risks should be quantified and qualified and lays out a process for risk-response planning. Risk planning requirements also include familiarity with Risk Register (risk list) creation, for tracking the identification and analysis of risks. This skill must be capable of being tailored to the needs of the State. **Risk Identification, Analysis, and Tracking** Any project team member may identify project risks by at any time. We document internal or external events, activities, or conditions that carry possible risk to alert the management team to pending risk development situations. We look for security staff that have experience, skill, and knowledge of reviewing risk areas, assigning ownership and action, and reporting on risk reduction efforts. We categorize project risks to better understand and analyze the nature, source, and potential impact of each risk. Staff members need skills to gather the appropriate resources and representatives to analyze the risk and assign a security risk type, such as technical, cost, schedule, management, quality, operational, staffing, or external. Candidates for this position should also have familiarity with assigning a risk rank for prioritizing mitigation activities.

	Risk tracking and control follows the progress of the risk and its probability, as well as the status of any mitigation strategies that have been executed. When changes occur, the basic cycle of identify, analyze, and respond is repeated. We identify and evaluate new risks and reassess previously identified risks to determine if they still exist, or their potential for impact has changed. If determined that the risk impact changed since its last assessment, we note that fact, and review and revise mitigation strategies and contingency options as needed. We use a risk chart, and update it as needed, incorporating key risk data in a new Risk Assessment Summary. **Response and Mitigation Planning** We look for skills related to identifying the response strategy and developing risk responses appropriate to the category, probability, and impact of each risk. The candidate should be able to develop a mitigation response sized to the risk rank. Experience in developing a contingency plan is also sought. **Response Implementation** Conduent recruits managers with skills in overall monitoring of the implementation of the response and directing adjustments where necessary. **Monitoring** Supporting risk management and control practices, we vet security candidates for the ability to oversee execution of risk management activities over the life of the contract agreement and maintain communications with you and relevant stakeholders as circumstances dictate. Conduent seeks risk owners who will work with the implementation team to review the risk list and update the risk characteristics, response plans, and any implemented actions. Requirements include the ability to oversee the production of status reports containing risk-related metrics and specific discussion of the most significant risks and the actions taken in response. ***System Tests and Protocols*** The testing of security features may range from a series of formal tests to a penetration test of the information system. The following types of test plans and results may need to be reviewed and the results/recommendations from these tests summarized in the Security Test Report. The following list is not all-inclusive. **Operational Test (OT).** We demonstrate that the system is operationally effective, operationally suitable for use, and ready to be certified and accredited. The test focuses on demonstrating that operational requirements have been met and that a mitigation plan has been developed and accepted to resolve deficiencies.

Penetration Test (PT). The evaluator attempts to circumvent the security features of a system to gain access. If the penetration test could affect one or more systems for which other organizations are responsible, then PT coordination must include all affected organizations. In addition, all personnel participating in the testing should meet background investigation personnel requirements.

System Test (ST). ST involves a series of tests designed to verify that a system meets its specified requirements. Subsets of the system test are development tests, operational tests, environmental tests, and personnel acceptance tests. Each must verify satisfaction of all requirements associated with a system.

Vulnerability Test (VT). The evaluator attempts to identify security vulnerabilities that may compromise the system by using an approved vulnerability scanning method. Testing may include, but are not limited to, port scans, available services, password checks, and system patches.

Background Checks

While we devote substantial time and resources to identifying and recruiting security staff, we take measures to confirm that all Conduent employees meet our requirements for protection of electronic protected health information (ePHI). Conduent conducts a thorough background check of the candidate prior to completing a hiring agreement for a new employee or transferring arrangements for an existing employee. Results of the background investigation must confirm that the individual does not pose a threat for theft or disclosure of protected data.

Employment with Conduent on the project is contingent on successfully passing a background check and drug screen. Conduent contracts with third-party services to complete the background check and pre-employment drug test. Unless prohibited by law, an applicant's failure to disclose a criminal conviction or pending conviction (other than for a minor traffic offense) on an application is treated as a falsification of an application and is grounds for dismissal or rescinding an offer of employment.

Workforce Security Awareness and Training

Current Conduent staff and new hires are required to complete required security and privacy training on a quarterly/annual basis. Periodic access control reviews are performed that follow policies for decommissioning access.

We believe that fraud prevention and security awareness are fostered by open and ongoing communication with our staff. Training covers security procedures and awareness, HIPAA regulations, and fraud prevention. Employees learn what constitutes fraud and security violations, policies and procedures for handling data and information appropriately, and how to identify and report suspicious behavior. Each employee must sign a confidentiality statement before we approve access to information assets. In addition to new hire

	training, we require employees to take annual refresher training. At the conclusion of that training, each employee must again sign the confidentiality statement. We practice information security through defined processes, user awareness, periodic audits, and supporting IT infrastructure. Processes like incident reporting, change and configuration management, firewall monitoring, separation of duties, and employee checks strengthen security and protect stakeholder assets. Staff receives access to all security-related policies and are directed to where the policies are stored. We require all employees and contingent staff to complete initial and annual training prior to handling ePHI and PII. The training includes content related to legal compliance, data privacy, and security awareness. Figure G21-1 shows the web-based training we require our employees to take annually and when newly hired. Every year we update the training to keep it relevant. We test employees at the conclusion of the training to verify they understand the content.

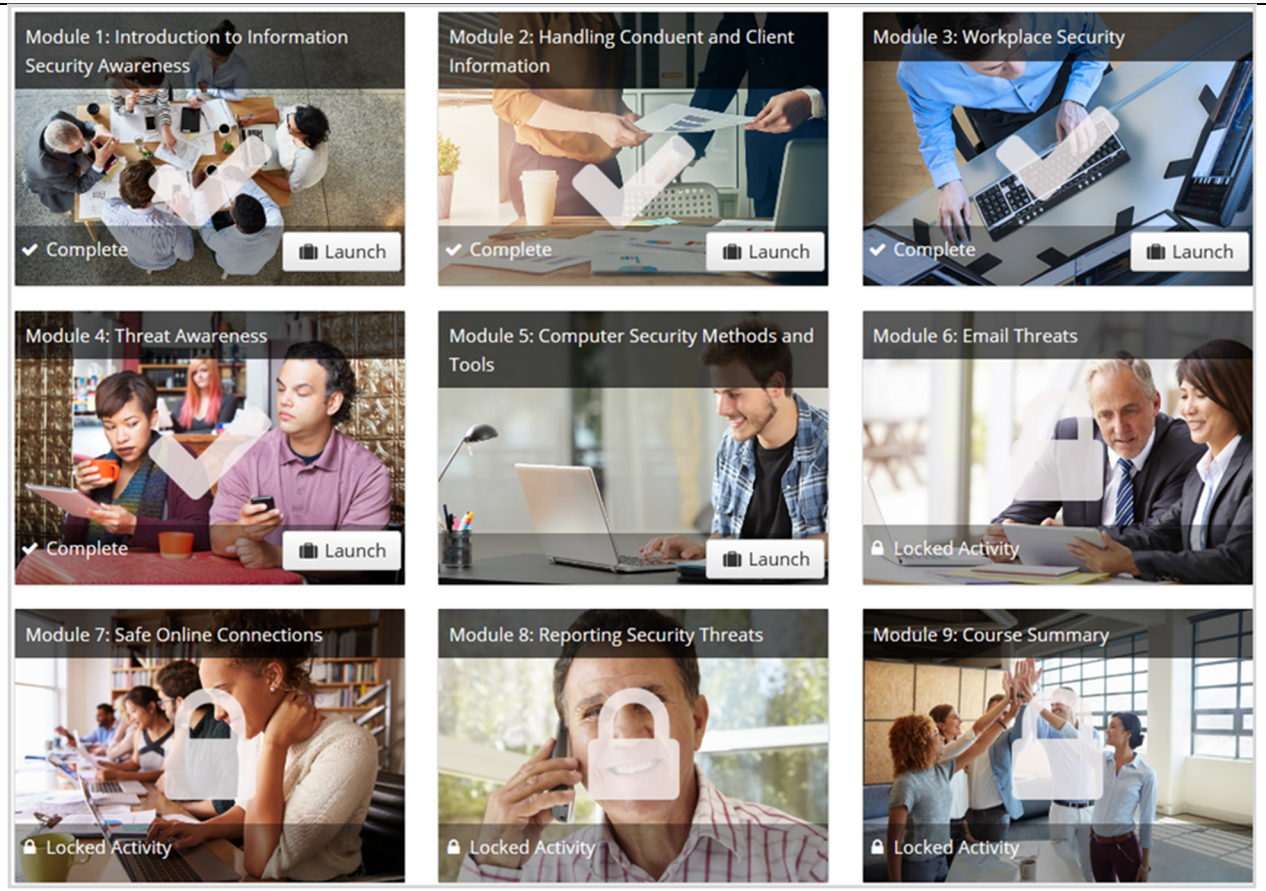

Figure G21-1. Employee Security Awareness Training

We provide annual comprehensive security awareness web-based training that every employee is required to take and pass the Security Awareness test.

Staff for Contractual Deliverables

We apply the recruitment criteria outlined above to provide security deliverables required throughout the contract agreement. The following describes capabilities sought to manage the security of deliverable examples.

Disaster Recovery Plan Documentation

Please see proposal section 3.1 for our approach to Business Continuity and Disaster recovery.

Development and Annual Testing

For security testing, we seek to recruit security staff capable of managing and conducting annual testing. For this deliverable, staff must meet requirements for supporting security testing. This is performed at least annually and is crucial for returning operations to full operational status following interruption of service. Candidates must have skills in meeting relevant Conduent requirements for testing types defined in Table G21-1, which describes testing plan types.

Table G21-1. Plan Testing Types

Emergency Notification Testing	Plan Updates	Structured Walkthrough Testing	Offsite Relocation Testing
Alert notification processes, phone trees, verification of staff contact information, and testing is performed quarterly.	• Personnel updates are performed quarterly. • Review of recovery procedures are performed annually.	Structured walkthroughs or exercises involving declaration of risk level, notification of Incident Management Team (IMT), and review of general emergency incident procedures are conducted twice per year.	• Recovery of critical servers from offsite backups are performed annually. • Perform annual recovery of critical operational functions annually.

Structured walkthroughs and/or live testing exercises determine the accuracy and completeness of the test procedures. They also help to evaluate timely revival at the recovery site.

Staff candidates for supporting this activity have skills in simulating production operations at the recovery location in the event a disaster outage is declared. The scope, objectives, and timeline are determined prior to each disaster recovery exercise and are fully documented. Problem resolution is measured during each exercise.

Upon completion of the exercise, staff must be capable of comparing results to the exercise objectives to determine if they were met. If an exercise objective was not met, the results are duly documented and included as an objective in a future exercise. Issues and recommendations are documented for follow up. A summary of the results of each exercise is provided to exercise participants, including Site and Client Management.

	The testing required for the contract may be in addition to testing conducted regularly by individual facilities. The results of testing outside normal annual testing are reported to the Conduent System Manager and may result in updates to plans. **NIST-Based System Security Plan Development and Documentation** We require security staff to have skills needed to manage information security controls (administrative, technical and physical) requirements from such major industry information security frameworks as: • Health Insurance Portability and Accountability Act (HIPAA) • Payment Card Industry Data Security Standard (PCI DSS) • NIST 800-53 • ISO 27001/27002 • Federal Risk and Authorization Management Program (FedRAMP) • Minimum Acceptable Risk Standards for Exchanges (MARS-E) The Systems Security Plan covers the following information security domains: • Access Control and Remote Access • Asset Management and Media Protection • Cloud Security • Compliance • Cryptography/Encryption • Disaster Recovery and Business Continuity • Information Security Awareness and Training • Information Security Categorization • Information Security Incident Management • Information Security Policies, Standards and Procedures • Information Security Program • Information Technology Security Engineering and Device Configuration Management Identification and Authentication: – Information Technology Endpoint Systems – Mobile Devices Security • Network Communication Security • Operation Security (Continuous Monitoring) • Personnel Security

	• Physical and Environmental Security • Privacy • Project Management • Risk Management • Systems Development and Acquisitions • Vendor and Supplier Relationships Management • Vulnerability, Threat and Patch Management Staff are expected to have skills needed to support information security policies, standards, and procedures that address the information security controls requirements for each domain. The bottom line for Conduent guidance in staffing for security is to fulfill our responsibility to maintain the security and privacy of all applicable formats of project information.	
	Upload Attachments with Additional Information? **Yes**	Attachment File Name: **Security Staffing and Support Resources_ Base**

Attachment G Mandatory Scored Questions- TPL Base Requirements
Offerors must answer all questions in this document in the space provided.
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22	**Security Awareness Training-** Describe in detail your methodology, capability, procedures and processes to administer, track and manage cybersecurity awareness training to employees and contractors with the most current and up to date cybersecurity content and information on an annual basis.
A22	*Answer # 22* Conduent has developed Information Privacy and Health Insurance Portability and Accountability Act (HIPAA) training, administered to employees and subcontractors dealing with electronic protected health information (ePHI) upon hire with an annual refresher thereafter. That training content is updated annually to verify that changes in regulatory or threat landscapes are included. Training for those whose responsibilities include processing or exposure to ePHI is focused upon the principles of Duty to Protect, Individual Rights, Minimum Necessary, and Need to Know. Concepts are explained with practical scenarios and incident notification processes are built into the training. The account team educates all Conduent employees working on the Agency solution on state-specific expectations for safeguarding information privacy and security as needed, in addition to the security education given to all Conduent employees annually. We write specifics about our expectations for security compliance, such as relevant rules and regulations, definitions, reporting requirements and procedures, and audit requirements into our subcontractor Business Associate Agreements. Our Corporate Information Privacy and HIPAA training covers Conduent privacy policies and HIPAA requirements, with guidelines on how to protect, use, and disclose data.

	For specific requirements, Conduent operations trains our account team as needed. We leverage web-based training, proctor the training to ensure attendance, and manage other related requirements. Information Privacy and HIPAA training includes: • Threat awareness, internal and external • Email threats, such as phishing • Information privacy standards • Information safeguards standards • HIPAA privacy and security standards • Scored test assessment • Signed confidentially acknowledgement Security awareness is paramount for TPL Services success. We practice information security through defined processes, user awareness, periodic audits, and supporting IT infrastructure. The following processes strengthen security and protect stakeholder assets: • Incident reporting • Change and configuration management • Firewall monitoring • Separation of duties • Employee checks All employees and subcontractor staff must complete initial and annual training prior to handling PHI and personal identifiable information (PII). The training includes content related to legal compliance, data privacy, and security awareness. Figure G22-1 shows an interface image of the web-based training we require employees to take annually and when newly hired. Yearly updates keep the training relevant and, upon conclusion of training, employees are tested to verify they understood the content.

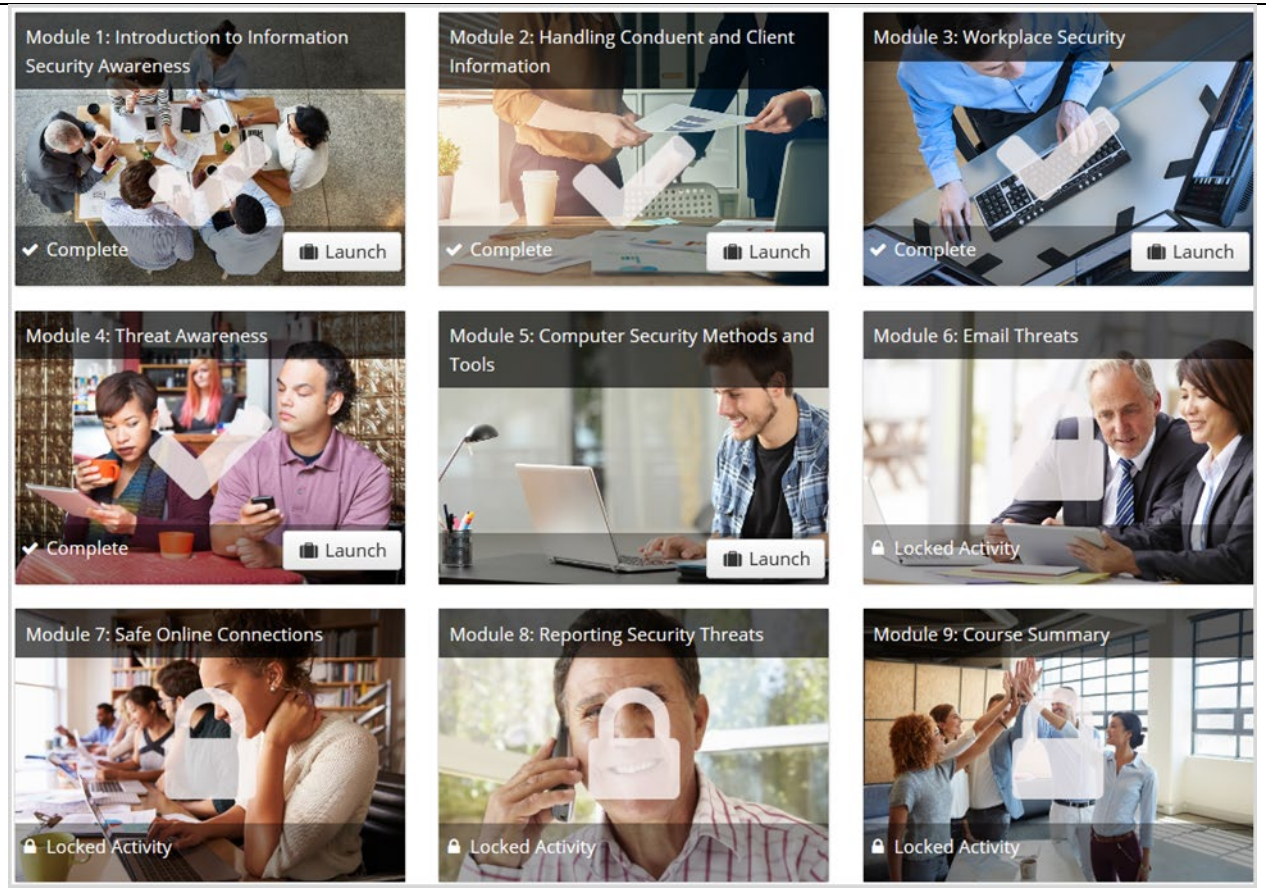

Figure G22-1. Employee Security Awareness Training

Every employee is required to take and pass the yearly Security Awareness test with a minimum score of 80 points.

In recent years, industry and societal trends encouraged the shift to work-from-home models where it makes good business sense. The COVID-19 pandemic has accelerated this shift. We have a proven track record, in response to the pandemic and customer requests, of successfully moving employees out of the office to working from home. While at the same time, we continue to meet all operational requirements and service level agreements. Conduent employs this model where it supports all the business needs, goals, and objectives of our customers.

	Our work-from-home employees receive training that adds a focus on maintaining the privacy and security of the home office space and securely accessing systems. This may involve the use of virtual desktop infrastructure (VDI) or a virtual private network (VPN). Whether they work at home, in the office, or mix of both, Conduent's employees receive training on, and must adhere to, corporate and TPL Services specific security measures and procedures, including (but not limited to) the following: • Storing, handling, access, retrieval, and duplication of sensitive data and media • Managing onsite and offsite data storage • Clean desk requirements • End of day security checks • Employee photo identification • Visitor control • Restrictions for cell phones and cameras • Securely connecting to Conduent networks from remote locations An employee who does not adhere to these policies and procedures is subject to disciplinary action including termination. New hire and contingent staff may need to take additional training regarding TPL Services specific security, privacy, and confidentiality policies, procedures, and standards based on their position and responsibilities.	
	Upload Attachments with Additional Information? **Yes**	Attachment File Name: **Security Awareness Training_ Base**

Attachment I Mandatory Scored Questions- TPL Recovery Services	
Offerors must answer all questions in this document in the space provided.	
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DO NOT INCLUDE ANY COST INFORMATION IN YOUR RESPONSE TO THIS WORKSHEET.	
1	**Experience-** Supplier's references must demonstrate a minimum of two (2) consecutive years' experience in Trust Recovery (Special Needs Trust, Qualified Income Trust and Pooled Trust), Health Insurance Premium Payments (HIPP), and Children's Health Insurance Program Authorization Act (CHIPRA). For each year of experience include the state or company where recovery work was performed, a contact person's name, email address, phone number, and the annual recovery amount or the annual cost saving amount for each year of experience. Please attach the reference template which was provided.
A1	*Answer # 1* Conduent has provided the Wyoming Department of Healthcare Financing with Medicaid Management Information System (MMIS) and fiscal agent (FA) services since 1993, representing four consecutive contracts. Throughout this 27-year partnership, our scope of work has included TPL services that encompass the services defined by the RFP's experience requirement, thus, far exceeding the minimum requirement of two consecutive years. Our Wyoming TPL services include: • Trust Recovery, including Special Needs Trust, Qualified Income Trust, and Pooled Trust • Health Insurance Premium Payments (HIPP) • Children's Health Insurance Program Authorization Act (CHIPRA), which is covered under the HIPP program • Estate Recovery • Medicare Buy-In • Employed Individuals with Disabilities (EID) • Health Insurance update\cost avoidance • Subrogation (including Motor Vehicle Accident (MVA); Workers Compensation; Medical Malpractice; Global Class Action Lawsuits; Court Order Restitution; and Trauma)

	We provide Attachment DD Reference Form as required.	
	Upload Attachments with Additional Information? **Yes-Required**	Attachment File Name: **Attachment DD- Reference Form (attached to this RFP)**
2	**Electronic Storage-** Describe in detail your process for electronically storing and retrieving all correspondence **including but** not limited to reports, letters, liens, case files, check copies, financial records and trust documents for all TPL programs for the duration of the contract.	
A2	*Answer # 2* Conduent electronically stores, indexes, and retrieves all correspondence for all TPL programs for the duration of the contract, including correspondence such as reports, letters, liens, case files, check copies, financial records, and trust documents. Our electronic storage and indexing processes, which are in place in many states today, securely and accurately assign every document to the correct case. This allows system users to quickly and easily retrieve and view case-specific correspondence to aid in the recovery process. Conduent's enterprise content management (ECM) solution receives, tracks, manages, and stores document types with a focus on reducing paper, increasing efficiency, enhancing accuracy, while also decreasing operational costs. Our processes and tools enable efficient management, storage, and retrieval of internal and external reports, letters, liens, case files, check copies, financial reports and trust documents. In addition, the ECM allows users to create a case record that links the stored document with a specific case and prevents the addition of duplicate records. ECM allows users to search the full text of an imaged document or across many documents. Our ECM stores correspondence and documentation that our solution sends or receives and can pass generated correspondence and indexing metadata to the State's Integration Platform for storage in an electronic repository as determined by the Agency. A document received in the mailroom is scanned, uniquely identified with a document control number, and stored with its date of receipt. Additionally, correspondence and reporting documentation that we produce as part of our workflow process is maintained and indexed to the appropriate transaction or data record, as well as the workflow item that generated it. All materials stored in the ECM are available for online retrieval, viewing, and reprinting at any time. **Check Receipts** We make use of the Agency owned lockbox and account. When payment is received through your lockbox, we receive the related image and information from your lockbox and log information into the system, including but not limited to Member Name, Medicaid ID, Encounter Date, Amount Billed, Amount Paid, Check Number, Check Amount, Check Date, Deposit Date, Cash Control Number, and Claim ID. We share the data with the Agency or their designated vendor to reverse or adjust claims and apply the new payment amount from the carrier against the claim. If recoupments are received in our mailroom, they're re-directed to your lockbox address.	

	Indexing Conduent makes your correspondence traceable and referenceable by assigning multiple indexes that make the documents searchable within the electronic storage repository. These indexes supply the identifying information within the images themselves along with the characteristics of the document. The indexes ensure that images can be easily found after they are stored and can be routed as necessary according to workflow. For example, we assign correspondence related to a given recovery case indexes that cross-reference the image to that specific case. This allows all correspondence related to all cases to be searchable by users and systems that interface with the electronic correspondence repository. Note that access to all document repositories is strictly controlled through role-based security measures. **Correspondence Management Resources and Skill Sets** Conduent's TPL Services team has extensive experience in managing correspondence and related documentation. As a result, our team members are well versed in the functions, processes, and best practices for correspondence. Our approach to storing materials in our ECM includes best practices that we have refined over many years and through numerous projects. We have the tools, established processes, and experienced team to generate and deliver correspondence, as well as for receive, scan, and associate paper documents. When storing correspondence and documents in our ECM, we apply index metadata that can be used as keywords or identifiers to easily search for and view a document later.	
	Upload Attachments with Additional Information? **No**	Attachment File Name: N/A
3	**General Program Requirements-** During the life of the contract, the Supplier will keep current program manuals which outline work processes updated with all program changes. Describe your ability and process to develop and update program manuals as stated in **Attachment H, General Program Requirements Section, Requirement RECV1** and **Attachment H, Casualty/Tort Subrogation Section, Requirement RECV27.**	
A3	*Answer # 3* Conduent excels at developing manuals that are easy-to-follow and thoroughly document our processes and procedures. To accelerate initial development and delivery of program manuals, we draw on our existing library of manuals used for other state Medicaid programs. With 38 years of Medicaid fiscal agent foundational knowledge, we have developed countless program manuals that include TPL activities. As programs and processes change, we update our manuals to remain current. We maintain thorough, up-to-date, and comprehensive manuals that enforces operational continuity to deliver consistent, high-quality services. We support hard copy and online delivery of documentation and develop and distribute a TPL handbook (in an Agency-approved format) to local offices to provide a quick reference for TPL identification.	

Our team closely monitors quality of initial development, update and maintenance, and submission of procedure manuals throughout the life of the contract. The team is responsible for making sure that the policies and procedures are reviewed and updated as necessary based upon statutory, regulatory, and policy updates as well as quality review findings and system changes. In addition, they assess training needs related to revised policies and procedures. We use these policies and procedures in training our staff and employ several checks and balances to verify administrative functions are performed uniformly and accurately throughout the term of the TPL contract.

Approach H Requirements for TPL Recovery Services

Conduent provides a response to Attachment H for General Program Requirements Section REC0V1 and Attachment H, Casualty/Tort Subrogation Section, Requirement RECV27. Our initial response confirms our commitment to meet the requirement followed by our descriptions of our work.

Attachment H Requirement RECV1

The supplier must develop and maintain a professionally written Recovery Program Procedures Manual to reflect the Supplier's processing operations and Recovery Procedures. A draft of the manual should be provided to the Agency within sixty (60) calendar days (or a timeframe as determined by the Agency) following the contract execution.

a. The Supplier must develop, document, and maintain a method of providing updates to the procedure manual after a change in procedure, in accordance with the timeline to be established by the Agency.
b. The Supplier must provide the Agency with the updated Recovery Program Procedures Manual for its review and approval within thirty (30) days (or a timeframe as specified by the Agency) of any proposed update(s).

Conduent response: Conduent develops and maintains a professionally written Recovery Program Procedures Manual to reflect our processing operations and recovery procedures. A draft of the manual is provided to the Agency within 60 calendar days, or a timeframe as determined by the Agency, following the contract execution.

Our TPL Recovery Services operations team uses our existing Recovery Procedures Manual as a starting point and works with the State to customize it. After initial meetings with the State, we update the Recovery Program Procedures Manual with the required new information to create an initial draft addressing topics specific to the State. We typically complete this step within 60 calendar days of contract execution (or other acceptable timeframe as determined by the State).

Concurrently, we provide the State with our planned procedures and methods for updating the procedures manual upon initial approval. At a minimum, depending on State requirements, we perform complete review and updates quarterly and publish them according to a pre-defined schedule. However, major changes could occur should it be possible to improve with either new processes or technology. Changes of vendors or systems supporting the Medicaid Enterprise Solution (MES) could trigger a change in procedure. Such a change would affect Conduent's processes and procedures. Once Conduent determines that an off-schedule change to the procedure manual is needed, we notify the State and indicate what process or procedure is changing. This notification is done prior to

delivery of the updated procedures. We submit the updated procedures to the State for review and approval within 30 days of any notification of proposed updates. We provide a version history of the procedure manual that includes:

- Version number
- The date of the version release that includes the change
- Section of the change
- A summary of changes

The process allows for the State to review and approve the procedures before we initiate them. Once the Agency reviews the Recovery Program Procedures Manual, we review comments and make the requested changes, typically within 10 business days. We then resubmit the new procedures manual for final approval. Conduent does not use the updated procedures manual until the Agency finalizes approval. Clearly, this review process and timelines vary for each State. We approach each scenario with flexibility to accommodate project needs.

Attachment H Requirement RECV27

The Supplier must develop and maintain a professionally written Agency-approved TPL Casualty/Tort Procedures Manual to reflect Supplier's processing operations and recovery procedures within sixty (60) calendar days (or a timeframe as specified by the Agency), from the execution of the contract.

Conduent response: Conduent develops and maintains a professionally written TPL Casualty/Tort Procedures Manual to reflect our processing operations and recovery procedures. A draft of the manual is provided to the Agency within 60 calendar days, or a timeframe as determined by the Agency, following the contract execution.

Our TPL Recovery Services operations team uses our existing TPL Casualty/Tort Procedures Manual as a starting point and works with the State to customize it. After initial meetings with the State, we update the manual with the required new information to create an initial draft addressing topics specific to the State. We complete this step within 60 calendar days of contract execution (or other acceptable timeframe as determined by the State).

Concurrently, we provide the State with our planned procedures and methods for updating the procedure manual upon initial approval. At a minimum, depending on State requirements, we perform complete review and updates quarterly and publish them according to a pre-defined schedule. However, major changes could occur should it be possible to improve with either new processes or technology. Changes of vendors or systems supporting the Medicaid Enterprise Solution (MES) could trigger a change in procedure. Such a change would affect Conduent's processes and procedures. Once Conduent determines that an off-schedule change to the procedure manual is needed, we notify the State and indicate what process or procedure is changing. We also indicate where the procedure manual is located if that information has changed. This notification is done prior to delivery of the updated procedures. We submit the updated procedures to the State for review and approval within 30 days of any notification of proposed updates.

	We provide a version history of the procedure manual that includes: • Version number • The date of the version release that includes the change • Section of the change • A summary of changes The process allows for the State to review and approve the procedures before we initiate them. Once the Agency reviews the TPL Casualty/Tort Procedures Manual, we review comments and make the requested changes, typically within 10 business days. We then resubmit the new procedures manual for final approval. Conduent does not use the updated procedures manual until the Agency finalizes approval. Clearly, this review process and timelines vary for each State. We approach each scenario with flexibility to accommodate project needs.	
	Upload Attachments with Additional Information? **No**	Attachment File Name: N/A
4	**Casualty/Tort Subrogation-** Describe in detail your process for managing and processing all subsequent cases and any open cases, including cases that are pending litigation and in place prior to the beginning of this contract as stated in **Attachment H, Casualty/Tort Subrogation Section, Requirement RECV2 and RECV3.**	
A4	*Answer # 4* Conduent implements clear processes and procedures for managing and processing the entire lifecycle of cases, including all subsequent cases, any open cases, cases pending litigation, and cases in place prior to the beginning of this contract. Figure I-1 shows the lifecycle of a case. We establish communication and collaboration with the current vendor during implementation to facilitate successful integration and testing between our systems and recovery databases to capture current case data. This includes current, open cases, for which Conduent caseworkers provide outreach to the liable parties according to Agency-defined rules and guidelines.	

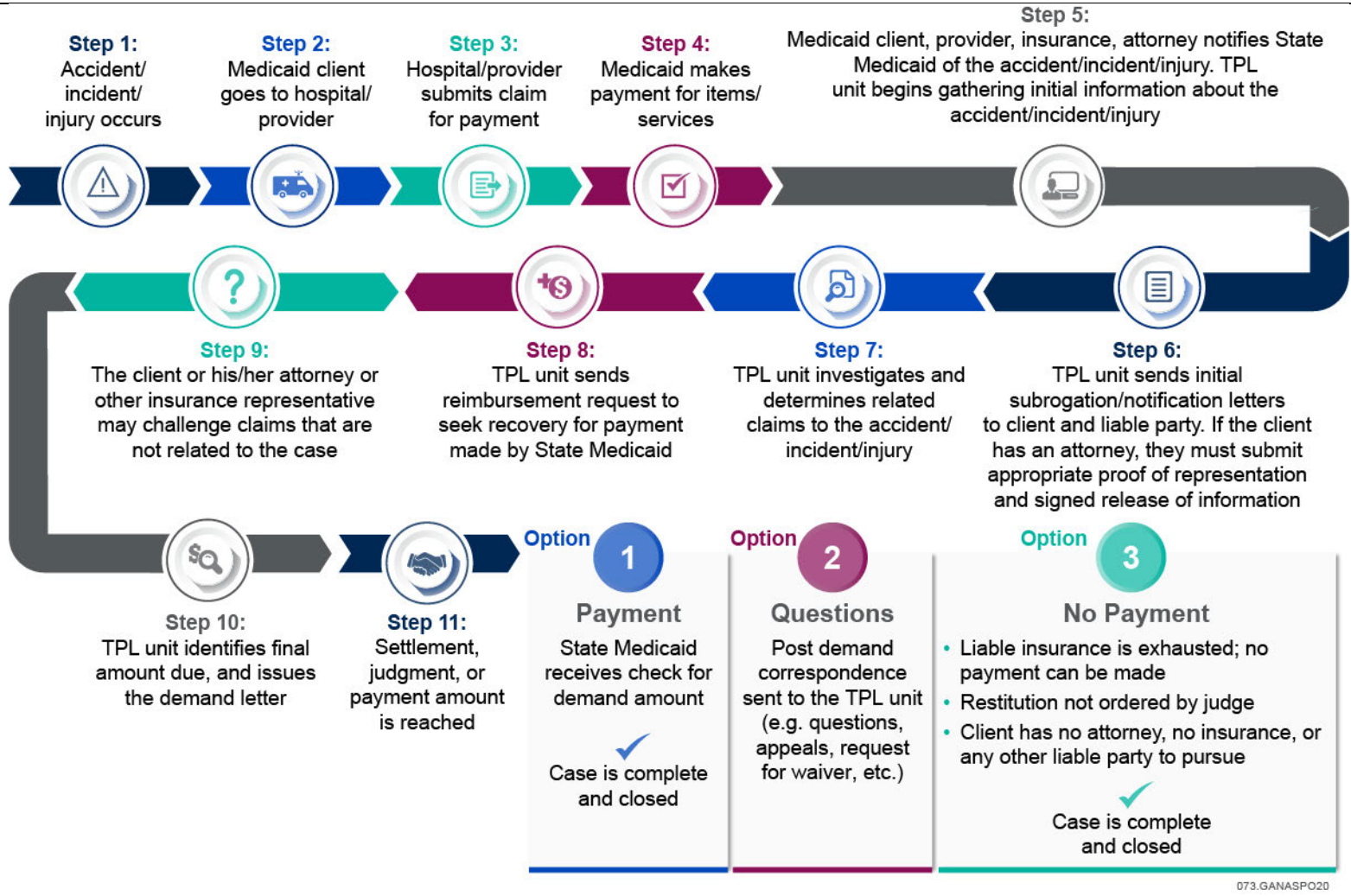


Figure I-1. Diagram Outlining the Case Lifecycle

This graphic shows the steps from the initial accident/incident/injury to payment and resolution.

Attachment H Requirements for Casualty/Tort Subrogation

On the following pages, Conduent provides a response to Attachment H for requirements for Casualty/Tort Subrogation Section, Requirement RECV2 and RECV3. Our initial response confirms our commitment to meet the requirement followed by our descriptions of our work.

Attachment H Requirement RECV2

After turnover activities and at go live, the Supplier must immediately assume responsibility for managing and processing all existing cases including all leads, open cases, and those pending litigation.

Conduent response: After turnover activities and at go live, Conduent immediately assumes responsibility for managing and processing all existing cases including all leads, open cases, and those pending litigation.

We bring 38 years of fiscal agent services experience, extensive experience and success in planning and takeover activities prior to go-live and are fully prepared to immediately assume responsibility for managing and processing all existing cases. During project planning and implementation, Conduent performs comprehensive testing and quality review to verify that all existing cases are accurately loaded and verified in our recovery database. Prior to go-live, we conduct a thorough Operational Readiness Review to provide the State with confidence that we are ready to assume managing and processing all TPL recovery cases.

Attachment H Requirement RECV3

The Supplier must develop, manage, process and track all casualty leads.

Conduent response: Conduent develops, manages, processes, and tracks all casualty leads. We have these processes currently in place with operational workflows for various state agencies. The process starts with flagging incidents. Once the providers of services submit claims and Medicaid pays, we begin gathering information. This includes sending the initial subrogation letters and triggering a workflow that includes:

- Request for proof of attorney representation, if applicable
- Investigation by the TPL unit that includes determining claims relating to the accident/incident/injury
- Request for reimbursement from noted parties
- Determination of client/attorney/other insurance challenges to the case
- Identification of final amount due

	At this point, one of the following occurs: • The settlement, judgement or payment is received, and the case is closed. • We generate a post demand correspondence within the guidelines of the documented workflow and protocols for follow up. • There is no payment made due to the liable insurance dollar amount exhausted, restitution not ordered by a judge or it is determined that the client has no attorney, no insurance and there is no avenue to pursue. In all instances, the case is closed. Prior to go-live, Conduent develops and implements requirement-based workflow processes to facilitate the lifecycle of casualty leads. We employ many strategies for the pursuit of recoveries. We create case records to track all types of recoveries, including casualty situations. We collect casualty-related information, e.g., motor vehicle accident and workers' compensation, provide documentation and claim filing assistance, and track medical expenditures. Conduent's detailed procedures and workflows, including our top-notch quality review processes, provide you with confidence that we will do everything in our power to secure all potential leads.	
	Upload Attachments with Additional Information? **No**	Attachment File Name: N/A
5	**Casualty/Tort Subrogation -** Describe in detail your process for pursuing Casualty/Tort cases including all efforts that will be utilized to ensure no recovery money is left uncollected as stated in **Attachment H, Casualty/Tort Subrogation Section, Requirement RECV4.**	
A5	*Answer # 5* Conduent vigorously pursues Casualty/Tort cases and employs extensive efforts so that no recovery money is left uncollected. Conduent opens all cases that come from outside sources, regardless of the amount due for review and pursuit. To back this up, Conduent develops and follows detailed written procedures that fully support the aggressive and thorough pursuit of these recovery dollars as well as comprehensive follow up strategies so that no recovery money is left uncollected. For example, in Wyoming, where Conduent is the TPL contractor, cases are kept open for one year from the date of occurrence as instructed by the Agency. If there is no liable party listed when the case is opened, our outreach process is deployed, which consists of making at least three telephonic attempts to contact the following entities to determine if there is a liable third party: • Client • Department of transportation • Law enforcement • Workers compensation carrier • Applicable courts • Providers of service	

If we identify a liable third party within one year from the date of injury or the date of the last related paid claim, Conduent seeks recovery until payment is recouped in full. Only once we are certain there is no uncollected recovery money do we close the case.

Conduent's outreach processes are customized to fit the situation. In the example above, there are three attempts made to contact various targets, however there are instances where we adjust that to fit the desired outcome. For example, the three attempts to reach the client could include email after receiving no response to a phone inquiry. Conduent is constantly monitoring outcomes and adjusting approaches based on success rates.

After contact is made (which we document in the case file) and the liable party does not make a payment, we continue our outreach efforts, including actions such as requesting documentation for insurance policy limits, logs proving payments made, exhaustion, and denial letters. We use various mediums to achieve this. If Conduent determines that further action is needed, we may refer the case to the Office of the Attorney General for assistance.

If we receive all required documentation to provide clear proof that no money is available, the case is then closed. Conduent only closes a case after we have received all required documentation to proof beyond a doubt that no recovery money is available. Because of our comprehensive and thorough Agency-approved approach to pursuing Casualty/Tort cases, the Agency can feel confident that we take every step available to collect all recovery money.

Attachment H Requirement for Casualty/Tort Subrogation

On the following pages, Conduent provides a response to Attachment H requirement for Casualty/Tort Subrogation Section Requirement RECV4. Our initial response confirms our commitment to meet the requirement followed by our description of our work.

Attachment H Requirement RECV4

The Supplier must develop and manage all cases even if the liable third party does not file a lawsuit, making every effort to leave no recovery money uncollected.

Conduent response: We develop and manage all cases even if the liable third party does not file a lawsuit, making every effort to leave no recovery money uncollected. We perform multiple outreach steps, including contacting and requesting documentation from all third parties who are potentially liable. To help facilitate this process and document every action on the case, we track all cases using the workflow tool. The tool allows us to route cases, set case-level alerts, maintain audit trails, and generate dashboard reporting to help facilitate the recovery process. Our SOPs and desk-level procedures provide clear and comprehensive documentation to help guide the recovery process. In addition, we provide detailed scripts for the staff to use for various methods of communication (telephonic, email, etc.) which are continually modified and updated according to identified situations and outcomes. Altogether the documentation our staff use and follow promotes consistency and accountability as they work to ensure that no recovery money is uncollected.

	Upload Attachments with Additional Information? **No**	Attachment File Name: N/A
6	**Casualty/Tort Subrogation -** Describe in detail your process for establishing a recovery case file within thirty (30) calendar days (or a timeframe specified by the agency) of the date of receipt of a lead, and maintaining the case file, including but not limited to all deliverables identified in **Attachment H, Casualty/Tort Subrogation Section, Requirements RECV5, RECV8, and RECV9.**	
A6	*Answer # 6* Conduent establishes a recovery case when a lead is identified and within 30 calendar days of receipt of that lead or any other timeframe as specified by the Agency. To facilitate this process and properly document every action taken on each case, we track cases in Maven, our proposed case file and workflow tool. Maven is a highly flexible solution that allows us to track cases, route cases, set case-level alerts, maintain audit trails, and generate dashboard reporting to automate and streamline the recovery process. Our established processes and procedures result in an accurately and thoroughly maintained case file. Our workflows for maintaining and tracking cases are fully configurable online to meet your program's needs. Additionally, to support meeting timelines, we set a programmed system alert to flag cases nearing timelines set by the Agency. ## Attachment H for Requirements Casualty/Tort Subrogation On the following pages, Conduent provides a response to Attachment H for the requirements for Casualty/Tort Subrogation Section, Requirements RECV5, RECV8, and RECV9. Our initial response confirms our commitment to meet the requirement followed by our descriptions of our work. **Attachment H Requirement RECV5** The Supplier must initiate a case file, track case recovery activities, and capture associated documents and those that have been specified by the Agency in an electronic system as determined by the Agency, e.g. Medicaid Enterprise System, which is accessible by the Agency. **Conduent response:** Conduent initiates a case file, tracks case recovery activities, and captures associated documents and those specified by the Agency, in an electronic system as determined by the Agency, such as the Medicaid Enterprise System, which is accessible by the Agency. Once a new lead is identified, Conduent establishes the case and generates a subrogation letter. Cases are worked at different intervals; all supported by Agency approved operating procedures and are worked typically every 7, 30, 60 or 90 days depending on the case type. These timeframes are established at the Agency's directive. We can easily manage timeframe variations with alerts, dashboard reporting, etc.	

Our specialist verifies and enters all case-related information in the electronic tracking system. These data elements include client demographics, dollar amounts paid, dollar amounts recovered, dollar amounts due, accident/incident date, and third-party liability information. We scan and index documents associated with the case and electronically attach them to the case record. We enter detailed notes and documentation within the system every time an event occurs related to the case, such as calls received and initiated, correspondence sent or received, claims worked and researched, etc.

Based on workflows and rules approved by the Agency, actions taken on a case, notes entered, or other case triggers can generate a case alert that is automatically emailed to a caseworker, supervisor, or other resource. This workflow process supports handling cases within required timeframes and keeps our TPL team aware of cases nearing thresholds. The Agency and our TPL team can view alerts at any time and can also flag a case for any reason.

Attachment H Requirement RECV8

The Supplier must establish a recovery case file within thirty (30) calendar days (or a timeframe specified by the Agency) from the date of receipt of a lead. A case file must be created in an electronic system as determined by the Agency, e.g. Medicaid Enterprise System. The case file must include, but is not limited to, the following data elements:

a. Date of Accident/Incident
b. Identification and contact information of liable party/attorney/insurance company
c. Date automated letters or notices were sent and received
d. Date notice of subrogation rights, lien and or claim filing documentation such as county name, lien and or claim book and page number, lien and or claim amendments, lien and or claim cancellations (Supplier's Attorney will be responsible for lien and or claim filing process) and releases
e. Amount of Agency's accident/incident related claims paid
f. Recovery status and recovery amounts.
g. Case activity/notes must be documented
h. Restitution
i. Global settlements
j. Other information as may be required by the Agency

Conduent response:

Conduent establishes a recovery case file within 30 calendar days, or a timeframe specified by the Agency, from the date of receipt of a lead. A case file is created in the Agency's preferred electronic system, such as the Medicaid Enterprise System. We acknowledge that the case file must include the data elements identified in a. through j.

When Conduent receives a recovery case lead, we capture the lead in our case management and workflow system, set workflow alerts and monitor against the allowed time-period from the date of receipt. This helps Conduent perform necessary follow-up activities and create case files within the timeframe specified by the Agency.

	Attachment H Requirement RECV9 When case activities occur, the Supplier must update case activities in an electronic system as determined by the Agency, e.g. Medicaid Enterprise System, within fourteen (14) calendar days (or other timeframe specified by the Agency). **Conduent response:** When case activities occur, Conduent updates case activities in an electronic system as determined by the Agency, such as the Medicaid Enterprise System, within 14 calendar days or another timeframe specified by the Agency. All rules pertaining to the required documentation are kept up to date in our comprehensive set of Standard Operating Procedures and Desk Level procedures as governed by the Agency. Conduent captures and documents all case activities to compile a complete and comprehensive case record. This provides clear transparency and serves as a comprehensive audit trail of every action we have taken on a case.	
	Upload Attachments with Additional Information? **No**	Attachment File Name: N/A
7	**Casualty/Tort Subrogation -** Describe in detail your process for identifying casualty/tort cases regardless of litigation status and providing notice to the agency's TPL point of contact and the State Agency's Legal Department as stated in **Attachment H, Casualty/Tort Subrogation Section, Requirement RECV6.**	
A7	*Answer # 7* Conduent has established processes in place for identifying casualty/tort cases regardless of litigation status. All cases identified by claims activity and/or cases that are submitted by outside sources are opened and are kept/pursued for one year. This timeframe, while standard, can be modified easily at the direction of the Agency. Conduent's processes currently dictate that we make at least three attempts to contact sources (i.e., client, insurance companies, providers of service, etc.) and gather information so that leads turn into cases and are subsequently managed through to recovery. The processes referred to include various methods of communication supported by written procedures and scripts for the staff to use and follow. In the event of activity for case litigation, Conduent provides notice to the Agency's TPL point of contact and the State Agency's Legal Department. ## Attachment H Requirements for Casualty/Tort Subrogation On the following text, Conduent provides a response to Attachment H requirement in the Casualty/Tort Subrogation Section, Requirement RECV6. Our initial response confirms our commitment to meet the requirement followed by our descriptions of our work.	

	Attachment H Requirement RECV6 The Supplier must identify potential as well as casualty/tort cases in various phases of litigation. If there is case activity for litigation, the supplier must provide notice as soon as possible to the Agency's TPL point of contact and the Legal Department point of contact via the communication method directed by the Agency within a timeframe established by the State from receipt of notification. **Conduent response:** Conduent identifies potential as well as casualty/tort cases in various phases of litigation. In the event of case activity for litigation, we provide notice as soon as possible to the Agency's TPL point of contact and the Legal Department point of contact through the communication method directed by the Agency within a timeframe established by the State from receipt of notification. Currently, Conduent identifies cases that are in various phases of litigation by researching court filings. In addition, Conduent continues working cases according to the procedures approved by the Agency and updates the attorneys involved in the cases until we receive payment. If the case meets certain criteria for referral outside the Agency as established in the Agency's policy, Conduent refers the case to the Attorney General's office for handling. These rules are specifically set by the Agency and followed by Conduent and supported by operating procedures and quality review. As part of our standard intake process, Conduent receives notifications of new cases from clients, attorneys, insurance companies, courts, the State Agency, and Attorney General's offices. In addition to identifying any case, regardless if there is an attorney involved or Conduent knows about a court date, data matching is always used. This should assure you that all avenues have been pursued to identify potential cases. Workflows and protocols governed by our quality assurance process support timely notifications of activity for case litigation to the Agency's TPL point of contact and their legal department.	
	Upload Attachments with Additional Information? **No**	Attachment File Name: N/A
8	**Casualty/Tort Subrogation -** Describe in detail your process for developing and documenting leads from other sources as listed in **Attachment H, Casualty/Tort Subrogation Section, Requirement RECV7.**	
A8	*Answer # 8* Conduent has a detailed and comprehensive process for developing and documenting leads from other sources. We recognize how critical it is to gather and document all third-party lead information. In our decades of experience providing TPL services for Montana Medicaid, for example, the Agency helped develop comprehensive processes in following leads through to recovery. As we would do with you, Conduent partners with the Agency governing the process to develop detailed and comprehensive methods for pursuit of recovery dollars. Conduent brings the experience and expertise we have	

developed over the years to develop a productive and results driven partnership with you.

Our experienced TPL specialists generate and document leads through phone calls and other methods from clients, providers, insurance companies, attorneys, courts, and other available sources. We provide our specialists with comprehensive scripts and desktop procedures to aid and guide them through the process of obtaining accurate and thorough information from these sources. We also generate leads through data matching with Workers Compensation databases, Departments of Transportation, global/class action law firms, vital statistic records, court findings, medical claims data with accident indicators, and news articles.

Once Conduent discovers or receives information and/or notification of a potential lead, a case is opened typically within one business day and subrogation and client notification of the case is sent through a letter within seven days. We track all open cases from open to close, carefully and thoroughly documenting actions taken on the case and information and/or documentation received in support of the recovery process. We oversee the activity of case files by using managerial and dashboard reports, which are also available to the Agency to aid in monitoring the recovery process effectively.

Attachment H Requirement for Casualty/Tort Subrogation

Conduent provides a response to Attachment H requirement for Casualty/Tort Subrogation Section, Requirement RECV7. Our initial response confirms our commitment to meet the requirement followed by our descriptions of our work.

Attachment H Requirement RECV7

The Supplier must pursue potential TPL lien and or claim recoveries and subrogation from lead sources which include, but are not limited to:

a. Weekly (or a timeframe specified by the Agency) produced accident questionnaires produced by an electronic system as determined by the Agency, e.g. Medicaid Enterprise System
b. Attorneys
c. Anonymous sources
d. Claims from the Medicaid fiscal agent
e. Notifications from Social Services Agency, hospitals, provider health plans, insurance companies and counties
f. Hospital lien and or claim documentation
g. Release of information notices
h. Telephone calls
i. Data matches
j. Members

Conduent response: Conduent pursues potential TPL lien and or claim recoveries and subrogation from lead sources which include but are not limited to items a. through j.

	Conduent uses several methods in the pursuit to vigorously recover monies owed to the Agency. Our system's interfacing capabilities allow us to trigger and generate automated letters and questionnaires using templates approved by the Agency. This is in addition to the other standard ways we pursue information from lead sources. Conduent has the ability and expertise to understand the best method to pursue for each situation. For example, while the best option for contacting a client may be telephone, we may see better historical results by using email to pursue information from attorneys. These methods are continually being tracked and modified to obtain the optimal result.	
	Upload Attachments with Additional Information? **No**	Attachment File Name: N/A
9	**Casualty/Tort Subrogation -** Describe in detail how you will notify the liable third party of a recovery lead as stated in **Attachment H, Casualty/Tort Subrogation Section, Requirement RECV10**.	
A9	*Answer # 9* Conduent applies a clear process for notifying the liable third party of a recovery lead. Once Conduent identifies a lead, we send recovery letters within timeframes designated by the Agency. Cases are created based on claim dollar thresholds and other variables designated by the Agency. Conduent understands that a timely notification is critical in the pursuit of a lead. We have strict processes in place to assign/open a case timely once notification of a case is received or a lead is established. Note that thresholds are established for some cases. For example, our Wyoming TPL account requires a lead to meet a $250.00 threshold to be cost effective to pursue. However, some external leads, such as a phone call received by an attorney, is opened regardless of the dollar amount of related claims. We can set thresholds or limits for leads and notifications to meet the Agency's requirements. Regardless, we send subrogation notices to the liable party and client notification of the case within seven business days or the number of days specified by the Agency. We open, track, and process all cases through the system and manage ongoing case status through extensive reporting and dashboard capabilities. ## Attachment H Requirement for Casualty/Tort Subrogation On the following pages, Conduent provides a response to Attachment H for Casualty/Tort Subrogation Section, Requirement RECV10. Our initial response confirms our commitment to meet the requirement followed by our descriptions of our work.	

	Attachment H Requirement RECV10 The Supplier must notify the liable third party by sending the insurance company, attorney, or both, an initial recovery letter within thirty (30) calendar days (or a timeframe specified by the Agency) from receipt of lead. A case must be developed if case claims are valued at or above $250.00 (or an amount specified by the Agency). A $1500.00 (or an amount specified by the Agency) threshold must be met before preparing lien and or claim filing documentation on a casualty/tort recovery case. **Conduent response:** Conduent notifies the liable third party by sending them an initial recovery letter within 30 calendar days, or a timeframe specified by the Agency, from receipt of lead. We acknowledge that a case is developed if case claims are valued at or above $250.00, or an amount specified by the Agency. A $1500.00, or an amount specified by the Agency, threshold must be met before preparing lien and or claim filing documentation on a casualty/tort recovery case. Critical to the recovery process is that we send timely notifications to liable third parties. We implement strict processes so that once notification of a case is received or a lead is established, we assign/open a case typically within one business day. Subrogation notices to the liable party and client are generally sent within seven business days, well within the 30-day timeframe specified by the Agency. Our fast turnaround of these initial notifications provides an effective and thorough recovery process for the Agency. Leads and notifications can be set with or without limits or thresholds at the request of the Agency.	
	Upload Attachments with Additional Information? **No**	Attachment File Name: N/A
10	**Casualty/Tort Subrogation -** Describe in detail your process for preparing, maintaining, and filing lien and or claim and or case documentation in concurrent with establishing the recovery case lead within thirty (30) calendar days of receipt of a lead following the guidelines stated in **Attachment H, Casualty/Tort Subrogation Section, Requirements RECV11-RECV14.**	
A10	*Answer # 10* Conduent implements clear procedures and protocols to prepare, maintain, and file liens and/or claims, and/or case documentation concurrently with establishing a recovery case lead within 30 calendar days of receipt of a lead. Conduent is no stranger to TPL case tracking and management—tasks that have been part of our fiscal agent services for 38 years. To facilitate the concurrent handling of tasks associated with the recovery process, we establish desktop procedures that guide our specialists through each task, when it should occur within the processing timeframe, and how to appropriately document actions taken on the case within the system. Generally, we open a case within one business day of identification, and we aim to send copies of case-related claims to any liable party or parties with a payment request within five business days. Maven allows us to set workflow triggered alerts for cases that require follow-up and to track, manage, and report results accurately.	

Attachment H Requirements for Casualty/Tort Subrogation

On the following pages, Conduent provides a response to Attachment H for requirements for Casualty/Tort Subrogation Section, Requirements RECV11 – RECV14. Our initial response confirms our commitment to meet the requirement followed by our descriptions of our work.

Attachment H Requirement RECV11

The supplier must prepare proper claim or lien documentation based on research of the claim, federal law, state law, or other applicable regulatory authority. Claim or lien documentation must be prepared concurrently with the establishment of the recovery case lead and within a timeframe specified by the Agency from receipt of a lead.

The claim or lien(s) are subject to the following guidelines:

a. must show the total amount due to the Medicaid program
b. must contain identifying information such as:
    i. the name, case number, and address of the person to whom medical care was furnished
    ii. date of injury
    iii. dates of service
    iv. the name and address of the provider(s) furnishing medical care
    v. and, to the best of Supplier's knowledge, the names and addresses of persons, firms or corporations claimed to be liable for damages arising from the injuries.

Conduent response: Conduent prepares proper claim or lien documentation based on our research of the claim, federal law, state law, or other applicable regulatory authority. Outcomes of research that require documentation are outlined in the desk top procedures staff is required to follow. All notations resulting from the preparation and research is kept in the system according to the rules governed by the Agency, all of which are available to the staff processing the notes.

We acknowledge that claim or lien documentation must be prepared concurrently with the establishment of the recovery case lead and within a timeframe specified by the Agency from receipt of a lead. The lead is subject to the Agency's guidelines including:

- Must show the total amount due to the Medicaid program
- Must contain identifying information such as the items listed in i. through iv.

To the best of our knowledge Conduent supplies the names and addresses of persons, firms, or corporations claimed to be liable for damages arising from the injuries. We collect the data elements through our thorough research of the claim, which is documented in online in Maven and in accordance with all applicable laws and regulations. Our configuration requires these data elements prior to finalizing the claim's documentation and filing the lien or claim and within the Agency's requirements and specified timeframes.

	Attachment H Requirement RECV12 The Supplier must file the lien and or claim within one (1) year (or a timeframe specified by the Agency) from the last date of service and filed in the jurisdictions as dictated by federal law, state law, or other applicable regulatory authority. **Conduent response:** Conduent files the lien and or claim within one year, or a timeframe specified by the Agency, from the last date of service. We file it in the jurisdictions as dictated by federal law, state law, or other applicable regulatory authority. Maven is configured with alerts that notify our TPL staff when a case is nearing thresholds, helping to meet all designated timeframes for filing claims and liens. Quality checks are also done. **Attachment H Requirement RECV13** The Supplier must prepare amended lien and or claim document(s) when there is an increase in Medicaid payments of $1500.00 (or an amount as specified by the Agency). Case follow-up must be performed every ninety (90) calendar days (or a timeframe as specified by the Agency) from the development of the recovery case, or upon Agency request. **Conduent response:** Conduent prepares amended lien and or claim documents when there is an increase in Medicaid payments of $1500.00, or an amount as specified by the Agency. The dollar limit is configured in Maven to alert the associate to take appropriate action. Case follow-up is performed every 90 calendar days, or a timeframe as specified by the Agency, from the development of the recovery case, or upon Agency request. This timeframe is also documented in the procedures and set with an alert to support compliance with timeframes. **Attachment H Requirement RECV14** The Supplier must securely store and retain the claim(s) or lien(s) in case files within thirty (30) calendar days (or a timeframe specified by the Agency) of receipt from the court. **Conduent response:** Conduent securely stores and retains the claims or liens in case files within 30 calendar days, or a timeframe specified by the Agency, of receipt from the court. Conduent electronically stores, indexes, and can retrieve documents related to a claim or lien throughout the life of the project. Our electronic storage and indexing process securely and accurately assigns documents to the correct case, allowing users to quickly and easily retrieve and view case-specific correspondence to aid in the recovery process.	
	Upload Attachments with Additional Information? **No**	Attachment File Name: N/A

11	**Casualty/Tort Subrogation -** Describe in detail your process for showing a debt is satisfied when a recovery is concluded as described in **Attachment H, Casualty/Tort Subrogation Section, Requirement RECV15.**
A11	*Answer # 11* Conduent documents in the case record when a debt is satisfied and when the recovery is concluded. Once a debt is fully satisfied, which includes full amount paid as well as negotiated amount paid, a Conduent specialist updates the case record in the system, which in turn generates a fully executed lien release document. ## Attachment H Requirement for Casualty/Tort Subrogation Conduent responds to Attachment H for Casualty/Tort Subrogation Section, Requirement RECV15. Our initial response confirms our commitment to meet the requirement followed by our descriptions of our work. **Attachment H Requirement RECV15** When the recovery is concluded, the Supplier must show that the debt is satisfied by preparing a debt satisfaction notice (release and/or lien cancellation when applicable). a. Supplier must submit the release form to the Agency for review and approval within thirty (30) calendar days (or a timeframe specified by the Agency) from the date of the recovery conclusion. b. After the release is approved by Agency, the approved release will be returned to the Supplier to deliver to the attorney/third parties. c. The lien cancellation must be prepared by the Supplier and forwarded to the appropriate court of jurisdiction (where the lien(s) were filed). d. A copy of the lien(s) must be retained in the case file. **Conduent response:** When the recovery is concluded, Conduent shows that the debt is satisfied by preparing a debt satisfaction notice (release and/or lien cancellation when applicable). We acknowledge we are required to submit the release form to the Agency for review and approval within 30 calendar days (or a timeframe specified by the Agency) from the date of the recovery conclusion. After the release is approved by the Agency, the Agency returns the approved release to Conduent to deliver it to the attorney/third parties. We understand that Conduent is responsible for preparing and forwarding the lien cancellation to the appropriate court of jurisdiction (where the lien(s) were filed). We retain a copy of the lien(s) in the case file. Conduent prepares a debt satisfaction notice, including a release and/or lien cancellation when applicable, in order to show that a debt is satisfied once the recovery has concluded. The notice is generated through the Agency approved template and a copy of the lien is retained in the case file. The recovery is marked as closed in the case record which triggers the system to generate a lien release document. This is configured through Maven. The lien release document is carefully reviewed and once approved it is submitted to the Agency for review and approval within 30 days from the date of recovery conclusion or within a timeframe specified by the Agency.

	Once we receive the Agency's approval, Conduent delivers the release to the attorney or third party as well as to the court of jurisdiction. Each step is tracked and kept in the case record. Our standard operating procedures (SOPs) provide clear and comprehensive instructions on this process so that at the conclusion of a case it is handled correctly, efficiently and timely. Conduent always performs routine quality reviews afterwards to verify accuracy and compliance.	
	Upload Attachments with Additional Information? **No**	Attachment File Name: N/A
12	**Casualty/Tort Subrogation -** Describe your process for developing an agreed upon negotiation process with insurance companies and attorneys for the allocation of the settlement amounts from recovery casualty cases as stated in **Attachment H, Casualty/Tort Subrogation Section, RECV16.**	
A12	*Answer # 12* Conduent develops and implements a mutually agreed upon negotiation process for use with insurance companies and attorneys for allocation of the settlement dollars from recovery casualty cases. Conduent drafts workflow and administrative policies as well as desk-level procedures for the negotiation process and submits them to the Agency for approval. This is always done prior to implementing them with our TPL staff and continues as a process throughout the life of the contract. Conduent's staff members know to follow these documented instructions during negotiations. The documented protocols include scripting for various scenarios as well as escalation protocols when the scope of the negotiation falls outside the established written guidelines. For example, in Wyoming, any liable party that is asking for a reduction or lien must send the request in writing. Conduent's Wyoming TPL staff is instructed to refer these cases to the State and Attorney General's office. If the reduction is agreed to, an approval letter is sent and Conduent awaits payment. Configured alerts trigger to remind our staff members to follow-up on the case when necessary. As always, when a recovery payment is received, the monies are applied to the case record and our system withdraws and applies the information from there. ## Attachment H Requirement for Casualty/Tort Subrogation Conduent provides a response to Attachment H for Casualty/Tort Subrogation Section, Requirement RECV16 Our initial response confirms our commitment to meet the requirement followed by our descriptions of our work.	

	Attachment H Requirement RECV16 The Supplier and the state Agency must agree upon a negotiation process with insurance companies and attorneys for the allocation of the settlement amounts from recovery casualty cases. The Supplier must settle recoveries that are not in litigation according to the Agency's policies, laws, or regulations. **Conduent response:** Conduent and the state Agency must agree upon a negotiation process with insurance companies and attorneys for the allocation of the settlement amounts from recovery casualty cases. Conduent settles recoveries that are not in litigation according to the Agency's policies, laws, or regulations. We document this process and once agreed upon by all parties, we follow the written guidelines and quickly escalate any issues that fall out of scope. Outgoing calls are recorded, and a percentage of the calls are selected at random for quality control checks to verify guidelines are followed.	
	Upload Attachments with Additional Information? **No**	Attachment File Name: **N/A**
13	**Casualty/Tort Subrogation -** Describe in detail how you will support the state's legal department during the litigation process as stated in **Attachment H, Casualty/Tort Subrogation Section, RECV17.**	
A13	*Answer # 13* Conduent's TPL recovery staff and our dedicated attorney provide the State's legal department with full support during the litigation process. Understanding the level of support that is needed when litigation occurs, Conduent is prepared to assist and support the Agency as needed. We make staff available on agreement to support the process, including committing Conduent's attorney to litigation testimony, retrieving and providing documentation including, but not limited to documentation of subrogation, payment requests, claim profiles, medical records, accident reports, etc., all provided expeditiously. In Conduent's experience, there are different levels of support requested from state agencies. For example, in our Wyoming account, the Attorney General's office attends litigation on Conduent's behalf while in other states, we provide a higher level of legal support in the litigation process. Our TPL recovery services and legal staff are ready to support your legal department in any way applicable and for whatever level of support you require. ## Attachment H Requirement for Casualty/Tort Subrogation Conduent provides a response to Attachment H for Casualty/Tort Subrogation Section, Requirement RECV17 Our initial response confirms our commitment to meet the requirement followed by our descriptions of our work.	

	Attachment H Requirement RECV17 The Supplier must support the State's legal department during the litigation process. If a case is escalated to the State Agency's legal representatives for resolution, the Supplier's attorney must assist the Agency's legal representative as directed. The Supplier must provide expert court testimony and furnish supporting documentation related to case recovery expeditiously. The Supplier will not be entitled to contingency fee payments for cases that are handled by the State Agency's legal representatives. **Conduent response:** Conduent supports the State's legal department during the litigation process. If a case is escalated to the State Agency's legal representatives for resolution, Conduent's legal department assists the Agency's legal representative as directed. Conduent provides expert court testimony and furnishes supporting documentation related to case recovery expeditiously. Conduent is not entitled to contingency fee payments for cases that are handled by the State Agency's legal representatives. Our dedicated staff attorneys and other members of the legal department are experienced in assisting Agency's legal representatives as directed in the event a case is escalated to the State Agency's legal department for resolution. As we have so many times in the past, Conduent's dedicated legal team provides the support needed to support and assist in related litigation and administrative hearing activities.	
	Upload Attachments with Additional Information? **No**	Attachment File Name: N/A
14	**Casualty/Tort Subrogation -** Describe in detail your process for maintaining closed original recovery file case file(s) for twelve (12) months (or a timeframe specified by the agency) from the date of closure as stated in **Attachment H, Casualty/Tort Subrogation Section, Requirement RECV18.**	
A14	*Answer # 14* Conduent maintains closed original recovery case files for 12 months from the date of closure or for a timeframe specified by the Agency. We follow strict record retention guidelines that meet both Conduent's internal data retention policies and Agency-defined requirements. We maintain case files electronically for the duration of the contract. When we receive paper case-related documents we scan, upload, and index the documents. They also go through quality control verification. Once verified and typically after 15 days, we securely shred the paper. ## Attachment H Requirement for Casualty/Tort Subrogation Conduent provides a response to Attachment H for Casualty/Tort Subrogation Section, Requirement RECV18. Our initial response confirms our commitment to meet the requirement followed by our descriptions of our work.	

	Attachment H Requirement RECV18 The supplier must retain recovery case file(s) within twelve (12) months (or a timeframe as specified by the Agency) from the date of closure or final disposition, based on the State's record retention policies. The original recovery case file(s) must be destroyed in compliance with HIPAA regulations as well as other Federal and State laws and retention policies. **Conduent response:** Conduent retains recovery case files for 12 months, or a timeframe as specified by the Agency, from the date of closure or final disposition, based on the State's record retention policies. The original recovery case file(s) is destroyed in compliance with HIPAA regulations as well as other federal and State laws and retention policies. Conduent performs routine quality checks on images through random sampling once the original documents are scanned, indexed and stored, and we maintain all original documents for a minimum of 15 calendar days from receipt, after which they are securely shredded. Conduent develops and maintains clear supporting desk level procedures that outline our process for record retention for the project. Prior to project go-live, we submit our data and record retention procedures to the Agency for review and approval.	
	Upload Attachments with Additional Information? **No**	Attachment File Name: **N/A**
15	**Casualty/Tort Subrogation -** Describe your process for receiving and responding to written correspondence within five (5) (or a timeframe specified by the agency) business days of receipt and telephone inquiries related to case development and recovery activities within two (2) (or a timeframe specified by the agency) business days of receipt. Include in your response the length of time it takes to respond and any exceptions to the timeframes provided as stated in **Attachment H, Casualty/Tort Subrogation Section, Requirement RECV19.**	
A15	*Answer # 15* Conduent receives and responds to written correspondence within five business days of receipt and telephone inquiries related to case development and recovery activities within two business days of receipt unless otherwise specified by the Agency. Conduent has strict procedures and monitoring controls in place across our services for both correspondence and telephone inquiries to provide timely processing throughout the entire lifecycle of recovery cases. Our mailroom operation receives, scans, indexes, and attaches written correspondence to cases within one business day. Once written correspondence is indexed and assigned to the appropriate case file, Maven triggers an alert to the assigned case worker, who then reviews the correspondence and takes appropriate action based on approved procedures within the timeframe required. The process for completing this process is spelled out in detail in Agency approved desk-top procedures. Also, and to meet the timeframes required, correspondence is included in various dashboards and managerial reports so that our supervisors can provide management and guidance as needed. Last, comprehensive quality reviews include review of correspondence for accuracy and timeliness. Results are regularly reported to the Agency. Any exceptions to the guidelines set by the Agency are discussed with an Agency representative prior to any changes being made.	

For telephone inquiries associated with case development and recovery activities, Conduent employs a one-call resolution approach. The goal is to respond to the caller's questions during the initial call however, in some cases further research is required resulting in the need for a call-back. Call-backs are typically done the next business day with communication of resolution or what next steps entail, all of which are fully documented.

Telephone inquiries are taken through a designated line or routed to designated phone queues through the main menu. Both approaches result in our team providing exemplary services. Any discrepancies with written documentation or uncertainty regarding phone inquiries are immediately reported to a supervisor or manager. If needed, we contact the Agency with full articulation of what guidance we need. The case record is then updated to reflect that communication/correspondence.

As with all other work that flows through the workflow system, both correspondence and telephonic inquiries and related documentation and action is monitored and reported through Conduent's comprehensive quality control program and is reported to the Agency as requested.

Attachment H Requirement Casualty/Tort Subrogation

Conduent provides a response to Attachment H for Casualty/Tort Subrogation Section, Requirement RECV19. Our initial response confirms our commitment to meet the requirement followed by our descriptions of our work.

Attachment H Requirement RECV19

The Supplier must receive and respond to written correspondence within five (5) business days (or a timeframe specified by the Agency) from receipt, and telephone inquiries within two (2) business days (or a timeframe as specified by the Agency) from receipt, related to case development and recovery activities. This correspondence includes but is not limited to members, providers, attorneys, and insurance companies.

Conduent response: Conduent receives and responds to written correspondence related to case development and recovery activities within five business days from receipt, or a timeframe specified by the Agency. We respond to telephone inquiries within two business days from receipt, or a timeframe as specified by the Agency. We receive correspondence and telephone inquiries from multiple sources, including but not limited to members, providers, attorneys, and insurance companies.

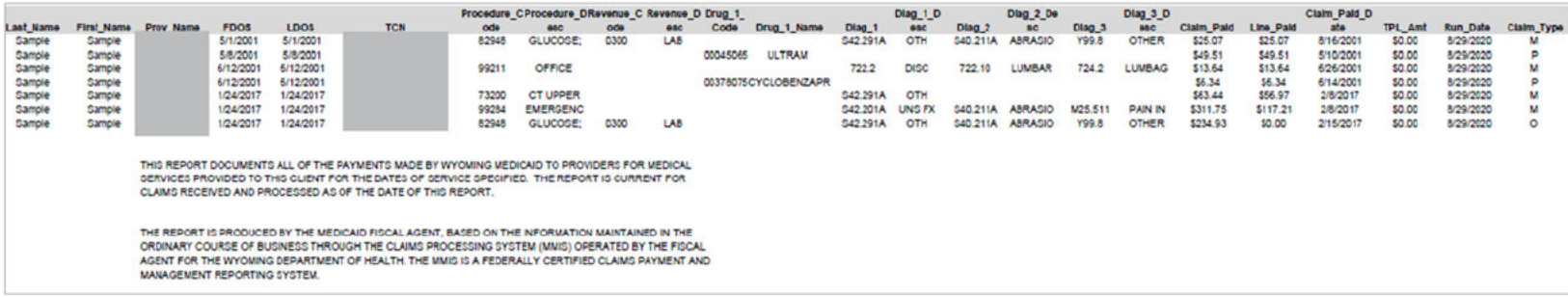
The Conduent mailroom scans case development and recovery related written correspondence into the system within one business day. The written correspondence image is reviewed and verified for quality and indexed to attach it to the appropriate case file in the system. It is then routed to a work queue through an automated workflow process and assigned to the case worker, who in turn responds to the correspondence within five business days.

Conduent has multiple procedures and quality measures in place to monitor compliance with response timeframes across the board. Alerts are set to notify case workers when correspondence is nearing a threshold and requires a response. Our Conduent team leaders, supervisors and managers monitor work queues, alerts, and generate reports to monitor adherence to service level agreements. Our

	approach is designed to provide timely responses to inquiries or written correspondence. When we receive case-related telephone inquiries, we strive to address the question or issue immediately with the caller. If follow up is necessary, we respond within the timeframe as set by the Agency. We respond to both written and telephone inquiries through the most appropriate channel—whether by phone, letter, or email based on the Agency's requirements and our documented processes and procedures. To provide the Agency with the best possible TPL recovery services, we remain flexible in our process and we can easily adjust our response timeframes in order to continue meeting the Agency's needs throughout the life of the contract.	
	Upload Attachments with Additional Information? **No**	Attachment File Name: N/A
16	**Casualty/Tort Subrogation -** Describe in detail how you will request the agency's paid claims history within thirty (30) calendar days (or a timeframe specified by the agency) from receipt of the case as stated in **Attachment H, Casualty/Tort Subrogation Section, Requirement RECV20.**	
A16	*Answer # 16* Funds restored to the State's Medicaid program through casualty and tort recovery benefit both members receiving services and taxpayers that support the program. Claims history is essential to establishing, working, and resolving TPL cases related to casualty and tort subrogation. Conduent understands that reviewing paid claims history is the first step to define the potential funds to pursue for recovery. Conduent has written procedures in place to support requesting paid claims history within 30 days, or any other timeframe requested by the Agency. Our TPL experience in other states demonstrates we consistently apply these procedures to obtain paid claims history for TPL cases. ## Attachment H Requirements for Casualty/Tort Subrogation Conduent provides a response to Attachment H for Casualty/Tort Subrogation Section, Requirement RECV20. Our initial response confirms our commitment to meet the requirement followed by our descriptions of our work. **Attachment H Requirement RECV20** The Supplier must request within thirty (30) calendar days (or a timeframe specified by the Agency) from receipt of the case, the Agency's paid claims history related to the case.	

Conduent response: Conduent requests within 30 calendar days from receipt of the case or a timeframe specified by the Agency, the Agency's paid claims history related to the identified case. Our TPL specialists follow a workflow, supported by written procedures, to request paid claims history within the required timeframe. Using a process approved by the Agency, we make the request to the source of claims processing data. When we receive this information, it is associated with the TPL case for analysis and used in pursuing recoveries. The workflow, written procedures, and staff activities follow quality control guidelines.

In another current TPL account that we support, for example, the agency mandates we request claims history the same day we receive case leads. We make the request in that state's claims processing system. A report then pulls the paid claims results for use in recovery activities for the case. The claims report is programmed and configured to meet the requested timeframe. An example of that report follows in Figure I-2. The TPL processes and reporting, including obtaining paid claims history, are proven successful in recovery of funds for our current accounts in New Hampshire, Montana, Wyoming, and New Mexico.



Last_Name	First_Name	Prov_Name	FDOS	LDOS	TCN	Procedure_Code	Procedure_Desc	Revenue_Code	Revenue_Desc	Drug_1_Code	Drug_1_Name	Diag_1	Diag_1_Desc	Diag_2	Diag_2_Desc	Diag_3	Diag_3_Desc	Claim_Paid	Line_Paid	Claim_Paid_Date	TPL_Amt	Run_Date	Claim_Type
Sample	Sample		5/1/2001	5/1/2001		82948	GLUCOSE;	0300	LAB			S42.291A	OTH	S40.211A	ABRASIO	Y99.8	OTHER	$25.07	$25.07	8/16/2001	$0.00	8/29/2020	M
Sample	Sample		5/8/2001	5/8/2001						00045065	ULTRAM							$49.51	$49.51	5/10/2001	$0.00	8/29/2020	P
Sample	Sample		6/12/2001	6/12/2001		99211	OFFICE					722.2	DISC	722.10	LUMBAR	724.2	LUMBAG	$13.64	$13.64	6/26/2001	$0.00	8/29/2020	M
Sample	Sample		6/12/2001	6/12/2001						00378075	CYCLOBENZAPR							$6.34	$6.34	6/14/2001	$0.00	8/29/2020	P
Sample	Sample		1/24/2017	1/24/2017		73200	CT UPPER					S42.291A	OTH					$63.44	$56.97	2/8/2017	$0.00	8/29/2020	M
Sample	Sample		1/24/2017	1/24/2017		99284	EMERGENC					S42.201A	UNS FX	S40.211A	ABRASIO	M25.511	PAIN IN	$311.75	$117.21	2/8/2017	$0.00	8/29/2020	M
Sample	Sample		1/24/2017	1/24/2017		82948	GLUCOSE;	0300	LAB			S42.291A	OTH	S40.211A	ABRASIO	Y99.8	OTHER	$234.93	$0.00	2/15/2017	$0.00	8/29/2020	O

THIS REPORT DOCUMENTS ALL OF THE PAYMENTS MADE BY WYOMING MEDICAID TO PROVIDERS FOR MEDICAL SERVICES PROVIDED TO THIS CLIENT FOR THE DATES OF SERVICE SPECIFIED. THE REPORT IS CURRENT FOR CLAIMS RECEIVED AND PROCESSED AS OF THE DATE OF THIS REPORT.

THE REPORT IS PRODUCED BY THE MEDICAID FISCAL AGENT, BASED ON THE INFORMATION MAINTAINED IN THE ORDINARY COURSE OF BUSINESS THROUGH THE CLAIMS PROCESSING SYSTEM (MMIS) OPERATED BY THE FISCAL AGENT FOR THE WYOMING DEPARTMENT OF HEALTH. THE MMIS IS A FEDERALLY CERTIFIED CLAIMS PAYMENT AND MANAGEMENT REPORTING SYSTEM.

Figure I-2. Sample Report Showing Paid Claims

This report shows paid claims associated with the recovery lead. Note, we redacted confidential information from the sample report for privacy and security purposes.

	Upload Attachments with Additional Information? **No**	Attachment File Name: N/A
17	**Casualty/Tort Subrogation -** Describe in detail how you will capture, record, and utilize required claims history data to pursue recovery with the liable party as stated in **Attachment H, Casualty/Tort Subrogation Section, Requirement RECV21.**	
A17	*Answer # 17* Conduent understands the seriousness of recovering money for paid healthcare claims that are related to casualty and tort subrogation. Doing so effectively through our TPL workflow and processes benefits the State's Medicaid program by returning capital for other needed use and state programs. Our TPL Services solution has the functionality and clear operational procedures for using claims history data to pursue claims recovery from liable parties related to legal settlements or judgements concerning accidents or incidents. As an	

example, in our Montana account, reimbursement is requested from insurance carriers where members files include TPL. There is a programmed workflow to gather the data at a detailed level. Claims are pulled into a file for submission to the carriers monthly that includes but is not limited to criteria such as:

- Date paid span (certain criteria governs the span)
- Claims status is paid/final
- Claims are checked against the recipient's' TPL policy to bump against certain criteria
- Claims are checked for previously denied status, terminated carrier, etc.
- Claims are checked for timely filing

We use strict operating procedures including tracking, follow up, escalation, etc. that are included in our standard operating procedures that are approved by the Agency. The program is subject to quality review protocols and reports are made available to the Agency at any frequency.

Attachment H Requirements for Casualty/Tort Subrogation

Conduent provides a response to Attachment H for Casualty/Tort Subrogation Section, Requirement RECV21. Our initial response confirms our commitment to meet the requirement followed by our descriptions of our work.

Attachment H Requirement RECV21

The Supplier must capture, record, and utilize required claims history data to pursue recovery with the liable party to enforce the Agency's assignment and subrogation rights, as defined by the State law and/ or Agency policy or procedures, for recovery of healthcare claims.

Conduent response: Conduent captures, records, and uses required claims history data to pursue recovery with the liable party, enforcing the Agency's assignment and subrogation rights, as defined by State law, Agency policy, or procedures, for recovery of healthcare claims. Conduent has current experience performing casualty and tort subrogation services, using claims history data for the state of Montana.

Conduent interfaces with the claims system and data warehouse that captures, records, and uses required claims information to pursue recoveries with liable parties. Conduent requests the desired claims profiles the day the case is opened, and a typical request spans the one-year mark. However, at the direction of the Agency, we can easily modify the span of dates requested. We normally exclude pre-existing conditions with parameters from the final review and do not include them in the recovery pursuit. During the working of the case for recovery pursuit, we tag new claims received and included them for submission. Cases usually remain open for one year from the date of the event, considering timely filing guidelines. Again, we can easily change the timeframe to comply with State law, Agency policy, or procedures.

	Upload Attachments with Additional Information? **No**	Attachment File Name: N/A
18	**Casualty/Tort Subrogation -** Describe in detail your process for posting recoveries to an electronic system as determined by the agency, e.g. Medicaid Enterprise System, within fourteen (14) calendar days (or a timeframe specified by the agency) from the agency's approval of the Casualty invoice as stated in **Attachment H, Casualty/Tort Subrogation Section, Requirements RECV22 and RECV23.**	
A18	*Answer # 18* Conduent posts recoveries to the Agency's preferred electronic system, such as the Medicaid Enterprise System, within 14 calendar days from the Agency's approval of the casualty invoice or within a timeframe specified by the Agency. Guidelines and directions on how to post recoveries to a designated electronic system are kept in the procedure manual which is approved by the Agency. In addition to following the written procedures for posting, a random sampling of work is tagged for quality review which provides management and the Agency confidence that postings are done appropriately, accurately and timely. ## Attachment H Requirements for Casualty/Tort Subrogation Conduent provides a response to Attachment H requirements for Casualty/Tort Subrogation Section, Requirement RECV22 and RECV23. Our initial response confirms our commitment to meet the requirement followed by our descriptions of our work. **Attachment H Requirement RECV22** The Supplier must post recoveries to an electronic system as determined by the Agency, e.g. Medicaid Enterprise System, within fourteen (14) calendar days (or a timeframe specified by the Agency from the Agency's approval of the Casualty invoice. **Conduent response:** Conduent posts recoveries to the Agency's preferred electronic system, such as the Medicaid Enterprise System, within 14 calendar days from the Agency's approval of the Casualty invoice or within a timeframe specified by the Agency. Conduent's procedures outline the rules and parameters for posting recovery payments. We log, post, and track all check payments received and track the settlement with the Agency's preferred electronic system. If there is a remaining amount owed, we perform follow-up at specified timeframes per the Agency's direction. Follow up tasks are scheduled in the system through an alert to the staff.	

	Attachment H Requirement RECV23 The Supplier must maintain the required system flexibility to transition to, or interface with, any current or subsequent electronic system as determined by the Agency, e.g. Medicaid Enterprise System or data warehouse. **Conduent response:** Conduent adheres to changes and maintains flexibility to transition to or interface with any electronic system as determined by the Agency, such as the Medicaid Enterprise System or data warehouse. We maintain procedures and systems protections and protocols to maintain data integrity when changes are made in interfacing with external systems for data transfer. We fully test and review all changes for quality prior to implementing the change.	
	Upload Attachments with Additional Information? **No**	Attachment File Name: N/A
19	**Casualty/Tort Subrogation -** Describe in detail your process for maintaining records of case recoveries by primary diagnosis code as required in 42 CFR 433.138(f) as stated in **Attachment H, Casualty/Tort Subrogation Section, Requirement RECV24.**	
A19	*Answer # 19* The Agency can rely on Conduent's assistance in meeting federal reporting requirements. We have a solution and operational procedures that support maintaining records of case recoveries by primary diagnosis code for reporting purposes. We capture certain diagnosis codes and trauma edits while building and retaining case files, processing claims, and storing related documentation. ## Attachment H Requirements for Casualty/Tort Subrogation Conduent provides a response to Attachment H for Casualty/Tort Subrogation Section, Requirement RECV24 below. Our initial response confirms our commitment to meet the requirement followed by our descriptions of our work. **Attachment H Requirement RECV24** The Supplier must maintain records of case recoveries by primary diagnosis code, in order to provide a report of diagnosis code numeration as required in 42 CFR 433.138€, as determined by the Agency. **Conduent response:** Conduent maintains records of case recoveries by primary diagnosis code, in order to provide a report of diagnosis code numeration as required in 42 CFR 433.138€, as determined by the Agency. Conduent understands that the capturing of diagnosis and trauma codes is only part of the requirements of this reporting regulation. We comply by flagging and capturing diagnosis codes in the database and processing system that indicate trauma, injury, poisoning, and other consequences of external causes, for the purpose of determining legal liability of third parties. Conduent also conducts data exchanges review of diagnosis and trauma edits, as specified in the regulations. The Agency reviews and approves all the processes we follow and their frequencies, related to diagnosis codes. We issue reports to the Agency according to the regulation requirements and can also provide them for ad hoc requests at any time.	

	Upload Attachments with Additional Information? **No**	Attachment File Name: N/A
20	**Casualty/Tort Subrogation -** Describe in detail your process for developing an automated method for generating letters and for follow-up correspondence as stated in **Attachment H, Casualty/Tort Subrogation Section, Requirement RECV25.** Please attach a sample of an automated system generated letter and follow-up correspondence.	
A20	*Answer # 20* Our TPL solution provides efficient processes for correspondence related to casualty and tort subrogation. We use Agency approved letter templates and system automation to create and generate letters for the pursuit and request of recovery dollars. The processes are based on your business requirements that we configure into the system. ## Attachment H Requirements for Casualty/Tort Subrogation Conduent provides a response to Attachment H for Casualty/Tort Subrogation Section, Requirement RECV25. Our initial response confirms our commitment to meet the requirement followed by our descriptions of our work. **Attachment H Requirement RECV25** The Supplier must provide an automated method for generating letters and for follow-up. The Supplier must capture and document correspondence history in a system as defined by the Agency, e.g. Medicaid Enterprise System. **Conduent response:** Conduent provides an automated method for generating letters and related follow-up correspondence. Conduent captures and documents correspondence history into a system as defined by the Agency, e.g., Medicaid Enterprise System. Our approach to storing these materials in our ECM includes best practices that we have refined over many years and through numerous projects. We generate and immediately store correspondence and documents in our ECM (or one defined by the agency), with index metadata (like case identifiers) that can be used as keywords to easily search for and view these documents later. Produced letters are stored and indexed to a TPL case for reference, and we capture all correspondence history in the system for authorized users to review. In cases identified as needing follow-up, our system generates follow-up correspondence automatically based on configurable parameters like the date of the initial letter. If payment is received prior to follow-up being needed, the case is set so that the automation does not send follow-up correspondence. Refer to the attachment file named Sample Automated Letter and Correspondence _ Recovery Services for examples of our automated system generated letters and follow-up correspondence.	

	Upload Attachments with Additional Information? **Yes-Required**	Attachment File Name: **Sample Automated Letter and Correspondence _ Recovery Services**
21	**Casualty/Tort Subrogation -** Describe your process for establishing data match agreements with causality insurance companies and motor vehicle agencies for the development of leads as stated in **Attachment H, Casualty/Tort Subrogation Section, RECV26.** Attach a list of data match agreements already established.	
A21	*Answer # 21* Conduent establishes data match agreements that meet this requirement for the purpose of developing leads. Securing agreements with entities for the purpose of data matching is done with involvement of our highly skilled legal department. Standard templates are often utilized. Once the agreements are secured, Conduent proceeds with pursuing matches through those entities. Data matches with other insurers and agencies often result in finding third party liability. Conduent's team works with their contacts at various agencies such as casualty insurance companies and motor vehicle agencies to develop agreed upon workflows to secure matches. Conduent provides for electronic data matching with commercial insurers and government programs through 270/271 transactions. We produce required reports of the data match results and automatically update the TPL files with other insurance information obtained through the data exchange or an interface built to receive the data. ## Attachment H Requirements for Casualty/Tort Subrogation Conduent provides a response to Attachment H for Casualty/Tort Subrogation Section, Requirement RECV26. Our initial response confirms our commitment to meet the requirement followed by our descriptions of our work. **Attachment H Requirement RECV26** The Supplier must establish data match agreements with casualty insurance companies and motor vehicle Agency for the development of leads, where feasible. **Conduent response:** Conduent establishes data match agreements with casualty insurance companies and motor vehicle agencies for the development of leads. Currently, Conduent has data match workflows set up with the state of Wyoming that has agreements with casualty insurance companies, including Worker's Compensation, and the Wyoming Department of Motor Vehicles. With our existing arrangements, we have procedures in place to run data matches both monthly and quarterly. Information is returned where matches occur advising of the accident, trauma, etc. We act by taking the information into the system and creating case files on all matches. Our configurable workflows manage the pursuit of leads as they are created. If required, we attach Data Match Agreements.	

	Attachment H Requirement RECV3 The Supplier must develop, manage, process and track all casualty leads. **Conduent response:** Conduent develops, manages, processes, and tracks all casualty leads to meet this requirement. Once a match is established, the workflow previously described to develop, manage and track cases begins. Pursuit of leads includes but is not limited to: • Outreach through telephone call • Written letter inquiries • • Pursuits with or through insurance companies • Contacting providers, attorneys, courts, departments of vital statistics Your Agency's policies govern our approach to follow up with designated leads. We keep written guidelines matching those policies in the online desk level procedure library that Conduent associates must follow. Quality review processes, also contained in the procedures, are applied to ensure the matches enter the necessary systems. Refer to the attachment file named Data Match Agreements for a sample data match agreement with causality insurance companies and motor vehicle agencies.	
	Upload Attachments with Additional Information? **Yes-Required**	Attachment File Name: **Data Match Agreements_ Recovery Services**
22	**Casualty/Tort Subrogation -** Describe in detail your process for monitoring and recommending improvements to the State Plan as stated in **Attachment H, Casualty/Tort Subrogation Section, Requirement RECV28.**	
A22	*Answer # 22* Conduent monitors TPL processes, procedures, and industry trends to identify and recommend improvements to the State plan. Drawing on years of experience on TPL services projects and operations, Conduent uses quality management processes to document and maintain performance. Our quality practices are designed to include tactical day-to-day evaluation of all aspects of our performance so we can easily identify trends, perform root cause analysis, etc. We use this information to develop improvement plans and institute best practices often yielding cost savings and operational efficiencies. Conduent knows that quality improvement plans often require updates to reflect system modifications and improvements. We do that in partnership with the Agency's feedback and approval. Further, and as a matter of routine, Conduent assists state agencies across the country in the development and refinement of policies, processes, and procedurally related issues to achieve continuous quality improvement.	

	## Attachment H Requirement for Casualty/Tort Subrogation Conduent provides a response to Attachment for Casualty/Tort Subrogation Section, Requirement RECV28. Our initial response confirms our commitment to meet the requirement followed by our descriptions of our work. **Attachment H Requirement RECV28** The Supplier must review and recommend improvements to the Agency's Medicaid State Plan for recovery no less than annually (or in a timeframes as specified by the Agency). **Conduent response:** Conduent reviews and recommends improvements to the Agency's Medicaid State Plan for recovery no less than annually (or according to a timeframe specified by the Agency). Conduent reviews and recommends improvements to the Agency's Medicaid plan for recovery no less than annually or in a timeframe specified by the Agency. While we agree to meet no less than annually, we usually meet more often to collaborate and discuss enhancements for increasing recoveries. In Wyoming, for example, Conduent conducts quarterly meetings to review processes for potential modifications. During these meetings, we discuss our recommendations with the State to determine which improvements we should implement and to agree on an approach and timeline. We then schedule modifications and improvements for which we are in mutual agreement.
	Upload Attachments with Additional Information? **No** — Attachment File Name: N/A
23	**Casualty/Tort Subrogation -** Describe your process for providing notice of known member cash disbursements from settlements to the State Social Services agency offices and SSA for Medicaid eligibility re-determination as stated in **Attachment H, Casualty/Tort Subrogation Section, Requirement RECV29.** Please attach a sample of any notice currently being used that meet this requirement.
A23	*Answer # 23* Conduent, through established interfaces can easily pull and report known member cash disbursement from settlements to the State Social Services Agency offices and SSA for Medicaid eligibility re-determinations as stated on the requirement. If any of the cash disbursements are tracked by the State Attorney General's office, the interface maps to that data as well and is sent on the requested forms or notices.

	## Attachment H Requirement for Casualty/Tort Subrogation Conduent provides a response to Attachment H for Casualty/Tort Subrogation Section, Requirement RECV29. Our initial response confirms our commitment to meet the requirement followed by our descriptions of our work **Attachment H Requirement RECV29** The Supplier must provide notice of known member cash disbursements from subrogation settlements to the State Social Services Agency offices and SSA for Medicaid eligibility re-determination. **Conduent response:** Conduent agrees to provide notice of known member cash disbursements from subrogation settlements to the State Social Security Agency offices and SSA for Medicaid eligibility re-determination. We have attached a sample notice for reference as 4.1.29.A. Sample Notice_ Recovery Services.
	Upload Attachments with Additional Information? **Yes-Required** — Attachment File Name: **Sample Notice_ Recovery Services**
24	**Medicaid Qualifying Trusts (Special Needs, Miller and Pooled Trusts)-** Describe your process for establishing a recovery case file and updating case activities in a system as defined by the agency, e.g. Medicaid Enterprise System, within thirty (30) calendar days (or a timeframe specified by the agency) of the date of receiving notice of a trust as stated in **Attachment H, Medicaid Qualifying Trusts (Special Needs, Miller and Pooled Trusts) Section, Requirement RECV30.**
A24	*Answer # 24* Conduent has a proven, efficient process for establishing a recovery case file and updating case activities in a system as defined by the Agency, e.g., Medicaid Enterprise System, within 30 calendar days (or a timeframe specified by the agency) of the date of receiving notice of a trust. We look forward to providing these services to the Agency throughout the duration of the contract. We currently have processes in place in our Montana and Wyoming Medicaid accounts to track and support recovery services like those required by the Medicaid Qualifying Trusts scope of work. Annually, we help our clients recover millions of dollars from liable third parties. Our hands-on TPL services experience and decades of Medicaid and CHIP experience bring the right qualifications needed to successfully support the services required by the RFP for the following Medicaid Qualifying Trusts: • **Special Needs Trust.** A trust that includes specific language that, upon the death of the individual, the State will receive all amounts remaining in the trust, up to an amount equal to the total amount of medical assistance paid on behalf of the individual under the State's Medicaid Program. • **Miller Trust.** An income trust whereby the State is the beneficiary of the balance on the account upon the member's death. An

income trust is used when an individual has too much income to qualify for Medicaid but not enough to pay for nursing home care or other long-term care costs.

- **Pooled Trust.** A trust established and administered by a non-profit organization and includes specific language stating that, upon the death of the individual, the State will receive all amounts remaining in the trust, up to an amount equal to the total amount of medical assistance paid on behalf of the individual under the state's Medicaid Program.

Our trust recovery operations are supported by expert staff and our internal case tracking solution and accounting software that support recovery case establishment, tracking, monitoring, and closure within the timeframes specified by the Agency.

Attachment H Requirements for Medicaid Qualifying Trusts

Conduent provides a response to Attachment H, requirement for Medicaid Qualifying Trusts (Special Needs, Miller and Pooled Trusts) Section, Requirement RECV30. Our initial response confirms our commitment to meet the requirement followed by our descriptions of our work.

Attachment H Requirement RECV30

The Supplier must establish a recovery case file and update cases activities in a system as defined by the Agency, e.g. Medicaid Enterprise System, within thirty (30) calendar days (or a timeframe as specified by the Agency) from the date of receiving notice of a trust.

Conduent response: Conduent establishes a recovery case file and updates case activities in a system as defined by the Agency, e.g., Medicaid Enterprise System, within 30 calendar days (or a timeframe as specified by the Agency) from the date of receiving notice of a trust. To facilitate this process and properly document every action taken on each case, we propose to track cases in Maven, our case file and workflow tool. Maven is a highly flexible solution that allows us to track cases, route cases, set case-level alerts, maintain audit trails, and generate dashboard reporting to automate and streamline the recovery process. When Conduent receives notice of a trust, we capture it in Maven, set workflow alerts, and monitor against the allowed time period of 30 calendar days (or a timeframe specified by the Agency), measured against the date of receipt.

Initially, the process begins with the caseworker who receives trust case leads and enters case-related information into Maven. The data elements entered and tracked include at a minimum:

- Trust information: name, type (SNT, Miller, Pooled), funds, and other details
- Copy of trust agreement and confirmation of trustee contact information
- Copy of any funding mechanism including annuities and joinder agreements
- Identification of liable party, attorney or insurance or both
- Amount of Agency's interest on related claims paid
- Beneficiary details: Medicaid id, name, address, phone number, etc.

	• Date of death (if applicable) • Copies of correspondence sent and received • Documentation about telephone conversations with beneficiary, trustee, and other people • Attorney trust review and approval dates • Annual trust financial accounting review and approval dates • Recovery status and recovery amounts We scan and index documents associated with the case and electronically attach them to the case record. We enter detailed notes and documentation every time an action is taken on the case, such as calls received and initiated, correspondence sent or received, attorney review and approval, etc. These activities are captured and timestamped. Conduent can also develop configurable interfaces allowing for flexibility to ingest or input updates to applicable data elements captured in our system such as date of death. The Conduent solution allows both authorized Conduent and Agency users to generate ad hoc reports and dashboards on demand or at established times. This provides complete transparency into our recovery activities and allows us to carefully track and monitor trust cases, outstanding cases, and prioritize high dollar recoveries on behalf of the Agency. Actions based on workflows and business rules, updates performed on a case, notes entered, and other case triggers and hand-offs can generate a case alert that automatically notifies designated personnel such as the assigned caseworker, supervisors, or other resources. This workflow process supports the handling of every case within the specified timeframes and alerts our TPL team when cases near thresholds. The Agency and our TPL team can view alerts at any time and can also flag a case for any reason. The flexibility of our processes allows for seamless integration with any system selected by the Agency, and meeting deadlines determined by the Agency. Our maximization of resources and their adaptability provides consistent success in estate liens, estate recoveries, and trust recoveries.	
	Upload Attachments with Additional Information? **No**	Attachment File Name: N/A
25	**Medicaid Qualifying Trusts (Special Needs, Miller and Pooled Trusts)-** Explain and document in detail your process for administering the Trust Programs including developing and mailing letters and FAQs to members as stated in **Attachment H, Medicaid Qualifying Trusts (Special Needs, Miller and Pooled Trusts) Section, Requirement RECV31.**	
A25	*Answer # 25* Our approach to administering the State's trust programs includes establishing trust cases in our Maven case tracking and workflow tool. The tool allows us to keep detailed case records that provide a complete history of what transpired for each case. This includes copies of correspondence and trust documents. We set alerts based on timelines established by you to notify us of upcoming due dates.	

We produce reports and dashboards that keep the Agency aware of the status of the trust cases. In addition to our Maven solution, we are careful to recruit staff with trust administration experience, such as attorneys that specialize in trust laws and regulations for your state. We can provide the Agency with exceptional trust services using the combination of our Maven solution and the expert legal and operations staff we bring to the project.

To finalize our approach to administering the State's trust programs, we hold meetings with the Agency during the implementation phase. In these meetings, we review all the requirements related to Medicaid Qualifying Trusts and document your policies and procedures associated with each requirement. These meetings are critical to understanding your specific needs ***for tracking and*** recovering money from these trusts. Based on our meetings and our experience in performing recovery services for other Medicaid accounts, we develop and document our proposed procedures for performing the scope of work associated with Medicaid Qualifying Trusts. We submit these procedures to the Agency for review and approval well before Go Live. We make changes based on your feedback to finalize and train our staff prior to Go Live.

Attachment H Requirement for Medicaid Qualifying Trusts (Special Needs, Miller and Pooled Trusts)

Conduent provides a response to Attachment H, Medicaid Qualifying Trusts (Special Needs, Miller and Pooled Trusts) Section, Requirement RECV31. Our initial response confirms our commitment to meet the requirement followed by our descriptions of our work.

Attachment H Requirement RECV31

The Supplier must establish a process for administering all Trust programs. The Supplier must develop and produce correspondence e.g. letters, FAQs and distribute to members in a format and method as determined by the Agency.

Conduent response: Conduent establishes our processes for administering all trust programs during the implementation phase based on meetings we have with the Agency to discuss the requirements for Medicaid Qualifying Trusts. Further, we develop and produce correspondence e.g., letters, frequently asked questions (FAQs), and distribute them to individuals in a format and method established by the Agency during implementation.

Correspondence Management

We develop correspondence and trust documents that comply with state and federal statutes and guidelines. After we receive notice of a trust and create a recovery case file, we produce correspondence using formats and methods approved by the Agency. Conduent works with approved trustees and designated establishments to acquire documents, reconcile payments, and/or recover funds.

Our correspondence management system plays a key role in communications. Our solution facilitates delivery of clear and accurate communications that promote positive relationships and comply with business and operational requirements. We currently provide a

	complete solution for configuring, supporting, and maintaining correspondence that are both modern and user-friendly. Further, the underlying logic and process can be integrated with any system selected by the Agency. The right mix of functionality is available to add, modify, and remove correspondence and the related templates at any time. Our solution also includes an existing library of letters and the ability to easily create new correspondence templates to provide control over the letter generation process, both in content and business rules. Conduent's enterprise content management (ECM) component keeps copies of generated letters with index fields to identify the receiver and type of letter. We always maintain and safeguard the privacy of personal health information published in letters and only authorized users can view this information.	
	Upload Attachments with Additional Information? **No**	Attachment File Name: N/A
26	**Medicaid Qualifying Trusts (Special Needs, Miller and Pooled Trusts)-** Describe in detail your process for updating case activity in an electronic system as defined by the agency, e.g. Medicaid Enterprise System, within fourteen (14) calendar days (or a timeframe as specified by the agency) of receipt from the case activity as stated in **Attachment H, Medicaid Qualifying Trusts (Special Needs, Miller and Pooled Trusts) Section, Requirement RECV32.**	
A26	*Answer # 26* When case activities occur, Conduent updates the associated case records in an electronic system as determined by the Agency, such as the Medicaid Enterprise System, within 14 calendar days of receipt or another timeframe specified by the Agency. We keep up to date Agency-approved procedure manuals that provide our staff with step-by-step instructions to follow when updating case records. Conduent captures and documents all case activities to compile a complete and comprehensive case record. This provides clear transparency and serves as an audit trail of every action we have taken on a case. ## Attachment H Requirement for Medicaid Qualifying Trusts (Special Needs, Miller and Pooled Trusts) Conduent provides a response to Attachment H, Medicaid Qualifying Trusts (Special Needs, Miller and Pooled Trusts) Section, Requirement RECV32. Our initial response confirms our commitment to meet the requirement followed by our descriptions of our work	

	Attachment H Requirement RECV32 The Supplier must update case activity in a system as defined by the Agency, e.g. Medicaid Enterprise System, within fourteen (14) calendar days (or a timeframe as specified by the Agency) from receipt from the case activity. **Conduent response:** Conduent updates case activity in a system as defined by the Agency, e.g., Medicaid Enterprise System, within 14 calendar days (or a timeframe as specified by the Agency) from receipt of the case activity. When Conduent receives case activity, we capture it in Maven within the required 14 calendar days (or a timeframe specified by the Agency) from the receipt date. We scan and index documents associated with the case and then electronically attach them to the case record. We offer complete transparency into trust case activity. Case updates occur for many reasons including, but not limited to, mailing and receipt of correspondence, attorney review and approval dates, trustee and beneficiary updates, closure dates, recovery receipts, and many more. We set triggers for actions related to time-sensitive material, such as the return of annual trust accounting documents from trustees. Maven sends automatic alerts for these actions to notify designated personnel such as the assigned caseworker, supervisors, or other people assigned to the case. This workflow enforces the handling of cases within the specified timeframes and keeps our TPL team aware of cases nearing certain thresholds. The Agency and our TPL team can view alerts at any time and can also flag a case for any reason.	
	Upload Attachments with Additional Information? **No**	Attachment File Name: N/A
27	**Medicaid Qualifying Trusts (Special Needs, Miller and Pooled Trusts)-** Describe in detail your process for developing and maintaining TPL recovery processes for Special Needs Trust, Miller Trust and Pooled Trust cases as stated in **Attachment H, Medicaid Qualifying Trusts (Special Needs, Miller and Pooled Trusts) Section, Requirement RECV33.**	
A27	*Answer # 27* Conduent excels at developing written manuals that are easy-to-follow and thoroughly document our Agency-approved processes for maintaining TPL recovery processes for Special Needs Trust, Miller Trust, and Pooled Trust cases. To accelerate initial development and delivery of program manuals, we draw on our existing library of manuals used for other state Medicaid programs. With 38 years of Medicaid fiscal agent foundational knowledge, we have developed countless program manuals that include TPL activities. As programs and processes change throughout the contract term, we update our manuals to remain current. Our comprehensive manuals enforce operational continuity to deliver consistent, high-quality services. We support hard copy and online delivery of manuals. Our team closely monitors quality of initial development, update and maintenance, and submission of manuals throughout the life of the contract. The team is responsible for making sure that the policies and procedures are reviewed and updated as necessary based upon statutory, regulatory, and policy updates as well as quality review findings and system changes. In addition, we assess training	

needs related to revised policies and procedures. We use these policies and procedures in training our staff and employ several checks and balances to verify administrative functions are performed uniformly and accurately throughout the term of the TPL contract.

Attachment H Requirement for Medicaid Qualifying Trusts (Special Needs, Miller and Pooled Trusts)

Conduent provides a response to Attachment H, Medicaid Qualifying Trusts (Special Needs, Miller and Pooled Trusts) Section, Requirement RECV33. Our initial response confirms our commitment to meet the requirement followed by our descriptions of our work.

Attachment H Requirement RECV33
The Supplier must develop and maintain written processes for TPL recovery processes for Special Needs Trust, Miller Trust and Pooled Trust cases.

Conduent response: Conduent develops and maintains written processes for TPL recovery procedures for Special Needs Trust, Miller Trust, and Pooled Trust cases. Our professionally written processes are documented in a Medicaid Qualifying Trusts Procedures Manual with specific chapters for each trust type, i.e., Special Needs Trust, Miller Trust, and Pooled Trust. The manual reflects our operational and recovery procedures. Our team uses our existing manual as a starting point and works with the State to customize it. After initial meetings with the State, we update the manual with the required new information to create an initial draft addressing topics specific to the State. We typically complete this step early in the contract.

Concurrently, we provide the State with our planned procedures and methods for updating the procedures manual upon initial approval. At a minimum, depending on State requirements, we perform complete review and updates quarterly and publish them according to a pre-defined schedule. However, major changes could occur should it be possible to improve with either new processes or technology. Such a change would affect Conduent's processes and procedures. Once Conduent determines that an off-schedule change to the procedure manual is needed, we notify the State and indicate what process or procedure is changing. This notification is done prior to delivery of the updated procedures. We submit the updated procedures to the State for review and approval within 30 days of any notification of proposed updates.

We provide a version history of the procedure manual that includes:

- Version number
- The date of the version release that includes the change
- Section of the change
- A summary of changes

	The process allows for the State to review and approve the procedures before we initiate them. Once the Agency reviews the Medicaid Qualifying Trusts Procedures Manual, we review comments and make the requested changes, typically within 10 business days. We then resubmit the new procedures manual for final approval. Conduent does not use the updated procedures manual until the Agency finalizes approval. The review process and timelines can vary for each state. We approach each scenario with flexibility to accommodate project needs.	
	Upload Attachments with Additional Information? **No**	Attachment File Name: N/A
28	**Medicaid Qualifying Trusts (Special Needs, Miller and Pooled Trusts)-** Describe in detail your process for identifying and pursuing potential TPL trust cases from lead sources which include but are not limited to the sources stated in **Attachment H, Medicaid Qualifying Trusts (Special Needs, Miller and Pooled Trusts) Section, Requirement RECV34.**	
A28	*Answer # 28* Conduent has a detailed and comprehensive process for developing and documenting leads from other sources. We recognize how critical it is to gather and document every lead and our team is prepared to do just that. In our decades of experience providing TPL services for Montana Medicaid, for example, the Agency and Conduent developed comprehensive processes in following leads through to recovery. As we would do with you, Conduent partners with the Agency governing the process to develop detailed and comprehensive methods for pursuit of recovery dollars. Conduent brings the experience and expertise we have developed over the years to develop a productive and results driven partnership with you. Our experienced caseworkers generate and document leads through phone calls, written correspondence, notification from the Agency, and other available sources. We provide our caseworkers with comprehensive scripts and desktop procedures to aid and guide them through the process of obtaining accurate and thorough information from these sources. Once Conduent discovers or receives information and/or notification of a potential lead, we open a case in Maven and we start the correspondence process to research and verify the lead. We use multiple avenues for this research such as sending letters and emails or making phone calls. We track all open cases from open to close, carefully and thoroughly documenting actions taken on the case and information and/or documentation received in support of the recovery process. We oversee the activity of case files by using managerial and dashboard reports, which are also available to the Agency to aid in monitoring the recovery process effectively.	

Attachment H Requirement for Medicaid Qualifying Trusts (Special Needs, Miller and Pooled Trusts)

Conduent provides a response to Attachment H, Medicaid Qualifying Trusts (Special Needs, Miller and Pooled Trusts) Section, Requirement RECV34. Our initial response confirms our commitment to meet the requirement followed by our descriptions of our work.

Attachment H Requirement RECV34

The Supplier must identify and pursue potential TPL trust cases from lead sources which include, but are not limited to:

a. Trust agreements
b. Anonymous sources
c. Notification from the State's Social Services Agency
d. Telephone calls
e. Written correspondence
f. Notification from Agency's Legal Services Section

Conduent response: Conduent identifies and pursues potential TPL trust cases from lead sources which include, but are not limited, to the sources listed in items a. through f. of RECV34. Our caseworkers create a case in Maven, which allows case tracking and routing of cases to designated staff. Conduent uses several methods in the pursuit to verify cases. Our system's capabilities allow us to trigger and generate automated letters and questionnaires using templates approved by the Agency. This is in addition to the other standard ways we pursue information from lead sources such as phone calls and emails. Conduent has the ability and expertise to understand the best method to pursue for each situation. For example, while the best option for contacting a member may be telephone, we may see better historical results by using email to pursue information from trustees or attorneys. These methods are continually tracked and modified to obtain the optimal result.

We update Maven with information obtained from the communication outreach. Documentation received is scanned and indexed and electronically attached to the case record. Conduent's verification process is standardized in nature and fully documented. The verification process forms an audit as we do our due diligence to research trust cases and document the assets held in the trust. Caseworkers enter detailed notes and/or documentation within Maven every time an action is taken on the case, for example calls received and initiated, correspondence sent or received, attorney review and approval, etc. These activities are captured and timestamped.

On a case level, business rules are configured that generate a follow-up notification if requested information was not provided in a certain timeframe. Once the follow-up process is triggered our staff reach out to the trustee, member, attorney, etc. to obtain a status of where they are in providing the information and any roadblocks they are encountering.

	If a death date is reported by a lead source, this triggers our recovery process. Our recovery staff decide to pursue the trust case based on Agency guidelines and criteria outlined in federal and state laws. Critical to the recovery process is the timely invoice we send to the trustee reflecting the current debt amount once we receive notification of death. We work aggressively, but respectfully, to recoup the money owed to Medicaid in its entirety.	
	Upload Attachments with Additional Information? **No**	Attachment File Name: N/A
29	**Medicaid Qualifying Trusts (Special Needs, Miller and Pooled Trusts)-** Explain your process for reviewing and approving trust agreements that must be reviewed and approved by your Staff Attorney as stated in **Attachment H, Medicaid Qualifying Trusts (Special Needs, Miller and Pooled Trusts) Section, Requirement RECV35.**	
A29	*Answer # 29* Conduent's attorney provides the State with full support for reviewing and approving trust agreements. During the implementation phase, we meet with the Agency to discuss and document the review process that our attorney follows to verify that the trust agreements meet certain legal requirements. Our attorney can review for basic information such as source of the trust, income payments, principal payments, payments limited by supplemental security income eligibility, and other details. The attorney follows the Agency's expectations for the review and produces reports in an agreed upon format that document the review findings. We submit the reports to the Agency in a timeframe approved by the Agency. ## Attachment H Requirement for Medicaid Qualifying Trusts (Special Needs, Miller and Pooled Trusts) Conduent provides a response to Attachment H, Medicaid Qualifying Trusts (Special Needs, Miller and Pooled Trusts) Section, Requirement RECV35. Our initial response confirms our commitment to meet the requirement followed by our descriptions of our work. **Attachment H Requirement RECV35** The Supplier must establish and document a process to review and approve trust agreements. Trusts must be reviewed and approved by Supplier's Attorney and State's Attorney if requested. **Conduent response:** During the implementation phase, we establish and document a process to review and approve trust agreements. Trusts are reviewed and approved by Conduent's attorney and the State's attorney if requested. Throughout our many Medicaid and CHIP contracts, we rely on our attorneys for legal support, so this requirement is not new to us. We provide a licensed attorney well-versed in the state and federal laws associated with trust agreements.	

	Our attorney works with your attorney as needed to follow the agreed upon review process and to verify that the trust agreements meet certain legal requirements. The attorney produces Agency-defined reports that document the review findings and submits the reports to the Agency in an agreed upon timeframe.	
	Upload Attachments with Additional Information? **No**	Attachment File Name: N/A
30	**Medicaid Qualifying Trusts (Special Needs, Miller and Pooled Trusts)-** Describe your review and approval process for the annual trust financial accounting for all active trust cases including all deliverables stated in **Attachment H, Medicaid Qualifying Trusts (Special Needs, Miller and Pooled Trusts) Section, Requirements RECV36-RECV38.**	
A30	*Answer # 30* At the direction of the Agency, Conduent reviews and approves the annual trust financial accounting for all active trust cases. Conduent has an accounting team that works with our attorneys to perform these reviews and approvals. These professionals review the funds associated with the trusts and consult with the trustees to perform the reviews. We document the Agency's policies and procedure related to trust reviews in an Agency-approved manual that our staff are required to follow. We perform quality checks continually throughout the contract term to verify that our staff are performing services according to the documentation and your expectations. ## Attachment H Requirements for Medicaid Qualifying Trusts (Special Needs, Miller and Pooled Trusts) Conduent provides a response to Attachment H, Medicaid Qualifying Trusts (Special Needs, Miller and Pooled Trusts) Section, Requirements RECV36-RECV38. Our initial response confirms our commitment to meet the requirement followed by our descriptions of our work. **Attachment H Requirement RECV36** For Special Needs Trusts, the Supplier must review and approve the annual trust financial accounting for all active trust cases. Supplier must request the appropriate financial records from the trustees and validate the assets and the funds placed in the trust. The review process must ensure that the accounting and supporting financial documentation are in compliance with applicable federal and state trust laws and general standards of accounting. **Conduent response:** For Special Needs Trusts, Conduent reviews and approves the annual trust financial accounting for all active trust cases. Conduent requests the appropriate financial records from the trustees and validates the assets and the funds placed in the trust. The review process confirms that the accounting and supporting financial documentation comply with applicable federal and state trust laws and general standards of accounting.	

	Like any other process used in our operations, we meet with the Agency first during implementation to discuss your requirements for annual trust financial accounting reviews. Then we develop an Agency-approved procedures manual that our staff follows throughout the contract term. This is a standard process we follow in all our Medicaid and CHIP operations across the country. Our goal is to perform our services to your expectations and according to your approved procedures. We log and create case records in our system for all active trust cases. This allows us to monitor trusts and track when it's time for an annual review. For new trust cases, we send correspondence to the trustees outlining their responsibilities for accounting for the trust's assets and funds annually. Additionally, we provide a timeframe that they are required to provide this information. We require them to send copies of financial statements to verify the trust inventory. We can also produce a general guide on how to prepare accountings if the trustee does not have one and we can distribute other materials pursuant to the Agency's requirements. Annually, we send trustees letters requesting required financial records and documentation to account for the trusts' inventory. We set triggers in the system to alert us of upcoming reviews. Once we receive the information our team reviews the material to validate the assets and the funds placed in the trust. We contact the trustee if we have questions. We update the case record with the updated trust amounts and any other information we find in our review. **Attachment H Requirement RECV37** For Special Needs Trusts, the Supplier must notify the trustee using the Agency's preferred format and method for the initial request for incurred expenditures incurred to date to the trustee of record for each trust whose anniversary date has already passed. If sufficient information is not returned, additional notices/correspondence requesting supporting documentation must be sent to the trustee until there is an adequate report. If an adequate report cannot be obtained, legal action may be required. **Conduent response:** For Special Needs Trusts, Conduent notifies the trustee using the Agency's preferred format and method for the initial request for incurred expenditures incurred to date to the trustee of record for each trust whose anniversary date has already passed. If enough information is not returned, we send additional notices/correspondence requesting supporting documentation to the trustee until they provide an adequate report. We acknowledge that if we can't obtain an adequate report from a trustee, the Agency may take legal action. Trustees have a duty to the person with special needs to account for the trust's assets properly. Doing so protects the person with special needs and the trustee. Our team is committed to obtaining adequate information and documentation to verify that trustees are managing special needs trusts properly. We track all events that occur related to a trust in our system so that we have a complete history of what transpired related to the trust. At any point in time, we can provide the Agency with a status of each trust we are required to monitor. This includes information about the trustee (name, address, phone number, email address, etc.), when we send notifications, phone calls we have with trustees, when we receive documentation, etc. We keep the Agency informed of trusts with expired anniversary dates where we haven't received the financial records and documentation required for our review. Additionally, we provide appropriate information to the Agency regarding cases that may require escalation and the filing of court documents regarding insufficient or inadequate reports.

	Attachment H Requirement RECV38 The Supplier must follow the Agency's Medicaid policies and procedures, Agency and federal trust laws and regulations included 42 U.S.C. § 1396p, SSA's POMS Manual § SI 01 120.203, and CMS' Agency Medicaid Manual, Part 3, §3257, for all trust reviews. **Conduent response:** For all trust reviews that we perform, Conduent follows the Agency's Medicaid policies and procedures and Agency and federal trust laws and regulations included in: • 42 U.S.C. 1396p, Liens, adjustments and recoveries, and transfers of assets • The Social Security Act (SSA) Program Operations Manual System (POMS) Manual § SI o1 120.203, Medicaid trust exceptions • The Centers for Medicare and Medicaid Services (CMS) Medicaid Manual, Part 3, §3257, Transfers of Assets and Treatment of Trusts Understanding state and federal trust laws and regulations, like those listed in Requirement RECV38, requires specially trained legal staff that are experts in this field. We hire attorneys familiar with these trust laws and regulations that are available to perform your trust reviews. They meet with you to understand your specific Medicaid policies and procedures and to discuss the trust laws and regulations sited in Requirement RECV38. They perform trust reviews using an Agency-approved process that verifies the trusts meet applicable laws and regulations. They document their reviews and present their findings to the Agency.	
	Upload Attachments with Additional Information? **No**	Attachment File Name: N/A
31	**Medicaid Qualifying Trusts (Special Needs, Miller and Pooled Trusts)-** Describe in detail your process for confirming the status of the Medicaid Casualty liens and or claims that must be paid prior to the Department's approval of the Medicaid Qualifying Trusts, Special Needs Trusts and Pooled Trusts as stated in **Attachment H, Medicaid Qualifying Trusts (Special Needs, Miller and Pooled Trusts) Section, Requirement RECV39.**	
A31	*Answer 31* Conduent develops a process with the Agency during implementation that Conduent follows to confirm the status of the Medicaid casualty liens and or claims that must be paid prior to the Department's approval of the Medicaid Qualifying Trusts, Special Needs Trusts and Pooled Trusts. Just like trust cases, we use Maven to track and monitor casualty liens and or claims associated with Medicaid members. We can easily search Maven to find these records when researching trust information. Below we provide further details about our process for confirming the status of the Medicaid Casualty liens and/or claims that must be paid prior to the Department's approval of the Medicaid Qualifying Trusts, Special Needs Trusts and Pooled Trusts. We have a proven background of TPL services and solutions, with successful implementations across the country. We understand the importance of performing our duties according to Agency requirements and guidelines.	

	## Attachment H Requirement for Medicaid Qualifying Trusts (Special Needs, Miller and Pooled Trusts) Conduent provides a response to Attachment H, Medicaid Qualifying Trusts (Special Needs, Miller and Pooled Trusts) Section, Requirement RECV39. Our initial response confirms our commitment to meet the requirement followed by our descriptions of our work. **Attachment H Requirement RECV39** The Supplier must confirm that the Medicaid Casualty liens and or claims have been satisfied according to the Agency's policies prior to the Agency's approval of the Medicaid Qualifying Trusts, Special Needs Trusts and Pooled Trusts. **Conduent response:** One of our many responsibilities as the Medicaid Qualifying Trusts supplier is to confirm that the Medicaid Casualty liens and/or claims are satisfied according to the Agency's policies prior to the Agency's approval of the Medicaid Qualifying Trust, Special Needs Trust, and Pooled Trust. We use Maven to track and store both the member's trust cases and casualty liens and/or claims. We can easily search the data in Maven to find the unpaid liens/claims associated with a member. With this functionality we can tie these liens/claims to the case record for the member's Medicaid Qualifying Trust, Special Needs Trust, or Pooled Trust. We set triggers in Maven to alert us when these liens/claims are paid in full. Once that happens and we perform any other tasks required by the Agency, we send the Agency the appropriate information for their approval of the member's Medicaid Qualifying Trust, Special Needs Trust, or Pooled Trust.	
	Upload Attachments with Additional Information? **No**	Attachment File Name: N/A
32	**Medicaid Qualifying Trusts (Special Needs, Miller and Pooled Trusts)-** Describe in detail your process for reviewing and recommending improvements to agency's policies regarding trust agreements and assisting the agency with drafting an Agency approved trust form for the Special Needs Trust as stated **Attachment H, Medicaid Qualifying Trusts (Special Needs, Miller and Pooled Trusts) Section, Requirement RECV40.**	
A32	*Answer 32* Conduent monitors our Medicaid Qualifying Trusts processes, procedures, and industry trends to identify and recommend improvements to the Agency's policies regarding trust agreements and assist the Agency in drafting an approved trust form. Drawing upon our years of TPL recovery services, Conduent uses quality management processes to document and maintain performance. Our quality practices are designed to include tactical day-to-day evaluation of all aspects of our performance so we can easily identify trends, perform root cause analysis, etc. We use this information to develop improvement plans and institute best practices often yielding cost savings and operational efficiencies. We know that quality improvement plans often require updates to reflect system modifications and improvements. We do that in partnership with the Agency's feedback and approval. Further, and as a matter of routine, Conduent	

	assists state agencies across the country in the development and refinement of policies, processes, and procedurally related issues to achieve continuous quality improvement. ## Attachment H Requirement Medicaid Qualifying Trusts (Special Needs, Miller and Pooled Trusts) Conduent provides a response to Attachment H, Medicaid Qualifying Trusts (Special Needs, Miller and Pooled Trusts) Section, Requirement RECV40. Our initial response confirms our commitment to meet the requirement followed by our descriptions of our work. **Attachment H Requirement RECV40** The Supplier must review and recommend improvements to the Agency's policies regarding trust agreements, including, but not limited to, rules and regulations. The Supplier must also assist Agency in drafting additional Agency-approved trust forms, as needed. **Conduent response:** Conduent reviews and recommends improvements to the Agency's policies regarding trust agreements, including, but not limited to, rules and regulations. We also assist the Agency in drafting additional Agency-approved trust forms, as needed. Conduent proposes to meet quarterly during the contract term to review and recommend improvements to the Agency's trust agreement policies and trust forms. Our staff including attorneys meet with the Agency to collaborate and discuss enhancements to improve these areas. In Wyoming, for example, Conduent conducts quarterly meetings to review recovery processes for potential modifications. During these meetings, we discuss our recommendations with the State to determine which improvements we should implement and to agree on an approach and timeline. We then schedule modifications and improvements for which we are in mutual agreement.	
	Upload Attachments with Additional Information? **No**	Attachment File Name: N/A
33	**Medicaid Qualifying Trusts (Special Needs, Miller and Pooled Trusts)-** Describe in detail your process for establishing recovery case files in a system as defined by the agency, e.g. Medicaid Enterprise System, after receipt of a lead and maintaining such records as required by Federal statute: 42USC 1396p(d)(4). The case files must include but are not limited to the information stated in **Attachment H, Medicaid Qualifying Trusts (Special Needs, Miller and Pooled Trusts) Section, Requirement RECV42.**	
A33	*Answer 33* Conduent establishes a recovery case when a lead is identified and within a timeframe as specified by the Agency from the receipt date. Our established processes and procedures result in an accurately and thoroughly maintained case file. Our workflows for maintaining and tracking cases are fully configurable online to meet your program's needs. Additionally, to support meeting timelines, we set a programmed system alert to flag cases nearing timelines set by the Agency.	

Attachment H Requirement for Medicaid Qualifying Trusts (Special Needs, Miller and Pooled Trusts)

Conduent provides a response to Attachment H, Medicaid Qualifying Trusts (Special Needs, Miller and Pooled Trusts) Section, Requirement RECV42. Our initial response confirms our commitment to meet the requirement followed by our descriptions of our work.

Attachment H Requirement RECV42

The Supplier must establish, store, track and maintain trust case in a system as defined by the Agency, e.g. Medicaid Enterprise System, after receipt of a lead and maintain such records as required by Federal statute: 42USC 1396p(d)(4). The case file must include, but is not limited to:

a. Copy of trust agreement and confirmation of trustee contact information;
b. Date of death (if applicable)
c. Identification of liable party, attorney or insurance or both
d. Copies of automated letters or notices that were sent by the Supplier
e. Amount of Agency's interest on related claims paid
f. Recovery status and recovery amounts
g. Copy of any funding mechanism including annuities and joinder agreements

Conduent response: Conduent establishes, stores, tracks, and maintains trust case in a system as defined by the Agency, e.g., Medicaid Enterprise System, after receipt of a lead. We maintain such records as required by Federal statute: 42USC 1396p(d)(4) regarding liens, adjustments and recoveries, and transfers of assets. From receiving leads regarding trusts, to the closing of trust cases, we continuously work with the Agency to enter, track, and monitor cases in Maven according to Agency-approved policies and procedures.

Once a new lead is identified, Conduent establishes the case and generates correspondence for the beneficiary or trustee. Cases are worked at different intervals; all supported by Agency approved operating procedures and are worked typically every 7, 30, 60 or 90 days depending on the case type. These timeframes are established at the Agency's directive. We can easily manage timeframe variations with alerts, dashboard reporting, etc.

Our caseworker verifies and enters all case-related information in Maven. These data elements include items a. through g. listed in RECV42. We scan and index documents associated with the case and electronically attach them to the case record. We enter detailed notes and documentation within the system every time an event occurs related to the case, such as calls received and initiated, correspondence sent or received, claims worked and researched, etc.

Based on workflows and rules approved by the Agency, actions taken on a case, notes entered, or other case triggers can generate a case alert that is automatically emailed to a caseworker, supervisor, or other resource. This workflow process supports handling cases within required timeframes and keeps our team aware of cases nearing thresholds. The Agency and our team can view alerts at any time and can also flag a case for any reason.

	Upload Attachments with Additional Information? **No**	Attachment File Name: N/A
34	**Medicaid Qualifying Trusts (Special Needs, Miller and Pooled Trusts)-** Describe in detail your process for assisting, cooperating, and providing education and training to the attorneys and Probate Court Judges on updates to the laws regarding trusts as stated **Attachment H, Medicaid Qualifying Trusts (Special Needs, Miller and Pooled Trusts) Section, Requirement RECV43.** Attach an example of your training materials.	
A34	*Answer 34* Conduent provides the staff and resources needed to assist, cooperate, and provide education and training to attorneys and Probate Court Judges on updates to the laws regarding trusts. We have experience providing education and training to a variety of stakeholders regarding state and federal healthcare laws, regulations, administrative and judicial precedent, and other healthcare law developments. We define and document the processes and procedures we use for this specialized training in our Training Plan that we develop during implementation. Our training accommodates learner needs and objectives upfront for attorneys and Probate Court Judges. Further, we rely on our trust attorney, who is fluent in trust laws and upcoming changes, to help us prepare for the changes and develop the appropriate training. ## Attachment H Requirement Medicaid Qualifying Trusts (Special Needs, Miller and Pooled Trusts) Conduent provides a response to Attachment H, Medicaid Qualifying Trusts (Special Needs, Miller and Pooled Trusts) Section, Requirement RECV43. Our initial response confirms our commitment to meet the requirement followed by our descriptions of our work. **Attachment H Requirement RECV43** As directed by the Agency, the Supplier must prepare and provide education and training to the attorneys and Probate Court judges on updates to the laws regarding trusts, when changes occur. **Conduent response:** Conduent prepares and provides education and training to the attorneys and Probate Court judges on updates to the laws regarding trusts, when changes occur, as directed by the Agency. Our trust attorney stays abreast of evolving changes to trust laws and meets with the Agency to discuss upcoming changes and when they will become law. On a schedule approved by the Agency, our attorney works with designated State attorneys, Probate Court judges, and our own training team to prepare and provide education on updates to the trust laws. A key tenet of our training methodology is performing a needs assessment as part of initial analysis.	

	This assessment helps us identify the roles being trained, the topics for the training, and the ideal media for delivering the training. As a result, training occurs in-person, through video conferencing meetings, or on a self-paced basis, and may include slide presentations, job aids, quick reference documents, or other material helpful to explaining the updates. We work with the agency to confirm the materials and training methods are appropriate to the information being conveyed. Promoting synergy between our recovery team and State attorneys and Probate Court judges sets the stage for timely recovery of money owed to Medicaid from trust cases. The analysis that we perform helps identify the best method to convey new or changed information to our learners. For example, we might find that a self-paced PowerPoint presentation would be sufficient to explain a change in a law or regulation. To that end, we are providing an example of a PowerPoint presentation prepared by subcontractor, [redacted] This is consistent with the materials we develop for other projects, learners, and topics. For more complex situations, we might opt for a more engaging, live training session either in person or via web conference. In either case, we provide supporting materials so the learners can use their new knowledge quickly and effectively. While the example is not specific to Medicaid Qualifying Trusts, we anticipate creating similar training for the following topics: • Establishing an Irrevocable Income Trust • Funding the income trust account • Schedule A • Withdrawing funds under The Nursing Home Program • Patient contribution for nursing home services • Allowable distributions under The Nursing Home Program • Medicaid Waiver Programs • Withdrawing funds under The Waiver Program • Allowable distributions under The Waiver Program • Other allowable Distributions Under The Waiver Program • Distribution upon death and early termination This list serves as a starting point from which we work with the Agency to customize training materials; especially documents for the attorneys and Probate Court judges on changes to trust laws. After initial meetings with the Agency, we update applicable information to incorporate changes surrounding Special Needs Trusts, Miller Trusts and Pooled Trusts. Refer to attach Training Example

	Upload Attachments with Additional Information? **Yes-Required**	Attachment File Name: **Training Example_ Recovery Services**
35	**Medicaid Qualifying Trusts (Special Needs, Miller and Pooled Trusts) -** Describe in detail how you will document and distribute a list of trust beneficiaries with unpaid liens and or claims to the agency as stated in **Attachment H, Medicaid Qualifying Trusts (Special Needs, Miller and Pooled Trusts) Section, Requirement RECV44.**	
A35	*Answer 35* We use multiple avenues to document a list of trust beneficiaries with unpaid liens and/or claims. From research and review of trust documents, to correspondence, phone calls, and emails with attorneys, trustees, and beneficiaries (if not deceased), our team works diligently to gather this information and distribute it to the Agency. We use the most effective avenue to track down the information based on our experience working with different stakeholders associated with the trust. As with other processes we implement to support the Medicaid Qualifying Trusts scope of work, we meet with the Agency first during implementation to discuss this requirement. Then we develop an Agency-approved procedures manual that our staff follows throughout the contract term to develop and deliver to the Agency a list of trust beneficiaries with unpaid liens and/or claims for a given trust. ## Attachment H Requirement for Medicaid Qualifying Trusts (Special Needs, Miller and Pooled Trusts) Conduent provides a response to Attachment H, Medicaid Qualifying Trusts (Special Needs, Miller and Pooled Trusts) Section, Requirement RECV44. Our initial response confirms our commitment to meet the requirement followed by our descriptions of our work. **Attachment H Requirement RECV44** The Supplier must document and distribute to Agency a list of trust beneficiaries with unpaid liens and or claims (recognition of the validity of the trust is dependent on payment of the lien and or claim) **Conduent response:** Conduent documents and distributes to the Agency a list of trust beneficiaries with unpaid liens and or claims following the Agency-approved procedures we develop jointly with the Agency during implementation. We acknowledge that recognition of the validity of the trust is dependent on payment of the lien and or claim.	
	Upload Attachments with Additional Information? **No**	Attachment File Name: N/A
36	**Medicaid Qualifying Trusts (Special Needs, Miller and Pooled Trusts) -** Describe in detail how you will post trust recoveries to a system as defined by the agency, e.g. Medicaid Enterprise System as stated in **Attachment H, Medicaid Qualifying Trusts (Special Needs, Miller and Pooled Trusts) Section, Requirement RECV45.**	

A36	*Answer 36* Conduent posts trust recoveries to a system as defined by the Agency, e.g., Medicaid Enterprise System. Our experienced staff and our accounts receivable (AR) management system and process leverage a balanced combination of technology and manual verification to post, track, and reconcile recoveries. Our team proposes to use the Tally Accounting system for all financial transactions related to our trust recovery work as well as any system we are asked to update or use by the Agency. Tally provides the necessary financial accounting and tracking for ARs and is in use today in Montana and Wyoming Medicaid accounts. Below we describe in detail our process for how we post trust recoveries. ## Attachment H Requirement for Medicaid Qualifying Trusts (Special Needs, Miller and Pooled Trusts) Conduent provides a response to Attachment H, Medicaid Qualifying Trusts (Special Needs, Miller and Pooled Trusts) Section, Requirement RECV45. Our initial response confirms our commitment to meet the requirement followed by our descriptions of our work. **Attachment H Requirement RECV45** The supplier must post trust recoveries to the current or subsequent system as defined by the Agency, e.g. Medicaid Enterprise System, within fourteen (14) calendar days (or a timeframe specified by the Agency) from receipt of the Agency's approval of the invoice **Conduent response:** Conduent posts trust recoveries to the current or subsequent system as defined by the Agency, e.g., Medicaid Enterprise System, within 14 calendar days (or a timeframe specified by the Agency) from receipt of the Agency's approval of the invoice. **Accounts Receivables System** Conduent uses the Tally Accounting Software as our AR system to support our operations for all TPL recoveries and recoupments. We establish AR entries in Tally upon receipt of the Agency's approval of the invoice. Tally includes a standard set of data elements required for recovery tracking and reporting. We demonstrate this product during the implementation phase for Agency approval. Conduent modifies Tally as directed by the Agency prior to beginning operations. Tally can interface with the Agency's financial system and other modules of the Agency's MES solution, including claims. This AR system exists today and has complete documentation and user manuals. **Posting of Collections** Our team tracks and logs the receipt of Medicaid Qualified Trust recoveries received through your lockbox with the date and time it was received. If recoveries are received in our mailroom, they are immediately re-directed to your lockbox address. Our team validates that the amount received was what was requested and entered in Tally. We note any discrepancies for further action. We log the check

	number, payment date, and recovery amount in Tally. Our AR process includes calculations to track partial payments and identify remaining balances. Upon verification of payment we reconcile and validate allowable expenses, based on trust program guidelines and reconcile outstanding balances on the account.	
	Upload Attachments with Additional Information? **No**	Attachment File Name: N/A
37	**Medicaid Qualifying Trusts (Special Needs, Miller and Pooled Trusts) -** Describe in detail how you will show trust recovery is concluded as stated in **Attachment H, Medicaid Qualifying Trusts (Special Needs, Miller and Pooled Trusts) Section, Requirement RECV46.**	
A37	*Answer 37* We meet with the Agency during implementation to discuss the Agency's policies regarding what triggers trust recovery conclusion. Then we develop an Agency-approved procedures manual that our staff follows throughout the contract term to send the proper release form to the Agency within 30 days of the trust recovery conclusion. When Conduent or the Agency (depending on your policies) determine the conclusion of the trust recovery, we capture the date in Maven and set workflow alerts to monitor the timeline to submit the release form to the Agency. Conduent performs any necessary follow-up activities and creates and submits the form to the Agency within the required timeframe that shows the debt is satisfied. ## Attachment H Requirement for Medicaid Qualifying Trusts (Special Needs, Miller and Pooled Trusts) Conduent provides a response to Attachment H, Medicaid Qualifying Trusts (Special Needs, Miller and Pooled Trusts), Requirement RECV46, on the next page. Our initial response confirms our commitment to meet the requirement followed by our descriptions of our work. **Attachment H Requirement RECV46** When the trust recovery is concluded, the Supplier must show that the debt is satisfied by completing a release form. The Supplier must submit the form to the Agency for review and approval within thirty (30) calendar days (or a timeframe specified by the Agency) from the date of the trust recovery conclusion. **Conduent response:** When the trust recovery is concluded, Conduent shows that the debt is satisfied by completing a release form. We submit the form to the Agency for review and approval within 30 calendar days (or a timeframe specified by the Agency) from the date of the trust recovery conclusion. We use Maven to track all aspects of the case including the conclusion, the 30-day window for completing the form, and the date we send the completed form to the Agency to show the debt is satisfied.	

	Upload Attachments with Additional Information? **No**	Attachment File Name: N/A
38	**Medicaid Qualifying Trusts (Special Needs, Miller and Pooled Trusts)-** Describe in detail how your attorney will review and approve Medicaid trusts using the criteria listed in **Attachment H, Medicaid Qualifying Trusts (Special Needs, Miller and Pooled Trusts) Section, Requirement RECV47.**	
A38	*Answer 38* Conduent's attorney provides the State with full support for reviewing and approving Medicaid trusts. During the implementation phase, we meet with the Agency to discuss and document the review process that our attorney follows to verify that the Medicaid trusts meet certain legal requirements. Our attorney can review for information such as source of the trust, income payments, principal payments, payments limited by supplemental security income eligibility, and other information. The attorney follows the Agency's expectations for the review and produces reports in an agreed upon format that document the review findings. We submit the reports to the Agency in a timeframe approved by the Agency. ## Attachment H Requirement for Medicaid Qualifying Trusts (Special Needs, Miller and Pooled Trusts) Conduent provides a response to Attachment H, Medicaid Qualifying Trusts (Special Needs, Miller and Pooled Trusts) Section, Requirement RECV47. Our initial response confirms our commitment to meet the requirement followed by our descriptions of our work. **Attachment H Requirement RECV47** The Supplier's attorney must review and approve Medicaid trusts using the following criteria, which includes but is not limited to: a. Income Payments b. Principal Payments c. Covered services requirements of the Medical Assistance Program d. Payments Limited by Supplemental Security Income Eligibility e. Payments Prohibited Except for Full Value f. Termination for Impossibility of Administration g. Termination on Death of Beneficiary h. Article XII – Reliance by Third Parties on Trustee Authority, policy and federal law i. Savings Clause At all times the Agency may require additional review by the Agency's attorney of any Medicaid trust and require additional research and review by the Supplier.	

	Conduent response: Throughout our many Medicaid and CHIP contracts, we rely on our attorneys for legal support, so this requirement is not new to us. We provide a licensed attorney well-versed in the state and federal laws associated with Medicaid trusts. Our attorney follows the Agency-agreed upon review process and uses, at a minimum, the criteria listed in a. through i. in RECV47 to verify that the Medicaid trusts meet certain legal requirements. We acknowledge that, at any time the Agency may require additional review by the Agency's attorney of any Medicaid trust and require additional research and review by Conduent. Our attorney produces Agency-defined reports that document the review findings and submits the reports to the Agency in an agreed upon timeframe.
	Upload Attachments with Additional Information? **No** — Attachment File Name: N/A
39	**Medicaid Qualifying Trusts (Special Needs, Miller and Pooled Trusts)** Describe in detail how you will maintain an accounts receivable system to capture and report trust recovery activities as stated in **Attachment H, Medicaid Qualifying Trusts (Special Needs, Miller and Pooled Trusts) Section, Requirement RECV48.**
A39	*Answer 39* Conduent maintains an AR system to capture and report trust recovery activities. We offer considerable expertise in settlement payments and AR management. Conduent's extensive experience and established processes promote effective AR management and accounting of recoveries. We use the Tally Accounting Software as our AR solution. Tally provides the necessary financial accounting and tracking for ARs and is in use today in Montana and Wyoming Medicaid accounts. ## Attachment H Requirement for Medicaid Qualifying Trusts (Special Needs, Miller and Pooled Trusts) Conduent provides a response to Attachment H, Medicaid Qualifying Trusts (Special Needs, Miller and Pooled Trusts) Section, Requirement RECV48. Our initial response confirms our commitment to meet the requirement followed by our descriptions of our work. **Attachment H Requirement RECV48** The Supplier must maintain an account receivable (AR) system to capture and report trust recovery activities. Data maintained in such a system must be sufficient to satisfy all federal and Agency reporting needs. The system must interface, as necessary, with any current and subsequent system as defined by the Agency, e.g. Medicaid Enterprise System or data warehouse. It must also comply with HIPAA rules and regulations regarding privacy and security. **Conduent response:** Conduent maintains the Tally accounts receivable (AR) system to capture and report trust recovery activities. Data maintained in Tally satisfies all federal and Agency reporting needs. The system interfaces, as necessary, with any current and subsequent system as defined by the Agency, e.g., Medicaid Enterprise System or data warehouse. Tally complies with HIPAA rules and regulations regarding privacy and security.

Tally Accounting Software

The web-based Tally Accounting Software is accessible from a browser or any device employing a fully secure connection. Tally's automated functionality minimizes manual processes and supports the best practices and processes that we follow to provide efficient, streamlined AR processing. Our accounting procedures and practices conform to Generally Accepted Accounting Principles (GAAP) as well as to applicable state and federal guidelines. We adapt our proven accounting policies and procedures as needed for our Medicaid Qualifying Trusts scope of work.

Tally is a secure and stable AR system that supports collections management, follow-up, and reporting activities for trust recoveries. We update Tally with approved invoices and recovery receipts. By maintaining an AR record for every recovery case opened on the Agency's behalf, along with posting receipts for each recovery, we create a comprehensive audit trail and facilitate effective follow-up data analysis. Other key Tally features used by our team include:

- Generating key project statistics to complete project reports and other ad hoc client reports
- Producing managerial reports to use for quality control purposes

Tracking and Recording Recoveries

The process of generating recovery ARs for trust cases is automatically initiated by the Tally system. Depending on the Agency's guidelines, we can automatically system generate bills on a monthly basis and send them to the identified trust's financial entity for the recovery. Tally assigns a unique tracking record for the trusts we are seeking recovery from. We monitor recovery case files to identify unpaid, partially paid, denied, and other responses based on what we submitted to the trust's financial entity. We review received payment information from your lockbox, and post payment or denial information to our AR system. We capture non-payment reasons for review, and we re-issue the recovery letter, as appropriate. Non-payment reasons could include:

- Recovery duplication
- Payment was already made
- Additional documentation needed to process the recovery request

We fully document our collection activities and submit a monthly report of these activities containing the required data elements to the Agency.

Handling Check Receipts

As we receive payment information from your lockbox, a workflow is initiated for receivable processing. We use our internal audit procedures to ensure that all incoming check information is tracked and applied to the appropriate AR records. We update the AR balances and apply the payment to the outstanding Medicaid Qualified Trust item. During this process, we capture the payer, payment

	information, payment date, and other details. Post recovery, Conduent maintains functionality for querying, displaying, and reporting AR balances and recoveries.	
	Upload Attachments with Additional Information? **No**	Attachment File Name: N/A
40	**STABLE/ABLE-** Describe in detail your process for administering Stable/Able accounts, including all deliverables stated in **Attachment H, STABLE/ABLE Section, Requirements RECV49 and RECV50.**	
A40	*Answer 40* In response to Requirements RECV49 and RECV50, Conduent describes our process for administering the STABLE/ABLE accounts, including all deliverables stated in Attachment H, STABLE/ABLE Section. Conduent implements proven processes and procedures that we fine-tune for the Agency's specific needs to establish, update, maintain, and close STABLE/ABLE accounts and prepare and submit release forms to the Agency for review and approval. Conduent has served as a Medicaid Fiscal Agent for the past 38 years making us extremely knowledgeable of the Medicaid and CHIP programs and uniquely qualified to perform the STABLE/ABLE requirements. With our talented staff and proven technology, we get the job done. For 27 years as a TPL program administer, we have recovered on average, over $5 million in recoveries annually for similar programs. We maintain each case in an electronic case management system to support accurate tracking and full visibility into recovery cases from initiation through final disposition. We document our procedures and workflows in a STABLE/ABLE Procedures Manual that we develop from other successful engagements as a foundation. The State Treasury Achieving A Better Life Experience (STABLE) Program/Achieving a Better Life Experience (ABLE) Act supports the disabled citizens of Georgia by allowing them to have investment accounts without impacting their Medicaid eligibility. STABLE/ABLE accounts give disabled people more independence and financial security. Any person or business may contribute to the account. The disabled individual can withdraw and spend their money as needed. Upon the death of a Medicaid member with a STABLE/ABLE account, our services include opening, tracking, and closing cases to recover money owed Medicaid from the STABLE/ABLE account. ## Attachment H Requirements for Stable/Able Conduent provides a response to Attachment H, STABLE/ABLE Section, Requirements RECV49 and RECV50. Our initial response confirms our commitment to meet the requirement followed by our descriptions of our work. **Attachment H Requirement RECV49** Upon receiving notice of the death of a designated STABLE beneficiary, the Supplier must establish a recovery case file and update case activities/recoveries in an electronic system as determined by the Agency, e.g. Medicaid Enterprise System, and file a claim, within thirty (30) calendar days (or a timeframe specified by the Agency).	

	Conduent response: Upon receiving a notice of death of a STABLE/ABLE beneficiary, Conduent establishes a recovery case file and updates case activities/recoveries in our internal case tracking system, Maven, and an electronic system as determined by the Agency. We file claims within 30 calendar days, or another timeframe specified by the Agency. Conduent has provided support for similar programs for Wyoming Medicaid for an impressive 27 years, giving us the knowledge needed to administer the STABLE/ABLE accounts. Following the death of the beneficiary, the state can seek recovery for the total medical assistance paid for the beneficiary under the state's Medicaid plan after the establishment of the STABLE/ABLE account. Upon receipt of notice of death of a designated STABLE beneficiary, we open a case in Maven and/or the system we are directed to use by the State. Maven is a highly flexible solution that allows us to track cases, route cases, set case-level alerts, maintain audit trails, and generate dashboard reporting to automate and streamline the recovery process. Our established processes and procedures result in an accurately and thoroughly maintained case file. Our workflows for maintaining and tracking cases are fully configurable online to meet your needs. Additionally, to support meeting timelines, we set a programmed system alert to flag cases nearing timelines set by the Agency, such as the 30-day calendar timeframe to file a claim. **Attachment H Requirement RECV50** When the STABLE recovery case is concluded, the Supplier must show the debt satisfied by preparing and submitting a release form to the Agency for review and approval within thirty (30) calendar days (or a timeframe specified by the Agency) from the date of the recovery conclusion. **Conduent response:** Through Maven, our caseworker creates, prints, and mails the STABLE/ABLE closing receipt letter after the review of final claims payment. Conduent submits the release form that shows evidence of debt satisfaction to the Agency for review and approval within 30 calendar days (or a timeframe specified by the Agency) from the date of the recovery conclusion. We can easily monitor aging open cases against the allowed time-period of 30 calendar days to submit the release form. Plus, we set alerts in Maven that automatically notify staff of cases reaching Agency-defined timelines. This supports our ability to perform follow-up activities in a timely manner.	
	Upload Attachments with Additional Information? **No**	Attachment File Name: N/A
41	**Estate Recovery-** Describe in detail your process for developing and maintaining TPL estate recovery cases including as a part of your response all deliverables stated in **Attachment H, Estate Recovery Section, Requirement RECV51-RECV59.**	
A41	*Answer 41* In response to Requirements RECV51 through RECV59, Conduent describes our process for developing and maintaining TPL estate recovery cases, including all deliverables stated in Attachment H, Estate Recovery Section. Conduent implements proven processes and procedures that we fine-tune for the Agency's specific needs to establish, update, maintain, and close TPL estate recovery cases. Conduent has served as a Medicaid Fiscal Agent for the past 38 years making us extremely knowledgeable of the Medicaid and CHIP	

programs and uniquely qualified to perform the TPL estate recovery requirements. With our talented staff and proven technology, we get the job done. For 27 years as a TPL program administer, we have recovered on average, over $5 million in recoveries annually for similar programs. We maintain each case in an electronic case management system to support accurate tracking and full visibility into recovery cases from initiation through final disposition. We document our procedures and workflows in a TPL Estate Recovery Procedures Manual that we develop from other successful engagements as a foundation.

Estate Recovery is required by federal law where Medicaid members with qualified assets reimburse the taxpayers for long term care, and home and community-based services provided through Medicaid. Agencies may waive estate recovery claims below a certain dollar threshold. Upon the death of a Medicaid member subject to estate recovery, our services include opening, tracking, and closing cases to recover money owed Medicaid by the member's estate.

Attachment H Requirement for Estate Recovery

On the following pages, Conduent provides a response to Attachment H, Estate Recovery Section, Requirement RECV51-RECV59. Our initial response confirms our commitment to meet the requirement followed by our descriptions of our work.

Attachment H Requirement RECV51
The Supplier must develop new estate recovery leads and maintain existing TPL estate recovery cases.

Conduent response: Conduent develops new estate recovery leads and maintains existing TPL estate recovery cases. We maintain new and existing leads in Maven and use its workflow tool to route cases and alert staff of upcoming timelines. Conduent applies our decades of experience supporting this function for Montana and Wyoming to streamline the identification and recovery process and to maximize recoveries. Estate recovery leads include, but are not limited to:

- Probate lists
- Non-probates/liens
- Summary distributions
- Bona fide efforts to sell
- Voluntary payments
- Receipt of court documents
- Conditional benefits

Serving as an extension of your team, we provide an effective and efficient lead identification and verification process. We continue to refine our technology and processes considering results and feedback from the Agency to provide a targeted approach to recovery efforts.

Attachment H Requirement RECV52

The Supplier must follow federal and state laws pertaining to estate recovery.

Conduent response: Conduent follows federal and state laws pertaining to estate recovery. Conduent follows federal and state laws pertaining to estate recovery. Our objective is to maximize recoveries while following applicable federal and state laws such 42 USC 1396p, liens, adjustments and recoveries, and transfers of assets.

Attachment H Requirement RECV53

The Supplier must review and recommend updates to state regulations when needed.

Conduent response: Conduent reviews and recommends updates to state regulations when needed. Conduent will review all applicable state regulations as they pertain to estate recovery cases. Conduent reviews our estate recovery process quarterly and using lessons learned, recommends updates either to procedures and/or state regulations and provides the agency with the advantages of the recommendation. We hold quarterly meetings with the Agency to review recommendations.

Attachment H Requirement RECV54

The Supplier must initiate the process for Tax Equity and Fiscal Responsibility Act (TEFRA) Liens according to Agency's Estate Recovery rules. The process includes but is not limited to the Supplier's Attorney reviewing, preparing and filing a TEFRA Lien with the Probate Court for all applicable Estate Recovery cases within thirty (30) days (or a timeframe specified by the Agency) from the notification date of the case. This process is not operational now. However, the Agency reserves the right to request implementation of the TEFRA program upon written notification from the Agency to the Supplier. The Agency will allow a reasonable implementation timeframe to be mutually considered by the Agency and Supplier, but ultimately determined by the Agency.

Conduent response: Conduent will initiate the process for Tax Equity and Fiscal Responsibility Act (TEFRA) Liens according to the Agency's Estate Recovery rules. Our attorney reviews, prepares, and files a TEFRA Lien with the Probate Court for all applicable Estate Recovery cases within 30 days (or a timeframe specified by the Agency) from the notification date of the case. We monitor aging of open cases against the allowed time-period of 30 calendar days. This allows Conduent to perform any necessary follow-up activities in a timely manner.

We understand that this process in not operational now and acknowledge that the Agency reserves the right to request implementation of the TEFRA program upon written notification from the Agency. We understand that while the Agency allows a reasonable implementation timeframe, which is mutually considered by the Agency and Conduent, the timeframe is ultimately determined by the Agency.

We document our TEFRA procedures in the TEFRA Program Procedures Manual and deliver it to the Agency during the implementation phase for approval. Once approved by the Agency, we apply a repeatable, accurate process for our staff to follow for TEFRA recoveries. Conduent monitors our staff performance against the approved manual. We identify and re-train staff not following the approved procedures.

Attachment H Requirement RECV55

The Supplier's Attorney must prepare, and file appropriate documentation, and notice of claim with the Probate Court within two (2) weeks (or a timeframe specified by the Agency) from the notification that the estate recovery case has an open probate.

Conduent response: Our attorney prepares and files appropriate documentation and notice of claim with the Probate Court within two weeks (or a timeframe specified by the Agency) from the notification that the estate recovery case has an open probate. We apply a proven process for preparing and filing claims against estates. This process is readily adapted as needed by the Agency. To ensure we adhere to timelines defined by State, we create system alerts in Maven for Agency-defined timelines. Maven tracks each recovery case and includes a status of where the case is in the recovery process including the step for our attorney to file the appropriate documentation and notice of claim in Probate Court. We can report on the status of all estate recovery cases to the Agency on a daily, weekly, or monthly basis.

Attachment H Requirement RECV56

The Supplier must establish a recovery case file in an electronic system as determined by the Agency, e.g. Medicaid Enterprise System, within thirty (30) calendar days (or a timeframe specified by the Agency) of the date of receiving a death notice.

Conduent response: Conduent establishes a recovery case in Maven and/or an electronic system as determined by the Agency, e.g., Medicaid Enterprise System, within 30 calendar days (or a timeframe specified by the Agency) of the date of receiving a death notice. To facilitate this process and properly document every action taken on each case, we track cases in Maven, our proposed case file and workflow tool. Maven is a highly flexible solution that allows us to track cases, route cases, set case-level alerts, maintain audit trails, and generate dashboard reporting to automate and streamline the recovery process. Our established processes and procedures result in an accurately and thoroughly maintained case file. Our workflows for maintaining and tracking cases are fully configurable online to meet your program's needs. Additionally, to support meeting timelines, we set a programmed system alert to flag cases nearing timelines set by the Agency.

Attachment H Requirement RECV57

The Supplier must update case activities in an electronic system as determined by the Agency, e.g. Medicaid Enterprise System, within fourteen (14) calendar days (or a timeframe specified by the Agency) of case activity or receiving correspondence.

Conduent response: Conduent updates case activities in Maven and/or an electronic system as determined by the Agency, e.g., Medicaid Enterprise System, within 14 calendar days (or a timeframe specified by the Agency) of case activity or receiving correspondence. Our staff recognizes the importance of the timely tracking and storing of pertinent information related to case activities. Our staff verifies and enters all case-related information in the electronic tracking system. These data elements include client demographics, dollar amounts paid, dollar amounts recovered, dollar amounts due, and more. We scan and index documents associated with the case and electronically attach them to the case record. We enter detailed notes and documentation within the system every time an event occurs related to the case, such as calls received and initiated, correspondence sent and received, etc.

	Attachment H Requirement RECV58 The Supplier must submit a quarterly report five (5) business days (or a timeframe specified by the Agency) from the last day of each quarter that details the following: a. the number of cases recovered, b. the recovery amount, c. the number of pending cases, d. the number of cases in litigation, e. the number of claims and or liens filed, f. and cost associated with each. If the due date falls on a State holiday or a weekend, the due date will be the following full business day. **Conduent response:** Conduent submits a quarterly report five business days (or a timeframe specified by the Agency) from the last day of each quarter that details the items listed in a. through f. of RECV58. If the due date falls on a State holiday or a weekend, the following full business day is the due date. This type of report is something we routinely provide for our other Medicaid accounts. We use current reports as a foundation for producing your report. Maven stores all the data needed to produce this summary level recovery report. During implementation we finalize the details of the report with the Agency and produce it quarterly, or another timeframe defined by the Agency. **Attachment H Requirement RECV59** The Supplier must submit legal claims and lien filing documentation to the Supplier's Attorney. If there is a subsequent action in the probate court, the Supplier's Attorney must assist the Agency. If the Trustee remits payment without legal action, the supplier must collect and track the payment. **Conduent response:** Conduent submits legal claims and lien filing documentation to a Conduent Attorney. If there is a subsequent action in the probate court, our Attorney assists the Agency. If the Trustee remits payment without legal action, Conduent collects and tracks the payment. Conduent's TPL recovery staff and our dedicated attorney provide the State's legal department with full support during the litigation process. Understanding the level of support that is needed when litigation occurs, Conduent is prepared to assist and support the Agency as needed. We make staff available on agreement to support the process, including committing Conduent's attorney to litigation testimony, and retrieving and providing documentation expeditiously. We make use of the Agency owned lockbox and account to collect payments. When payment is received through your lockbox, we receive the related image and information from your lockbox and log and track information in Maven, including but not limited to member name, Medicaid id, amount paid, check number, check amount, check date, deposit date, and more. If payments are received in our mailroom, they are immediately re-directed to your lockbox address.	
	Upload Attachments with Additional Information? **No**	Attachment File Name: N/A

42	**Health Insurance Premium Payment (HIPP)-** Describe in detail your process for achieving all requirements stated in **Attachment H, Health Insurance Premium Payment (HIPP) Section, Requirements RECV60-RECV73.**
A42	*Answer 42* In response to Requirements RECV60 through RECV73, Conduent describes our process for achieving all requirements stated in the Attachment H, Health Insurance Premium Payment (HIPP) Section. Our services for the HIPP program include: • Managing HIPP cases • Applying State approved cost-effectiveness and cost saving criteria • Recording and reporting HIPP financial information • Educating members on HIPP program benefits Conduent implements proven processes and procedures that we fine-tune for the Agency's specific needs to perform our services. Conduent has served as a Medicaid Fiscal Agent for the past 38 years making us extremely knowledgeable of the HIPP program and uniquely qualified to perform the HIPP requirements. We currently successfully support every one of the RFP's HIPP requirements for other Medicaid programs, or have done so in the past. The State pays the group health insurance premiums for Medicaid eligible individuals, if the insurance plans are determined to be cost effective. The goal of the HIPP cost saving program is to enhance cost avoidance funds for the Agency by providing health insurance premium assistance to eligible Medicaid members. Our staff are ready and prepared to support your HIPP program using our proven technology and established processes. We document our procedures and workflows in a HIPP Procedures Manual that we develop from other successful engagements as a foundation. ## Attachment H Requirements for Health Insurance Premium Payment (HIPP) On the following pages, Conduent provides a response to Attachment H, Health Insurance Premium Payment (HIPP) Section, and Requirements RECV60 through RECV73. Our initial response confirms our commitment to meet the requirement followed by our descriptions of our work. **Attachment H Requirement RECV60** After turnover activities and at go live, the Supplier must immediately assume responsibility for managing and processing all existing cases including all leads, open cases, and those pending litigation.

Conduent response: After turnover activities and at go live, Conduent immediately assumes responsibility for managing and processing all existing cases, including all leads, open cases, and those pending litigation. We bring decades of Medicaid experience and success in planning and takeover activities prior to go live. We are fully prepared to immediately assume responsibility for managing and processing all existing cases including all leads, open cases, and those pending litigation.

To provide a streamlined turnover of existing cases, we verify data fields necessary to maintain all pertinent information. We work with the State and existing vendor to develop a comprehensive project plan for turnover activities. The project plan is reviewed routinely during weekly status calls to verify project task completion. Transferred case information is reviewed and tested before it moves to production. We cross reference our files against the existing vendor's files to identify any discrepancies and work with the Agency to resolve discrepancies. Prior to go live, we conduct a thorough Operational Readiness Review to provide the State with confidence that we are ready to assume managing and processing your existing HIPP cases.

Attachment H Requirement RECV61

The Supplier must develop the means of determining the cost effectiveness and cost savings of paying health insurance premiums using TPL Supplier-identified criteria as approved by the Agency, including benefit and administrative expenditures. The cost effective formula must be submitted to the Agency's contact, for review and approval, within thirty (30) calendar days (or a timeframe specified by the Agency) of the execution of the contract.

Conduent response: Conduent develops a process to determine the cost effectiveness and cost savings of paying health insurance premiums using Conduent-identified criteria as approved by the Agency, including benefit and administrative expenditures. We submit the cost-effective formula to the Agency's contact, for review and approval, within 30 calendar days (or a timeframe specified by the Agency) of the execution of the contract.

In successful engagements, such as Wyoming, where we have over 27 years of experience, we determine cost effectiveness by reviewing the members' explanation of benefits (EOBs). The amount that the primary insurance paid which is reflected on the EOBs, must be $250.00 more than the amount of the premium. For example, if the monthly premium paid to CIGNA is $500.00, the amount CIGNA paid in claims that is reflected in the EOB should be at least $750.00 in claims a month. Given our experience in other successful engagements, we understand the importance of developing a sound cost effective strategy.

Conduent incorporates processes that evaluate and track the purchase of health insurance premiums for eligible HIPP members. When we receive referral information from a State-approved source, we open a new HIPP Case for that member. A Conduent TPL analyst collects policy and premium information and calculates the cost effectiveness of a HIPP case based on the Agency approved cost effective formula. Once the analyst has determined the effectiveness of the case, they either approve or deny the case and generate a letter. If the HIPP case is approved, a payout transaction is created and posted in the next payment cycle. The HIPP process generates the premium payment based on HIPP criteria. We verify that premium payments for eligible members are made, validate all premium payments identifying any erroneous payments, and track enrollment status and cost-sharing obligations.

Attachment H Requirement RECV62

Every week (unless check process has been completed for the month), the Supplier must forward a copy of the check register/EFT document on payroll information to the Agency, for review for accuracy and completeness for reimbursement of health care premiums.

Conduent response: Every week (unless the check process is completed for the month), Conduent forwards a copy of the check register/EFT document on payroll information to the Agency, for review for accuracy and completeness for reimbursement of health care premiums. The processes and procedures we follow to produce the payments and check/EFT document are well-defined in our Agency-approved HIPP Procedure Manual.

The manual includes step-by-step instructions that our team must follow. Additionally, we perform quality checks continually throughout the contract term to verify that our staff are performing services according to the manual and your expectations.

Attachment H Requirement RECV63

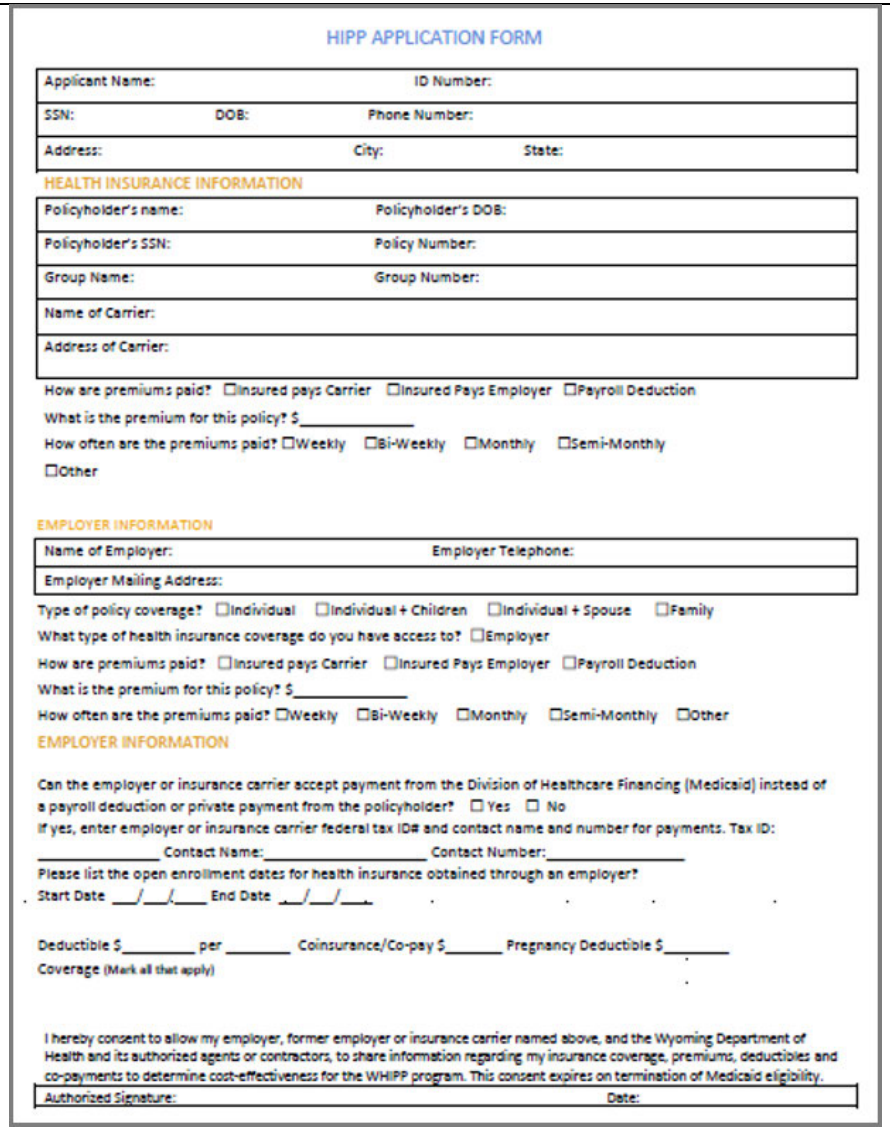
The supplier must upload a weekly positive pay file to the website of the financial institution named by the Agency, within one (1) business day (or a timeframe specified by the Agency) prior to checks being mailed or funds transferred via EFT.

Conduent response: Conduent uploads a positive pay file weekly to the website of the financial institution named by the Agency one business day (or a timeframe specified by the Agency) prior to checks being mailed or funds transferred through EFT. Conduent has performed payment services in our Medicaid Fiscal Agent accounts for decades. We have processed billions of payments accurately and timely for our Medicaid accounts, including creating positive pay files. So, this task is no stranger to us. We have the processes and technology in place to perform the required upload of the positive pay file. We use our Tally accounting system to generate the positive pay file and we can upload it to the website of the financial institution designated by the Agency according to your schedule. TPL analysts review entries to verify they are accurate and resolve any discrepancies prior to release. Once reviewed, we upload the file using secured file transfer protocol. We automatically send an email notification to the State upon successful delivery. We discuss the details surrounding this process with the Agency and financial institution during the implementation phase of the project. We use the approved process and protocols decided by the Agency and detailed in our HIPP Procedures Manual.

Attachment H Requirement RECV64

The Supplier must develop, print, mail and electronically store the HIPP referral forms and informational literature on the HIPP program for public education purposes, with the approval of the Agency and within timeframes determined by the Agency.

Conduent response: Conduent develops, prints, mails and electronically stores the HIPP referral forms and informational literature on the HIPP program for public education purposes, with the approval of the Agency and within timeframes determined by the Agency. During the implementation phase, Conduent meets with the Agency to develop the HIPP referral forms and literature for the HIPP program. We have staff that excel at developing these types of materials and we use forms and literature from our other Medicaid accounts as a starting point. Figure I-3 shows the form we use today for the Wyoming Health Insurance Premium Payment (WHIPP) Program.



HIPP APPLICATION FORM

Applicant Name:		ID Number:
SSN:	DOB:	Phone Number:
Address:	City:	State:

HEALTH INSURANCE INFORMATION

Policyholder's name:	Policyholder's DOB:
Policyholder's SSN:	Policy Number:
Group Name:	Group Number:
Name of Carrier:	
Address of Carrier:	

How are premiums paid? ☐Insured pays Carrier ☐Insured Pays Employer ☐Payroll Deduction

What is the premium for this policy? $_____

How often are the premiums paid? ☐Weekly ☐Bi-Weekly ☐Monthly ☐Semi-Monthly

☐Other

EMPLOYER INFORMATION

Name of Employer:	Employer Telephone:
Employer Mailing Address:	

Type of policy coverage? ☐Individual ☐Individual + Children ☐Individual + Spouse ☐Family

What type of health insurance coverage do you have access to? ☐Employer

How are premiums paid? ☐Insured pays Carrier ☐Insured Pays Employer ☐Payroll Deduction

What is the premium for this policy? $_____

How often are the premiums paid? ☐Weekly ☐Bi-Weekly ☐Monthly ☐Semi-Monthly ☐Other

EMPLOYER INFORMATION

Can the employer or insurance carrier accept payment from the Division of Healthcare Financing (Medicaid) instead of a payroll deduction or private payment from the policyholder? ☐ Yes ☐ No

If yes, enter employer or insurance carrier federal tax ID# and contact name and number for payments. Tax ID: _____ Contact Name:_____ Contact Number:_____

Please list the open enrollment dates for health insurance obtained through an employer?

Start Date ___/___/____ End Date ___/___/____

Deductible $_____ per _____ Coinsurance/Co-pay $_____ Pregnancy Deductible $_____

Coverage (Mark all that apply)

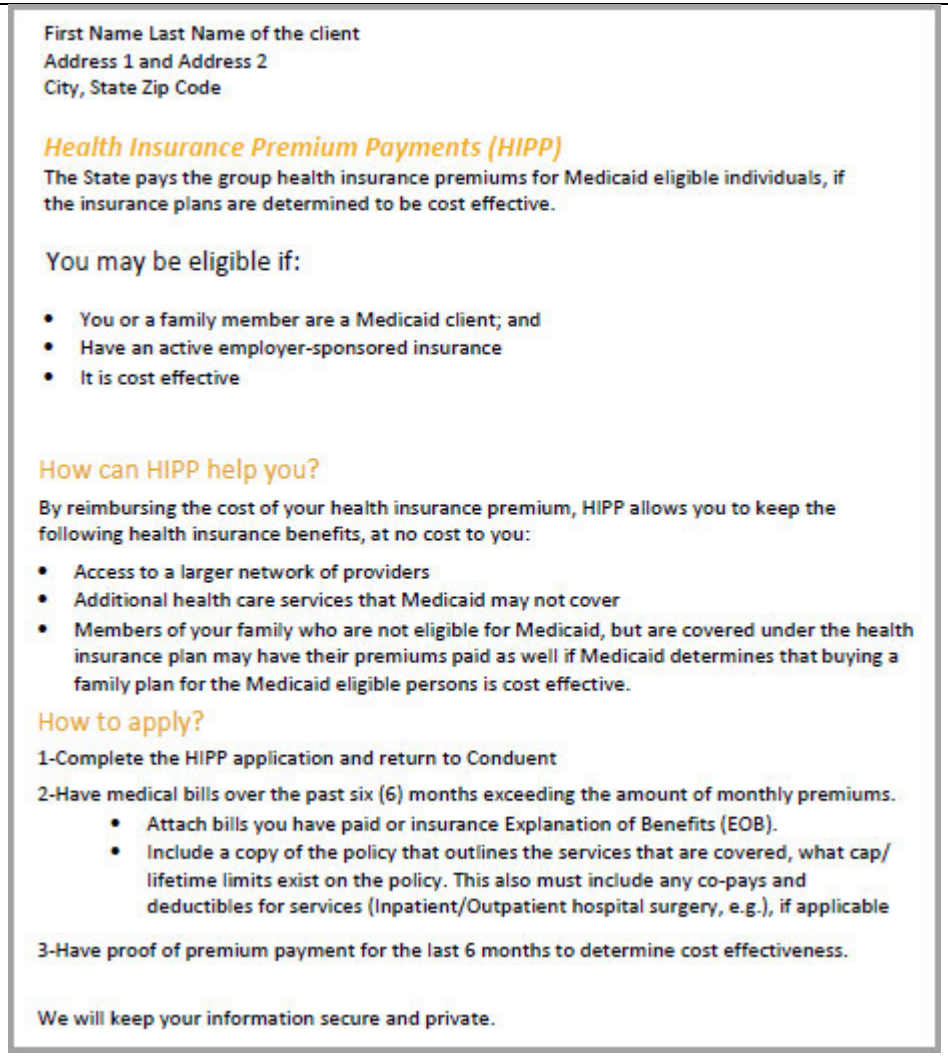
I hereby consent to allow my employer, former employer or insurance carrier named above, and the Wyoming Department of Health and its authorized agents or contractors, to share information regarding my insurance coverage, premiums, deductibles and co-payments to determine cost-effectiveness for the WHIPP program. This consent expires on termination of Medicaid eligibility.

Authorized Signature:	Date:

Figure I-3. HIPP Application Form

Example of form successfully used to obtain required information for the creation of HIPP cases by our TPL staff.

	Attachment H Requirement RECV65 The Supplier must provide a detailed process on how the Supplier will develop and implement an educational HIPP outreach program, which includes, but is not limited to referrals, brochures, and training within sixty (60) calendar days (or a timeframe specified by the Agency) of the execution of the contract. **Conduent response:** Conduent provides a detailed process on how we develop and implement an educational HIPP outreach program, which includes, but is not limited to referrals, brochures, and training within 60 calendar days (or a timeframe specified by the Agency) of the execution of the contract. Training plays a pivotal role in ensuring people understand what the HIPP program is and how it works. Conduent's approach to implementing an educational HIPP outreach program is largely based on our successful existing outreach programs in existing accounts. We send out brochures and informational pamphlets to clients who have indicated they have other primary health insurance or are applying to Medicaid for the first time. Brochures and information pamphlets undergo a rigorous review process to ensure key state guidelines and regulations are addressed and all instructions have been tested and proven effective. Samples of HIPP brochures and informational pamphlets shown in Figure I-4 and Figure I-5 can be used as a framework to start the design process. Our approach includes regular trainings either by call or by webinar. Our team serves as an important point of contact to aid and educate people about the HIPP program.



First Name Last Name of the client
Address 1 and Address 2
City, State Zip Code

Health Insurance Premium Payments (HIPP)

The State pays the group health insurance premiums for Medicaid eligible individuals, if the insurance plans are determined to be cost effective.

You may be eligible if:

- You or a family member are a Medicaid client; and
- Have an active employer-sponsored insurance
- It is cost effective

How can HIPP help you?

By reimbursing the cost of your health insurance premium, HIPP allows you to keep the following health insurance benefits, at no cost to you:

- Access to a larger network of providers
- Additional health care services that Medicaid may not cover
- Members of your family who are not eligible for Medicaid, but are covered under the health insurance plan may have their premiums paid as well if Medicaid determines that buying a family plan for the Medicaid eligible persons is cost effective.

How to apply?

1-Complete the HIPP application and return to Conduent

2-Have medical bills over the past six (6) months exceeding the amount of monthly premiums.

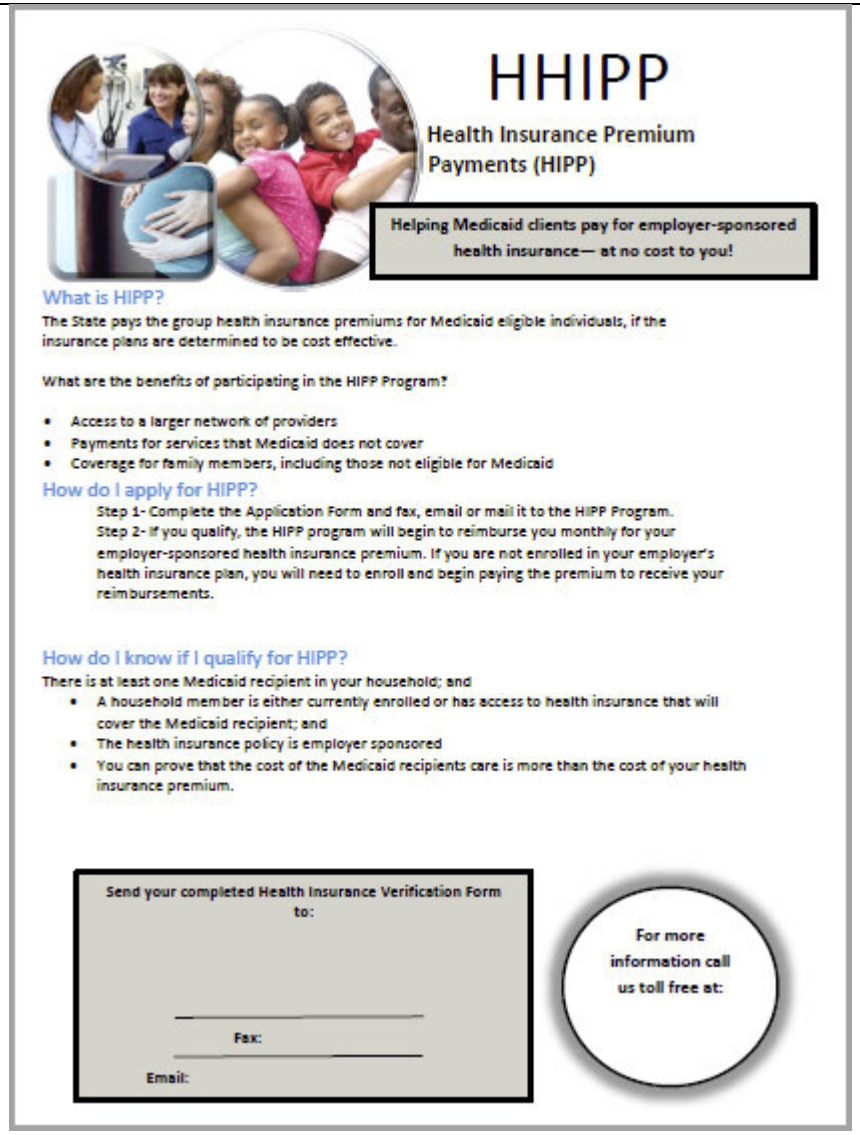
- Attach bills you have paid or insurance Explanation of Benefits (EOB).
- Include a copy of the policy that outlines the services that are covered, what cap/ lifetime limits exist on the policy. This also must include any co-pays and deductibles for services (Inpatient/Outpatient hospital surgery, e.g.), if applicable

3-Have proof of premium payment for the last 6 months to determine cost effectiveness.

We will keep your information secure and private.

Figure I-4. HIPP Informational Material – Mailing

Delivering the message to potential members can increase participation in HIPP and lead to cost savings for the State.



HHIPP

Health Insurance Premium Payments (HIPP)

Helping Medicaid clients pay for employer-sponsored health insurance— at no cost to you!

What is HIPP?

The State pays the group health insurance premiums for Medicaid eligible individuals, if the insurance plans are determined to be cost effective.

What are the benefits of participating in the HIPP Program?

- Access to a larger network of providers
- Payments for services that Medicaid does not cover
- Coverage for family members, including those not eligible for Medicaid

How do I apply for HIPP?

Step 1- Complete the Application Form and fax, email or mail it to the HIPP Program.
Step 2- If you qualify, the HIPP program will begin to reimburse you monthly for your employer-sponsored health insurance premium. If you are not enrolled in your employer's health insurance plan, you will need to enroll and begin paying the premium to receive your reimbursements.

How do I know if I qualify for HIPP?

There is at least one Medicaid recipient in your household; and

- A household member is either currently enrolled or has access to health insurance that will cover the Medicaid recipient; and
- The health insurance policy is employer sponsored
- You can prove that the cost of the Medicaid recipients care is more than the cost of your health insurance premium.

Send your completed Health Insurance Verification Form to:

Fax:

Email:

For more information call us toll free at:

Figure I-5. HIPP Informational Material – State Website

Educational methods need to vary to match the learner's preferences and in today's world online access to information is a necessity.

Attachment H Requirement RECV66

The Supplier must perform electronic interface resource file updates with current health insurance information, in the current or subsequent electronic system as determined by the Agency, e.g. Medicaid Enterprise System, no later than seven (7) working business days (or a timeframe specified by the Agency) from receipt of resource. Supplier must perform manual TPL resource updates, upon request, within two (2) business days (or a timeframe specified by the Agency) from the receipt of the update request.

Conduent response: Conduent performs electronic interface resource file updates with current health insurance information, in the current or subsequent electronic system as determined by the Agency, e.g., Medicaid Enterprise System, no later than seven working business days (or a timeframe specified by the Agency) from receipt of resource. We perform manual TPL resource updates, upon request, within two business days (or a timeframe specified by the Agency) from the receipt of the update request.

We work with you during the implementation phase to discuss this requirement. The Interface Control Document (ICD) clearly defines the details of the interface. The ICD is approved by the Agency during the requirements validation phase of the implementation and our programmers rely on the approved ICD to develop the interface. Once developed, the interface is tested in various phases of testing, culminating in the User Acceptance Testing.

Attachment H Requirement RECV67

The Supplier must identify and recommend HIPP termination for a client that does not cooperate with the HIPP Program as dictated by Agency or federal regulation, or both.

Conduent response: Conduent identifies and recommends HIPP termination for a client that does not cooperate with the HIPP Program as dictated by the Agency and/or federal regulation. We require specific documentation as proof of premium payment to the primary commercial health insurance as a required part of our HIPP program process. If the member fails to supply this documentation, we send instructions to the member indicating how to submit required documents. If documentation still isn't supplied in a timely manner, we recommend to the Agency that the member be terminated from the HIPP program due to non-compliance.

Attachment H Requirement RECV68

The Supplier must research and respond to appeals received within thirty (30) calendar days (or a timeframe specified by the Agency) from the date of the HIPP denial letter. The Agency must approve correspondence before it is sent to the HIPP client. The Supplier must establish and document a process to communicate HIPP appeals to the Agency within thirty (30) calendar days (or a timeframe specified by the Agency) of the execution of the contract.

Conduent response: Conduent researches and responds to appeals received within 30 calendar days (or a timeframe specified by the Agency) from the date of the HIPP denial letter. We work with the Agency to obtain approval of correspondence before it is sent to the HIPP client. We establish and document a process to communicate HIPP appeals to the Agency within 30 calendar days (or a timeframe specified by the Agency) of the execution of the contract.

As your trusted HIPP program manager, we provide thorough, complete, and tested processes that allow our team to research and respond to appeals in an accurate and timely manner. We work closely with the Agency to define and document our policies and

procedures for the HIPP Program, including the templates we use for correspondence and our process for handling appeals. Upon receipt of an appeal in response to a HIPP denial letter, we open a case and set alerts and monitor against letter receipt date. We submit the proposed policy and procedures manual to the Agency during the implementation phase and work collaboratively to fine tune it as needed to gain approval. We keep these operational procedures up to date and continually refine our processes, implement best practices, and make changes that affect how we operate or enhance our workflow.

Attachment H Requirement RECV69
The Supplier must systematically detect and prevent duplicate premium payments.

Conduent response: Conduent systematically detects and prevents duplicate premium payments. When new payments are generated, we check for duplicates in the new proposed payment listing and against historical payments. We remove any such payments before they are sent and validate that they were removed before the payment file is sent to the financial institution. When we identify duplicate payments, we follow up with the appropriate teams to prevent future reoccurrence. We make recommendations of potential root causes to consider for permanent resolution.

Attachment H Requirement RECV70
The Supplier must conduct annual verification of eligibility for the HIPP Program which includes the re-determination of cost effectiveness process.

Conduent response: Conduent conducts annual verification of eligibility for the HIPP Program, which includes the redetermination of the cost effectiveness process. Our HIPP program caseworkers use the case management and tracking system to perform this annual redetermination. We send a notification to the member requesting any required supporting documents to make an accurate redetermination, including proof of premium payments and an explanation of benefits. We review the member's overall eligibility for the Medicaid plan and verify the primary commercial health insurance plan coverage to determine if the member continues to be eligible for the HIPP Program for another year.

Attachment H Requirement RECV71
The Supplier must implement changes to HIPP policies or processes as requested by the Agency. The Supplier also must recommend HIPP policy or process improvements to the Agency.

Conduent response: Conduent implements changes to HIPP policies or processes as requested by the Agency. We also recommend HIPP policy or process improvements to the Agency as we identify them. Our TPL management team tracks and monitors our performance very closely to verify we are delivering accurate and high-quality service and continually meeting service level agreements (SLAs) for the HIPP Program. In addition, our TPL team works with our internal industry experts to stay abreast of Medicaid trends and industry best practices to identify areas of process improvement and present any opportunities to the Agency. As changes and improvements are identified, we work with the Agency to determine our approach and timeline for implementing the change and update our policy and procedure manual accordingly.

	Attachment H Requirement RECV72 The Supplier must implement the Agency's absent parent(s) policy as it relates to eligibility for the HIPP Program. **Conduent response:** Conduent implements the Agency's absent parent(s) policy as it relates to eligibility for the HIPP Program. Upon receipt of the verified primary health insurance policy, unique identifiers are updated to specify the nature of the policy (e.g., absent parent coverage). Conduent is experienced in implementing absent parent(s) policies for HIPP Program eligibility given our long-standing administration of the Wyoming HIPP programs. Once we are notified of the verified primary policy, we update the client's file. **Attachment H Requirement RECV73** The Supplier must conduct a weekly interface update for case activity in an electronic system as determined by the Agency, e.g. Medicaid Enterprise System, to include the following: case notes, check register information, history of letters mailed, referral information, employer information, payee information to include name and address, month and amount of reimbursement, member information, policy/plan information, cost effectiveness history and calculation to include total cost savings. **Conduent response:** Conduent conducts a weekly interface update for case activity in an electronic system as determined by the Agency. Conduent uses Maven to track HIPP case activity. The system tracks the status of each HIPP enrollee and all activity on the member, including the items listed in this requirement. Conduent interfaces weekly with the system designated by the Agency and includes all these items in the interface. We work with you during the implementation phase to discuss any data elements needed beyond those discussed in this requirement. The Interface Control Document (ICD) for this interface clearly defines all data elements. The ICD is approved by the Agency during the requirements validation phase of the implementation and our programmers rely on the approved ICD to develop the interface. Once developed, the interface is tested in various phases of testing, culminating in the User Acceptance Testing.	
	Upload Attachments with Additional Information? **No**	Attachment File Name: N/A
43	**Children's Health Insurance Program Re-Authorization Act (CHIPRA)-** Describe in detail your process for meeting all requirements stated in **Attachment H, Children's Health Insurance Program Re-Authorization Act (CHIPRA), Requirements RECV77-RECV87**.	
A43	*Answer 43* In response to Requirements RECV77 through RECV87, Conduent describes our process for meeting all requirements stated in Attachment H, Children's Health Insurance Program Re-Authorization Act (CHIPRA). Our services for the CHIPRA program include: • Managing CHIPRA cases • Applying State approved cost-effectiveness and cost saving criteria	

- Recording and reporting CHIPRA financial information
- Educating members on CHIPRA program benefits

Conduent implements proven processes and procedures that we fine-tune for the Agency's specific needs to perform our services. Conduent has served as a Medicaid Fiscal Agent for the past 38 years making us extremely knowledgeable of the CHIPRA program and uniquely qualified to perform the CHIPRA requirements. We currently successfully support every one of the RFP's CHIPRA requirements for other Medicaid programs, or have done so in the past.

CHIPRA offers opportunities for the State to provide premium assistance to children under age 19, who are eligible for Medicaid, and who have access to qualified employer-sponsored coverage. The employer must contribute at least 40% towards the cost of the premium. The goal of the CHIPRA cost saving program is to enhance cost avoidance funds for the Agency by providing health insurance premium assistance to eligible Medicaid members. Our staff are ready and prepared to support your CHIPRA program using our proven technology and established processes. We maintain each CHIPRA case in an electronic case management system to support accurate tracking and full visibility into CHIPRA cases from initiation through final disposition. We document our procedures and workflows in a CHIPRA Procedures Manual that we develop from other successful engagements as a foundation.

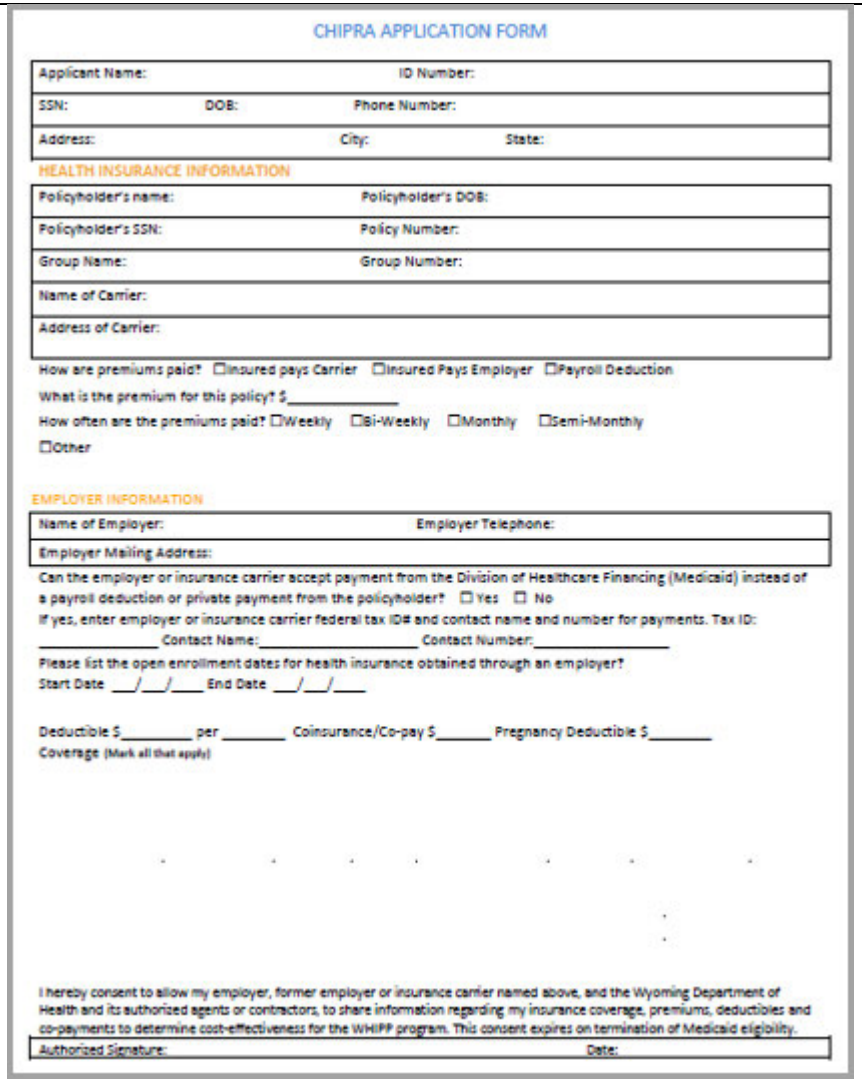
Attachment H Requirements for Children's Health Insurance Program Re-Authorization (CHIPRA)

On the following pages, Conduent provides a response to Attachment H, Casualty/Tort Subrogation Section, Requirements RECV77 through RECV87. Our initial response confirms our commitment to meet the requirement followed by our descriptions of our work.

Attachment H Requirement RECV77

The Supplier must develop, print and mail the CHIPRA referral forms and basic informational literature on the CHIPRA program for public education purposes with the approval of the Agency within thirty (30) calendar days (or a timeframe specified by the Agency) of execution of the contract.

Conduent response: During the implementation phase, Conduent provides the Agency with proposed forms and educational materials for all our recovery service programs. Conduent will develop, print, and mail the CHIPRA referral forms and basic informational literature on the CHIPRA program for public education purposes within the timeframe specified by the Agency. From our CHIPRA contract with Wyoming (CHIPRA covered under the HIPP program), Conduent is experienced in directly communicating public educational materials to make sure that pertinent information reaches the target population in a clear and concise format. Figure I-6 shows the CHIPRA form used by our Wyoming account.



CHIPRA APPLICATION FORM

Applicant Name: ID Number:

SSN: DOB: Phone Number:

Address: City: State:

HEALTH INSURANCE INFORMATION

Policyholder's name: Policyholder's DOB:

Policyholder's SSN: Policy Number:

Group Name: Group Number:

Name of Carrier:

Address of Carrier:

How are premiums paid? ☐Insured pays Carrier ☐Insured Pays Employer ☐Payroll Deduction

What is the premium for this policy? $_____

How often are the premiums paid? ☐Weekly ☐Bi-Weekly ☐Monthly ☐Semi-Monthly

☐Other

EMPLOYER INFORMATION

Name of Employer: Employer Telephone:

Employer Mailing Address:

Can the employer or insurance carrier accept payment from the Division of Healthcare Financing (Medicaid) instead of a payroll deduction or private payment from the policyholder? ☐ Yes ☐ No

If yes, enter employer or insurance carrier federal tax ID# and contact name and number for payments. Tax ID: _____ Contact Name:_____ Contact Number:_____

Please list the open enrollment dates for health insurance obtained through an employer?

Start Date ___/___/____ End Date ___/___/____

Deductible $_____ per _____ Coinsurance/Co-pay $_____ Pregnancy Deductible $_____

Coverage (Mark all that apply)

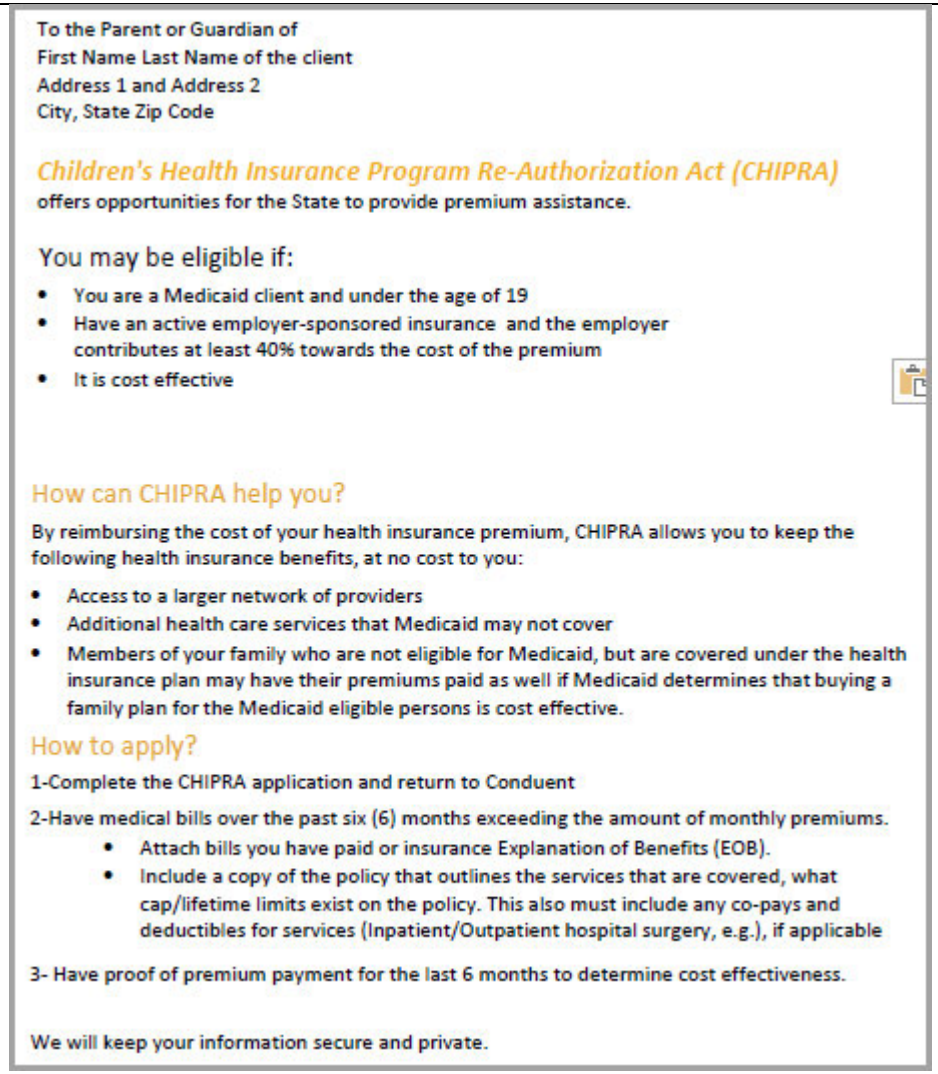
I hereby consent to allow my employer, former employer or insurance carrier named above, and the Wyoming Department of Health and its authorized agents or contractors, to share information regarding my insurance coverage, premiums, deductibles and co-payments to determine cost-effectiveness for the WHIPP program. This consent expires on termination of Medicaid eligibility.

Authorized Signature: Date:

Figure I-6. CHIPRA Application Form

The sample form obtains needed CHIPRA case information for review by our TPL staff.

	Attachment H Requirement RECV78 The Supplier must provide a detailed process on how they will develop and implement an educational CHIPRA outreach program, which includes, but is not limited to referrals, brochures and training. **Conduent response:** Conduent provides a detailed process on how we develop and implement an educational CHIPRA outreach program. Conduent performs CHIPRA outreach today in our Wyoming MMIS account in collaboration with and partnering with the State. Training plays a pivotal role in ensuring people understand what the CHIPRA program is and how it works. We send brochures and informational pamphlets to clients who have indicated they have other primary health insurance or are applying to Medicaid for the first time. Brochures and information pamphlets undergo a rigorous review process. Figure I-7 and Figure I-8 show sample CHIPRA pamphlets from our Wyoming account. During the implementation phase, we work with the Agency to fine tune all educational outreach materials. We submit our first drafts, based on what we have in place in other states and through the Agency review and approval process, receive final approved materials. Through advertisement of the program we provide a comprehensive, organized, and effectively delivered training to educate prospective or current Medicaid or CHIPRA members about additional plans they may qualify for, while delivering another source of cost avoidance to the Agency. Our approach to implementing an educational CHIPRA outreach program, which includes but not limited to referrals, brochures and training, is largely based on our successful outreach program in existing accounts.



To the Parent or Guardian of
First Name Last Name of the client
Address 1 and Address 2
City, State Zip Code

Children's Health Insurance Program Re-Authorization Act (CHIPRA)
offers opportunities for the State to provide premium assistance.

You may be eligible if:

- You are a Medicaid client and under the age of 19
- Have an active employer-sponsored insurance and the employer contributes at least 40% towards the cost of the premium
- It is cost effective

How can CHIPRA help you?

By reimbursing the cost of your health insurance premium, CHIPRA allows you to keep the following health insurance benefits, at no cost to you:

- Access to a larger network of providers
- Additional health care services that Medicaid may not cover
- Members of your family who are not eligible for Medicaid, but are covered under the health insurance plan may have their premiums paid as well if Medicaid determines that buying a family plan for the Medicaid eligible persons is cost effective.

How to apply?

1-Complete the CHIPRA application and return to Conduent

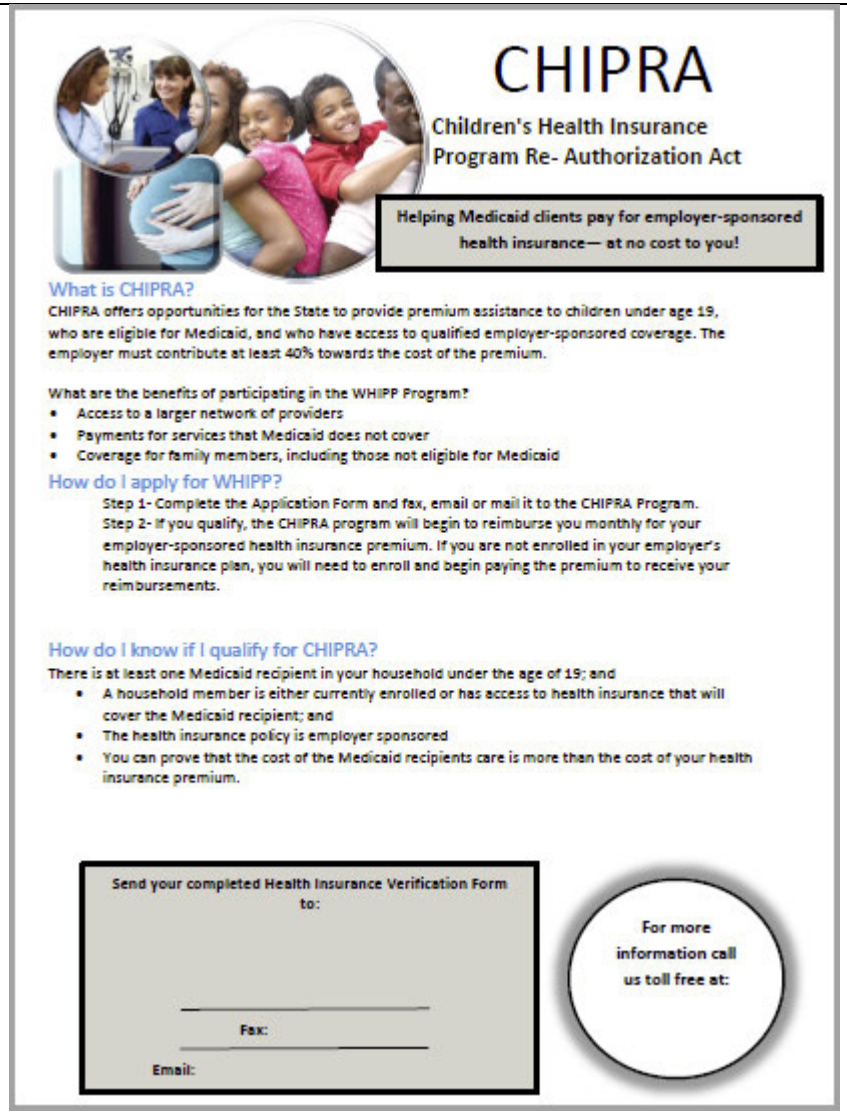
2-Have medical bills over the past six (6) months exceeding the amount of monthly premiums.

- Attach bills you have paid or insurance Explanation of Benefits (EOB).
- Include a copy of the policy that outlines the services that are covered, what cap/lifetime limits exist on the policy. This also must include any co-pays and deductibles for services (Inpatient/Outpatient hospital surgery, e.g.), if applicable

3- Have proof of premium payment for the last 6 months to determine cost effectiveness.

We will keep your information secure and private.

Figure I-7. Educational CHIPRA Outreach Program – Mailing
Direct mailing to members is one outreach method to increase enrollment in CHPRA.



CHIPRA

Children's Health Insurance Program Re- Authorization Act

Helping Medicaid clients pay for employer-sponsored health insurance— at no cost to you!

What is CHIPRA?

CHIPRA offers opportunities for the State to provide premium assistance to children under age 19, who are eligible for Medicaid, and who have access to qualified employer-sponsored coverage. The employer must contribute at least 40% towards the cost of the premium.

What are the benefits of participating in the WHIPP Program?

- Access to a larger network of providers
- Payments for services that Medicaid does not cover
- Coverage for family members, including those not eligible for Medicaid

How do I apply for WHIPP?

Step 1- Complete the Application Form and fax, email or mail it to the CHIPRA Program.
Step 2- If you qualify, the CHIPRA program will begin to reimburse you monthly for your employer-sponsored health insurance premium. If you are not enrolled in your employer's health insurance plan, you will need to enroll and begin paying the premium to receive your reimbursements.

How do I know if I qualify for CHIPRA?

There is at least one Medicaid recipient in your household under the age of 19; and

- A household member is either currently enrolled or has access to health insurance that will cover the Medicaid recipient; and
- The health insurance policy is employer sponsored
- You can prove that the cost of the Medicaid recipients care is more than the cost of your health insurance premium.

Send your completed Health Insurance Verification Form to:

_____

Fax: _____

Email:

For more information call us toll free at:

Figure I-8. CHIPRA Informational Material on State Website

Online access to CHIPRA information is a priority component of member outreach.

Attachment H Requirement RECV79

The Supplier must perform electronic resource file interface update with current health insurance information, in the current or subsequent electronic system as determined by the Agency, e.g. Medicaid Enterprise System, within seven (7) working business days (or a timeframe specified by the Agency) from receipt of resource. Supplier must also perform manual TPL resource updates, upon request, within two (2) business days (or a timeframe specified by the Agency) from the receipt of the update request.

Conduent response: Conduent performs electronic interface resource file updates with current health insurance information in the current or subsequent electronic system as determined by Agency no later than seven business days or within a timeframe specified by the Agency. Conduent perform manual TPL resource updates, upon request, within two business days (or a timeframe specified by the Agency) from the receipt of the update request.

Upon receipt of manual requests, we set workflow alerts and monitor against the allowed time-period of two business days (or a timeframe specified by the Agency) measured against the date of receipt. We have significant expertise in receiving, validating, processing, and consolidating data files to use in our TPL identification analyses. We update the client's record according to the resources and requests we receive.

Attachment H Requirement RECV80

The Supplier must identify and recommend CHIPRA termination for a client that does not cooperate with the CHIPRA Program as dictated by Agency or federal regulation, or both.

Conduent response: Conduent identifies and recommends CHIPRA termination for a member that does not cooperate with the CHIPRA Program as dictated by the Agency and/or federal regulation. Based on our experience, the standard method of identification for a non –cooperative client is measured by responsiveness and completion of required documentation necessary for case creation. We ensure specific documentation is required for proof of premium payment to the primary commercial health insurance as a required part of our CHIPRA program process. If the member fails to supply this documentation, we send instructions to the member indicating how to submit required documents. If documentation is still not supplied in a timely manner, we recommend to the Agency that the member be terminated from the CHIPRA program due to failure to cooperate.

Attachment H Requirement RECV81

The Supplier must research and respond to appeals received within thirty (30) calendar days (or a timeframe specified by the Agency) from the date of the CHIPRA denial letter. The Agency must approve correspondence before it is sent to the client. The Supplier must establish a process to communicate CHIPRA appeals to the Agency within thirty (30) calendar days (or a timeframe specified by the Agency) of the execution of the contract.

Conduent response: Conduent will research and respond to appeals received within 30 calendar days (or a timeframe specified by the Agency) from the date of the CHIPRA denial letter. We work with the Agency to obtain approval of correspondence before it is sent to the CHIPRA client. We will establish and document a process to communicate CHIPRA appeals to the Agency within 30 calendar days (or a timeframe specified by the Agency) of the execution of the contract.

We provide thorough, complete, and tested processes that allows our team to research and respond to appeals in an accurate and timely manner. Upon receipt of an appeal in response to a CHIPRA denial letter, we open a case and set alerts and monitor against the letter receipt date. We monitor the aging of those open cases against the allowed time-period of 30 calendar days to ensure that we perform any necessary follow-up activities needed to communicate the CHIPRA appeal to the Agency. Our process includes the review of the initial denial reason, through review of any supporting documentation to appeal decision and outreach if any clarification is needed. All reviews and communication are noted and stored for record keeping. We work closely with the Agency to define and document our policies and procedures for the CHIPRA Program, including the templates we use for correspondence and our process for handling appeals. The draft policy and procedures manual is based on our current accounts and we deliver it as a draft to the Agency during the implementation phase. Working closely with the State, we review and modify it to meet the States requirements and gain Agency approval. Once approved, we use this manual to train our TPL recovery staff.

As we execute against the approved policy and procedure manual, we conduct quality reviews on a sample of CHIPRA appeals each week or month (based on volume) to ensure our staff are following the approved processes. Any errors in process result in corrective action and possibly additional training or retraining of staff. We keep these operational procedures up to date as we continually refine our processes, implement best practices, and make changes that affect how we operate or enhance our workflow.

Attachment H Requirement RECV82
The Supplier must systematically detect and prevent duplicate premium payments.

Conduent response: Conduent will systematically detect and prevent duplicate premiums. When new payments are made, we compare them to each other and against historical payments to identify any duplicate payments systematically. We remove any such payments before they are sent to the financial institution. Duplicate payments systematically detected are reported to the appropriate stakeholders to prevent future reoccurrence. We make recommendations of potential root causes to consider and follow up with the vendor through permanent resolution.

Attachment H Requirement RECV83
The Supplier must conduct annual verification on the eligibility for the CHIPRA Program which includes the re-determination of eligibility process.

Conduent response: Conduent will conduct annual verification of eligibility for the CHIPRA Program, which includes the redetermination of the cost effectiveness process. Our CHIPRA program caseworkers use Maven to perform this annual redetermination. We send a notification to the member requesting any required supporting documents to make an accurate redetermination, including proof of premium payments and an explanation of benefits. We review the member's overall eligibility to determine if the member continues to be eligible for the CHIPRA Program for another year.

Attachment H Requirement RECV84

The Supplier must implement changes to CHIPRA policies or processes as requested by the Agency. The Supplier also must recommend CHIPRA policy or process improvements to the Agency following sentinel events and no less than annually.

Conduent response: Conduent will implement changes to CHIPRA policies or processes as requested by the Agency. We will also recommend CHIPRA policy or process improvements to the Agency as we identify them. Our TPL Services management team tracks and monitors our performance very closely to ensure we are delivering accurate and high-quality service and continually meeting service level agreements (SLAs) for the CHIPRA Program. In addition, our TPL team works with our internal industry experts to stay abreast of Medicaid trends and industry best practices to identify areas of process improvement and present any opportunities to the Agency. As changes and improvements are identified, we update our policy and procedures with an Agency-approved update and work with the Agency to determine our approach and timeline for implementing the change.

Attachment H Requirement RECV85

Supplier must forward the check register/EFT document to the TPL Unit for review and accuracy and completeness monthly. Upon request, the Supplier must process reimbursement payments via electronic funds transfer (EFT).

Conduent response: We forward the check register/EFT document to the TPL Unit for review and accuracy and completeness monthly. Upon request, we process reimbursement payments through electronic funds transfer (EFT). The processes and procedures we follow to produce the payments and check/EFT document are well-defined in our Agency-approved CHIPRA Procedure Manual. The manual includes step-by-step instructions that our team must follow. Additionally, we perform quality checks continually throughout the contract term to verify that our staff are performing services according to the manual and your expectations.

Attachment H Requirement RECV86

For the weeks during which checks are being processed the Supplier must upload a positive pay file weekly to the website of the financial institution named by the Agency one (1) business day (or a timeframe specified by the Agency) prior to checks being mailed or EFT.

Conduent response: For the weeks during which checks are being processed, Conduent will upload a positive pay file weekly to the website of the financial institution named by the Agency one business day (or a timeframe specified by the Agency) prior to checks being mailed or EFT. Conduent has performed payment services in our Medicaid Fiscal Agent accounts for decades. We have processed billions of payments accurately and timely for our Medicaid accounts, including creating positive pay files. So, this task is no stranger to us. We have the processes and technology in place to perform the required upload of the positive pay file.

We use our Tally accounting system to generate the positive pay file and we can upload it to the website of the financial institution designated by the Agency according to your schedule. TPL analysts review entries to verify they are accurate and resolve any discrepancies prior to release. Once reviewed, we upload the file using secured file transfer protocol. We automatically send an email notification to the State upon successful delivery. We discuss the details surrounding this process with the Agency and financial institution during the implementation phase of the project. We use the approved process and protocols decided by the Agency and detailed in our CHIPRA Procedures Manual.

	Attachment H Requirement RECV87 The Supplier must conduct weekly (or a timeframe specified by the Agency) interface file updates for case activity in an electronic system as determined by the Agency, e.g. Medicaid Enterprise System, to include the following: a. case notes, b. check register information, c. history of letters mailed, d. referral information, e. employer information, f. payee information to include name and address, g. month and amount of the reimbursement, h. member information, i. policy/plan information, j. and calculation to include total cost savings and employer contribution. **Conduent response:** Conduent conducts a weekly interface update for case activity in an electronic system as determined by the Agency. Conduent uses Maven to track CHIPRA case activity. The system tracks the status of each CHIPRA enrollee and all activity on the member, including the items listed in a. through j. Conduent interfaces weekly with the system designated by the Agency and includes all these items in the interface. We work with you during the implementation phase to discuss any data elements needed beyond those discussed in this requirement. The Interface Control Document (ICD) for this interface clearly defines all data elements. The ICD is approved by the Agency during the requirements validation phase of the implementation and our programmers rely on the approved ICD to develop the interface. Once developed, the interface is tested in various phases of testing, culminating in the User Acceptance Testing.	
	Upload Attachments with Additional Information? **No**	Attachment File Name: N/A
44	**Refund Process-** Describe in detail your process for researching, validating and documenting all TPL refund requests including but not limited to the requirements stated in **Attachment H, Refund Process Section, Requirements RECV88-RECV93.** Please attach a proposed sample of a "Carrier Refund Request" form.	
A44	*Answer 44* In response to Requirements RECV88 through RECV93, Conduent describes our process for meeting all requirements stated in the Attachment H, Refund Process Section. Conduent implements proven processes and procedures that we fine-tune for the Agency's specific needs to perform our services. Conduent has served as a Medicaid Fiscal Agent for the past 38 years making us extremely knowledgeable of TPL refund requests and uniquely qualified to perform these requirements. We document our procedures and workflows in a Refund Process Procedure Manual that we develop from other successful engagements as a foundation.	

Attachment H Requirements for Refund Process

On the following page, Conduent provides a response to each Attachment H requirement for the Refund Process Section RECV88-RECV93. Our initial response confirms our commitment to meet the requirement followed by our descriptions of our work.

Attachment H Requirement RECV88

The Supplier must research, validate and document all TPL refund requests based on business rules. Refund requests must be reviewed and approved by the Agency, as determined by the Agency.

Conduent response: Conduent researches, validates, and documents all TPL refund requests based on business rules. We seek Agency review and approval of all refund requests.

We use business rules and documented processes and procedures to handle refund requests. If we receive the request electronically, automated business rules check for valid matches that include member, provider, claim number, and service information. Our TPL specialists follow approved procedures for refund processing. This includes documenting each step of the process, which includes initial intake, research, validation, and final documentation in our tracking system. These trained experts can quickly determine if the request is valid or invalid, using experience and business rules from the State.

Rules can be based on a few key items such as member Medicaid eligibility and enrollment dates, which are compared to carrier/insurer subscriber information when the carrier questions our recoupment efforts based on benefit coverage they provide. Other refund request efforts may require additional research and validation. We check for evidence to support the refund request. If there is no evidence, we call the carrier/insurer and ask for rapid submission of supporting documentation to continue the processing of the refund.

Attachment H Requirement RECV89

Supplier must work with Agency to develop a Refund Request form for approval by the Agency. The form must be completed and submitted along with supporting documentation no later than thirty (30) business days (or a timeframe specified by the Agency) from receipt of request.

Conduent response: Conduent works with the Agency to develop a Refund Request form. The form is completed and submitted to the designated TPL point of contact at the Agency along with supporting documentation no later than 30 business days (or a timeframe specified by the Agency) from receipt of request.

We review our current Refund Request form with the Agency during the implementation phase. We make agreed upon revisions and use it to document refund requests. Upon determination that a refund request is valid, our team documents the refund request on the approved Refund Request form and collects supporting documentation from the carrier. We submit the documents to the agency within 30 business days (or a timeframe specified by the Agency) from receipt of the request. We usually submit completed request forms and supporting documentation for refunds on a weekly basis to the TPL point of contact at the Agency.

	Attachment H Requirement RECV90 The Supplier must document and keep the Agency informed of the Supplier's efforts and processes used to obtain the carrier refund supporting documentation. If there is a delay in obtaining the supporting refund documentation, the Supplier must request an extension of time to process from the Agency. The Supplier must also document and provide the Agency with a status report within a timeframe determined by the Agency to include the efforts made and the processes used along with any recommended next steps. The Supplier is required to document and submit a detailed process on how to handle delays caused by the lack of member information. **Conduent response:** Conduent documents and keeps the Agency informed of our efforts and processes used to obtain the carrier refund supporting documentation. If there is a delay in obtaining the supporting refund documentation, we request an extension of time to process the request from the Agency. We also document and provide the Agency with a status report within a timeframe determined by the Agency to include the efforts made and the processes used along with any recommended next steps. We document and submit a detailed process on how to handle delays caused by the lack of member information. Conduent uses a meticulous and strategic approach to process carrier refund requests timely and accurately. Figure I-9 shows the workflow from initiation to completion. We review our workflow with the Agency to collaborate and finalize our approach. We take all reasonable measures to obtain the carrier's refund supporting documentation. We use an internal tracking system to document the entire refund process, including receipt, research, validation, and final documentation. If our TPL specialists cannot find documentation to support the refund request, we document that fact in the tracking system and flag the refund for reporting to the agency as delayed and awaiting further documentation. Our status reports to the Agency include notes on every refund request, the date we asked for the supporting refund documentation, the type of information requested, and status. We ask for an extension from the Agency and try to re-engage the carrier/insurer if we are experiencing delays. We document what is still outstanding for each open refund and share that information with the Agency as part of our status reporting.

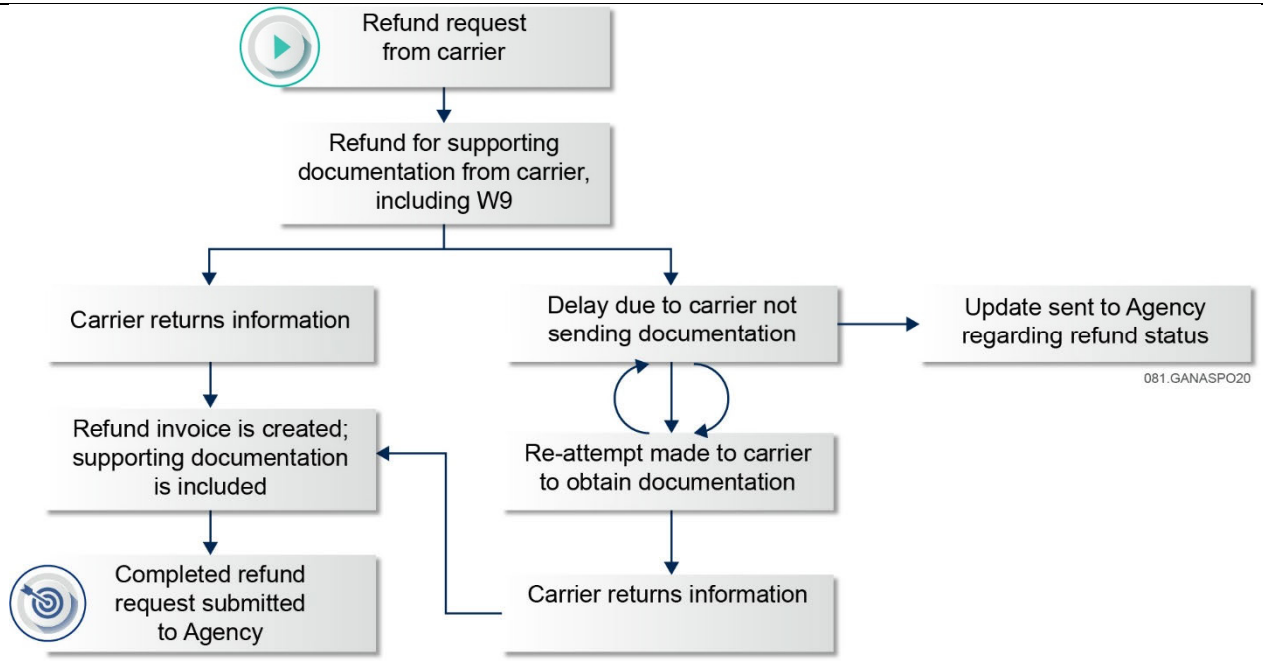


Figure I-9. Our Processes Mitigate Delays Due to Lack of Information

A strategic approach supports our efforts to obtain information from the carrier.

Attachment H Requirement RECV91

The Supplier must develop, document and maintain a professionally written Agency approved Refund Process Procedure manual within ninety (90) calendar days (or a timeframe specified by the Agency) of execution of the contract.

Conduent response: Conduent develops, documents, and maintains a professionally written Agency approved Refund Process Procedure manual within 90 calendar days (or a timeframe specified by the Agency) of execution of the contract.

Conduent creates professionally written policy and procedures documents for refund processing in all states where we provide TPL functions. We start with our standard policy and procedure manual and Refund Request form and customize the documents for the State. After internal quality control review, we deliver it to the State for review, revision, and ultimately approval.

	Attachment H Requirement RECV92 The Supplier must complete a "W-9" form for all refunds over six hundred ($600.00) dollars (or an amount specified by the Agency). **Conduent response:** Conduent completes a W-9 form for refunds greater than or equal to $600 as specified by the Agency. We understand that in processing a validated refund request, we need to complete a W-9 form per Agency direction for the approved refund. If a refund requested is from the previously approved invoice for which we sent out a recoupment or recovery request, and we earlier received payment from the carrier/insurer, we submit a negative adjustment request in the amount of the proposed refund on the current invoice. **Attachment H Requirement RECV93** Refunds must reflect as a negative adjustment on the invoice following the receipt of the refund request. An invoice must be submitted for payment from the recoupment amount. If there is a refund required from a check listed on the previously approved invoice, the refund must reflect as a negative adjustment on the following invoice. The invoice data elements should include, but are not limited to: member name, Medicaid ID, the check number/claim adjusted, adjustment amount, reason for the refund and the cash control number (CCN) and the internal control number (ICN). **Conduent response:** Conduent acknowledges that refunds must reflect as a negative adjustment on the invoice following the receipt of the refund request. An invoice must be submitted for payment from the recoupment amount. If there is a refund required from a check listed on the previously approved invoice, the refund must reflect as a negative adjustment on the following invoice. The invoice data elements include, but are not limited to: member name, Medicaid ID, the check number/claim adjusted, adjustment amount, reason for the refund and the cash control number (CCN) and the internal control number (ICN). As required, we provide as an attachment a copy of a Sample Carrier Refund Request Form.	
	Upload Attachments with Additional Information? **Yes-Required**	Attachment File Name: **Sample Carrier Refund Request Form_ Recovery Services**
45	**Refund Process-** Describe in detail your process for managing all Veterans Administration (VA)/Tricare (or other designated carriers as specified by the state) checks and refund requests including all requirements stated in **Attachment H, Refund Process Section, Requirements RECV94-RECV96.**	
A45	*Answer 45* In response to Requirements RECV94 through RECV96, Conduent describes our process for managing all Veterans Administration (VA)/Tricare (or other designated carriers as specified by the state) checks and refund requests stated in Attachment H, Refund Process Section. Conduent implements proven processes and procedures that we fine-tune for the Agency's specific needs to perform our services. Conduent has served as a Medicaid Fiscal Agent for the past 38 years making us extremely knowledgeable of TPL refund requests and uniquely qualified to perform these requirements.	

We document our procedures and workflows in a Refund Process Procedure Manual that we develop from other successful engagements as a foundation.

Attachment H for Requirements Refund Process

On the following pages, Conduent provides responses to Attachment H requirements for the Refund Process Section, RECV94-RECV96. Our initial response confirms our commitment to meet the requirement followed by our descriptions of our work.

Attachment H Requirement RECV94

The Supplier must process all Veterans Administration (VA)/Tricare (or other designated carriers as specified by the state) checks as priority refund requests.

Conduent response: Conduent processes all Veterans Administration (VA)/Tricare (or other designated carriers as specified by the state) checks as priority refund requests.

Conduent TPL specialists review the daily receipts of refund requests from your lockboxes and other sources (telephone, email, or USPS mail). If there are any requests from the VA/Tricare lockbox (or other carriers specified by the state as "VIP"), we prioritize them in our refund processing queue for expedited research, validation, and final determination. Our tracking system reflects priority refund processing requests from these carriers/insurers. Our TPL specialists work the queue daily and insert any VA/Tricare or VIP carrier refund requests in the front of their queue for expedited processing.

Attachment H Requirement RECV95

The Supplier must inform the Agency of all receipts or inquiries of VA/Tricare (or other designated carriers as specified by the state) refund requests within two (2) business days (or a timeframe specified by the Agency) from receipt of the request via email and/or interoffice mail.

Conduent response: Conduent informs the Agency of all receipts or inquiries of VA/Tricare (or other designated carriers as specified by the state) refund requests within two (2) business days (or a timeframe specified by the Agency) from receipt of the request through email and interoffice mail.

We review incoming refund requests daily. We triage incoming requests and look for receipts or inquiries from the VA/Tricare (or other designated carriers as specified by the State) that receive expedited handling. We notify the State of these priority refund requests within two business days through a daily receipts log. Conduent will work with the State during the implementation phase to discuss the preferred method of conveying this notification. We note the preferred method of notification in our refund processing policy and procedures manual.

	Attachment H Requirement RECV96 The Supplier must develop and document a process to monitor TPL lockboxes for receipts of VA/Tricare (or other designated carriers as specified by the state) refund requests within thirty (30) calendar days (or a timeframe specified by the Agency) of execution of the contract. The TPL lockboxes must be monitored on a weekly (or other timeframe specified by the state) basis. **Conduent response:** Conduent develops and documents a process to monitor TPL lockboxes for receipts of VA/Tricare (or other designated carriers as specified by the State) refund requests within 30 calendar days (or a timeframe specified by the Agency) of execution of the contract. The TPL lockboxes are monitored on a weekly (or other timeframe specified by the State) basis. Conduent has established lockboxes processes and procedures for receipts of refunds from all sources across all our current Medicaid accounts. The designated VA/Tricare lockbox and lockboxes for other designated high priority carriers/insurers (as directed by the Agency) receive special attention. Our staff monitors these lockboxes for new receipts daily. Refund Request processing is a separate section of our standard TPL policy and procedure manual. To meet your specific needs, we deliver a customized version for review and approval by the Agency within 30 calendar days (or a timeframe specified by the Agency) of contract execution.	
	Upload Attachments with Additional Information? **No**	Attachment File Name: N/A
46	**Reports-** Describe in detail your process for creating and transmitting reports where the Supplier is the entity responsible as stated in **Attachment H, Medicaid Qualifying Trusts (Special Needs, Miller and Pooled Trust) Section, Requirement RECV41 and Attachment H, Reports Section, Requirements RECV97, RECV99-RECV106, and RECV109-112.** Please attach a sample report that you would create.	
A46	*Answer 46* With 50 years of Medicaid knowledge and experience, we have effectively mastered the ability to provide significant and meaningful reporting data to our clients. We have worked with various TPL clients over many years to develop informative reports that meet or exceed their reporting needs and requirements. Our reporting solutions includes features to easily produce standard and ad hoc reports. We provide resources to work with and train Agency users on reporting features and to assist in creating new standard and ad-hoc reports as the need for information changes. The reports we produce undergo stringent quality and compliance review for accuracy. We employ both automated and manual procedures to validate information. Our team works to ensure each report is documented and reviewed for data validity, data quality, standards, grammar, formatting, and adherence to deliverable expectations and other aspects of quality. Our goal is to ensure that, once delivered, the Agency focuses on the most important aspect of the deliverable—the content.	

Attachment H Requirements for Reports

On the following pages, Conduent provides a response to Attachment H, Medicaid Qualifying Trusts (Special Needs, Miller and Pooled Trust) Section, Requirement RECV41 and Attachment H, Reports Section, Requirements RECV97, RECV99-RECV106, and RECV109-112. Our initial response confirms our commitment to meet the requirement followed by our descriptions of our work.

Attachment H Requirement RECV41

The Supplier must submit a quarterly (or other timeframe as specified by the Agency) trust status report of all trust cases reviewed and approved. This report is due within five (5) business days (or a timeframe as specified by the Agency) from the last day of each quarter. If the due date falls on a State holiday or a weekend, the report is due the following full business day.

Conduent response: Conduent submits a quarterly (or other timeframe as specified by the Agency) trust status report of all trust cases reviewed and approved. This report is due within five business days (or a timeframe as specified by the Agency) from the last day of each quarter. If the due date falls on a State holiday or a weekend, the report is due the following full business day.

Our approach to administering the State's Medicaid Qualifying Trusts includes establishing trust cases in our Maven case tracking and workflow tool. The tool allows us to keep detailed trust case records that provide a complete history of what transpired for each case. We use the case data stored in Maven to produce the trust status report quarterly. We work with the Agency during the implementation phase to review and gather details about the report. Our development team then creates the report and reviews it for accuracy and delivers it to the Agency for review and approval.

Attachment H Requirement RECV97

The Supplier must develop, document, deliver and retain all required TPL generated reports to the Agency as applicable in a manner agreed upon by the Agency. All standard reports should be accessible on an as needed basis at any time if the Agency is looking for information. Ad Hoc reporting access must be provided to Agency users or Suppliers.

Conduent response: Conduent develops, documents, delivers, and retains all required TPL generated reports to the Agency in a manner agreed upon by the Agency. All standard reports are accessible on an as needed basis at any time if the Agency is looking for information. Ad hoc reporting access is provided to the Agency users or Suppliers.

We regularly provide these types of services in all our Medicaid and CHIP implementation projects. Conduent works with the Agency during the implementation phase to review their reporting expectations and our current TPL reports. The Agency defines new reports not already available by our solution, including the frequency and data elements and fields on the report. We produce detailed report specification documents based on our meetings and deliver them to the Agency for review and approval.

Once the Agency approves our documents, our programmers either create or modify existing reports that we have in place today for other states. After initial design and development, a mockup of the report is shared with the Agency staff to verify it is what they are expecting. Requested changes are reviewed and incorporated into the final design. During User Acceptance testing, we validate with

	the Agency that the reports produced meet the specifications and needs of the Agency. As changes are needed over time, the design documentation is updated to reflect changes or any new reports. All of our documentation is version controlled and includes the date the change was made, the version number, the author, and a summary of what changes were made. Reports we produce undergo stringent quality and compliance reviews for accuracy. We employ both automated and manual procedures to validate all information produced. Our team works to verify each report for data validity, data quality, standards, grammar, formatting, and adherence to deliverable expectations and other aspects of quality. We establish a Reporting Portal for Agency authorized users to access our standard TPL reports and provide training of reporting tools used in ad hoc reporting. The portal provides immediate access to standard and ad hoc reporting**.** Reports are available on the Portal for up to one month and sent to our ECM for long term retention and archival. **Attachment H Requirement RECV99** The supplier must create and maintain a suite of online reports, as defined by the Agency, to allow users to choose from pre-built defined parameters (such as member ID, case ID, Trauma code, diagnosis code, date of service, policy begin date, policy end date, etc.) to generate customized reports for monitoring the daily operations of the system and Fiscal Agent Operations, based on business needs. **Conduent response:** Conduent creates and maintains a suite of online reports, as defined by the Agency, to allow users to choose from pre-built defined parameters (such as member ID, case ID, Trauma code, diagnosis code, date of service, policy begin date, policy end date, etc.) to generate customized reports for monitoring the daily operations of the system and Fiscal Agent Operations, based on business needs. Based on our experience in managing TPL projects across the United States, we have developed a comprehensive suite of reporting capabilities. Conduent's reports provide flexible, on-line, windows based, pull down and menu-driven screen capabilities using pre-defined reporting parameters and reporting templates. The parameters include but are not limited to those data points specified in RECV99. To support reporting, we maintain a reporting database that houses all the necessary production data used in TPL Recovery Services reporting. This separate data store facilitates a faster response in reporting, allows for retrieving greater volumes of data, and does not impact any production functionality or speed. A copy of the production database is taken nightly and imported into the data store to maintain reporting data that is current within a 24-hour period. Authorized users have access to produce standard reports and create custom ad hoc queries from the data store.

Attachment H Requirement RECV100

Report Name: TPL Supplier Adjustment Info Request Error Report

Report Frequency: Daily (or a frequency specified by the Agency)

Entity Responsible: TPL Supplier and the Agency

Report Description: This report is part of the TPL supplier provided recovery process. It lists the adjustment information requests that contained errors and could not be processed

Conduent response: Conduent produces the TPL Supplier Adjustment Info Request Error Report. We produce the report daily (or a frequency specified by the Agency). This report is part of Conduent's recovery process. It lists the adjustment information requests that contained errors and could not be processed. We coordinate delivery of the report via a secure method of transmission. We store the data in operational databases we use to facilitate TPL recovery/recoupment unit work. Our team conducts a review of the report and works with the Agency to resolve the errors.

Attachment H Requirement RECV101

Report Name: TPL Supplier Adjustment Info Request Audit Report

Report Frequency: Daily (or a frequency specified by the Agency)

Entity Responsible: TPL Supplier and the Agency

Report Description: This report views audit history. It is part of the TPL supplier provider recovery process. It lists the adjustment information requests that were accepted and responded to in the outbound file

Conduent response: Conduent produces the TPL Supplier Adjustment Info Request Audit Report. We produce the report daily (or a frequency specified by the Agency). This report displays audit history. It is part of Conduent's recovery process. It lists the adjustment information requests that were accepted and responded to in the outbound file. We coordinate delivery of the report via a secure method of transmission. We store the data in operational databases we use to facilitate TPL recovery/recoupment unit work.

Attachment H Requirement RECV102

Report Name: Carrier Update Activity Report

Report Frequency: Weekly (or a frequency specified by the Agency)

Entity Responsible: TPL Supplier, the electronic system as determined by the Agency, e.g. Medicaid Enterprise System, and the Agency

Report Description: Lists all new adds and changes to the carrier file. This report is used to identify any changes made during the week

Conduent response: Conduent produces the Carrier Update Activity Report. We produce the report weekly (or a frequency specified by the Agency). This report lists all new adds and changes to the carrier file. This report is used to identify any changes made during the week. We coordinate delivery of the report via a secure method of transmission. We store the data in operational databases we use to facilitate TPL recovery/recoupment unit work.

Attachment H Requirement RECV103

Report Name: Contractor Payment Received Information Report

Report Frequency: Daily (or a frequency specified by the Agency)

Entity Responsible: TPL Supplier, the electronic system as determined by the Agency, e.g. Medicaid Enterprise System, and The Agency

Report Description: This report lists accepted case recoveries received from the TPL supplier. It is sorted by Cash Control Number (CCN) followed by recovery case ID. There is a page break between the recovery case list and the benefit Plan

Conduent response: Conduent produces the Payment Received Information Report. We produce the report daily (or a frequency specified by the Agency). Report Description: This report lists accepted case recoveries received from Conduent. It is sorted by Cash Control Number (CCN) followed by recovery case ID. There is a page break between the recovery case list and the benefit plan. We coordinate delivery of the report via a secure method of transmission. We store the data in operational databases we use to facilitate TPL recovery/recoupment unit work.

Attachment H Requirement RECV104

Report Name: Contractor Carrier Payment Received Report

Report Frequency: Daily (or a frequency specified by the Agency)

Entity Responsible: TPL Supplier, the electronic system as determined by the Agency, e.g. Medicaid Enterprise System, and the Agency

Report Description: This report lists Contractor Carrier Payments that were received from the TPL supplier. There will be one copy of this report created for each file received. It is sorted by Cash Control Number (CCN) and Internal Cash Number (ICN)

Conduent response: Conduent produces the Carrier Payment Received Report. We produce the report daily (or a frequency specified by the Agency). This report lists carrier payments that were received from your lockbox. We produce one copy of this report for each file received. It is sorted by Cash Control Number (CCN) and Internal Cash Number (ICN). We coordinate delivery of the report via a secure method of transmission. We store the data in operational databases we use to facilitate TPL recovery/recoupment unit work.

Attachment H Requirement RECV105

Report Name: Contractor Carrier Payment Error Report

Report Frequency: Daily (or a frequency specified by the Agency)

Entity Responsible: TPL Supplier, the electronic system as determined by the Agency, e.g. Medicaid Enterprise System, and the Agency

Report Description: This report lists Contractor Carrier Payment errors that were found on a carrier recovery file sent by the TPL Supplier. There will be one copy of this report created for each file received. It is sorted by member ID

Conduent response: Conduent produces the Carrier Payment Error Report. We produce the report daily (or a frequency specified by the Agency). This report lists carrier payment errors that were found on a carrier recovery file sent by Conduent. There is one copy of this report created for each file received. It is sorted by member ID. We coordinate delivery of the report via a secure method of transmission. We store the data in operational databases we use to facilitate TPL recovery/recoupment unit work. Our team conducts a review of the report and works with the Agency to resolve the errors.

Attachment H Requirement RECV106

Report Name: Contractor Carrier Refund Report

Report Frequency: Daily (or a frequency specified by the Agency)

Entity Responsible: TPL Supplier, the electronic system as determined by the Agency, e.g. Medicaid Enterprise System, and the Agency

Report Description: This report lists possible refunds necessary due to overpayments made by carriers. When a recovery record is received from the TPL supplier, the recovery amount is checked against the Medicaid paid amount minus any previous recoveries. If the recovery amount is greater, then the recovery will only result in a disposition up to the paid amount (minus previous recoveries), and the overage will be listed in this report

Conduent response: Conduent produces the Carrier Refund Report.

We produce this report daily (or a frequency specified by the Agency).

This report lists possible refunds necessary due to overpayments made by carriers. When a recovery record is received from Conduent, the recovery amount is checked against the Medicaid paid amount minus any previous recoveries. If the recovery amount is greater, then the recovery will only result in a disposition up to the paid amount (minus previous recoveries), and the overage will be listed in this report. We coordinate delivery of the report via a secure method of transmission. We store the data in operational databases we use to facilitate TPL recovery/recoupment unit work.

Attachment H Requirement RECV109

Report Name: TPL Quarterly Activity Report

Report Frequency: Quarterly (or a frequency specified by the Agency)

Entity Responsible: TPL Supplier

Report Description: This report reflects the file maintenance activity for the month. The report will include, but is not limited to, member name, Medicaid ID, insurance/carrier name, policy number, effective date, termination date (if applicable) and type of coverage

Conduent response: Conduent produces the TPL Quarterly Activity Report. We produce this report quarterly (or a frequency specified by the Agency).

This report reflects the file maintenance activity for the month. The report includes, but is not limited to, member name, Medicaid ID, insurance/carrier name, policy number, effective date, termination date (if applicable) and type of coverage. The report is produced in our Wyoming and Montana Medicaid accounts today. We coordinate delivery of the report via a secure method of transmission. We store the data in operational databases we use to facilitate TPL recovery/recoupment unit work.

Attachment H Requirement RECV110

Report Name: TPL Recovery Invoice

Report Frequency: Monthly (or a timeframe specified by the Agency)

Entity Responsible: TPL Supplier

Report Description: This monthly (or a timeframe specified by the Agency) invoice will reflect checks deposited into the Agency's lockbox for the previous month. The required data includes, but is not limited to, member name, member ID, check number, deposit date, check amount, cash control number (CCN)

Conduent response: Conduent produces the TPL Recovery Invoice. We produce the invoice monthly (or a timeframe specified by the Agency). This invoice will reflect checks deposited into the Agency's lockbox for the previous month. The required data includes, but is not limited to, member name, member ID, check number, deposit date, check amount, cash control number (CCN). We coordinate delivery of the report via a secure method of transmission. We store the data in operational databases we use to facilitate TPL recovery/recoupment unit work.

Attachment HRequirement RECV111
Report Name: TPL Monthly Status Report (Management Report)
Report Frequency: Monthly (or a timeframe specified by the Agency)
Entity Responsible: TPL Supplier
Report Description: This report is a monthly status report for the management staff that includes, but is not limited to, the Supplier's activity in relation to the operations and administration of the TPL functions for each recoupment program. The report should include an executive summary, the programs' accomplishments, the programs' issues, proposed resolutions and recommendations

Conduent response: Conduent produces the TPL Monthly Status Report (Management Report). We produce the report monthly (or a timeframe specified by the Agency). This report includes, but is not limited to, the Supplier's activity in relation to the operations and administration of the TPL functions for each recoupment program. The report should include an executive summary, the programs' accomplishments, the programs' issues, proposed resolutions and recommendations

Attachment H Requirement RECV112
Report Name: Statement on Standards for Attestation Engagements (SSAE18)
Report Frequency: Yearly (or a timeframe specified by the Agency)
Entity Responsible: TPL Supplier
Report Description: The SSAE 18 report is an Independent Service Auditor's report. The report must meet the standards articulated by the American Institute of Certified Public Accountants including, but not limited to, the statement on Standards for Attestation Engagements (SSAE18) – reporting on Controls at a Service Organization. The Supplier must bear the cost of obtaining the report and provide the Agency with complete access to the report/records

Conduent response: Conduent routinely contracts with independent third-party service auditors to conduct security risk assessments of our systems and operations across the nation. We have successfully undergone numerous external audits and have a track record of obtaining project certifications, including reports for the Statement on Standards for Attestation Engagements, No. 18 (SSAE 18). All of our recent SSAE 18 audits have been successful, including for our MMIS contracts in Montana, Wyoming, New Mexico, and a number of other states.

SSAE 18 Audit Assessment

To conduct this independent assessment of the TPL Services project, we have selected Ernst & Young LLC (EY). Since 2010, Conduent has maintained a strong and productive partnership with EY to provide our System and Organization Controls reporting services. As our long-time, proven partner in assessing vulnerabilities and penetration risks, EY focuses their security audits on regulatory compliance. EY performs System and Organization Control audits and assessments for several of our Medicaid related accounts, including our

	current Wyoming MMIS account, and has the staff with the necessary knowledge and experience to accurately complete the audit requirements For the TPL Recovery Services audit, EY evaluates our controls and activities in the operation and within our solution to ensure our solution continues to align with Agency policies. The EY auditors perform this assessment on a yearly basis and produce the SSAE 18 Report each time to document their results. EY works at the direction of the Agency to independently assess the project's security and privacy plans. **SSAE 18 Report** At the conclusion of their assessment, EY produces the SSAE 18 Report to provide evidence that an independent third party has examined the controls that govern the processing of TPL Recovery Service's sensitive healthcare information. In this report, EY documents the results of each risk assessment, including all tools used, such as claims and correspondence scanners, and provides an action plan for remediation of any vulnerabilities. The SSAE 18 Report meets the standards of the American Institute of Certified Public Accountants, which includes reporting on Controls at a Service Organization. The fields included in the SSAE 18 Report are defined by the Agency to meet the business needs of the TPL Service project. We procure the SSAE 18 assessment and report on a yearly basis at Conduent's own expense and at no cost to the Agency, and we submit the resulting SSAE 18 Report each time to the Agency.	
	Upload Attachments with Additional Information? **Yes-Required**	Attachment File Name: **Sample Report_ Recovery Services**
47	**Reports-** Describe in detail how you will provide reports to support the implementation and operation of the Recovery Program as stated in **Attachment H, Reports Section, Requirement RECV98.** Please attach a sample report that you would create.	
A47	*Answer 47* Throughout our contract term, Conduent produces reports to support the implementation and operation of the Recovery Program as stated in Attachment H, Reports Section, Requirement RECV98. Tools such as Microsoft BI and Maven assist our management team by providing comprehensive performance reporting. These tools provide easy access to program data with flexible, user-friendly capabilities for administrative needs, financial and program analysis, and reporting. Users can easily learn and perform functions ranging from standard reporting to advanced ad hoc queries and analytics.	

Attachment H Requirement for Reports

In the following text, Conduent provides a response to Attachment H, Reports Section, Requirement RECV98. Our initial response confirms our commitment to meet the requirement followed by our descriptions of our work.

Attachment H Requirement RECV98

The Supplier must provide reports to support the implementation and operation of the Recovery Program and to enable the Agency to evaluate program and Supplier performance. If new reports or revisions to existing reports are needed, the Agency will notify the Supplier, and the Supplier must build and deliver the report within two (2) weeks (or timeframe specified by the Agency). Based on the urgency of the request, the Supplier may be required to complete the report in less time.

Conduent response: Conduent provides reports to support the implementation and operation of the Recovery Program and to enable the Agency to evaluate program results and Conduent performance. If new reports or revisions to existing reports are needed, the Agency will notify Conduent via an agreed upon communication method, and we build and deliver the report within two weeks (or timeframe specified by the Agency). Based on the urgency of the request, we may be required to complete the report in less time.

With 50 years of services in the Medicaid industry, we are proficient at producing meaningful and detailed reports that evaluate program results and Conduent's performance. We use Microsoft Power BI and Maven to produce reports to monitor our performance and ability to meet service level agreements (SLAs) throughout the contract term. These tools provide senior management with insight into critical performance metrics in a State-approved format and on a State-defined frequency. Their easy-to-use interfaces support the ongoing monitoring of program performance by analyzing events that have already occurred in order to anticipate the impact of events that have not yet occurred.

We closely monitor daily work outcomes and work production reports to proactively verify that we are staffed appropriately to meet all contract deliverables, performance metrics, and quality standards. During the implementation, we gather your performance reporting requirements and include them in our list of performance metrics along with SLAs and other key operational metrics. Conduent supports delivering business performance reports as standalone reports or in dashboard views according to the State's preference.

Upload Attachments with Additional Information? **Yes-Required**	Attachment File Name: **Sample Implementation Report_ Recovery Services**

48	**Reports-** Describe in detail your process for receiving, storing, and utilizing reports provided to you by the agency or agency system as stated in **Attachment H, Reports Section, Requirements RECV107 and RECV108.**
A48	*Answer 48* Throughout our history as a Medicaid fiscal agent, we have established processes for securely receiving and sharing information with our customers and their stakeholders, including reports. Our approach focuses on establishing a secure method, such as Secure File Transfer Protocol (SFTP) sites, for the State and their vendors or stakeholders to send Conduent reports. We work with the State during the implementation phase to establish the protocol, naming conventions for files, cadence for each expected report and other key elements. **Receipt and Storage** Once we have received the report, our IT team loads the report into the appropriate work queue based on the contents of the report and purpose. TPL recovery analysts assigned to that work queue, can download and export data from the report as needed to perform their task. We store the reports in a designated database(s) that we set up with the state during the implementation phase. The reports are also loaded to our document management system for easy access by authorized staff. Our solution moves reports received or produced to the Enterprise Content Management (ECM) solution, via interface processes (SFTP or similar) bringing in all reporting for the project into a central repository. Reports posted to the ECM allow for easy online access by authorized Agency and Conduent users. This repository houses all current and historical TPL Services report format templates, reporting and support documentation, notifies users when new reports are published, and enables users to quickly find needed information. **Utilization of Reports** Our team is highly experienced and trained on how to access and use the reports as part of their job function. TPL analysts retrieve the reports daily (or as needed) to complete their responsibilities. We review the information on the reports and act on them as necessary which may include further research, confirmation of data, entry of data into our or another system as designated by the State. We work with the State during the implementation phase to clearly update our policy and procedures to show how each report is used and what system(s) are updated. Our policy and procedures manual includes step by step instructions with screen captures of what the report looks like as well as individual data dictionaries for each report coming from the state, MES vendors, and any other stakeholders. We have reviewed each of the reports contained in RECV107 and RECV108 and confirm will have operational workflows established for each report.

Attachment H Requirements for Reports

In the following text, Conduent provides a response to Attachment H, Reports Section, Requirements RECV107 and RECV108. Our initial response confirms our commitment to meet the requirement followed by our descriptions of our work.

Attachment H Requirement RECV107
Report Name: Number of Policies by Verification Indicator
Report Frequency: Monthly (or a frequency specified by the Agency)
Entity Responsible: The electronic system as determined by the Agency, e.g. Medicaid Enterprise System, and the Agency
Report Description: This report provides the number of policies by verification indicator that have policy dates active during the select time period.

Conduent response: Conduent receives the Number of Policies by Verification Indicator report.

We receive the report monthly (or a frequency specified by the Agency) from the electronic system as determined by the Agency, e.g. Medicaid Enterprise System, and the Agency.

This report provides the number of policies by verification indicator that have policy dates active during the select time period. Conduent has used this type of report in several states including Montana and Wyoming. We have the ability to take in reports electronically as required by the Agency.

Attachment H Requirement RECV108
Report Name: Covered Eligibles by County
Report Frequency: Quarterly (or a frequency specified by the Agency)
Entity Responsible: The electronic system as determined by the Agency, e.g. Medicaid Enterprise System, and the Agency
Report Description: This report presents counts of members who are eligible (within the reporting period) for medical services who have other health care coverage. This information is reported for each benefit plan within county of financial responsibility. Eligible member counts are unduplicated – the member is only counted once. A member will be counted if they have had active COB coverage (in the other coverage column) or Managed care or Medicare coverage within the reporting period. If a member has Medicare they are only counted once either under the part A only, part B only or Both A&B. This report is sorted by benefit plan and county

Conduent response: Conduent receives the Covered Eligibles by County report.

We receive the report quarterly (or a frequency specified by the Agency) from the electronic system as determined by the Agency, e.g. Medicaid Enterprise System, and the Agency.

This report presents counts of members who are eligible (within the reporting period) for medical services who have other health care coverage. This information is reported for each benefit plan within county of financial responsibility. Eligible member counts are

	unduplicated – the member is only counted once. A member will be counted if they have had active COB coverage (in the other coverage column) or Managed care or Medicare coverage within the reporting period. If a member has Medicare they are only counted once either under the part A only, part B only or Both A&B. This report is sorted by benefit plan and county.	
	Upload Attachments with Additional Information? **No**	Attachment File Name: N/A
49	**Key Personnel and Resources-** Describe how you will meet the Key Personnel requirements stated in **Attachment H, Key Personnel and Resources Section, Requirements RECV113-RECV116.** ~~Please attach the resumes for your staff attorney and qualified accountant.~~ Revised per Amendment 5, dated 11/20/2020	
A49	*Answer 49* The unique nature of Third Party Liability Services in the broader scope of Medicaid Services requires specialized knowledge, together with a broad understanding of Medicaid services. Staff with this skillset are rare and Conduent recognizes their importance, both at the Agency and within the company. We are fortunate to have two such individuals that each proves to be an excellent fit to the positions of Staff Attorney and Accountant: With combined 14 years of experience in their respective fields, backgrounds, and state government-specific experience that meets the needs of the State for the Third Party Liability Services project. **Attachment H Requirement RECV113** The Supplier's Staff Attorney must have at a minimum the following qualifications: a. Completion of a law degree from an accredited law school b. Licensed and be in good standing with the state bar association c. Two years of professional legal experience in Healthcare, Personal Injury, or Litigation **Conduent response:** Conduent's proposed Staff Attorney has completed a law degree from an accredited law school, is licensed and in good standing with the state bar association, and has nine years of professional legal experience in Healthcare, Personal Injury, or Litigation. **Attachment H Requirement RECV114** The Supplier's Attorney must: a. Review documents and provide legal recommendations to both the Agency and the Supplier's staff on a variety of topics related to Medicaid and third party liability issues and the administration of TPL functions b. Manage and oversee the Trust Review and Accounting Review Programs c. Develop, draft and maintain policies and procedures manuals for the Trust programs d. Participate in telephone conference calls and settlement negotiations e. Provide case management and file review	

f. Attend hearings before the State and Superior Courts, the Office of State Administrative Hearings, or other administrative body as requested by the Agency
g. File liens and probate claims
h. Review proposed statutory changes and recommended changes/updates
i. Develop and draft written communication/correspondence regarding Medicaid members, opposing counsel, state Agencies and court officials for Agency approval
j. Provide advanced legal research, interpretation and application of federal, state and/or local laws in accordance to TPL
k. Attend professional meetings and conferences in accordance to TPL
l. Maintain knowledge of current trends and developments related to Medicaid and any impact to TPL
m. Stay abreast of legal issues and developments in the healthcare industry
n. Any other related tasks as requested by management or the Agency

Conduent response: Conduent acknowledges and confirms that the Staff Attorney must be capable of performing each of the 14 tasks outlined above in Requirement RECV114. Our proposed Staff Attorney has the requisite skills, background, and experience to successfully perform each of required activities.

She has nine years of focused work in health policy, healthcare legal review, members and payers, as well as healthcare-related counsel and legislation. Having served for eight years as a Legal Director within state government, she has specialized knowledge of the unique challenges faced by the state in managing healthcare risk and has direct experience in reviews and investigations. Her experience managing review analysts and engaging with stakeholders provides her with unique insight into state processes, procedures, and critical goals. Her experience coordinating with the Attorney General on legal proceedings, reviewing and analyzing legislation, and drafting Health Planning rules gives her with the necessary expertise to address critical legal concerns.

Her background and experience provide her with skills necessary to address legal and oversight needs of the State, its members, and providers.

Attachment H Requirement RECV115

The Supplier's qualified accountant must have at a minimum the following qualification:

a. Two (2) years professional experience conducting comprehensive financial audits

Conduent response: Conduent's proposed accountant has four years professional experience conducting comprehensive financial audits. Susan's considerable experience with state and federal government accounting and auditing provides her with the skills and insight necessary to successfully carry out the responsibilities associated with the accountant position.

	Attachment H Requirement RECV116 The Supplier's qualified accountant must: a. Conduct comprehensive financial audits on all trust accounting and financial documents submitted to the Agency b. Perform analytical procedures and analyses to detect unusual financial statement relationships and provide ad hoc and scheduled reports, as required by the Agency c. Ensure financial compliance with federal and state guidelines as well as agreed upon Agency procedures **Conduent response:** Conduent acknowledges and confirms that the accountant conducts comprehensive financial audits on all trust accounting and financial documents submitted to the agency, performs analytical procedures and analyses to detect unusual financial statement relationships and provides ad hoc and scheduled reports as required by the agency, and ensures financial compliance with federal and state guidelines as well as agreed upon Agency procedures. Our proposed accountant has the requisite skills, background, and experience to successfully perform each of these activities. She has over two decades of accounting experience and four years of experience conducting comprehensive financial audits. She has experience in the private sector as well as local, state, and federal government, to include state Medicaid agencies. Her breadth of knowledge and versatility provide her with the ability to quickly become familiar with the unique characteristics of a given project. Susan's expertise makes her an asset, particularly in the areas of Financial Planning and Analysis Control. Susan's extensive background in accounting and providing audits, particularly in the area of state government, provides her with the skills necessary to successfully support the State's auditing needs.	
	Upload Attachments with Additional Information? **Yes-Required**	Attachment File Name: **Staff Resumes_ Recovery Services-** Revised per Amendment 5, dated 11/20/2020
50	**Interfaces-** Describe in detail your process for creating and transmitting interfaces where the Supplier is the entity responsible as stated in **Attachment H, Interfaces Section, Requirements RECV117** and **RECV131-RECV140.**	
A50	*Answer 50* **Conduent response:** Conduent agrees to support all the required inbound and outbound interfaces listed in the RFP. For each interface we: • Meet with the Agency and appropriate stakeholders to define the interface details, frequency, security requirements, and secure data access/transmission protocols • Document the interface details in an Interface Control Document (ICD) and seek Agency approval • Configure the interface using our standard library of production interfaces or if new, develop the interface according to the ICD • Review the data to test its validity • Perform quality assurance testing	

- Update our workflows to process the interface according to Agency-approved procedures
- Document the interface in appropriate manuals, i.e., systems and operational procedure manuals

We have many years of experience from contracts with state Medicaid and Children's Health Insurance Program (CHIP) clients that require us to support the same types of interfaces required by the RFP. This allows us to easily understand the purpose and details behind each interface. The knowledge we bring to the project and our existing configurable interfaces allows us to hit the ground running to support your interface requirements throughout the contract term.

Attachment H Requirement RECV117
Interface Name: Adjustment Information Request File from TPL vendor
From: TPL Vendor
To: An electronic system as determined by the Agency, e.g. Medicaid Enterprise System
Frequency: Variable
Interface Description: This is an interface from the TPL Vendor containing claims that the Vendor wishes to inquire about. These claims will be analyzed and a response file will be sent back to the Vendor.

Conduent response: Conduent produces the Adjustment Information Request File.

We send the interface to an electronic system as determined by the Agency, e.g., Medicaid Enterprise System.

We send the interface at variable times, as defined by the Agency.

This interface from Conduent contains claims that Conduent wants to inquire about to receive updated adjustment information. We acknowledge the claims are analyzed and a response file is sent back to Conduent.

Attachment H Requirement RECV131
Interface Name: TPL Case Tracking Recoveries from the TPL Vendor
From: TPL Vendor
To: An electronic system as defined by the Agency, e.g. Medicaid Enterprise System
Frequency: Variable (or a frequency specified by the Agency)
Interface Description: TPL case tracking recoveries from the TPL Vendor to the MMIS. Records received will be processed and appear on the case tracking recovery panels.

Conduent response: Conduent produces the TPL Case Tracking Recoveries File. We send the interface to an electronic system as defined by the Agency, e.g., Medicaid Enterprise System. We send the interface at variable times (or a frequency specified by the Agency). This interface includes TPL case tracking recoveries that we send to the Medicaid Management Information System (MMIS). We acknowledge that records received are processed and appear on the case tracking recovery panels, which allows the wider set of users who have MMIS access to have up to date information about TPL recoveries.

	Attachment H Requirement RECV132 Interface Name: TPL Premium Program Information from TPL Vendor From: TPL Vendor To: An electronic system as defined by the Agency, e.g. Medicaid Enterprise System Frequency: Variable (or a frequency specified by the Agency) Interface Description: TPL Premium Program (HIPP and CHIPRA) information from TPL Vendor to an electronic system as defined by the Agency, e.g. Medicaid Enterprise System. Records received will be processed and used to update the HIPP information currently on file. **Conduent response:** Conduent produces the TPL Premium Program Information File. We send the interface to an electronic system as defined by the Agency, e.g., Medicaid Enterprise System. We send the interface at variable times (or a frequency specified by the Agency). This interface includes TPL Premium Program (HIPP and CHIPRA) information that Conduent sends to an electronic system as defined by the Agency, e.g., Medicaid Enterprise System. We acknowledge that records received are processed and used to update the HIPP information currently on file. **Attachment H Requirement RECV133** Interface Name: TPL Resource File from TPL Vendor From: TPL Vendor To: An electronic system as defined by the Agency, e.g. Medicaid Enterprise System Frequency: Variable (or a timeframe specified by the Agency) Interface Description: Resource update file from the TPL Vendor to the Medicaid Enterprise System. Records received will be processed and used to update the resources currently on file. **Conduent response:** Conduent produces the TPL Resource File. We send the interface to an electronic system as defined by the Agency, e.g., Medicaid Enterprise System. We send the interface at variable times (or a timeframe specified by the Agency). This interface is a resource update file that Conduent sends to the Medicaid Enterprise System. We acknowledge that records received are processed and used to update the resources currently on file.

Attachment H Requirement RECV134

Interface Name: Premium Payee and Financial Information File from TPL Vendor

From: TPL Vendor

To: Fiscal Agent

Frequency: Weekly

Interface Description: This information is used to maintain the Premium Payee and Financial Information File data for the HIPP and CHIPRA members enrolled and receiving payments. It is sent by the TPL Vendor to the Medicaid Enterprise System each Monday to assist in setup for the payment requests for the week.

Conduent response: Conduent produces the Premium Payee and Financial Information File.

We send the interface to the Fiscal Agent.

We send the interface weekly.

This interface is used to maintain the Premium Payee and Financial Information File data for the HIPP and CHIPRA members enrolled and receiving payments. Conduent sends the interface to the Medicaid Enterprise System each Monday to assist in setup for the payment requests for the week.

Attachment H Requirement RECV135

Interface Name: Premium Payment Program Plan Table from TPL Vendor

From: TPL Vendor

To: Fiscal Agent

Frequency: Daily (but expected only once per week)

Interface Description: This information is used to provide additional information on HIPP and CHIPRA policies regarding the cost analysis performed and the plans available. It is sent once per week, but the Medicaid Enterprise System is setup to receive daily in case additional updates are required.

Conduent response: Conduent produces the Premium Payment Program Plan Table File.

We send the interface to the Fiscal Agent.

We send the interface daily or weekly based on the Agency's requirements.

This interface provides additional information on HIPP and CHIPRA policies regarding the cost analysis performed and the plans available. We typically send the interface weekly, but understand that the Medicaid Enterprise System can receive the interface daily when additional updates are required.

Attachment H Requirement RECV136

Interface Name: Premium Payment Program Letter from TPL Vendor

From: TPL Vendor

To: Fiscal Agent

Frequency: Daily (but expected only once per week)

Interface Description: This information is used to provide additional information on HIPP and CHIPRA policies regarding letters sent to the members. It is sent once per week, but the Medicaid Enterprise System is setup to receive daily in case additional updates are required.

Conduent response: Conduent produces the Premium Payment Program Letter File.

We send the interface to the Fiscal Agent.

We send the interface daily or weekly based on the Agency's requirements.

This interface provides additional information on HIPP and CHIPRA policies regarding letters sent to the members. We typically send the interface weekly, but understand that the Medicaid Enterprise System can receive the interface daily when additional updates are required.

Attachment H Requirement RECV137

Interface Name: Premium Payment Program Notes from TPL Vendor

From: TPL Vendor

To: Fiscal Agent

Frequency: Daily (but expected only once per week)

Interface Description: This information is used to provide additional information on HIPP and CHIPRA policies regarding notes established on a policy by the TPL Vendor. It is sent once per week, but the Medicaid Enterprise System is setup to receive daily in case additional updates are required.

Conduent response: Conduent produces the Premium Payment Program Notes File.

We send the interface to the Fiscal Agent.

We send the interface daily or weekly based on the Agency's requirements.

This interface provides additional information on HIPP and CHIPRA policies regarding notes established on a policy by Conduent. We typically send the interface weekly, but understand that the Medicaid Enterprise System can receive the interface daily when additional updates are required.

Attachment H Requirement RECV138

Interface Name: Premium Payment Request File from TPL Vendor

From: TPL Vendor

To: Fiscal Agent

Frequency: Weekly

Interface Description: This information is used to generate the premium payments for HIPP and CHIPRA members enrolled and receiving payments. It is sent by the TPL Vendor to the Medicaid Enterprise System each Monday, and the requests are available for Agency review, approval and processing in the the Medicaid Enterprise System.

Conduent response: Conduent produces the Premium Payment Request File.

We send the interface to the Fiscal Agent.

We send the interface weekly.

This interface information is used to generate the premium payments for HIPP and CHIPRA members enrolled and receiving payments. We send the interface to the Medicaid Enterprise System each Monday, and the requests are available for Agency review, approval and processing in the Medicaid Enterprise System.

Attachment H Requirement RECV139

Interface Name: Premium Program Information from TPL Vendor

From: TPL Vendor

To: Fiscal Agent

Frequency: Daily (but expected only once per week)

Interface Description: This information is used to provide the base information on HIPP and CHIPRA policies established by the TPL Vendor. It maintains the family members, associated tpl policies, policyholders, and coverage information. We send the interface once per week, but the Medicaid Enterprise System is setup to receive daily in case additional updates are required.

Conduent response: Conduent produces the Premium Program Information File.

We send the interface to the Fiscal Agent.

We send the interface daily or weekly based on the Agency's requirements.

This interface provides the base information on HIPP and CHIPRA policies established by Conduent. It maintains the family members, associated TPL policies, policyholders, and coverage information. We typically send the interface weekly, but understand that the Medicaid Enterprise System can receive the interface daily when additional updates are required.

	Attachment H Requirement RECV140 Interface Name: Premium Program Payment History Information from TPL Vendor From: TPL Vendor To: Fiscal Agent Frequency: Daily (but expected only once per week) Interface Description: This information is provided by the TPL Vendor to record payments made for HIPP and CHIPRA outside of the Medicaid Enterprise System. As of 2nd quarter 2020, this process is being phased out due to a change in banking and the method for which checks are produced. It is sent once per week, but the Medicaid Enterprise System is setup to receive daily in case additional updates are required. **Conduent response:** Conduent produces the Premium Program Payment History Information File. We send the interface to the Fiscal Agent. We send the interface daily or weekly based on the Agency's requirements. This interface is provided by Conduent to record payments made for HIPP and CHIPRA outside the Medicaid Enterprise System. We acknowledge that as of second quarter 2020, this process is being phased out due to a change in banking and the method for which checks are produced. We can send the interface weekly but understand that the Medicaid Enterprise System can receive the interface daily when additional updates are required.
	Upload Attachments with Additional Information? **No** — Attachment File Name: N/A
51	**Interfaces-** Describe in detail your process for receiving, storing, and utilizing interfaces provided to you by the agency or agency system as stated in **Attachment H, Interfaces Section, Requirements RECV118-RECV130 and RECV141.**
A51	*Answer 51* **Conduent response:** Conduent agrees to support all the required inbound and outbound interfaces listed in the RFP. For each interface we: • Meet with the Agency and appropriate stakeholders to define the interface details, frequency, security requirements, and secure data access/transmission protocols • Document the interface details in an Interface Control Document (ICD) and seek Agency approval • Configure the interface using our standard library of production interfaces or if new, develop the interface according to the ICD • Review the data to test its validity • Perform quality assurance testing • Update our workflows to process the interface according to Agency-approved procedures • Document the interface in appropriate manuals, i.e., systems and operational procedure manuals

	We have many years of experience from contracts with state Medicaid and Children's Health Insurance Program (CHIP) clients that require us to support the same types of interfaces required by the RFP. This allows us to easily understand the purpose and details behind each interface. The knowledge we bring to the project and our existing configurable interfaces allows us to hit the ground running to support your interface requirements throughout the contract term. **Attachment H Requirement RECV118** Interface Name: Adjustment Information Response File to TPL Vendor From: An electronic system as determined by the Agency, e.g. Medicaid Enterprise System To: TPL Vendor Frequency: Variable as one file is sent per request file received (or a frequency specified by the Agency Interface Description: This is the response file generated when Medicaid Enterprise system receives an Adjustment Information Request file. Included is adjustment information for all claims present on the request file. **Conduent response:** Conduent receives the Adjustment Information Response File. We receive the interface from an electronic system as determined by the Agency, e.g., Medicaid Enterprise System (MES). We receive the interface at variable times as one file is sent per request file received (or a frequency specified by the Agency). This interface response file is generated when the Medicaid Enterprise system receives an Adjustment Information Request file from Conduent. The response file includes adjustment information for all claims present on the request file. Conduent validates the adjustment information according to interface business rules and applies the updates to our database. **Attachment H Requirement RECV119** Interface Name: Diagnosis Code File to TPL Vendor From: An electronic system as defined by the Agency, e.g. Medicaid Enterprise System To: TPL Vendor Frequency: Monthly (or a frequency specified by the Agency) Interface Description: Extract of all current and future diagnosis codes currently stored in the Medicaid Enterprise System. **Conduent response:** Conduent receives the Diagnosis Code File. We receive the interface from an electronic system as defined by the Agency, e.g., Medicaid Enterprise System. We receive the interface monthly (or a frequency specified by the Agency). This interface is an extract of all current and future diagnosis codes currently stored in the Medicaid Enterprise System. Conduent processes diagnosis code file, validates the information according to interface business rules and applies the updates to our database.

	Attachment H Requirement RECV120 Interface Name: Drug Code File to TPL Vendor From: An electronic system as defined by the Agency, e.g. Medicaid Enterprise System To: TPL Vendor Frequency: Monthly (or a frequency specified by the Agency) Interface Description: Exact of all drug code data currently in the electronic system as defined by the Agency, e.g. Medicaid Enterprise System. **Conduent response:** Conduent receives the Drug Code File. We receive the interface from an electronic system as defined by the Agency, e.g., MES. We receive the interface monthly (or a frequency specified by the Agency). This interface is an extract of all drug code data currently in the electronic system as defined by the Agency, e.g., Medicaid Enterprise System. Conduent processes drug code file, validates the information according to interface business rules and applies the updates to our database. **Attachment H Requirement RECV121** Interface Name: Institutional Claims File to TPL Vendor From: An electronic system as defined by the Agency, e.g. Medicaid Enterprise System To: TPL Vendor Frequency: Monthly (or a frequency specified by the Agency) Interface Description: Full extract of all institutional claims, for all statuses for a duration as determined by the Agency and with a frequency as determined by the Agency. Encounter and waiver claims are included in this file. **Conduent response:** Conduent receives the Institutional Claims File. We receive the interface from an electronic system as defined by the Agency, e.g., MES We receive the interface monthly (or a frequency specified by the Agency) This interface is a full extract of all institutional claims, for all statuses for a duration as determined by the Agency and with a frequency as determined by the Agency. Encounter and waiver claims are included in this file. Conduent processes the institutional claims including encounter and waiver claims, validates the information according to interface business rules and applies the updates to our database.

	Attachment H Requirement RECV122 Interface Name: State Medicare Modernization Act (MMA) File to TPL Vendor From: An electronic system as defined by the Agency, e.g. Medicaid Enterprise System To: TPL Vendor Frequency: Monthly (or a frequency specified by the Agency) Interface Description: The MMA file sent from CMS to State Medicaid Enterprise System vendor which will then be passed on to the TPL Vendor. This file contains Medicare Part D data. **Conduent response:** Conduent receives the State Medicare Modernization Act (MMA) File. We receive the interface from an electronic system as defined by the Agency, e.g., MES. We receive the interface monthly (or a frequency specified by the Agency). This interface is sent from the Centers for Medicare and Medicaid Services (CMS) to the State Medicaid Enterprise System vendor, which then passes it on to Conduent. This file contains Medicare Part D data. Conduent processes the MMA file, validates the information according to interface business rules and applies the updates to our database. Conduent has prior experience processing MMA information for several state Medicaid programs. For the Mississippi Medicaid program, for example, we load the part D information into the user interface panels of our pharmacy claims processing system for use in TPL processing. **Attachment H Requirement RECV123** Interface Name: Member Eligibility File to TPL Vendor From: An electronic system as defined by the Agency, e.g. Medicaid Enterprise System To: TPL Vendor Frequency: Monthly (or a frequency specified by the Agency) Interface Description: Member eligibility file from the Medicaid Enterprise System to the TPL Vendor. This is a full extract of all member records currently on file. **Conduent response:** Conduent receives the Member Eligibility File. We receive the interface from an electronic system as defined by the Agency, e.g., Medicaid Enterprise System. We receive the interface monthly (or a frequency specified by the Agency). This interface, which is sent from the Medicaid Enterprise System to Conduent, is a full extract of all member records currently on file. Conduent processes the Member Eligibility file, validates the information according to interface business rules and applies the updates to our database.

	Attachment H Requirement RECV124 Interface Name: Pharmacy claims file to TPL Vendor From: An electronic system as defined by the Agency, e.g. Medicaid Enterprise System To: TPL Vendor Frequency: Monthly (or a frequency specified by the Agency) Interface Description: Full extract of all pharmacy claims, for all statuses for a duration as determined by the Agency and with a frequency as determined by the Agency. Encounter and waiver claims are included in this file. **Conduent response:** Conduent receives the Pharmacy Claims File. We receive the interface from an electronic system as defined by the Agency, e.g., Medicaid Enterprise System. We receive the interface monthly (or a frequency specified by the Agency). This interface is a full extract of all pharmacy claims, for all statuses for a duration as determined by the Agency and with a frequency as determined by the Agency. Encounter and waiver claims are included in this file. Conduent processes the pharmacy claims including encounter and waiver claims from the file, validates the information according to interface business rules and applies the updates to our database. **Attachment H Requirement RECV125** Interface Name: Physician Claims File to TPL Vendor From: An electronic system as defined by the Agency, e.g. Medicaid Enterprise System To: TPL Vendor Frequency: Monthly (or a frequency specified by the Agency) Interface Description: Full extract of all physician claims, for all statuses for a duration as determined by the Agency and with a frequency as determined by the Agency. Encounter and waiver claims are included in this file. **Conduent response:** Conduent receives the Physician Claims File. We receive the interface from an electronic system as defined by the Agency, e.g., Medicaid Enterprise System. We receive the interface monthly (or a frequency specified by the Agency). This interface is a full extract of all physician claims, for all statuses for a duration as determined by the Agency and with a frequency as determined by the Agency. Encounter and waiver claims are included in this file. Conduent processes the physician claims, include the encounter and waiver claims from the file, validates the information according to interface business rules and applies the updates to our database.

	Attachment H Requirement RECV126 Interface Name: Procedure Code File to the TPL Vendor From: An electronic system as defined by the Agency, e.g. Medicaid Enterprise System To: TPL Vendor Frequency: Monthly (or a frequency specified by the Agency) Interface Description: Extract of all procedure codes currently stored in the Medicaid Enterprise System. **Conduent response:** Conduent receives the Procedure Code File. We receive the interface from an electronic system as defined by the Agency, e.g., Medicaid Enterprise System. We receive the interface monthly (or a frequency specified by the Agency). This interface is an extract of all procedure codes currently stored in the MES. Conduent processes the procedure code file, validates the information according to interface business rules and applies the updates to our database. **Attachment H Requirement RECV127** Interface Name: Provider File to TPL Vendor From: An electronic system as defined by the Agency, e.g. Medicaid Enterprise System To: TPL Vendor Frequency: Monthly (or a frequency specified by the Agency) Interface Description: This is a full extract of all provider data currently on file. **Conduent response:** Conduent receives the Provider File. We receive the interface from an electronic system as defined by the Agency, e.g. Medicaid Enterprise System. We receive the interface monthly (or a frequency specified by the Agency). This interface is a full extract of all provider data currently on file. Conduent processes the provider data file, validates the information according to interface business rules and applies the updates to our database. **Attachment H Requirement RECV128** Interface Name: Resource File to TPL Vendor From: An electronic system as defined by the Agency, e.g. Medicaid Enterprise System To: TPL Vendor Frequency: Monthly (or a frequency specified by the Agency) Interface Description: This is a full extract of all resource records currently on file.

	Conduent response: Conduent receives the Resource File. We receive the interface from an electronic system as defined by the Agency, e.g. Medicaid Enterprise System. We receive the interface monthly (or a frequency specified by the Agency). This interface is a full extract of all resource records currently on file. Conduent processes the resource file, validates the information according to interface business rules and applies the updates to our database. **Attachment H Requirement RECV129** Interface Name: Territory Beneficiary Query (TBQ) File to TPL Vendor From: An electronic system as defined by the Agency, e.g. Medicaid Enterprise System To: TPL Vendor Frequency: Daily (or a frequency specified by the Agency) Interface Description: The Medicare beneficiary eligibility determinations file sent from CMS to State Medicaid Enterprise System vendor will be passed on to the TPL Vendor. **Conduent response:** Conduent receives the Territory Beneficiary Query (TBQ) File. We receive the interface from an electronic system as defined by the Agency, e.g. Medicaid Enterprise System. We receive the interface daily (or a frequency specified by the Agency). This interface, of the Medicare beneficiary eligibility determinations, is sent from CMS to the State Medicaid Enterprise System vendor, which then passes it on to Conduent. Conduent processes the Territory Beneficiary Query (TBQ) file, validates the information according to interface business rules and applies the updates to our database. **Attachment H Requirement RECV130** Interface Name: TPL Case Tracking Information to TPL Vendor From: An electronic system as defined by the Agency, e.g. Medicaid Enterprise System To: TPL Vendor Frequency: Monthly (or a frequency specified by the Agency) Interface Description: Full case tracking data extract sent to the TPL Vendor. All cases on file and all claims associated to those cases will be sent. **Conduent response:** Conduent receives the TPL Case Tracking Information File. We receive the interface from an electronic system as defined by the Agency, e.g. Medicaid Enterprise System. We receive the interface monthly (or a frequency specified by the Agency). This interface is a full case tracking data extract sent to Conduent. All cases on file and all claims associated to those cases are sent.

	Conduent processes the TPL case tracking file including all the claims, validates the information according to interface business rules and applies the updates to our database. **Attachment H Requirement RECV141** Interface Name: CHIP file to Eligibility System From: An electronic system as defined by the Agency, e.g. Medicaid Enterprise System To: State eligibility system Frequency: Daily Interface Description: This information identifies all CHIP members that also have active TPL Medical coverage. This file is used by the eligibility system to disenroll members receiving TPL from the CHIP program. **Conduent response:** The State Eligibility System receives the CHIP File. The State Eligibility System receives the interface from an electronic system as defined by the Agency, e.g. Medicaid Enterprise System. The State Eligibility System receives the interface daily. This interface identifies all CHIP members that also have active TPL medical coverage. This file is used by the eligibility system to disenroll members receiving TPL from the CHIP program. Conduent processes the CHIP file, validates the information according to interface business rules and applies the updates to our database.	
	Upload Attachments with Additional Information? **No**	Attachment File Name: N/A

State of Georgia

In conjunction with

NASPO ValuePoint

Attachment DD
References Form
Event Name: Third Party Liability Services
eRFP (Event) Number: 41900-DCH0000120

Please provide references as directed in the mandatory scored question for each scope of work proposed. For each year of experience include the company or state where the recoupment work was performed, contact person's name, email address and telephone number. For each state or company identified you must include the annual recovery amount, annual cost saving amount and the population size of the company or state identified. The recovery amount is not applicable to and not required for the Hospital Physician scope of service.

REF #	Company or State	Population Size	Client Contact Information	SIMILAR SCOPE?	Annual Recovery Amount	Annual Cost Savings	CURRENT OR PAST?	PERMISSION TO CONTACT?
1	Montana Department of Health and Human Services – Montana Medicaid Program	290,000 Medicaid Eligible Members	[redacted]	Recovery ☐ Commercial Billing ☒ Hospital Physician ☒ CMO Come Behind ☒ TPL System Module ☐	[redacted]	[redacted]	CURRENT ☒ PAST ☐ **Period of Performance:** **01/01/2019 – 12/31/2019**	YES ☒ NO
2	State of Wyoming, Division of HealthCare Financing	Medicaid Population 60,716 Statewide Population: 563,626	[redacted]	Recovery ☒ Commercial Billing ☐ Hospital Physician ☐ CMO Come Behind ☐ TPL System Module ☒	[redacted]	[redacted]	CURRENT ☒ PAST ☐ **Period of Performance:** **07/01/20 – Present**	YES ☒ NO ☐

3	State of Wyoming, Division of HealthCare Financing	Medicaid Population 76,964 Statewide Population: 567,025	[redacted]	Recovery ☒ Commercial Billing ☐ Hospital Physician ☐ CMO Come Behind ☐ TPL System Module ☒	[redacted]	[redacted]	**CURRENT** ☐ **PAST** ☒ **Period of Performance:** **07/01/2019- 06/30/2020**	**YES** ☒ **NO** ☐

Sample Automated Letter and Correspondence _ Recovery Services

REQUIREMENT: Please attach a sample of an automated system generated letter and follow-up correspondence.

Letter:

«Date»

«Attorney»
«Address_Line_1»
«Address_Line_2»
«CitySTZP»

Client: «Client»
DOL: «DOL»

Dear Attorney:

Please refer to your file for the above referenced client.

Medicaid has paid related claims through «Clms_PD_Thru» in the amount of $«Amt_Due» as a result of the accident on «DOL». Note the amount due "State" Medicaid is subject to change.

Please provide a time frame by which "State" Medicaid will be reimbursed for its expenditures. We do ask that you contact "State" Medicaid prior to the settlement of this case.

Your remittance should be made payable to the Division of Healthcare Financing and sent to Fiscal Agent for "State" Medicaid at the following address:

Attention Third Party Liability
TPL for "State" Medicaid
P.O. Box XXX
City, State Zip Code

Thank you for your time and cooperation in this matter. If you need additional information, feel free to contact me at 1 (800) xxx-xxxx Option 2.

Sincerely,

«Specialist»
Third Party Liability Specialist
Toll Free: 1-800-xxx-xxxx
Enclosure

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Follow up Letter:

<< DATE>>

<<INSURANCE>>
<<ADDRESS>>

RE: <<CLIENT>>

DOL:
Insured:
Claim #

Dear Claims Representative:

We have not received a response from you regarding the above-referenced case.

Please send a summary of the case for "State" Medicaid, P.O. Box XXX, City, State. Zip code, or call 800-xxx-xxxx Option 2.

Attached, please find a history profile of claims Medicaid has paid in relation to the accident on date xx/xx/xxxx.

If you have any questions, please contact the office at the above number or address.

Sincerely,

<<CASE WORKER>>
Third Party Liability Specialist

Attention Third Party Liability
For "State" Medicaid
P.O. Box XXX
City, State Zip Code

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[redacted]

Conduent Trade Secret

[redacted]

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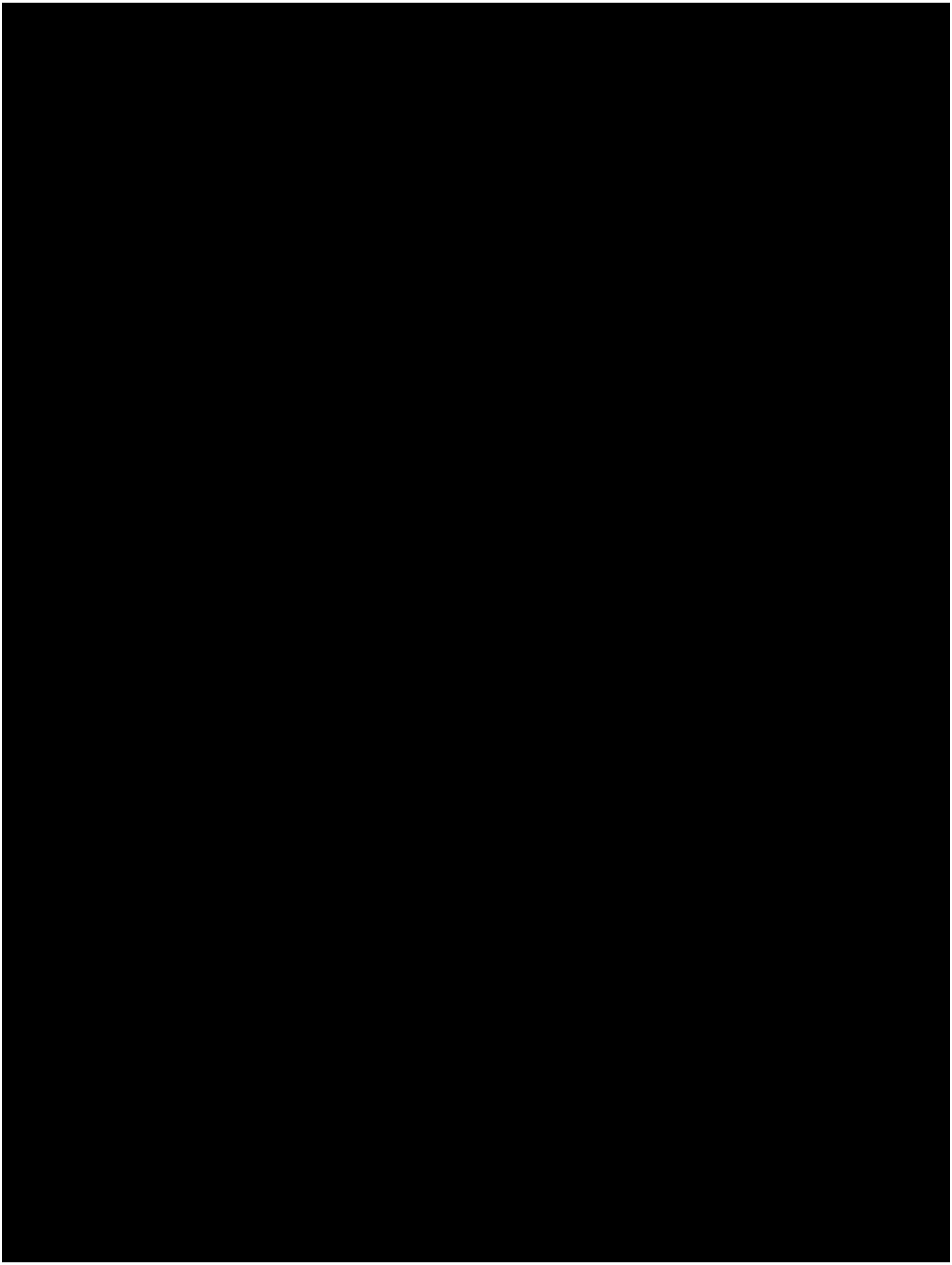

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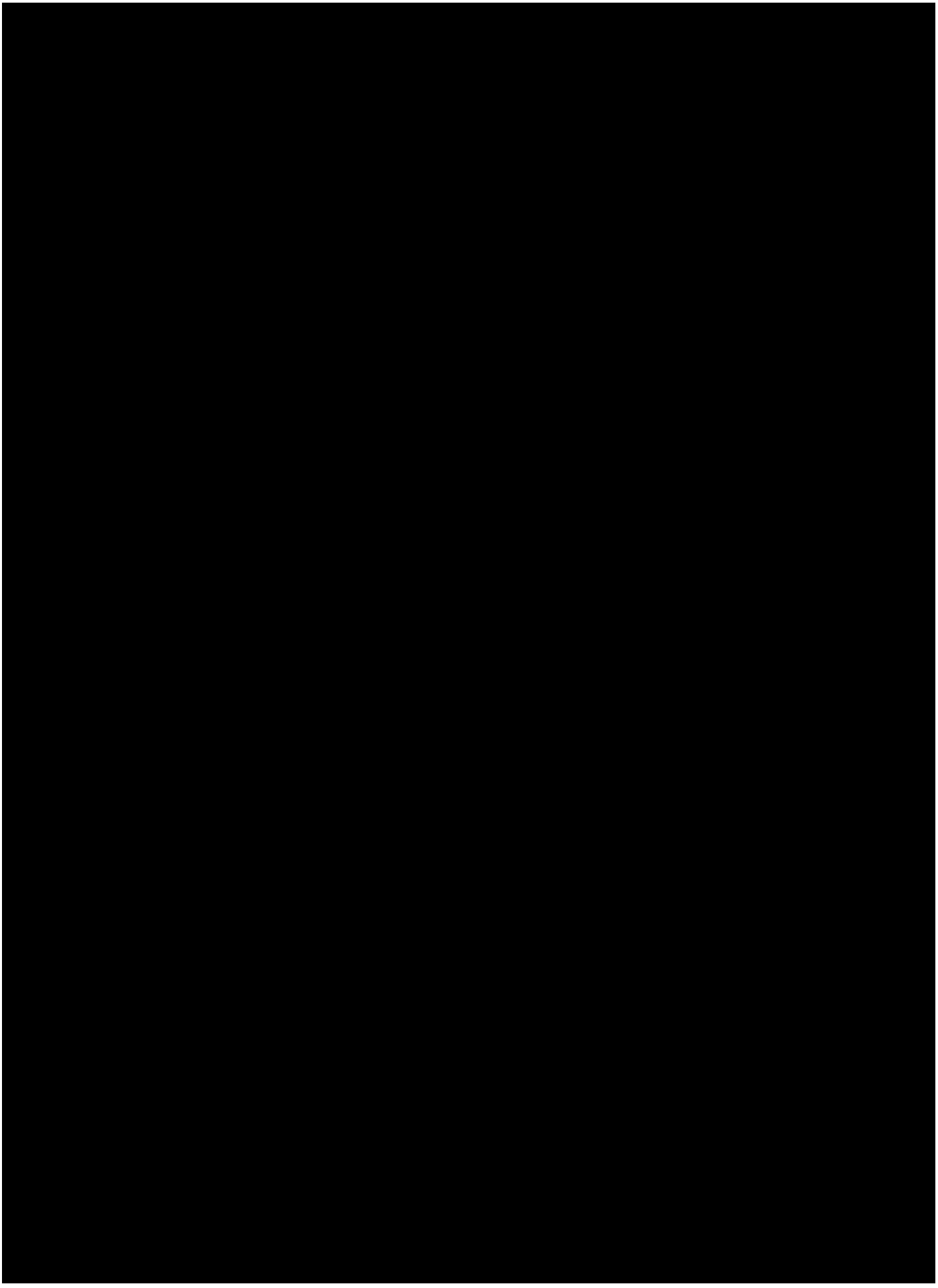

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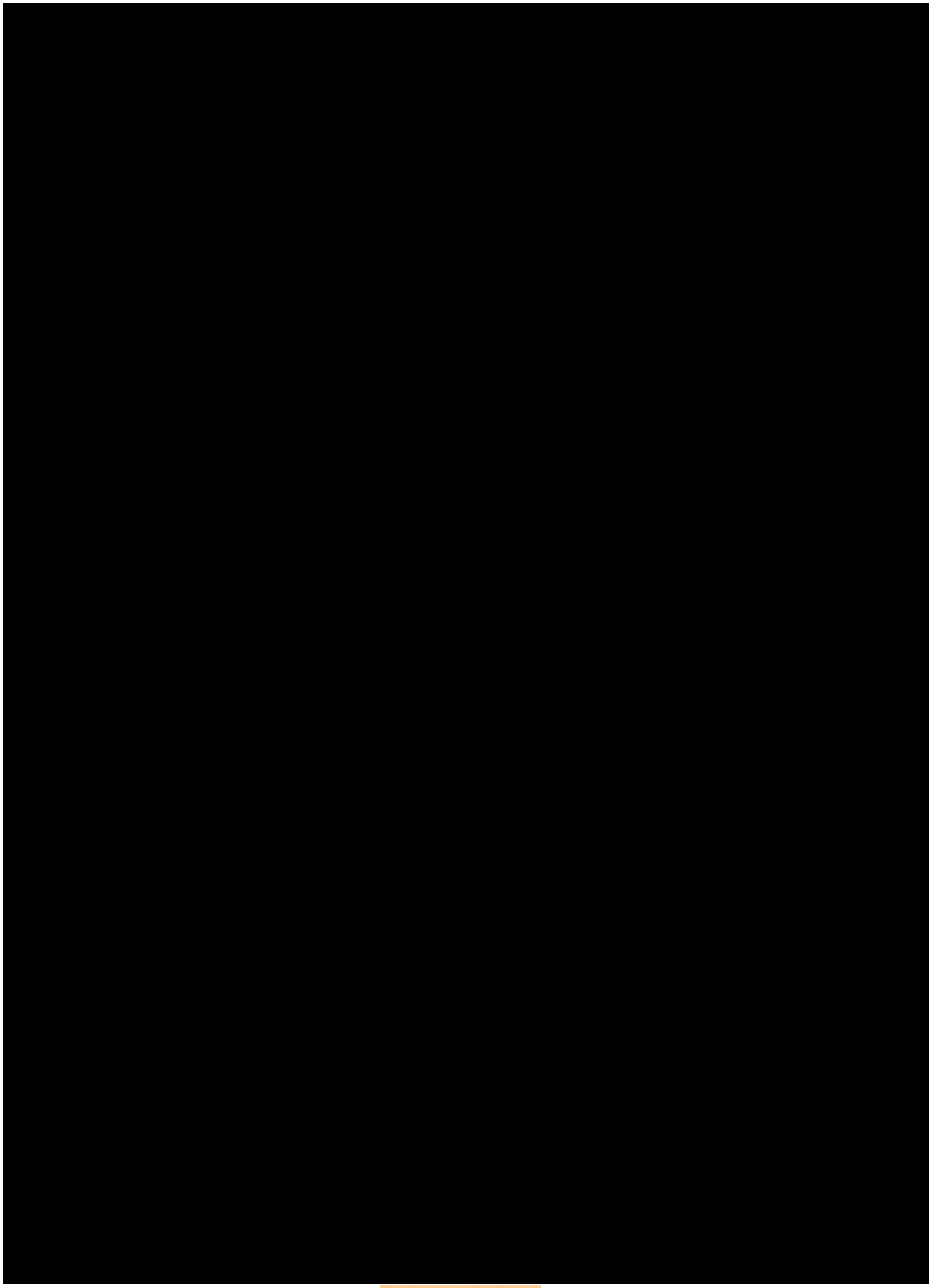

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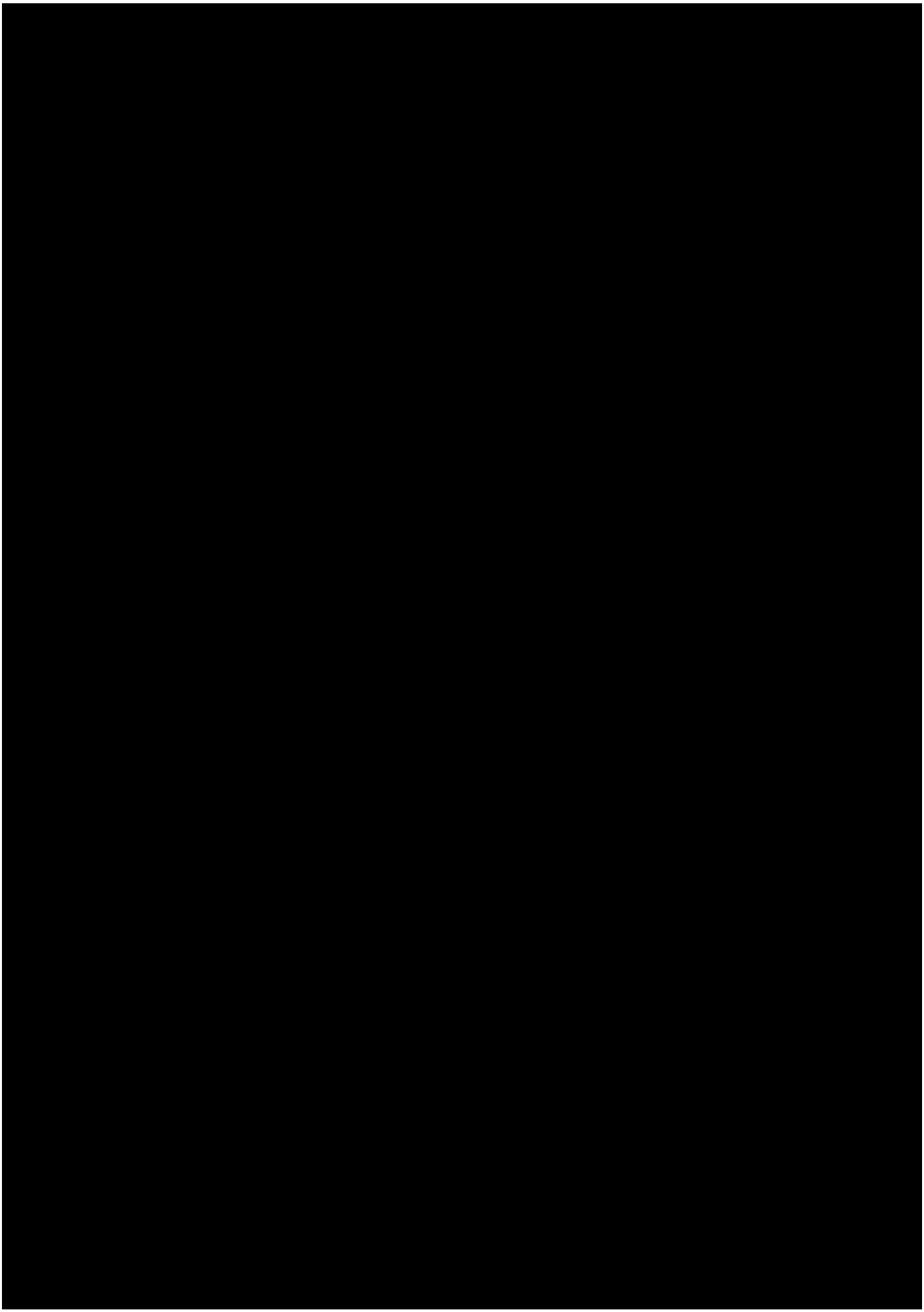

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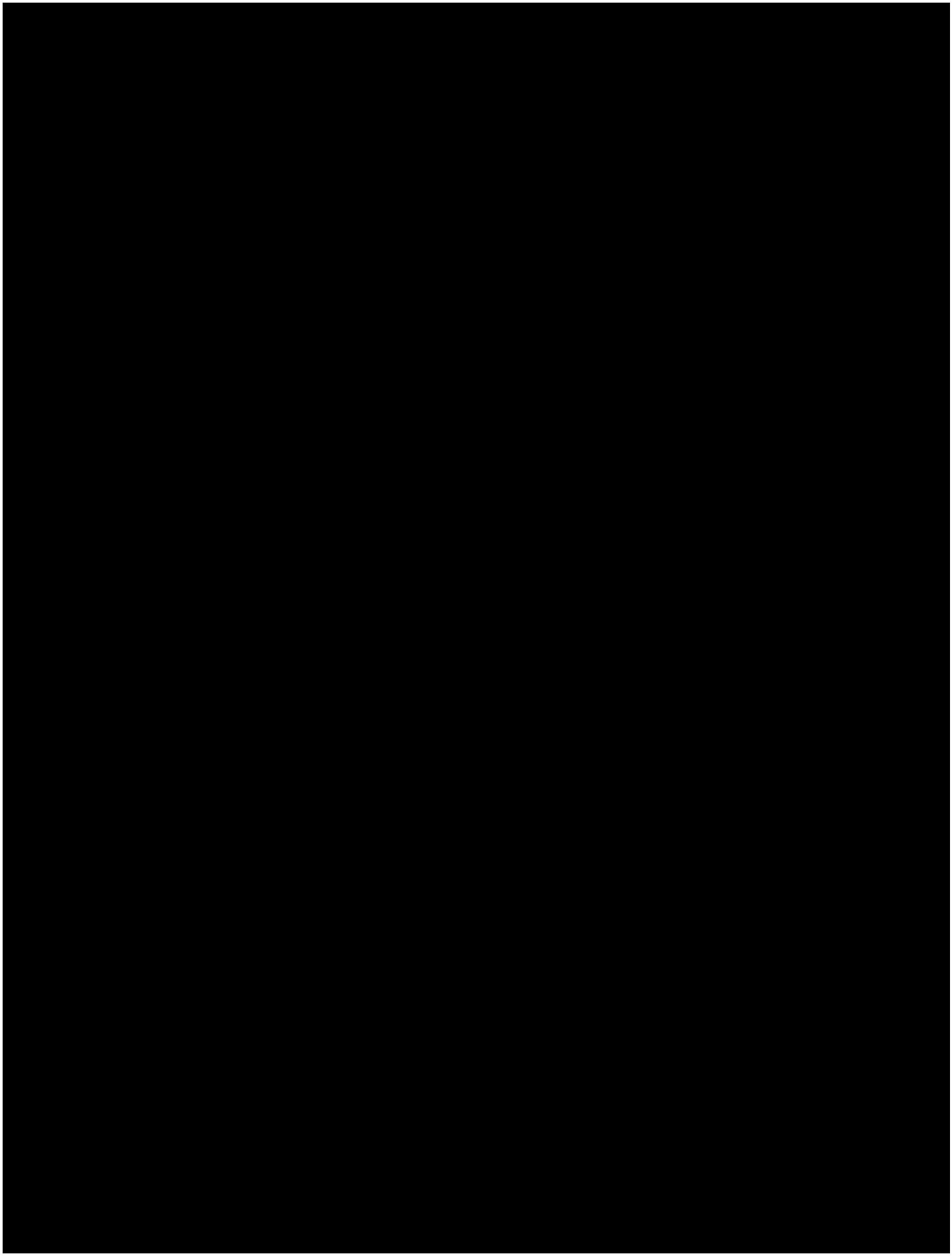

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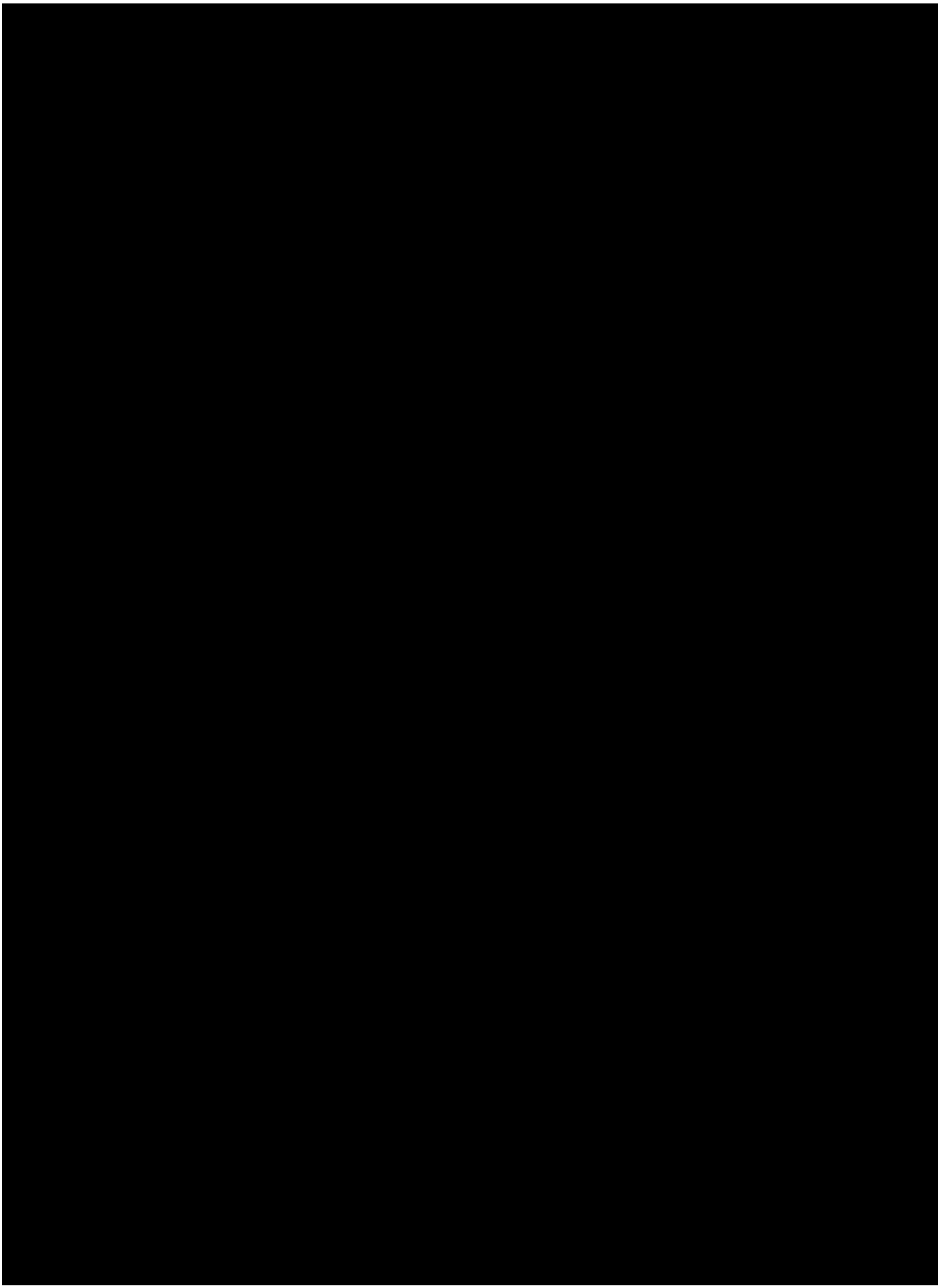

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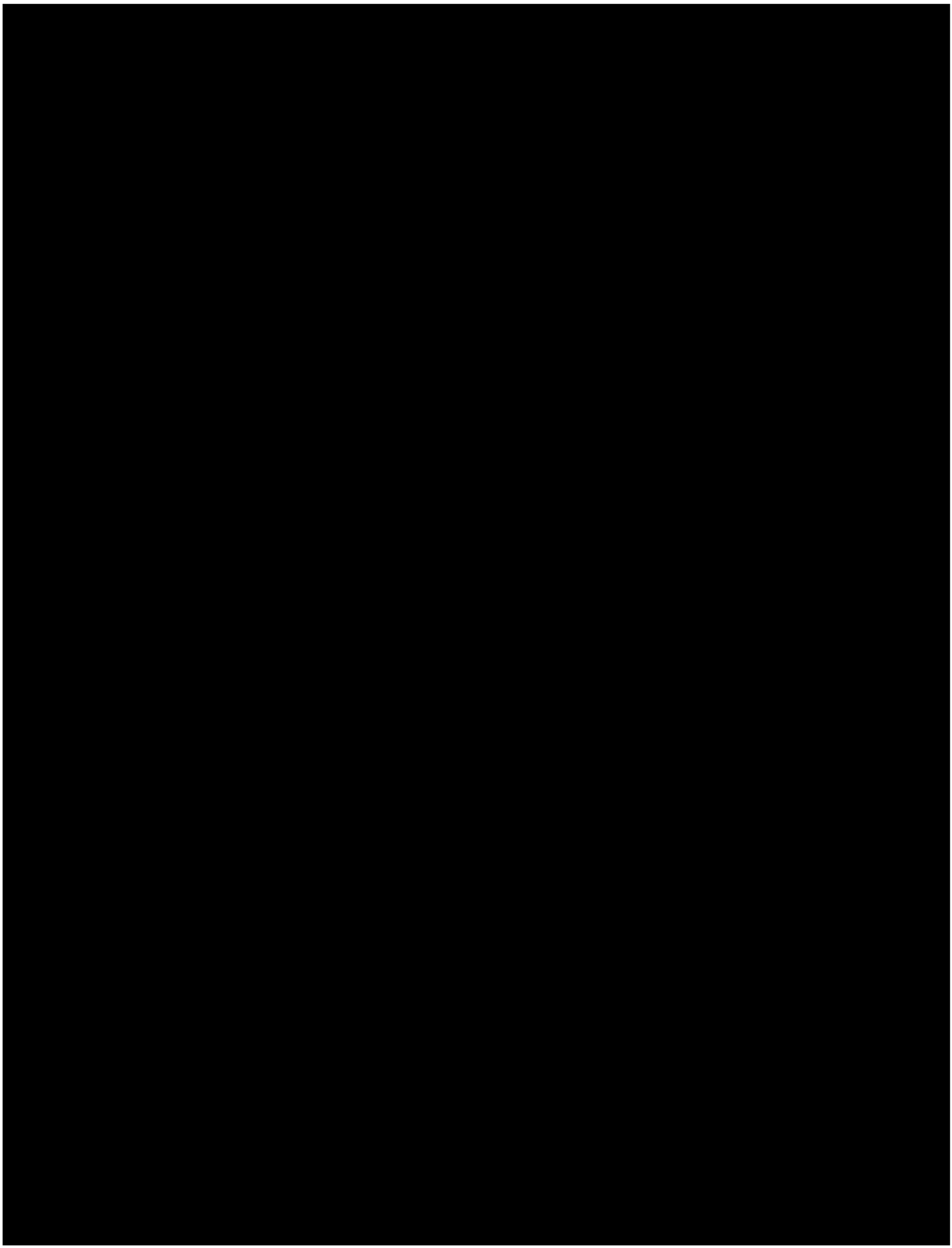

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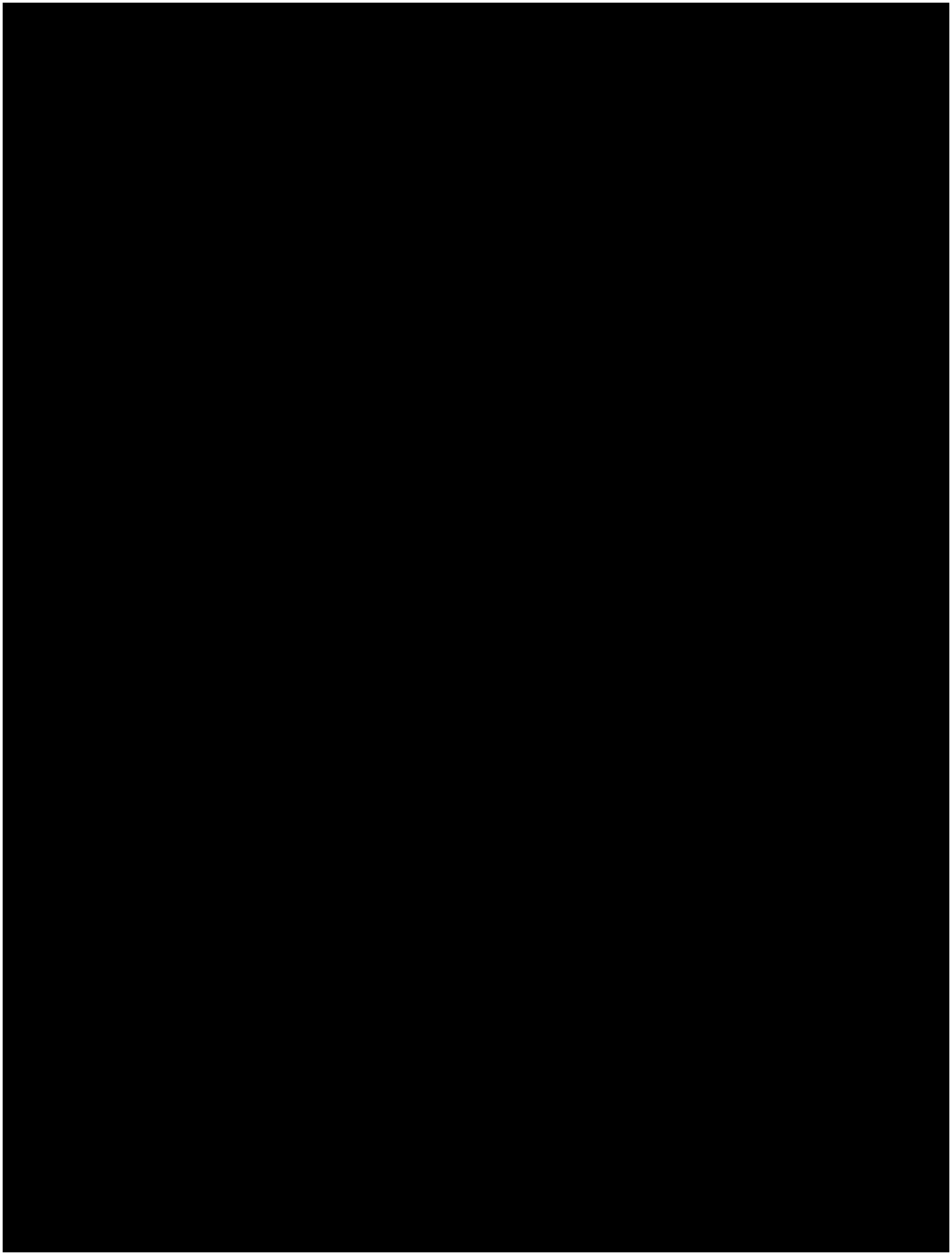

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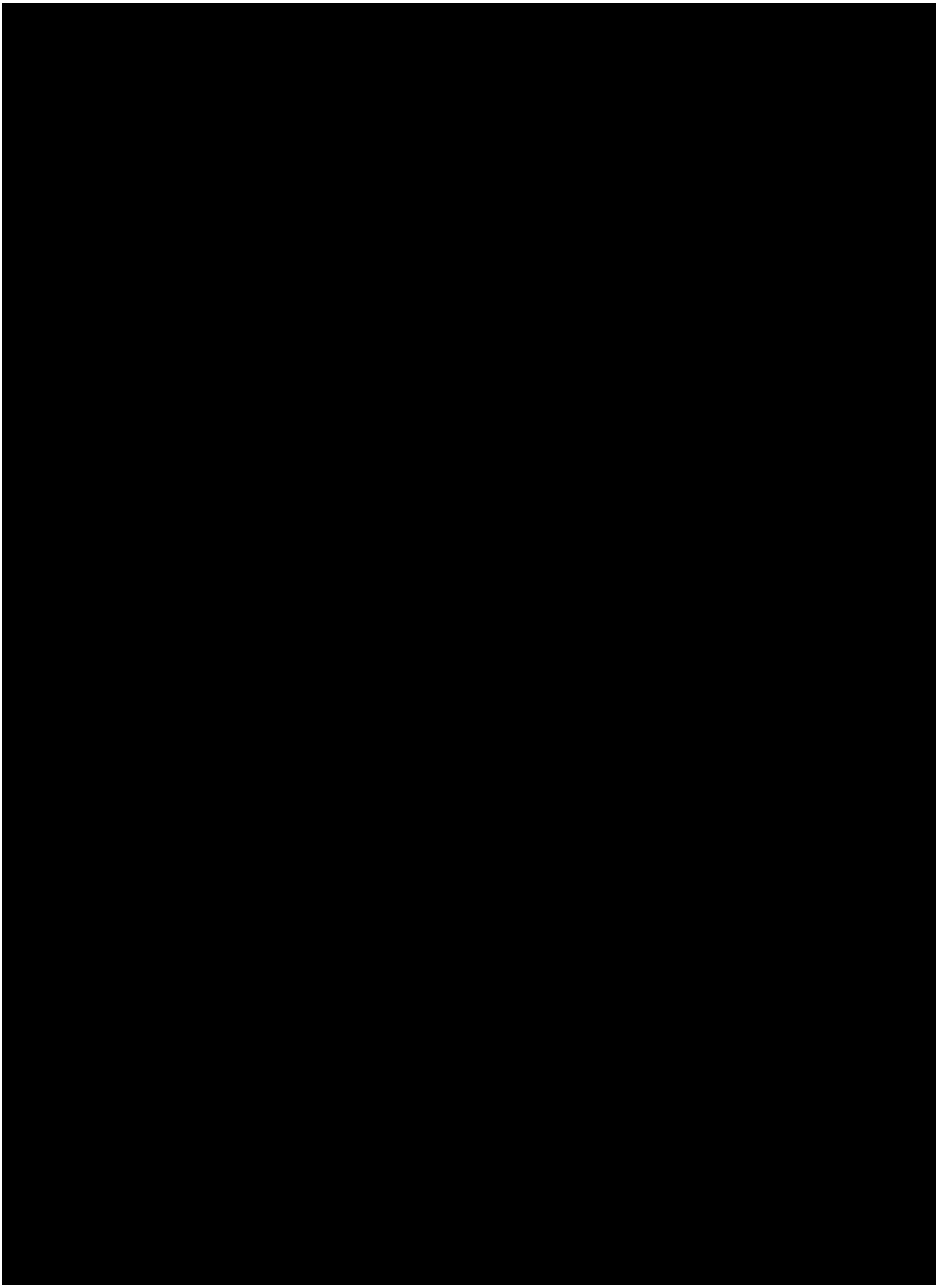

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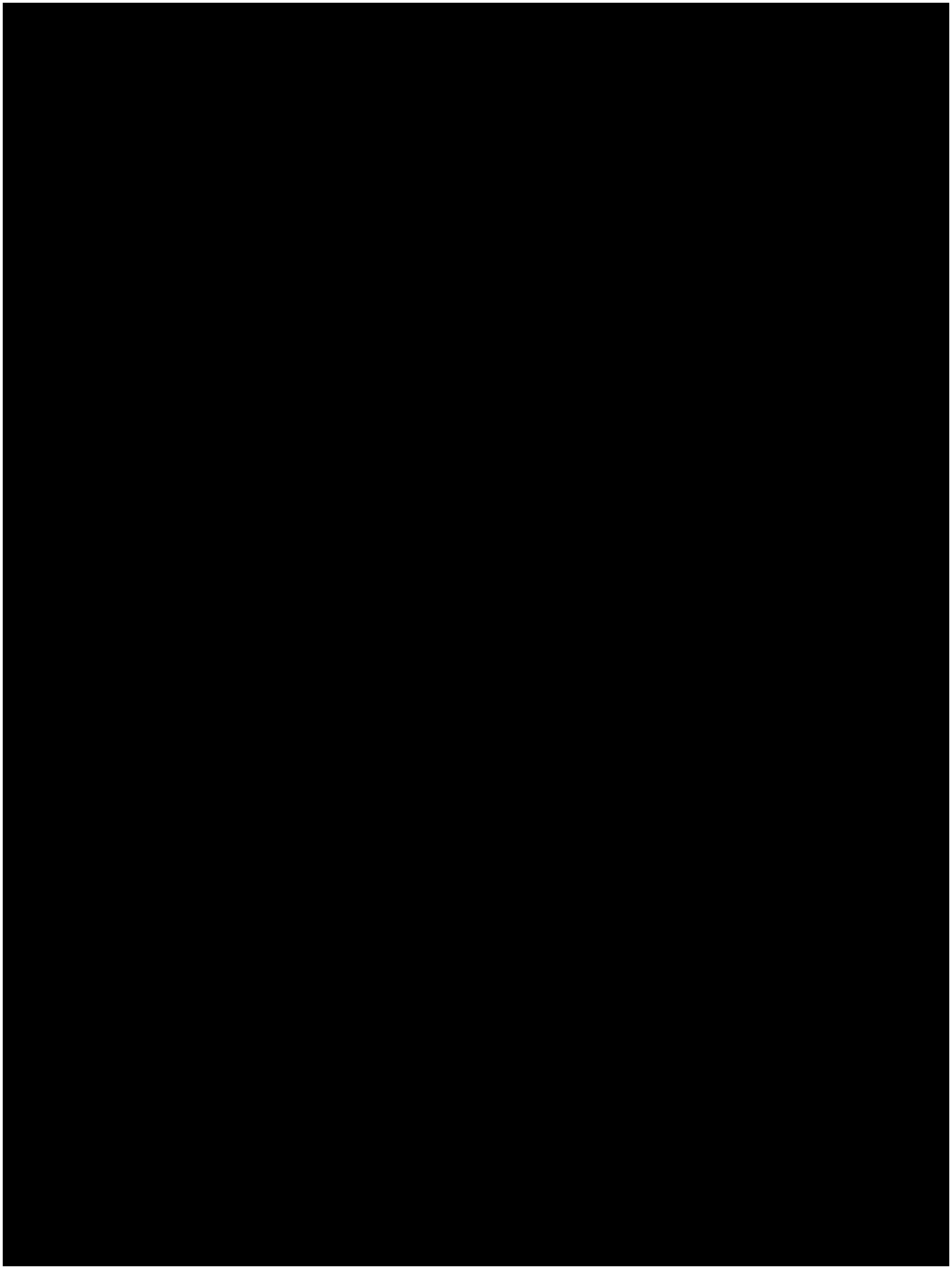

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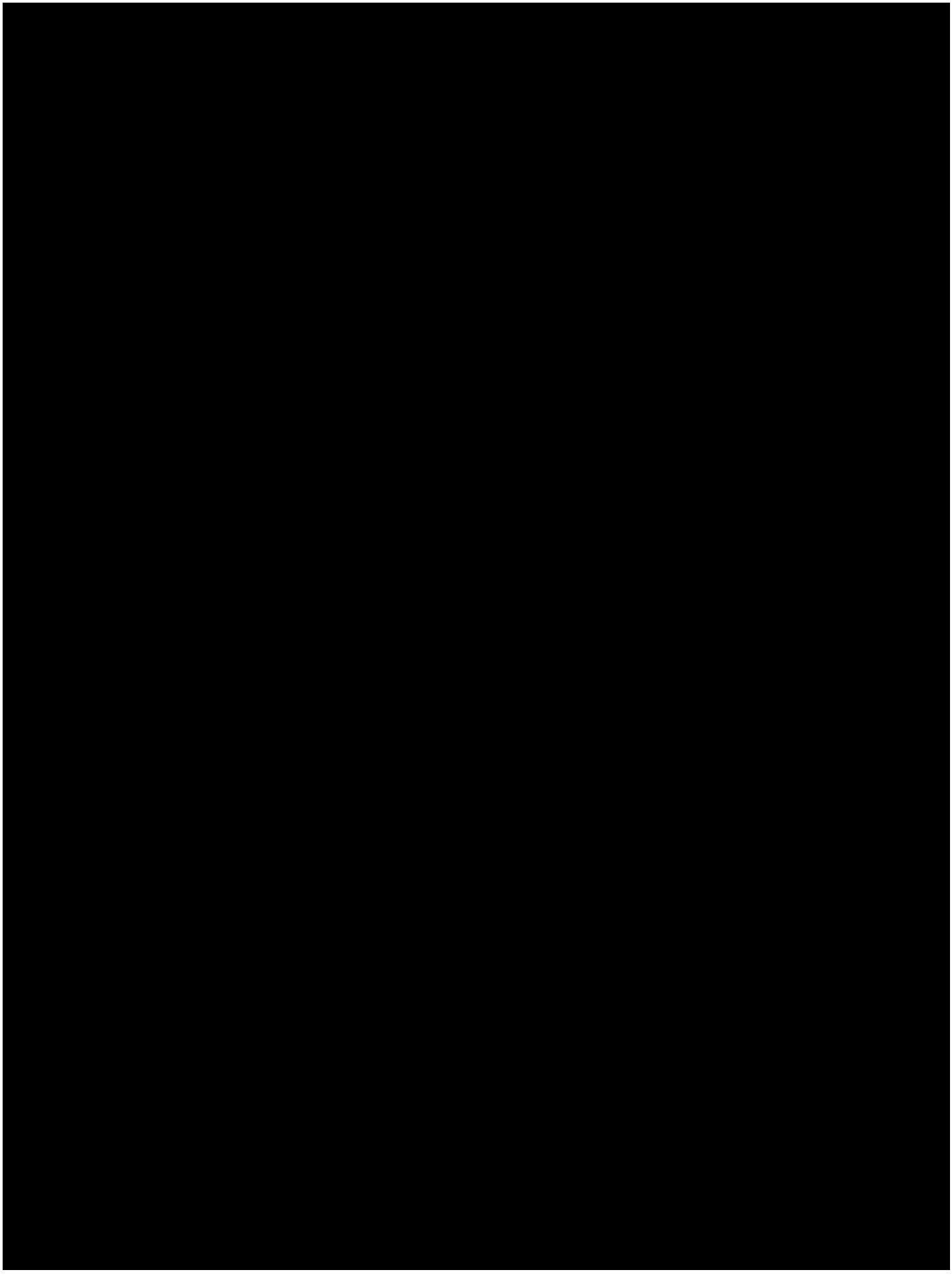

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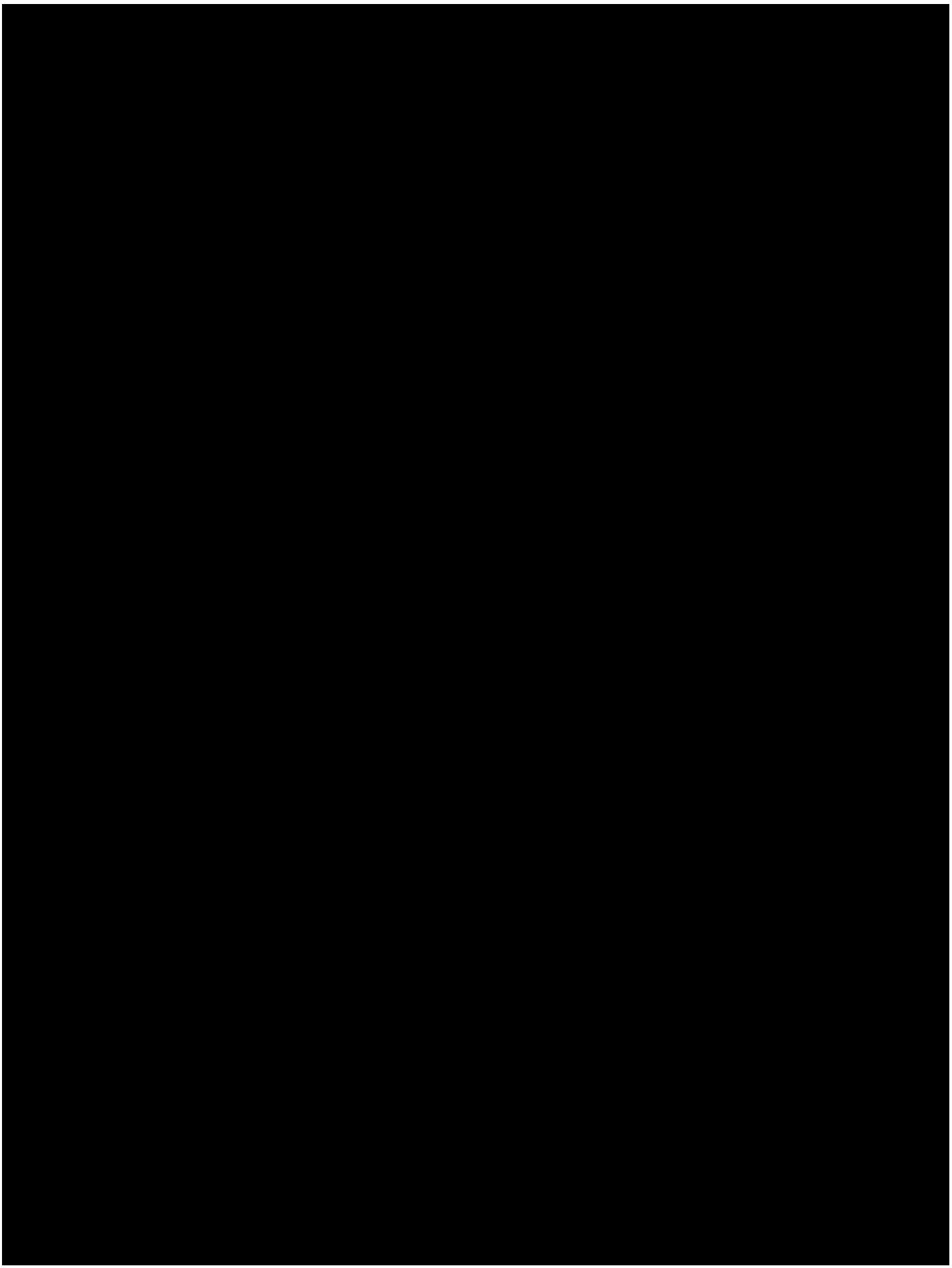

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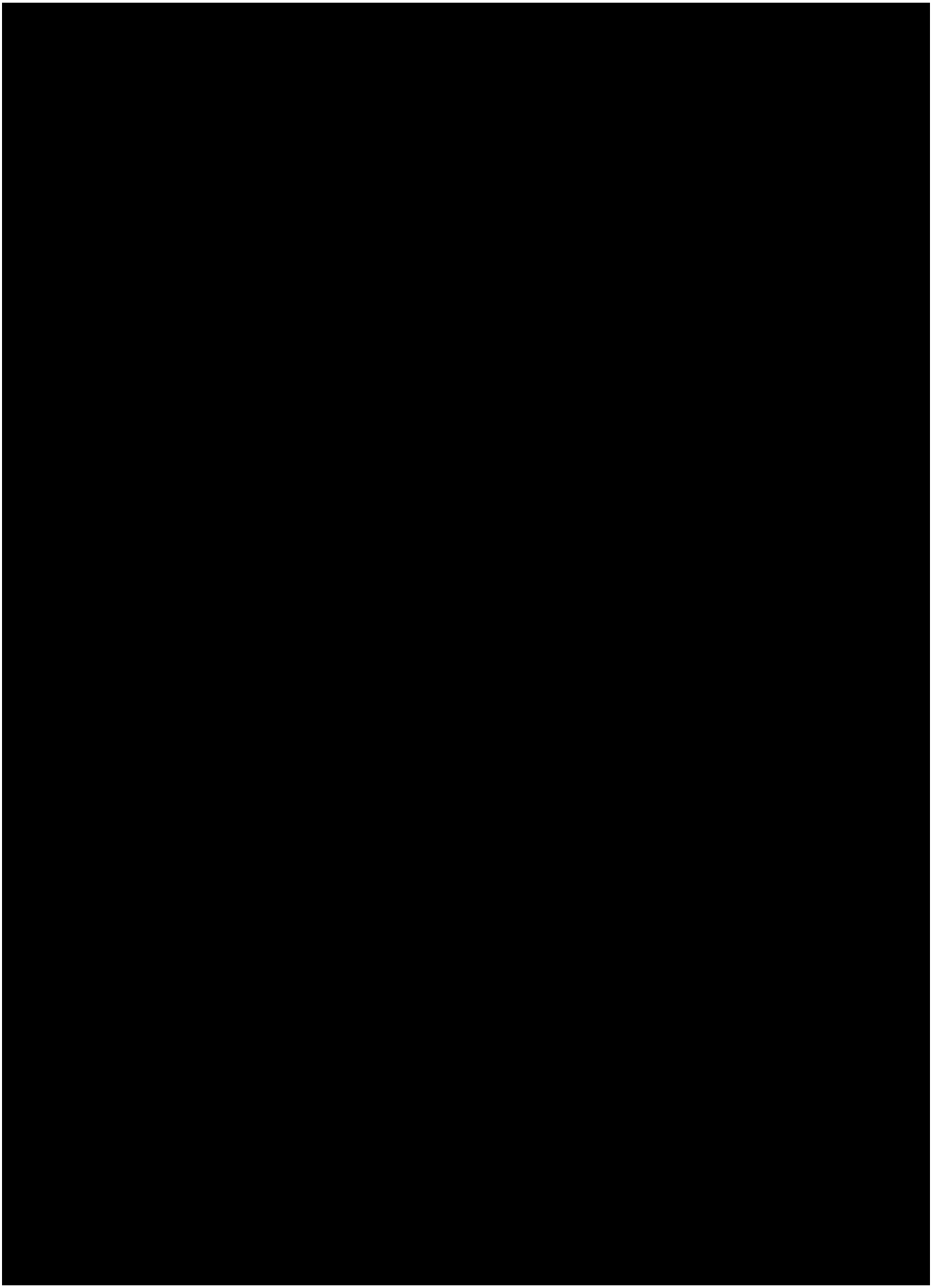

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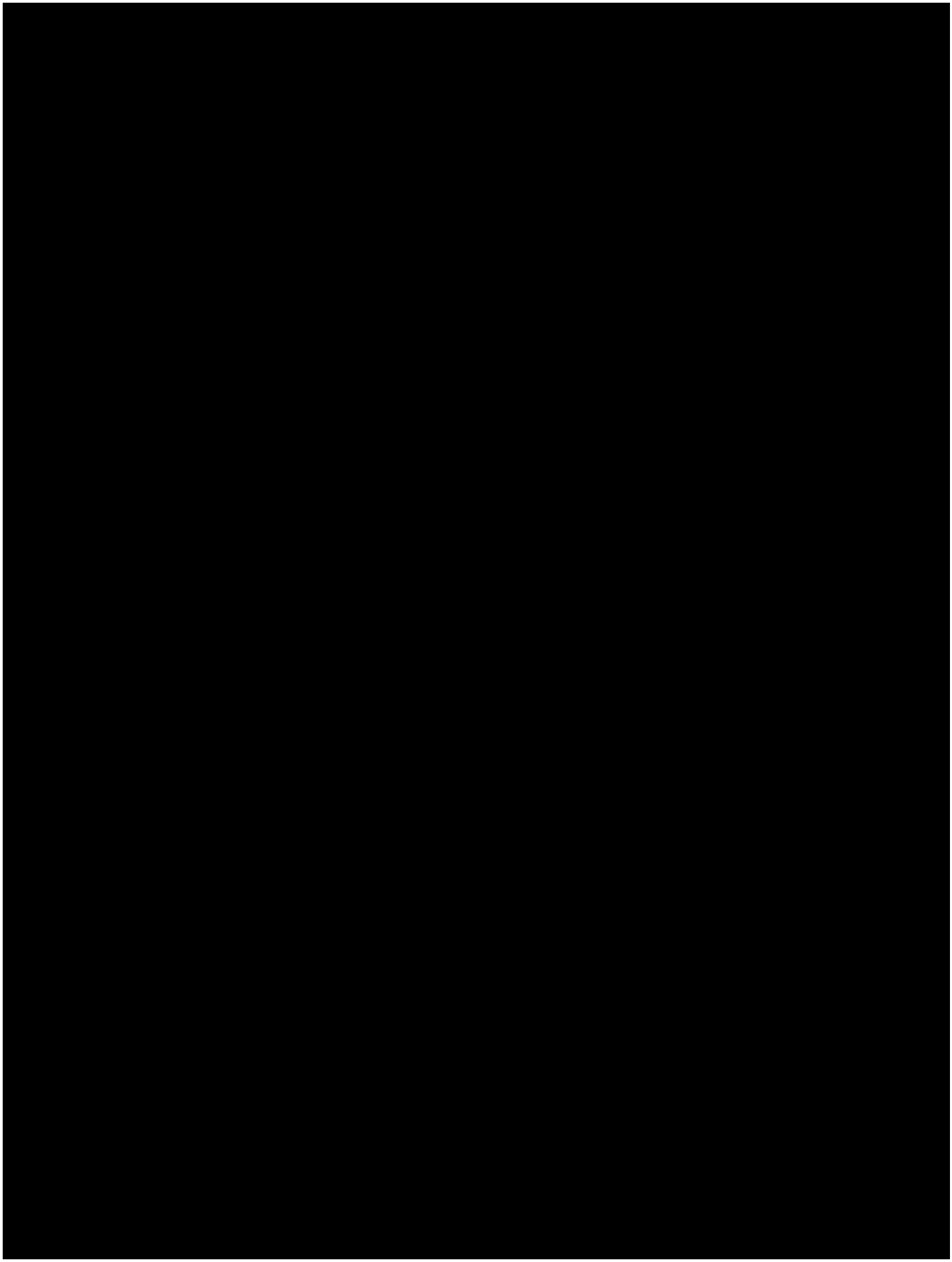

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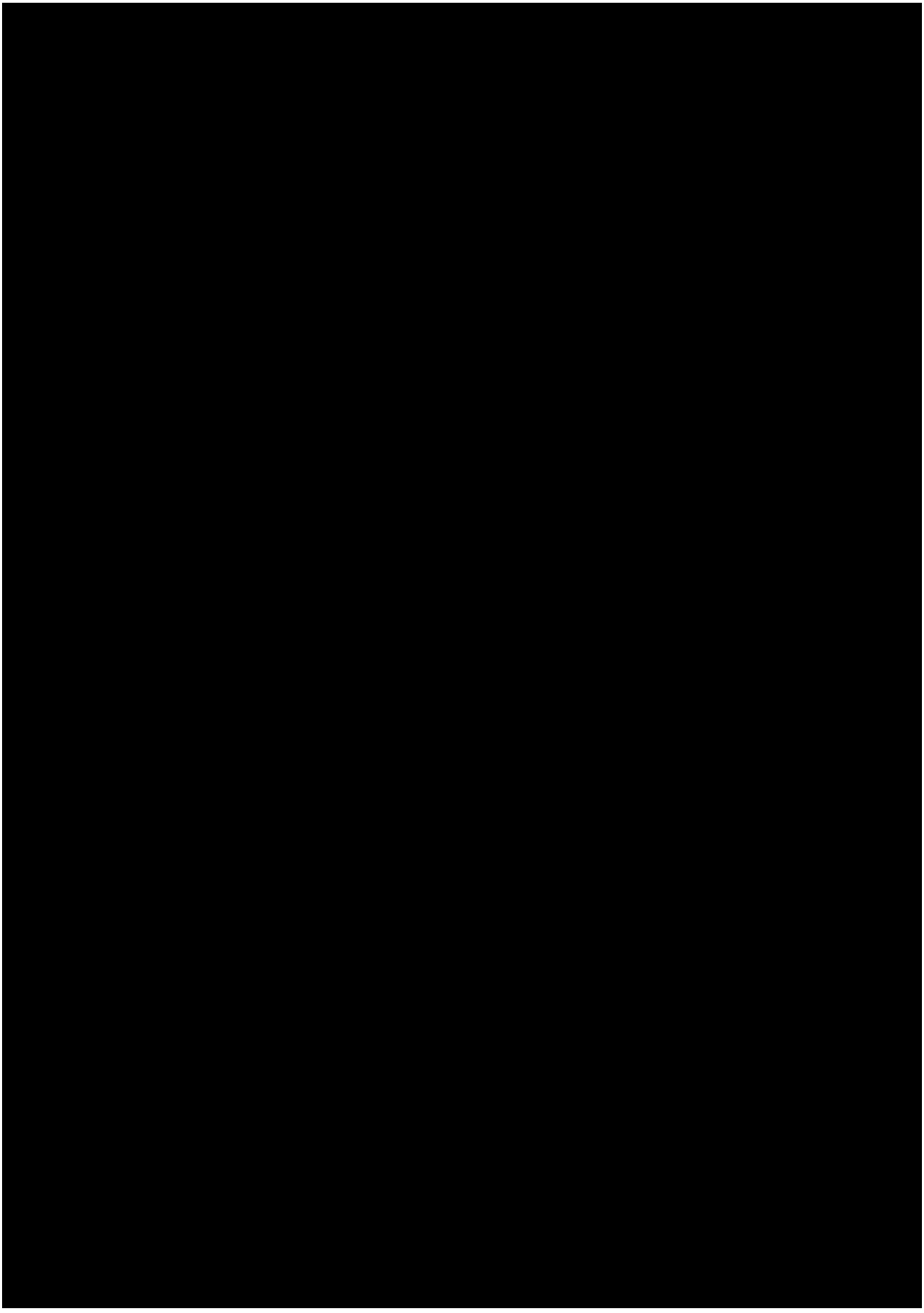

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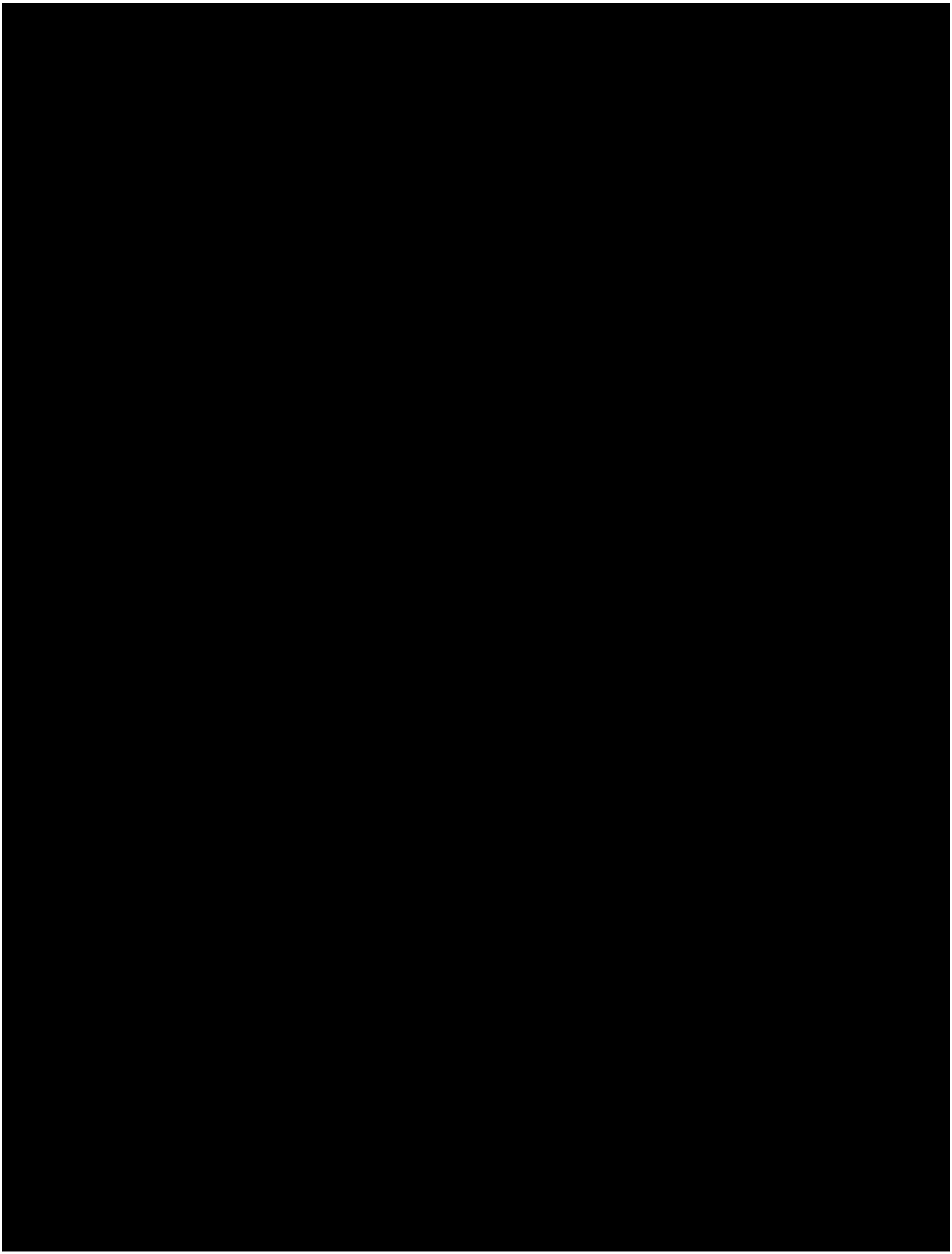

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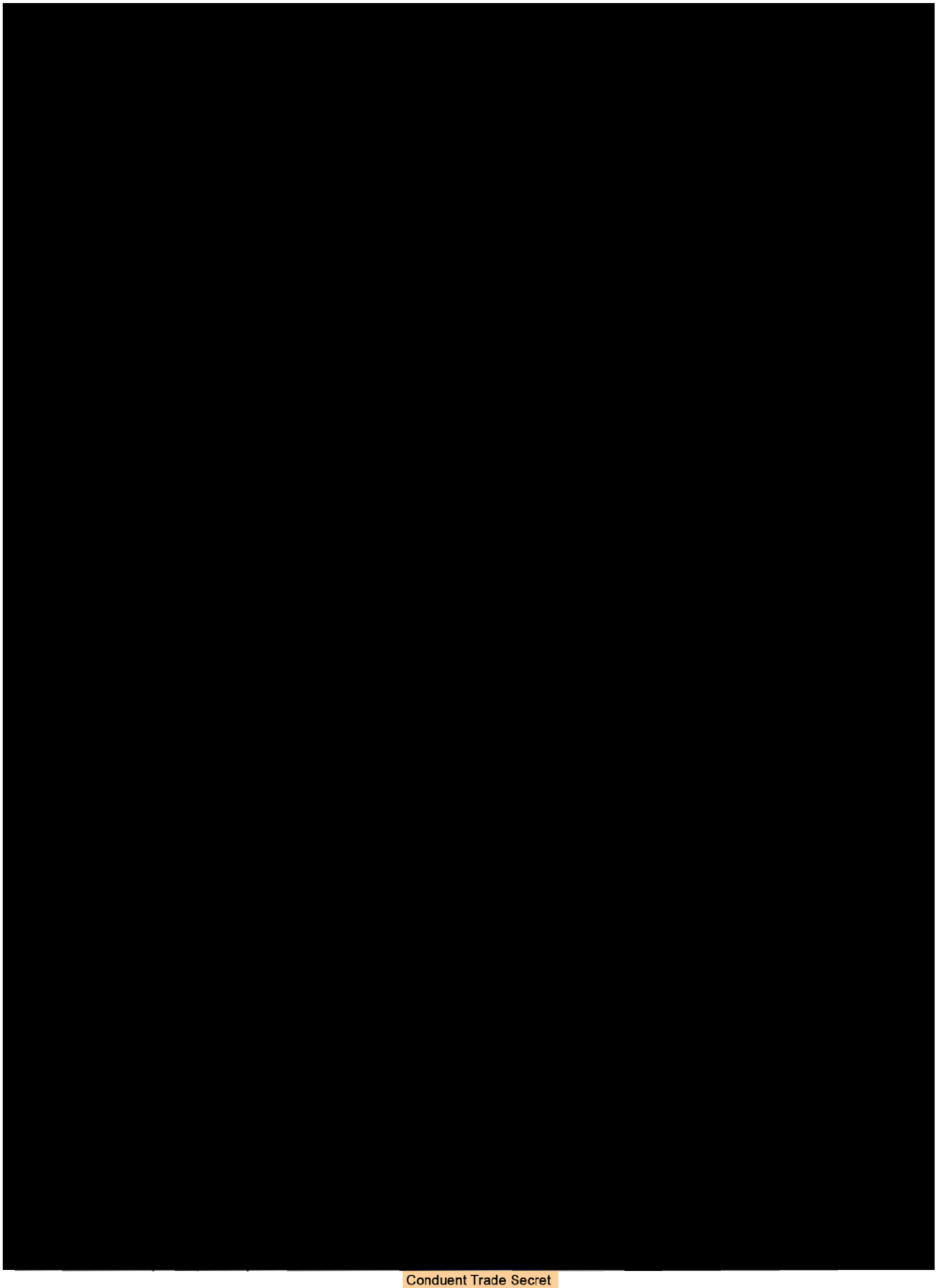

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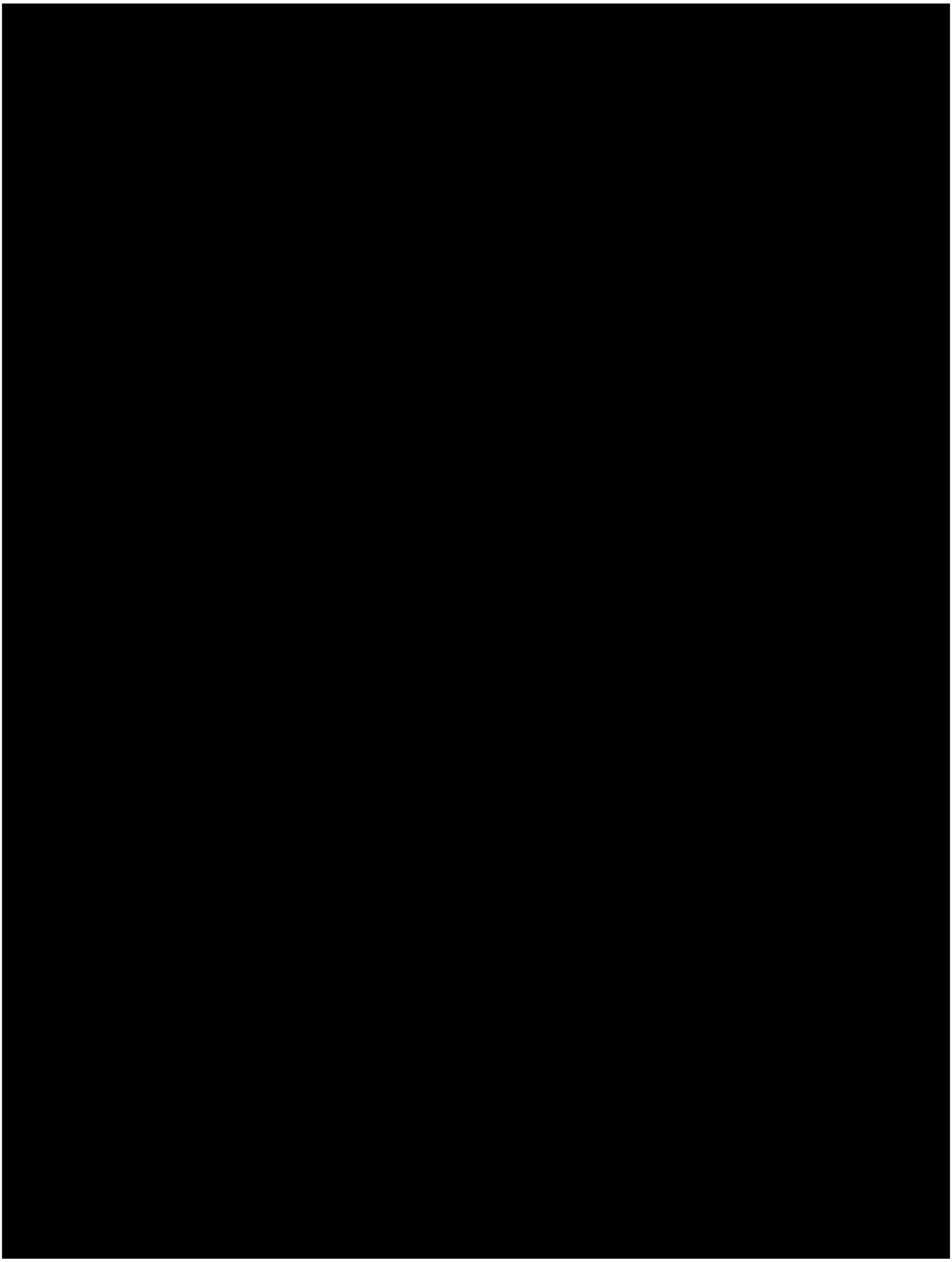

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Training Example_ Recovery Services

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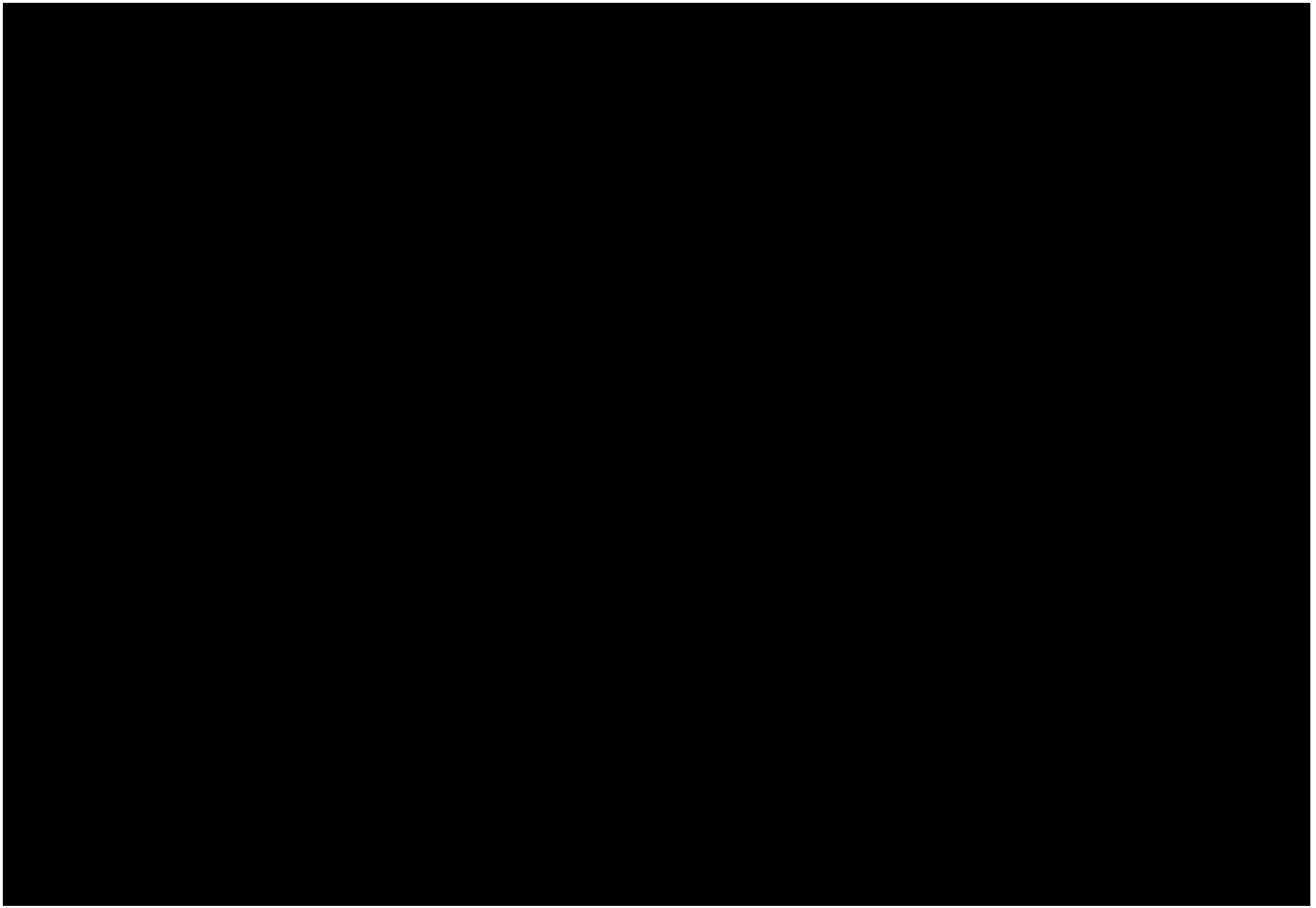

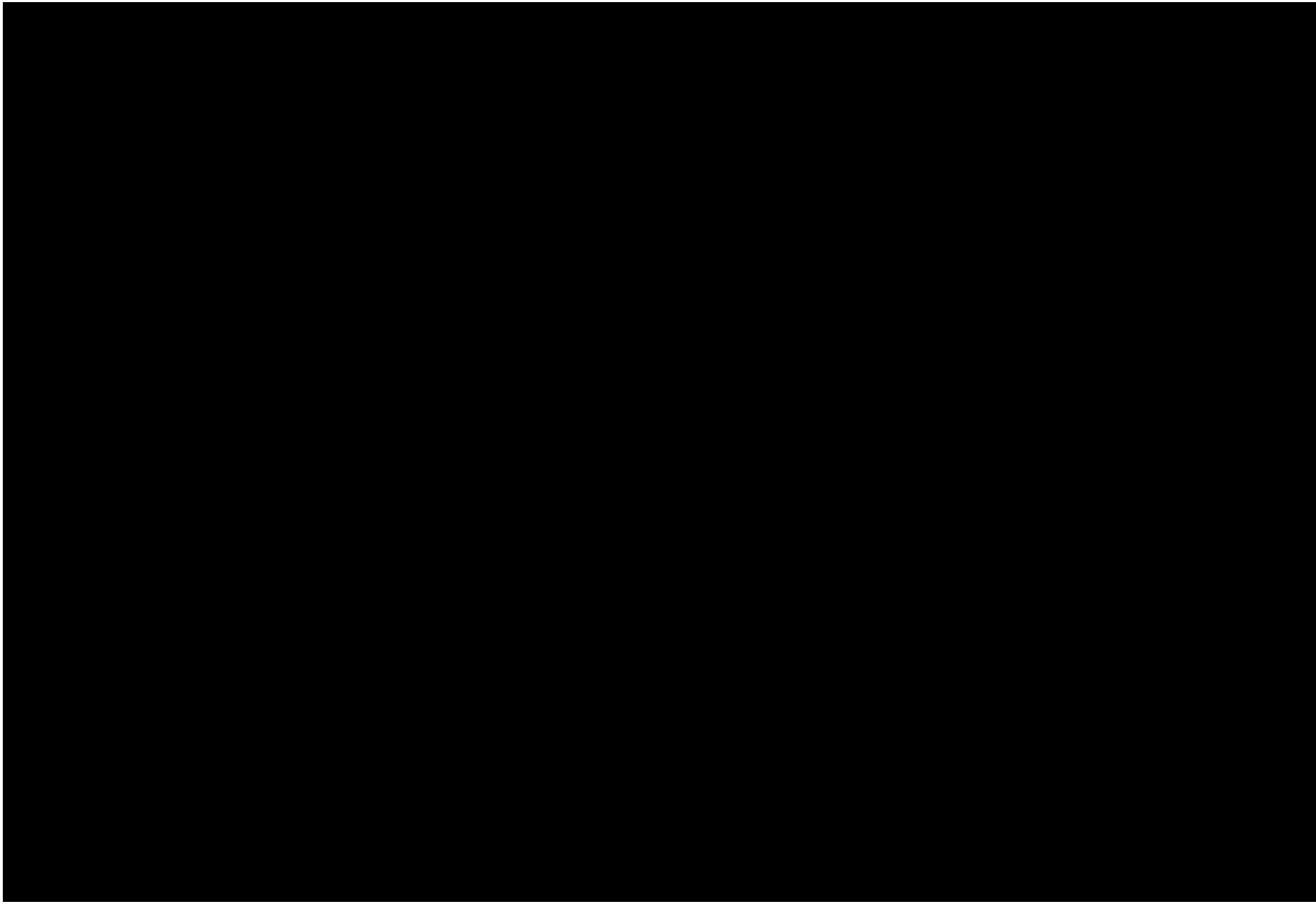

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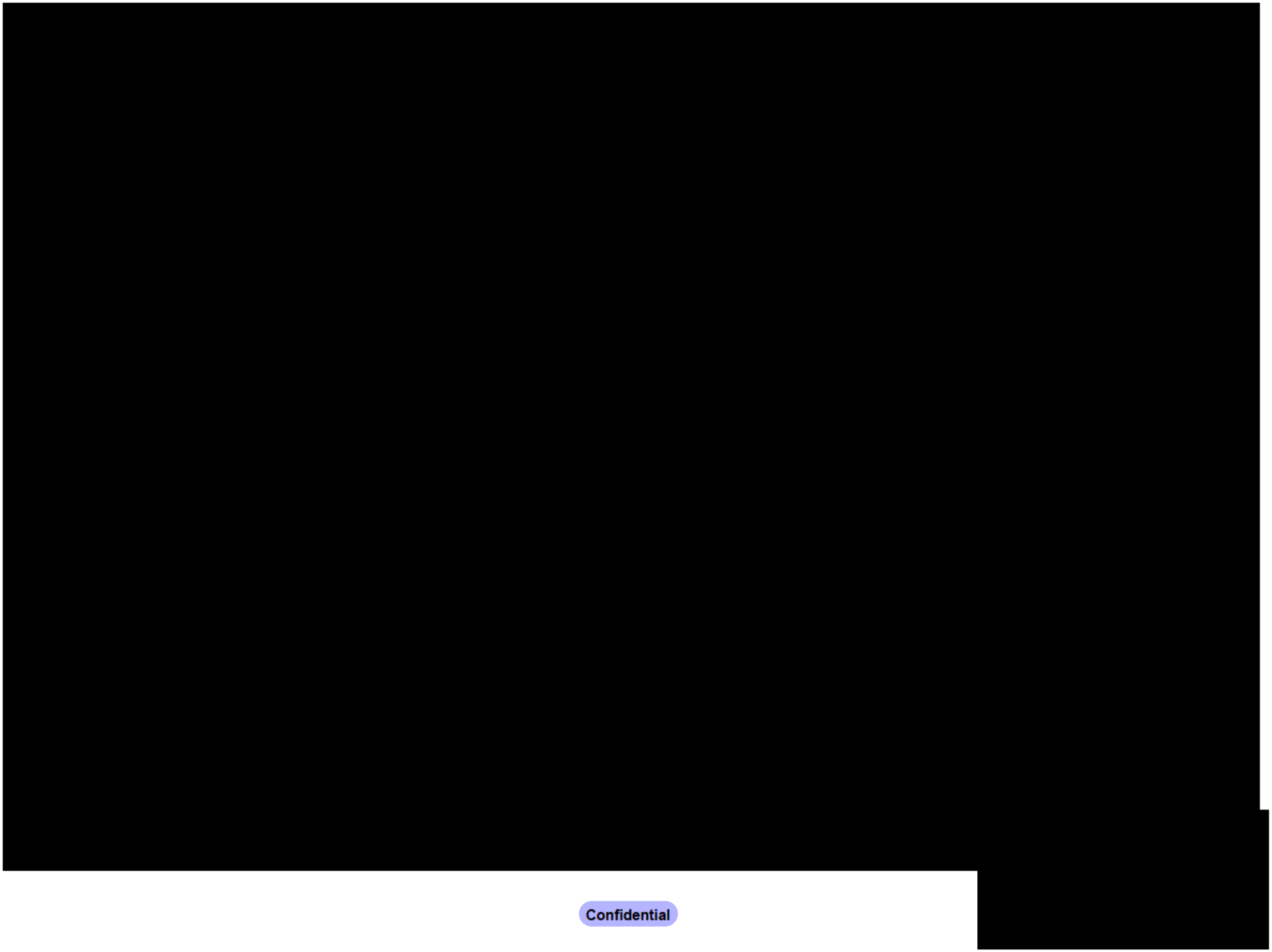

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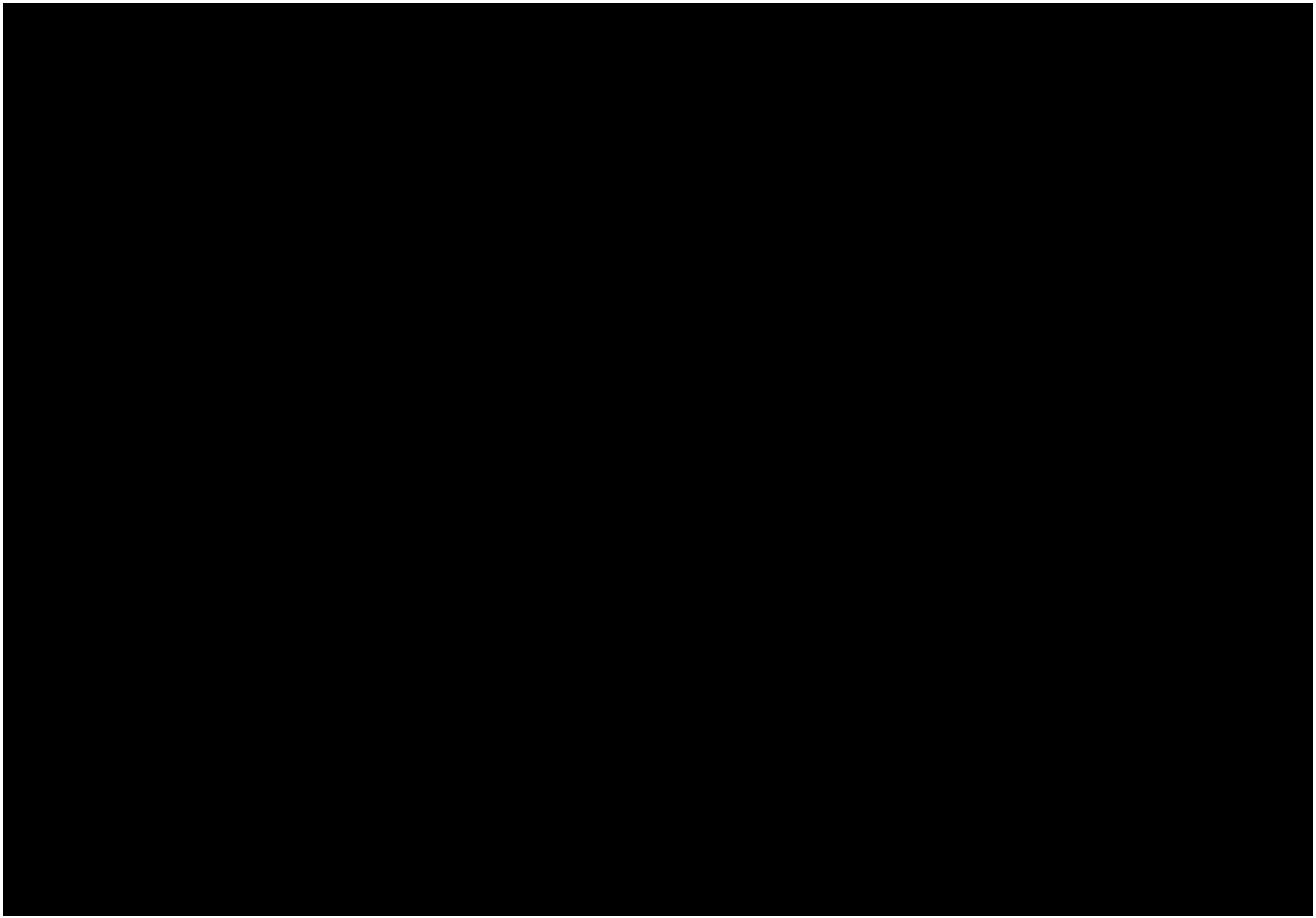

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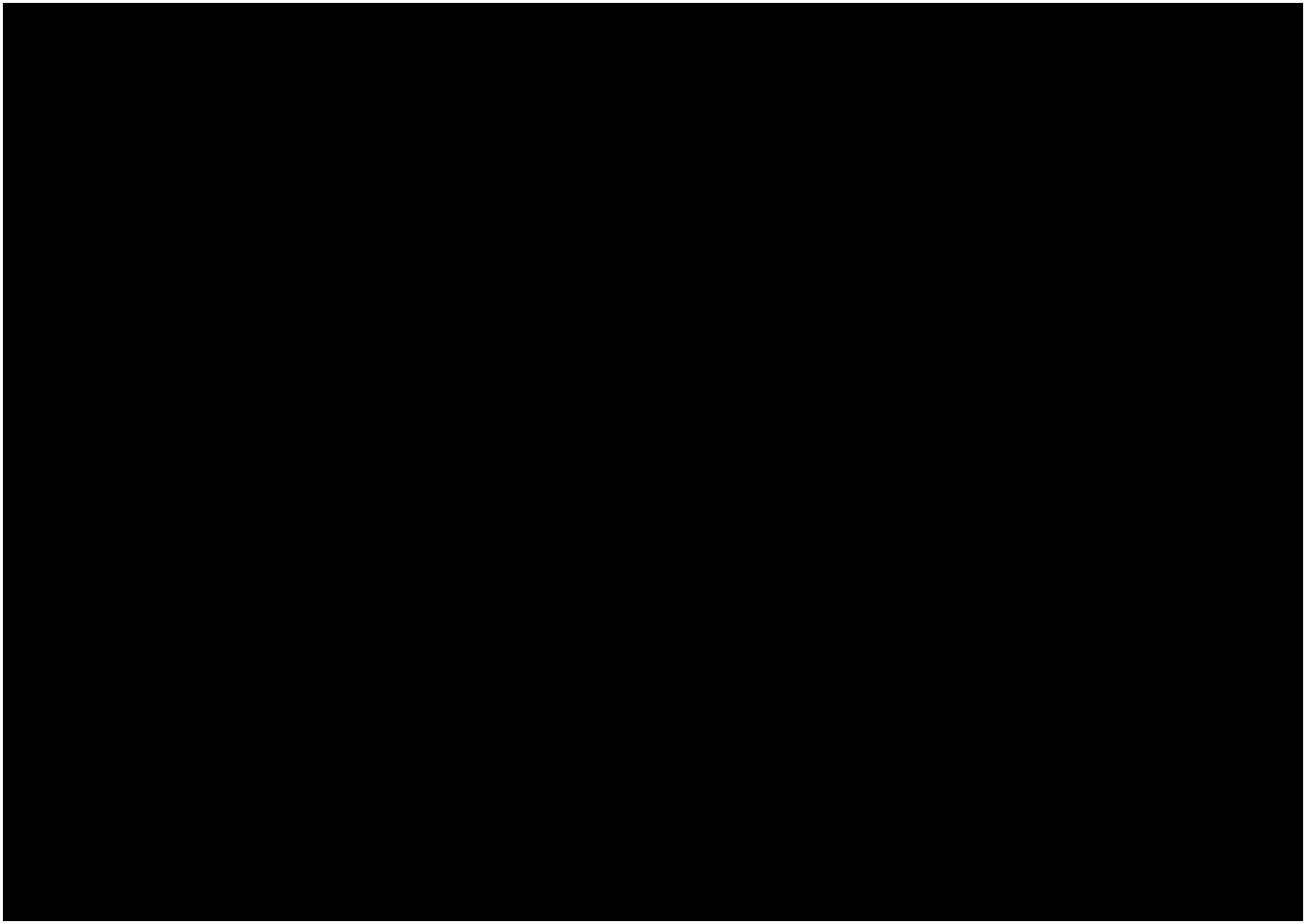

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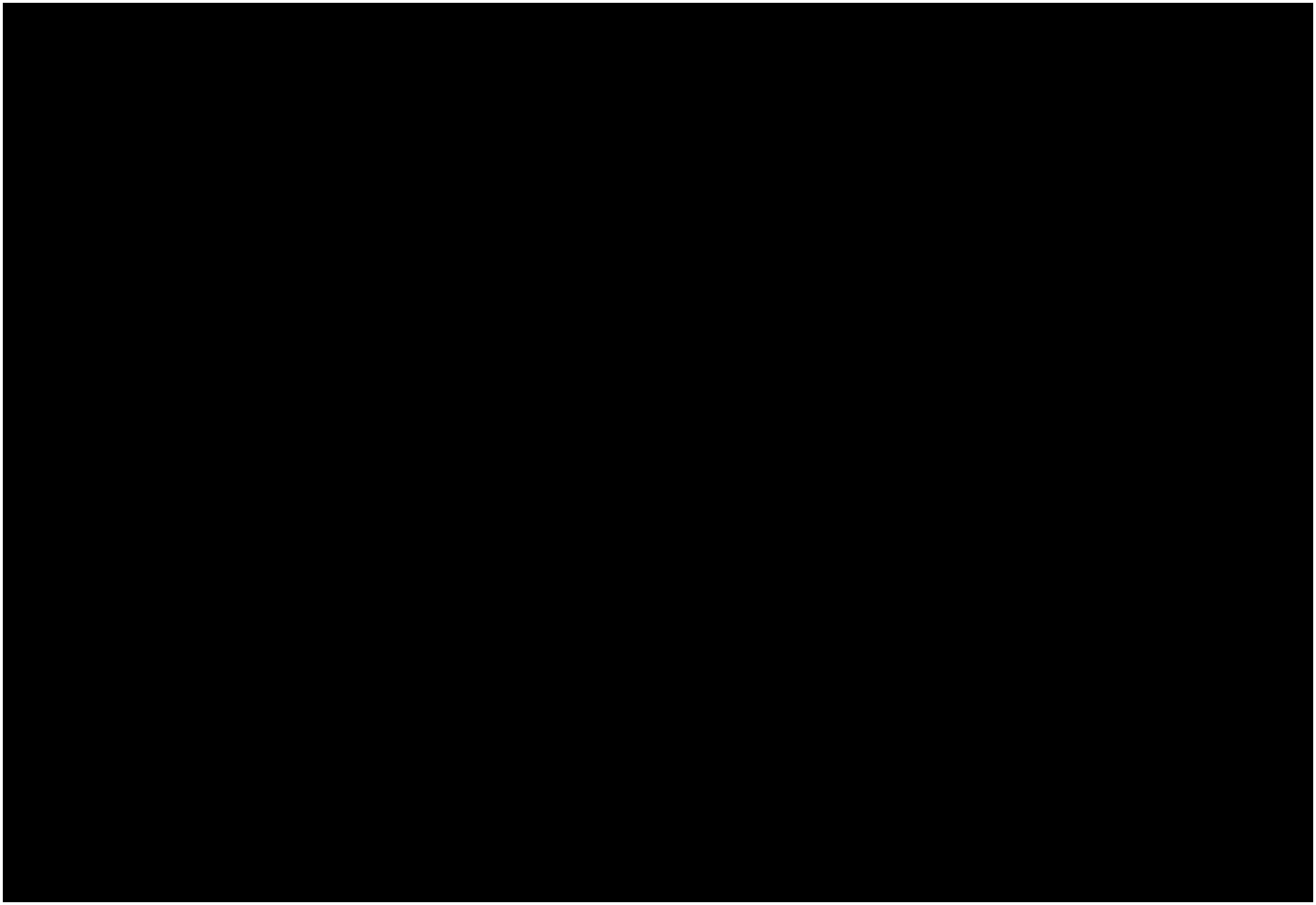

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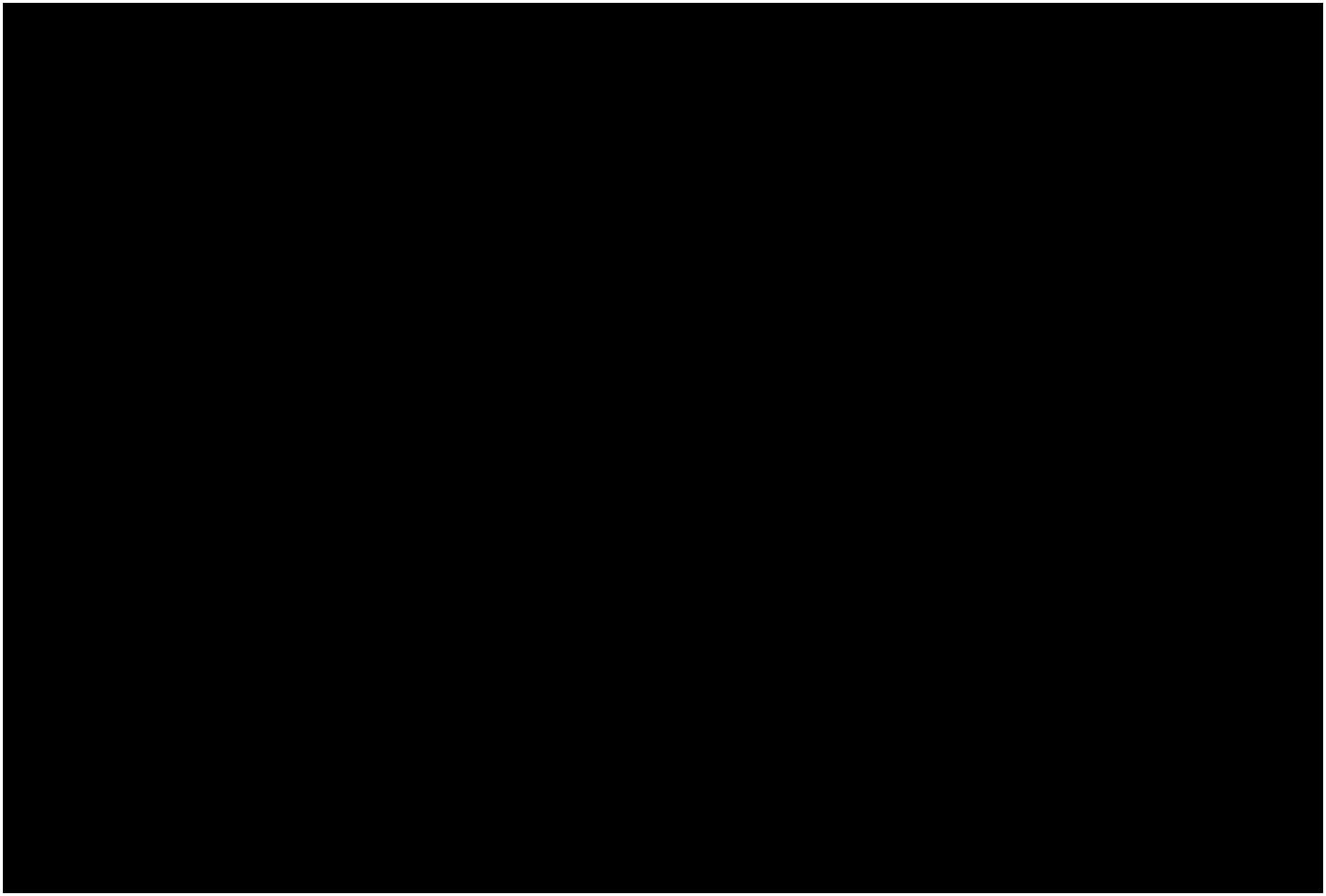

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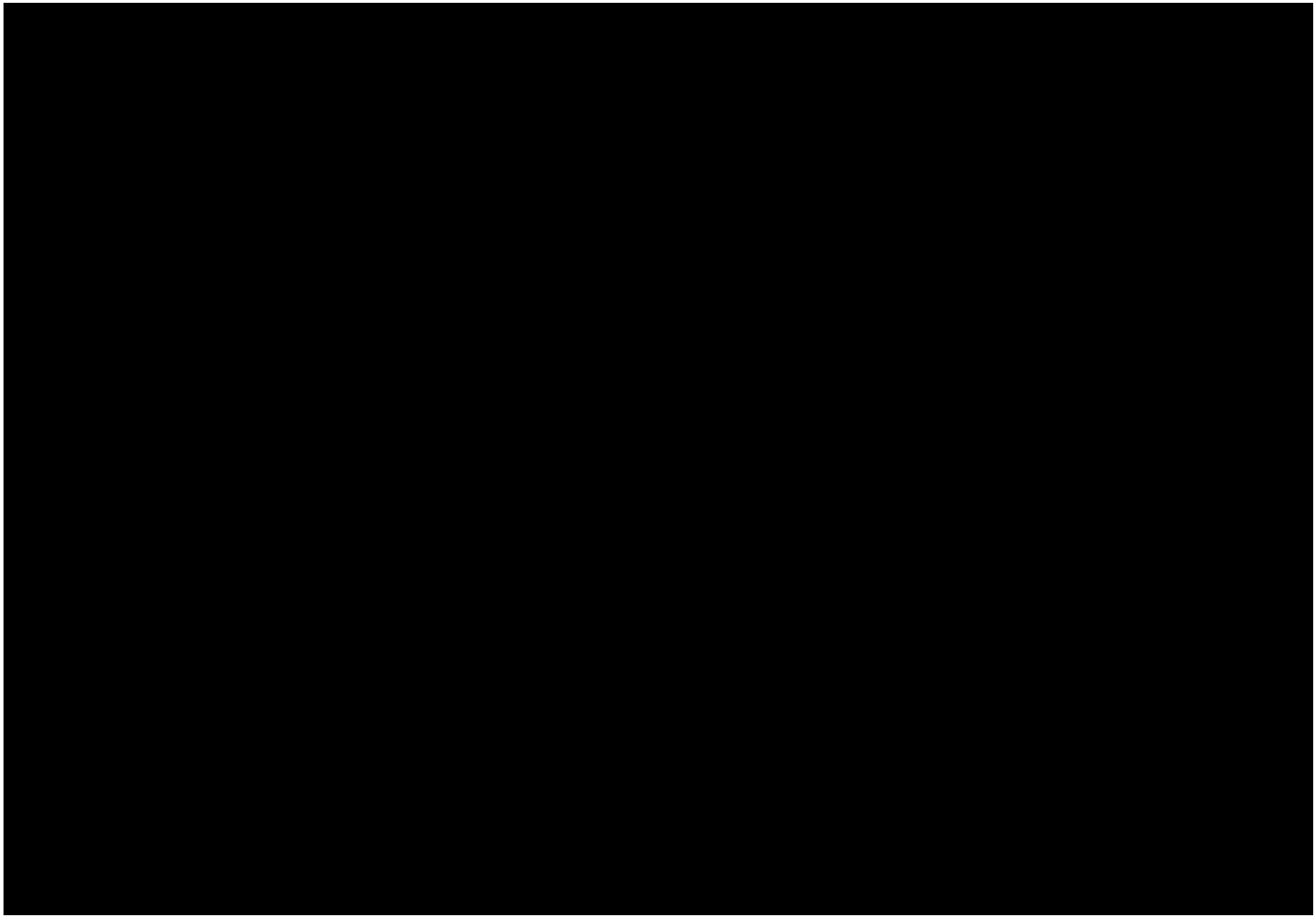

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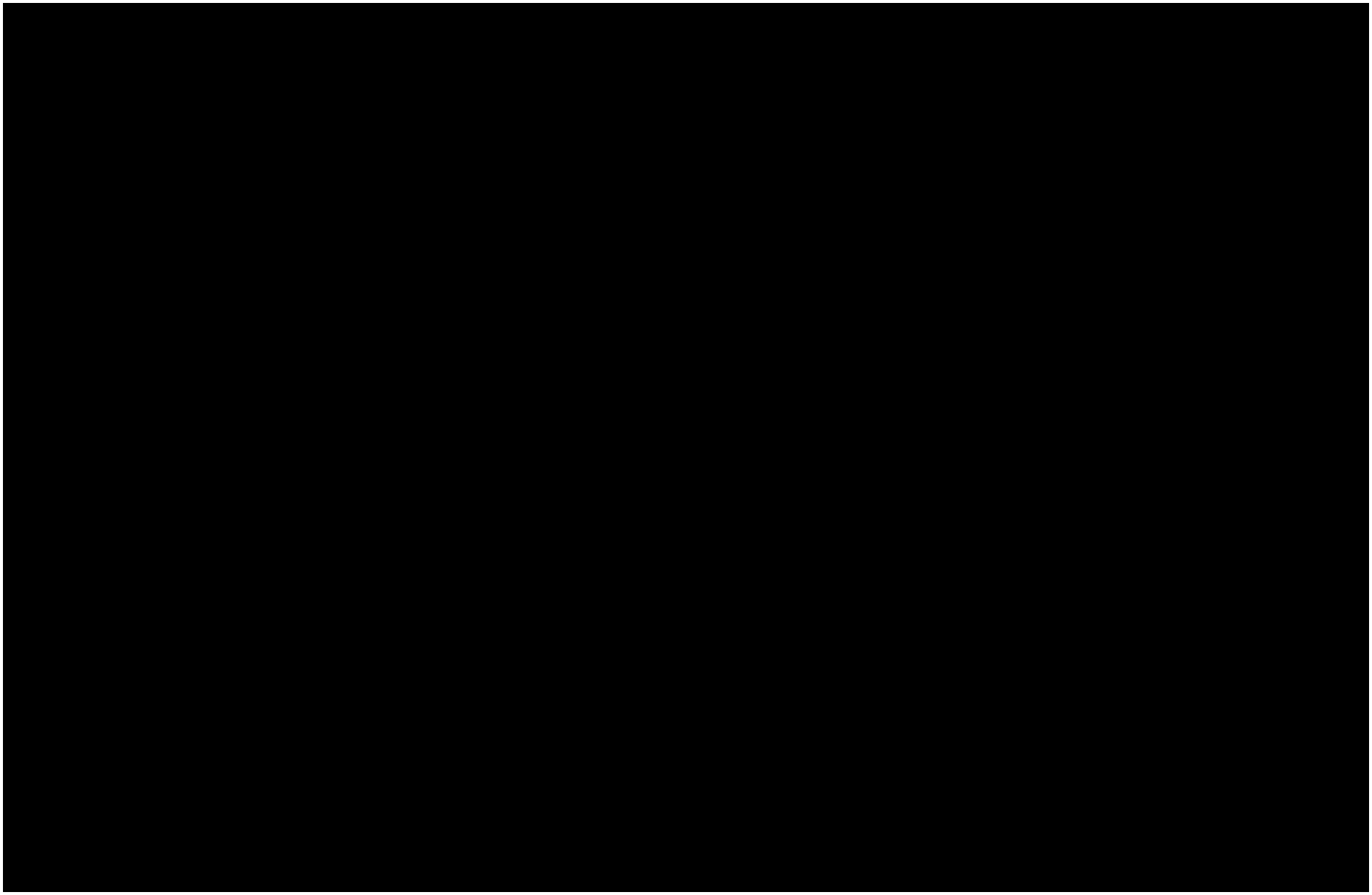

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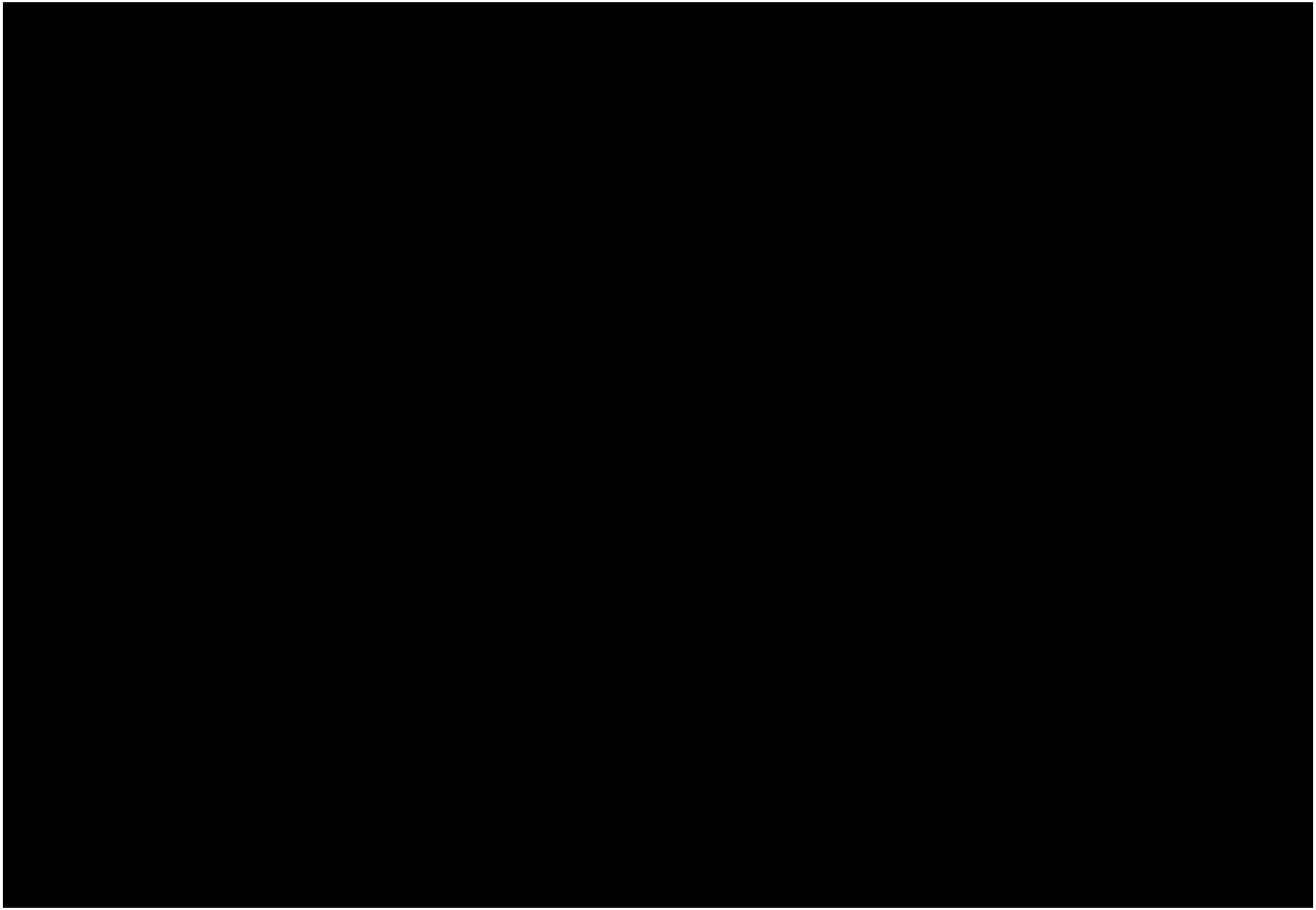

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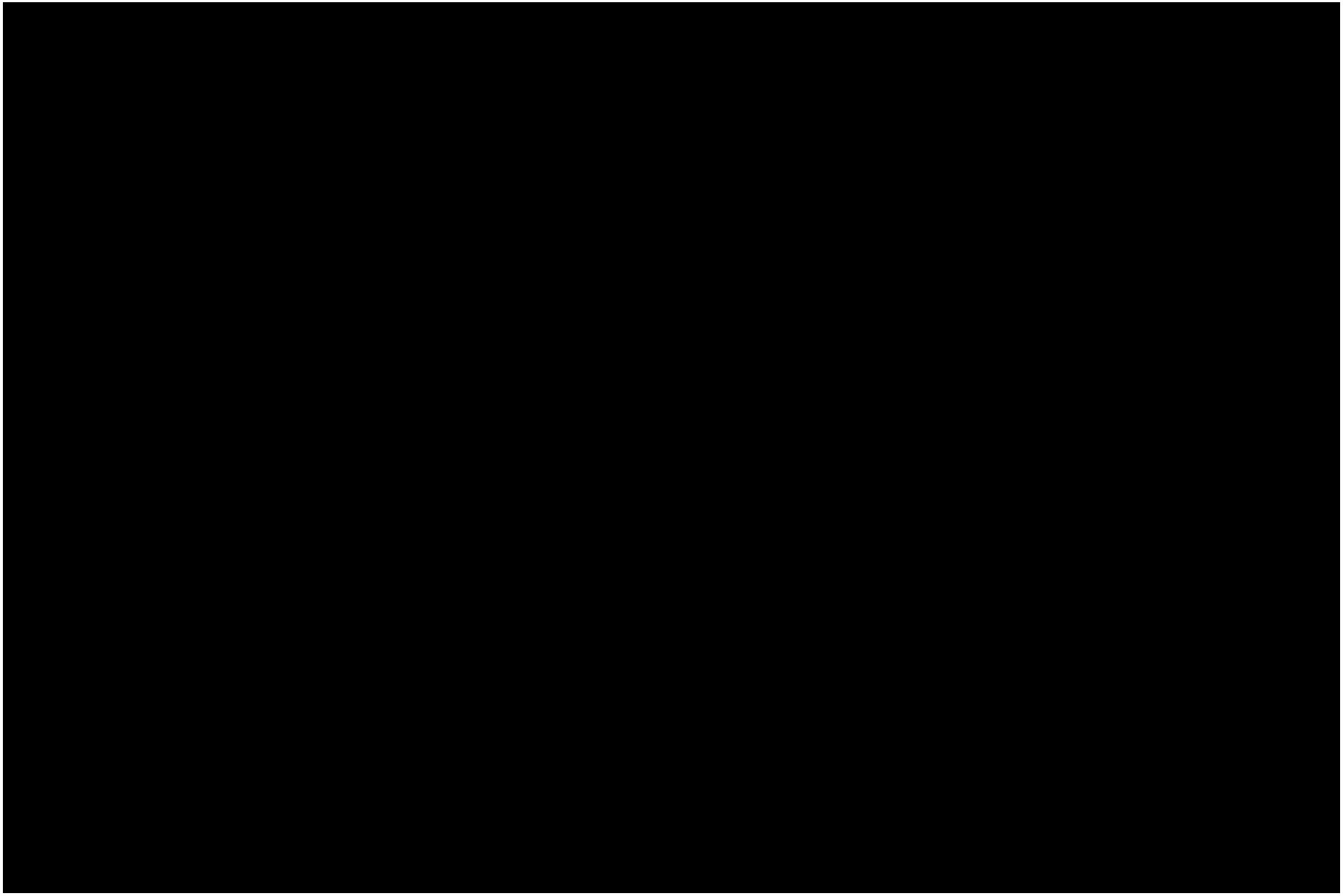

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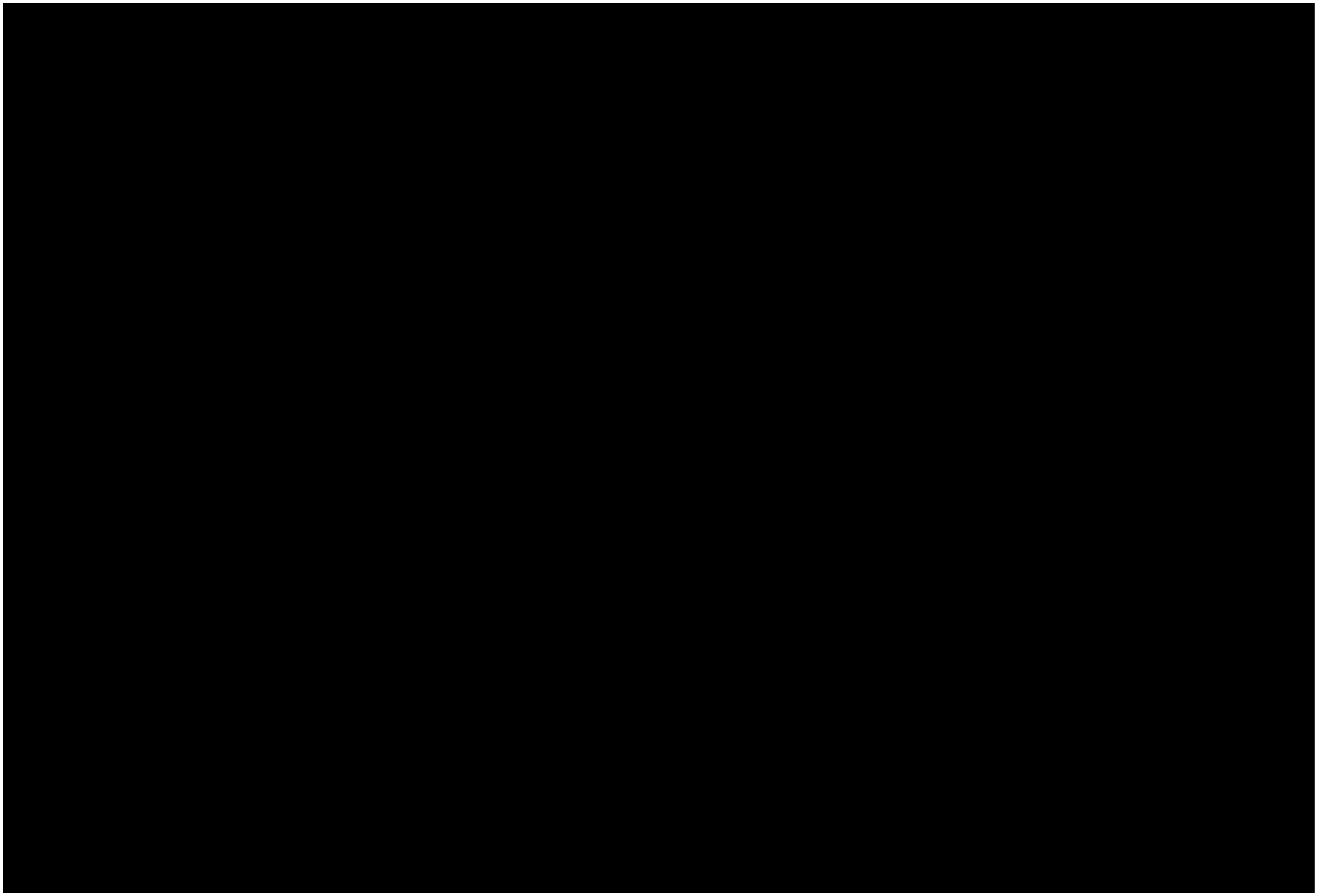

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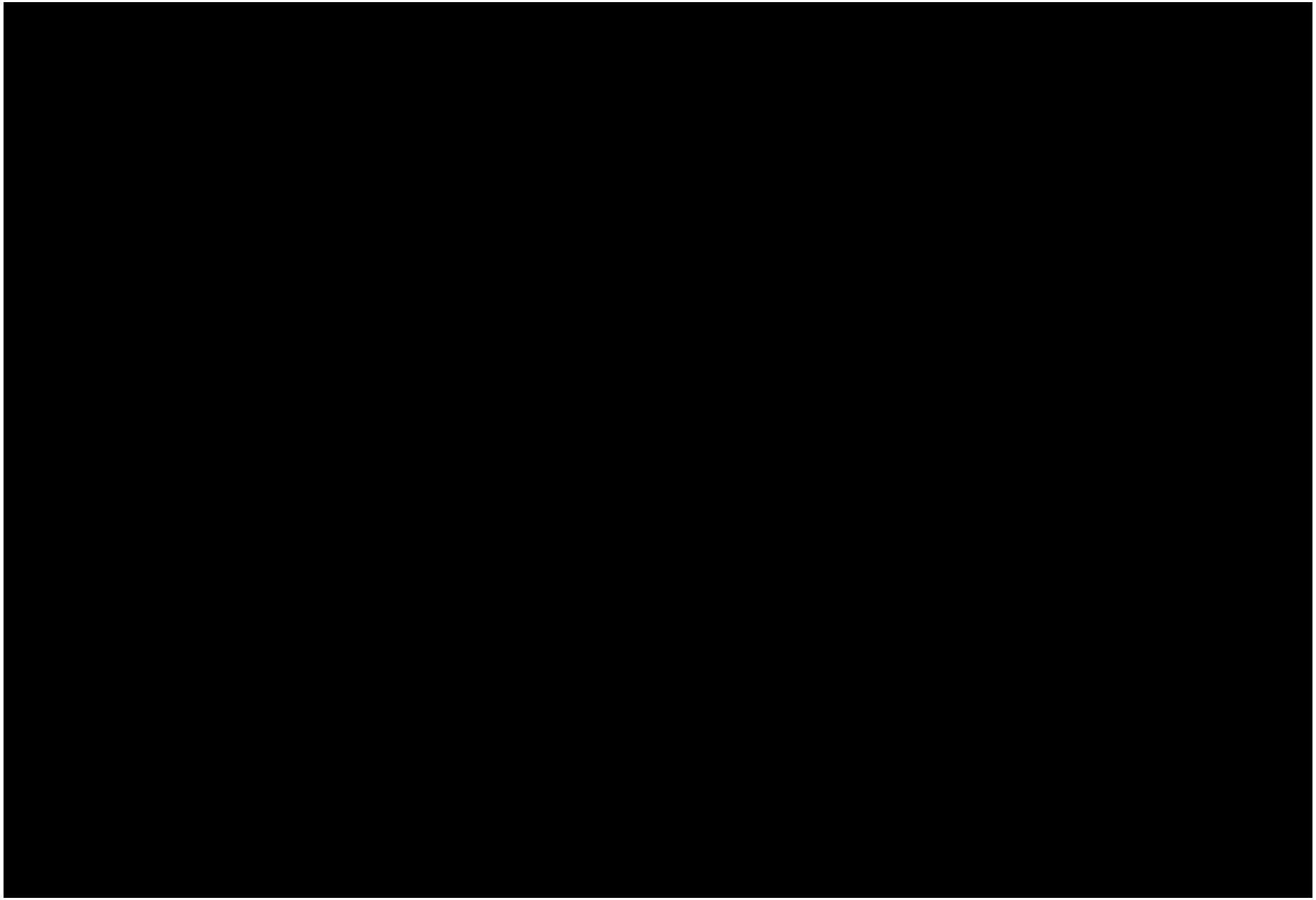

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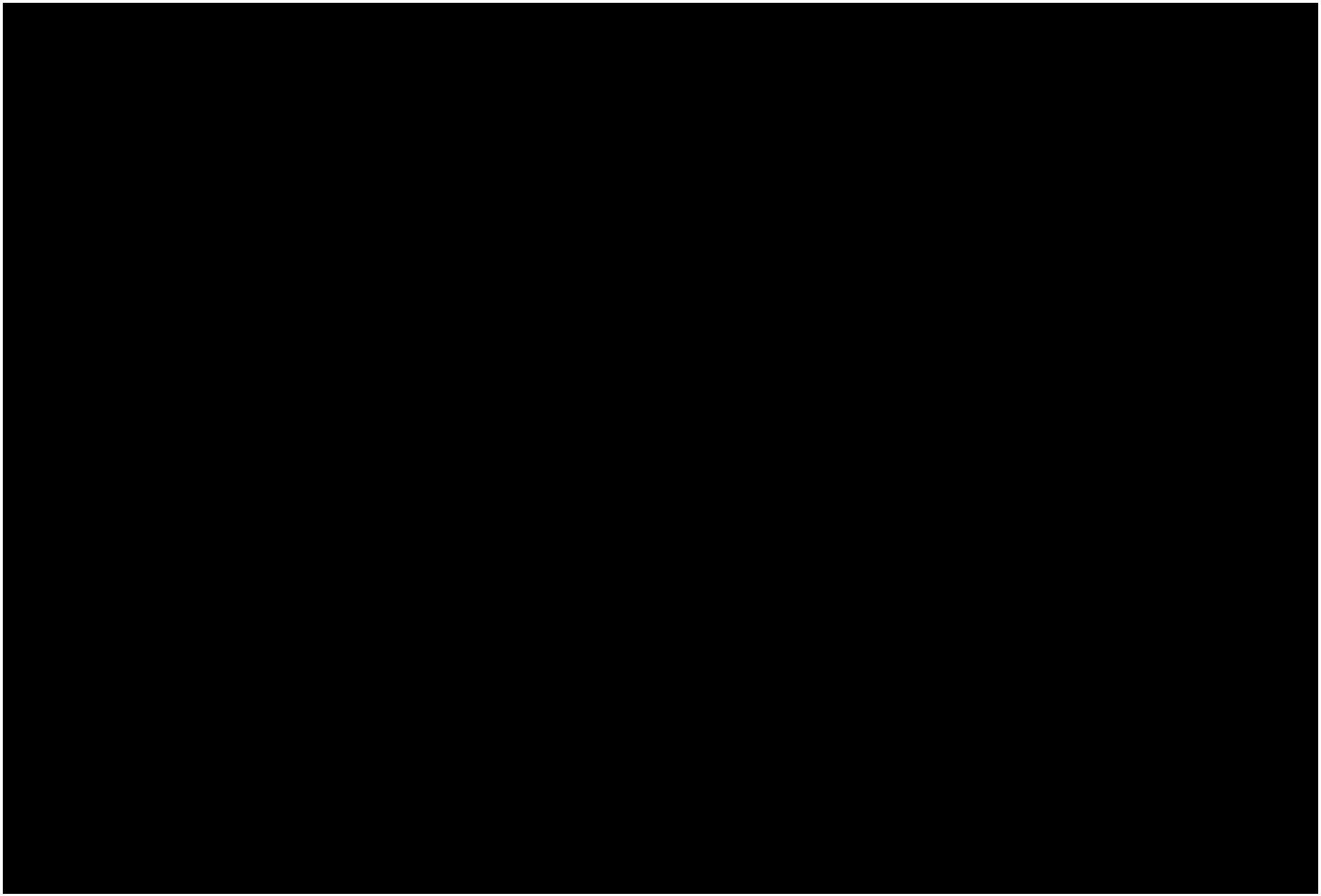

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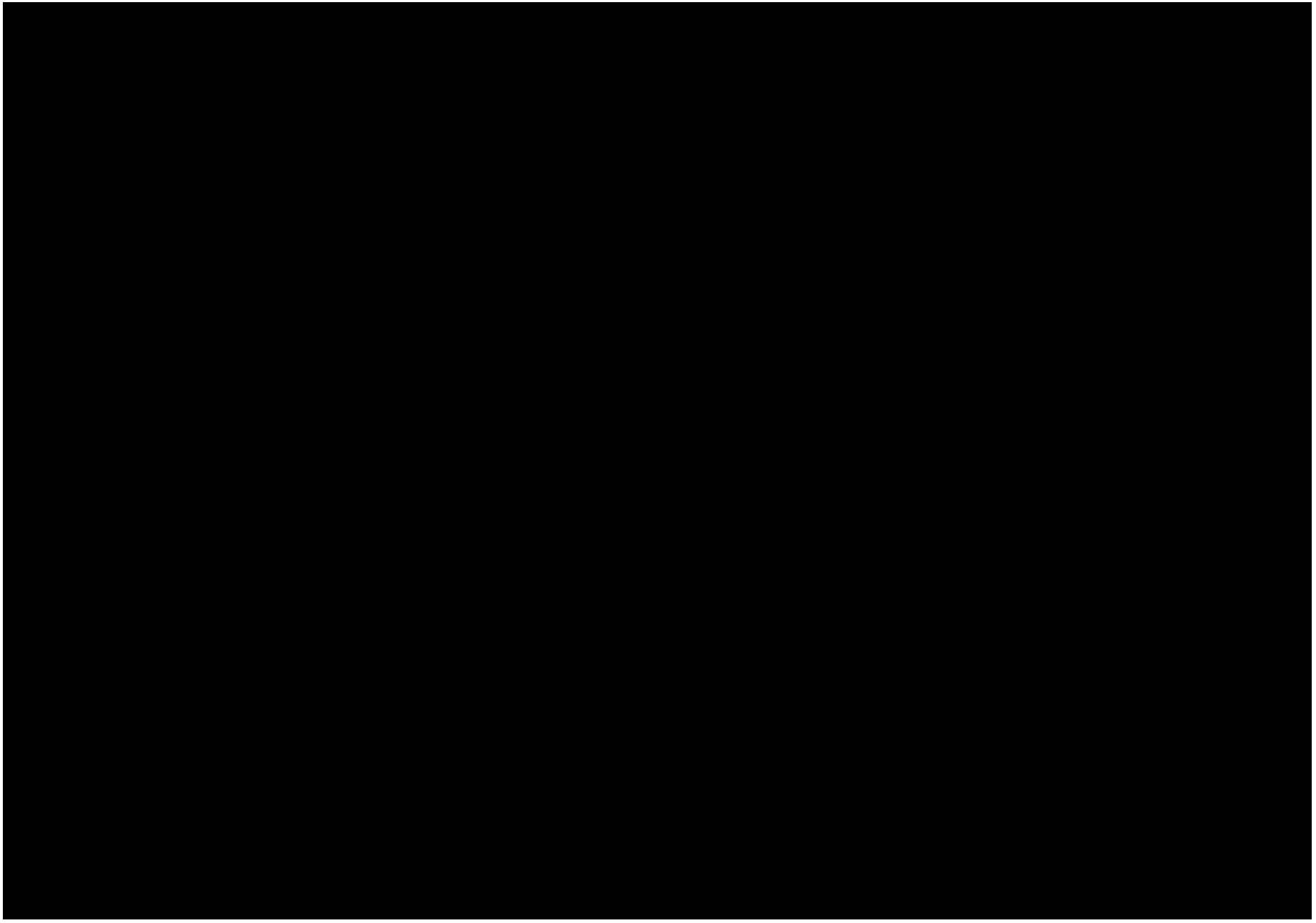

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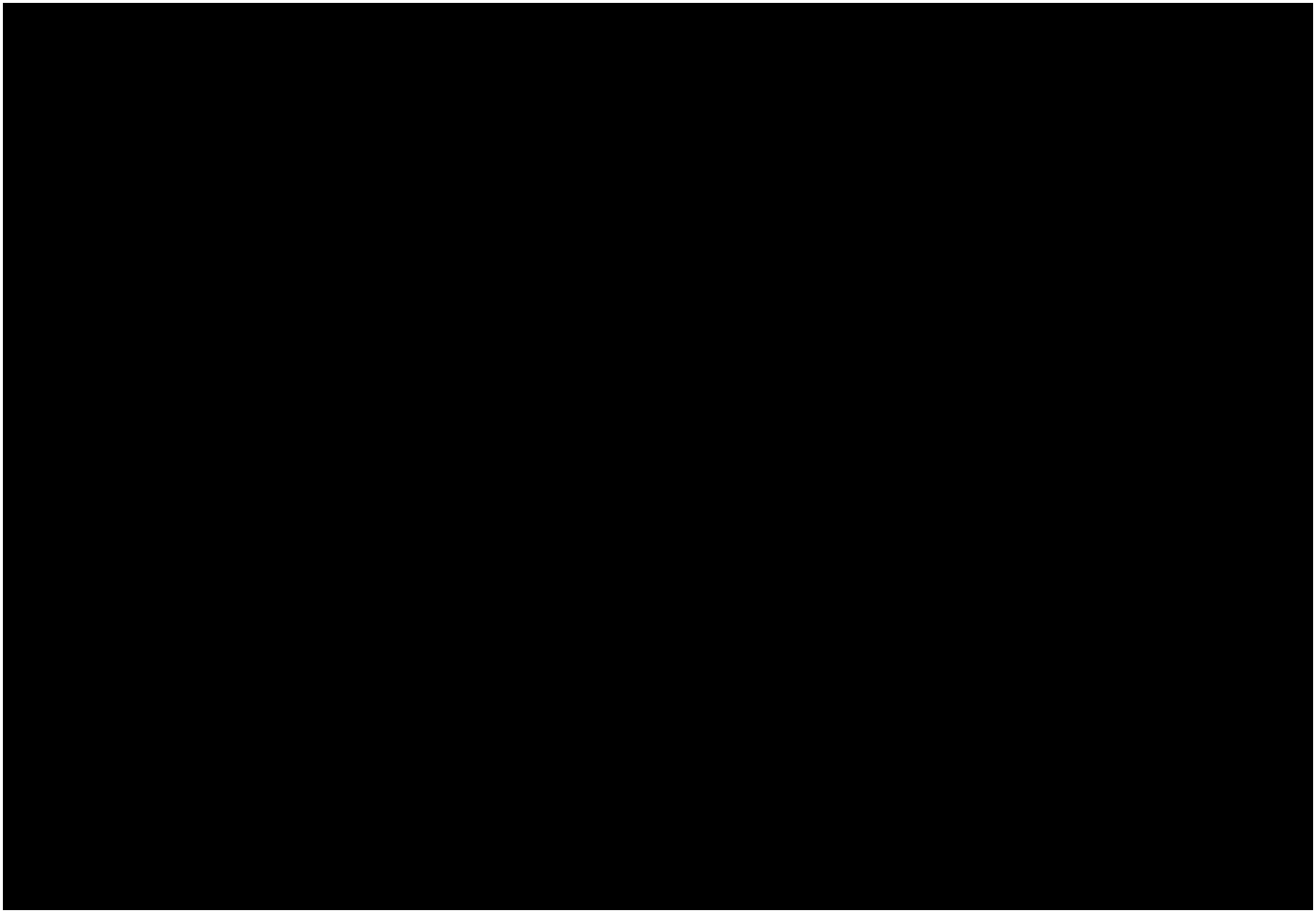

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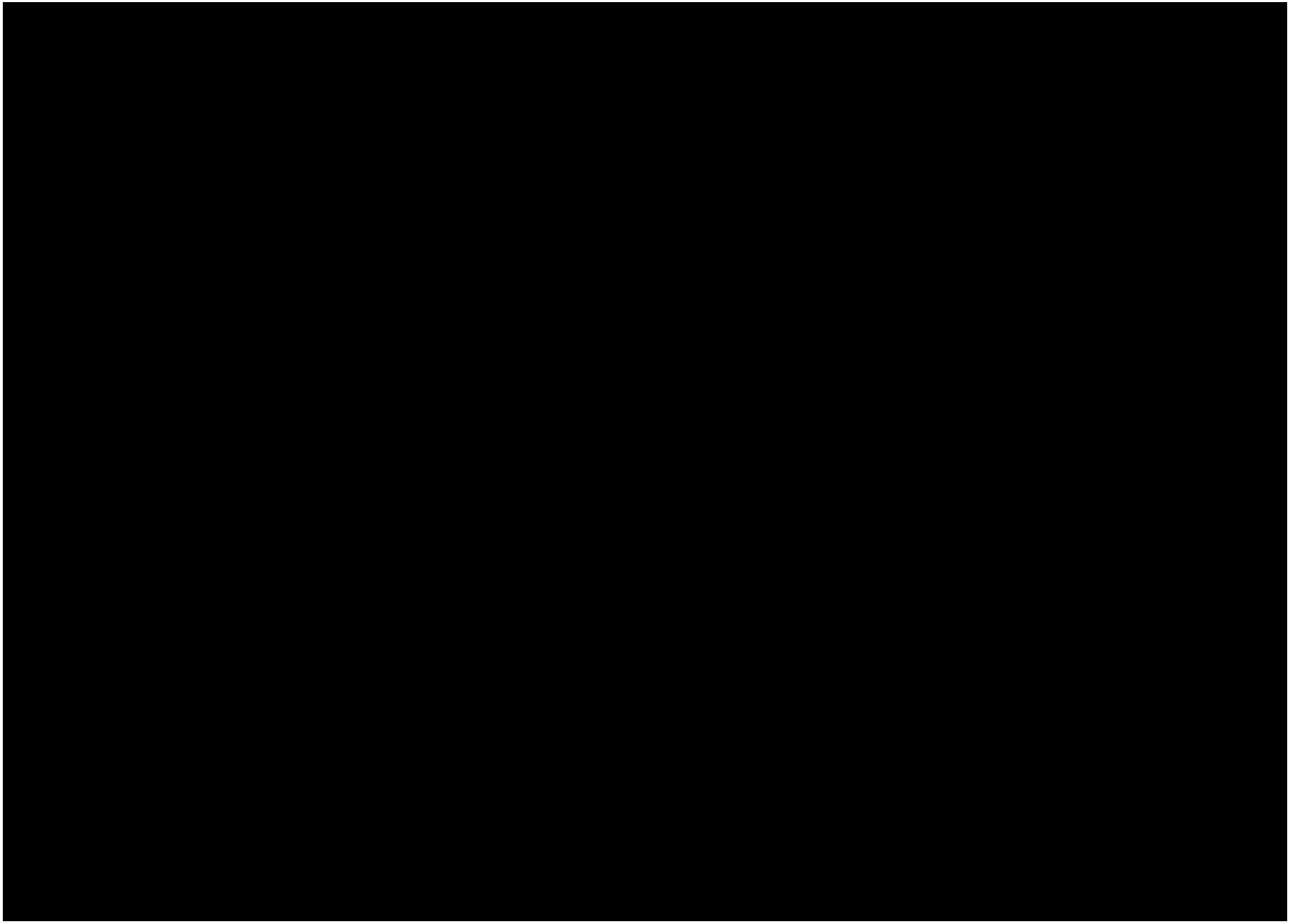

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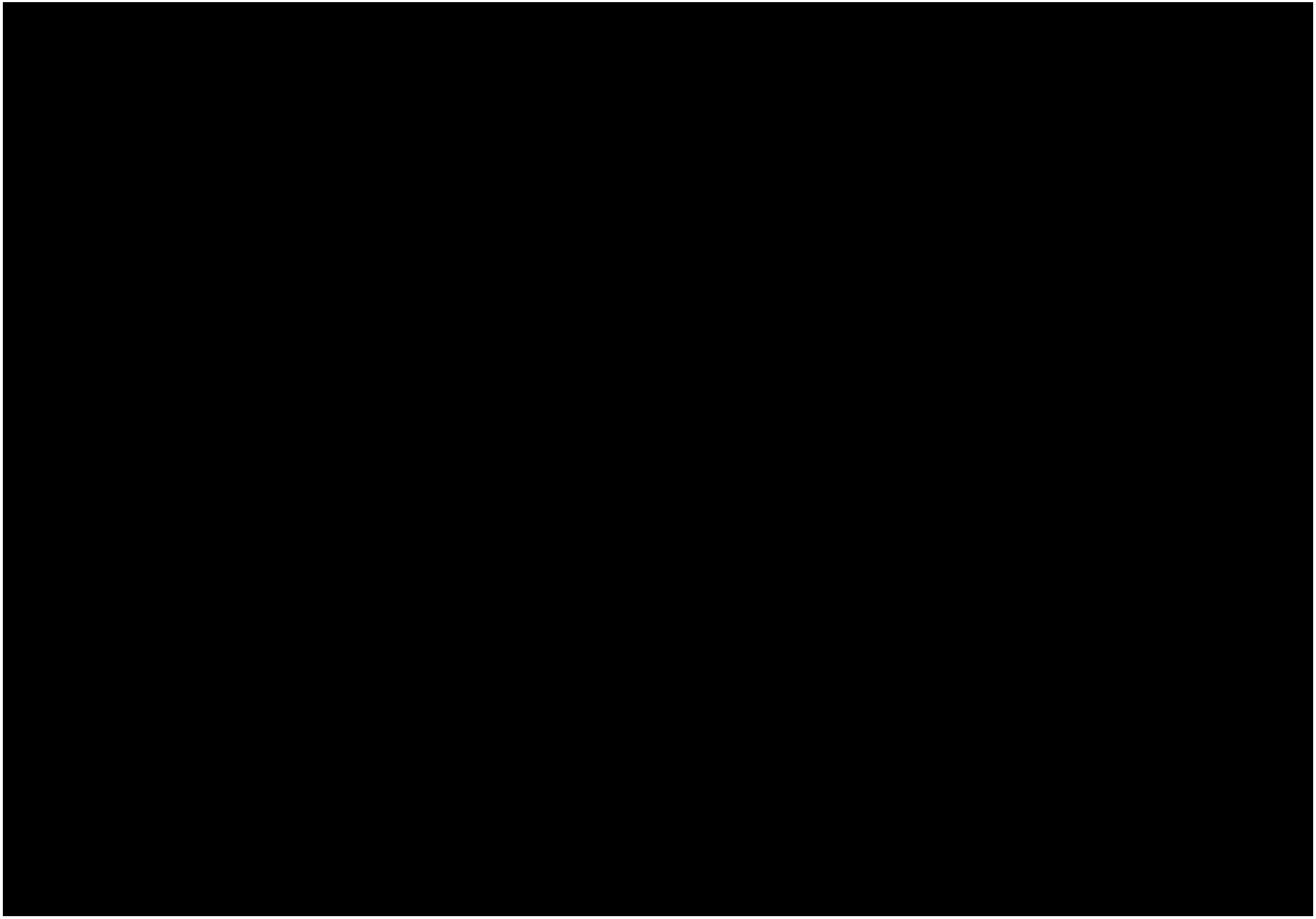

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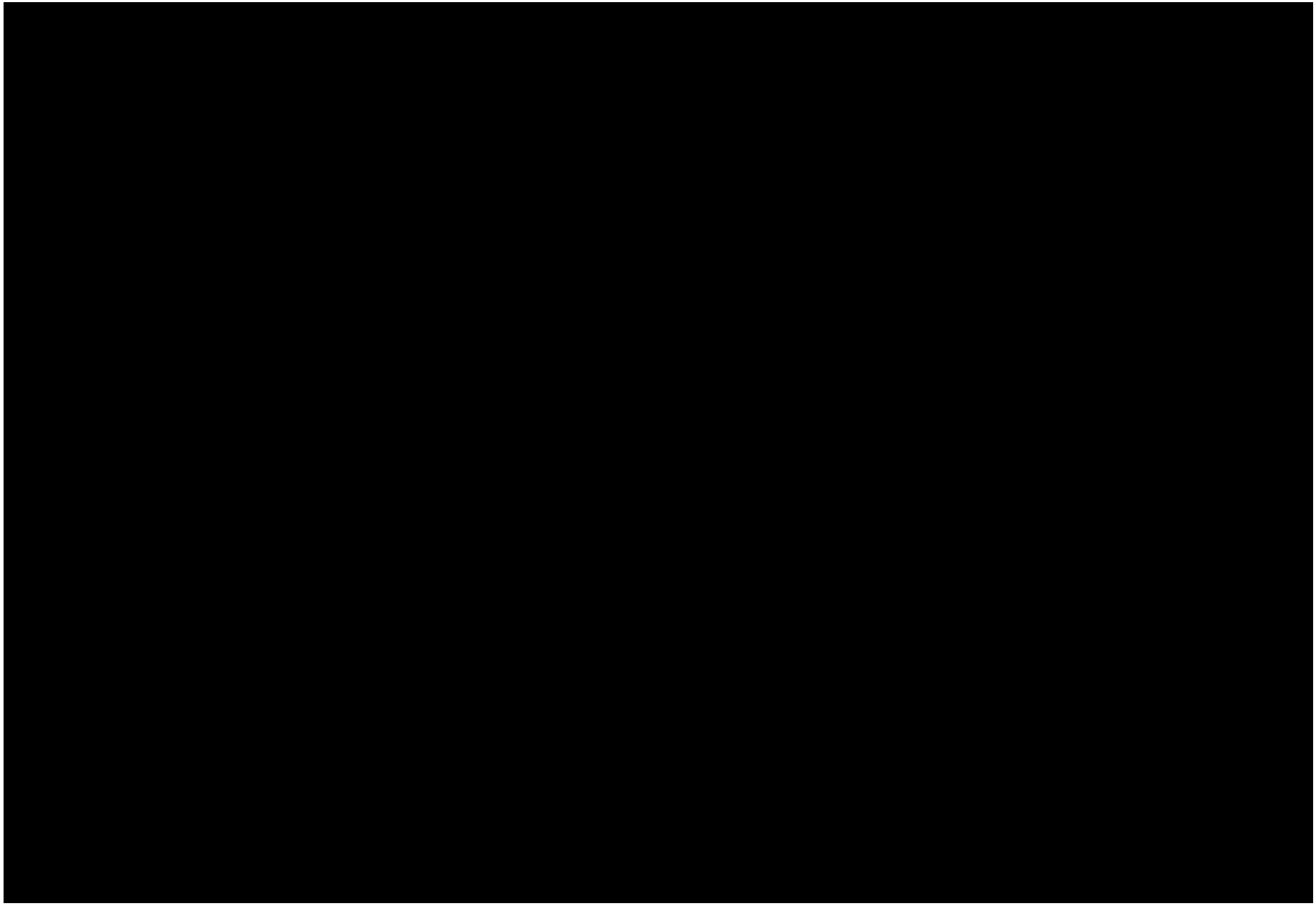

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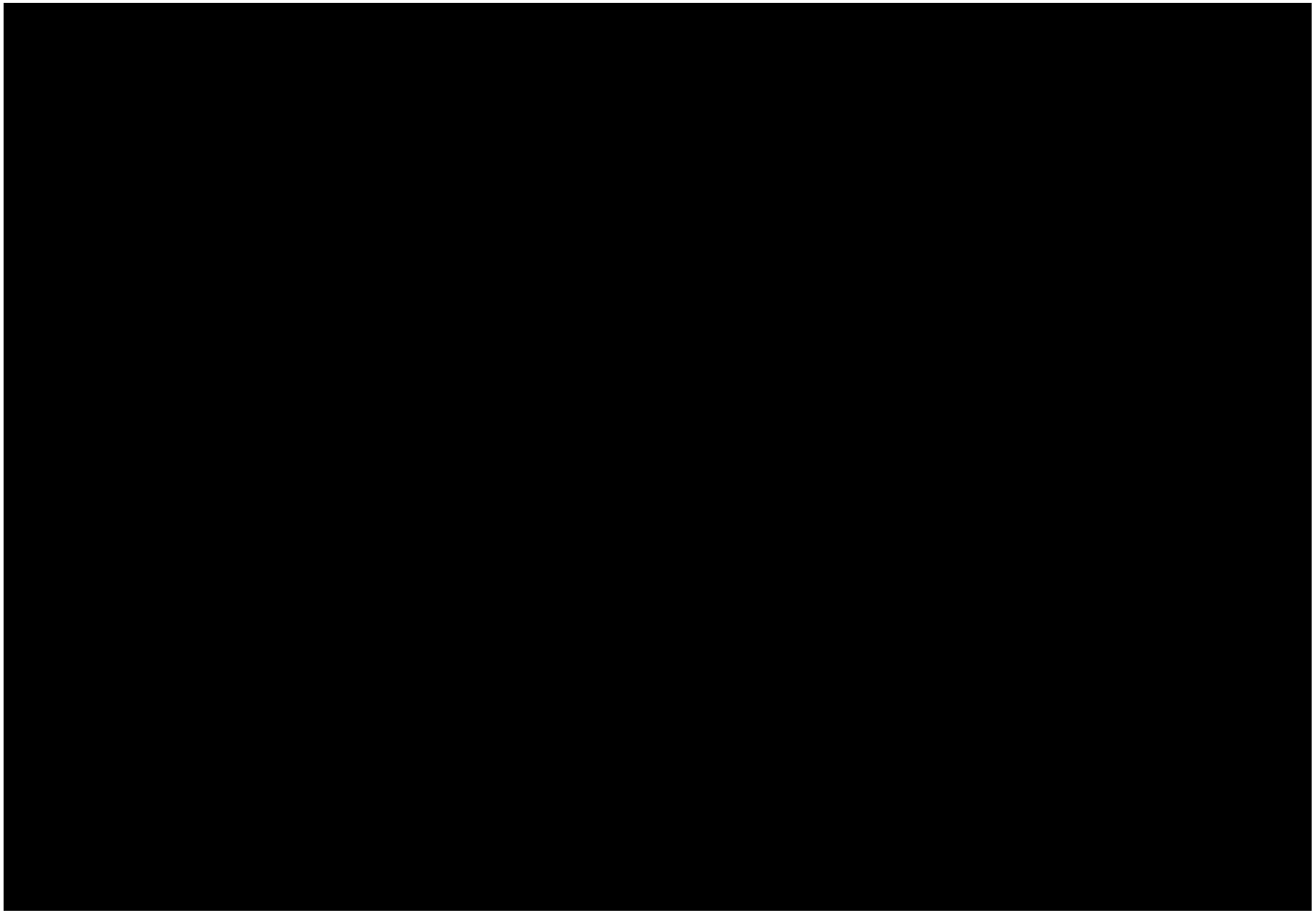

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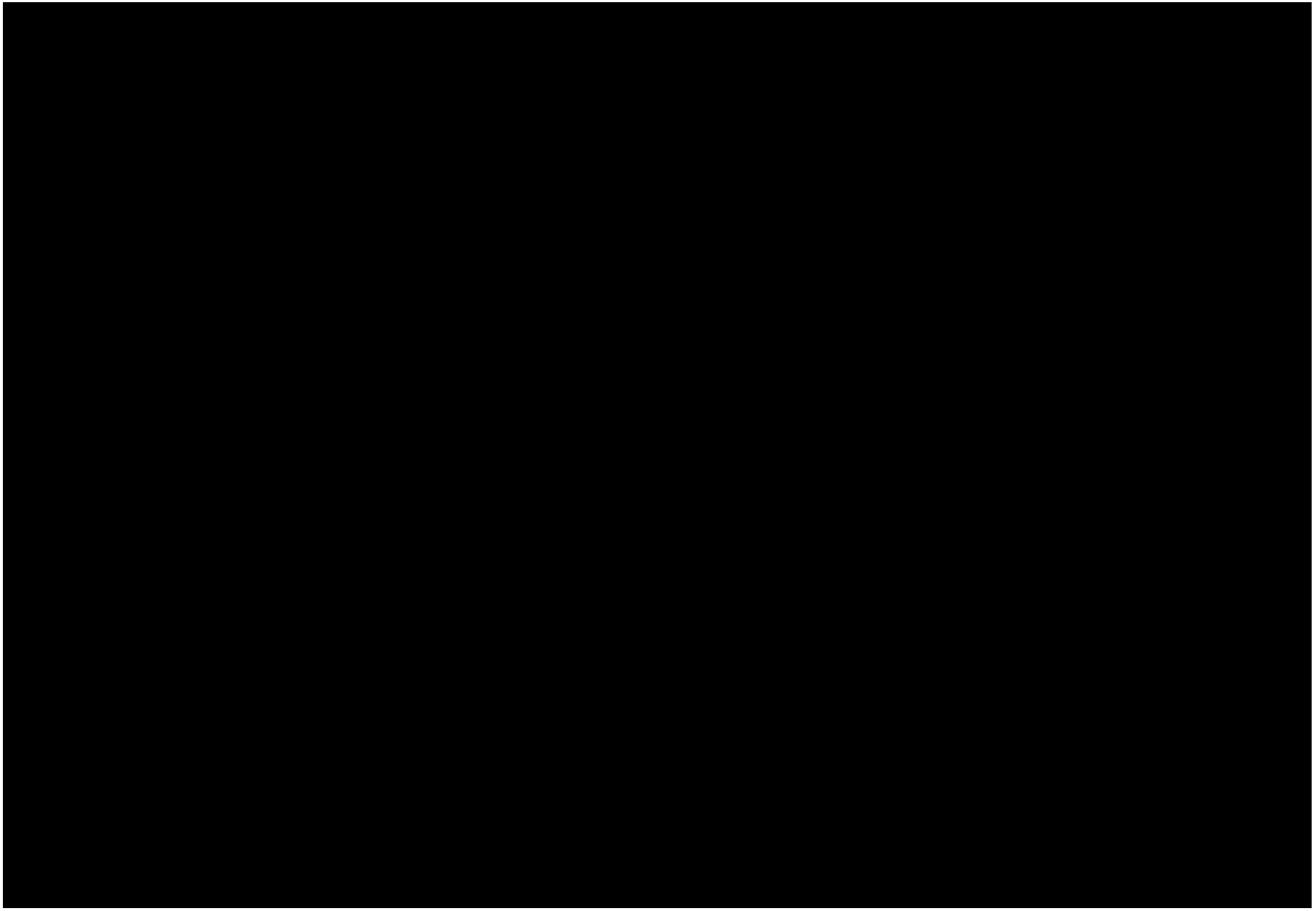

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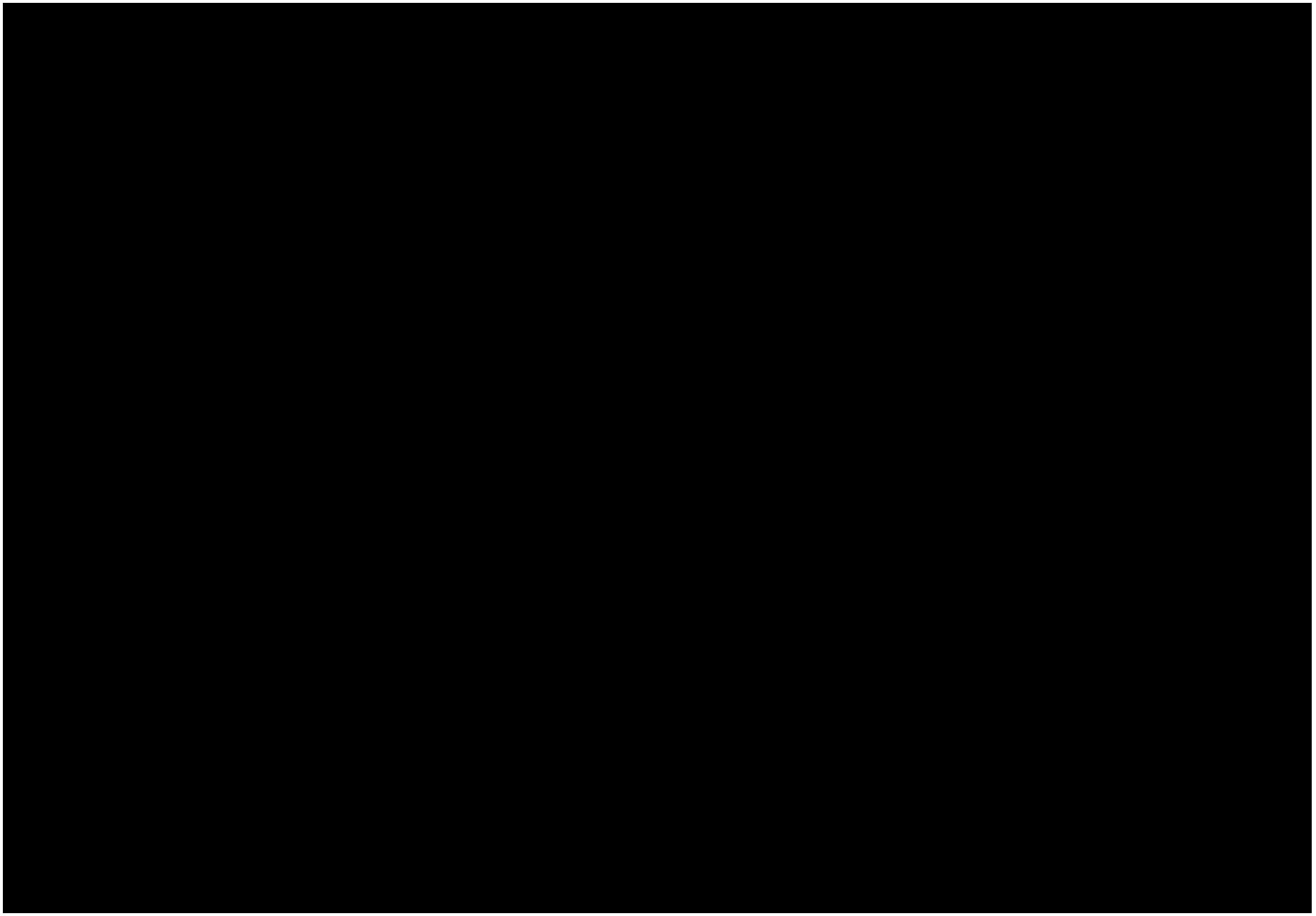

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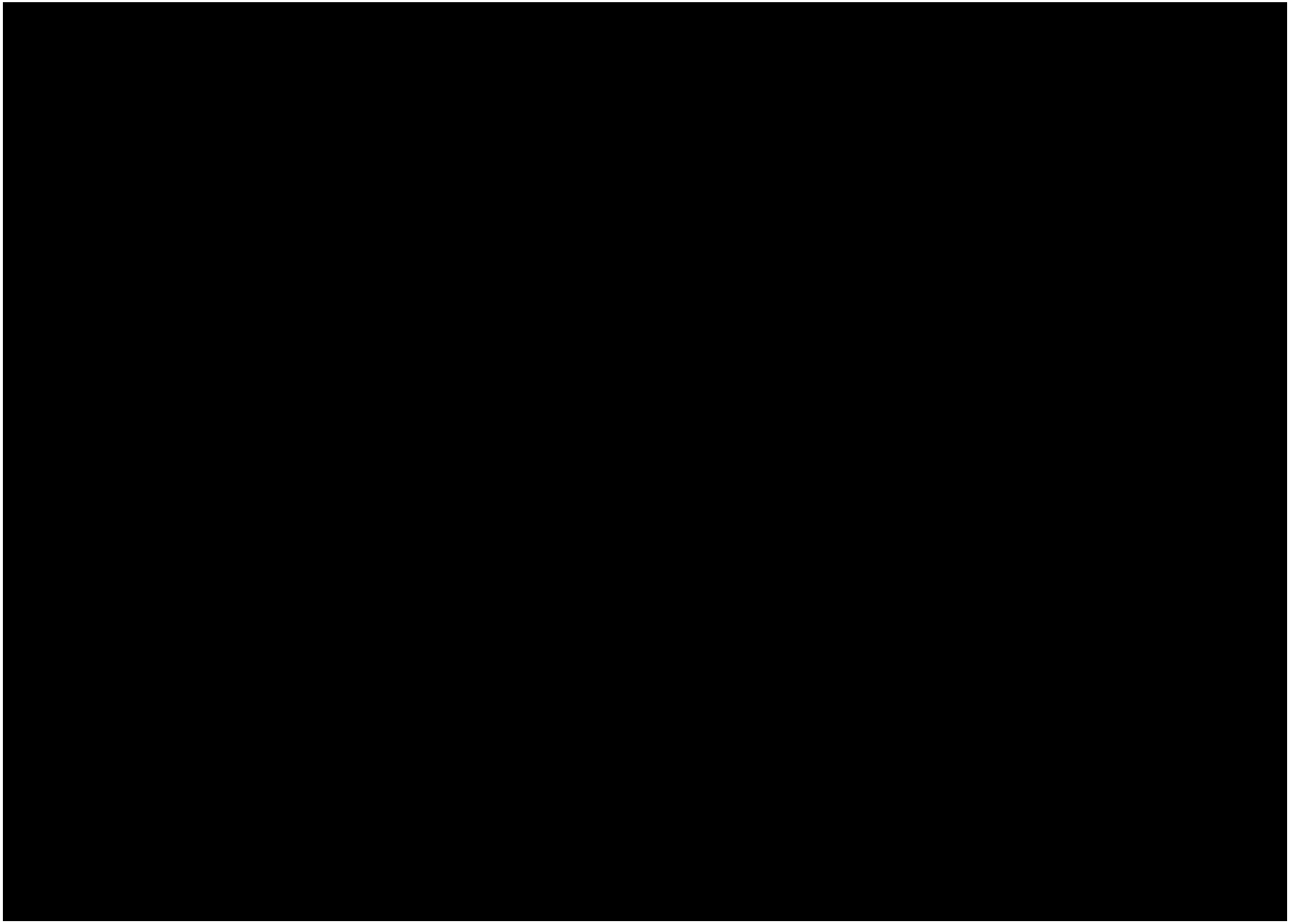

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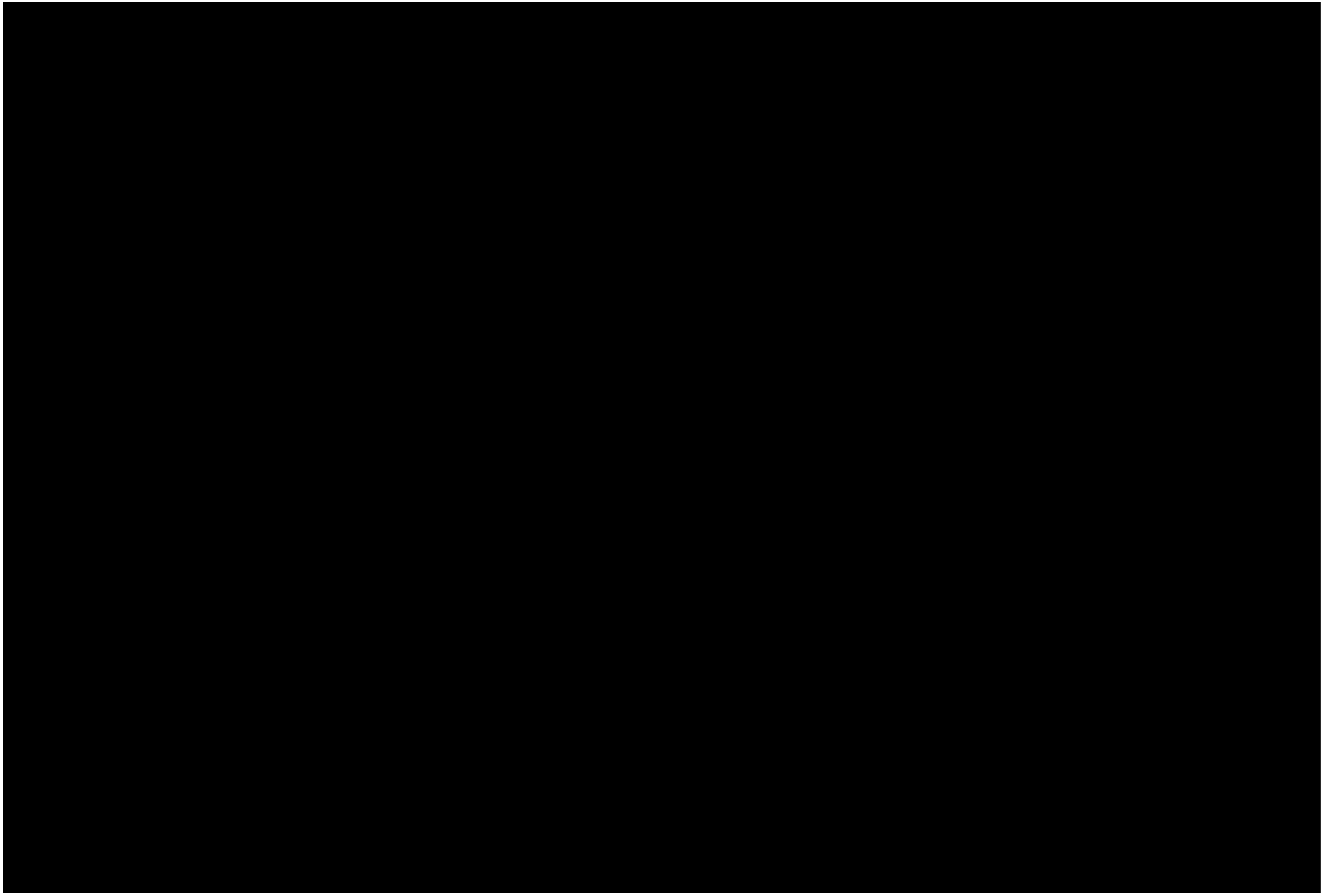

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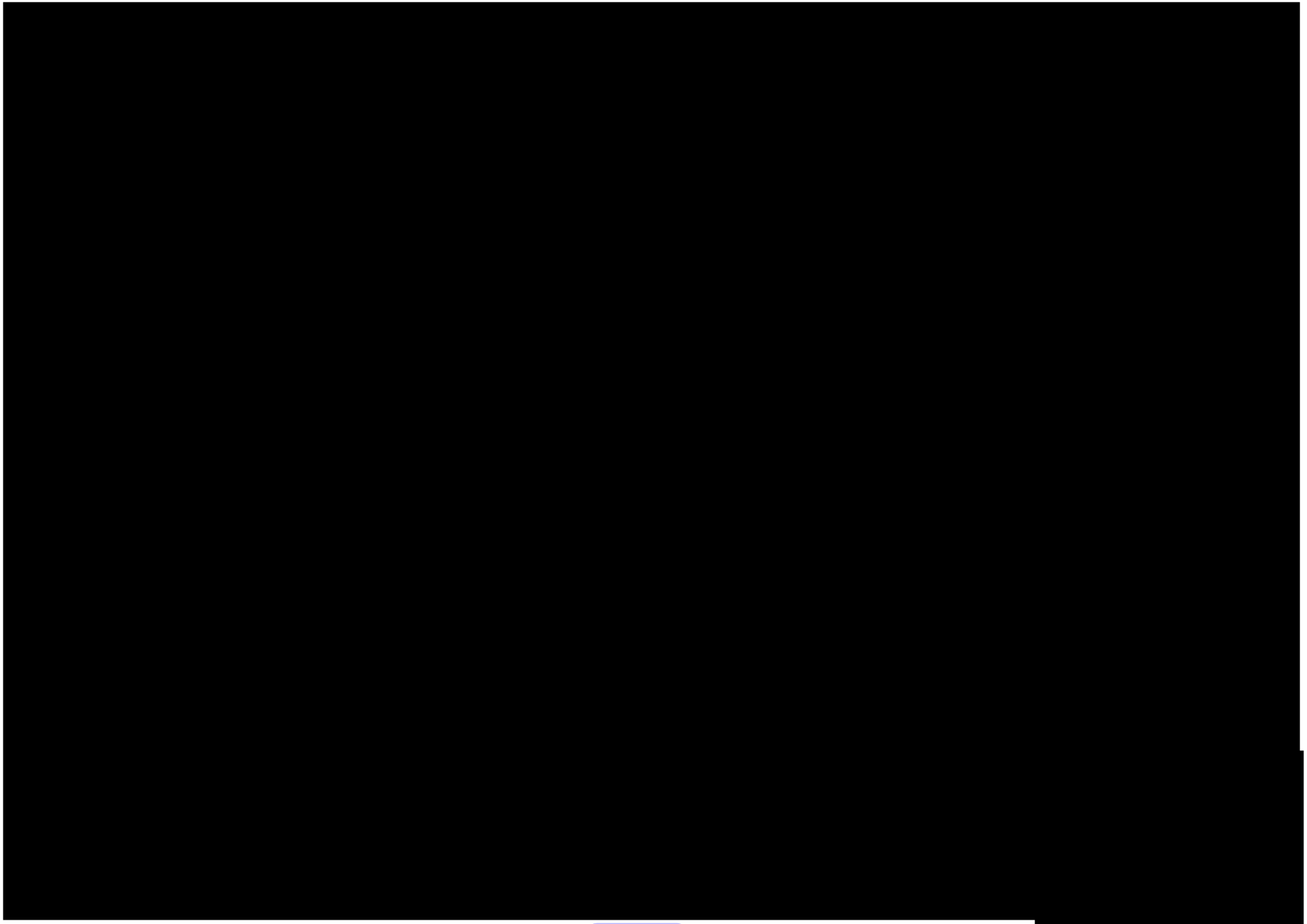

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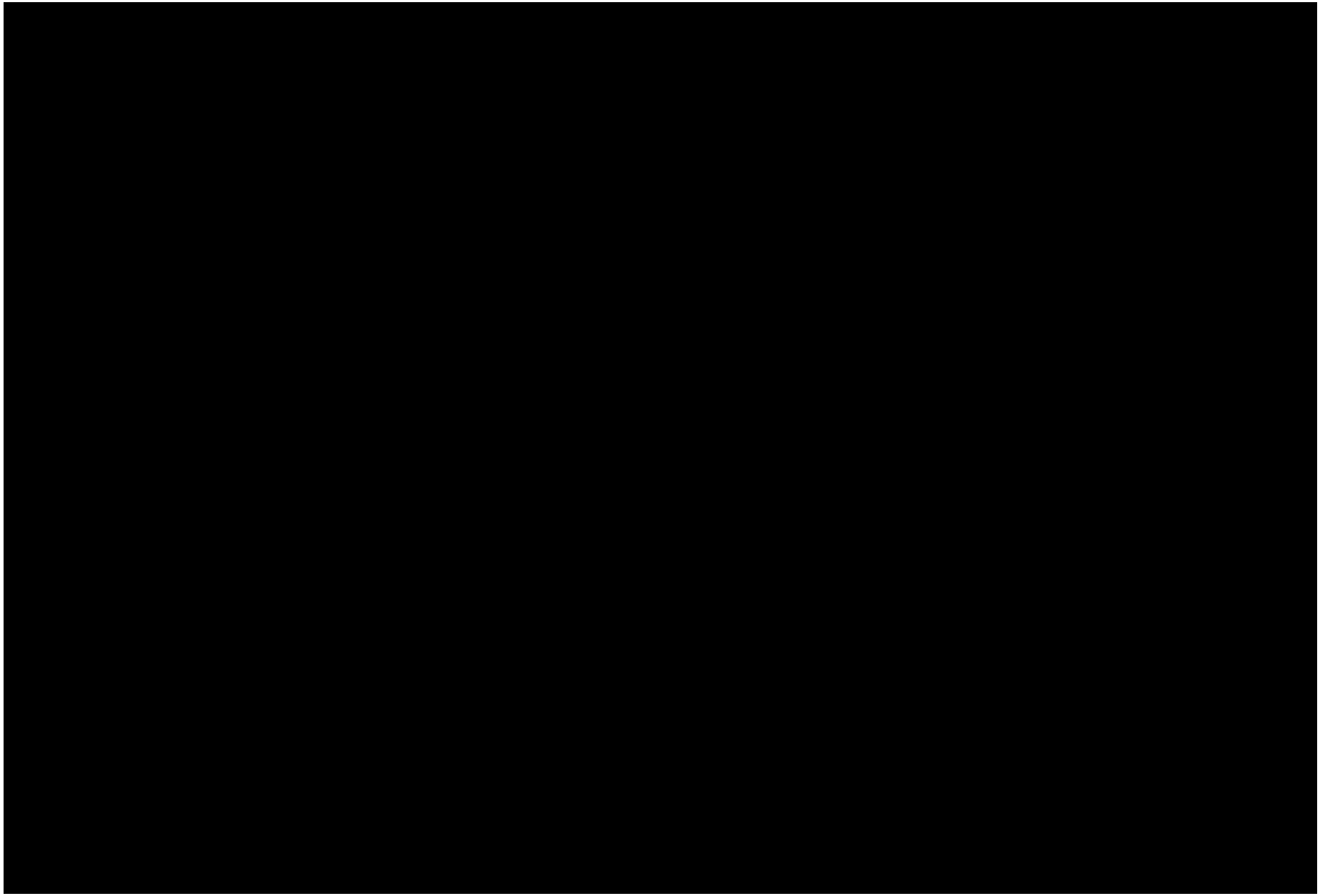

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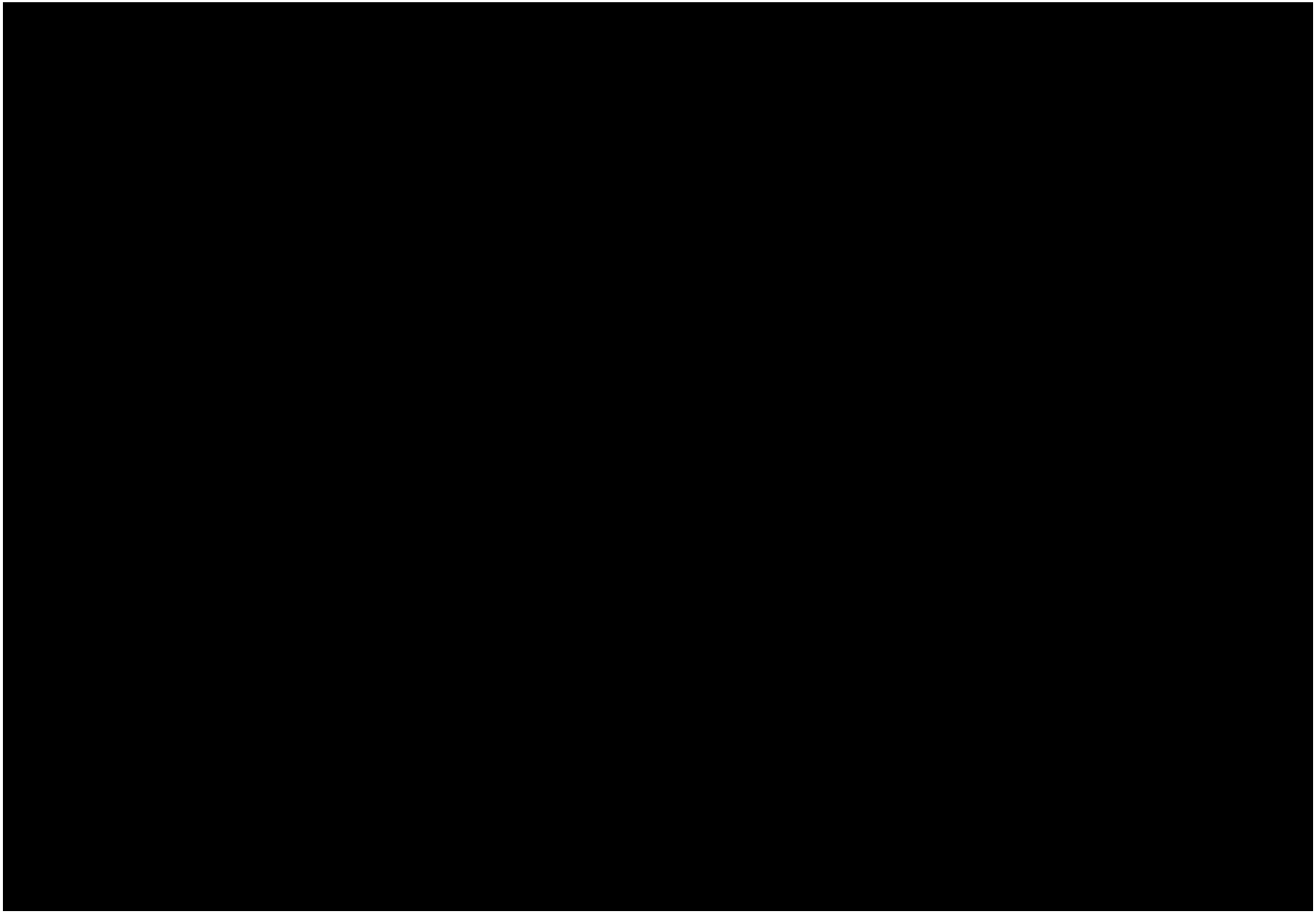

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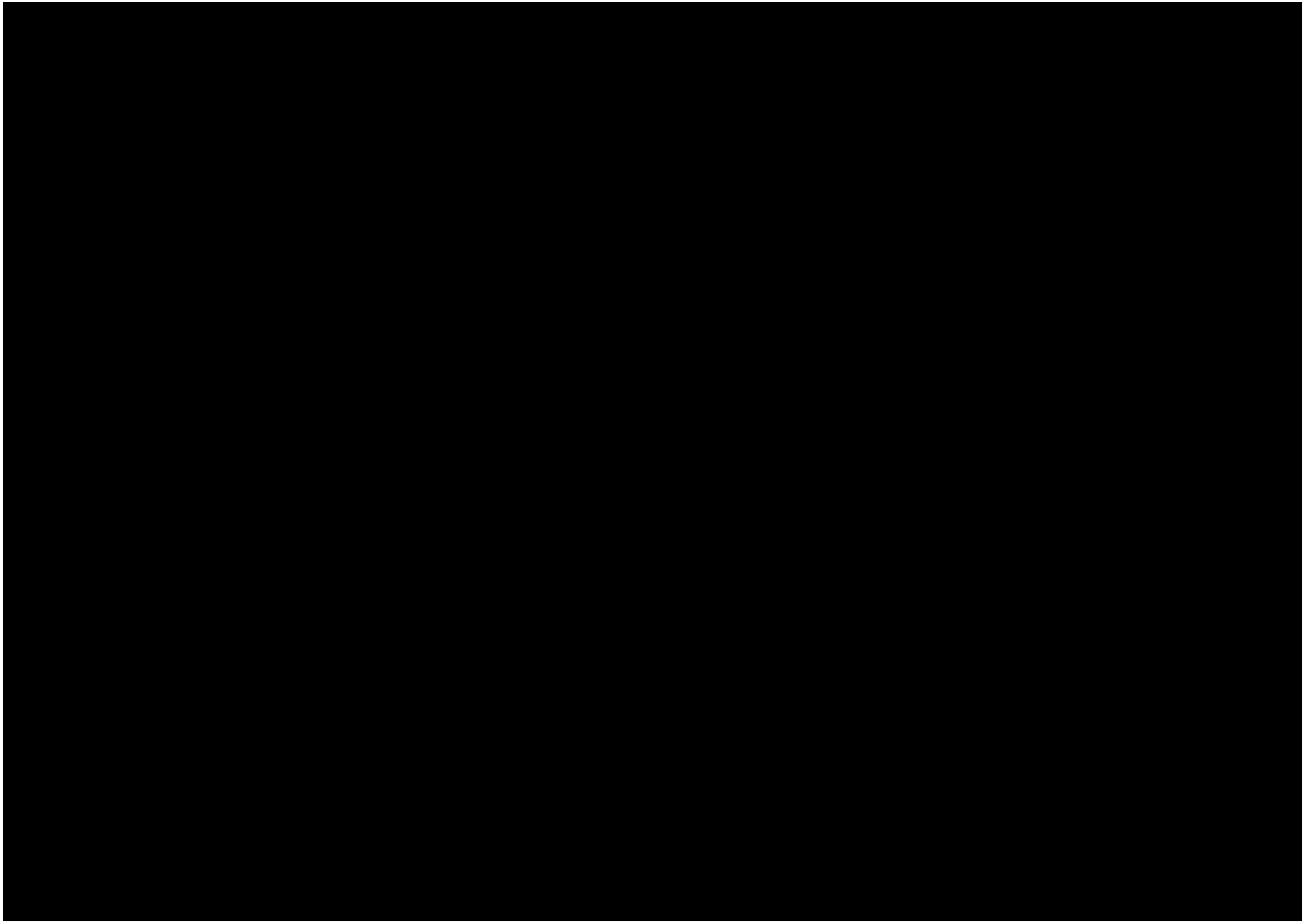

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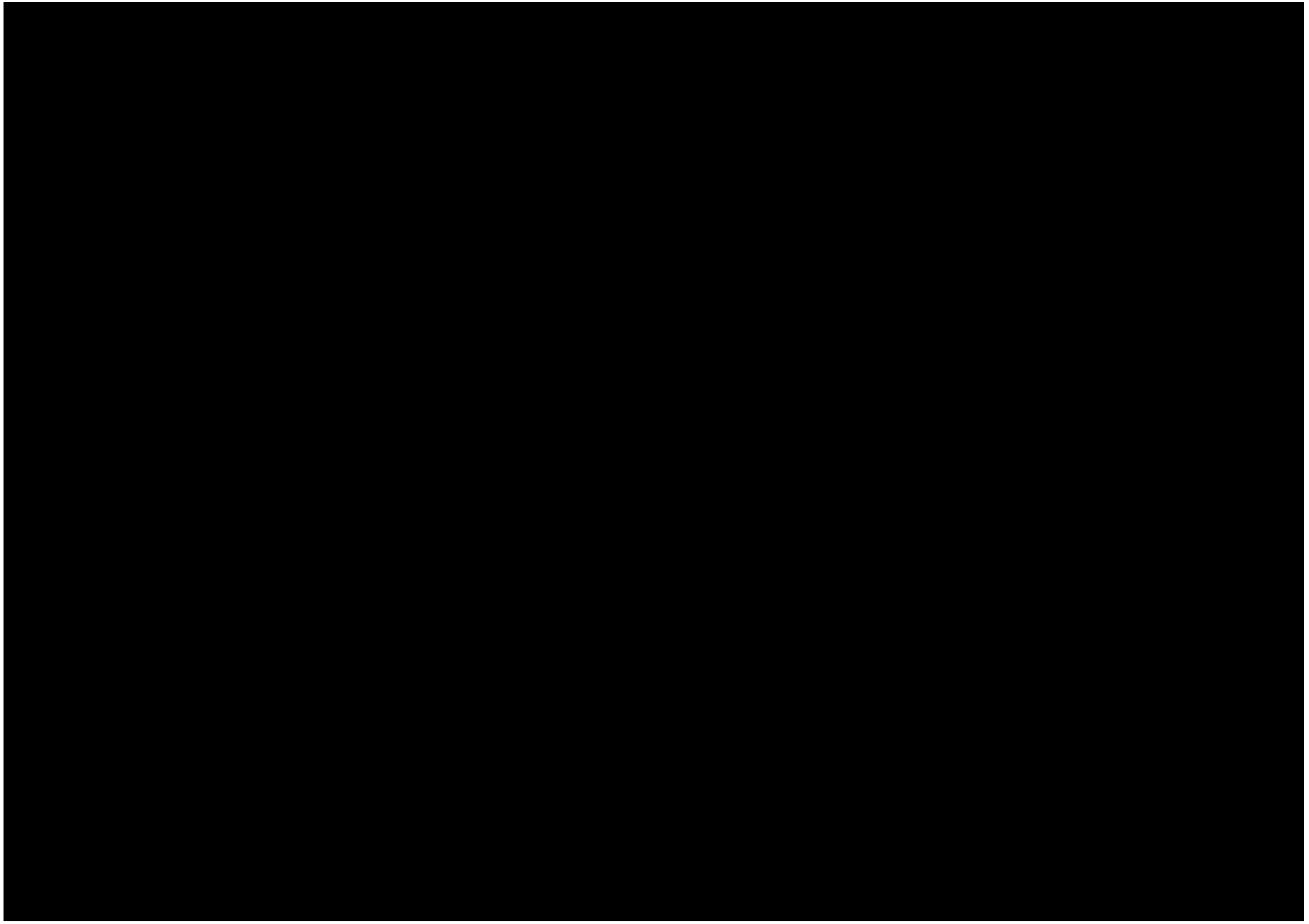

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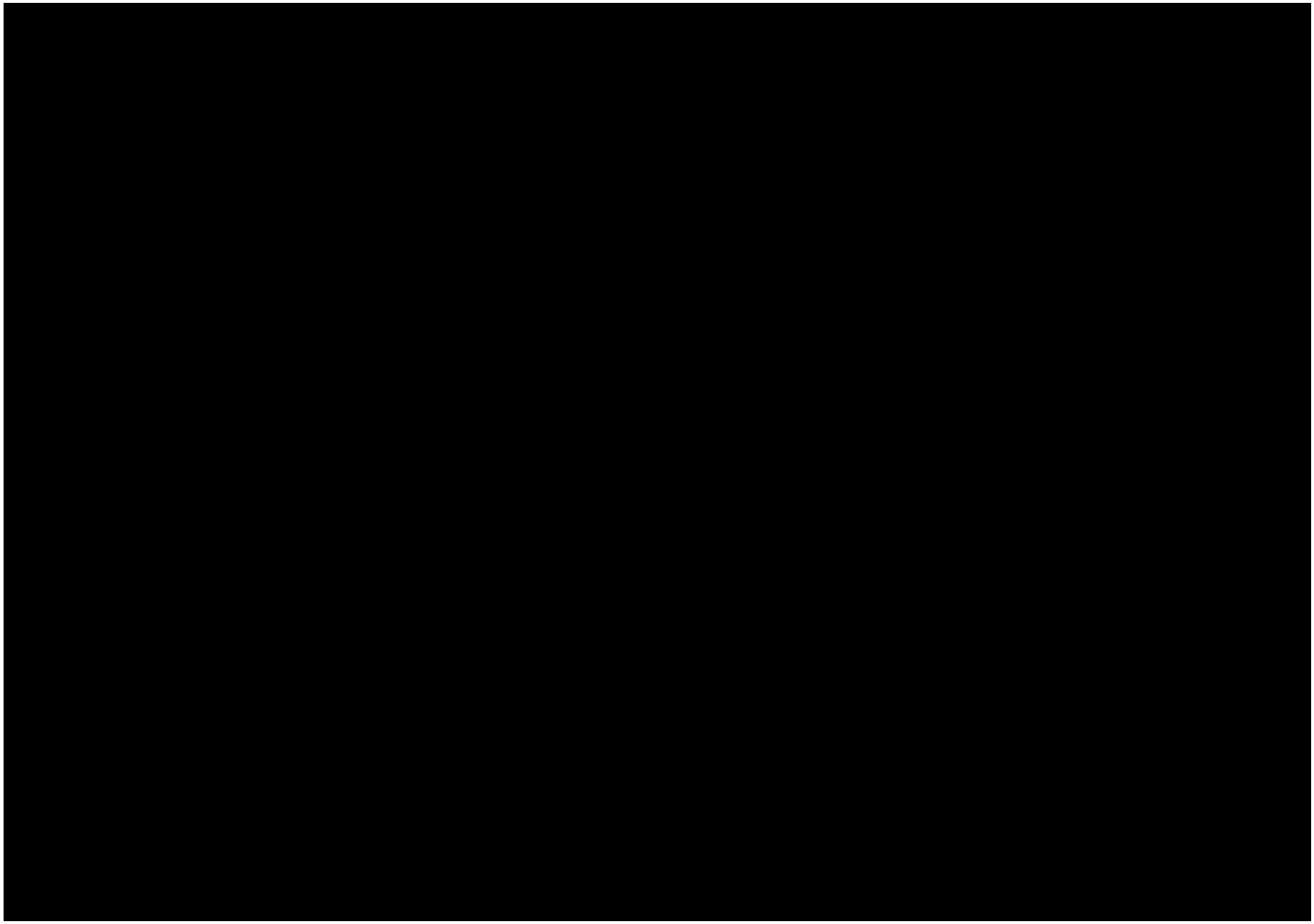

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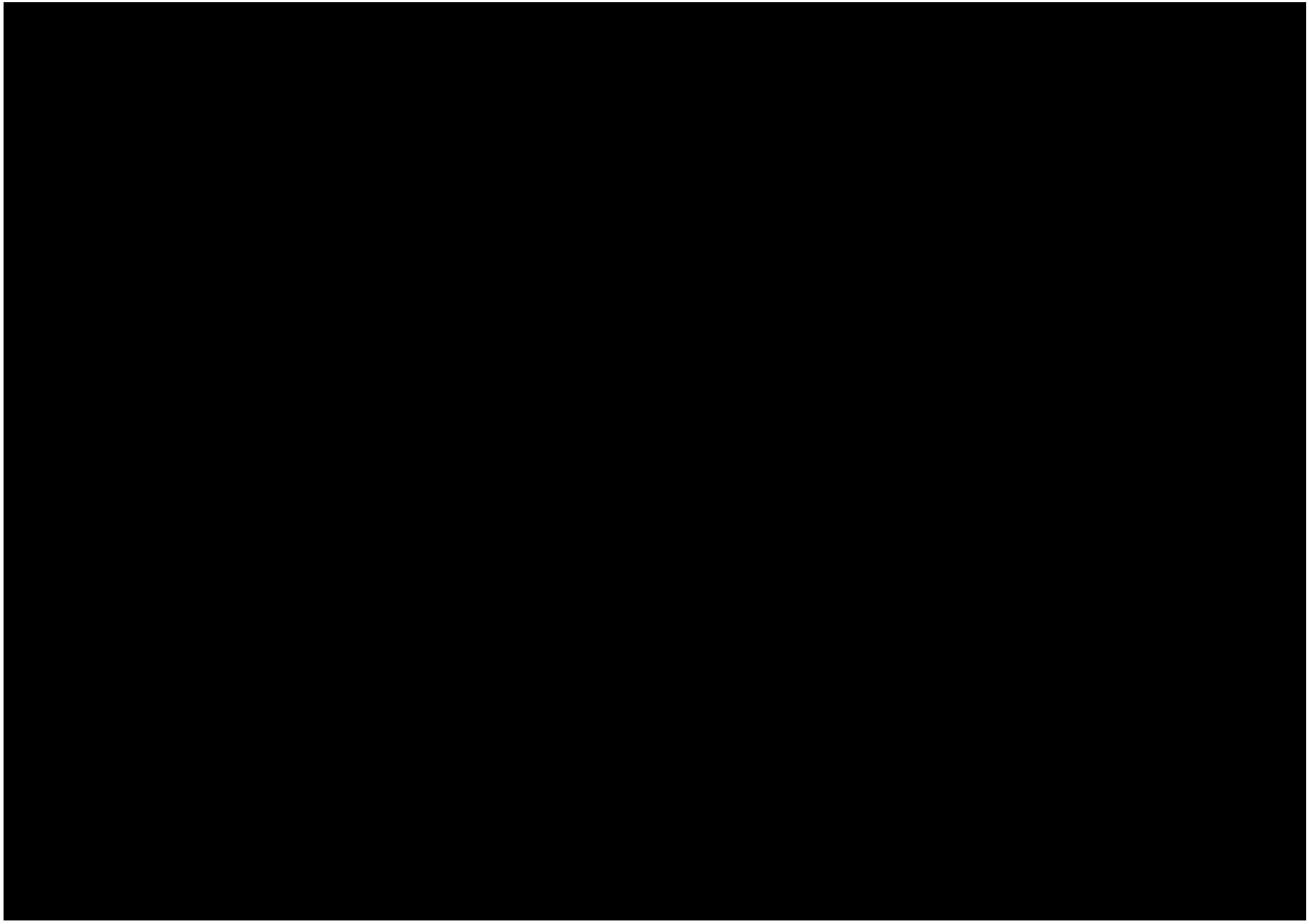

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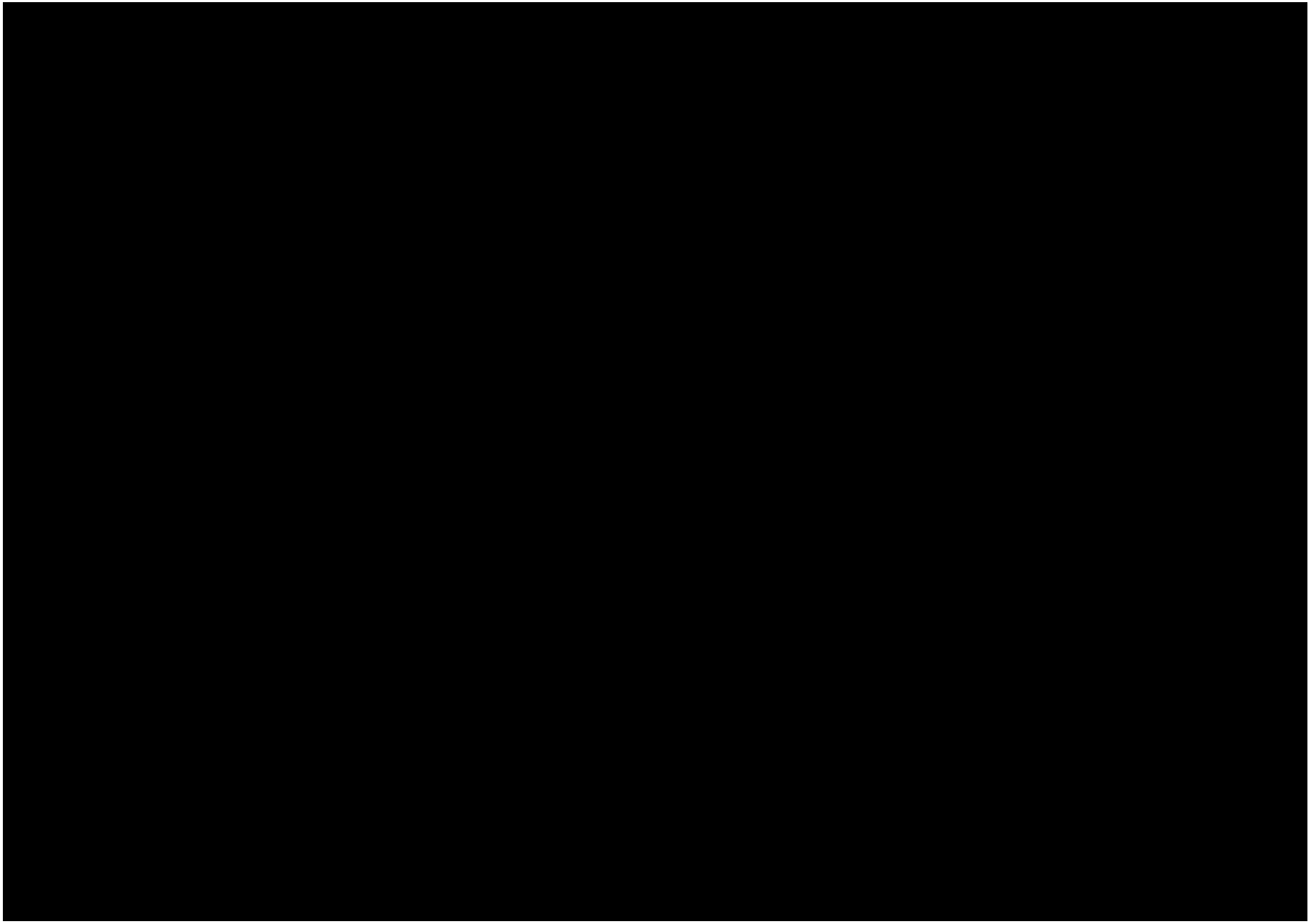

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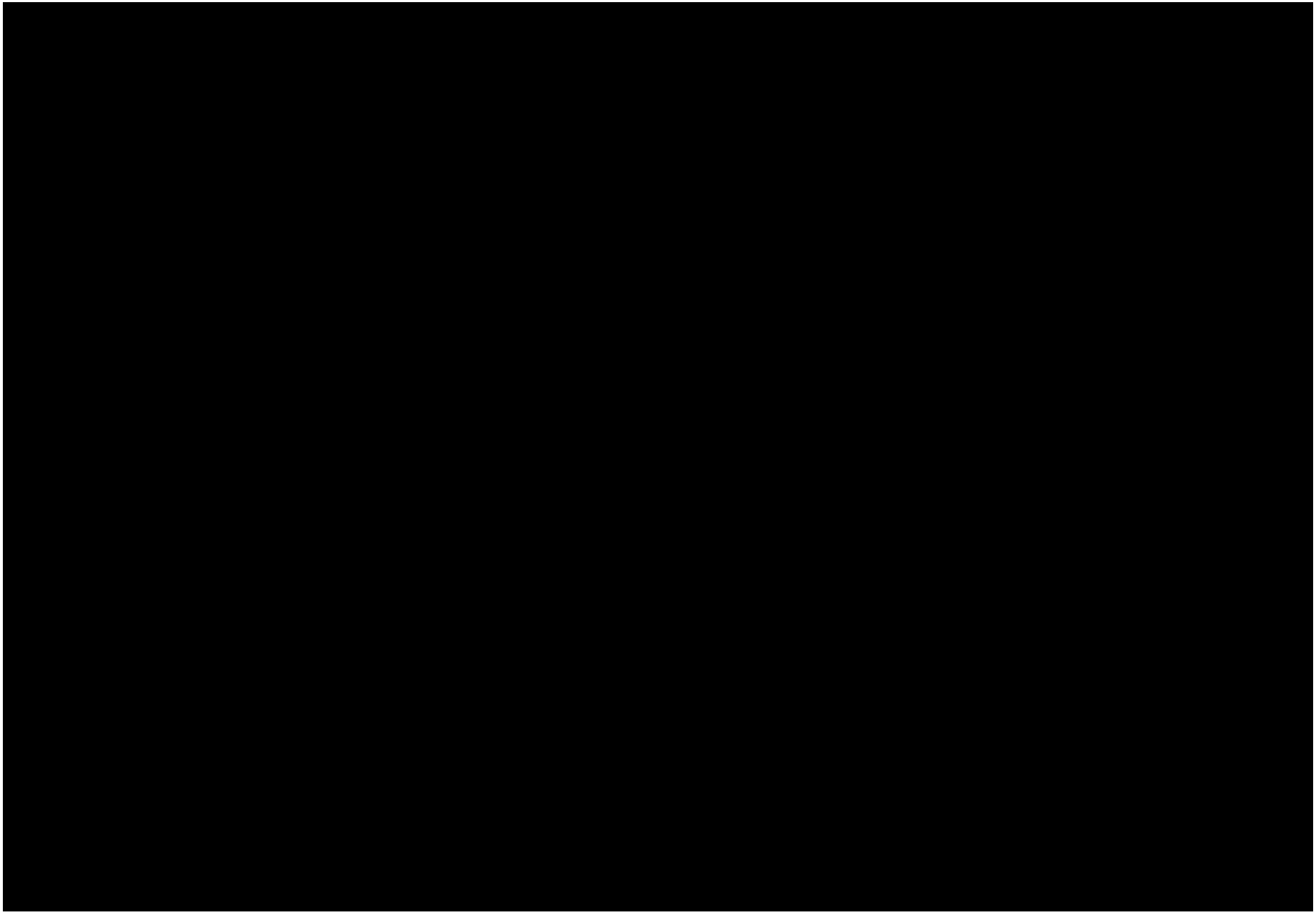

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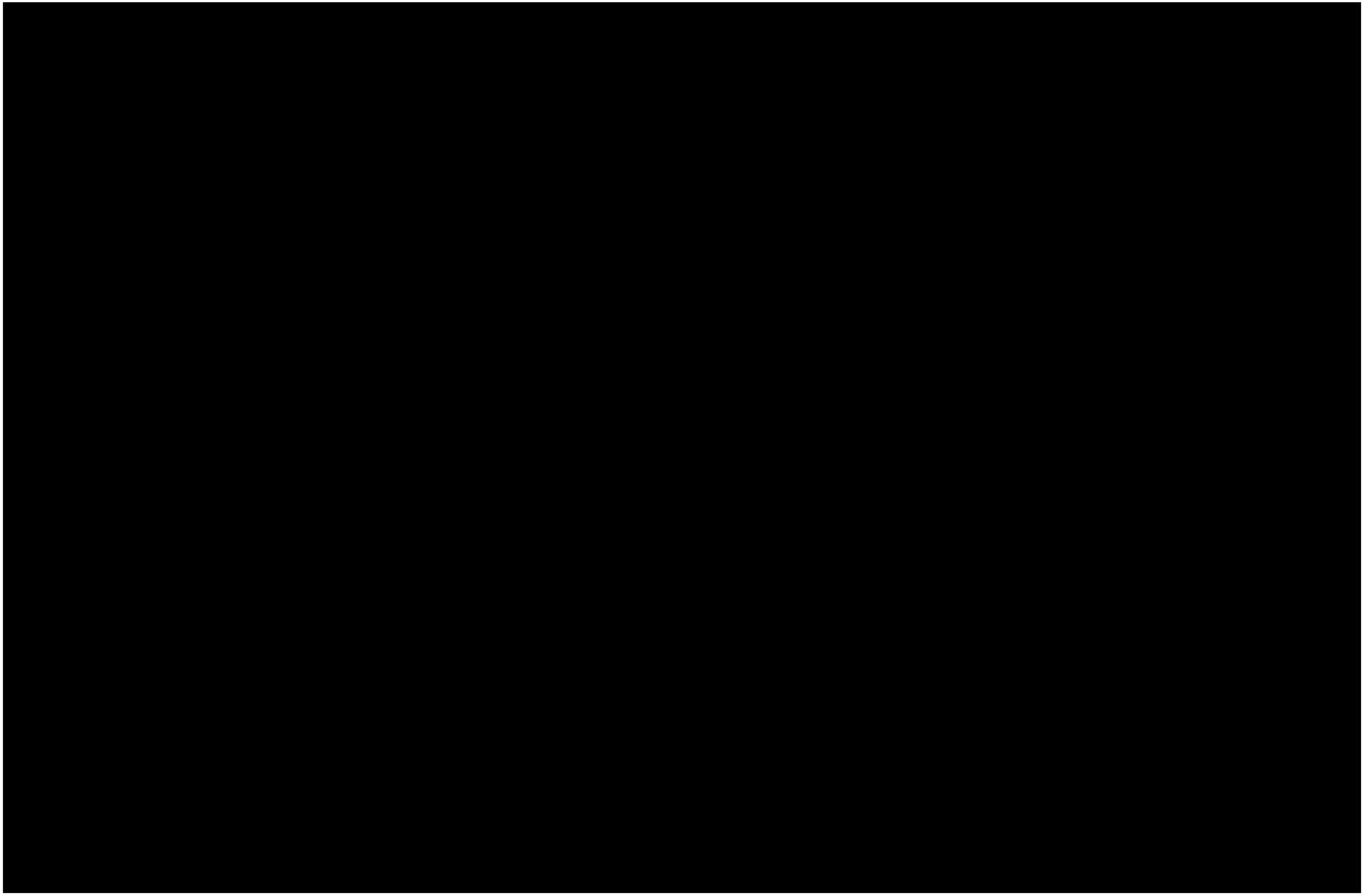

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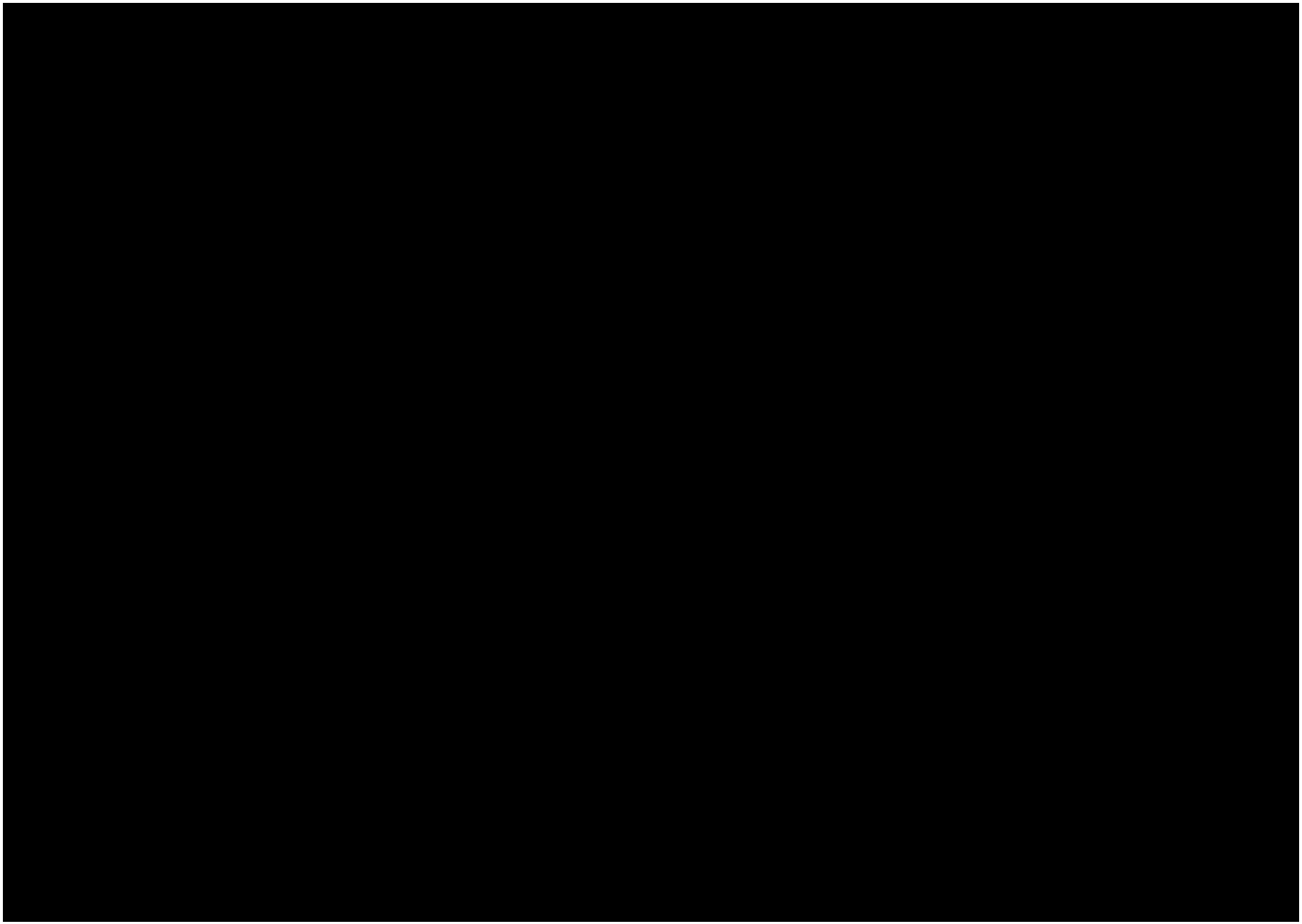

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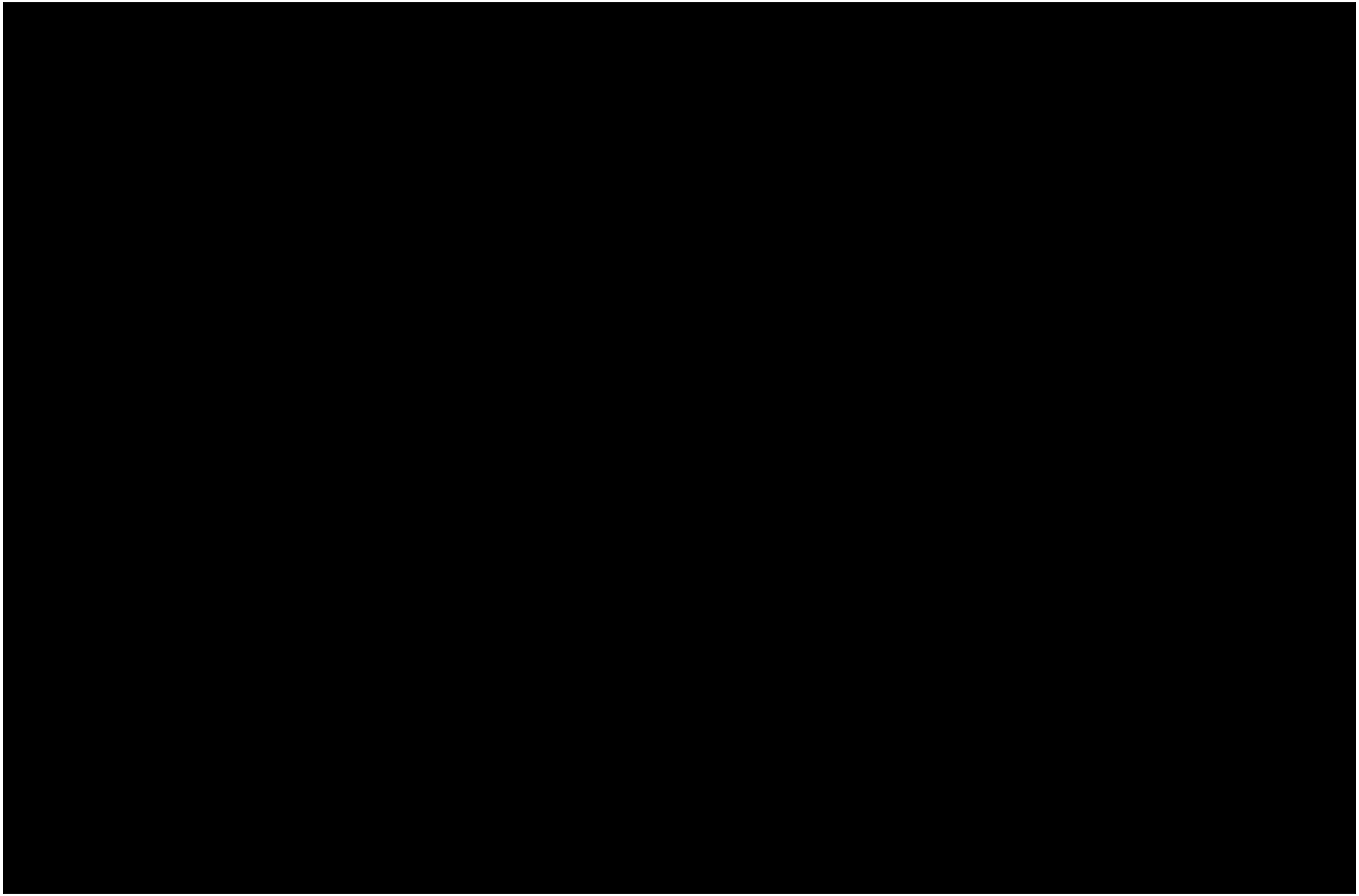

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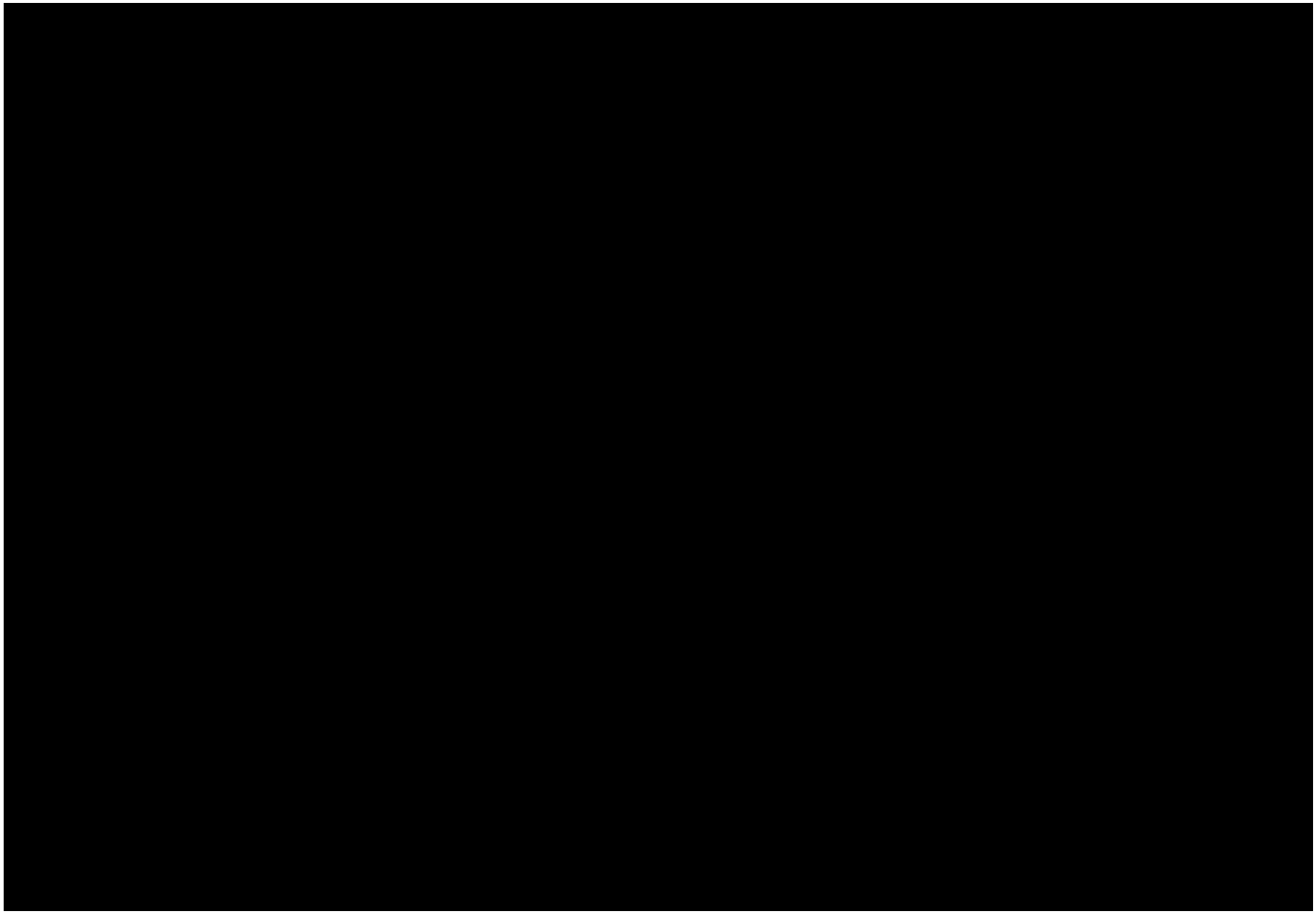

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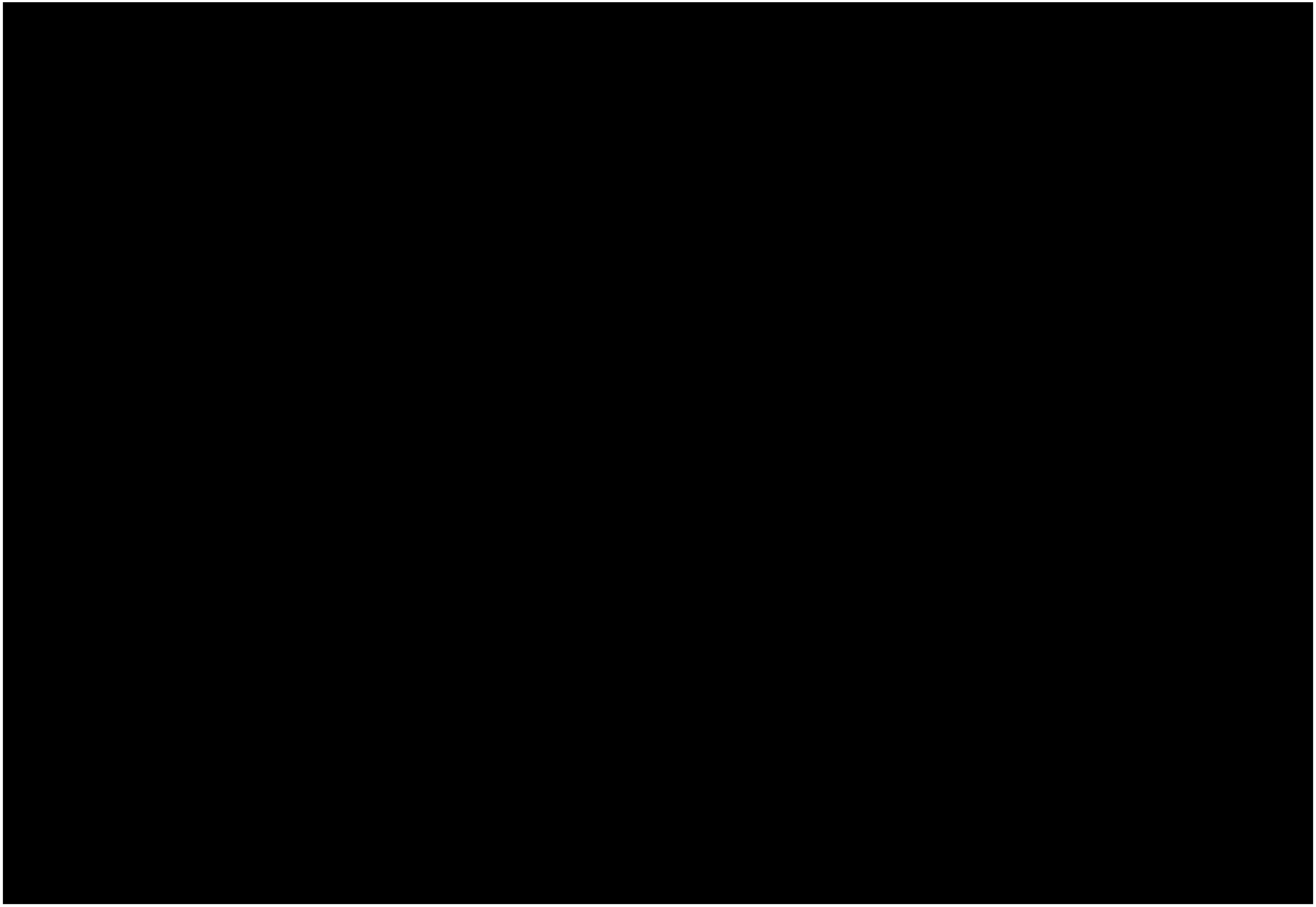

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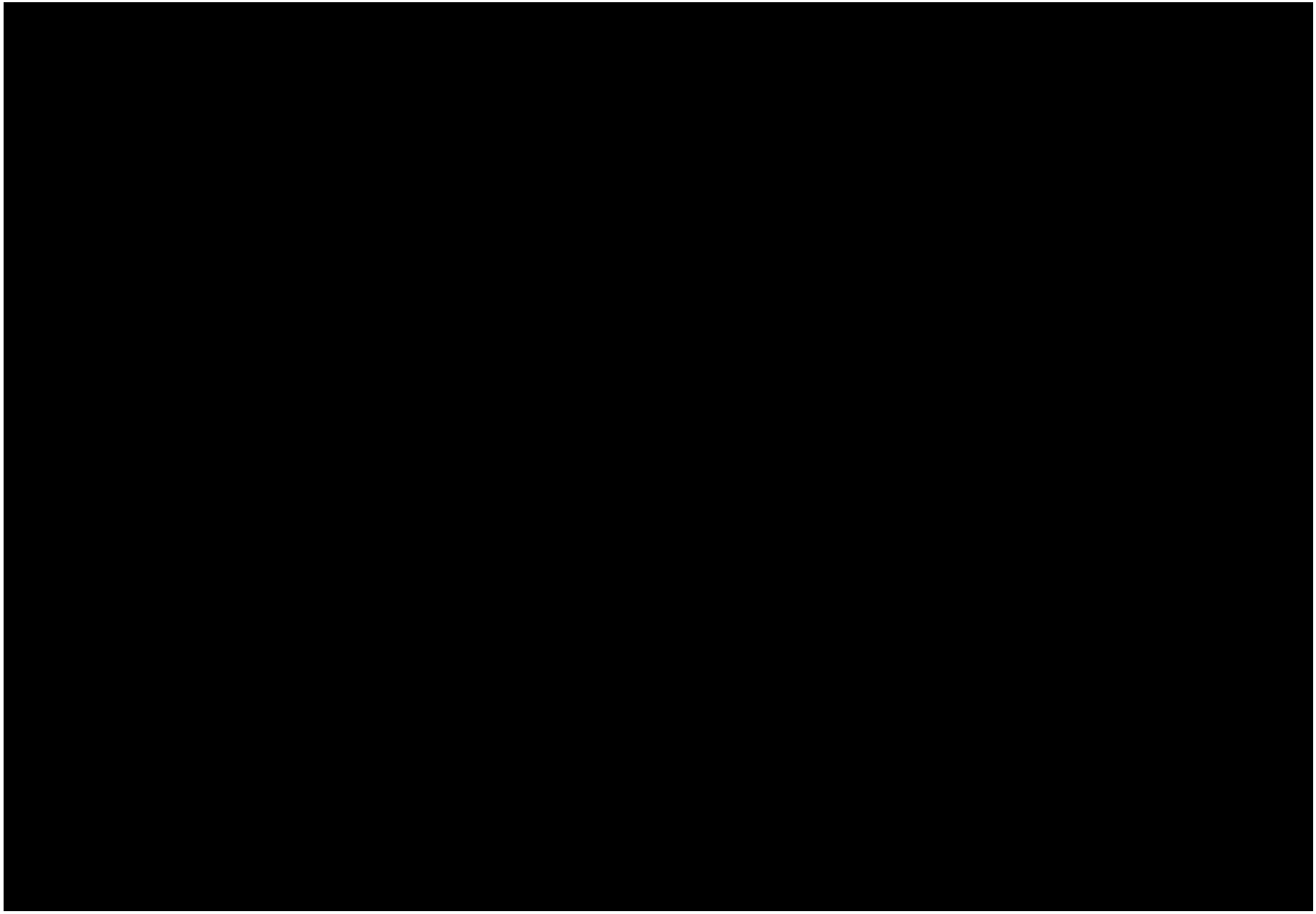

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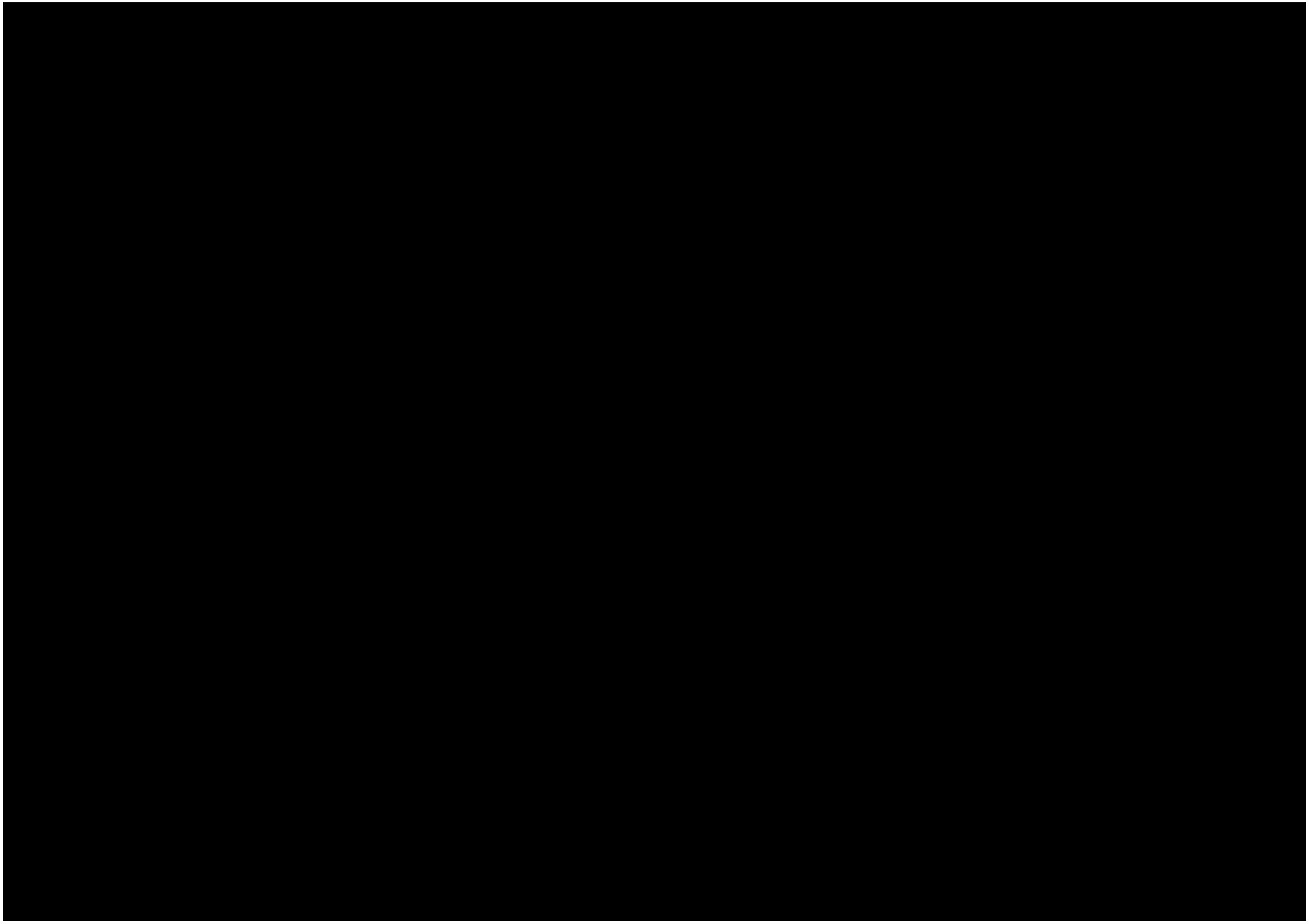

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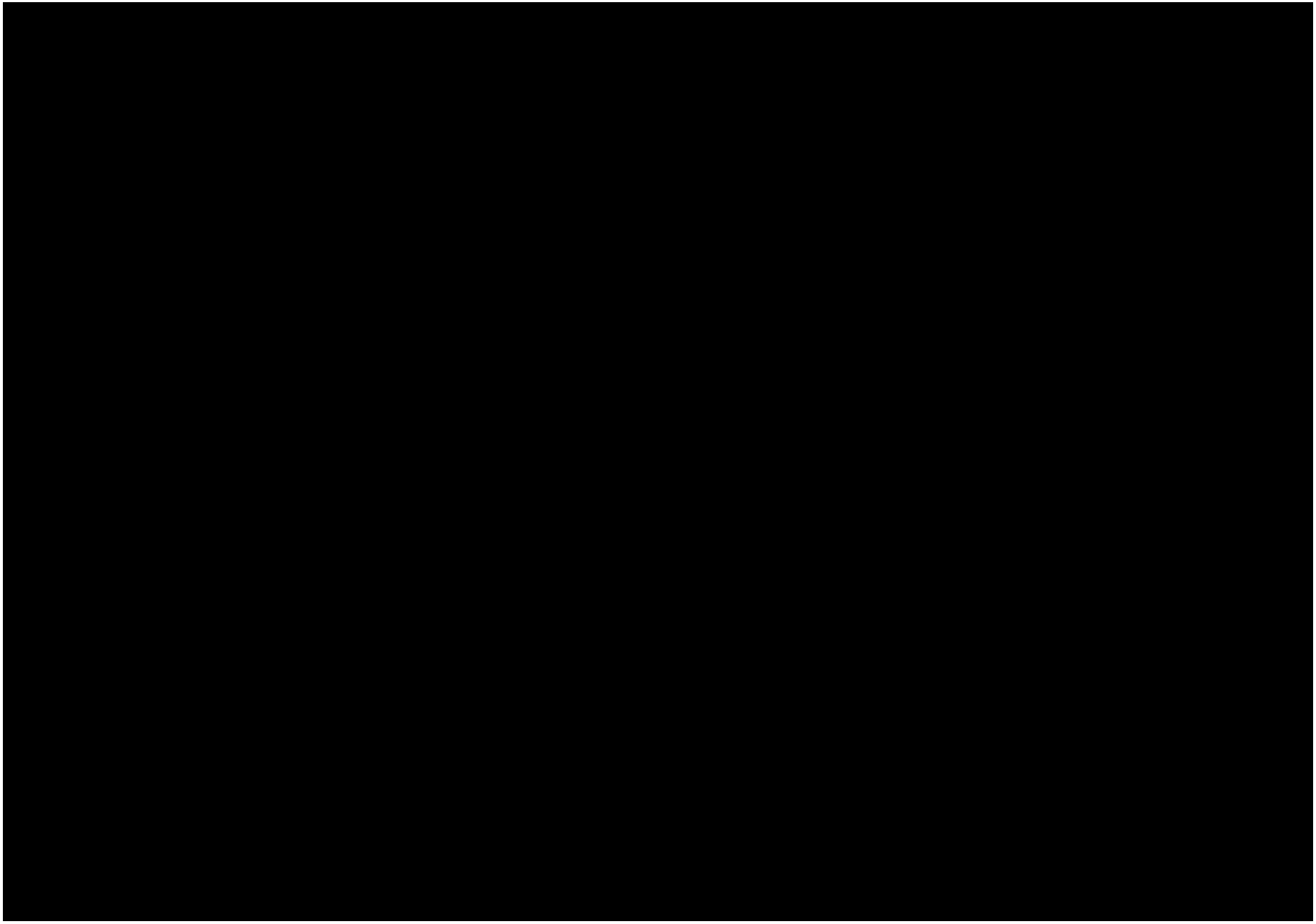

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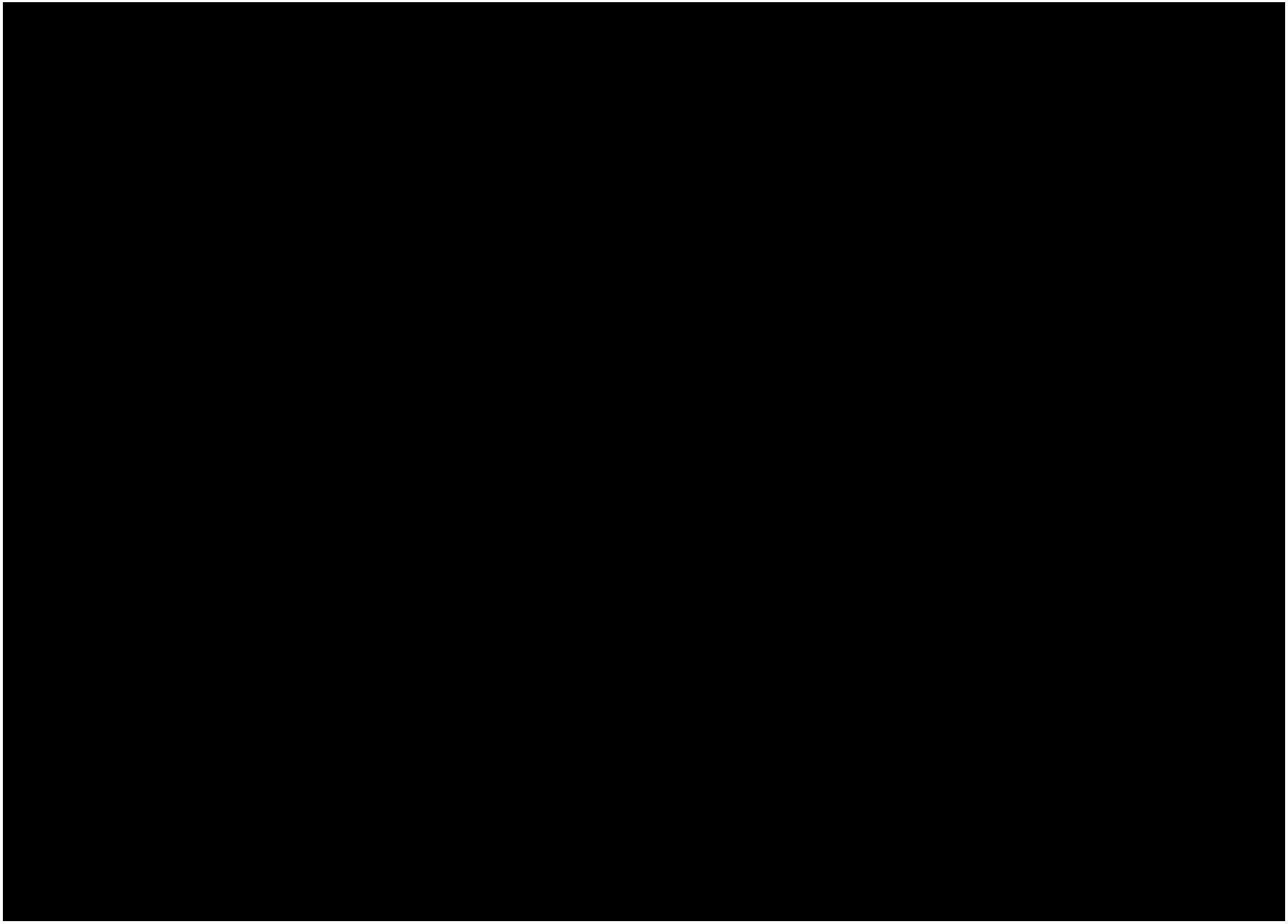

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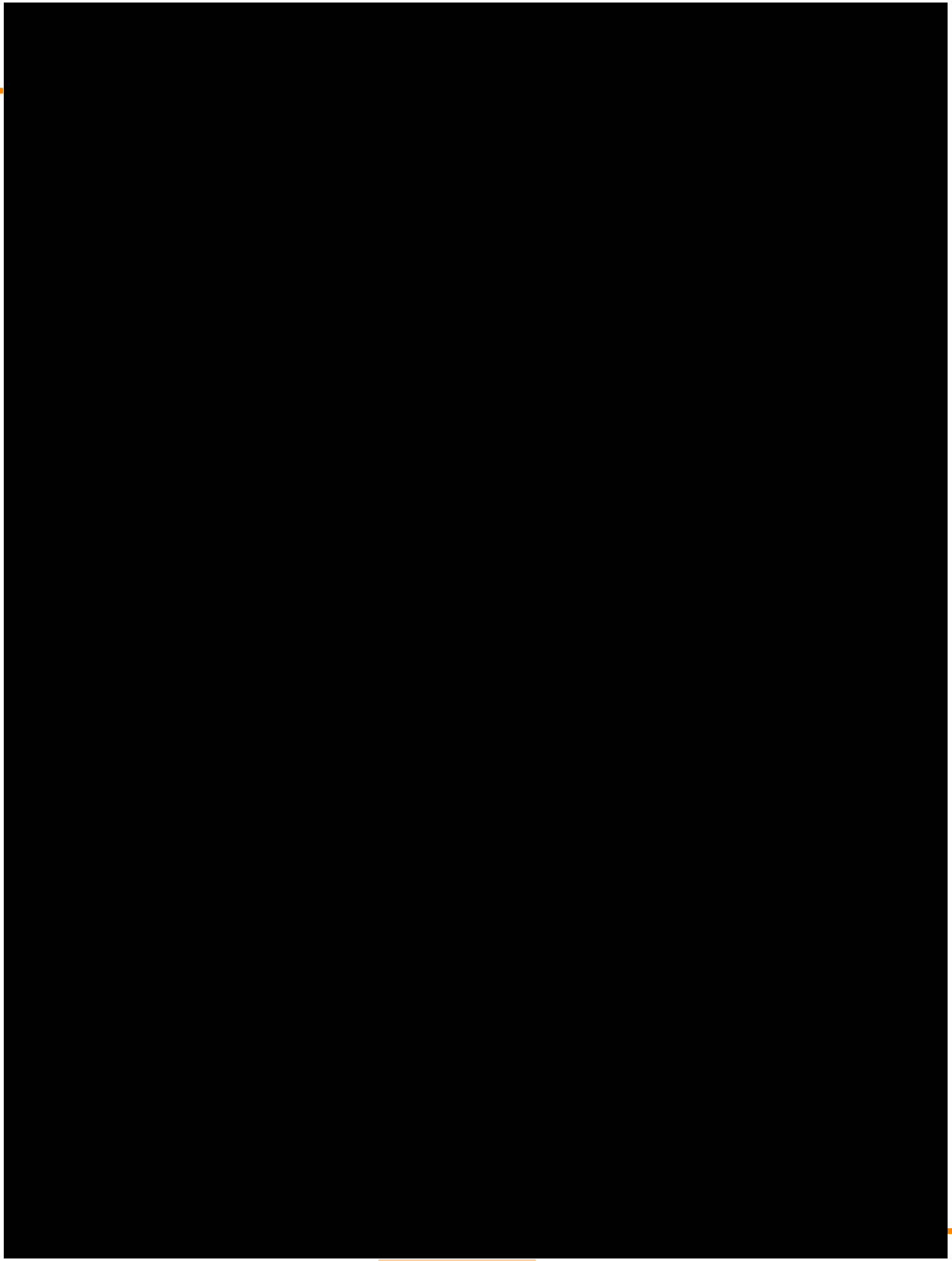

		Income and Bank deposits			Spent and Remaining Totals			Allowed Expenditures (Income Statement from WES)				
Statement/ Benefit Month	Ending Balance	Income (WES)	Deposits (Bank Statements)	Difference	Spent (Debits Bank Statements)	Should be Remaining (Income minus Allowed)	What was Remaining (Bank Statements)	Income Standard	Spousal Allowance	Trustee Fee	Other Allowed	Allowed
				$0.00		$0.00	$0.00					$0.00
				$0.00		$0.00	$0.00					$0.00
				$0.00		$0.00	$0.00					$0.00
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totals		**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**
										Owed to the Trust		**$0.00**

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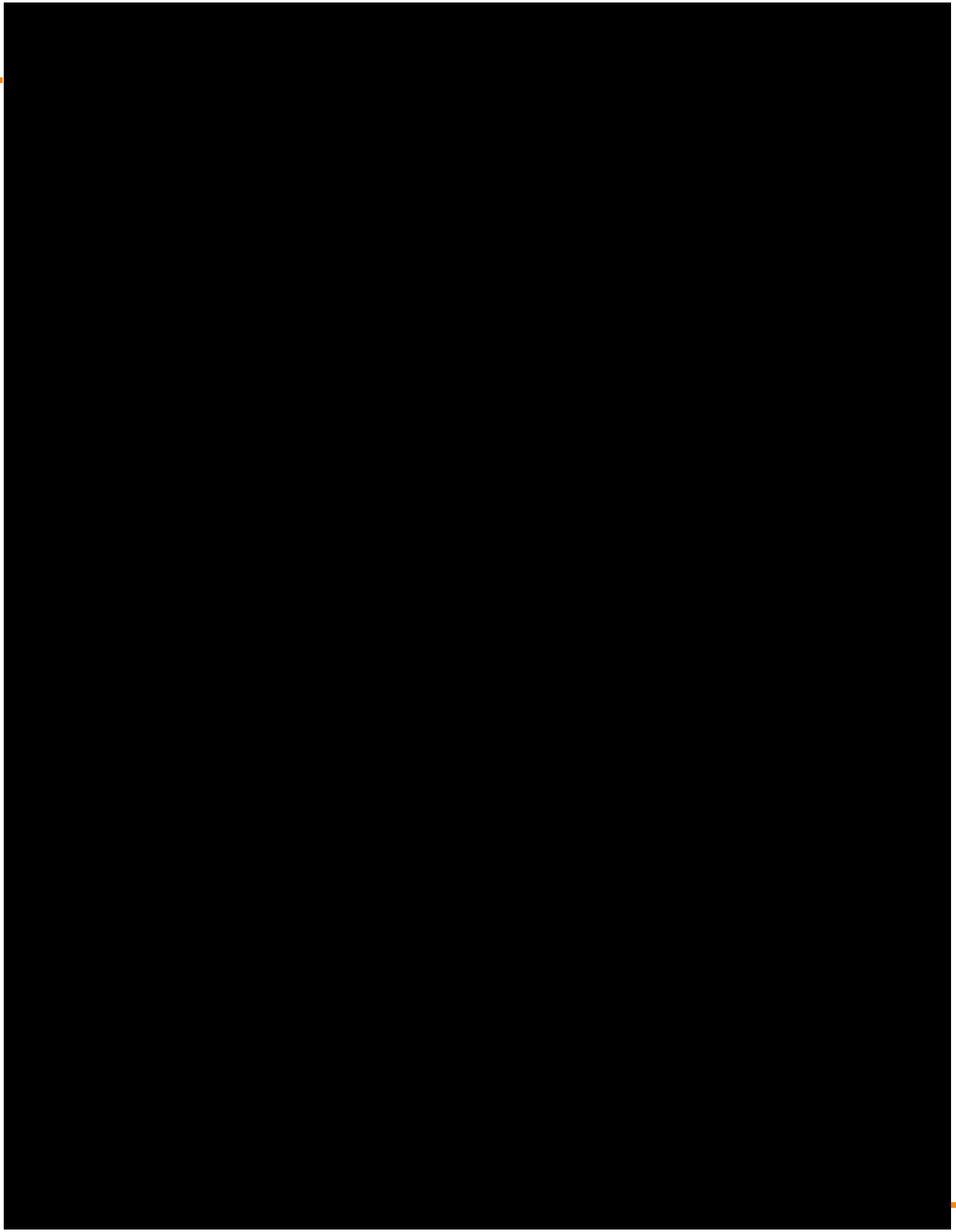
		Income and Bank Deposits			Spent and Remaining Totals			Allowed Expenditures (Income Statement from WES)				
Statement/ Benefit Month	Ending Balance	Income (WES)	Deposits (Bank Statements)	Difference	Spent (Debits Bank Statements)	Should be Remaining (Income minus Allowed)	What was Remaining (Bank Statements)	Patient Contribution	Personal Needs	Trustee Fee	Other Allowed	Allowed
				$0.00		$0.00	$0.00					$0.00

Check Number	Date of Check	Amount of Check

Conduent Trade Secret



Conduent Trade Secret

Attachment K
Mandatory Scored Questions- Commercial Recoupment Services

Offerors must answer all questions in this document in the space provided.

Failure to answer these questions will result in disqualification of the proposal

Offerors must indicate whether their proposal meets the individual requirement and provide a supporting narrative in the space provided. The narrative description will be evaluated and awarded points in accordance with Section 6, Proposal Evaluation and Award. Certain questions require an attachment. ONLY upload documents where there is a "Yes-Required" in the "Upload Attachments with Additional Information?" column, to provide additional requested information for specific questions. If there is a "No" in the "Upload Attachments with Additional Information?" column, then a document will be NOT be evaluated, if uploaded. Suppliers must provide an answer in the answer box below for all questions with "No" in the "Upload Attachments with Additional Information?" column.

DO NOT INCLUDE ANY COST INFORMATION IN YOUR RESPONSE TO THIS WORKSHEET.

1	**Experience**- Provide information for at a minimum two (2) consecutive years Commercial Billing experience and include for each year the company or state where the recoupment work was performed, contact person's name, email address and telephone number. For each state or company identified you must include the annual recovery amount, annual cost saving amount and the population size of the company or state identified. Please attached the reference template which was provided.
A1	*Answer # 1* Conduent far exceeds this requirement for commercial billing experience. We have provided commercial billing and recoupment services for the Montana Department of Public Health and Human Services (DPHHS) Medicaid program for more than 30 consecutive years (since 1989). Overall, Conduent has provided technology and operations services for the Montana Medicaid program since 1984, representing six contracts across our 36-year partnership with DPHHS. Our Montana Medicaid commercial billing and recoupment services are part of our scope of work under our Medicaid Management Information System/Fiscal Agent (MMIS/FA) contract with DPHHS. Specifically, our Montana TPL department has provided the following commercial billing services for a minimum of two consecutive years. • Commercial carrier billing/payment collection – Generate, screen, and mail the monthly carrier bills based on the verified coverage found by the TPL department – Make calls and follow up on unpaid bills until resolution – Receive, deposit, and report the payments collected from the carriers to the State of Montana Fiscal Department

	• Member eligibility file/cost avoidance maintenance and updates – Receive information related to new sources of TPL coverage and coverage no longer available from response to verification inquires, caseworkers, providers, carriers, Supplemental Security Income (SSI), Child Support Division, and clients/members – Verify the coverage information and then manually update the member eligibility file in the MMIS and the State's eligibility database We provide Attachment DD Reference Form as required.	
	Upload Attachments with Additional Information? **Yes-Required**	Attachment File Name: **Attachment DD- Reference Form (attached to this RFP)**
2	**Innovation-** Describe your approach to increase recoupments by utilizing new and innovative strategies including at a minimum amount recouped, methodology used, type of systems involved, and staffing impact.	
A2	*Answer # 2* Conduent invested approximately $17 million in new and innovative solutions for the government healthcare portfolio in 2020. We believe that companies serving the most vulnerable population have a responsibility to find ways to lower costs while improving care for our client's constituents. We have nearly four decades of experience providing this value to our clients. Conduent is dedicated to identifying and implementing new and innovative strategies to increase recoupments for the Medicaid program and Children's Health Insurance Program (CHIP). Conduent uses a life cycle continuous review methodology to maximize recoveries. The life cycle of TPL recoupments includes the effectiveness of data matching, how bills are submitted and received by carriers, how payment and denial information is received and handled from the carriers, and how to obtain recoupment after an initial denial. A vendor's success, specifically the amount of money recovered on behalf of our state clients, is the measuring stick used to analyze and improve each of these steps. **Data Matching** The first step in the life cycle is data matching. The Conduent team verifies more than **2.32 million insurance policy segments each month** for our clients. The goal is to identify third-party insurance as soon as a member enrolls. This allows states the option to only pay Medicaid and CHIP claims after the other insurance plan has processed the claim, avoiding the need to seek a post-payment recovery of funds. Conduent collects third-party insurance information from many sources, including, but not limited, to members, providers, state agencies, and private insurance companies.	

To improve the discovery of Medicaid and CHIP third-party health insurance coverage for eligible members, Conduent partners with [redacted] to provide more actionable matches than our competitors. [redacted] was the first automated insurance discovery solution 17 years ago. Since then, they have delivered over **$6.4 billion in net revenue and cash to clients and now holds five patents**. [redacted] **works with over 1,800 hospitals and 250,000 physicians.** [redacted] insurance discovery process is the only Healthcare Financial Management Association (HFMA) Peer Reviewed Insurance Discovery Solution. They are HITRUST CSF Certified as well as recognized by KLAS as a Revenue Cycle Unicorn—a potential market disrupter.

As part of the Conduent team, [redacted] is not reliant on the receipt of regularly updated carrier member files to perform standard data matches for coverage discovery. Rather, [redacted] has developed an innovative approach leveraging their 17 years of experience performing insurance discovery for the provider and payer community. Their data lake (a vast pool of raw data) and patented algorithms source leads, and their electronic data interchange (EDI) verification with commercial payers verifies active coverage. The approach results in high quality, actionable coverage. Working with the most innovative and successful data match vendor is a key tenant in a successful TPL discovery and recoupment program.

Billing Submission Method

After discovery and verification of the availability of other health insurance at the time claims paid, the next step in the TPL recoupment process is billing the carriers for recoupments. There are many states across the country that submit their third-party claims on paper to the carrier. This practice results in many claims never being processed by carriers, an increased denial rate, and delay in recoverable payments. Conduent understands that Medicaid and CHIP programs rely on this recovery money to help fund their programs. We maximize billing the carriers for recoupments using electronic 837 claims transmissions. All claims, whether submitted electronically or on paper are logged and tracked in our Maven workflow system. Maven is a highly flexible workflow solution that allows Conduent to track the status, progress, and ultimate disposition of every claim selected for recovery.

Payment and Denial Receipt

The third step in the recoupment process is receipt of the carrier remittance advices. Many states receive the remittance advices on paper. This requires manual review of every claim, the disposition, the payment amount, and the denial reasons. It is a very labor-intensive activity.

In contrast, Conduent receives most remittance advices electronically. This allows Conduent to focus on how to move denied claims to payments versus labor-intensive manual data entry. The X12 835 remittance advice is systematically loaded into our Maven workflow system and database solution. Every claim record automatically updates with payment amounts and denial reasons when an 835 is received. Our automation quickly translates into less labor needed for each individual recoupment—allowing our staff to pursue recoupments more efficiently on the Agency's behalf.

	Denial Remediation The final step is recovering additional payments on partially paid or denied claims. Conduent is always exploring ways to improve claims submission to reduce denials and increase recoveries by: • Analyzing monthly reports that provide success rates by carrier and by provider type • Working with carriers to identify a specific point of contact to help work our claims through to payment Conduent works collaboratively with carriers to help identify reasons behind denials, push claims out of suspense, and expedite high dollar claims through the system. Once information is obtained through the report analysis and carrier input, changes are made globally into our claims generation process to increase first pass payment rates. **Success story.** In Montana, implementation of these activities has resulted in improvements of recovery amounts on denied claims and a decrease in invalid carrier denials. Overall, Conduent expects a minimum recovery amount of approximately .32 percent of total fee for service (FFS) Medicaid spend. **Summary** In summary, Conduent's methodology is to continuously review each component of the process to look for new and innovative ways to improve recoveries. This includes selecting the right data matching partner, sending out electronic claims, receiving and applying payments and denials electronically, and maintaining fruitful relationships with health insurance carriers. Conduent works in partnership with state customers to develop a process that maximizes recoveries.	
	Upload Attachments with Additional Information? **No**	Attachment File Name: N/A
3	**General Program Requirements-** During the life of the contract, the Supplier will keep current program manuals which outline work processes updated with all program changes. Describe your ability and process to develop and update program manuals as stated in **Attachment J, General Program Requirements Section, Requirement CRE1**.	
A3	*Answer # 3* Conduent meets this requirement throughout the life of the contract. To accelerate initial development and delivery of program manuals, we draw on our existing library of policy and procedure manuals that outline our processes for Commercial Recoupment. Our work processes as documented and executed meet the specific requirements of each project. During the life of the contract, we update our manuals. Examples of activities that result in manual updates include legislative and regulatory changes, innovations and other process improvements, access to new sources of data, and system changes.	

Attachment J Requirements for General Program Requirements

On the following pages, Conduent provides a response to Attachment J requirements for General Program Requirements Section, Requirement CRE1. Our initial response confirms our commitment to meet the requirement followed by our descriptions of our work.

Attachment J Requirement CREC1

The supplier must develop and maintain a professionally written Commercial Billing Recoupment Procedures Manual to reflect the Supplier's processing operations and recoupment procedures. A draft of the manual should be provided to the Agency within sixty (60) calendar days (or a timeframe as determined by the Agency) following the contract execution.

a. The Supplier must develop, document, and maintain a method of providing updates to the procedure manual from the effective date of any change to a process or procedure.

b. The Supplier must provide the Agency with the updated Recovery Program Procedures Manual for its review and approval within thirty (30) days (or a timeframe as specified by the Agency) of any proposed update(s).

Conduent response: Conduent develops and maintains a professionally written Commercial Billing Recoupment Procedures Manual to reflect our processing operations and recoupment procedures. A draft of the manual is provided to the Agency within 60 calendar days (or a timeframe as determined by the Agency) following the contract execution.

a. Conduent develops, documents, and maintains a method of providing updates to the procedure manual from the effective date of any change to a process or procedure.

b. We provide the Agency with the updated Recovery Program Procedures Manual for its review and approval within 30 days (or a timeframe as specified by the Agency) of any proposed update(s).

Our Commercial Recoupment operations team uses our existing Commercial Billing Recoupment Procedures Manual as a starting point and works with the State to customize it. After initial meetings with the State, we update the Commercial Billing Recoupment Procedures Manual with the required new information to create an initial draft addressing topics specific to the State. We typically complete this step within 60 calendar days of contract execution (or other acceptable timeframe as determined by the State).

Concurrently, we provide the State with our planned procedures and methods for updating the procedure manual upon initial approval. At a minimum, depending on State requirements, we perform complete review and updates quarterly and publish them according to a pre-defined schedule. However, major changes could occur should it be possible to improve with either new processes or technology. Changes of vendors or systems supporting the Medicaid Enterprise Solution (MES) could trigger a change in procedure. Such a change would affect Conduent's processes and procedures. Once Conduent determines that an off-schedule change to the procedure manual is needed, we notify the State and indicate what process or procedure will be changing. We also indicate where the procedure manual is

	located if that information has changed. This notification is done prior to delivery of the updated procedures. We submit the updated procedures to the State for review and approval within 30 days of any notification of proposed updates. We provide a version history of the procedure manual that includes: • Version number • The date of the version release that includes the change • Section of the change • A summary of changes Typically, the process allows for the State to review and approve the procedures before we initiate them. Once the Agency reviews the Commercial Recoupment Procedures Manual, we review comments and make the requested changes, typically within 10 business days. We then resubmit the new procedures manual for final approval. Conduent does not use the updated procedures manual until the Agency finalizes approval. Clearly, this review process and timelines vary for each State. We approach each scenario with flexibility to accommodate project needs.	
	Upload Attachments with Additional Information? **No**	Attachment File Name:
4	**Online Access-** Describe how online access to Supplier's systems will be maintained and provided to the agency.	
A4	*Answer # 4* Conduent meets this requirement and will maintain and provide the Agency online access to our systems. Our standard approach is to provide web-based applications that can be accessed using a web browser or mobile device. For applications that require application software (i.e., thick client), we provide access through virtual desktop. Conduent recognizes the importance of providing Agency staff access to the systems used for TPL services. As a fiscal agent for more than 38 years, we have extensive experience providing our clients access to the systems, modules, and applications they need. Consistent with security best practices, we utilize role-based security access as determined by the client in all cases. Upon contract execution, we work with the Agency to determine the Agency staff requiring access and the specific system areas for which access is required. Our technical team develops a security matrix that lists all agency staff requested for access and which role or grouping they have been put into based on their area of focus. All access is granted in compliance with project security requirements. As new staff are added or leave the agency, we work with agency security staff to add, modify, or delete access as required.	
	Upload Attachments with Additional Information? **No**	Attachment File Name: N/A

5	**Commercial Billing-** Describe the methods and processes you will utilize in performing all third party resources identification, health insurance data matches, verification, updates and recoupment services on behalf of t**he agency,** including but not limited to the requirements stated in **Attachment J, Commercial Billing Section, Requirements CREC2 CREC5.**
A5	*Answer # 5* Conduent, with assistance from our subcontractor, [redacted] performs all third-party resources identification, health insurance data matches, verification, updates, and recoupment services on behalf of the Agency including, but not limited to, the requirements addressed in CREC2-CREC5. Conduent has a long history of fiscal agent experience that has enabled us to leverage the best practices across our organization and to create additional unique and innovative methods to identify third-party resources. We understand that Medicaid is the payer of last resort. Other typical sources of insurance include, but are not limited to: • Commercial health insurance • Employment-related health insurance • Liability insurance court-ordered settlements • Long-term care insurance • Medicare • TRICARE • Workers compensation Third-party insurance may not be on file when the Fee-for-Service (FFS) Medicaid or CHIP claim pays. Subsequently new third-party insurance may come to light through multiple processes and channels. Examples include updates to member eligibility records in the MES, the TPL system, Medicare buy-in files, or data matches performed by our subcontractor [redacted] In those states where direct data matching with Payers is available, we leverage those direct interfaces. As part of the Conduent team, [redacted] performs data matching to create verified leads of other insurance. Conduent receives a weekly file of paid claims from the Agency or its designated vendor. We send those claims to [redacted] for use in their Other Health Insurance (OHI) discovery system. [redacted] searches for additional third-party coverage that was not present at the time the claim paid. [redacted] approach leverages 17 years of experience in performing insurance discovery for the provider/payer community. Their data lake and patented algorithms source leads, and their EDI verification with commercial payers verifies active coverage. This approach results in high quality, verified, and actionable coverage that [redacted] provides to Conduent weekly (or on an otherwise agreed upon frequency) that initiates our TPL commercial recoupment process.

Attachment J Requirements for Commercial Billing

On the following pages, Conduent provides a response to each Attachment J requirement for the Commercial Billing Section, CREC2-CREC5. Our initial response confirms our commitment to meet the requirement followed by our descriptions of our work.

Attachment J Requirement CREC2

The Supplier must perform all third-party resources identification, health insurance data matches, verification, updates and recoupment services on behalf of the Agency.

Conduent response: Conduent performs all third-party resource identification; conducts health insurance data matches; verifies newly discovered carriers or sources of TPL; and updates the applicable system including performing recoupment services on behalf of the Agency**.**

Using the available systems and Conduent's internal workflow solutions, we apply documented and Agency-approved operational procedures to identify all available third-party resources to support commercial recoupment activities. Figure K-1 provides a high-level overview of our process with [redacted]

Figure K-1. Overview of Our Process with [redacted]

This overview shows our process with [redacted] identify and verify other coverage.

We discover new TPL sources in several ways including, but not limited to, any of the following:

- Trauma investigations or indications of trauma on a claim based on diagnosis or other claim data, that identifies whether another party in the case has insurance that can be billed
- Data matching with our subcontractor [redacted], whereby we reconcile claims data [redacted] data repository. [redacted] verifies potential matches using the 270/271 inquiry and response process and returns positive verifications to Conduent for next steps
- Claims with coordination of benefits (COB) segments that indicate other coverage
- Recertification of members for Medicaid/CHIP eligibility by the Agency eligibility specialists/caseworkers who find and update the Agency's eligibility and enrollment system
- Internal examination of provider refunds, paid claim reports, and casualty claim reports
- Provider updates that indicate a patient has other insurance
- Leads from Child Support Enforcement updates that contain new TPL resources that are not currently associated with the members eligibility record
- Questionnaires sent to members based on claims processing edits that indicate the member may have other insurance
- Matching with other data sources, including the payers themselves, when available in a given state

Our team reviews the updates from Medicaid enterprise partners and TPL sources daily, looking for new TPL added for an existing member. We conduct extensive research to verify insurance coverage when TPL information is updated. This includes reviewing the existing carrier file for updates to find new carriers added since the last payment cycle.

Health Insurance Data Matches

Conduent partners with our subcontractor [redacted] to identify other commercial insurance coverage. They were the first automated insurance discovery solution more than 15 years ago. Since then, they have delivered over $6.4 billion in net revenue and cash to clients and now holds five patents. [redacted] works with over 1,800 hospitals and 250,000 physicians. [redacted] insurance discovery process is the only Healthcare Financial Management Association (HFMA) Peer Reviewed Insurance Discovery Solution. They are HITRUST CSF Certified as well as recognized by KLAS as a Revenue Cycle Unicorn—a potential market disrupter.

	Through [redacted] we conduct extensive data matching on a regular basis and on a frequency agreed upon by the Agency. 1. To begin this process, Conduent sends paid claims to [redacted] These paid claims may include membership information about the members' other health insurance. Figure K-2 illustrates a portion of an input file and its layout. 2. Leveraging their massive database of consumer profiles, [redacted] scours over 90,000 distinct data sources, including financial institutions, public records, and a proprietary commercial insurance database to identify coverage missed by others that matches data in our input file. All results are EDI verified—not just leads. 3. [redacted] then generates a results file, as depicted in Figure K-3, identifying the new TPL insurance sources they discovered and returns that file to Conduent.

Figure K-2. Example Input File for [redacted] to Research

This example illustrates a portion of the fields we can include in the input file that we send to [redacted]. In their research, they match this data to insurance information stored in their extensive database.

[redacted]

Figure K-3. Example Results File from [redacted]
[redacted] generates a results file containing verified OHI extracted from their database.
This example shows a portion of the data fields that could be included and describes what each field could address.

Verification of Insurance

Upon discovery of new TPL sources, other than the verified ones provided by [redacted] our team verifies that the carrier and the plan are still valid (i.e., still in business) and we validate other aspects of the coverage, such as the services covered by the plan. To maximize recoupment, we use multiple channels to verify coverage, which may include sending 270/271 transactions to carriers where possible, phone calls to members and providers, mail, email, and internet investigation.

We have extensive data matching experience with Medicaid eligibility files and all major commercial carriers to identify additional insurance. Our team focuses on determining if the following are correct: name of the carrier or other insurance, address, phone number, email address for carrier billing, and a validation of what kind of insurance the carrier provides (medical, dental, vision, pharmacy, long-term care, or other). We then verify if the member in question is indeed enrolled with the plan and, if so, what kind of coverage the member has. We also determine the coverage effective date to establish when the member obtained that coverage.

Updates to Systems and Recoupment Services

Once verifications and matches are complete, the resulting data flows through interfaces to update Agency systems, to enable cost avoidance of future claims. If the member had other insurance and claims paid before the date of discovery, we initiate our recoupment process and recover the Medicaid or CHIP paid amount. We update our internal tracking system with the validated carrier information to support all subsequent recoupment activities. We maintain data regarding each company's unique identifying number, name, address, and phone number.

Conduent has a long history of successfully cost avoiding claims for members with other health insurance, as well as recouping claims payments because applicable other health insurance was not on file at the time claims processed. As we identify new carriers that provide coverage for Medicaid members, we add those companies to the file.

Conduent provides recoupment services as further described in these subsections to ensure Medicaid is the payer of last resort:

- Attachment J, Overpayments Section, Requirements CREC6-CREC12
- Attachment J, Medicare Recoupment Section, Requirements CREC13-CREC14
- Attachment J, Provider Recoupment Section, Requirements CREC15-CREC18

Attachment J Requirement CREC3

Once a recoupment is identified, the commercial billing recoupment process must be initiated by the Supplier in a timeframe to be determined by the Agency.

Conduent response: Once we identify a recoupment, Conduent initiates the commercial billing recoupment process in the timeframe determined by the Agency. We train our TPL team on how to effectively process commercial recoupments. If a third-party carrier is discovered and verified after a Medicaid or CHIP payment, the TPL Unit then attempts to collect reimbursement from the carrier in the amount paid to the provider.

Our TPL team initiates recoupment requests and sends them electronically or by mail after the coverage with the carrier is validated. Validation can be done electronically through 270/271 transactions with the carrier, by our subcontractor [redacted] identification and verification process, by phone, and/or web portal access. If the carrier has a portal that enables requests for third-party recoupment, Conduent may use that avenue. Whenever possible, we create an electronic subrogation claim (837/835) following the carrier's specific subrogation claim billing instructions. Otherwise, we send a letter and/or paper claim to the carrier indicating the FFS Medicaid or CHIP claim that paid while the member was covered by the carrier and requesting payment in the amount of the paid claim.

When payment is received in your lockbox, we receive the related information from the bank and log the check number, payment date, and recouped amount in our systems. We share the data with the Agency or their designated vendor to reverse or adjust claims and apply the new payment amount from the carrier against the claims. If we receive recoupments in our mailroom, we immediately re-direct them to your lockbox address.

Attachment J Requirement CREC4

Under the supervision and approval of the Agency, the Supplier must manage and coordinate all specified administrative and system activities which include, but are not limited to:

a. Notification of the recoupment to the responsible payor within thirty (30) calendar days (or a timeframe specified by the Agency) from the date the recoupment is identified.
b. Follow-up on re-billing or pursuing Recoupment within ninety (90) calendar days (or a timeframe specified by the Agency) from the initial billing date.
c. Update an electronic system as determined by the Agency, e.g. Medicaid Enterprise System, with the TPL verified resource information within five (5) business days (or a timeframe specified by the Agency) from receipt of resource.
d. Post collections within twenty-one (21) business days (or a timeframe specified by the Agency) of receipt of an approved invoice. If the date falls on a state holiday or weekend then posting is due by the next full business day.
e. Develop and document an accounts receivable system within thirty (30) calendar days (or a timeframe specified by the Agency) of the contract being fully executed that must be reviewed and approved by the Agency prior to production. The data elements must include, but are not limited to, member name, Medicaid ID, check number, check amount, check date, deposit date and cash control number (CCN).
f. Track collections using an accounts receivables system approved by the Agency.
g. Develop, document and maintain a professionally written the Agency approved Health Insurance Identification and Recoupment Program procedures manual to reflect the Supplier's processing operations and recoupment procedure within ninety (90) calendar days (or a timeframe specified by the Agency) of the contract execution. Develop, document and maintain a method of providing updates from the effective date of any change.

h. Manage, document, and coordinate all specified administrative and system activities. Administrative services include, but are not limited to, the file maintenance process, data processing, printing/mailing correspondence and producing reports.

i. Develop, document, produce, and mail correspondence to the intended party in an efficient and acceptable format approved by the Agency. All correspondence, which include, but are not limited to, letters to health insurance carriers, providers, members and educational materials for the public, etc., for TPL activities within the timeframes established by the Agency must be approved by the Agency prior to production. The initial correspondence needed to implement the recoupment program and communicate with the Medicaid providers and members must be due to the Agency for review and approval within thirty (30) calendar days (or a timeframe specified by the Agency) from the contract award date. The Supplier is responsible for all costs associated with developing, producing, and mailing correspondence.

j. Recoup and post overpayments from providers and insurance carriers to the Agency in an electronic system as determined by the Agency, e.g. Medicaid Enterprise System, within twenty-one (21) business days (or a timeframe specified by the Agency) of receipt of an approved invoice.

k. Develop/document, print and email/mail required reports. If the TPL reports are system generated, the Supplier must review each report and take the necessary corrected actions needed to process the required action. All required actions must be documented. Mail includes postage paid by Supplier. Reference to the Recoupment Report Section of the RFP for the list of required reports and timeframe due date.

Conduent response: Under the supervision and approval of the Agency, Conduent manages and coordinates all specified administrative and system activities which include, but are not limited to:

a. Notification of Recoupment

Our TPL team notifies the responsible payor of the recoupment within 30 calendar days (or a timeframe specified by the Agency) from the date the recoupment was identified.

Conduent staff initiate recoupments after verifying other health insurance information. We meet with the Agency during project start up and agree on the timeframe for notification. Notification occurs through an electronic subrogation claim when possible, the payor's portal, and/or a letter and paper claim sent to the payor identifying the member, claim, and date of service for which Medicaid paid the claim when the member had coverage with the payor.

b. Re-billing of Recoupments

Conduent follows-up on re-billing or pursuing recoupment within 90 calendar days (or a timeframe specified by the Agency) from the initial billing date.

Once we start the recoupment process, we follow up with claim status inquiries (by phone and/or electronically through the 276/277 claim inquiry transaction) and rebill the payor 60 days from the initial billing date if no payment is received. We continue to monitor claim status and rebill again within 90 days from the initial billing date if no payment is received. We work with the Agency to determine the appropriate timeframe for this activity.

c. Updates to Agency Systems for Verified Insurance

We update an electronic system as determined by the Agency, e.g., Medicaid Enterprise System, with the TPL verified resource information within 5 business days (or a timeframe specified by the Agency) from receipt of resource.

Conduent's TPL staff, as part of their daily responsibilities, performs ongoing research for new sources of TPL. Such new sources may be identified through our own research, by our subcontractor [redacted] data match and verification process against paid claims, or as directed by the State Medicaid Agency. As this new TPL is found and verified, we update the designated systems of record and/or we supply the additional data and changes through an interface file. We work with the Agency to finalize the appropriate timeframe for this activity.

d. Posting of Collections

Our TPL team posts collections within 21 business days (or a timeframe specified by the Agency) of receipt of an approved invoice. If the date falls on a state holiday or weekend, we post the collections by the next full business day.

We track and log the receipt of the recoupments received through your lockbox with the date and time it was received. If recoupments are received in our mailroom, they are immediately re-directed to your lockbox address. The TPL Unit validates that the amount received was what was billed and notes any discrepancies for further action. We post collections to the designated financial system as directed by the Agency. We determine and agree on the exact timeframe for this activity after meeting with the Agency as a part of project implementation.

e. Accounts Receivables System

Conduent develops and documents an accounts receivable (AR) system within 30 calendar days (or a timeframe specified by the Agency) of the contract being fully executed. We acknowledge that the system must be reviewed and approved by the Agency prior to production. The data elements include, but are not limited to, member name, Medicaid ID, check number, check amount, check date, deposit date and cash control number (CCN).

Conduent uses an internal operational AR system, the Tally Accounting Software, to support our operations for all TPL recoveries and recoupments. Tally includes all the data elements listed in this requirement. We demonstrate this product to the Agency for review and approval and modify this internal system as directed by the Agency prior to production. Should we be selected as the TPL Systems Module supplier or from the NASPO list, our CMdS-TPL AR system can interface with the Agency's financial system and other modules of the Agency's MES solution, including claims. This AR system exists today and has complete documentation and user manuals.

f. Tracking of Collections

We track collections using an AR system approved by the Agency.

Both Tally and CMdS-TPL can track requested recoupments and all collections as a result of those recoupment efforts. Should we be selected as the supplier for:

- The TPL Commercial Recoupment and TPL System Module services, Conduent staff uses the CMdS-TPL module to track collections
- The TPL Commercial Recoupment services only, we use Tally and interface with the Agency's TPL system module

When recoupments or overpayments are received through your lockbox, we receive the related information and log the check number, payment date, and recouped amount in our systems. We share the data with the Agency or their designated vendor to reverse or adjust claims and apply the new payment amount from the carrier against the claim. If recoupments are received in our mailroom, they are immediately re-directed to your lockbox address. Collections are reported on a weekly and monthly basis to the Agency.

g. Commercial Recoupment Procedures Manual

Conduent develops, documents, and maintains a professionally written, Agency-approved, Health Insurance Identification and Recoupment Program procedures manual that reflects our processing operations and recoupment procedures within 90 calendar days (or a timeframe specified by the Agency) of the contract execution. We develop, document and maintain a method for providing updates from the effective date of any change.

Conduent has an existing TPL policy and procedure manual we use as a baseline for discussions with the Agency. Figure K-4 shows part of the first page of the Table of Contents from our existing manual. Prior to starting the project, we customize our existing policy and procedure manuals for TPL recoupments to meet the needs of the Agency. Following Agency document creation and maintenance review schedules, we present an initial version of the document to the Agency's TPL team and gather feedback. We use the Agency's feedback to finalize and update the draft to produce a thorough document for delivery and review by the Agency. All this activity occurs within the first 90 calendar days (or a timeframe determined and agreed to by the Agency).

Once the policy and procedures manual is reviewed and approved, Conduent staff are trained and tested to ensure proficiency prior to implementation of the procedures. As changes are required, because of either a Conduent change for efficiency or an Agency-directed change, we first notify the Agency of the proposed change, providing them with the individual updated policy or procedure page from the manual. We email the proposed change and the reason for the change to the Agency TPL lead and request approval. If further clarification is needed, Conduent staff meets with the Agency TPL to discuss and clarify. Once finalized, the TPL Recoupment policy and procedures manual is republished with version history updated, including version number, effective date, author, and a brief summary of the updates to the procedures. Conduent staff begins using the new policy or procedure only after the Agency approves the changes.

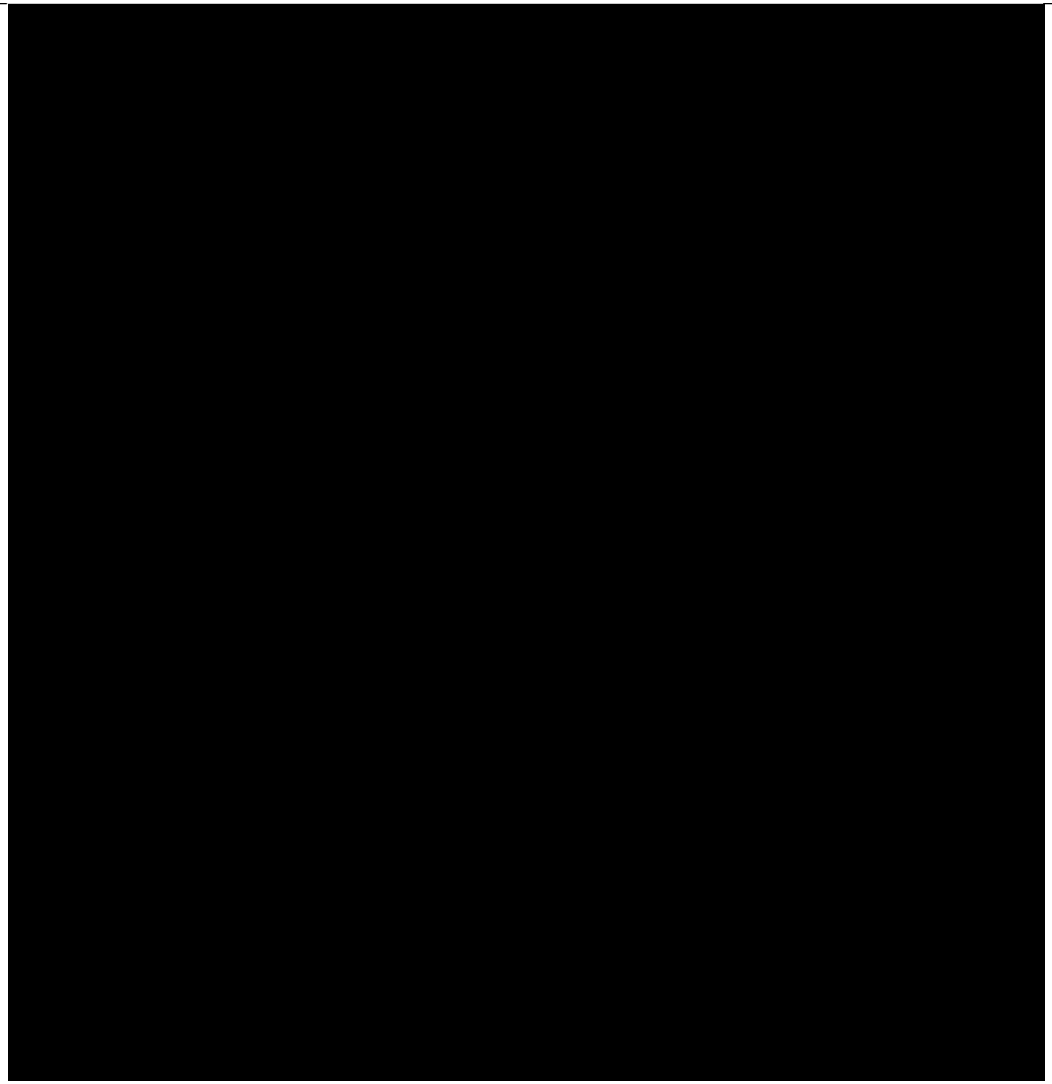


Figure K-4. TPL Policy and Procedure Manual

This graphic shows part of the first page of the Table of Contents from our existing manual that we use as a starting point to develop the Agency's manual.

h. Manage and Support Administrative Activities

Conduent manages, documents, and coordinates all specified administrative and system activities. Administrative services include, but are not limited to, the file maintenance process, data processing, printing/mailing correspondence and producing reports.

Conduent has existing policies and procedures that we developed to support our TPL operations. We leverage those existing documents to detail how we conduct file maintenance, perform data processing, conduct printing and mail service operations, and produce reports. We deliver these initial drafts to the Agency as the starting point for discussion and finalization of the procedures. We then work with the Agency to fine-tune and revise any administrative or system activity procedures during the implementation phase of the project.

i. Correspondence

Conduent develops, documents, produces, and mails correspondence to the intended party in an efficient and acceptable format approved by the Agency. All correspondence includes but is not limited to, letters to health insurance carriers, providers, members and educational materials for the public, etc. We develop the correspondence within the timeframes established by the Agency and seek Agency approval prior to production. We submit the initial correspondence needed to implement the recoupment program and communicate with the Medicaid providers and members to the Agency for review and approval within 30 calendar days (or a timeframe specified by the Agency) from the contract award date. We acknowledge that we are responsible for all costs associated with developing, producing, and mailing correspondence.

Conduent is a leading business process outsourcing (BPO) organization and has extensive experience as a Medicaid fiscal agent. We have the infrastructure and business processes in place to produce professional letters and operate a mailroom. Our team starts the process by sharing our existing templates of letters and reports with the Agency for review and comment. As shown in Figure K-5, these include, but are not limited to, letters to members, health insurance carriers, and providers as well as educational materials for the general public. We properly brand and customize all correspondence for the Agency and garner approval from the Agency on all templates before they are put into use.

Figure K-5. Examples of TPL Letters

Our correspondence management component generates letters for a variety of TPL cases. These examples show a request for information to a member, a request to reprocess claims to an insurance carrier, and a recoupment request to a provider.

j. Recoupment of Overpayments

Our TPL team recoups and posts overpayments from providers and insurance carriers to the Agency in an electronic system as determined by the Agency, e.g., Medicaid Enterprise System, within 21 business days (or a timeframe specified by the Agency) of receipt of an approved invoice.

Conduent has extensive experience over the past 38 years as a state fiscal agent responsible for many business functions including TPL. We are well versed in how to recoup monies from carriers and overpayments from providers and leverage our experience and expertise in these areas to post these payments in the Agency-designated system. As discussed in several of the previous sections, our TPL Unit can receive information from various sources and as a result of several activities.

No matter the circumstances, our TPL staff documents all our recoupments and overpayment collections. For example, upon receiving an initial data match from [redacted] our TPL Commercial Recoupment specialists immediately begin following the Agency-approved procedures to update the system we are using (whether it is Conduent's, the Agency's, or another vendor's) and to initiate a carrier billing or other type of commercial recoupment. Our staff are trained in using Tally and other components of our solution for processing these transactions, and we can use an Agency solution if desired.

k. Recoupment Reporting

We develop/document, print and email/mail required reports. If the TPL reports are system generated, we review each report and take the necessary corrective actions if needed to process the required action. We document all required actions. Mail includes postage paid by Conduent. We have reviewed the RFP's Recoupment Report Section for the list of required reports and timeframe due dates. Within this section, we provide our response to the reporting requirements in our response to Attachment J, Reports Section, Requirement CREC32, CREC43, CREC52-CREC55and Attachment J, Reports Section, Requirements CREC44-CREC51.

Our experience extends to regularly supporting both public and private entities with their business processing and outsourcing needs. Specifically, we can develop/document, print, and email/mail your required TPL reports as needed. We provide the reporting capabilities that you require with Microsoft Power BI as our full-featured reporting solution and with the Tally Accounting Software as our AR system.

With specific TPL experience, we already produce many of the recoupment reports today. Our TPL specialists review the TPL reports generated by our solution and use these reports to conduct your day-to-day TPL business. We perform any necessary corrective actions and document every action taken.

	Attachment J Requirement CREC5 The Supplier must maintain an appropriately Staffed TPL verification unit to fulfill the contract requirements related to cost avoidance and file maintenance. a. The TPL verification unit services must be performed within the United States of America. b. Supplier must operate the TPL verification unit Monday through Friday from 8:00 am to 5:00 pm during the state's local time zone, excluding state holidays. c. The Supplier must provide a commercial billing inquiry/hotline number Monday through Friday from 8:00 am to 5:00 pm during the state's local time zone, excluding state defined holidays. **Conduent response: Conduent maintains an appropriately staffed TPL verification unit to fulfill the contract requirements related to cost avoidance and file maintenance.** **a. We perform all TPL verification unit services within the United States of America.** **b. We operate our TPL verification unit Monday through Friday from 8:00 a.m. to 5:00 p.m. during the State's local time zone, excluding State holidays.** **c. We provide a commercial billing inquiry/hotline phone number Monday through Friday from 8:00 a.m. to 5:00 p.m. local time, excluding State defined holidays.**	
	Upload Attachments with Additional Information? **No**	Attachment File Name: N/A
6	**Overpayments**- Describe the processes and methods that will be utilized to identify, recover and post overpayments to an electronic system as determined by the agency, e.g. Medicaid Enterprise System, from providers and insurance carriers, including but not limited to the requirements stated in **Attachment J, Overpayments Section, Requirements CREC6-CREC12.**	
A6	*Answer # 6* **Conduent leverages our experience as a business process outsourcing vendor for major commercial plans and our experience as a Medicaid fiscal agent to provide the Agency with tried and tested processes to identify, recover, and post overpayments. We partner with [redacted] a leading expert in insurance/carrier discovery, to identify additional carrier or health insurance coverage for FFS Medicaid and CHIP claims paid while the member had other health insurance coverage. In those states where direct data matching with Payers is available, we leverage those direct interfaces.** **Conduent interfaces directly with payors where possible and/or [redacted] as previously discussed within this section in our response to Attachment J, Commercial Billing Section, Requirements CREC2-CREC5, and any other sources approved by the Agency to assist in verifying if the member had valid carrier or health insurance coverage when the claims paid. We also analyze claims data from the claims processing vendor to determine and detect overpayments, for example detecting if a provider was paid twice, once by Medicaid and again by another payor. We update our internal operational systems or CMdS-TPL (if we are selected as the system vendor) with new insurance information and if the coverage is valid for the claim's dates of service, we initiate the recovery/recoupment for the overpayment. We notify the Agency through weekly status reports of identified overpayments. We post recovered overpayments to the system of the Agency's choosing.**	

Attachment J Requirements for Overpayments

On the following pages, Conduent provides a response to Attachment J requirements for the Overpayments Section, Requirements CREC6-CREC12. Our initial response confirms our commitment to meet the requirement followed by our descriptions of our work.

Attachment J Requirement CREC6

If payments are made for a medical service(s) in error or overpayments are made for the service(s) rendered, the Supplier must request a refund and/or recoup funds paid in error for Fee for Service (FFS), State Medicaid and CHIP programs. Some of the most common reasons for the error in payments may include, but are not limited to the following reasons:

a. The Agency was not aware of a patient's eligibility for other health insurance coverage at the time the claim was paid
b. Duplicate payments were made
c. A claim was paid for an ineligible member
d. The wrong health care provider or person was paid in error

Conduent response: Conduent requests a refund and/or recoups funds for medical services paid in error for Fee for Service (FFS), State Medicaid, and CHIP programs. As described in the requirement, instances of payment errors or overpayments could result from, knowledge of insurance coverage, out of date eligibility information, or claims processing issues (e.g., claim was paid for an ineligible member on the dates of service; claim was paid to the wrong provider or person).

As a Medicaid fiscal agent with extensive nationwide TPL experience, we are well versed in claims and TPL processing. We possess the advanced skills necessary to analyze claims and complete the steps necessary to recoup funds. We develop interfaces with the Agency's claims processing system, TPL system, member eligibility and enrollment system, and other solutions to manage and monitor overpayment situations.

When we receive or detect an error or overpayment situation, our TPL specialists begin our established processes for recoupment/recovery by requesting a refund from the provider or insurance company. We initiate this process according to Agency-approved procedures. Methods may include, sending an electronic subrogation claim (837/835) to the new carrier, and/or communicating with the provider to request reimbursement for the overpayment. We also work with the FFS claims vendor to establish an accounts receivable for the overpayment amount, if directed by the Agency. We follow up regularly with the provider or carrier, usually every 30 calendar days if we have not received the funds paid in error. We may contact the provider or carrier by phone to discuss barriers to payment. We report monthly to the Agency on the status of our overpayment recoupment efforts.

Attachment J Requirement CREC7

The Supplier must accept, store and maintain member eligibility and reference date within a frequency as defined by the Agency.

Conduent response: Conduent accepts, stores, and maintains member eligibility and reference date in our internal operational systems, within a frequency defined by the Agency.

	The primary source of this data is the daily member eligibility and enrollment file we receive from the State's vendor. As we identify new TPL resources, we inform the Agency of the new resources and update our operational systems and any other TPL systems as directed by the Agency. Conduent works with the Agency during the implementation phase to determine the frequency of interfaces to the update records with incoming data. **Attachment J Requirement CREC8** The Supplier must automatically reconcile updates against previously paid claims or recoupments within a frequency as defined by the Agency. **Conduent response:** Conduent automatically reconciles updates against previously paid claims or recoupments within a frequency defined by the Agency. We typically interface with the claims system weekly, but we can adjust the frequency to comply with the Agency's requirements. We maintain a claims history file from the Agency's claims processing system to support the reconciliation process. For example, if a claim is subsequently voided after we started the recoupment process, then we shouldn't try to recoup the money from the carrier or provider. Likewise, if a claim is subsequently adjusted, our recoupment amount should be adjusted to equal the newly paid claim amount. In these instances, we adjust our records and recoupment efforts. **Attachment J Requirement CREC9** The Supplier must automatically initiate the refund or recoupment process based on business rules within a frequency as defined by the Agency. **Conduent response:** As we update our system with TPL member data from various sources, we determine if a refund or recoupment is warranted and automatically initiate the refund or recoupment process according to Agency-approved business rules and within a frequency defined by the Agency. Currently, this is a routine process performed as part of our TPL services in Montana and Wyoming. We compare incoming paid claims against new member TPL information that we found either through carrier data matches or updates provided by the Agency eligibility system. When we find a member with a paid FFS claim with newly verified or suspected TPL for the claim's dates of service, we automatically initiate a recoupment or refund request. **Attachment J Requirement CREC10** The Supplier must identify, track, store, maintain and report all recoupment and refund activities and update the claims records as defined by the Agency. **Conduent response:** Conduent identifies, tracks, stores, maintains, and reports all recoupment and refund activities and updates the claims as defined by the Agency.

We adjust our existing processes described here to align with the Agency's requirements for performing these activities. Conduent provides systems we have built to support existing customers and state requirements for performing operational commercial recoupment services. These systems accept interfaces from other systems (Medicaid Enterprise System (MES) modules, such as the claims and the eligibility and enrollment system for Medicaid) on a daily or weekly basis depending on the source of data. Conduent uses this information to identify and track possible recoupments for claims paid while other insurance was in effect. Our operational database tracks, stores, maintains, and reports this information. It is also used for generating recoupments and processing refunds from carriers or providers. Our TPL specialists interact with the Agency's claims processing system and update it accordingly if we receive a recoupment or refund. Alternatively, we can send a file of refunds or recoupments that we receive to the claims processing vendor or the State for update in the claims and financial systems.

Attachment J Requirement CREC11

The Supplier must identify and document how future overpayments will be avoided through the identification of medical benefits from entities which include, but are not limited to:

a. Commercial/Self-funded Benefit plans
b. TRICARE (formerly known as CHAMPUS)
c. Medicare

Conduent response: We identify and document how future overpayments will be avoided through the identification of medical benefits from entities, which include but are not limited to Commercial/Self-funded benefit plans, TRICARE (formerly known as CHAMPUS), and Medicare.

Overpayments cost the healthcare industry, including Medicaid, millions of dollars each year. Conduent uses our tools, technology, and experience to uncover other member insurance coverage and to update appropriate files and systems before claims pay in error. Our team works with the State to share information we find during our data matching work specifically focusing on matching our FFS paid claims files against:

- Major State carrier files
- [redacted] Data
- Other commercial or self-funded benefit plans
- Medicare files received from the State
- TRICARE
- Coverage identified from interfacing with other State systems such as the State's Child Support Enforcement System
- Other sources of TPL coverage

	The purpose of our daily work is to find additional coverage sources and recoup payments already made for members during a coverage period with other TPL; prevent further overpayments to providers; and avoid costly pay and chase activities. Once we find additional coverage, we communicate the covered benefits to the State and, as applicable, the claims processing vendor. The State/claims processing vendor can load this information into its systems to prevent further overpayments for claims submitted for the member. **Attachment J Requirement CREC12** The Supplier must work with the Agency and other Suppliers and the electronic system as determined by the Agency, e.g. Medicaid Enterprise System, interfaces to timely update the Resource files with the goal of placing emphasis on cost avoidance instead of the traditional pay and chase. The objective of the interface files is to prevent payment of claims when other insurance has been identified through coordination of benefits so that Medicaid is the payer of last resort. Reference the Recoupment Interface Section of the RFP for the list of interface files and the required frequency. **Conduent response:** Conduent works with the Agency, other suppliers, and electronic system interfaces as determined by the Agency (e.g., Medicaid Enterprise System) to perform timely updates of the resource files with the goal of increasing cost avoidance and decreasing pay and chase. The objective of the interface files is to prevent payment of claims when other insurance has been identified through coordination of benefits so that Medicaid is the payer of last resort. We have reviewed the RFP's Recoupment Interface Sections and provide our responses to interface requirements within these subsections: • Attachment J, Interfaces Section, Requirements CREC 62 and CREC 76 • Attachment J, Interfaces Section, Requirements CREC56-CREC61 and CREC63-75 As the fiscal agent for many state Medicaid programs, we understand the importance of having current TPL and member data for claims processing. During the implementation phase, we work with the Agency and other vendors to identify and define incoming (to Conduent) and outgoing (from Conduent) interfaces and agree upon the frequency and business rules associated with those interfaces. Once we define, test, and implement interfaces, Conduent provides the Agency or the designated FFS claims processing vendor with updates to the TPL file daily (or as directed by the State). These updates reflect additional member insurance or third-party coverage that Conduent and [redacted] have uncovered. The State or claims processing vendor can load this information into its system so that the Agency can avoid paying claims for members with other insurance coverage.	
	Upload Attachments with Additional Information? **No**	Attachment File Name: N/A
7	**Medicare Recoupment-** Describe your Medicare Recoupment Process, including the provider types impacted for Medicare "pay and chase" claims for: Part A, Part B, Part D, and Medicare Advantage Plans. Include in your response how you have addressed recoupment disputes and other challenges in the past with specific examples of their resolution as stated in the requirements identified in **Attachment J, Medicare Recoupment Section, Requirements CREC13-CREC14.**	

A7	*Answer # 7* Conduent conducts Medicare recoupment and pay and chase activities for members eligible for Medicare Part A, Part B, Part D, and Medicare Advantage Plans. We are experienced in handling Medicare related recoupment disputes and follow a standard process for dispute resolution. In response to Requirement CREC14, we describe how we have addressed recoupment disputes and other challenges in the past and provide specific examples of their resolution. Many older and disabled Medicaid recipients are dually eligible for Medicaid and Medicare. Often, Medicare eligibility is granted retroactively. Consequently, Medicaid pays claims that Medicare should have paid. Conduent is experienced at identifying Medicare coverage and recouping Medicaid dollars when Medicare is the primary payer. We identify occurrences where Medicaid paid for services covered by Medicare, and we attempt to recover those funds from providers. Our process includes data matching with files provided by the Agency, matching with federal databases, checking membership with Medicare Advantage plans, and calling providers and members, among other activities. We customize our processes to the Agency's needs and requirements. ## Attachment J for Medicare Recoupment Section On the following pages, Conduent provides a response to Attachment J requirements for the Medicare Recoupment Section, Requirements CREC13-CREC14. Our initial response confirms our commitment to meet the requirement followed by our descriptions of our work. **Attachment J Requirement CREC13** The Supplier must identify and document possible Medicare "pay and chase" claims for: Part A, Part B, Part D and Medicare Advantage Plans services that were paid by Medicaid. **Conduent response:** Conduent identifies and documents possible Medicare "pay and chase" claims for Medicare Part A, Part B, Part D and Medicare Advantage Plans services that were paid by Medicaid. We currently have processes in place in our Montana and Wyoming Medicaid accounts to identify Medicare coverage, including retroactive Medicare eligibility. In addition to the daily member eligibility interface which may include the addition of Medicare (based on Buy-in activity) and the weekly claims interface that may indicate Medicare coverage, Conduent has a standard interface with the Centers for Medicare and Medicaid Services (CMS) to check for new or retroactive Medicare eligibility.

	Our Medicare pay and chase activities include recovery efforts for Medicare coverage types based on the type of service that Medicaid paid for when the member was dually eligible for Medicare. Examples include: • For Part A coverage, we look for inpatient hospital, surgery, skilled nursing facility, hospice, and home health claims paid by Medicaid that occurred on or after a date of service that overlaps with Medicare Part A coverage. • For Part B coverage, our team looks for physician claims (preventable services, medically necessary), ambulance claims, durable medical equipment (DME), and any mental health and limited outpatient pharmacy claims paid by Medicaid that occurred on or after a date of service that overlaps with Medicare Part B coverage. • For Part D coverage, we look for any pharmacy claims paid by the State's pharmacy claims processing system during the period when the member had Part D coverage. • If we find that the member has a Medicare Advantage Plan, we contact the plan to verify coverage and then request payment for any covered services where Medicaid paid the claim during a period of Medicare coverage. On a frequency agreed upon by the Agency, but at a minimum quarterly, we compare Medicaid eligibility files to the CMS Medicare files and identify individuals who are dually eligible for Medicare and Medicaid. For these individuals, we review paid claim history and identify the claims matching the member's Medicare coverage type that Medicare should have paid. Our internal system and process sorts these claims by provider and generates a recoupment file that can be used to automatically generate provider accounts receivables or to create adjustments. This file is sent to the Agency's Medicaid Enterprise System (MES) claims payment system, as appropriate. This allows automatic recoupment of money from providers, which increases the amount recouped and minimizes the pay and chase activity. Alternatively, we can generate recoupment letters to send to the providers, and then, follow our pay and chase procedures as documented in our proposal. **Attachment J Requirement CREC14** The Supplier must handle, resolve and document Medicare recoupment disputes paid by Medicare with, but not limited to: healthcare practices and providers, hospitals, durable medical equipment providers, home health Agencies, etc. **Conduent response:** Conduent handles, resolves, and documents Medicare recoupment disputes paid by Medicare with various entities including, but not limited to, healthcare practices and providers, hospitals, durable medical equipment providers, and home health Agencies, among others. We are experienced at handling provider inquiries regarding Medicare recoupments, refunds, and adjustments. Post-payment recovery is used in a variety of situations in which cost avoidance is not possible, such as retroactive insurance verification, including Medicare coverage. Conduent assigns dedicated TPL specialists to this function. These specialists are trained in Medicare recovery and in working with the provider community effectively to recover recoupments. We track recoupments in our case tracking solution and add them to the TPL System Module or other systems defined by the Agency. We can report the status on any recovery—including those involving providers who should have billed Medicare first—to the Agency at any time and typically report status on a monthly basis.

	Should a recoupment be necessary from a provider who has been terminated from the Medicaid program, a TPL specialist contacts the provider to determine how we can recoup the claims. If the provider is listed under a different provider ID, as is often the case, and does not send a refund check, the claims may be recouped under the other ID. If these methods are not successful, Conduent works with the Agency to determine how to resolve the outstanding recoupment. When providers voluntarily refund Medicaid overpayments due to Medicare coverage, we deposit payments using your lockbox and produce reports for coordination of tracking, resolution, and if necessary, initiation of the refund process. If a provider disputes a Medicare recoupment attempt, a TPL specialist researches and reviews the reason for the dispute and contacts the provider. Depending on the reason for the dispute, the TPL specialist does one of the following: • Agrees with the provider and determines the correct provider to bill • Agrees that the Medicare coverage didn't cover the service • Disagrees with the provider and rebills the provider asking for payment If there is no payment after 90 calendar days from the initial dispute, we document our attempts and work with the Agency on the next steps. This dispute process applies to all provider types that are subject to Medicare recoveries, such as hospitals, physicians, clinics, DME providers, home health providers, skilled nursing facility providers, etc.	
	Upload Attachments with Additional Information? **No**	Attachment File Name: N/A
8	**Provider Recoupment-** Describe the approach and methodology, including recoupments and negative adjustments, utilized to recover Medicaid or CHIP funds from providers when an erroneous payment is made to a provider. Your response should address all the requirements stated in **Attachment J, Provider Recoupment Section, Requirements CREC15-CREC18.**	
A8	*Answer # 8* Conduent has decades of experience as a fiscal agent supporting all aspects of Medicaid and Children's Health Insurance Program (CHIP) administration. Based on our experience, we have developed an approach and methodology for recovering Fee-for-Service (FFS) Medicaid and CHIP provider payments made in error. Our approach focuses on identifying the overpayments and recovering the overpayments from the providers. Identification of overpayments occurs in several ways including, but not limited to: • Receipt of a provider refund • Application of data matching against the weekly paid claims interface file • Referral from the State • Member communication into our call center, based on explanation of medical benefit review	

Our approach includes both manual and automated processes as described later in this section to recoup the money from the provider. If Conduent is selected as the TPL System Module supplier, we use our state-of-the-art CMdS-TPL solution to assist us in performing recoupment activities. Otherwise, our commercial recoupment team uses a combination of internal workflow and database systems and the designated State TPL system to complete our work.

Attachment J Requirements for Provider Recoupment

On the following pages, Conduent provides a response to Attachment J requirements for the Provider Recoupment Section, Requirements CREC15-CREC18. Our initial response confirms our commitment to meet the requirement followed by our descriptions of our work.

Attachment J Requirement CREC15

Pursue provider recoveries to include, but are not be limited to, recoupments, negative adjustments, and provider overpayments when an erroneous payment is made to a provider by Medicaid or CHIP Program without a subsequent voluntary refund to the Agency from the provider. Supplier must allow the provider a reasonable amount of time, to be determined by the Agency, to respond to the Recoupment request.

Conduent response: Conduent pursues provider recoveries for recoupments, negative adjustments, overpayments, and any other situation when an erroneous payment is made to a provider by the Medicaid or CHIP programs without a subsequent voluntary refund to the Agency from the provider. We allow the provider a reasonable amount of time, to be determined by the Agency, to respond to the recoupment request.

Our standard is to require the provider to refund the erroneous payment within 60 calendar days of our notification of the erroneous payment and to follow-up 30 calendar days after the notification if we have not received payment. We work with the Agency to finalize the payment timeframe. We provide a monthly report to the Agency of the status of recoveries that provides the status of all outstanding requests and the prior month's activity.

Recoupments

Recoupments primarily occur when we identify new member third-party insurance that was not on file at the time the claim paid. We identify recoupments from a variety of sources including, but not limited to:

- Updated eligibility information from the State's Medicaid/CHIP eligibility system
- Paid claims data matching activities performed by Conduent and/or its subcontractor
- Claims submitted by the provider that indicate a TPL resource that is not on our files
- Member outreach and communication
- Research and investigation on trauma claims

	Our TPL recovery/recoupment specialists work daily to find new sources of TPL to recoup monies already paid out and to cost-avoid future FFS Medicaid and CHIP payments. We receive data feeds from several sources including the Medicaid claims processing system, which provides the weekly claims paid by the State. We may also have ongoing daily or weekly matches with the major carriers for the State when available. We use data analytics to mine this information to find claims paid where a member did not originally show TPL for the claim's dates of service but now has TPL on file. We verify the type of benefit covered by the insurance and determine if a recoupment is required. We prepare a file and daily report of proposed recoupments for Agency approval that includes the member identification number, claim identification number, provider number, recoupment amount, and other insurance to bill. The State reviews this file and sends back approved recoupments and recoupment amounts. Our team begins the process of provider recoupment, over multiple communication channels, phone, email and/or physical mail requesting recoupment specifying the member, the claim in question including dates of service, the amount Medicaid paid, and the requested recoupment payment date. We track the status of recoupments in our internal system and the applicable TPL system that the Agency directs us to if Conduent is not awarded the TPL System Module. **Negative Adjustments** Negative adjustments to claims increase the amount the provider owes. When Conduent reviews the weekly paid claim file from the claims system, we identify increased recoupments due to negative adjustments. We report this information in our weekly report of proposed recoupments. Upon Agency approval, we work to recoup the additional money from the provider by sending a revised letter (if the initial letter has already gone out) to request the additional funds. **Provider Overpayments** Provider overpayments occur for many reasons and are usually identified by the claims processing system or supplier. If an overpayment occurs, Conduent has the experience in claims processing to identify an overpayment based on the weekly claims interface we receive from the claims processing system. Another way we get involved in overpayments is when we receive a refund check from the provider. Under federal law, a provider that identifies an overpayment must report the overpayment and return the entire amount to the Medicaid program within 60 calendar days of identifying the overpayment. If Conduent, the claims processing supplier, or the Agency identify an overpayment, we request payment from the provider within 60 calendar days or such timeframe that meets the Agency TPL policies and procedures. If the provider sends a refund check for the overpayment to your lockbox, we receive the related information from your lockbox and log the check number, payment date, and recouped amount on our systems and share the data with the Agency or their designated vendor to reverse or adjust claims and apply the new payment amount from the provider against the claim. If recoupments are received in our mailroom, they are immediately re-directed to your lockbox address.

	Attachment J Requirement CREC16 The Supplier must adhere to the Agency's policies and procedures for the Medicaid and state CHIP programs. **Conduent response:** Conduent agrees to adhere to the Agency's policies and procedures for the Medicaid and state CHIP programs. We have worked with many states and have always adjusted our processes to be compliant with state policies and procedures. **Attachment J Requirement CREC17** The Supplier must ensure requests for provider recoupment adhere to the Agency's billing guidelines. Provider recoupment requests must be forwarded to the Agency for review and processing. The Agency must review the provider recoupment request report prior to Supplier pursuing recoupment from provider. After the Agency reviews and approves the recoupment requests, the Agency must notify Supplier of the successful recoupment amount and Supplier may then include the Recoupment amount on its invoice. **Conduent response:** Throughout the contract term our team follows the Agency-approved billing guidelines and provider recoupment process. Conduent works with the Agency during the implementation phase to define and fine-tune recoupment procedures. We forward identified provider recoupment requests to the Agency for final review and processing. We understand that the Agency must review the provider recoupment request report prior to Conduent pursuing recoupments from providers. After the Agency reviews and approves the recoupment requests, the Agency notifies Conduent of the recoupment amounts for inclusion in the provider letters. We send letters to the providers notifying them of the recoupment amounts. We also update our internal systems and other systems as directed by the Agency. **Attachment J Requirement CREC18** Supplier must provide and document a detailed process, approved by the Agency, that must promote efficient and maximum provider recoupments. **Conduent response:** Conduent provides a provider recoupment policy and procedure manual that details our processes and promotes efficient and maximum provider recoupments. We start with our existing manual and modify it for the Agency based on initial discussions with the Agencies TPL lead. This typically occurs during the early part of the implementation phase of the project. Once approved by the Agency, we provide updates and maintenance of the document as needed to reflect any changes in the State's Medicaid Enterprise Solution (MES) or any proposed improvements to the process from our internal staff. Our team always shares proposed changes with the Agency TPL lead for review and approval before our team begins using the updated procedures.	
	Upload Attachments with Additional Information? **No**	Attachment File Name: N/A
9	**Health Insurance Carriers/Payers Recoupment-** Describe the process and approach you will utilize to recover overpayments from health insurance carriers for previously unidentified overpayments. Your response should address all requirements Agency in **Attachment J, Health Insurance Carriers/Payers Recoupment Section, Requirements CREC19-CREC23.**	

A9	*Answer # 9* Conduent leverages proven procedures from commercial recoupment services and our nearly four decades of Medicaid and CHIP fiscal agent experience to successfully identify and recover TPL-related overpayments. Currently, we provide these exact same services for our Montana and Wyoming Medicaid contracts. Additionally, we are excited to propose [redacted] as our subcontractor to perform data matching to create verified leads with health insurance carriers or payers for commercial recoupments. In those states where direct data matching with Payers is available, we leverage those direct interfaces. Conduent receives a weekly FFS paid claims file from the Agency or their designated vendor. As part of the Conduent team, [redacted] performs data matching to create verified leads of other insurance. Conduent receives a weekly file of paid claims from the Agency or its designated vendor. We send those claims to [redacted] for use in their Other Health Insurance (OHI) discovery system. They search for additional third-party coverage that was not present at the time the claim paid. [redacted] approach leverages 17 years of experience in performing insurance discovery for the provider/payer community. Their data lake and patented algorithms source leads, and their EDI verification with commercial payers verifies active coverage. This approach results in high quality, verified, and actionable coverage that [redacted] provides to Conduent weekly (or on an otherwise agreed upon frequency) that initiates our TPL commercial recoupment process. Our TPL specialists follow Agency-approved procedures for processing recoupments, using our internal case management tacking solution where we log all identified verified sources that we receive from [redacted] We then prepare each proposed recoupment for Agency approval. Once the Agency approves the recoupment, our TPL specialists update our case tracking system, initiate the recoupment request to the carrier, and follow the recoupment to final resolution based on approved policies and procedures. We use our existing policies and procedures manual as a starting point for review with the Agency. We make the appropriate changes to the manual based on Agency feedback. ## Attachment J for Health Insurance Carriers/Payers Recoupment On the following pages, Conduent provides a response to Attachment J requirements for the Health Insurance Carriers/Payers Recoupment Section, Requirements CREC19-CREC23. Our initial response confirms our commitment to meet the requirement followed by our descriptions of our work.

Attachment J Requirement CREC19

The Supplier must produce, generate and document recoupment correspondence within 30 calendar days (or a timeframe specified by the Agency) of the contract execution. The Supplier must document the correspondence workflow and timing.

Conduent response: Conduent produces, generates, and documents proposed recoupment correspondence within 30 calendar days (or a timeframe specified by the Agency) of the contract execution. We document the correspondence workflow and timing within our policies and procedures manual.

Conduent has an existing policies and procedures manual that we use for our Montana and Wyoming Medicaid accounts for performing commercial recoupments of claims overpayments that includes recoupment correspondence. We use our existing manual as a starting point to document our recoupment correspondence, including the workflow and timing. We review this document with the Agency, make revisions based on Agency feedback, and submit it to the Agency for approval. We include the Agency in as many of the steps as required (i.e., getting Agency approval before we send out recoupment letters).

Attachment J Requirement CREC20

The Supplier must recover overpayments from health insurance carriers for unidentified overpayments. The Supplier must provide and document the details of the process and approach to accomplishing this task within thirty (30) calendar days (or a timeframe specified by the Agency) of the contract execution.

Conduent response: Conduent recovers overpayments from health insurance carriers for unidentified overpayments. We provide and document the details of the process and approach to accomplish this task within 30 calendar days (or a timeframe specified by the Agency) of the contract execution. Conduent has an existing policies and procedures manual that we use for our Montana and Wyoming Medicaid accounts for performing commercial recoupments of claims overpayments. We use our existing manual as a starting point to document our recoupment process to recover overpayments from health insurance carriers. We review this document with the Agency, make revisions based on Agency feedback, and submit it to the Agency for approval.

Conduent recovers FFS Medicaid and CHIP claim overpayments for members subsequently discovered to have other health insurance during the claim's dates of service. Our team identifies other third-party coverage from:

- The Agency TPL team
- The Agency eligibility and enrollment system
- Medicaid claims system
- Data matching with major state and national carriers conducted by [redacted]

We receive daily downloads from the Agency eligibility system. Downloads provide information on new members and updates to information about existing members that may reflect new health coverage. We also receive weekly paid claims data from the claims system. We use the member and claims data to identify and flag providers who received FFS Medicaid and CHIP payments when the member had other health coverage. We also send [redacted] a weekly file of paid claims that they process to find member health

coverage. [redacted] verifies potential matches using the 270/271 inquiry and response process and returns positive verifications to Conduent for next steps.

Conduent or [redacted] (depending on who finds the other health insurance coverage) verifies and validates the start date and extent of that coverage and compares it to the FFS Medicaid and CHIP claims paid that overlap the other health insurance coverage. Our TPL specialists use the final approved process and procedures from the Agency to conduct our work and we update both our internal case tracking system and any other appropriate system(s), as designated by the Agency. Our staff initiates the commercial recoupment process and creates potential recoupments for consideration and approval by the Agency.

Attachment J Requirement CREC21

The Supplier must document, reconcile, and report unsuccessful recoupment attempts for overpayments from health insurance carriers, within a timeframe as specified by the Agency. The Supplier must provide and document the details of the process and approach to accomplishing this task within thirty (30) calendar days (or a timeframe specified by the Agency) of the contract execution.

Conduent response: Conduent documents, reconciles, and reports unsuccessful recoupment attempts for overpayments from health insurance carriers, within a timeframe specified by the Agency. We provide and document the details of the process and approach to accomplishing this task within 30 calendar days (or a timeframe specified by the Agency) of the contract execution.

Conduent has an existing policies and procedures manual that we use for our Montana and Wyoming Medicaid accounts for performing commercial recoupments of claims overpayments that includes unsuccessful recoupment attempts. We use our existing manual as a starting point to document our process for unsuccessful recoupment attempts for overpayments from health insurance carriers. We review this document with the Agency, make revisions based on Agency feedback, and submit it to the Agency for approval.

Conduent performs these services today for our Montana and Wyoming Medicaid accounts. We follow a formal process to track and document every step of the recoupment process, including documentation of unsuccessful recoupment attempts. We initiate recoupments after identification and verification of other health insurance for paid FFS Medicaid or CHIP claims. We send proposed recoupment information to the Agency for formal approval.

After Agency approval, we send insurance carriers claims requesting payment for the recoupment amounts. The paid claim type (e.g., inpatient, outpatient, pharmacy) determines what type of claim we send to the carrier. When possible, we create an electronic subrogation claim (837/835) following the carrier's specific subrogation claim billing instructions. Otherwise, we send a letter and/or paper claim to the carrier indicating the FFS Medicaid or CHIP claim that paid while the member was covered by the carrier and requesting payment in the amount of the paid claim.

	Conduent tracks the status of recoupments in our internal tracking system. This allows us to report the status to the Agency at any point in the process. Our standard recoupment process uses these timeframes to collect the recoupment from the insurance carrier: • If we don't receive a response from the carrier within 30 calendar days of the recoupment request, we execute an electronic claims status inquiry (276/277) and/or call the carrier to verify receipt and obtain status. • If we don't receive a response in 60 calendar days, we re-send the recoupment with a letter requesting immediate payment or response. (We anticipate 100% of electronically submitted (837) claims will receive a response.) • If we don't receive a response in 30 calendar days after the second request, we call the carrier to reach resolution. If no resolution is possible, we refer the recoupment to the Agency's designated legal authority. These timeframes can be adjusted as needed by the Agency. Our team continually tracks and reconciles outstanding recoupments by age. Internal reports provide the status of each recoupment. Our mailroom prioritizes refund checks from health insurance carriers. If the carrier denies or disputes the overpayment request, our team analyzes the denial reason and determines if it is satisfactory or unsatisfactory. Satisfactory reasons, and actions we take, include: • If the claim denies for duplicate, we check with the provider to see if they billed and were paid • If the claim denies for Medicare needed, we obtain the Explanation of Medicare Benefits (EOMB) and resubmit • If a claim denies for wrong carrier, a workflow is triggered to re-verify carrier and coverage • When a claim denies for non-coverage, we can add that information to the policy in our internal system and to the TPL module used by the Agency to prevent further billing Unsatisfactory denial reasons include, but are not limited to: • Timely filing denials • Authorization required • Must bill someone else first • Provider not in network • Not medically necessary • Refilled too soon Unsatisfactory responses result in resubmission of the claim and may include further communication with the carrier by letter, phone, and/or email.

Attachment J Requirement CREC22

The Supplier must develop, document and maintain a professionally written Agency approved Health Insurance Identification and Recoupment Program procedures manual to reflect Supplier's processing operations and Recoupment procedures within ninety (90) calendar days (or a timeframe specified by the Agency) of the contract execution.

Conduent response: Conduent develops, documents, and maintains a professionally written, Agency-approved Health Insurance Identification and Recoupment Program procedures manual to reflect our processing operations and recoupment procedures within 90 calendar days (or a timeframe specified by the Agency) of the contract execution. Conduent has an existing policies and procedures manual that we use for our Montana and Wyoming Medicaid accounts for performing commercial recoupments of claims overpayments. We use our existing manual as a starting point for the required Health Insurance Identification and Recoupment Program procedures manual. We review this document with the Agency, make revisions based on Agency feedback, and submit it to the Agency for approval.

A hallmark of our approach to developing manuals is our thorough and meticulous document quality process that results in professionally written manuals. Conduent prides itself on clean, concise, and easy-to-read documentation free of grammatical, stylistic, formatting, and other errors that can cause distraction during content reviews. To accomplish our high standards for document quality, we perform thorough reviews prior to delivery. We write the manual in a manner that is understandable to the defined audience and meets applicable business and technical requirements. We maintain draft manuals within the project's SharePoint site; first to maintain proper version history and the ability to review or restore prior versions, and second to leverage the check-out feature to avoid making conflicting changes to the manual. Prior to submitting the deliverable to the State, we also review the deliverable for content, accuracy, and completeness to confirm that defined objectives for the deliverable are met.

With the approved manual in hand, we train our staff on the Agency-approved policies and procedures and Agency required systems (i.e., MES modules) prior to go live. As changes are made to our process, whether requested by the Agency (i.e., new vendors) or proposed by Conduent, we share them with the Agency before implementing them. We capture all changes in a version history table at the front of the manual, indicating the version number, implementation date of change, summary of the change, and the author.

Attachment J Requirement CREC23

The Supplier must describe and document in detail new and innovative process proposals to potentially increase future recoveries for state Medicaid and CHIP program no less than monthly (or a timeframe specified by the Agency).

Conduent response: Conduent describes and documents in detail new and innovative process proposals to potentially increase future recoveries for the state Medicaid and CHIP program no less than monthly (or in a timeframe specified by the Agency).

We continually review our processes, using our experience and lessons learned in TPL operations across the country, looking for ways to improve our efforts to confirm that Medicaid is the payer of last resort. We hold meetings with the Agency TPL lead monthly, or as frequently as the Agency requests, to review our efforts over the past 30 calendar days. We also use this time to introduce details on new processes we use in other states or private-sector client implementations that may be of benefit to the Agency. As we pilot new approaches to recoveries in other states, we share those results with the Agency for consideration.

	Upload Attachments with Additional Information? **No**	Attachment File Name: N/A
10	**Data Matches/Third Party Resources File Maintenance-** Describe your process for performing data matches to determine the liability of third-party payers in order to pay claims correctly. Your response should address all requirements stated in **Attachment J, Data Matches/Third Party Resources File Maintenance Section, Requirement CREC24.**	
A10	*Answer # 10* Conduent uses sophisticated and extensive data matching capabilities with proven results, built and tested for multiple Medicaid fiscal agent projects across the United States. We work with multiple partners to perform data matching including the Agency, [redacted] federal agencies, other suppliers, and state predominant carriers when available through state mandate or existing agreements. We maintain the results of this TPL data matching in our operations system and the system designated by the Agency if we are not awarded the TPL System Module. Vital to the TPL process is the timely and accurate processing of interfaces with the Agency's eligibility and enrollment system to collect third-party resources for members. Data exchange functionality includes processing and maintaining inputs, outputs, and automated interfaces for the different sources of potential TPL data. Such sources include insurance companies, governmental agencies, and other entities. Conduent maintains the functionality to accept, update, and exchange TPL data with the Agency's eligibility and enrollment system as well as other entities according to schedules established by the Agency. Data matches with other insurers and agencies often result in finding third-party liability. Conduent and our subcontractor perform data matching to create verified leads with health insurance carriers or payers for commercial recoupments. We also leverage direct interfaces with payers in those states where direct data matching is available. Conduent receives a weekly FFS paid claims file from the Agency or their designated vendor. We send this data to [redacted] for processing by their Other Health Insurance (OHI) discovery system. Their OHI system searches for additional third-party coverage that was not present at the time the FFS Medicaid or CHIP claim paid. [redacted] innovative approach to performing insurance discovery for the provider/payer community leverages their 17 years of expertise and the [redacted] data lake and patented algorithms to help find other coverage leads. Further, [redacted] leverages real-time modified Health Insurance Portability and Accountability Act (HIPAA) electronic data interchange (EDI) transactions to verify with commercial payers that the leads are in fact active coverage. This process results in high quality, verified, actionable coverage that is shared in a response file on a weekly (or otherwise agreed upon frequency) basis with Conduent that we use to initiate the commercial recoupment process. We produce required reports of the data match results and automatically update our TPL files with other insurance information obtained through the data exchange.	

Attachment J Requirements for Data Matches/Third Party Resources File Maintenance

Conduent provides a response to Attachment J requirements for the Data Matches/Third Party Resources File Maintenance Section, Requirement CREC24. Our initial response confirms our commitment to meet the requirement followed by our descriptions of our work.

Attachment J Requirement CREC24

The Supplier must exchange and update data between the Agency and other external and internal information system(s) referred to as data matches. The specific goal of the data matches is to add, verify, and update the third-party liability data in an electronic system as determined by the Agency, e.g. Medicaid Enterprise System, for recoveries and other TPL functions. Supplier must work with the Agency and other Suppliers and external sources to update the third party coverage data with the goal of emphasizing cost avoidance instead of traditional pay and chase. Supplier must take reasonable measures to determine the liability of a third-party payer in order to pay claims correctly. The reasonable measures include, but are not limited to:

a. Collecting insurance information from prospective members
b. Conducting data exchanges with state files that contain information on workers' compensation, wages, welfare enrollment
c. Conducting data exchanges with Social Security Administration wage and earning files
d. Leverage data sources which provide member health coverage including but not limited to: medical, dental, vision, prescription

Conduent response: Conduent exchanges and updates data between the Agency and other external and internal information systems, referred to as data matches. The specific goal of the data matches is to add, verify, and update the third-party liability data in an electronic system as determined by the Agency, e.g., Medicaid Enterprise System (MES), for recoveries and other TPL functions. We work with the Agency and other suppliers and external sources to update the third-party coverage data with the goal of emphasizing cost avoidance instead of traditional pay and chase.

Identify and Collect TPL Data

Conduent takes reasonable measures, including those defined in Requirement CREC24, to determine the liability of a third-party payer in order to pay claims correctly. Reasonable measures include, but are not limited to:

- **Collecting information from prospective members.** Members are the first source of TPL information when they submit eligibility data during the enrollment process. Additionally, our TPL unit provides a hotline for members to report new TPL information, including changes in policy numbers or coverage. We also survey members through a questionnaire based on claims payment information when other insurance may exist or if the member was in an accident with an insured, liable party.

- **Conducting data exchanges with State and federal files.** As part of the implementation phase of the project, Conduent creates the interfaces needed to exchange data with State and federal files and systems. Our experience includes exchanging data with state eligibility systems, carriers, and other entities, such as federal databases for the Social Security Administration, Medicare, and TRICARE. After defining the interfaces with the State during the implementation phase, we establish, test, and begin using those interfaces to gather data to perform data matching.

  One primary data matching source is the Agency's Medicaid and Children's Health Insurance Program (CHIP) eligibility system. The system provides third-party insurance updates that we use to populate our internal operations system and other systems identified by the Agency to support the recoupment process. As we identify new insurance, we transmit the verified information back to the appropriate State system, which is typically the eligibility and enrollment system.

- **Leveraging data sources for other health coverage.** We also perform data matches with other insurers and agencies, a practice that often results in finding third-party liabilities. Conduent works with federal agencies, such as the Department of Defense using the Defense Enrollment Eligibility Reporting System (DEERS) and Centers for Medicare and Medicaid Services (CMS), to perform data matches for Medicare, TRICARE, Workers Compensation, Child Support Enforcement information, and the Social Security Administration to validate wage and earning files. Further, Conduent reviews claims information from the claims processing system or supplier to identify other sources of TPL based on diagnosis codes and other indications of other insurance including medical, dental, vision, and prescription insurance. We also work with [redacted] and send them weekly paid claims files which they use to discover other insurance for members. They respond to us on a weekly basis with results from their searches. They only send verified insurance coverage for our use in the recoupment process. Finally, if a state has direct connections to payers or requires that we use an existing direct connection, Conduent checks those sources through interfaces to see if there is additional insurance coverage for members.

Add, Verify, and Update TPL Data

When we find other health insurance coverage through sources other than [redacted] (who verifies the other coverage they find), our team verifies the policy and benefits by contacting the other insurer and validating the member information and coverage, preferably using the 270/271 transaction set. We update our internal system(s) with verified other health insurance coverage. Additionally, we update other systems we are required to use by the State to support our commercial recoupment services operation and provide cost avoidance for future claims payment.

Throughout our process, Conduent works diligently to find and post newly discovered TPL and to collaborate with the State and suppliers contributing to the State's MES. As proof of our success, Conduent meets this requirement today in the states of Wyoming and Montana and we are more than able to bring this same level of success and expertise to your TPL services project.

	Upload Attachments with Additional Information? **No**	Attachment File Name: N/A
11	**Data Matches/Third Party Resources File Maintenance-** Describe your process for developing, implementing, documenting and conducting exchanges with the State Department of Revenue to obtain health insurance information from Form 1095-B health Coverage as stated in **Attachment J, Data Matches/Third Party Resources File Maintenance Section, Requirement CREC25.**	
A11	*Answer # 11* Conduent's TPL experience includes interfacing with many state agencies. We work with the State to establish the appropriate business and technical contacts at the Department of Revenue (DOR) to develop, implement, document, and exchange 1095-B data. This occurs during the implementation phase of the project, where we meet to discuss the interface purpose, data elements and frequency protocols, validate the interface layout with DOR, and finalize the design and development of the interface. During the testing phase, we work with the State to test the proposed interface to verify we can connect to the DOR system and receive the data. Since 1095-B forms are primarily generated annually, we can run this interface on a frequency defined by the Agency, but no less than quarterly. Conduent explores options and develops and performs the required data exchange with DOR. We may receive DOR data and perform a match ourselves or send the current eligibility file we receive from the State's eligibility and enrollment system to DOR and request that they respond with matching 1095-B data. Either way, Conduent develops and applies matching criteria with the Agency and when appropriate updates our systems with any verified matches of private health insurance from the 1095-B form for any portion of the previous year that we don't have on file. As the interface is being developed, we can discuss looking for prior year 1095-B information for each member we submit on the interface as a part of the response file we receive back from DOR. ## Attachment J Requirements for Data Matches/Third Party Resources File Maintenance In the following text, Conduent provides a response to Attachment J requirements for the Data Matches/Third Party Resources File Maintenance Section, Requirement CREC25. Our initial response confirms our commitment to meet the requirement followed by our descriptions of our work.	

	Attachment J Requirement CREC25 The Supplier must perform a data exchange with the state Department of Revenue to obtain the health insurance information from the Form 1095-B Health Coverage. The Form 1095-B is a health insurance tax form which reports the type of coverage a person has, dependents covered, insurance policy and the period of coverage for the prior year. This must be a new initiative for state that the Supplier must develop, document and describe the implementation process. The insurance data interface files are used to assist in preventing payment of claims when other insurance is identified with coordination of benefits in mind so that Medicaid is payer of last resort. Note: A HIPAA BAA must be signed between the Suppliers to allow the sub-Supplier to perform the data exchange. **Conduent response:** Conduent exchanges data with the State DOR to obtain the health insurance information from the Form 1095-B Health Coverage. The Form 1095-B is a health insurance tax form that reports the type of coverage a person has, dependents covered, insurance policy, and the period of coverage for the prior year. During the implementation phase, Conduent develops, documents, and describes our 1095-B process. The State's goal in using the 1095-B insurance data is to prevent payment of claims when other insurance is available so that Medicaid is the payer of last resort. We acknowledge that a HIPAA business associate agreement (BAA) must be signed by Conduent and other suppliers to allow sub-suppliers to perform the data exchange. The Affordable Care Act (ACA) requires citizens with health insurance to complete the Form 1095-B. Conduent works with the appropriate contact at DOR to access the 1095-B information and establish a regularly scheduled interface. Our process during the implementation phase includes: • Requirements definition • Design with the technical team at DOR • Development of the interface • Initial documentation of the interface included in an Interface Control Document (subject to Agency and DOR approval) • Technical testing of the interface • User acceptance testing of the interface • Final documentation • Implementation after acceptance by the Agency and DOR	
	Upload Attachments with Additional Information? **No**	Attachment File Name: N/A
12	**Data Matches/Third Party Resources File Maintenance -** Describe your process for adding a resource to an electronic system as determined by the agency, e.g. Medicaid Enterprise System, or bill a claim when data is found on three (3) out of the four (4) match points stated in **Attachment J, Data Matches/Third Party Resources File Maintenance Section, Requirement CREC26.**	

A12	*Answer # 12* Maintaining accurate TPL Resource data is critical to successful cost avoidance and recoupment efforts. Conduent maintains several resource files in our internal systems or the systems we are directed to use by the Agency. We receive daily, weekly, monthly, and quarterly data interfaces from various sources. [redacted] also provides additional health insurance coverage based on the weekly paid claims. [redacted] sends a response file at least weekly that contains verified and confirmed third party resources. Conduent automatically and manually performs file updates using a variety of edits to match and verify insurance information. We match our current eligibility file against incoming updates from sources by checking for Grade A matching criteria. If we confirm the member had other health insurance coverage when FFS Medicaid or CHIP claims paid, we initiate a recoupment (after Agency approval) by sending the carrier a claim for the approved recoupment amount. ## Attachment J Requirements for Data Matches/Third Party Resources File Maintenance In the following text, Conduent provides a response to Attachment J requirements for the Data Matches/Third Party Resources File Maintenance Section, Requirement CREC26. Our initial response confirms our commitment to meet the requirement followed by our descriptions of our work. **Attachment J Requirement CREC26** The Supplier must add a resource to an electronic system as determined by the Agency, e.g. Medicaid Enterprise System, and/or bill a claim, when data is found on three (3) out of four (4) match points shown below. These are considered to be Grade "A" matches. The match points are: a. Name; b. Social Security Number c. Date of birth d. Address, city and state **Conduent response:** Conduent adds a resource to an electronic system as determined by the Agency, e.g., Medicaid Enterprise System (MES), and/or bills a claim, when data is found on three out of four match points. These are considered Grade A matches. Match points include: • Name • Social Security Number • Date of birth • Address, city and state Conduent manages and maintains files in our internal systems and/or the systems required by the Agency. When we add a resource (manually or automatically) to an electronic system or bill a commercial carrier or other responsible insurer, our system and TPL specialists find the member's record using Grade A matching logic. This means that the new member data must match three of the four

	match points in the existing member record required by CREC26. [redacted] also uses this Grade A matching criteria to find and send verified leads for other coverage. We then verify the Grade A matching prior to updating the appropriate systems. We flag duplicate records and process them manually or through consultation with the Agency. We use the same Grade A criteria to confirm that our bills to carriers are for the correct member.	
	Upload Attachments with Additional Information? **No**	Attachment File Name: N/A
13	**Data Matches/Third Party Resources File Maintenance -** Describe your process for identifying, documenting and resolving issues related to data matching utilizing the challenges stated in **Attachment J, Data Matches/Third Party Resources File Maintenance Section, Requirement CREC27.**	
A13	Answer # 13 Vital to the TPL process is the ability to accurately perform TPL file maintenance and to identify, document, and resolve data matching issues. Our data exchange functionality includes processing and maintaining inputs, outputs, and automated interfaces with the different sources of potential TPL data including insurance companies, governmental agencies, and other entities. Further, we already have an established interface with [redacted] to collect verified other third-party information. [redacted] takes data matching to new heights with their data lake and patented algorithms. [redacted] sends found coverage results to Conduent, leveraging their clearinghouse real-time HIPAA connections with over 870 commercial payers, representing approximately 98% of the commercial lives in the United States. [redacted] only sends verified leads based on their insurance discovery system and processes. [redacted] data match and interface errors that occur as a result of their interface file transactions are monitored and resolved by analysts. Since their data are verified by strict match criteria and verified by EDI transactions, such errors are minimal, but we recognize that certain reference updates can occur, e.g., a date of birth correction. When detected these potential corrections of the source or destination system could result in better and valid Grade A matches. Conduent also works with other stakeholders during the implementation phase to share our current interface layouts and data dictionaries and works to customize them further with the specific Agency needs. Working collaboratively with the Agency and its external stakeholders, we develop and finalize interface control documents (ICDs) that we use to configure and develop interfaces that we use for exchanging data. The ICDs are signed off by the Agency before we finalize interfaces. Once approved by the Agency, we use the ICDs to facilitate internal development and testing, integration testing with stakeholders, and Agency user acceptance testing. As part of the ICDs, we document edits and error codes that can arise from the interface processing and train our team on how to review and resolve each type of error.	

Attachment J Requirements for Data Matches/Third Party Resources File Maintenance

In the following text, Conduent provides our response to Attachment J requirements for the Data Matches/Third Party Resources File Maintenance Section, Requirement CREC27. Our initial response confirms our commitment to meet the requirement followed by our descriptions of our work.

Attachment J Requirement CREC27

The Supplier must document and overcome problems that can arise when matching data. Some of these challenges are:

a. Not using multiple approaches to increase successful data matches
b. Turning near matches, which are matches with one (1) or two (2) items on a Grade "A" matches, into Grade "A" matches
c. Conducting data matching across state lines
d. Reducing administrative burdens through inter-Agency collaboration
e. Ensuring that personal and demographic data is collected to execute a Grade "A" match
f. Ability to work with other the Agency Suppliers and the electronic system as determined by the Agency, e.g. Medicaid Enterprise System, interfaces to update the Resource and Carrier files with the goal to cost avoid paying claims upfront instead of the traditional pay and chase, so that coordination of benefits takes place and Medicaid is the payer of last resort

Conduent response: Conduent documents and overcomes problems that can arise when matching data, including the challenges identified in CREC27.

In our current Medicaid TPL accounts we have established processes in place to handle interface errors resulting from data mismatches. Our interfaces and data matching processes are jointly designed and agreed upon with the Agency and other stakeholders prior to go live and are documented in our ICDs. Errors that occur in interfaces have a corresponding workflow to resolve the errors.

Multiple Approaches to Increase Successful Data Matches

Our partner [redacted] is unlike other data matching partners, they are not reliant on the receipt of regularly updated carrier member files to perform standard data matches for coverage discovery. Rather, they have developed an innovative approach leveraging 17 years of expertise performing insurance discovery for the provider/payer community. Their data lake and patented algorithms help maintain and source leads. Further, [redacted] leverages modified real-time HIPAA transactions, to verify the sourced leads as active coverage with commercial payers on the date of the EDI verification. This results in high quality, actionable coverage.

Through its automated electronic insurance coverage discovery product called Other Health Insurance (OHI), and existing point to point connections with the [redacted] clearinghouse, [redacted] finds, verifies, and delivers third-party insurance information the state may not already have on file. [redacted] sends found coverage results to Conduent, leveraging their clearinghouse real-time HIPAA connections with over 870 commercial payers, representing approximately 98% of the commercial lives in the United States.

[redacted] can configure which payer connections are applicable, based upon each state's specific needs and the coverage types found.

State-furnished patient demographics can include patient name, DOB, address and Social Security Number (SSN) for state program members. [redacted] then seeks to find third party insurance information using its OHI services. [redacted] returns results of active (verified with EDI transactions) other insurance found, along with third-party insurance policy and coverage details back to Conduent. [redacted] can deliver results that are comprehensive medical coverages only [redacted] can also mark, deliver, or filter out or include specific coverages like dental, vision, long-term care, mental health, pharmacy, inpatient, outpatient, and skilled nursing.

Turning Near Matches into Grade A Matches

[redacted] data match and interface errors that occur as a result of their interface file transactions are monitored and resolved by analysts. Since their data are verified through strict match criteria and verified by EDI transactions, such errors are minimal, but we recognize that certain reference updates can occur, e.g., a date of birth correction. When detected these potential corrections of the source or destination system could result in better and valid Grade A matches.

Conduent updates other insurance leads in our internal case tracking solution for resolution. This includes the verified coverage sent to us by [redacted] We only add resources or carriers to the states TPL module or files when we have a match on three out of the four elements that make up the Grade A matching criteria.

Data Matching Across State Lines

[redacted] is the primary source for finding coverage nationwide. Their process is not limited to a single state or even neighboring states but looks at data from a nationwide perspective to identify other insurance. If we receive correspondence from a member or provider, Conduent can both leverage [redacted] to inquire across many insurers and inquire directly on an insurer's portal when possible. As a value-add option for states with data sharing agreements with neighboring states in place, Conduent can build interfaces to capture this data.

Collaboration and Reduction in Burden Across State Agencies

Conduent has worked with many states and has learned how to best interact with and between state agencies. For example, there may be additional third-party resource data at the Department of Health or Department of Human Services in a state where the state's Medicaid eligibility and enrollment system does not currently have an interface. We have fostered relationships between state agencies and can work with the Agency to identify other state agencies that may have data to help avoid Medicaid or CHIP claims payments.

	Once identified, we can include them in the list of interfaces we develop or alternatively, create an operational workflow for our TPL specialists to follow as part of their investigative duties to identify additional sources of TPL. **Personal Information Collection** When we receive information (i.e., phone call or email) from a member or provider, either self-reporting or referring us to a lead, our TPL specialists ask for detailed data including: • Member name, date of birth, social security number, address, telephone number, and email address • Name, policy number, and Carrier ID of the insurance • Medicaid ID and subscriber ID for additional insurance • Additional relevant information such as the head of household name, address, SSN and phone number Our TPL questionnaires, surveys, and accident follow-up letters also request this type of information. For emails, we send back a standard form requesting information not in the original email and use new or additional data for meeting the Grade A matching criteria. We track all leads and gather enough information to perform Grade A matching. Further, we only update state databases with Grade A matched data. **Ability to Collaborate with Other Suppliers** Conduent has worked with other suppliers for the last 38 years as a Medicaid fiscal agent. We excel at coordinating with other suppliers for the greater good of the Agency. We meet with the Agency and their Medicaid Enterprise suppliers during implementation to establish the protocol or rules of engagement and follow them as required per Agency guidelines. Regarding TPL services, we work with other suppliers to coordinate TPL activities for the Agency such as the suppliers for the TPL system module, state eligibility and enrollment system, and claims processing system. Conduent has an excellent track record working with other suppliers in various situations. For example, when our contract ends, our turnover plan is professionally written, complete and thorough. We perform our duties according to the turnover plan and collaborate with the Agency and the new supplier to successfully end our contract.	
	Upload Attachments with Additional Information? **No**	Attachment File Name: N/A
14	**Data Matches/Third Party Resources File Maintenance -** Describe your process for verifying data that does not match on three (3) out of the four (4) following criteria: Name, Social Security Number, Date of birth, address including city and state as stated in **Attachment J, Data Matches/Third Party Resources File Maintenance Section, Requirement CREC28.**	

A14	*Answer # 14* Conduent leverages 38 years of experience as a Medicaid fiscal agent, including TPL expertise, to develop detailed processes for identifying and updating TPL information. We have further enhanced our abilities by partnering with [redacted] for additional insurance discovery capabilities to find verified leads of other insurance. No matter what the source of the lead, we use Grade A match criteria to find and match member data including matches on at least three out of four of the following criteria: name, social security number, date of birth, and address (including city and state). We don't update files unless at least three of the criteria matches. We report unmatched data for manual review and resolution. ## Attachment J Requirements for Data Matches/Third Party Resources File Maintenance In the following text, Conduent provides our response to Attachment J requirements in Data Matches/Third Party Resources File Maintenance Section, Requirement CREC28. Our initial response confirms our commitment to meet the requirement followed by our descriptions of our work. **Attachment J Requirement CREC28** If health coverage and data do not match on three (3) out of four (4) of required Grade "A" match criteria within a timeframe as defined by the Agency, then the Supplier must: a) not add or update coverage or bill claims until both the effective and termination date of coverage is verified b) perform verification online through carrier portal or by telephone with carrier **Conduent response:** If health coverage and data do not match on three out of four of the required Grade A match criteria within a timeframe as defined by the Agency, then Conduent: • Does not add or update coverage or bill claims until both the effective and termination date of coverage is verified • Performs verification online through carrier portal or by telephone with carrier Conduent receives updates daily from various sources, including our subcontractor [redacted] Our internal operations systems and [redacted] look for matches using the Grade A matching criteria. We produce an "unmatched" error report of data failing the matching criteria. Our TPL specialists review and research each entry on the error report. Our specialists then use other resources such as carrier portals, secure email, and, as a last resort, telephone calls with the carriers to resolve the errors.	
	Upload Attachments with Additional Information? **No**	Attachment File Name: N/A

15	**Data Matches/Third Party Resources File Maintenance** - Describe how you will perform all federally mandated data matches in accordance with 42 CFR 433.138 and upload a weekly or monthly file to an electronic system as determined by the agency, e.g. Medicaid Enterprise System, with verified policies as stated in Attachment J, **Data Matches/Third Party Resources File Maintenance Section, Requirement CREC29.** https://www.cms.gov/Regulations-and-Guidance/Regulations-and-Guidance.html?redirect=/home/regsguidance.asp
A15	*Answer # 15* Conduent provides TPL services to several states today and has connections in place for all federally mandated data matches meeting the requirements in 42 CFR 433.138. We meet this requirement for Georgia and other state agencies that select our services. In addition, we have partnered with [redacted], who assists in identifying additional sources of third-party insurance through their system (as previously described in our response to Attachment J, Commercial Billing Section, Requirements CREC2-CREC5 within this section). The response file we receive from [redacted] contains confirmed, verified leads of other insurance for members with paid claims. Once a member's demographics are inserted into the [redacted] insurance discovery system (OHI), the OHI system continues searching for coverage on that member for up to one year after the date of insertion, should additional coverage be discovered later. [redacted] also updates coverage details throughout the year as the found OHI coverage details may change (terminations, coverage updates, etc.). We can upload information, depending on the type of data, to our internal database or tracking system on a weekly or monthly basis. If we are selected to provide the TPL system module, we use our CMdS-TPL module, which has automated data exchanges in place today. We leverage what we use today to facilitate the federally mandated exchanges in our internal systems and/or use any system already in use by the State for TPL as directed by the Agency. ## Attachment J Requirement for Data Matches/Third Party Resources File Maintenance In the following text, Conduent provides a response to Attachment J requirement for Data Matches/Third Party Resources File Maintenance Section, Requirement CREC29. Our initial response confirms our commitment to meet the requirement followed by our descriptions of our work.

	Attachment J Requirement CREC29 The Supplier must perform all federally mandated data matches in accordance with 42 CFR 433.138. https://www.cms.gov/Regulations-and-Guidance/Regulations-and-Guidance.html?redirect=/home/regsguidance.asp **Conduent response:** Conduent performs all federally mandated data matches in accordance with 42 CFR 433.138 as defined on the CMS.gov web page titled Regulations and Guidance provided in the RFP. Conduent provides all of the federally mandated interfaces today in support of our Medicaid business in several states. Specifically, in compliance with 42 CFR 433.138, we participate in exchange of data with: • Initial eligibility and updates to member eligibility TPL information, including any information on absent parents and child support insurance information • State and federal wage information from State Wage Information Collection Agency (SWICA) and Social Security, which can include TPL • State workers' compensation for identification of any workplace accident information involving a Medicaid member • State motor vehicle information related to accidents to determine if a Medicaid member was involved and whether the other party has insurance • A weekly claims file from the claims processing vendor to look for diagnosis codes for accident or trauma • Nationwide carriers • Other interfaces required by the State not mentioned in the federal regulations In addition, our subcontractor provides Conduent with verified leads through their insurance discovery system which is an added benefit to meeting the federal requirements. We work with the State during the implementation phase to determine which system(s) we use to capture this data. We modify our existing interface specifications if needed to meet any special State requirements.	
	Upload Attachments with Additional Information? **No**	Attachment File Name: N/A
16	**Data Matches/Third Party Resources File Maintenance -** Describe in detail your process for developing and documenting leads from other sources as listed in **Attachment J, Data Matches/Third Party Resources File Maintenance Section, Requirement CREC30.**	

A16	*Answer # 16* Conduent has multiple methods for identifying and documenting new leads for further research and investigation. We look for new sources of coverage to confirm that Medicaid remains the payer of last resort. If another insurer or program has the responsibility to pay for medical costs incurred by a Medicaid or CHIP-eligible individual, we take measures to identity that entity, which is generally required to pay all or part of the cost of the claim. Conduent applies technology, subject-matter expertise, and established procedures to identify other sources of payment, and to secure that payment. Our methods include: • Manual review of information on the internet • Manual review of information on carrier sites • Phone calls • Automated interfaces • Referrals from members or eligibility case workers • Provider referrals • Review of claims data received weekly from the MES claims vendor • Interfacing with our partner, [redacted] to find verified leads of other insurance We have established "phases" of tracking leads, including initial discovery, verification of insurance coverage, validation of services covered, documentation and approval of verified leads into our system and the State's TPL system. As part of the Conduent team, [redacted] performs data matching to create verified leads of other insurance. Using the data we provide, [redacted] searches for additional third-party coverage, and their electronic data interchange (EDI) verification with commercial payers verifies active coverage. This approach results in high quality, verified, and actionable coverage. We take their results file and apply Grade A matching criteria against our internal system. If we successfully find a match, we update our system directly and update any system we are directed to update by the State. All other sources of third-party resource data leads will go through the entire spectrum of phases of our workflow process. ## Attachment J Requirement for Data Matches/Third Party Resources File Maintenance In the following text, Conduent provides a response to Attachment J requirement for Data Matches/Third Party Resources File Maintenance Section, Requirement CREC30. Our initial response confirms our commitment to meet the requirement followed by our descriptions of our work.

Attachment J Requirement CREC30
The Supplier must develop and document leads (where appropriate) from other sources, such as the ones listed below. Supplier must describe and document the data discovery methods used to explore and explain the current data matching resources that are used by Supplier and provide a list of any additional resources that may be available. Upload a weekly and/or monthly file to an electronic system as determined by the Agency, e.g. Medicaid Enterprise System, with verified policies for:

a. 8019 (SSA report)
b. BEER
c. Bendex
d. BUY-In
e. Commercial plans
f. DEERS
g. EDB
h. Eligibility systems reports
i. Other data matches
j. Post-payment billing responses
k. Third-party resources
l. TPL surveys/questionnaires
m. TRICARE (CHAMPUS)
n. Workers' compensation

Conduent response: Conduent develops and documents leads (where appropriate) from other sources, such as the ones listed in CREC30. In the following text, we describe and document the data discovery methods and explain the current data matching resources we use. We also provide a list of any additional resources that may be available. We upload a weekly and/or monthly file to an electronic system as determined by the Agency, e.g., Medicaid Enterprise System, with verified policies for the sources listed in CREC30.

Conduent uses all available sources to find additional insurance for Medicaid members**.** We have automated interfaces in place today for these CREC30 sources:

- a. 8019 (SSA report)
- b. BEER
- c. Bendex
- d. BUY-In
- e. Commercial plans
- f. DEERS
- g. EDB
- m. TRICARE (CHAMPUS)
- n. Workers' compensation

	We check these sources frequently against the current membership file we receive from the Agency. Doing so enables us to check for insurance not on file for the member. For example, in our Montana account, we use our interface with the Child Support Enforcement system in Montana to send records of absent parents, which means the member could have third-party insurance that is not captured in the eligibility system. Additional ways to find new sources of TPL include, but are not limited to the following: • Trauma investigations and accident reporting from the Department of Motor Vehicles • Claims with TPL indicated but not known to the system • Recertification of members for Medicaid eligibility where new insurance is indicated • Internal examination of provider refunds, paid claim reports, and casualty claim reports • Provider updates to claims (adjustments) that indicate a TPL resource If we find additional insurance from a trusted data source, we update our system and the State's system accordingly with the new verified TPL information. This enables us to begin cost avoidance of future claims payments. We begin a recovery/recoupment process for fee for service (FFS) Medicaid or CHIP claims paid for benefits covered by the new insurance during the claims' dates of service. TPL specialists attempt to manually verify the new information through multiple resources for instances where we do not have an automated interface in place for these CREC30 sources: • h. Eligibility systems reports • i. Other data matches • j. Post-payment billing responses • k. Third-party resources • l. TPL surveys/questionnaires Sources include website review, phone calls, and email. TPL surveys are triggered when we either get a referral from a provider or see something on the weekly claims feed indicating that there may be other insurance. These other sources may include trauma diagnosis codes or may indicate another responsible party insurance. If the new TPL information is unverified, we may send a letter to the member to obtain verification. If the member doesn't respond after a set timeframe determined by the Agency, our TPL specialists follow up with a phone call to try to reach the member and discuss the new insurance information. Conduent also proposes sending 270/271 eligibility transactions to carriers where possible and /or telephone follow-up with carriers and/or members who return letters with incomplete information. We treat partially completed letters containing enough information as leads. We use employer prototypes, telephone calls, or access to Web-based and other eligibility files to obtain the remaining information. Conduent manually logs letters returned without information needed to create a lead in the database for tracking and follow-up purposes.

Additionally, [redacted] is instrumental in assisting us in finding additional insurance. We provide them with a weekly paid claims file from the State and they insert those member and claims records into their system which then accesses various sources used by major hospital and physician groups across the country to find additional insurance. [redacted] sends us a response file on a weekly basis that contains only verified leads. For additional information on our work/process flow with [redacted] refer to our response to Attachment J, Commercial Billing Section, Requirements CREC2-CREC5 within this section.

Verification

As potential sources of TPL are discovered, the TPL Unit conducts verification investigations to validate and update TPL information in the State's MES eligibility system, enrollment system, and TPL module. We use multiple channels to verify coverage, which may include sending 270/271 transactions to carriers where possible, phone calls to members and providers, mail, email, and internet investigation. To obtain the information, we identify ourselves as the TPL recoupment services vendor for the State and then provide the subscriber name, date of birth, social security number, and family member (Medicaid member) in question. If the insurer indicates that member is a part of the household of the subscriber covered by the plan, we verify coverage type and effective date.

We conduct research to verify insurance coverage/resource referrals from the State as members are added to the eligibility file or when TPL is updated on the eligibility file. We also research and verify insurance coverage for existing and new members once TPL resources are identified for a member. This effort includes contacting the insurance company by sending 270/271 transactions where possible to verify and determine the scope of the coverage. The insurance company may also be contacted by phone or web portal for verification of coverage.

If we receive a response from a member or carrier in our mailroom, we date-stamp, batch by date received, and log any responses from carriers or lead letters from members into the system.

Documentation and Update

Conduent manually updates the State's eligibility system and the TPL module in place as directed by the State. We do this only once insurance coverage has been verified. We also update our internal tracking system with every effort to verify suspected TPL.

We review open cases in our tracking system and try to reverify on a periodic basis we contact the member or carrier. After two years, or a date defined by the Agency, we close the case in our internal system and provide an update of all closed cases to the Agency on a monthly basis.

	Sources of Additional Information Conduent offers the following options for additional capture of third-party insurance. **Searches for TPL Across State Lines.** [redacted] will be the primary source for finding coverage nationwide. Their process is not limited to a single state or even neighboring states but looks at data from a nationwide perspective to identify other insurance. If we receive correspondence from a member or provider, Conduent can both leverage [redacted] to inquire across many insurers and inquire directly on an insurer's portal when possible. As a value-add option for states with data sharing agreements with neighboring states in place, Conduent can build interfaces to capture this data. **Collaboration and Reduction in Burden Across State Agencies.** Conduent has worked with many states and has learned how to best interact with and between state agencies. For example, there may be additional third-party resource data at the Department of Health or Department of Human Services in a state where the state's Medicaid eligibility and enrollment system does not currently have an interface. We have fostered relationships between state agencies and can work with the State upon contract negotiation to identify other state agencies that may have resources to help avoid Medicaid claims payment. Once these are identified, we can include them in the list of interfaces we develop or alternatively, create an operational workflow for our TPL specialist to follow as part of their operational manual investigative duties to identify additional sources of TPL. **Collaboration with Other State Suppliers and Systems.** Conduent has shown the ability to work with other suppliers in our previous experience with states where we have been the fiscal agent. These systems and operations required us to hand off and accept data to and from other suppliers (vendors) to accomplish the desired business outcomes. We have also performed hand offs and accepted data from vendors in various states. Our approach for determining and coordinating data updates is to work with the State to identify the stakeholders during the initial implementation phase who need to be involved, and work with the State and those suppliers to ensure it is clear "who is doing what." This includes determining both electronic interfaces and any manual updates required to the States' MES system. Interface documentation and policy and procedures manuals are developed with the State and their other suppliers such that the responsibilities of Conduent and other suppliers is clear. The State approves all these deliverables during the implementation phase, prior to go live.	
	Upload Attachments with Additional Information? **No**	Attachment File Name: N/A
17	**Data Matches/Third Party Resources File Maintenance** Describe how you will identify third party resources and provide file maintenance for individual Medicaid and CHIP Fee for Service members as stated in **Attachment J, Data Matches/Third Party Resources File Maintenance Section, Requirement CREC31.**	

A17	*Answer # 17* Conduent has repeatable, documented processes for all aspects of TPL operations, including the identification of third-party resources and file maintenance. We bring our desk level procedure manuals from one of our other states, customized for the state we have been awarded a contract for, based on what we learn during the procurement process and provide an initial draft manual for approval. Our processes are modified to reflect the work our subcontractor, [redacted] performs to identify other insurance, as described in our previous response to Attachment J, Commercial Billing Section, Requirements CREC2-CREC5 within this section. We work with the State during the implementation phase to finalize our processes and procedures. ## Attachment J Requirement for Data Matches/Third Party Resources File Maintenance In the following text, Conduent provides a response to the Attachment J requirement for Data Matches/Third Party Resources File Maintenance Section, Requirement CREC31. Our initial response confirms our commitment to meet the requirement followed by our descriptions of our work. **Attachment J Requirement CREC31** The Supplier must identify third party resources and provide file maintenance for individual Medicaid and state CHIP program Fee for Service members. When a new resource is identified, verification attempts should begin within seven (7) business days (or a timeframe specified by the Agency) from receipt of new resources with the verified new resources being added to an electronic system as determined by the Agency, e.g. Medicaid Enterprise System, TPL Resource File within two (2) business days (or a timeframe specified by the Agency) of verification. Any identified changes to resources must be verified, documented and updated by Supplier within the same timeframes as newly identified resources **Conduent response:** Conduent identifies third-party resources and provides file maintenance for individual Medicaid and state CHIP program Fee-for-Service members. When a new resource is identified, we begin verification attempts within seven business days (or a timeframe specified by the Agency) from receipt of new resources with the verified new resources being added to an electronic system as determined by the Agency, e.g., Medicaid Enterprise System, TPL Resource File within two business days (or a timeframe specified by the Agency) of verification. We verify any identified changes to resources, document them, and update them within the same timeframes as newly identified resources. In other states, we have been required to meet timelines like those included in Requirement CREC31. We deploy a team of TPL specialists trained to use the Agency's approved procedure manual for TPL services such as file maintenance and TPL identification. Our team works daily to identify additional third-party resources for members. We use many identification methods, including, but not limited to: • Member or provider calls informing us of new TPL • Updates from the State's eligibility and enrollment system that includes new TPL • Claims information on the weekly claims file that we use to identify accident or trauma cases

	• Federal interfaces, including Medicare and TRICARE • Referrals from other state MES vendors, including the claims processing vendor, child support staff or system, and the TPL system (if not operated by Conduent) • Interfaces with other State resources, such as the Department of Motor Vehicles, for obtaining accident report information • Interfaces with our subcontractor, [redacted] for additional/enhanced insurance discovery and verification Once we identify a possible source of TPL (other than [redacted] verified information), our team verifies that data using Grade A matching criteria. We use a combination of automated and manual processes to verify TPL data. This includes, but is not limited to, sending carriers 270/271 eligibility inquiry transactions, researching web portals of major carriers to check for coverage and calling providers and members to verify coverage. We use Grade A matching criteria to determine the record to update in our system (and any other system we are required to maintain by the State). Data that cannot be verified is not added to any system. We document all attempts to verify leads and the results of the effort. Our specialists use our internal case tracking system to document leads, verification efforts, and results. We add verified TPL data to the appropriate system(s) after final verification.	
	Upload Attachments with Additional Information? **No**	Attachment File Name: N/A
18	**Data Matches/Third Party Resources File Maintenance -** Describe how you will add new TPL carrier information to the electronic system as determined by the agency, e.g. Medicaid Enterprise System, TPL Carrier File addressing the requirement stated in **Attachment J, Data Matches/Third Party Resources/File Maintenance Section, Requirement CREC33.**	
A18	*Answer # 18* Effective recovery of third-party resources is essential to the Medicaid and CHIP programs. Conduent is committed to helping the Agency associate and identify other sources of health insurance. The escalating cost of Medicaid programs and federal regulations call for flexible methods to verify that Medicaid is the payer of last resort. As such, we strive to identify and verify applicable primary health coverage, other than Medicaid. We request Agency approval to add to the system and then enter and maintain the information in the MES TPL module or traditional MMIS in use by the Agency. Conduent meets this requirement today. We have been tasked with finding new sources of TPL over our history as a Medicaid Fiscal Agent. We bring an experienced team, proven procedures, and Conduent internal systems to track leads on potential new carrier information. Additionally, we are partnering with [redacted] to enhance our insurance discovery capabilities. [redacted] receives a weekly claims file from us and inserts member records into their insurance discovery platform that has access to thousands of data	

sources. [redacted] leverages a modified usage of real-time HIPAA transactions, to verify the sourced leads as active coverage with commercial payers on the date of the EDI verification; this results in high quality, verified, actionable coverage that is shared in a response file on a weekly (or otherwise agreed upon frequency) basis. If they find a new carrier not known to the States Medicaid program, Conduent performs the steps necessary to request permission to add the new carrier to the States Carrier file. We create and/or modify our existing procedures to add a verified new carrier to the TPL file that is maintained by us or another vendor. We use the system indicated by the Agency (i.e., TPL module) to update the TPL carrier only after Agency approval. In the following text, we provide further detail on how we identify new carrier information.

Attachment J Requirement for Data Matches/Third Party Resources/File Maintenance

On the following pages, Conduent provides a response to Attachment J requirement for Data Matches/Third Party Resources File Maintenance Section, Requirement CREC33. Our initial response confirms our commitment to meet the requirement followed by our descriptions of our work.

The Supplier must develop and provide written documentation to request a new commercial carrier to be added to an electronic system as determined by the Agency, e.g. Medicaid Enterprise System, TPL Carrier File.

a. When a possible new carrier is identified, describe and document the "attempt verification" process that the Supplier must implement.

Conduent response: Conduent develops and provides written documentation to request a new commercial carrier to be added to an electronic system as determined by the Agency, e.g., Medicaid Enterprise System, TPL Carrier File. When a possible new carrier is identified, we describe and document the "attempt verification" process that we implement.

Identification

Administering an effective TPL program requires an aggressive and flexible approach designed for early detection of another responsible payer. For example, when we receive weekly claims files from the claims processing system, we perform analysis that recognizes claims with other third-party liability implications. This includes subrogation, worker's compensation, Medicare, other Medicaid, and private third-party coverage. This information is stored at the member level in our internal tracking database and includes multiple TPL coverage segments. If the carrier file does not contain the required insurance or carrier information, insurance is identified as a potential new carrier. Our TPL specialists then begin to verify any new carrier information not found in the TPL carrier file.

Another method for identifying the existence of insurance coverage is to use diagnosis codes in the claims data. Diagnosis codes marked with an accident indicator signifies that the diagnosis could be the result of an accident or injury. As we review the weekly claims file from the claims processing vendor, each diagnosis code is checked for the presence of this indicator. If an accident indicator is found, our TPL specialists work to verify the carrier information.

Finally, we have subcontracted with [redacted] further enhance our abilities to find our insurance and carrier information. Conduent receives a daily file of FFS paid claims from the Agency or their designated vendor. We send the file to [redacted] for insertion into their Other Health Insurance (OHI) discovery system. [redacted] then begins their search for additional third-party coverage that was not present at the time the FFS claim was paid by Medicaid. [redacted] Insurance Discovery process is the only Healthcare Financial Management Association (HFMA) Peer Reviewed Insurance Discovery Solution. They are HITRUST CSF Certified as well as recognized by KLAS as a Revenue Cycle Unicorn—a potential market disrupter. [redacted] sends back a results response file on a weekly basis that contains verified leads of third-party insurance. We take that file and determine if the carrier or insurance found is listed on the carrier file or the TPL Resource file.

Verification

Verification methods used to identify coverage include:

- Member outreach letters/calls
- Provider outreach letters or calls
- Carrier website look up
- Accident surveys/questionnaires

We developed new ways to identify potential payers, including gathering information in other states. In addition to sending letters to the members, we send verification letters to the providers who submit claims with COB information or for those claims that are potentially trauma related. The cooperation we receive from providers has been instrumental in helping us keep COB information current. We have seen responses from as many as 85% of the letters sent to the provider community.

We also use outreach program to health plans. Our relationships with health plans help validate health insurance information through their web portals. This practice increased our efficiency and reduced the number of verification letters mailed and associated costs.

Searches for TPL Across State Lines

[redacted] will be the primary source for finding coverage nationwide. Their process is not limited to a single state or even neighboring states but looks at data from a nationwide perspective to identify other insurance. If we receive correspondence from a member or provider, Conduent can both leverage [redacted] to inquire across many insurers and inquire directly on an insurer's portal when possible. As a value-add option for states with data sharing agreements with neighboring states in place, Conduent can build interfaces to capture this data.

	Documentation and Update Once verification is complete, we document our efforts in a weekly report and provide the Agency with a request to add any new carriers to the TPL carrier file. We have forms for this purpose and/or can generate an electronic file for Agency review and approval. We only update the carrier file with approved carriers. Once we get the approval, our TPL specialists update the TPL module, or the system indicated by the Agency, with the new carrier information. Our approach to developing and maintaining operational policies and procedures manuals provides support for effective TPL program administration. Our approach to user documentation, including operating procedures, emphasizes quality, accuracy, and timeliness. Well-designed documentation serves not only as a valuable on-the-job reference but also supports staff training and quality control review. Our documentation development and update process include structured internal quality review and sign-off of all documentation prior to submission to the Agency for review. We bring proven procedures for carrier identification, verification, and update from other states. We customize those practices for the Agency and submit them for review during the implementation phase. We only begin using the process/procedure once the Agency has signed off on it.	
	Upload Attachments with Additional Information? **No**	Attachment File Name: N/A
19	**Data Matches/Third Party Resources File Maintenance -** Describe the process you will utilize to identify, document, verify and add new and updated resource information in the electronic system as determined by the agency, e.g. Medicaid Enterprise System, TPL Resource File and TPL Carrier File as stated in **Attachment J, Data Matches/Third Party Resources/File Maintenance Section, Requirement CREC34.**	
A19	*Answer # 19* Conduent has established processes to identify, document and verify new and updated third party resource information. We have done this work over the past 38 years as a fiscal agent serving multiple states, so this isn't new for us. The Agency benefits from our experienced people, documented processes, and procedures. These are subject to continual process improvement reviews that improve our identification and verification processes. We provide the Agency with our well-documented standard policy and procedures customized for the state as a starting point for discussion. We have documented in previous answers how we identify new resources, verify those resources and update any state systems (as required) with verified and as needed partially verified information. Additionally, within this section, refer to our response to Attachment J, Commercial Billing Section, Requirements CREC2-CREC5, for more details about how we work with our subcontractor, [redacted] to find additional resources.	

Attachment J Requirement for Data Matches/Third Party Resources/File Maintenance

In the following text, Conduent provides a response to Attachment J requirement for Data Matches/Third Party Resources/File Maintenance Section, Requirement CREC34. Our initial response confirms our commitment to meet the requirement followed by our descriptions of our work.

Attachment J Requirement CREC34

The Supplier must identify, document, verify and maintain third party resource information in the following files:

a. An electronic system as determined by the Agency, e.g. Medicaid Enterprise System, TPL Resource File – Supplier must identify, verify and document all adds and updates of TPL data information from Third Party Resources.

b. Supplier must review interface reports, verify policy information and update an electronic system as determined by the Agency, e.g. Medicaid Enterprise System within seven (7) business days.

Conduent response: Conduent identifies, documents, verifies, and maintains third party resource information in the files identified in CREC34.

- An electronic system as determined by the Agency, e.g., Medicaid Enterprise System, TPL Resource File. Conduent identifies, verifies and documents all adds and updates of TPL data information from third party resources.
- Conduent reviews interface reports, verifies policy information and updates an electronic system as determined by the Agency, e.g., Medicaid Enterprise System within seven business days.

We do this today and have been tasked with finding new sources of TPL for many years as a Medicaid fiscal agent. We bring an experienced team, with proven processes and procedures, and use our own internal systems to track leads for new third party resource information. This includes reviewing interface reports to find leads that need further review and verification.

Federal regulation 42CFR433.138 mandates states to identify liable third parties and incorporate this information into the Agency's Medicaid Enterprise System (MES) TPL module that includes the Third Party Resource File and Carrier File. Updating the TPL module with new or updated data prevents Medicaid from paying claims prior to the provider billing the liable party.

Identification of Resources

We receive daily and weekly updates from automated sources and reports. Our team of highly trained and experienced TPL specialists look for matches against our membership file that we receive daily from the Agency. For example, when we receive weekly claims files from the claims processing system, our IT team runs a program that automatically recognizes claims that have other third-party resources indicated. This includes subrogation, worker's compensation, Medicare, other Medicaid, and private third-party coverage.

	This information is stored at the member-level in our internal tracking data base and includes multiple TPL coverage segments. Conduent interfaces at a minimum with the following sources of resource data: • 8019 (SSA Report) • BEER • Bendex • BUY-In • Commercial plans • DEERS • EDB • Eligibility System interfaces and reports • Other data matches • Post Payment Billing Responses • Third party resources • TPL Surveys/Questionnaires • TRICARE (CHAMPUS) • Worker's Compensation Interface results and reports from these interfaces are reviewed and validated before our systems are updated. We have additional ways to find other resources including but not limited to: • [redacted] weekly interface, wherein Conduent sends [redacted] a weekly FFS paid claims input file and [redacted] responds with any other insurance that is found, matched, and verified for that member, which is covered by the date of service on the claim; this occurs on a weekly basis and the response file contains verified leads only • Trauma investigations and accident reporting from the Department of Motor Vehicles • Claims with TPL indicated but not known to system • Recertification of members for Medicaid eligibility where new insurance is indicated • Internal examination of provider refunds, paid claim reports, and casualty claim reports • Provider updates to claims (adjustments) that indicate a TPL resource • Interfaces with State Child Support Enforcement System for absent parent coverage • Web portal research and review for local and national insurance carriers

	Another traditional method is to use claims data to assist us in identifying possible other coverages. Certain diagnosis codes have an accident indicator marked on them. This indicator signifies that the diagnosis could be the result of an accident or injury. As we review the weekly claims file from the claims processing vendor, each diagnosis code is checked for the presence of this indicator. If our TPL Specialists find an accident indicator they work to verify the carrier information. Our team uses all of these mechanisms to identify and document other third party resources to pursue and verify in our internal case tracking system. Once verified we either directly add to the states MES TPL system or request permission to add this information to the TPL resource file, if needed. **Verification** As potential sources of TPL are discovered outside of the [redacted] process, Conduent may use the potential source information to invoke the [redacted] discovery and verification process. Conduent may also have the information needed to electronically verify coverage using the 270/271 process on its own. Failing that the TPL Unit conducts verification investigations to gather further information and validate the lead. For example, we may call potential carriers identifying ourselves as the TPL recoupment services vendor for the Agency. If based on the information we have the insurer indicates that member is a part of a household of a subscriber covered by the plan, we verify coverage type and effective date. In scenarios where we are missing information or have a close match and cannot use electronic means, we may use our more manual verification processes. These rely on multiple methods including member outreach letters or calls, provider outreach letters or calls, carrier website look up, review of interface reports, and accident surveys or questionnaires. We proactively developed ways to increase our efficiency in identifying potential payers by adding new approaches to gathering information in other states. For example, in addition to sending letters to the members, we started sending verification letters to the providers who submit claims with Coordination of Benefits (COB) information or for those claims that are potentially trauma-related. The cooperation we receive from providers is instrumental in our ability to keep the COB information current. We see responses from as many as 85% of the letters sent to the provider community. Another activity we employ in other states is an outreach program to health plans. We have developed relationships with health plans to validate health insurance information through their web portals. This increased our efficiency and reduced the number of verification letters mailed, resulting in a cost savings to our client. We verify all leads and as required, enter them into our internal system and into the MES TPL module, as directed by the agency. If the state has a requirement to gain their approval before adding information to any of the systems, we report weekly on all new leads and verified insurance resources, and request permission to add to the TPL module or any other MES system as directed by the Agency.

	System Update Once verification activities are complete, we document our efforts in our internal system and on a daily report. We provide the report to the Agency if pre-approval is required before we enter updated information into the TPL Resource file. We update the verified third party resources into the TPR File in the MES TPL Module within seven business days of either approval (if required) or within seven business days of verification of the resource.	
	Upload Attachments with Additional Information? **No**	Attachment File Name: N/A
20	**Refund Process-** Describe your process for researching, validating and documenting all TPL refund requests. Please also attach a proposed sample of a "Carrier Refund Request" form including but not limited to the requirements stated in **Attachment J, Refund Process Section, Requirements CREC35-CREC42.**	
A20	*Answer # 20* Refund requests from carriers/insurers usually occur when the entity can prove they have no third-party liability to cover services provided to a Medicaid member on a specific date of service. Carriers request refunds by telephone, email, or mail. We carefully document every interaction with the carrier/insurer and acknowledge receipt of the refund request. Our TPL specialists immediately date stamps (either electronically or by physical date stamp) the refund request and begins research to determine if a refund request is valid. That effort includes researching and verifying information that explains the reason the carrier/insurer wants a refund. **Research and Validation** Our TPL specialists review the refund request, and then research available systems or other sources of information, including for example our internal tracking system, the State's claims processing system, and the MES financial module, to validate the request. Examples of valid reasons for refunds include, but are not limited to, the member wasn't covered by Medicaid on the claim's date of service, the member is covered by a different TPL source or carrier, or the service received was not covered by the carrier or plan. **Documentation and Approval** TPL specialists document available and required supporting documentation necessary for refund approval by the Agency, including completing the Carrier Refund Request form (see attachment). We inform carriers/insurers when we are missing documentation needed for Agency approval and ask that they provide the information. If we determine the refund request is warranted and we have all the supporting documentation, we forward the request to the Agency for review and approval. We keep our internal tracking system up to date with the status of each refund request. Upon approval of the refund request by the Agency, we forward the request, along with supporting documentation, to the fiscal department to initiate a refund.	

Attachment J Requirements Refund Process

On the following pages, Conduent provides a response to the Attachment J requirements for the Refund Process Section, Requirements CREC35-CREC42. Our initial response confirms our commitment to meet the requirement followed by our descriptions of our work.

Attachment J Requirement CREC35

The Supplier must research, validate and document all TPL refund requests based on business rules. All refund requests must be reviewed and approved by Agency.

Conduent response: Conduent researches, validates, and documents all TPL refund requests based on business rules. We seek Agency review and approval of all refund requests.

We use business rules and documented processes and procedures to handle refund requests. If we receive the request electronically, automated business rules check for valid matches that include member, provider, claim number, and service information. Our TPL specialists follow approved procedures for refund processing. This includes documenting each step of the process, which includes initial intake, research, validation, and final documentation in our tracking system. These trained experts can quickly determine if the request is valid or invalid, using experience and business rules from the State.

Rules can be based on a few key items such as member Medicaid eligibility and enrollment dates, which are compared to carrier/insurer subscriber information when the carrier questions our recoupment efforts based on benefit coverage they provide. Other refund request efforts may require additional research and validation. We check for evidence to support the refund request. If there is no evidence, we call the carrier/insurer and ask for rapid submission of supporting documentation to continue the processing of the refund.

Attachment J Requirement CREC36

Supplier must work with Agency to develop a Refund Request form. The form must be completed and submitted to the designated TPL point of contact at the Agency along with supporting documentation no later than thirty (30) business days (or a timeframe specified by the Agency) from receipt of request.

Conduent response: Conduent works with the Agency to develop a Refund Request form. The form is completed and submitted to the designated TPL point of contact at the Agency along with supporting documentation no later than 30 business days (or a timeframe specified by the Agency) from receipt of request.

We review our current Refund Request form with the Agency during the implementation phase. We make agreed upon revisions and use it to document refund requests. Upon determination that a refund request is valid, our team documents the refund request on the approved Refund Request form and collects supporting documentation from the carrier. We submit the documents to the agency within 30 business days (or a timeframe specified by the Agency) from receipt of the request. We usually submit completed request forms and supporting documentation for refunds on a weekly basis to the TPL point of contact at the Agency.

Attachment J Requirement CREC37
The Supplier must document and keep the Agency informed of the Supplier's efforts and processes used to obtain the carrier refund supporting documentation. If there is a delay in obtaining the supporting refund documentation, the Supplier must document and provide the Agency with a status report by the fifteenth (15th) (or a timeframe specified by the Agency) to include the efforts made and the processes used along with any recommended next steps (request for an extension of time to process). The Supplier is required to document and submit a detailed process on how to handle delays caused by the lack of member information.

Conduent response: Conduent documents and keeps the Agency informed of our efforts and processes used to obtain the carrier refund supporting documentation. If there is a delay in obtaining the supporting refund documentation, we document and provide the Agency with a status report by the 15th of each month (or a timeframe specified by the Agency). The report includes the efforts made and the processes used along with any recommended next steps (request for an extension of time to process). In the following text Conduent documents or detailed process on how we handle delays caused by the lack of member information.

Detailed Process on How to Handle Delays Caused by Lack of Member Information

Conduent uses a meticulous and strategic approach to process carrier refund requests timely and accurately. Figure K-6 shows the workflow from initiation to completion. We review our workflow with the Agency to collaborate and finalize our approach. We take all reasonable measures to obtain the carrier's refund supporting documentation.

We use an internal tracking system to document the entire refund process, including receipt, research, validation, and final documentation. If our TPL specialists cannot find documentation to support the refund request, we document that fact in the tracking system and flag the refund for reporting to the agency as delayed and awaiting further documentation.

Our status reports to the Agency include notes on every refund request, the date we asked for the supporting refund documentation, the type of information requested, and status. If the refund is approaching the 30-day contract requirement for processing refunds, we ask for an extension and then try to re-engage the carrier/insurer. We document what is still outstanding for each open refund and share that information with the Agency as part of our status reporting. When we receive no adequate response from the carrier/insurer, we send the carrier a request for additional supporting documentation after 30 days. If we receive no response in 30 days, we deny the request.

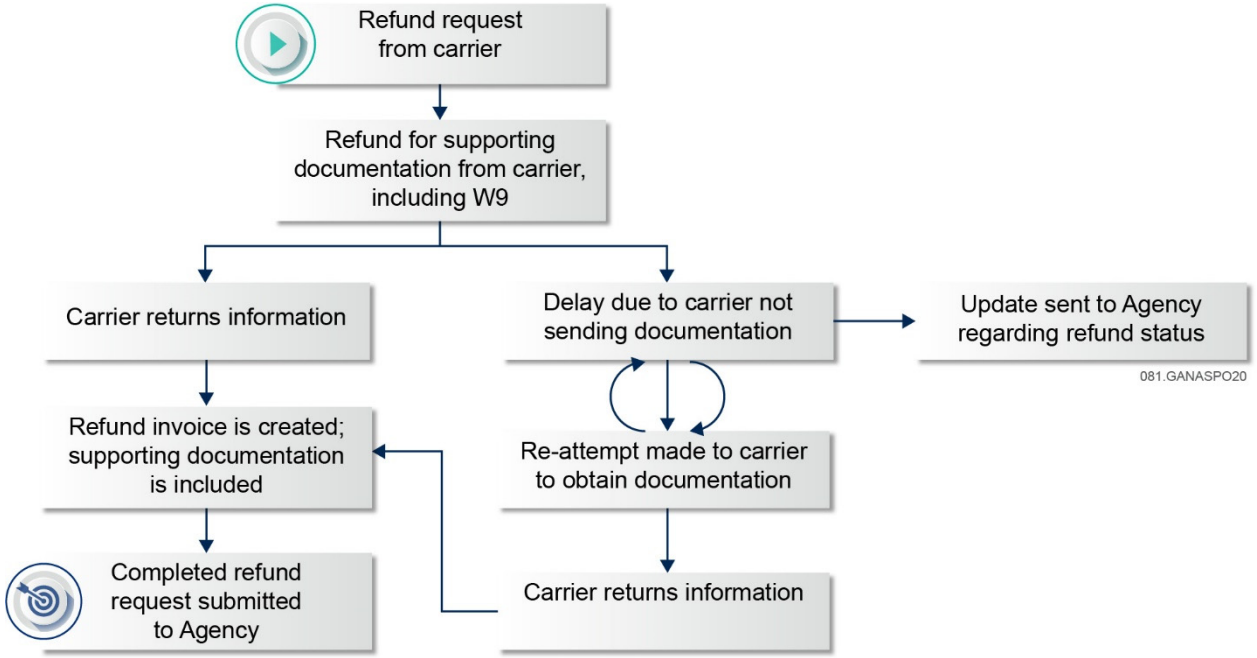


Figure K-6. Our Process Mitigates Delays Due to Lack of Information
A strategic approach drives the team's efforts to obtain the carrier's supporting documentation to accurately process the refund request.

Attachment J Requirement CREC38
The Supplier must develop, document and maintain a professionally written, Agency approved Carrier Refund Process Procedure manual within ninety (90) calendar days (or a timeframe specified by the Agency) of the contract execution.

Conduent response: Conduent develops, documents, and maintains a professionally written, Agency-approved Carrier Refund Process Procedure manual within 90 calendar days (or a timeframe specified by the Agency) of the contract execution.

Conduent creates professionally written policy and procedures documents for refund processing in all states where we provide TPL functions. We start with our standard policy and procedure manual and Refund Request form and customize the documents for the State. After internal quality control review, we deliver it to the State for review, revision, and ultimately approval.

Attachment J Requirement CREC39

The Supplier must complete a "W-9" form for refund amounts as determined by Agency.

Refunds must reflect as a negative adjustment on the invoice following the receipt of the refund request. An invoice must be submitted for payment from the recoupment amount. If there is a refund required from a check listed on the previously approved invoice, the refund must reflect as a negative adjustment on the following invoice. The invoice data elements should include, but are not limited to: member name, Medicaid ID, the check number/claim adjusted, adjustment amount, reason for the refund and the cash control number (CCN) or the internal control number (ICN).

Conduent response: Conduent completes a "W-9" form for refund amounts as determined by the Agency. Refunds reflect as a negative adjustment on the invoice following the receipt of the refund request. An invoice is submitted for payment from the recoupment amount. If there is a refund required from a check listed on the previously approved invoice, the refund reflects as a negative adjustment on the following invoice. The invoice data elements include, but are not limited to member name, Medicaid ID, the check number/claim adjusted, adjustment amount, reason for the refund, and the cash control number (CCN) or internal control number (ICN).

We understand that in processing a validated refund request, we need to complete a W-9 form per Agency direction, for the amount of the approved refund. If a refund requested is from the previously approved invoice for which we sent out a recoupment or recovery request, and we earlier received payment from the carrier/insurer, we submit a negative adjustment request in the amount of the proposed refund on the current invoice. The negative adjustment\new invoice request will include, at a minimum the data items listed in CREC39.

Attachment J Requirement CREC40

The Supplier must process all Veterans Administration (VA)/Tricare (or other designated carriers as specified by the state) checks as priority refund requests.

Conduent response: Conduent processes all Veterans Administration (VA)/Tricare (or other designated carriers as specified by the state) checks as priority refund requests.

Conduent TPL specialists review the daily receipts of refund requests from your lockboxes and other sources (telephone, email, or USPS mail). If there are any requests from the VA/Tricare lockbox (or other carriers specified by the state as "VIP"), we prioritize them in our refund processing queue for expedited research, validation, and final determination. Our tracking system reflects priority refund processing requests from these carriers/insurers. Our TPL specialists work the queue on a daily basis and insert any VA/Tricare or VIP carrier refund requests in the front of their queue for expedited processing.

	Attachment J Requirement CREC41 The Supplier must inform the Agency of all receipts or inquiries of VA/Tricare (or other designated carriers as specified by the state) refund requests within two (2) business days (or a timeframe specified by the Agency) from receipt of the request via email and interoffice mail. **Conduent response:** Conduent informs the Agency of all receipts or inquiries of VA/Tricare (or other designated carriers as specified by the state) refund requests within 2 business days (or a timeframe specified by the Agency) from receipt of the request through email and interoffice mail. As mentioned in our response to Requirement CREC40, we review incoming refund requests on a daily basis. We triage incoming requests and look for receipts or inquiries from the VA/Tricare (or other designated carriers as specified by the State) that receive expedited handling. We notify the state of these priority refund requests within two business days though a daily receipts log. Conduent will work with the State during the implementation phase to discuss the preferred method of conveying this notification. We note the preferred method of notification in our refund processing policy and procedures manual. **Attachment J Requirement CREC42** The Supplier must develop and document a process to monitor TPL lockboxes for receipts of VA/Tricare (or other designated carriers as specified by the state) refund requests within thirty (30) calendar days (or a timeframe specified by the Agency) of execution of the contract. The TPL lockboxes must be monitored on a weekly (or other timeframe specified by the state) basis. **Conduent response:** Conduent develops and documents a process to monitor TPL lockboxes for receipts of VA/Tricare (or other designated carriers as specified by the State) refund requests within 30 calendar days (or a timeframe specified by the Agency) of execution of the contract. The TPL lockboxes are monitored on a weekly (or other timeframe specified by the State) basis. Conduent has established lockboxes processes and procedures for receipts of refunds from all sources across all of our current Medicaid accounts. The designated VA/Tricare lockbox and lockboxes for other designated high priority carriers/insurers (as directed by the Agency) receive special attention. Our staff monitors these lockboxes for new receipts on a daily basis. Refund Request processing is a separate section of our standard TPL policy and procedure manual. To meet your specific needs, we deliver a customized version for review and approval by the Agency within 30 calendar days (or a timeframe specified by the Agency) of contract execution.	
	Upload Attachments with Additional Information? **Yes-Required**	Attachment File Name: **Sample Carrier Refund Request Form_ Commercial Recoupment Services**
21	**Reports-** Describe in detail your process for creating and transmitting reports where the Supplier is the entity responsible as stated in **Attachment J, Reports Section, Requirement CREC32, CREC43, CREC52-CREC55.** Please attach a sample report which you would create.	

A21	*Answer # 21* Conduent is pleased to provide the Agency with a comprehensive reporting solution for TPL Commercial Recoupment Services. We understand the importance of continually staying abreast of TPL activities and progress in collecting money owed the Agency. Data from public healthcare entities is essential for proper Medicaid administration and necessary for efficient TPL services success. With 50 years of MMIS experience providing government healthcare services, we have effectively mastered the ability to provide significant and meaningful reporting data to our clients. **Approach** We have worked with various TPL clients over many years to develop informative reports that meet or exceed their reporting needs and requirements. Our reporting functionality allows users to easily to produce standard and ad hoc reports. Also, we provide resources to work with and train Agency users on our solution's reporting functionality and to assist in creating new reports as the need for information changes. Additionally, we store and provide access to current reporting, and archive historical TPL reports produced by Conduent solutions for future use. Based on our experience in managing TPL and other recovery/recoupment projects, we have developed a comprehensive suite of reports that deliver detailed project recovery information. Our TPL reports for commercial recoupment provide valuable information that not only enables the Agency to monitor and digest the results of our work, but also critical data points and statistical information to assist the state in cost avoidance and savings analysis. Our reporting provides the Agency with access to valuable information related to TPL collections, pends, referrals, cost avoidance, recovery/recoupment, refunds, and much more. ***Generating Reports*** Our team delivers reliable, accurate, and timely reporting. We provide dedicated resources to assist users from the Agency, Conduent, and other authorized entities in generating and accessing reports. Our data store is refreshed nightly with production data reflecting the current day's activities and is available for retrieval and reporting. Authorized users have direct access to produce standard reports and create custom ad hoc queries from the data store. The reports we produce undergo stringent quality and compliance review for accuracy. We employ both automated and manual procedures to validate information throughout the data store. Our solution supports TPL reporting by: • Extracting data from beneficiary, provider, carrier, and eligibility files (including the ability to export data for ad hoc purposes) • Summarizing and loading data for input into the standard reports while maintaining a complete history

- Providing flexible, online, Windows-based, pull-down, and menu-driven screen capabilities for data access using predefined reporting parameters and reporting templates
- Generating weekly, monthly, quarterly, and annual reports that monitor and track the TPL Service's performance
- Providing counts of performance activities based on the Agency's requirements
- Providing expenditure, eligibility, and recovery data to support budget forecasts, tracking, and Medicaid program modeling

Data Store

To support our solution's reporting functionality, we maintain a reporting database that houses all the necessary production data to be used in TPL reporting. This separate data store facilitates a faster response in reporting, allows for greater volumes of data to be pulled, and does not impact any production functionality or speed. A copy of the production database is taken nightly and imported into this store of reporting data, which enables our solution to maintain reporting data that is current within a 24-hour period.

This operational data store is the foundation of our reporting solution, which provides our team with the capabilities to meet the Agency's reporting requirements. Our TPL solution is meticulous in collecting data and providing the required reports. Authorized staff generates reports from this single source data store, which maintains all case information and related data gathered from all data sources.

TPL reports that our solution generates are housed in our enterprise content management (ECM) system that allows authorized users easy access to reports any time.

Quality in Reporting

Our team works to ensure each report is reviewed for data validity, data quality, standards, grammar, formatting, and adherence to deliverable expectations and other aspects of quality. Our goal is to ensure that, once delivered, the Agency focuses on the most important aspect of the deliverable—the content.

Attachment J Requirements for Reports Section

On the following pages, Conduent provides a response to each Attachment J requirements for Reports Section, Requirement CREC32, CREC43, CREC52-CREC55. Our initial response confirms our commitment to meet the requirement followed by our description of our work.

Attachment J Requirement CREC32

The Supplier must develop, document and submit a Data Match Status report within five (5) business days (or a timeframe specified by the Agency) from the last day of each quarter. The report must include all TPL resources/data matches that they submitted to the Agency such as adds/changes in the previous month. If the due date falls on a weekend or a state Holiday, the due date will be the following business day. The report data must include, but is not limited to:

a. Member name
b. Policy Holder Name
c. Policy Holder SSN
d. Policy Holder DOB
e. Medicaid ID
f. Carrier name
e. Policy number
g. Policy Group Number
h. Coverage type (major medical dental etc.)
i. Effective date
j. Termination date (if applicable)
k. Date data added/changed (list adds/changes in chorological date order)

Conduent response: Conduent develops, documents, and submits a Data Match Status report to the Agency within five business days (or a timeframe specified by the Agency) from the last day of each quarter. The report includes all TPL resources/data matches that we submitted to the Agency such as adds/changes in the previous month. If the due date falls on a weekend or a state Holiday, the due date is the following business day.

For example, the Data Match Status report can identify new resources that we added in the previous month or recent changes to data matches. The report includes all the data elements listed in CREC32, but we can add to or revise the included data fields based on the Agency's preferences.

Attachment J Requirement CREC43

The Supplier must develop, document and deliver via email or mail the required TPL generated reports to the Agency, as applicable.

All standard reports should be accessible on an as-needed basis at any time if the Agency is looking for information. Ad Hoc reporting access must be provided to Agency users or contractors.

Conduent response: Conduent develops, documents, and delivers all TPL-generated reports as required to the Agency. We generate these reports and deliver them by whatever means—email or mail—the Agency prefers. All standard reports are accessible to the Agency at any time on an as-needed basis. Ad hoc reporting is accessible to Agency and contractor users.

Our solution's data store provides rapid access to information and a unified repository for TPL data used in generating both standard and ad hoc reports. This data includes, but is not limited to members, insurers/carriers, policy, and Medicaid details. It brings disparate data into a meaningful and responsive de-normalized format to meet the increasing need for rapid data access and simplifies management controls. Our informative reports help provide the information to answer critical questions essential to your business.

Reports can be scheduled to run using our report scheduler or run on demand. Scheduled reports have optional email notification of execution status. Further, our solution moves the reports to the enterprise content management (ECM) solution and sends appropriate reports securely to a designated email address.

We meet with the Agency during the Requirements Phase of the contract to discuss the RFP reporting requirements to finalize the list of reports, their content, frequency, and media.

Accessing Standard Reports

Authorized Agency users can access daily, weekly, monthly, and quarterly standard reports generated by the Medicaid Enterprise System (MES). For additional or in-depth information, we provide Microsoft Power BI to generate standard, ad hoc, dashboard, and analytical reporting at any time and as needed for Agency users to research their tasks. Power BI incorporates interactive visualizations and business intelligence capabilities. These reporting tools enhance the user's ability to spend more time analyzing TPL data while improving policy development and management.

Final versions of reports are posted to the ECM for easy online access by authorized Agency and Conduent users. This repository houses all current and historical TPL Services report format templates, reporting and support documentation, notifies users when new reports are published, and enables users to quickly find needed information. We provide more information on the ECM in Proposal Section 3.15, Project Management Requirements, PMT38 through PMT42.

Accessing Ad Hoc Reporting

Authorized Agency users and contractors can access our solution's ad hoc capabilities to supplement the library of standard reports. We also aid with generating these reports through the liaison services of our dedicated resources.

Our solution's reporting features for TPL Services support the Agency's ability to perform analytical queries on current and historical data. This data is used to support administrative and management program decisions, which allow the Agency to perform administrative quality assurance activities and identify additional opportunities for maximizing your TPL recoupments.

The primary objective of our ad hoc reporting approach is to provide prompt access to Medicaid information to support the management of TPL initiatives, allowing the Agency to generate reports needed to make informed decisions regarding the future of the program. With these ad hoc reporting features, Agency users can transform TPL data into knowledge, providing insight into where the program is heading. Our solution empowers users to produce their own ad hoc reports and perform the data analysis needed to enable them to share their program successes with legislative and executive level officials. Figure K-7 depicts the transformation of data into knowledge.

Figure K-7. Data Transformation
Our comprehensive ad hoc reporting solution transforms TPL data into knowledge, providing insight into where the program is heading.

During the implementation period, our team meets with the Agency to gather information on the users who require access to our ad hoc reporting tool. Additionally, we conduct training for these users to ensure basic and advanced knowledge of the tool.

Assistance Generating Ad Hoc Reports

Functionality for ad hoc reporting in our solution features an interface simple enough for end users to create their own reports. All system fields maintained in the data store are available for ad hoc query and reporting.

We provide knowledgeable, full-time resources to assist authorized Agency users with understanding functionality for ad hoc reports, data queries, and extracts. Our team has the analytical and technical expertise with Medicaid-specific program knowledge. They can answer your questions and provide assistance with ad hoc reporting, thus reducing or preventing any frustration for Agency users.

Help At Every Step

Our reporting resources provide liaison services to the Agency by gathering requirements for ad hoc reports, assisting authorized users with using our reporting tool, and facilitating the development of needed reports.

Our team works to control quality, to monitor and control stringent internal quality reviews, and to sign off on all reports prior to submission to the Agency. Additionally, our team hosts walkthroughs and reviews of new reports produced by Conduent.

Ad Hoc Report Training

Our team collaborates to develop and conduct training for the Agency's ad hoc query business users as well as users from Conduent. The training is customized to offer two different levels of training, depending upon the user's day-to-day needs.

- **Basic Ad Hoc Reporting** is provided monthly to new users or existing users who request refresher training. The intent of the course is to educate users on the basic functionality of the TPL service's reporting features. This training includes the creation of queries, development and customization of reports, options for refreshing data, and saving and exporting query results for further analysis in other applications.
- **Advanced Ad Hoc Reporting** is a quarterly training course provided to advanced users to allow for greater understanding of our solution's reporting features. This training discusses data sources, unique data elements, standard reports, and sample queries for the user to practice.

For further details on our approach to training, refer to Proposal Section 3.19, Training Requirements.

Attachment J Requirement CREC52
Report Name: TPL Activity Report
Entity Responsible: Supplier
Report Frequency: Quarterly (or a timeframe specified by the Agency)
Report Description: This report reflects the file maintenance activity for the month. The report will include, but is not limited to, member name, Medicaid ID, insurance/carrier name, policy number, effective date, termination date (if applicable) and type of coverage. The Agency will define the fields which will be included in the report based on its business needs.

Conduent response: Conduent produces the TPL Activity Report.

We produce the report quarterly, but can change the report's frequency to meet another timeframe specified by the Agency.

This report reflects the file maintenance activity for the month and includes the data elements listed in CREC52 as defined by the Agency, but we can add to or revise the included data fields based on the Agency's business needs. We are very experienced with providing this type of report. Our TPL accounts in Wyoming and Montana currently produce similar reports as a matter of routine business.

Attachment J Requirement CREC53

Report Name: TPL Recoupment Invoice Report Description

Entity Responsible: Supplier

Report Frequency: Monthly (or a timeframe specified by the Agency)

Report Description: This monthly invoice will reflect checks deposited into a location of the Agency's choosing. The required data includes, but is not limited to, member name, member ID, check number, deposit date, check amount, date of service and transaction number(s) as defined by the Agency. The Agency will define the fields which will be included in the report based on its business needs.

Conduent response: Conduent produces the TPL Recoupment Invoice Report.

We produce the report monthly (or a timeframe specified by the Agency).

This monthly invoice reflects recoupment checks deposited into a location of the Agency's choosing. This report includes the data elements listed in CREC53, as defined by the Agency. However, we can customize the included data by revising or setting the report criteria based on the Agency's business needs.

Our experienced TPL services staff meticulously log and process check receipts and provide the Agency with timely reports regarding those checks and related TPL information. When payment is received through your lockbox, we receive the related information from the bank and log the check number, payment date, recouped amount, etc., in our system. We share the data with the Agency or their designated vendor to reverse or adjust claims and apply the new payment amount from the carrier against the claims. If we receive recoupments in our mailroom, we immediately re-direct them to your lockbox address.

Sample Report

Refer to Proposal Section 4.2.21.A, Sample TPL Recoupment Invoice Report, for a sample report that shows the type of information and layout we can provide for this report.

Attachment J Requirement CREC54

Report Name: TPL Status Report (Management Report)

Entity Responsible: Supplier

Report Frequency: Monthly (or a timeframe specified by the Agency)

Report Description: This report is a monthly (or a timeframe specified by the Agency) status report for the management staff that includes, but is not limited to, the Supplier's activity in relation to the operations and administration of the TPL functions for each recoupment program. The report should include an executive summary, the programs' accomplishments, the programs' issues, findings and solutions, including next steps and recommendations. The Agency will define the fields which will be included in the report based on its business needs.

Conduent response: Conduent produces the TPL Status Report (Management Report).

We produce the report monthly (or a timeframe specified by the Agency).

This report is for management staff and includes, but is not limited to, Conduent's activity in relation to the operations and administration of the TPL functions for each recoupment program. The report includes an executive summary, the programs' accomplishments, the programs' issues, findings and solutions, including next steps and recommendations. The Agency defines the fields included in the report based on its business needs.

Monthly status reports are valuable tools for keeping management staff apprised of changing issues, concerns, and recommendations that can affect the health of a project. We deliver this report promptly each month to the management staff, which gives them critical information for making better decisions for managing TPL services.

Attachment J Requirement CREC55

Report Name: Statement on Standards for Attestation Engagements (SSAE18)

Entity Responsible: Supplier

Report Frequency: Yearly (or a timeframe specified by the Agency)

Report Description: The SSAE 18 report is an Independent Service Auditor's report. The report must meet the standards articulated by the American Institute of Certified Public Accountants including, but not limited to, the statement on Standards for Attestation Engagements (SSAE18) – reporting on Controls at a Service Organization. The Supplier must bear the cost of obtaining the report and provide the Agency with complete access to the report/records. The Agency will define the fields which will be included in the report based on its business needs.

Conduent response: Conduent produces the Statement on Standards for Attestation Engagements (SSAE18) report.

We produce the report yearly (or a timeframe specified by the Agency).

The SSAE 18 report is an Independent Service Auditor's report. The report meets the standards articulated by the American Institute of Certified Public Accountants including, but not limited to, the statement on Standards for Attestation Engagements (SSAE18) – reporting on Controls at a Service Organization. Conduent bears the cost of obtaining the report and provides the Agency with complete access to the report/records. The Agency defines the fields which are included in the report based on its business needs.

Conduent contracts with an independent service auditor to perform an SSAE 18 assessment and report the results. Conduent routinely contracts with independent third-party service auditors to conduct and report on the security risk assessments of our systems and operations across the nation. We have successfully undergone numerous external audits and have a track record of obtaining project certifications, including reports for the SSAE 18. All our recent SSAE 18 audits have been successful, including for our MMIS contracts in Montana, Wyoming, New Mexico, and many other states.

SSAE 18 Audit Assessment

To conduct this independent assessment, we have selected Ernst & Young LLC (EY). Since 2010, Conduent has maintained a strong and productive partnership with EY to provide our independent System and Organization Controls reporting services. As our long-time, proven partner in assessing vulnerabilities and penetration risks, EY focuses their security audits on regulatory compliance. EY performs

	System and Organization Control audits and assessments for several of our Medicaid related accounts, including our current Montana and Wyoming MMIS accounts, and has the staff with the necessary knowledge and experience to accurately complete the audit requirements. For the TPL Services audit, EY evaluates our controls and activities in the project operation and within our solution to ensure our solution continues to align with Agency policies. The EY auditors perform this assessment on a yearly basis and produce the SSAE 18 Report each time to document their results. EY works at the direction of the Agency to independently assess the project's security and privacy plans. **SSAE 18 Report** At the conclusion of their assessment, EY produces the SSAE 18 Report to provide evidence that an independent third party has examined the controls that govern the processing of TPL Service's sensitive healthcare information. In this report, EY documents the results of each risk assessment, including all tools used, such as claims and correspondence scanners, and provides an action plan for remediation of any vulnerabilities.	
	Upload Attachments with Additional Information? **Yes-Required**	Attachment File Name: **Sample TPL Recoupment Invoice Report**
22	**Reports-** Describe in detail your process for receiving, storing, and utilizing reports provided to you by the agency or agency system as stated in **Attachment J, Reports Section, Requirements CREC44-CREC51.**	
A22	*Answer # 22* As a Medicaid Fiscal Agent, we have established processes for securely receiving from and sharing information with our customers and their stakeholders. Our approach focuses on establishing a secure method, such as Secure File Transfer Protocol (SFTP), for use by the State, other vendors, or stakeholders for sending reports to Conduent. We work with the State during the implementation phase to establish the protocol, the naming conventions for files, the cadence for each expected report, and other relevant project elements. **Receipt and Storage** Once we receive the report, our automation and/or IT team loads it into the appropriate work queue based on its content. TPL specialists assigned to that work queue can access, download and export data from the report as needed. We store the reports in a designated and secure database(s) that we set up with the State during the implementation phase. The report is also loaded to our document management system for easy access by authorized staff based on their role.	

Use of Reports

Our TPL specialists use a variety of reports and data to find additional third-party health insurance and recoup money owed by insurance carriers. Our team is skilled in accessing and using the reports as a part of their daily job functions. TPL specialists retrieve the reports daily or, for those reports not received daily, on an as-needed basis. We review the information and act according to approved policies and procedures. Required actions may include further research, confirmation of data, entry of data into the TPL System Module, and entry to other systems designated by the State. We work with the State during the implementation phase to update our policy and procedures, to indicate how each report is used, and what system(s) should be updated.

Our policies and procedures manual includes step-by-step instructions and screen captures of what reports look like. It covers individual data dictionaries for each type of report that comes from the State, MES vendors, and other stakeholders. We have reviewed each of the reports contained in CREC44-CREC51 and confirm that we have or will have operational workflows established for each type of report listed.

Response to Attachment J Requirements for Reports Section

On the following pages, Conduent provides a response to Attachment J requirements for Reports Section, Requirements CREC44-CREC51. Our initial response confirms our commitment to meet the requirement followed by descriptions of our work.

Attachment J Requirement CREC44
Report Name: TPL Supplier Adjustment Info Request Error Report
Entity Responsible: An electronic system as determined by the Agency, e.g. Medicaid Enterprise System
Report Frequency: Daily (or a timeframe specified by the Agency)
Report Description: This report is part of the TPL Supplier provided Recoupment process. It lists the adjustment information requests that contained errors and could not be processed. The Agency will define the fields which will be included in the report based on its business needs.

Conduent response: Conduent accepts the TPL Adjustment Information Request Error Report.

The report comes from an electronic system as determined by the Agency, e.g., Medicaid Enterprise System. We accept it through a secure method of transmission, which is usually a simple file transfer protocol (SFTP) site. We store the data in operational databases we use to facilitate TPL commercial recoupment work.

We accept the report daily (or a timeframe specified by the Agency).

This report is part of Conduent's recoupment process. It lists the adjustment information requests that contained errors and could not be processed. The Agency defines the fields which are included in the report based on its business needs. Our IT team works with our

	business team and the State during implementation to finalize the report contents. Once the report is defined and agreed to, we incorporate it and indicate how our TPL specialists should use it. When we receive this report, our TPL specialists conduct a full review and root-cause analysis for each failure and then determine how to fix the problem. If the error occurred for valid reasons and we can fix it, our team corrects the data and resubmits the adjustment request. If the error cannot be resolved, we document results of our research in our case tracking system and discuss our findings with the Agency. We provide the State with a full record of our actions related to all recoupment activity on at least a monthly basis. **Attachment J Requirement CREC45** Report Name: TPL Supplier Adjustment Info Request Audit Report Entity Responsible: An electronic system as determined by the Agency, e.g. Medicaid Enterprise System Report Frequency: Daily (or a timeframe specified by the Agency) Report Description: This report views audit history. It is part of the TPL Supplier provider Recoupment process. It lists the adjustment information requests that were accepted and responded to in the outbound file. The Agency will define the fields which will be included in the report based on its business needs. **Conduent response:** Conduent accepts the TPL Supplier Adjustment Info Request Audit Report. The report comes from an electronic system as determined by the Agency, e.g., Medicaid Enterprise System. We accept it through a secure method of transmission, which is usually a simple file transfer protocol (SFTP) site. We store the data in operational databases we use to facilitate TPL commercial recoupment work. We accept the report daily (or a timeframe specified by the Agency). This report lists audit history. It is part of our provider recoupment process. It lists the adjustment information requests that were accepted and responded to in the outbound file. The Agency defines the fields included in the report based on its business needs. Our IT team works with our business team and the State during implementation to finalize the report contents. Once the report is defined and agreed to, we incorporate it into our policy and procedures manual and create detailed steps for using it as part of our TPL specialists training initiative. Conduent routinely uses a similar report in states where we are doing TPL work today. We have a completely documented process and procedure for handling the report, as do the other reports and processes we manage as your commercial recoupment vendor. Our process for report review and execution compares the “approved” recoupments to those sent for approval from our case tracking system. Any mismatches in approvals are reviewed with the Agency or its designated vendor. We also review the report to confirm that it does not include any of the denials or error transactions that are on the TPL Adjustment Error Report. Once we balance this report against information in our internal tracking system and determine that we are responsible for doing so, we initiate recoupment. We may find that another vendor or system is required to initiate the approved recoupment/adjustment.

Attachment J Requirement CREC46

Report Name: Carrier Update Activity Report

Entity Responsible: An electronic system as determined by the Agency, e.g. Medicaid Enterprise System

Report Frequency: Weekly (or a timeframe specified by the Agency)

Report Description: Lists all new adds and changes to the carrier file. This report is used to identify any changes made during the week. The Agency will define the fields which will be included in the report based on its business needs.

Conduent response: Conduent accepts the Carrier Update Activity Report.

The report comes from an electronic system as determined by the Agency, e.g., Medicaid Enterprise System. We accept it through a secure method of transmission, which is usually a simple file transfer protocol (SFTP) site. We store the data in operational databases we use to facilitate TPL commercial recoupment work.

We accept the report weekly (or a timeframe specified by the Agency).

This report lists all new adds and changes to the carrier file. This report is used to identify any changes made during the week. The Agency defines the fields which are included in the report based on its business needs. Conduent IT and our business experts work with the State and any vendor it designates to document the report requirements. Once we define the report, we incorporate it into our policy and procedures manual. We create detailed descriptions on the use of the report to train our TPL specialists.

We ingest the report into our internal database(s) and use it to reconcile our internal carrier file used to facilitate recoupment work. Our IT department identifies the differences between information in our file and in the incoming report and reconciles them. We report any anomalies to the Agency and its designated TPL module vendor. An up-to-date carrier file is a core part of our commercial recoupment business processes, providing our TPL specialists with the most current information needed for recoupment.

Attachment J Requirement CREC47

Report Name: Supplier Payment Received Information Report

Entity Responsible: An electronic system as determined by the Agency, e.g. Medicaid Enterprise System

Report Frequency: Daily (or a timeframe specified by the Agency)

Report Description: This report lists accepted recoveries received from the TPL Supplier. It must be sorted by transaction number as specified by the Agency. There must be a page break between the benefit Plans. The Agency will define the fields which will be included in the report based on its business needs.

Conduent response: Conduent accepts the Supplier Payment Received Information Report.

The report comes from an electronic system as determined by the Agency, e.g., Medicaid Enterprise System. We accept it through a secure method of transmission, which is usually a simple file transfer protocol (SFTP) site. We store the data in operational databases we use to facilitate TPL commercial recoupment work.

We accept the report daily (or a timeframe specified by the Agency).

	This report lists accepted recoveries received from Conduent. It is sorted by transaction number as specified by the Agency. There is a page break between the benefit plans. The Agency defines the fields included in the report based on its business needs. Our IT Department and business experts work with the Agency, and any vendor they designate to document the report's requirements. Once we define the report, we incorporate this report into our policy and procedures manual and create detailed steps for how to process this report to train our TPL specialists. Once this report is received, our IT Department ingests the report into our internal database(s) and it is available immediately for our TPL specialists to review. We review the report to match it against what we sent to the Agency over a specified timeframe (generally over the past week) to update our case tracking system. We log a final disposition of approved to any recoupment that was accepted by the Agency. We also log the date it was executed by the Agency's designated MES system vendor and of course confirm the amount. **Attachment J Requirement CREC48** Report Name: Supplier Carrier Payment Received Report Entity Responsible: An electronic system as determined by the Agency, e.g. Medicaid Enterprise System Report Frequency: Daily (or a timeframe specified by the Agency) Report Description: This report lists Contractor Carrier Payments that were received from the TPL Supplier. There will be one copy of this report created for each file received. This report will be sorted by a transaction number as defined by the Agency. The Agency will define the fields which will be included in the report based on its business needs. **Conduent response:** Conduent accepts the Supplier Carrier Payment Received Report. The report comes from an electronic system as determined by the Agency, e.g., Medicaid Enterprise System. We accept it through a secure method of transmission, which is usually a simple file transfer protocol (SFTP) site. We store the data in operational databases we use to facilitate TPL commercial recoupment work. We accept the report daily (or a timeframe specified by the Agency). This report lists Contractor Carrier Payments that were received from Conduent. There is one copy of this report created for each file received. This report is sorted by a transaction number as defined by the Agency. The Agency defines the fields that are included in the report based on its business needs. Our IT Department and business experts work with the Agency, and any vendor they designate to document the report's requirements. Once we define the report, we incorporate this report into our policy and procedures manual and create detailed steps for how to process this report to train our TPL specialists. Based on the description in the RFP, we understand that this report serves as an acknowledgement from the Agency and/or its designated MES solution vendor that a payment (recovery or recoupment) from a carrier was received. We review the report against the transaction number found in our case tracking system. If there are mismatches or anomalies, we notify the Agency and try to resolve the problem through manual research. Our TPL specialists update our internal case tracking system to indicate that the carrier

	payment was received by the Agency or their designated vendor on the date indicated. We update our case tracking solution to reflect the fact that the carrier payment was received by the Agency. **Attachment J Requirement CREC49** Report Name: Supplier Carrier Payment Error Report Entity Responsible: An electronic system as determined by the Agency, e.g. Medicaid Enterprise System Report Frequency: Daily (or a timeframe specified by the Agency) Report Description: This report lists Supplier Carrier Payment Errors that were found on a carrier Recoupment file sent by the TPL Supplier. There will be one copy of this report created for each file received. It is sorted by member ID. The Agency will define the fields which will be included in the report based on its business needs. **Conduent response**: Conduent accepts the Supplier Carrier Payment Error Report. The report comes from an electronic system as determined by the Agency, e.g., Medicaid Enterprise System. We accept it through a secure method of transmission, which is usually a simple file transfer protocol (SFTP) site. We store the data in operational databases we use to facilitate TPL commercial recoupment work. We accept the report daily (or a timeframe specified by the Agency). This report lists Supplier/Carrier Payments Errors that were found on a carrier Recoupment file sent by Conduent. There is one copy of this report created for each file received. This report is sorted by Member ID. The Agency defines the fields that are included in the report based on its business needs. Our IT Department and business experts work with the Agency, and any vendor they designate to document the report's requirements. Once we define the report, we incorporate this report into our policy and procedures manual and create detailed steps for how to process this report to train our TPL specialists. This report serves as notification that an error has occurred when one or more of the carrier payments we sent to the agency or its designated vendor was posted. We review the report by member identification number and then find the corresponding member in our internal case tracking system. We use the transaction number in our case tracking system and make an update to indicate that an error occurred. We review the failure reason and try to determine why it failed the edit(s) by the Agency or its designated MES module vendor. If there are any mismatches in transactions or other anomalies, we immediately notify the Agency. If the failure reason is not readily apparent, our TPL specialists perform a root-cause analysis to determine the reason based on research into our process steps, available systems, and other resources. We try to resolve the issue manually and correct it in our internal tracking system. We then resubmit the claim for carrier payment, which is deposited by the Agency or its designated MES vendor. Our TPL specialists update our internal case tracking system to indicate the carrier payment request error occurred. Then we document the failure reason, the date of failure, and steps we took to research and correct the problem. We update our case tracking solution to reflect that a new carrier payment was sent to the Agency.

	Attachment J Requirement CREC50 Report Name: Number of Policies by Verification Indicator Entity Responsible: An electronic system as determined by the Agency, e.g. Medicaid Enterprise System Report Frequency: Monthly (or a timeframe specified by the Agency) Report Description: This report provides the number of policies by verification indicator and carrier that have policy dates active during the select time period. This report will be created on both a scheduled and as needed basis. The Agency will define the fields which will be included in the report based on its business needs. **Conduent response:** Conduent accepts the Number of Policies by Verification Indicator Report. The report comes from an electronic system as determined by the Agency, e.g., Medicaid Enterprise System. We accept it through a secure method of transmission, which is usually a simple file transfer protocol (SFTP) site. We store the data in operational databases we use to facilitate TPL commercial recoupment work. We accept the report monthly (or a timeframe specified by the Agency). This report provides the number of policies by verification indicator and carrier that have policy dates active during the select time period. This report is created on both a scheduled and as needed basis. The Agency defines the fields included in the report based on its business needs. Our IT Department and business experts work with the Agency, and any vendor they designate to document the report's requirements. **Attachment J Requirement CREC51** Report Name: Covered Eligible by County Entity Responsible: An electronic system as determined by the Agency, e.g. Medicaid Enterprise System Report Frequency: Quarterly (or a timeframe specified by the Agency) Report Description: This report presents counts of members who are eligible (within the reporting period) for medical services who have other health care coverage. This information is reported for each benefit plan. Eligible member counts are unduplicated - the member is only counted once. A member will be counted if they have had active COB coverage (in the other coverage column) or Managed care or Medicare coverage within the reporting period. If a member has Medicare they are only counted once either under the part A only, part B only or Both A&B. This report is sorted by benefit plan and county. The Agency will define the fields which will be included in the report based on its business needs. **Conduent response:** Conduent accepts the Covered Eligible by County Report. The report comes from an electronic system as determined by the Agency, e.g., Medicaid Enterprise System. We accept it through a secure method of transmission, which is usually a simple file transfer protocol (SFTP) site. We store the data in operational databases we use to facilitate TPL commercial recoupment work. We accept the report quarterly (or a timeframe specified by the Agency).

	This report presents counts of members who are eligible (within the reporting period) for medical services who have other health care coverage. This information is reported for each benefit plan. Eligible member counts are unduplicated – the member is only counted once. A member is counted if they have had active COB coverage (in the other coverage column) or Managed care of Medicare coverage within the reporting period. If a member has Medicare they are only counted once wither under the part A only, part B only or Both A&B. This report is sorted by plan and county. The Agency defines the fields included in the report based on its business needs.	
	Upload Attachments with Additional Information? **No**	Attachment File Name: N/A
23	**Interfaces-** Describe in detail your process for creating and transmitting interfaces where the Supplier is the entity responsible as stated in **Attachment J, Interfaces Section, Requirements CREC 62 and CREC 76.**	
A23	*Answer # 23* **Conduent response:** Conduent agrees to support all the required inbound and outbound interfaces listed in the RFP. For each interface, we: • Meet with the Agency and appropriate stakeholders to define the interface details, frequency, security requirements, and secure data access/transmission protocols • Document the interface details in an Interface Control Document (ICD) and seek Agency approval • Configure the interface using our standard library of production interfaces or if new, develop the interface according to the ICD • Review the data to test its validity • Perform quality assurance testing • Update our workflows to process the interface according to Agency-approved procedures • Document the interface in appropriate manuals, i.e., systems and operational procedure manuals We have many years of experience from contracts with state Medicaid and Children's Health Insurance Program (CHIP) clients that require us to support the same types of interfaces required by the RFP. This allows us to easily understand the purpose and details behind each interface. The knowledge we bring to the project and our existing configurable interfaces allows us to hit the ground running to support your interface requirements throughout the contract term.	

	Attachment J Requirement CREC62 Interface Name: TPL Vendor Recoveries from Carriers From: TPL Vendor To: An electronic system as defined by the agency, e.g. Medicaid Enterprise System Frequency: Variable based on when TPL Vendor sends recoveries (or a frequency specified by the agency) Interface Description: TPL Vendor recoveries from Carriers. Recoveries received will be processed and available for viewing online by the agency. **Conduent response:** Conduent sends the TPL Vendor Recoveries from Carriers. We send the interface to an electronic system as defined by the Agency, e.g., Medicaid Enterprise System. We send the interface at variable times based on when Conduent sends recoveries (or a frequency specified by the Agency). This interface includes claim amounts that Conduent recovered from the carriers. We acknowledge recoveries received are processed and available for viewing online by the Agency. **Attachment J Requirement CREC76** Interface Name: TPL Resource File from TPL Vendor From: TPL Vendor To: An electronic system as defined by the agency, e.g. Medicaid Enterprise System Frequency: Variable (or a timeframe specified by the agency) Interface Description: Resource update file from the TPL Vendor to the Medicaid Enterprise System. Records received will be processed and used to update the resources currently on file. **Conduent response:** Conduent sends the TPL Resource File. We send the interface to an electronic system as defined by the Agency, e.g., Medicaid Enterprise System. We send the interface at variable times (or a timeframe specified by the Agency). This interface is the resource update file sent by Conduent to the Medicaid Enterprise System. We acknowledge that records received are processed and used to update the resources currently on file.	
	Upload Attachments with Additional Information? **No**	Attachment File Name: N/A
24	**Interfaces-** Describe in detail your process for receiving, storing, and utilizing interfaces provided to you by the agency or agency system as stated in **Attachment J, Interfaces Section, Requirements CREC56-CREC61 and CREC63-75.**	

A24	*Answer # 24* **Conduent response:** Conduent agrees to support all the required inbound and outbound interfaces listed in the RFP. For each interface, we: • Meet with the Agency and appropriate stakeholders to define the interface details, frequency, security requirements, and secure data access/transmission protocols • Document the interface details in an Interface Control Document (ICD) and seek Agency approval • Configure the interface using our standard library of production interfaces or if new, develop the interface according to the ICD • Review the data to test its validity • Perform quality assurance testing • Update our workflows to process the interface according to Agency-approved procedures • Document the interface in appropriate manuals, i.e., systems and operational procedure manuals We have many years of experience from contracts with state Medicaid and Children's Health Insurance Program (CHIP) clients that require us to support the same types of interfaces required by the RFP. This allows us to easily understand the purpose and details behind each interface. The knowledge we bring to the project and our existing configurable interfaces allows us to hit the ground running to support your interface requirements throughout the contract term. **Attachment J Requirement CREC56** Interface Name: 8091 Interface with Social Security Administration (SSA) From: An electronic system as determined by the agency, e.g. Medicaid Enterprise System To: TPL Vendor Frequency: Daily (or a frequency specified by the agency) Interface Description:This information is used to identify members who enrolled in SSA and have insurance coverage. It is sent by SSA and passed on to TPL Vendor. Any updates that TPL Vendor identifies on this file will be sent to the Medicaid Enterprise system on the standard resource interface. **Conduent response:** Conduent receives the 8091 Interface with Social Security Administration (SSA) File. We receive the interface from an electronic system as determined by the Agency, e.g., Medicaid Enterprise System. We receive the interface daily (or a frequency specified by the Agency). This interface is used to identify members who enrolled in SSA and have insurance coverage. It is sent by SSA to the Medicaid Enterprise System, which then passes it on to Conduent. Conduent validates the SSA insurance coverage information according to interface business rules and applies the updates to our database. Any updates that Conduent identifies on this file is sent to the Medicaid Enterprise System on the standard resource interface.

Attachment J Requirement CREC57
Interface Name: Adjustment Information Response File to TPL Vendor
From: An electronic system as determined by the agency, e.g. Medicaid Enterprise System
To: TPL Vendor
Frequency: Variable as one file is sent per request file received (or a frequency specified by the agency
Interface Description: This is the response file generated when Medicaid Enterprise system receives an Adjustment Information Request file. Included is adjustment information for all claims present on the request file.

Conduent response: Conduent receives the Adjustment Information Response File.

We receive the interface from an electronic system as determined by the Agency, e.g., Medicaid Enterprise System.

We receive the interface at variable times as one file is sent per request file received (or a frequency specified by the Agency).

This interface is the response file generated when the Medicaid Enterprise System receives an Adjustment Information Request File. The interface response file includes adjustment information for all claims present on the request file. The response file includes adjustment information for all claims present on the request file. Conduent validates the adjustment information according to interface business rules and applies the updates to our database.

Attachment J Requirement CREC58
Interface Name: Beneficiary Earnings Exchange Records (BEER) to TPL Vendor
From: An electronic system as determined by the agency, e.g. Medicaid Enterprise System
To: TPL Vendor
Frequency: Monthly (or a frequency specified by the agency)
Interface Description: BEER data file from SSA that is passed on to the TPL Vendor. This file contains employment data.

Conduent response: Conduent receives the Beneficiary Earnings Exchange Records (BEER) File.

We receive the interface from an electronic system as determined by the Agency, e.g., Medicaid Enterprise System.

We receive the interface monthly (or a frequency specified by the Agency).

This interface is the BEER data file that the SSA sends to the Medicaid Enterprise System, which then passes it on to Conduent. This file contains employment data. Conduent validates the employment information according to interface business rules and applies the updates to our database.

	Attachment J Requirement CREC59 Interface Name: Beneficiary and Earnings Data Exchange (BENDEX) file to TPL Vendor From: An electronic system as determined by the agency, e.g. Medicaid Enterprise System To: TPL Vendor Frequency: Daily (or a frequency specified by the agency) Interface Description: The daily BENDEX file sent by SSA to Medicaid Enterprise system will be passed on to the TPL Vendor. This file contains Medicare eligibility data. **Conduent response:** Conduent receives the Beneficiary and Earnings Data Exchange (BENDEX) File. We receive the interface from an electronic system as determined by the Agency, e.g., Medicaid Enterprise System. We receive the interface daily (or a frequency specified by the Agency). This interface is the daily BENDEX file sent by the SSA to the Medicaid Enterprise System, which then passes it on to Conduent. This file contains Medicare eligibility data. Conduent validates the Medicare eligibility information according to interface business rules and applies the updates to our database. **Attachment J Requirement CREC60** Interface Name: Buy-In to TPL Vendor From: An electronic system as determined by the agency, e.g. Medicaid Enterprise System To: TPL Vendor Frequency: Monthly (or a frequency specified by the agency) Interface Description: Buy-In data extract sent to the TPL Vendor at a frequency as determined by the agency. This is a full extract of all Buy-In records currently on file in an electronic system as determined by the agency, e.g. Medicaid Enterprise system. **Conduent response:** Conduent receives the Buy-In File. We receive the interface from an electronic system as determined by the Agency, e.g., Medicaid Enterprise System. We receive the interface monthly (or a frequency specified by the Agency). This interface is a full extract of all Buy-In records currently on file in an electronic system, e.g., Medicaid Enterprise System, and is sent to Conduent as determined by the Agency. Conduent validates the buy-in information according to interface business rules and applies the updates to our database.

Attachment J Requirement CREC61
Interface Name: Capitations file to TPL Vendor
From: An electronic system as determined by the agency, e.g. Medicaid Enterprise System
To: TPL Vendor
Frequency: Monthly (or a frequency specified by the agency)
Interface Description: This is a file for sending capitation payments and adjustments to the TPL Vendor. It is a full extract of all capitation data for the month

Conduent response: Conduent receives the Capitations File.

We receive the interface from an electronic system as determined by the Agency, e.g., Medicaid Enterprise System.

We receive the interface monthly (or a frequency specified by the Agency).

This interface, containing capitation payments and adjustments sent to Conduent, is a full extract of all capitation data for the month. Conduent validates the capitation payment and adjustment information according to interface business rules and applies the updates to our database.

Attachment J Requirement CREC63
Interface Name: Carrier file to TPL Vendor
From: An electronic system as defined by the agency, e.g. Medicaid Enterprise System
To: TPL Vendor
Frequency: Monthly (or a frequency specified by the agency)
Interface Description: Carrier file from the Medicaid Enterprise system to the TPL Vendor. This is a full extract of all carrier records on file.

Conduent response: Conduent receives the Carrier File.

We receive the interface from an electronic system as defined by the Agency, e.g., Medicaid Enterprise System.

We receive the interface monthly (or a frequency specified by the Agency).

This interface is the Carrier File, a full extract of all carrier records on file, sent from the Medicaid Enterprise System to Conduent. Conduent validates the carrier file information according to interface business rules and applies the updates to our database.

Attachment J Requirement CREC64
Interface Name: Dental Claims File to TPL Vendor
From: An electronic system as defined by the agency, e.g. Medicaid Enterprise System
To: TPL Vendor
Frequency: Monthly (or a frequency specified by the agency)
Interface Description: Full extract of all dental claims, paid and denied during the month, sent from the Medicaid Enterprise System to the TPL Vendor. Encounter and waiver claims are included in this file.

Conduent response: Conduent receives the Dental Claims File.

We receive the interface from an electronic system as defined by the Agency, e.g., Medicaid Enterprise System.

We receive the interface monthly (or a frequency specified by the Agency).

This interface is a full extract of all dental claims, paid and denied during the month, sent from the Medicaid Enterprise System to Conduent. Encounter and waiver claims are included in this file. Conduent validates the dental claims including encounter and waiver claims according to interface business rules and applies the updates to our database.

Attachment J Requirement CREC65
Interface Name: Diagnosis Code File to TPL Vendor
From: An electronic system as defined by the agency, e.g. Medicaid Enterprise System
To: TPL Vendor
Frequency: Monthly (or a frequency specified by the agency)
Interface Description: Extract of all current and future diagnosis codes currently stored in the Medicaid Enterprise System.

Conduent response: Conduent receives the Diagnosis Code File.

We receive the interface from an electronic system as defined by the Agency, e.g., Medicaid Enterprise System.

We receive the interface monthly (or a frequency specified by the Agency).

This interface is an extract of all current and future diagnosis codes currently stored in the Medicaid Enterprise System. This interface is an extract of all current and future diagnosis codes currently stored in the Medicaid Enterprise System. Conduent processes diagnosis code file, validates the information according to interface business rules and applies the updates to our database.

Attachment J Requirement CREC66
Interface Name: Drug Code File to TPL Vendor
From: An electronic system as defined by the agency, e.g. Medicaid Enterprise System
To: TPL Vendor
Frequency: Monthly (or a frequency specified by the agency)
Interface Description: Exact of all drug code data currently in the electronic system as defined by the agency, e.g. Medicaid Enterprise System.

Conduent response: Conduent receives the Drug Code File.

We receive the interface from an electronic system as defined by the Agency, e.g., Medicaid Enterprise System.

We receive the interface monthly (or a frequency specified by the Agency).

This interface is an extract of all drug code data currently in the electronic system as defined by the Agency, e.g., Medicaid Enterprise System. Conduent processes drug code file, validates the information according to interface business rules and applies the updates to our database.

Attachment J Requirement CREC67
Interface Name: Institutional Claims File to TPL Vendor
From: An electronic system as defined by the agency, e.g. Medicaid Enterprise System
To: TPL Vendor
Frequency: Monthly (or a frequency specified by the agency)
Interface Description: Full extract of all institutional claims, for all statuses for a duration as determined by the agency and with a frequency as determined by the agency. Encounter and waiver claims are included in this file.

Conduent response: Conduent receives the Institutional Claims File.

We receive the interface from an electronic system as defined by the Agency, e.g., Medicaid Enterprise System.

We receive the interface monthly (or a frequency specified by the Agency).

This interface is a full extract of all institutional claims, for all statuses for a duration as determined by the Agency and with a frequency as determined by the Agency. Encounter and waiver claims are included in this file. Conduent processes the institutional claims including encounter and waiver claims, validates the information according to interface business rules and applies the updates to our database.

	Attachment J Requirement CREC68 Interface Name: State Medicare Modernization Act (MMA) File to TPL Vendor From: An electronic system as defined by the agency, e.g. Medicaid Enterprise System To: TPL Vendor Frequency: Monthly (or a frequency specified by the agency) Interface Description: The MMA file sent from CMS to State Medicaid Enterprise System vendor which will then be passed on to the TPL Vendor. This file contains Medicare Part D data. **Conduent response:** Conduent receives the State Medicare Modernization Act (MMA) File. We receive the interface from an electronic system as defined by the Agency, e.g., Medicaid Enterprise System. We receive the interface monthly (or a frequency specified by the Agency). This interface is the MMA file sent from CMS to the State Medicaid Enterprise System vendor, which then passes it on to Conduent. This file contains Medicare Part D data. Conduent processes the MMA file, validates the information according to interface business rules and applies the updates to our database. Conduent has prior experience processing MMA information for several state Medicaid programs. For the Mississippi Medicaid program, for example, we load the part D information into the user interface panels of our pharmacy claims processing system for use in TPL processing. **Attachment J Requirement CREC69** Interface Name: Member Eligibility File to TPL Vendor From: An electronic system as defined by the agency, e.g. Medicaid Enterprise System To: TPL Vendor Frequency: Monthly (or a frequency specified by the agency) Interface Description: Member eligibility file from the Medicaid Enterprise System to the TPL Vendor. This is a full extract of all member records currently on file. **Conduent response:** Conduent receives the Member Eligibility File. We receive the interface from an electronic system as defined by the Agency, e.g., Medicaid Enterprise System. We receive the interface monthly (or a frequency specified by the Agency). This interface, which is sent from the Medicaid Enterprise System to Conduent, is a full extract of all member records currently on file. Conduent processes the Member Eligibility file, validates the information according to interface business rules and applies the updates to our database.

	Attachment J Requirement CREC70 Interface Name: Pharmacy claims file to TPL Vendor From: An electronic system as defined by the agency, e.g. Medicaid Enterprise System To: TPL Vendor Frequency: Monthly (or a frequency specified by the agency) Interface Description: Full extract of all pharmacy claims, for all statuses for a duration as determined by the agency and with a frequency as determined by the agency. Encounter and waiver claims are included in this file. **Conduent response:** Conduent receives the Pharmacy Claims File. We receive the interface from an electronic system as defined by the Agency, e.g., Medicaid Enterprise System. We receive the interface monthly (or a frequency specified by the Agency). This interface is a full extract of all pharmacy claims, for all statuses for a duration as determined by the Agency and with a frequency as determined by the Agency. Encounter and waiver claims are included in this file. Conduent processes the pharmacy claims including encounter and waiver claims from the file, validates the information according to interface business rules and applies the updates to our database. **Attachment J Requirement CREC71** Interface Name: Physician Claims File to TPL Vendor From: An electronic system as defined by the agency, e.g. Medicaid Enterprise System To: TPL Vendor Frequency: Monthly (or a frequency specified by the agency) Interface Description: Full extract of all physician claims, for all statuses for a duration as determined by the agency and with a frequency as determined by the agency. Encounter and waiver claims are included in this file. **Conduent response:** Conduent receives the Physician Claims File. We receive the interface from an electronic system as defined by the Agency, e.g., Medicaid Enterprise System. We receive the interface monthly (or a frequency specified by the Agency). This interface is a full extract of all physician claims, for all statuses for a duration as determined by the Agency and with a frequency as determined by the Agency. Encounter and waiver claims are included in this file. Conduent processes the physician claims, include the encounter and waiver claims from the file, validates the information according to interface business rules and applies the updates to our database.

	Attachment J Requirement CREC72 Interface Name: Procedure Code File to the TPL Vendor From: An electronic system as defined by the agency, e.g. Medicaid Enterprise System To: TPL Vendor Frequency: Monthly (or a frequency specified by the agency) Interface Description: Extract of all procedure codes currently stored in the Medicaid Enterprise System. **Conduent response:** Conduent receives the Procedure Code File. We receive the interface from an electronic system as defined by the Agency, e.g., Medicaid Enterprise System. We receive the interface monthly (or a frequency specified by the Agency). This interface is an extract of all procedure codes currently stored in the Medicaid Enterprise System. Conduent processes the procedure code file, validates the information according to interface business rules and applies the updates to our database. **Attachment J Requirement CREC73** Interface Name: Provider File to TPL Vendor From: An electronic system as defined by the agency, e.g. Medicaid Enterprise System To: TPL Vendor Frequency: Monthly (or a frequency specified by the agency) Interface Description: This is a full extract of all provider data currently on file. **Conduent response:** Conduent receives the Provider File. We receive the interface from an electronic system as defined by the Agency, e.g., Medicaid Enterprise System. We receive the interface monthly (or a frequency specified by the Agency). This interface is a full extract of all provider data currently on file. Conduent processes the provider data file, validates the information according to interface business rules and applies the updates to our database. **Attachment J Requirement CREC74** Interface Name: Resource File to TPL Vendor From: An electronic system as defined by the agency, e.g. Medicaid Enterprise System To: TPL Vendor Frequency: Monthly (or a frequency specified by the agency) Interface Description: This is a full extract of all resource records currently on file. **Conduent response:** Conduent receives the Resource File. We receive the interface from an electronic system as defined by the Agency, e.g., Medicaid Enterprise System.

	We receive the interface monthly (or a frequency specified by the Agency). This interface is a full extract of all resource records currently on file. Conduent processes the resource file, validates the information according to interface business rules and applies the updates to our database. **Attachment J Requirement CREC75** Interface Name: Territory Beneficiary Query (TBQ) File to TPL Vendor From: An electronic system as defined by the agency, e.g. Medicaid Enterprise System To: TPL Vendor Frequency: Daily (or a frequency specified by the agency) Interface Description: The Medicare beneficiary eligibility determinations file sent from CMS to State Medicaid Enterprise System vendor will be passed on to the TPL Vendor. **Conduent response:** Conduent receives the Territory Beneficiary Query (TBQ) File. We receive the interface from an electronic system as defined by the Agency, e.g., Medicaid Enterprise System. We receive the interface daily (or a frequency specified by the Agency). This interface, of the Medicare beneficiary eligibility determinations, is sent from CMS to the State Medicaid Enterprise System vendor, which then passes it on to Conduent. Conduent processes the Territory Beneficiary Query (TBQ) file, validates the information according to interface business rules and applies the updates to our database.	
	Upload Attachments with Additional Information? **No**	Attachment File Name: N/A

State of Georgia

In conjunction with

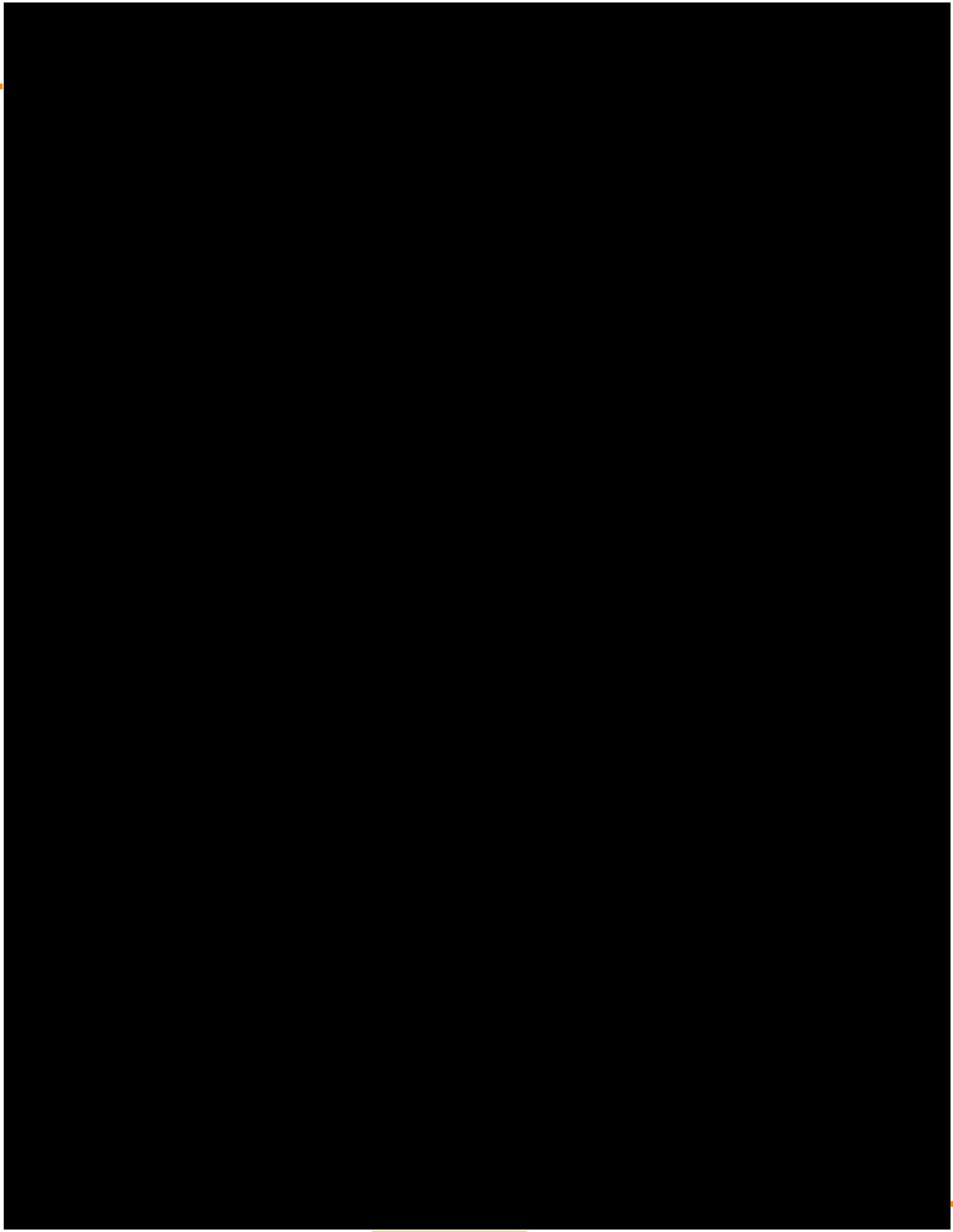
NASPO ValuePoint

Attachment DD
References Form
Event Name: Third Party Liability Services
eRFP (Event) Number: 41900-DCH0000120

Please provide references as directed in the mandatory scored question for each scope of work proposed. For each year of experience include the company or state where the recoupment work was performed, contact person's name, email address and telephone number. For each state or company identified you must include the annual recovery amount, annual cost saving amount and the population size of the company or state identified. The recovery amount is not applicable to and not required for the Hospital Physician scope of service.

REF #	Company or State	Population Size	Client Contact Information	SIMILAR SCOPE?	Annual Recovery Amount	Annual Cost Savings	CURRENT OR PAST?	PERMISSION TO CONTACT?
1	Montana Department of Health and Human Services – Montana Medicaid Program	290,000 Medicaid Eligible Members	[redacted]	Recovery ☐ Commercial Billing ☒ Hospital Physician ☒ CMO Come Behind ☒ TPL System Module ☐	[redacted]	[redacted]	CURRENT ☒ PAST ☐ **Period of Performance:** **01/01/2019 – 12/31/2019**	YES ☒ NO
2	State of Wyoming, Division of HealthCare Financing	Medicaid Population 60,716 Statewide Population: 563,626	[redacted]	Recovery ☒ Commercial Billing ☐ Hospital Physician ☐ CMO Come Behind ☐ TPL System Module ☒	[redacted]	[redacted]	CURRENT ☒ PAST ☐ **Period of Performance:** **07/01/20 – Present**	YES ☒ NO ☐

3	State of Wyoming, Division of HealthCare Financing	Medicaid Population 76,964 Statewide Population: 567,025	[redacted]	Recovery ☒ Commercial Billing ☐ Hospital Physician ☐ CMO Come Behind ☐ TPL System Module ☒	[redacted]	[redacted]	**CURRENT** ☐ **PAST** ☒ **Period of Performance:** **07/01/2019- 06/30/2020**	**YES** ☒ **NO** ☐



TPL Recoupment Invoice Report - Last month (8/2020). Total Deposit: $6,666.66

Member Name	Member ID	Check Number	Deposit Date	Date of Service	Transaction Number	Insurance Carrier	TPL Case Number	Check Amount
Smith, John	1111222333	0000YYY1	8/1/2020	11/23/2019	100000111	Blue Cross	1234	$1,111.11
Jones, Mary	2222333444	0000XXX2	8/2/2020	2/13/2020	100000555	Aetna	2111	$2,222.22
Charles, Charly	3333444555	0000ZZZ3	8/15/2020	12/20/2019	100000222	United Healthcare	1345	$3,333.33

Run Date: MM/DD/YYYY

Deposit broken up by various claim fields

Ages lookup:
A LESS THAN 1; B 1 TO 4; C 5 TO 9; D 10 TO 14;
E 15 TO 17; F 18 TO 19; G 20 TO 24; H 25 TO 29; I 30 TO 34; J 35 TO 39; K 40 TO 44; L 45 TO 49;
M 50 TO 54; N 55 TO 59; O 60 TO 64; P 65 TO

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Attachment M
Mandatory Scored Questions- Hospital/Physician Services

Offerors must answer all questions in this document in the space provided.

Failure to answer these questions will result in disqualification of the proposal

Offerors must indicate whether their proposal meets the individual requirement and provide a supporting narrative in the space provided. The narrative description will be evaluated and awarded points in accordance with Section 6, Proposal Evaluation and Award. Certain questions require an attachment. ONLY upload documents where there is a "Yes-Required" in the "Upload Attachments with Additional Information?" column, to provide additional requested information for specific questions. If there is a "No" in the "Upload Attachments with Additional Information?" column, then a document will be NOT be evaluated, if uploaded. Suppliers must provide an answer in the answer box below for all questions with "No" in the "Upload Attachments with Additional Information?" column.

DO NOT INCLUDE ANY COST INFORMATION IN YOUR RESPONSE TO THIS WORKSHEET.

1	**Experience**- Provide information for at a minimum two (2) consecutive years Data Matching experience and include for each year the company or state where the recoupment work was performed, contact person's name, email address and telephone number. For each state or company identified you must include the annual recovery amount, annual cost saving amount and the population size of the company or state identified. Please attach the reference template which was provided.
A1	*Answer # 1* Conduent far exceeds this requirement for data matching experience. We have provided TPL data matching services for the Montana Department of Public Health and Human Services (DPHHS) Medicaid program for more than 30 consecutive years (since 1989). Overall, Conduent has provided technology and operations services for the Montana Medicaid program since 1984, representing six contracts across our 36-year partnership with DPHHS. Our Montana Medicaid TPL data matching services are part of our scope of work under our Medicaid Management Information System/Fiscal Agent (MMIS/FA) contract with DPHHS. Specifically, our Montana TPL department has provided the following data matching services for a minimum of two consecutive years. As the Medicaid fiscal agent in Montana, Conduent has decades of experience finding and verifying third party insurance to cost avoid claims or recoup funds from other responsible payers. Other insurance discoveries come in a variety of ways; a Medicaid member provides information of other insurance when applying for services, a claim submission may contain TPL information that we don't have on file, or our TPL operations team may speak with a member or provider who provides an update regarding TPL coverage.

	In our current Montana operation, the discovery of potential TPL coverage triggers our staff to contact the carrier, and review carrier websites, to verify and add the policy related information to our systems, including policy number, subscriber, types of coverage included on the policy, and policy start/end dates. Partial data matches are resolved prior to adding coverage to the member file. Date of birth and member name must match. Resolution may involve reconciliation with the State eligibility system to determine which data is correct. If our system is incorrect, we manually update it; if the carrier has incorrect information, they update their system. Then we add the verified insurance coverage to our file. We may also identify secondary coverage and carriers for vision, dental, and pharmacy. Outreach methods to verify coverage include fax, phone calls, letters to providers, and if necessary, letters to the member requesting insurance information. Verified and matched data flows from the MMIS and other Montana systems to and from the State's eligibility System, ensuring both systems are reconciled and have the most accurate and up to date data. Additionally, specific to the Hospital/Physicians service area, we are partnering with the leading expert in hospital/physician recoveries, [redacted] to further our expertise and experience in insurance discovery. [redacted] has over 17 years of experience performing insurance discovery for the provider/payer community. Conduent combines our expertise and experience in data matching with [redacted] capabilities to provide the State with superior data matching capabilities. Please see our most recent experience on the attached forms.	
	Upload Attachments with Additional Information? **Yes-Required**	Attachment File Name: **Attachment DD- Reference Form (attached to this RFP)**
2	**Innovation**- Describe your approach to increase cost avoidance by utilizing new and innovative strategies including at a minimum the methodology used, type of systems, and healthcare partners involved.	
A2	*Answer # 2* Conduent invested approximately $17 million in new and innovative solutions for the government health care portfolio in 2020. We believe that companies serving the most vulnerable population have a responsibility to find ways to lower costs while improving care for our client's constituents. We have nearly four decades of experience providing this value to our clients. Conduent is dedicated to identifying and implementing new and innovative strategies to increase cost avoidance and if we are hired for other service areas, process recoveries and recoupments. Conduent uses a life cycle continuous review methodology to maximize our ability to find additional coverage to provide to the State for cost avoidance. Our subcontractor is unlike most other data match partners. [redacted] is not reliant on the receipt of regularly updated carrier member files to perform standard data matches for coverage discovery. Rather, they have developed an innovative approach leveraging their 17 years of expertise performing insurance discovery for the provider/payer community, using their data lake and patented algorithms to help maintain and source leads. Further, [redacted] leverages a modified usage of real-time HIPAA	

	transactions, to verify the sourced leads as active coverage with commercial payers on the date of the electronic data interchange (EDI) verification. This results in high quality, actionable coverage. Through its automated electronic insurance coverage discovery product called Other Health Insurance (OHI), and existing point to point connections with the [redacted] clearinghouse, [redacted] finds, verifies, and delivers third party insurance information the state may not have on file. On receipt of state-furnished patient demographics to perform insurance coverage discovery activities, [redacted] sends back found coverage results to Conduent, leveraging clearinghouse real-time HIPAA connections with over 870 commercial payers, representing approximately 98% of the commercial lives in the United States. They can configure which of these payer connections may be applicable, based upon each state client's specific needs and the desired types of found coverage. State-furnished patient demographics can include Patient Name, Patient DOB, Patient Address and Patient Social Security Number (SSN) for state program members. [redacted] then looks for third-party insurance information using its OHI services. [redacted] returns results of active (verified with EDI transactions) other insurance found, along with third-party insurance policy and coverage details back to Conduent in their OHI Results file. [redacted] delivers results that are comprehensive medical coverages only or [redacted] can also mark, deliver, or filter out or include specific coverages like dental, vision, long-term care, mental health, pharmacy (Rx), inpatient, outpatient, and skilled nursing. [redacted] performs discovery and provides results to Conduent each week, including searching for coverage on additions to the state program member rolls during the month that may be provided. Once a member's demographics are inserted into the [redacted] Insurance Discovery system, the OHI system continues searching for coverage on that member for up to one year after the date of insertion, should additional coverage be discovered later. [redacted] can also update coverage details throughout the year as the found OHI coverage details may change (terminations, coverage updates). Conduent is dedicated to identifying and implementing new and innovative strategies to increase cost avoidance and if we are hired for other service areas, process recoveries and recoupments. Conduent uses a life cycle continuous review methodology to maximize our ability to find additional coverage to provide to the State for cost avoidance. In summary, Conduent's methodology is to continuously review each component of the process to look for new and innovative ways to improve insurance discovery to promote cost avoidance for claims processing. This includes ensuring the right vendor partnership to maximize accurate data matches and maintaining successful relationships with health insurance carriers. Conduent works in partnership with State customers to develop a process that ensures maximum insurance discovery such that claims can be cost avoided. We establish our process and procedures during the implementation phase working closely with the State and [redacted] After the initial implementation, we establish a timeframe acceptable to the State (no less than annually) to discuss new innovations and lessons learned in the Hospital\Physician Services area focusing on any enhancements to our insurance discovery process to promote additional insurance discovery capabilities, which result in additional cost avoidance of claims payment by the Medicaid program.

	Upload Attachments with Additional Information? **No**	Attachment File Name: N/A
3	**General Program Requirements-** During the life of the contract, the Supplier will keep current program manuals which outline work processes updated with all program changes. Describe your ability and process to develop and update program manuals as stated in **Attachment L, General Program Requirements Section, Requirement HOSPHY1** and **Attachment L Data Matches Section, Requirement HOSPHY11.**	
A3	*Answer # 3* To accelerate initial development and delivery of program manuals, we draw on our existing library of policy and procedure manuals that outline our processes for other TPL related services where we perform data matching. Our program manuals are updated prior to initial submission to include the work of our subcontractor. They contain a step by step description of the processes and workflows and provide other information, such as type and frequency of reporting. During the life of the contract, we update our manuals to stay current with changes and new procedures. We always submit manual changes to the State for approval before they go into production. Examples of activities that result in manual updates include legislative and regulatory changes, innovations and other process improvements, access to new sources of data, and system changes. We work with the State during the implementation phase to update and fine tune our initial draft and gain approval from the State prior to implementing the processes. Our processes as approved by the State meet the specific requirements for this service area. ## Attachment L for General Program and Data Matches Requirements On the following pages, Conduent provides a response to Attachment L, General Program Requirements Section, Requirement HOSPHY1 and to Attachment L, Data Matches Section, Requirement HOSPHY11. Our initial response confirms our commitment to meet the requirement followed by our descriptions of our work. **Attachment L Requirement HOSPHY1** The Supplier must develop and maintain a professionally written Hospital/ Physician Program Procedures Manual to reflect the Supplier's processing operations and recoupment procedures. A draft of the manual should be provided to the Agency within sixty (60) calendar days (or a timeframe as determined by the Agency) following the contract execution. a. The Supplier must develop, document, and maintain a method of providing updates to the procedure manual from the effective date of any change. b. The Supplier must provide the Agency with the updated Recovery Program Procedures Manual for its review and approval within thirty (30) days (or a timeframe as specified by the Agency) of any proposed update(s).	

Conduent response: Conduent develops and maintains a professionally written Hospital/ Physician Program Procedures Manual to reflect our operations and insurance discovery procedures, and as necessary recoupment procedures. We start with existing TPL policy and procedures in place today, add [redacted] processes and workflow, modify it to represent the requirements from the RFP, and then provide any further customization required for Georgia (or any other state) to create an initial draft. We meet with the Agency TPL Lead and other state staff to further customize the manual – which focuses on identifying previously unknown sources of third-party insurance so the State can begin to cost avoid FFS claims for members with other insurance on file.

After initial meetings with the State, we update the manual with the required new information to create an initial draft addressing topics specific to the State. We complete this step and deliver a final draft manual within 60 calendar days of contract execution (or other acceptable timeframe as determined by the State).

Manual Updates

Conduent develops, documents, and maintains a method of providing updates to the procedure manual from the effective date of any change to a process or procedure. We provide the Agency with the updated Recovery Program Procedures Manual for review and approval within 30 days (or a timeframe as specified by the Agency) of any proposed update(s).

Along with the development of the manual, we provide the State with our planned procedures and methods for updating the procedure manual. At a minimum, depending on State requirements, we perform complete review and updates quarterly and publish them according to a pre-defined schedule. However, off-schedule manual changes could occur resulting from new processes, solution changes, or changes to vendor systems. We notify the State and discuss the changes. We provide a version history of the procedure manual that includes:

- Version number
- The date of the version release that includes the change
- Section of the change
- A summary of changes

The process allows the State to review and approve the procedures before we initiate them. Once the State reviews the Hospital/ Physician Program Procedures Manual, we review comments and make the requested changes, typically within 10 business days. We then resubmit the revised manual for final approval. This review process and timeline varies for each state. We approach each scenario with flexibility to accommodate project needs.

	Attachment L Requirement HOSPHY11 The Supplier must develop, document and maintain a professionally written Health Insurance Data Match/File Maintenance Procedures Manual. The manual must be approved by the Agency and provide a detailed description of all of the Supplier's processing operations and procedures. Supplier must submit the Health Insurance Data Match/File Maintenance Procedures Manual to the Agency for review and approval within thirty (30) calendar days (or a timeframe as determined by the Agency) from the implementation date of the contract. **Conduent response:** Conduent develops, documents and maintains a professionally written Health Insurance Data Match/File Maintenance Procedures Manual. Conduent acknowledges the manual must be approved by the Agency and provide a detailed description of all our processing operations and procedures. Conduent submits the manual to the Agency for review and approval within 30 calendar days (or a timeframe as determined by the Agency) from the implementation date of the contract. Conduent has nearly four decades of experience as a Fiscal Agent and leverages existing manuals to create a new Health Insurance Data Match/File Maintenance Procedures manual to include how we ensure that only verified and validated insurance is updated in our system and any other system that the State directs us to update. For data matching and insurance discovery, we use the TPL services of [redacted] who further enhances our processes and procedures for data identification. Conduent sends [redacted] a weekly file containing member information and they use that information to search the multitude of information sources to find additional insurance. [redacted] has developed an innovative approach leveraging over 17 years of expertise performing insurance discovery for the provider/payer community, they use a proprietary data lake and patented algorithms which help maintain and source leads. Further, [redacted] leverages a modified usage of real-time HIPAA transactions, to verify the sourced leads as active coverage with commercial payers on the date of the EDI verification. This results in high quality, actionable coverage. [redacted] only returns verified TPL leads/coverage in a weekly results response file. Once Conduent receives this file, as it is verified coverage, we update our internal system(s) and any TPL files maintained by the State or their vendor. The steps from transmission of the file for insurance discovery, to data matching to updating and maintaining systems are detailed in our draft Health Insurance Data Match/File Maintenance Procedures Manual. We deliver an initial draft and then work with the State during the implementation phase to fine tune and customize the process. After several meetings with the State, we modify and submit a final draft of the manual for approval by the State at least 30 calendar days prior to the implementation date of the contract.	
	Upload Attachments with Additional Information? **No**	Attachment File Name: N/A
4	**General Program Requirements-** Describe your process for maintaining demographic files within an electronic system as determined by the agency, e.g. Medicaid Enterprise System, when data matches are completed including the match points identified in **Attachment L, General Program Requirements Section, Requirement HOSPHY2**	

A4	*Answer # 4* Maintaining demographic files is a cornerstone of any effective TPL program. Conduent maintains several demographic files either in our internal systems and/or in an electronic system as directed by the Agency. We receive daily, weekly, monthly, and quarterly interfaces from various sources. Our operations team follows the Agency-approved procedures for verifying data matches and before they are ever added to our system or the State's system. This includes demographic details as well as indications of other insurance that is not currently in our system or the State's MES TPL module. The staff are trained on the final version of the Health Insurance Data Match/File Maintenance Procedures Manual during the implementation phase and are monitored by our supervisors to verify their actions are compliant with the manual. The manual details when incoming data is automatically applied to our system(s) and when further review and intervention are required. Conduent also has automated file updates using a variety of edits to match demographics and verify insurance. We match our current membership file against incoming updates from sources, including the interface with [redacted] for both insurance discovery and verification. Verified insurance discoveries are subject to Grade A matching to add the verified and matched resource to electronic systems as determined by the Agency, e.g., Medicaid Enterprise System. Matching is also part of the discovery / search process and could lead to potential file updates. If there is a non-Grade A data match or if the insurance is marked as unverified, the transaction/information is placed on a mismatch report for further manual research and review. Manual updates to our TPL resource files from searches of other Hospital/Physician sources use the same data match criteria used by the automated process. ## Attachment L for General Program Requirements On the following pages, Conduent provides a response to Attachment L, General Program Requirements Section, Requirement HOSPHY2. Our initial response confirms our commitment to meet the requirement followed by our descriptions of our work. **Attachment L Requirement HOSPHY2** The Supplier must add a resource to an electronic system as determined by the Agency, e.g. Medicaid Enterprise System, indicating a match is found, when data is found on three (3) out of four (4) match points. These are considered to be Grade "A" matches. The match points (e.g., Name, Medicaid ID, Social Security Number, Date of birth, Address, city and state) will be defined by the Agency. **Conduent response:** Conduent adds a resource to an electronic system as determined by the Agency, when data is matched on three out of four match points considered Grade A matches, as shown below. We understand that match points are defined by the Agency. • Name • Social Security Number or Medicaid ID Number • Date of birth • Address, city, and state

	Conduent manages and maintains files in our internal systems and/or the system required by the State. Many of the file updates are done automatically. When we add a resource (either manually or through automation) to any system (e.g., internal, state system, or state MES vendor solution), our system and analysts check for members using three of the four match points or otherwise defined by the Agency. Our team searches for the member using these criteria to find the correct record. We flag duplicate records and process them manually or through consultation with the Agency.	
	Upload Attachments with Additional Information? **No**	Attachment File Name: N/A
5	**Data Matches-** Describe your process for identifying and performing hospital/physician data matches including specific lists of the daily, weekly and monthly data exchanges you currently have available as stated in **Attachment L, Data Matches Section, Requirement HOSPHY3.**	
A5	*Answer # 5* Conduent uses sophisticated and extensive data matching capabilities with proven results, built and tested for multiple Medicaid fiscal agent projects across the United States. We work with multiple partners to perform data matching including the Agency, [redacted] federal agencies, other suppliers, and state predominant carriers when available through state mandate or existing agreements. We maintain the results of this TPL data matching in our operations system and the system(s) designated by the Agency if we are not awarded the TPL System Module. Vital to the TPL process is the timely and accurate processing of interfaces with the Agency's eligibility and enrollment system to collect third-party resources for members. Data exchange functionality includes processing and maintaining inputs, outputs, and automated interfaces for the different sources of potential TPL data. Such sources include insurance companies, governmental agencies, and other entities. Conduent maintains the functionality to accept, update, and exchange TPL data with the Agency's eligibility and enrollment system as well as other entities according to schedules established by the Agency. Data matches with other insurers and agencies often result in finding third-party liability. Conduent and [redacted] perform data matching and verification for insurance discovery with health insurance carriers or payers which can assist in future cost avoidance and commercial recoupments. We leverage direct interfaces with payers in those states where direct data matching and full file reconciliation is available. Conduent receives a daily file of eligibility/enrollment from the Agency or their designated vendor. We transform this information into an input file that we send to [redacted] for insertion into their Other Health Insurance (OHI) discovery system. [redacted] then begins their search for additional third-party coverage using a modified set of real-time HIPAA transactions to verify sourced leads as active. [redacted] has developed an innovative approach that leverages significant expertise performing insurance discovery for the provider/payer community. This includes accessing the [redacted] data lake and patented algorithms which help maintain and source	

leads. This results in high quality, verified, actionable coverage that is shared in a response file on a weekly (or otherwise agreed upon frequency) basis with Conduent.

As these are verified sources of coverage, we automatically update our TPL files with other insurance information obtained through this data exchange.

Because [redacted] is not reliant on the receipt of regularly updated carrier member files to perform standard data matches for coverage discovery, and they instead provide verified active coverages on the date of the real-time EDI connection with the payer, the applicability of the frequency of data exchanges with data sources becomes a moot point. They can round out the data match resources in their data lake by obtaining carrier files for use with dates of service beyond one year old, but carrier file data matches are not the core of our insurance discovery offering for [redacted] cost avoidance services.

The proposed flow of data between Conduent and [redacted] is show in Figure M-1.

Figure M-1. Hospital/Physician Insurance Discovery Flow
This overview shows our process with [redacted] to identify and verify other coverage.

Other Sources of Insurance Discovery

While our interface with [redacted] is a major way to identify additional coverage for members, we know that states differ on data sharing agreements with payers. Based on data availability in specific states, Conduent can also leverage matching and data reconciliation with those other sources. If we receive a lead, we take the necessary steps to verify matches and validate coverage.

The following responses to individual requirements provide more details surrounding the sources, methods and processes we use to identify and verify additional coverage before adding it to our system and the system designated by the State to begin cost avoidance of claims.

Attachment L for Data Matches

On the following pages, Conduent provides a response to Attachment L, Data Matches Section, Requirement HOSPHY3. Our initial response confirms our commitment to meet the requirement followed by our descriptions of our work.

Attachment L Requirement HOSPHY3

The Supplier must exchange and update data between the Agency and other external and internal information system(s) referred to as data matches. The specific goal of the data matches is to add, verify, and update the third-party liability data in an electronic system as determined by the Agency, e.g. Medicaid Enterprise System for recoveries and other TPL functions. Supplier must work with the Agency and other Suppliers and external sources to update the third party coverage data with the goal of emphasizing cost avoidance instead of traditional pay and chase. Supplier must take reasonable measures to determine the liability of a third-party payer in order to pay claims correctly. The reasonable measures include, but are not limited to:

a. Collecting insurance information from prospective members;
b. Conducting data exchanges with state files that contain information on workers' compensation, wages, welfare enrollment, child support Agencies.
c. Conducting data exchanges with Social Security Administration wage and earning files.
d. Leverage data sources which provide member health coverage including but not limited to: medical, dental, vision, prescription.

Conduent response: Conduent exchanges, data matches, and updates data between the Agency and other external and internal information systems. The goal of data matches is to add, verify, and update the third-party liability data in an electronic system as determined by the Agency, for cost avoidance, recoveries and other TPL functions. We work with the Agency and other suppliers and external sources to update the third-party coverage data with the goal of emphasizing cost avoidance before FFS claims pay instead of traditional pay and chase.

Identify and Collect TPL Data

Conduent takes reasonable measures, including those defined in Requirement HOSPHY3, to identify coverage and determine the liability of a third-party payer in order to pay claims correctly and promote future cost avoidance. Reasonable measures include, but are not limited to:

- **Collecting information from prospective members.** Members are a key source of TPL information when they submit eligibility data during the Medicaid enrollment process. When there are near matches, Conduent can solicit and provide means, like questionnaires, for members to respond with new information when other insurance may exist.
- **Conducting data exchanges with State and Federal files.** As part of the implementation phase of the project, Conduent creates the interfaces needed to exchange data with State and federal files and systems. Our experience includes exchanging data with state eligibility systems, carriers, and other entities, such as federal databases for the Social Security Administration, Medicare, and TRICARE. After defining the interfaces with the State during the implementation phase, we establish, test, and begin using those interfaces to gather data to perform data matching.
- **Leveraging data sources for other health coverage.** We also perform data matches with other insurers and agencies, a practice that often results in finding third-party liabilities. Conduent works with federal agencies, such as the Department of Defense using the Defense Enrollment Eligibility Reporting System (DEERS) and Centers for Medicare and Medicaid Services (CMS), to perform data matches for Medicare, TRICARE, Workers Compensation, Child Support Enforcement information, and the Social Security Administration to validate wage and earning files. Further, Conduent reviews claims information from the claims processing system or supplier to identify other sources of TPL based on diagnosis codes and other indications of other insurance including medical, dental, vision, and prescription insurance. We also work with [redacted] and send them an enrollment file which they use to discover other insurance for members. They respond to us on a weekly basis with results from their searches. They only send verified insurance coverage for our use in matching and providing verified coverage to the State to promote cost avoidance. Finally, if a state has direct connections to payers or requires that we use an existing direct connection, Conduent checks those sources through interfaces to see if there is additional insurance coverage for members.

Add, Verify, and Update TPL Data

Once we find other insurance (through sources other than [redacted]), our team verifies the policy and benefits by contacting the other insurer and validating the member information and coverage, preferably using the 270/271 transaction set. When we verify and match the insurance information, we update our internal system(s). In addition, we update other systems we are required to use by the State to support our hospital/physician insurance discovery services operation and provide cost avoidance for any future claims payment for the member.

	Throughout our process, Conduent works diligently to find and post newly discovered TPL and to collaborate with the State and suppliers contributing to the State's MES. Conduent takes extensive measures to find and post any newly discovered, verified, TPL and works collaboratively with the State and all vendors contributing to the State Medicaid Enterprise System (MES). As proof of our success, Conduent provides extensive data matching and insurance identification today in the states of Wyoming and Montana and we are more than able to bring this same level of success and expertise to your TPL services project.	
	Upload Attachments with Additional Information? **No**	Attachment File Name: N/A
6	**Data Matches-** Describe the types of problems you have overcome in matching data for other clients in similar size and scope. Also, include a description of the process you use to document and notify the clients of such problems and their associated resolutions, utilizing but not limited to the challenges identified in **Attachment L, Data Matches Section, Requirement HOSPHY4.**	
A6	*Answer # 6* Conduent has 38 years of experience as a Medicaid Fiscal Agent and has operated TPL services in many of our states. We currently support TPL operations in two states today, Wyoming and Montana. Over our years of experience, we have identified and overcome data matching issues as they have arisen. Data matching issues usually relate to incomplete information being provided to definitively know that the coverage found is for the member in question. These usually are mismatches in name, date of birth, address, or social security number. There can also be errors in data formatting (i.e., not following the agreed upon file format) that can be quickly resolved. Conduent works with stakeholders during the implementation phase to share our current interface layouts and data dictionaries and works to customize them further with the specific states' needs. Working collaboratively with the State and its external stakeholders, we develop and finalize an interface control document (ICD) to configure or develop interfaces used for the exchange of data. We use the ICD to facilitate internal development, internal testing, integration testing with stakeholders and support user acceptance testing. As part of the ICD, we document edits and error codes that arise from the interface processing and train our team on how to review and resolve each error. As errors occur in any of our interfaces, we have a designated workflow assigned for additional research. Our policy and procedures manual has a chapter dedicated to data matching – both automated and manually and includes what does and does not constitute a match. Our analysts are trained on the policy and procedures after Agency approval of the document. [redacted] provides additional expertise in data matching which increases our current capabilities and limits data match issues. Should there be issues uncovered with the ability to cost avoid on any particular found coverage, there is a critical feedback loop with Conduent to enable iterative improvements through added reporting filtering, enhanced client configurations, and a payer relations	

support staff (for questions involving how the payer responds in verifying the found coverage). Conduent and [redacted] conducts the day-to-day research, escalation, and resolution of any identified potential issues.

All found coverages are verified as active based on the eligibility start date of the member before they are reported. [redacted] has proprietary, patented advanced analytic algorithms which perform member identity matching. However, they are reliant on the information the payers submit to them in their real-time responses to verify the found coverages as active on a date. Should issues occur with the ability to cost avoid on found coverage, Conduent and [redacted] have processes that allow for iterative improvements through added report filtering, enhancement to the configuration, and a process for resolving questions regarding payer verification responses to found coverage. Conduent and [redacted] analysts and staff are responsible for day to day research, escalation, and resolution of any identified potential issues using phone, email and workflow tools. All activities, communications, workflows and resolutions are worked, tracked and documented in our workflow and customer relationship management (CRM) solution.

Attachment L for Data Matches

On the following pages, Conduent provides a response to Attachment L, Data Matches Section, Requirement HOSPHY4. Our initial response confirms our commitment to meet the requirement followed by our descriptions of our work.

Attachment L Requirement HOSPHY4

The Supplier must identify and mitigate risks and problems that can arise when matching data. The Supplier must document all identification and mitigation efforts involving risks and issues related to data matching. Some of the potential risks and challenges are:

a. Failure to utilize multiple approaches to increase successful data matches;
b. Turning near matches, which are defined as matches with only one (1) or two (2) of the match items indicated on a Grade "A" matches list, into Grade "A" matches;
c. Conducting data matching across state lines;
d. Reducing administrative burdens through inter-Agency collaboration;
e. Ensuring that personal and demographic data is collected to execute a Grade "A" match;
f. Ability to work with other Agency Suppliers, an electronic system as determined by the Agency, e.g. Medicaid Enterprise System, and other applicable interfaces to update the Resource and Carrier files with the goal to cost avoid paying claims upfront instead of the traditional pay and chase, so that coordination of benefits takes place and Medicaid is the payer of last resort.

Conduent response: We identify and mitigate risks and problems that can arise when matching data. Conduent documents identification and mitigation efforts involving risks and issues related to data matching. Conduent has established processes in place in our current state TPL accounts to deal with interface errors resulting from data mismatches and we also have experience with the risks and challenges listed in the RFP (HOSPHY4 a. through f.). Our interfaces and data matching programs are jointly designed and agreed to with various stakeholders prior to go live and are documented in our ICDs. Errors that occur in any of those interfaces have a corresponding workflow to resolve the errors.

Multiple Approaches to Increase Successful Data Matching

Regarding having multiple approaches to increase successful data matching, Conduent has multiple interfaces and uses manual research and verification steps to take near matches and leads and turn them into verified and Grade A matched data. We have subcontracted with [redacted] for additional data matching capabilities. Conduent sends [redacted] a file of member information and they initiate insurance discovery services, using their highly effective OHI system, which uses modified HIPAA transactions to query carriers, payers, other health insurers to find matches. Because data matches for potential coverages are EDI-verified with the payers, these common issues/risks associated with legacy (carrier-file based) data matching issues/errors are minimized. Potential coverages are verified through a national clearinghouse, with real-time HIPAA connections with over 870 commercial payers, representing approximately 98% of the commercial lives in the United States.

[redacted] sends a weekly response results file that contains only verified coverage information for members. Since the results from are verified, Conduent automatically updates Grade A matches in our internal case tracking system with efforts and findings for leads, and updates corresponding state systems (MES TPL, MES Claims, MES Member, or State eligibility system) with the Grade A matched and verified coverage as appropriate for the type of TPL resource we find.

Turning Near Matches into Grade A Matches

[redacted] data match and interface errors that occur as a result of their interface file transactions are monitored and resolved by analysts. Since their data are verified through strict match criteria and verified by EDI transactions, such errors are minimal, but we recognize that certain reference updates can occur, e.g., a date of birth correction. When detected these potential corrections of the source or destination system could result in better and valid Grade A matches.

Conduent updates other insurance leads in our internal case tracking solution for resolution. This includes the verified coverage sent to us by [redacted] We only add resources or carriers to the states TPL module or files when we have a match on three out of the four elements that make up the Grade A matching criteria.

Searches for TPL Across State Lines

[redacted] is the primary source for finding coverage nationwide. Their process is not limited to a single state or even neighboring states but looks at data from a nationwide perspective to identify other insurance. If we receive correspondence from a member or provider, Conduent can leverage [redacted] to inquire across many insurers, and/or inquire directly on an insurer's portal when possible. As a value-add option for states with neighboring state data sharing agreements, Conduent can build interfaces to capture this data. For example, to look for data on an absent parent who lives in one state, but the member's Medicaid eligibility is in another state.

Collaboration and Reduction in Burden Across State Agencies

Conduent has worked with many states and has learned how to best interact with and between state agencies. For example, there may be additional third-party resource data at the Department of Health or Department of Human Services in a state where the state's Medicaid eligibility and enrollment system does not currently have an interface. We have fostered relationships between state agencies and can work with the State upon contract negotiation to identify other state agencies that may have resources to help avoid Medicaid claims payment. Once these are identified, we can include them in the list of interfaces we develop or alternatively, create an operational workflow for our TPL specialist to follow as part of their operational manual investigative duties to identify additional sources of TPL.

Personal Information Collection

When we receive information (i.e., phone call or email) from a member or provider, either self-reporting or referring us to a lead, our TPL specialists ask for detailed data including:

- Member name, date of birth, social security number, address, telephone number, and email address
- Name, policy number, and Carrier ID of the insurance
- Medicaid ID and subscriber ID for additional insurance
- Additional relevant information such as the head of household name, address, SSN and phone number

Our TPL questionnaires, surveys, and accident follow-up letters also request this type of information. For emails, we send back a standard form requesting information not in the original email and use new or additional data for meeting the Grade A matching criteria. We track all leads and gather enough information to perform Grade A matching. Further, we only update state databases with Grade A matched data.

Collaboration with Other State Suppliers and Systems

Conduent has worked with other suppliers for the last 38 years as a Medicaid fiscal agent. We excel at coordinating with other suppliers for the greater good of the Agency. We meet with the Agency and their Medicaid Enterprise suppliers during implementation to establish the protocol or rules of engagement and follow them as required per Agency guidelines. Regarding TPL services, we work with other suppliers to coordinate TPL activities for the Agency such as the suppliers for the TPL system module, state eligibility and enrollment system, and claims processing system. Conduent has an excellent track record working with other suppliers in various situations. For example, when our contract ends, our turnover plan is professionally written, complete and thorough. We perform our duties according to the turnover plan and collaborate with the Agency and the new supplier to successfully end our contract.

	Upload Attachments with Additional Information? **No**	Attachment File Name: N/A
7	**Data Matches-** Describe the data discovery methodology you use to explore and explain the current data matching resources including a list of any additional resources that may be available as stated in **Attachment L, Data Matches Section, Requirements HOSPHY5-HOSPHY9.**	
A7	*Answer # 7* Conduent has multiple methods for identifying and documenting new leads for further research and investigation. If another insurer or program has the responsibility to pay for medical costs incurred by a Medicaid or CHIP-eligible individual, we take measures to identify that entity, which is generally required to pay all or part of the cost of the claim. Conduent applies technology, subject-matter expertise, and established procedures to identify other sources of payment, and to secure that payment. Our methods include: • Data Matching with [redacted] for insurance discovery services • 270/271 HIPAA transactions for verification of leads • Manual review of information on carrier sites • Phone calls • Automated interfaces • Referrals from members or eligibility case workers • Provider referrals We have established "phases" of tracking leads, including initial discovery, verification of insurance coverage, validation of services covered, and documentation of verified leads into our system and the State's TPL system. [redacted] is not reliant on the receipt of regularly updated carrier member files to perform standard data matches for coverage discovery. The [redacted] process leverages their expertise performing insurance discovery for the provider community, and their years of experience finding other health insurance for government payers and private payers for purposes of coordination of benefits recoveries and cost avoidance. [redacted] leverages its comprehensive consumer databases, commercial insurance database and access to public records to optimize found coverage leads. The final point of differentiation is [redacted] clearinghouse payer connections in real-time to verify all found coverages with the actual payers. [redacted] verified leads become part of the workflow for insurance discovery and as we receive the results file from them on a weekly basis, we update our system directly with any new or changed coverage and update any system we are directed to update by the State. All other sources of third-party resource data leads go through the entire spectrum of phases of our workflow process.	

Attachment L for Data Matches

On the following pages, Conduent provides a response to Attachment L, Data Matches Section, Requirements HOSPHY5- HOSPHY9. Our initial response confirms our commitment to meet the requirement followed by our descriptions of our work.

Attachment L Requirement HOSPHY5

The Supplier must document the data discovery methodology used to explore and explain the current data matching resources that are used by Supplier. The documented information regarding the data discovery methodology utilized must be provided to Agency on an ongoing basis through updates to the procedures manual, as well as a list of any additional resources that may be available.

Conduent response: Conduent documents our data discovery methodology and includes an explanation of data matching resources used in our procedures manual. Conduent develops, documents, and maintains a method of providing updates to the procedures manual from the effective date of any change to a process or procedure. Conduent updates procedures when improvements or changes occur with either new processes or technology.

Our methodology includes determining all available sources of information in the State and then if we do not have a current interface or agreement in place to access those data sources, we work with the State and the stakeholder to establish an interface. We document interfaces in the ICDs during the implementation phase and our operational steps are documented in our policy and procedures manuals. We describe and document the data discovery methods used to explore and explain the current data matching resources that we use as well as provide a list of any additional resources that may be available.

Conduent uses all available sources to find additional insurance for Medicaid members**.** Our processes and interface solutions address these sources. Where we have automated interfaces in place today, we check those sources frequently against the current membership file we receive from the Agency. Doing so enables us to see if there are any matches for insurance not on file for the member.

Our interface with [redacted] is unique and they are not reliant on the receipt of regularly updated carrier member files to perform standard data matches for coverage discovery. Their process leverages their expertise performing insurance discovery for the provider community, and years of experience finding other health insurance for government payers and private payers for purposes of coordination of benefits recoveries and cost avoidance. [redacted] leverages its comprehensive consumer databases, commercial insurance database and access to public records to optimize found coverage leads. The final point of differentiation is their reliance upon clearinghouse payer connections in real-time to verify all found coverages with the actual payers. Conduent sends [redacted] a weekly file of eligibility/enrollment with member demographics and Medicaid eligibility start date as an input file. [redacted] submits a weekly response file to Conduent that includes verified insurance coverage for the member.

If we find additional insurance from other trusted data sources (other than [redacted]), we can verify coverage with the carrier and then confirm the data match according to approved criteria, we update our system and the State's system accordingly with the new TPL information we have verified. This enables the State to begin cost avoidance for future claims payment.

The insurance discovery methodology, interfaces, and process steps are part of our policy and procedures manual that we work with the State during the implementation phase to gain approval. As new methodologies and sources are identified, we submit proposed updates to the Hospital/Physician Insurance Discovery Procedure manual for State review and approval.

Attachment L Requirement HOSPHY6

If health coverage information and data match indicators do not correlate on three (3) out of four (4) of required Grade "A" match criteria within a timeframe as defined by the Agency, then the Supplier must:

a) not add or update coverage or bill claims until both the effective and termination date of coverage is verified.
b) perform verification online, by mail, by telephone with the carrier, or through member or employer questionnaires.

Conduent response: If health coverage and data do not match on three out of four of the required Grade A match criteria within a timeframe as defined by the Agency, then Conduent:

- Does not add or update coverage or bill claims until both the effective and termination date of coverage is verified
- Performs verification online through carrier portal or by telephone with carrier

Conduent receives updates daily from various sources, including our subcontractor [redacted] Our internal operations systems and [redacted] look for matches using the Grade A matching criteria. We produce an unmatched error report of data failing the matching criteria. Our TPL specialists review and research each entry on the error report. Our specialists then use other resources such as carrier portals, secure email, and, as a last resort, telephone calls with the carriers to resolve the errors.

Attachment L Requirement HOSPHY7

The Supplier must identify third party resources and provide file maintenance for individual Medicaid and state CHIP program Fee for Service members. When a new third party resource is identified, verification attempts should begin within seven (7) business days (or a timeframe as determined by the Agency) of the receipt of any new third party resources. The verified new resources shall be added to the electronic system determined by the Agency, e.g. Medicaid Enterprise System and/or TPL Resource File, within a designated timeframe that shall not exceed sixty (60) calendar days (or a timeframe as determined by the Agency). Any identified changes to resources must be verified, documented, and updated by Supplier within the same timeframes as newly identified resources. The Supplier must perform all federally mandated data matches in accordance with 42CFR 433.138.

Conduent response: Conduent identifies third party resources and provides file maintenance for individual Medicaid and state CHIP program FFS members. When a new third party resource is identified, verification attempts begin within seven business days (or a timeframe as determined by the Agency) of the receipt of any new third party resources. The verified new resources are added to the electronic system determined by the Agency, e.g., Medicaid Enterprise System and/or TPL Resource File, within a designated timeframe that shall not exceed 60 calendar days (or a timeframe as determined by the Agency). Any identified changes to resources are verified,

documented, and updated by Conduent within the same timeframes as newly identified resources. Conduent performs federally mandated data matches in accordance with 42CFR 433.138.

To accomplish HOSPHY7, Conduent and [redacted] EDI verify potential coverages with payers. [redacted] verifies potential coverages using a national clearinghouse, with real-time HIPAA connections with over 870 commercial payers, representing approximately 98% of the commercial lives in the United States. EDI verification attempts are embedded within the TPL resource identification process and well within the seven-day requirement. Once the identification and verification are complete the third-party resource add and change data flow is initiated to the electronic systems determined by the Agency, on a schedule within the 60-day requirement.

Data that cannot be verified and matched are not added to our systems. We document all attempts to verify leads, whether manual or automatic, and what the results of that effort were and adhere to these timeframes determined by the Agency. We use our internal case tracking system to document leads, verification efforts, and results.

Meeting Requirements in 42CFR 433.138

Conduent performs all federally mandated data matches in accordance with 42 CFR 433.138 as defined on the CMS.gov web page titled Regulations and Guidance provided in the RFP. Conduent provides all the federally mandated interfaces today in support of our Medicaid business in several states. Specifically, in compliance with 42 CFR 433.138, we participate in exchange of data with:

- Initial eligibility and updates to member eligibility TPL information, including any information on absent parents and child support Insurance information
- State and federal wage information from State Wage Information Collection Agency (SWICA) and Social Security, which can include TPL
- State workers' compensation for identification of any workplace accident information involving a Medicaid member
- State motor vehicle information related to accidents to determine if a Medicaid member was involved and whether the other party has insurance
- A weekly claims file feed from the claims processing vendor to look for diagnosis codes for accident or trauma
- Nationwide carriers
- Other interfaces required by the State not mentioned in the federal regulations

We work with the State during the implementation phase to determine which system(s) we use to capture this data. We modify our existing interface specifications if needed to meet special State requirements. We can upload information, depending on type of data, to our internal database or tracking system on a weekly or monthly basis. If we are selected to provide the TPL System Module, we use our CMdS-TPL module, which has automated data exchanges in place today. We leverage what we use today in both Montana and

	Wyoming to facilitate the federally mandated exchanges in our internal systems and/or use any system already in use by the State for TPL as directed by the Agency. **Attachment L Requirement HOSPHY8** Any identified changes to resources must be verified, documented and updated by Supplier within seven (7) business days (or a timeframe as determined by the Agency). The supplier must perform verification of coverage with the third party on 100% of the resources identified prior to presenting the matches to the Agency. **Conduent response:** Any identified changes to resources are verified, documented and updated by Conduent within seven business days (or a timeframe as determined by the Agency). Conduent performs verification of coverage with the third party on 100% of the resources identified prior to presenting the matches to the Agency. Conduent and [redacted] EDI-verifies potential coverages with the payers. Potential coverages are verified through a national clearinghouse, with real-time HIPAA connections with over 870 commercial payers, representing approximately 98% of the commercial lives in the United States. **Attachment L Requirement HOSPHY9** The supplier must provide a monthly report to a designated point of contact or to the system at the Agency (as determined by the Agency) that at a minimum must include the identified resource, date that the resource was verified and the name of the supplier staff that verified the resource. **Conduent response:** As a part of our monthly reporting to the Agency, Conduent provides a monthly report of newly identified TPL coverage. The report is provided to a designated point of contact or the system at the Agency (as determined by the Agency) that at a minimum includes: • The identified resource • The date that the resource was verified • The name of the Conduent staff that verified the resource We work with the Agency during the implementation phase to fine tune the specifications of the report and gain approval from the State prior to go live.	
	Upload Attachments with Additional Information? **No**	Attachment File Name: N/A
8	**Data Matches-** Describe your process for working with other Supplier's to resolve interface file transaction and data match interface errors within thirty (30) calendar days (or a timeframe specified by the agency) from discovery, as stated in **Attachment L, Data Matches Section, Requirement HOSPHY10.**	

A8	*Answer # 8* Over our 38 years as a Medicaid Fiscal Agent, serving multiple states, we have developed and established a protocol and process for working with other suppliers and interface partners to quickly resolve interface file errors and data match errors. We bring that experience and expertise to leverage for any state that contracts with us for TPL services. Our protocol is based on the agreed upon interface rules, as contained in our Interface Control Documents (ICDs), that we develop with each interface partner and the State during the implementation phase. Once all parties agree with the specifications, data elements, business rules and frequency, the ICD is signed off and approved by the State and the interface partner(s). Within the ICD are the potential error messages that either side receives (if bi-directional) in processing the files from Conduent as well as the expected response file from the interface partner. For Conduent processing, our maintenance and operations teams use the ICD as a reference for their interface operations manual that they use to work with other suppliers and partners to ensure interfaces operate correctly. Our team works with other suppliers to correct errors timely, no later than 30 calendar days after the initial error was found. ## Attachment L for Data Matches On the following pages, Conduent provides a response to Attachment L, Data Matches Section, Requirement HOSPHY10. Our initial response confirms our commitment to meet the requirement followed by our descriptions of our work. **Attachment L Requirement HOSPHY10** Supplier must correct data match interface errors that occur as a result of the Supplier's interface file transactions. Supplier must work with an electronic system as determined by the Agency, e.g. Medicaid Enterprise System, and/or other Suppliers to resolve any date match issues within thirty (30) calendar days (or a timeframe as determined by the Agency) from the discovery date of any issues. If error resolution goes beyond thirty (30) calendar days (or a timeframe as determined by the Agency) from the discovery date of the issue, the Supplier must document and provide a written report to the Agency with an explanation of the issue(s), the steps taken to resolve said issue and the mitigation strategies implemented to maintain compliance in the future. **Conduent response:** Conduent corrects data match interface errors that occur as a result of Conduent's interface file transactions. Conduent works with an electronic system as determined by the Agency, e.g., Medicaid Enterprise System, and/or other Suppliers to resolve any date match issues within 30 calendar days (or a timeframe as determined by the Agency) from the discovery date of any issues. If error resolution goes beyond 30 calendar days (or a timeframe as determined by the Agency) from the discovery date of the issue, Conduent documents and provides a written report to the Agency with an explanation of the issue(s), the steps taken to resolve the issue and the mitigation strategies implemented to maintain compliance in the future.

	Data match and interface errors that occur as a result of our interface file transactions are monitored and resolved by our analysts. Since our data is verified through strict match criteria and verified by EDI transactions, such errors are minimal, but we recognize that certain updates e.g., a date of birth correction, could trigger an error and require a correction of the source or destination system before an interface transaction can succeed. Our primary interface for Hospital/Physician insurance discovery is with [redacted] employs a variety of technical measures to ensure transaction processing time expectations, including internal load balancing technologies and automatic payer timeout message generation if an individual payer connection is unable to respond within the required timeframe. [redacted] monitors EDI transactions and works with payers to correct and resubmit transactions, when necessary, within required client timeframes for reporting coverages. [redacted] also monitors data integrity. Potential failure points are specifically monitored for data quality, incoming volume, volume of results, and appropriate/expected mix by payer, as appropriate. Data passing into, within, and out of [redacted] is monitored closely for irregularities and data integrity. [redacted] monitors potential failure points between Conduent and [redacted], at [redacted] between the insurance discovery team and the clearinghouse, as well as between the clearinghouse and payer partners (e.g., payer relations staff reach out to payers when the response times are elongated or interrupted).	
	Upload Attachments with Additional Information? **No**	Attachment File Name: N/A
9	**Data Matches-** Describe in detail how you will manage and coordinate all specified administrative and system activities as listed in **Attachment L, Data Matches Section, Requirement HOSPHY12.**	
A9	*Answer # 9* Conduent manages and coordinates all specified administrative and system activities under the supervision and approval of the Agency. We document administrative functions and system activities in our policy and procedure manuals that we share and work with the Agency during the implementation phase to fine tune and gain approval. All items in the following specified administrative tasks and system activities requirement will be covered in at least one policy and procedure manual. ## Attachment L for Data Matches On the following pages, Conduent provides a response to Attachment L, Data Matches Section, Requirement HOSPHY12. Our initial response confirms our commitment to meet the requirement followed by our descriptions of our work.	

Attachment L Requirement HOSPHY12

Under the supervision and approval of the Agency, the Supplier must manage and coordinate all specified administrative and system activities which include, but are not limited to:

a. Update an electronic system as determined by the Agency, e.g. Medicaid Enterprise System, with the TPL-verified resource information within seven (7) business days (or a timeframe as determined by the Agency) from receipt of the resource.
b. Manage, document, and coordinate all specified administrative and system activities. Administrative activities include, but are not limited to, the file maintenance process, data processing, printing/mailing correspondence and producing reports.
c. Develop, document, produce, and mail correspondence to the intended party in an efficient and acceptable format approved by the Agency. All correspondence, which include, but are not limited to, letters to health insurance carriers, providers, members, and educational materials for the public, etc., for TPL activities must be approved within the timeframes established by the Agency prior to any dissemination. The initial **correspondence needed to** implement the Hospital Physician Program and communicate with the Medicaid providers and members must be submitted to the Agency for review and approval within a timeframe as determined by the Agency from the contract award date.
d. Develop, document, print, email and mail required reports. If the TPL reports are system generated, the Supplier must review each report and take any corrective actions necessary for the completion of the required action. All required actions must be documented.

Conduent response: Conduent manages and coordinates all specified TPL administrative and system activities under the supervision and approval of the Agency to meet all requirements set forth in HOSPHY12 (a. through d.).

Updates to Agency Systems for Verified Insurance

Conduent through [redacted] EDI-verifies potential coverages with the payers. Potential coverages are verified through a national clearinghouse, with real-time HIPAA connections with over 870 commercial payers, representing approximately 98% of the commercial lives in the United States. EDI verification attempts are embedded within the TPL resource identification process. Once the identification and verification are complete, the third-party resource add and change data flow through interfaces is initiated and added to the electronic systems as designated by the Agency. These updates occur within seven business days from receipt of the [redacted] results response file.

As TPL is found and verified from other sources through our own research, we update the designated system(s) of record within seven business days from the receipt of a verified resource. This timeframe is discussed and agreed on with the Agency upon project execution.

Manage and Support Administrative Activities

Conduent has existing policies and procedures we use to support our current TPL operations. We leverage those documents detailing how we conduct file maintenance, perform data processing, conduct printing and mail service operations, and produce reports. We deliver these drafts to the Agency for discussion and finalization of the procedures. We work with the Agency to fine tune and revise administrative or system activity procedures during the implementation phase of the project.

	Correspondence Conduent is a leading business process outsourcing organization with extensive experience as a Medicaid fiscal agent. As such, we have the infrastructure and business processes in place to produce professional letters and operate a mailroom. Our team starts by sharing templates of letters and reports with the Agency for review and comment. These include but are not limited to letters to health insurance carriers, providers, and members as well as educational materials for the general public. All correspondence is properly branded and customized for the Agency. We obtain approval from the Agency on all templates before they are put into use. We deliver our proposed initial communication materials to the Agency within 30 calendar days (or mutually agreed upon timeframe as specified by the Agency) from contract award date. This includes the proposed official announcement of Hospital/Physician Services Insurance Discovery Program to all Providers and Members. **Reporting** Conduent has robust reporting capabilities leveraging Microsoft Power BI and Azure SQL Database technology. These reports are printed, emailed, or mailed as needed. Operational reports are reviewed and used by Conduent staff to conduct day to day business. Our analysts document and execute follow up actions when corrective actions are needed. Summary level executive reports are produced on a weekly, monthly, quarterly and on an annual basis. Any standard system generated reports that are used by the State or to be sent to the Federal government are reviewed by our internal account Quality Assurance team to ensure they are correct before forwarding or sending to the State. Any anomalies are corrected, and the report is re-run as needed. Conduent has extensive business processing outsourcing resources and experience and we regularly support both public and private entities with these services.	
	Upload Attachments with Additional Information? **No**	Attachment File Name: N/A
10	**Third Party Resources File Maintenance -** Describe your process in detail for identifying, documenting, verifying, and maintaining third party resource information as stated in **Attachment L, Third Party Resources File Maintenance Section, Requirements HOSPHY14-HOSPHY15.**	

A10	*Answer # 10* Conduent has established processes to identify, document, and verify new and updated third party resource information. We have done this kind of work over the past 38 years as a fiscal agent serving multiple states, so this isn't new for us. The Agency benefits from our experienced people and our proven documented processes and procedures. We perform continual process improvement reviews that improve our identification and verification processes. We provide the agency our well-documented standard policy and procedures customized for the state as a starting point for discussion. ## Attachment L for Third Party Resources File Maintenance On the following pages, Conduent provides a response to Attachment L, Third Party Resources File Maintenance Section, Requirements HOSPHY14- HOSPHY15. Our initial response confirms our commitment to meet the requirement followed by our descriptions of our work. **Attachment L Requirement HOSPHY14** The Supplier must identify, document, verify and maintain third party resource information in specified files and follow Agency protocols regarding processes as follows: a. An electronic system as determined by the Agency, e.g. Medicaid Enterprise System, TPL Resource File – Supplier must identify, verify and document all adds and updates of TPL data information from Third Party Resources. b. Supplier must review interface reports, verify policy information and update an electronic system as determined by the Agency, e.g. Medicaid Enterprise System within seven (7) business days (or a timeframe specified by the Agency). **Conduent response:** We identify, document, verify and maintain third party resource information in specified files and follow Agency protocols regarding processes as follows: a. An electronic system as determined by the Agency, e.g., Medicaid Enterprise System, TPL Resource File – Supplier must identify, verify and document all adds and updates of TPL data information from Third Party Resources. b. We review interface reports, verify policy information and update an electronic system as determined by the Agency, e.g., Medicaid Enterprise System within seven business days (or a timeframe specified by the Agency). Conduent through [redacted] EDI-verifies potential coverages with the payers. Potential coverages are verified through a national clearinghouse, with real-time HIPAA connections with over 870 commercial payers, representing approximately 98% of the commercial lives in the United States. EDI verification attempts are embedded within the TPL resource identification process. Once the identification and verification processes are complete, the third-party resource add and change data flow through interfaces is executed and updates the electronic systems determined by the agency, on a schedule determined by the agency. Automated interface updates to the State designated system occur within seven business days (or a timeframe specified by the Agency).

These add and change transactions, along with any exceptions, are included in our reporting and monitored by our analysts. We provide the same reporting to the Agency.

We identify, verify and maintain TPL data today in Wyoming and Montana and have been tasked with finding new sources of TPL over our history as a Medicaid fiscal agent. We bring an experienced team, with proven processes and procedures, and use our own internal systems to track leads on potential new Third Party Resources (TPR) information.

Verification and System Update

Since we are proposing to primarily use [redacted] for the identification of coverage from Hospital/Physician sources, and they only send verified coverage results, we work with them to develop an automated process for match and update to our internal system and any system designated by the Agency.

For non-automated sources of TPL, our analysts take the information we have and initiate the verification process. We gather missing information needed to finish a match or verification using multiple methods which may include member questionnaires, provider outreach, and carrier website look up. Once missing information is gathered, we verify findings and matches through electronic transaction with [redacted] or direct 270/271 with the carrier. Once verification activities are complete, we document our efforts in our internal system and on a daily report. We provide the report to the Agency and we enter updated information into the TPL Resource (TPR) file. We update the manually verified third party resources into the TPR File in the MES TPL Module within seven business days of verification of the resource.

Attachment L Requirement HOSPHY15

The Supplier will ensure that any TPL closure/termination information received is verified with carrier. The Supplier will close any files in which verified TPL coverage has ceased within five (5) business days (or a timeframe as determined by the Agency).

Conduent response. Conduent ensures that any TPL closure/termination information received is verified with carriers. Conduent will close any files in which verified TPL coverage has ceased within five (5) business days (or a timeframe as determined by the Agency). Conduent puts Agency-approved procedures in place to verify with carriers TPL closure/termination information we receive. After verification with carriers, Conduent closes coverage in the files in which verified TPL coverage has ceased within five business days (or a timeframe as determined by the Agency) so that the most up-to-date information is available for cost avoidance and recoupment processing. These transactions are included in our reporting and monitored by our analysts.

	Upload Attachments with Additional Information? **No**	Attachment File Name: N/A

11	**Reports-**Describe in detail your process for creating and transmitting reports where the Supplier is the entity responsible as stated in **Attachment L, Data Matches Section, Requirement HOSPHY13** and **Attachment L, Reports Section, Requirements HOSPHY16-HOSPHY17, HOSPHY21-HOSPHY24**. Please attach an example of a report which you would create.
A11	*Answer # 11* Conduent has 38 years of experience as a Medicaid fiscal agent which required us to create and transmit various reports to both states and the federal government. We bring this experience and report templates to the Agency as a starting point for developing reports that meet the State's needs. We work with the State during the implementation phase to finalize all requirements for each report as a part of our reporting specification document. Our responses below provide the details on how we meet the specific requirements of the RFP. ## Attachment L for Reports On the following pages, Conduent provides a response to Attachment L, Data Matches Section, Requirement HOSPHY13 and to Attachment L, Reports Section, Requirements HOSPHY16-HOSPHY17 and HOSPHY21-HOSPHY24. Our initial response confirms our commitment to meet the requirement followed by our descriptions of our work. **Attachment L Requirement HOSPHY13** The Supplier must develop, document and submit a Data Match Summary within five (5) business days (or a timeframe as determined by the Agency) from the last day of each quarter, which must include all TPL resources/data matches that they submitted to the Agency such as any adds and/or changes in the previous quarter. If the due date falls on a weekend or a state Holiday, the due date will be the following business day. The report data must include, but is not limited to: a. Member Name b. Policy Holder Name c. Policy Holder SSN d. Policy Holder DOB e. Medicaid ID f. Carrier Name e. Policy Number g. Policy Group Number h. Coverage Type (major medical dental etc.) i. Effective Date j. Termination Date (if applicable) k. Date Data Added and/or Changed (list adds/changes in chorological date order) **Conduent response:** Conduent develops, documents and submits a Data Match Status report within five business days (or a timeframe as determined by the Agency) from the last day of each quarter. The report includes TPL resources/data matches that we submitted to the Agency such as any adds and/or changes in the previous quarter. If the due date falls on a weekend or a state Holiday, the due date

	is the following business day. The report data includes but is not limited to the requirements set forth in HODPHY13 a. through k. Additionally, we can add to or revise the data fields based on the Agency's preferences. **Attachment L Requirement HOSPHY16** The Supplier must develop, document, deliver and retain all required TPL generated reports to the Agency, as applicable, in a manner agreed upon by the Agency. All standard reports should be readily accessible, at any time, to the Agency to assist the Agency in securing any needed information. Ad Hoc reporting access must be provided to Agency users or contractors. **Conduent response:** Conduent develops, documents, delivers, and retains all TPL-generated reports as required by the Agency. We generate these reports and deliver them by whatever means—email or mail—that the Agency and Conduent agree upon as appropriate. We provide both standard reports and ad hoc reporting functionality and make reports accessible to the Agency to assist Agency users or contractors obtain the information they need when they need it. Our solution's data store provides rapid access to information and a unified repository for TPL data used in generating both standard and ad hoc reports. This data includes, but is not limited to, members, insurers/carriers, policy and Medicaid details, etc. It brings disparate data into a meaningful and responsive de-normalized format to meet the increasing need for rapid data access and simplifies management controls. Informative reports can be used to obtain the information needed to answer the critical questions essential to your business. Reports can be scheduled to run using our report scheduler or run on demand. Scheduled reports have optional email notification of execution status. Further, our solution moves the reports to the Enterprise Content Management (ECM) solution and can send the appropriate reports securely to a designated email address. We meet with the Agency during the Requirements Phase of the contract to discuss the RFP reporting requirements to finalize the list of reports, their content, frequency, and media. **Accessing Standard Reports** Authorized Agency users can access daily, weekly, monthly, and quarterly standard reports at any time and as needed to perform their research tasks. For additional or in-depth information, we provide Microsoft Power BI to generate standard, ad hoc, dashboard, and analytical reporting. Power BI incorporates interactive visualizations and business intelligence capabilities. These reporting tools enhance the user's ability to spend more time analyzing TPL data while improving policy development and management. All final versions of reports are posted to the ECM for easy online access by authorized Agency and Conduent users. This repository houses all current and historical TPL Services report format templates, reporting and support documentation, notifies users when new reports are published, and enables users to quickly find needed information.

	Accessing Ad Hoc Reporting Ad hoc capabilities supplement our library of standard reports. Ad hoc reporting functionality is available to authorized Agency users and contractors. We also aid with generating these reports through the liaison services of our dedicated resources. Our solution's reporting features support the ability for the Agency to perform analytical queries on current and historical data. This data is used to support administrative and management program decisions, which allow the Agency to perform administrative quality assurance activities and identify additional opportunities for maximizing your TPL cost avoidance and recoupments. The primary objective of our ad hoc reporting approach is to provide prompt access to Medicaid information to support the management of TPL initiatives, allowing the Agency to generate reports needed to make informed decisions regarding the future of the program. With these ad hoc reporting features, Agency users and contractors can transform TPL data into knowledge, providing insight into where the program is heading. Our solution empowers users to produce their own ad hoc reports and perform the data analysis needed to enable them to share their program successes with legislative and executive level officials. Figure M-2 depicts the transformation of data into knowledge.

Figure M-2. Data Transformation

Our comprehensive ad hoc reporting solution transforms TPL data into knowledge, providing insight into where the program is heading.

During the implementation period, our team meets with the Agency to gather information on the users who require access to our ad hoc reporting tool. Additionally, we conduct training for these users to ensure basic and advanced knowledge of the tool.

Assistance Generating Ad Hoc Reports

Functionality for ad hoc reporting in our solution features an interface simple enough for end users to create their own reports. All the system fields maintained in the data store are available for ad hoc query and reporting.

We provide knowledgeable resources to assist authorized Agency users with understanding all required functionality for ad hoc reports and data queries and extracts. Our team has analytical and technical expertise with Medicaid-specific program knowledge. We provide the Agency with answers to questions and provide assistance with ad hoc reporting, thus reducing or preventing any frustration for Agency users.

Our team works to monitor and control stringent internal quality review and sign-off of all reports prior to submission to the Agency. Additionally, our team hosts walkthroughs and reviews of any new reports produced by Conduent for the project.

Ad Hoc Report Training

Our team works collaboratively to develop and conduct training for the Agency's ad hoc query business users as well as users from the Conduent team. The training is customized to offer two different levels of training, depending upon the user's day-to-day needs.

Basic Ad Hoc Reporting is provided monthly to new users or existing users who request refresher training. The intent of the course is to educate authorized Agency users on the basic functionality of the reporting features. This training includes the creation of queries, development and customization of reports, options for refreshing data, and saving and exporting query results for further analysis in other applications.

Help At Every Step

Our reporting resources provide liaison services to the Agency by gathering requirements for ad hoc reports, assisting authorized users with using our reporting tool, and facilitating the development of needed reports.

Advanced Ad Hoc Reporting is a quarterly training course provided to advanced users to provide a greater understanding of reporting features. This training includes discussion of data sources, unique data elements, standard reports, and sample queries for the user to practice.

For further details on our approach to training, refer to Proposal Section 3.19, Training Requirements.

Attachment L Requirement HOSPHY17

The Supplier must review system generated reports and, when applicable, must perform adjudication/corrective action for each report. The Agency will collaborate with the Supplier on the adjudication/corrective action processes required. The Agency will define the fields which will be included in the reports based on its business needs.

Conduent response: Conduent will review system generated reports and, when applicable, will perform adjudication/corrective action for each report. Conduent will collaborate with the Agency on the adjudication/corrective action processes required. We acknowledge the Agency will define the fields which will be included in the reports based on its business needs.

Conduent performs quality assurance review of all reports generated by our system – whether they are for our internal use or delivery to the Agency. We have staff assigned to review reports generated by the system before they are distributed, specifically to check that the report is functioning as designed, has all data elements specified, and does not have any other anomalies.

If issues are found, we document the defect or issue in our defect tracking system, Azure DevOps/Team Foundation Server (TFS), documenting what the issue is, and the proposed adjudication/corrective action. The report is delivered to the Agency on an agreed upon timeframe. We collaborate with the Agency during the implementation phase to define the fields included in the report based on its business needs.

Attachment L Requirement HOSPHY21

Report Name: TPL Activity Report

Report Frequency: Quarterly (or a timeframe specified by the Agency)

Entity Responsible: Supplier

Report Description: This report reflects the file maintenance activity for the month. The report will include, but is not limited to, member name, Medicaid ID, insurance/carrier name, policy number, effective date, termination date (if applicable) and type of coverage. The Agency will define the fields which will be included in the report based on its business needs.

Conduent response: Conduent produces the TPL Activity Report.

We produce the report quarterly (or a timeframe specified by the Agency).

This report reflects the file maintenance activity for the month. The report includes, but is not limited to, member name, Medicaid ID, insurance/carrier name, policy number, effective date, termination date (if applicable) and type of coverage. The Agency defines the fields included in the report based on its business needs. We are very experienced with providing this type of report. Our TPL accounts in Wyoming and Montana currently run similar reports as a matter of routine business. The reports in both those states are configured to pull the data listed in HOSPHY21.

Attachment L Requirement HOSPHY22

Report Name: TPL Data Match Invoice

Report Frequency: Monthly (or a timeframe specified by the Agency)

Entity Responsible: Supplier

Report Description: This monthly invoice will reflect the Supplier's requested payment from the Agency. The Agency will define the fields which will be included in the report based on its business needs.

Conduent response: Conduent produces the TPL Data Match Invoice.

We produce the invoice monthly (or a timeframe specified by the Agency).

This invoice reflects Conduent's requested payment from the Agency. The Agency defines the fields included in the report based on its business needs. During the implementation phase, Conduent gathers report requirements.

Attachment L Requirement HOSPHY23

Report Name: TPL Status Report (Management Report)

Entity Responsible: Supplier

Report Frequency: Monthly (or a timeframe specified by the Agency)

Report Description: This report is a TPL status report for the management staff that includes, but is not limited to, the Supplier's activity in relation to the operations and administration of the TPL functions for each program. The report should include an executive summary, the programs' accomplishments, the programs' issues, findings and solutions, including next steps and recommendations. The Agency will define the fields which will be included in the report based on its business needs.

Conduent response: Conduent produces the TPL Status Report (Management Report).

We produce the report monthly (or a timeframe specified by the Agency).

This report is for the management staff that includes, but is not limited to, Conduent's activity in relation to the operations and administration of the TPL functions for each program. The report includes an executive summary, the programs' accomplishments, the programs' issues, findings and solutions, including next steps and recommendations. The Agency define the fields included in the report based on its business needs.

Monthly status reports are valuable tools for keeping management staff apprised of changing issues, concerns, and recommendations that can affect the health of a project. We deliver this report promptly each month to the management staff, which gives them critical information for making better decisions for managing TPL services.

Attachment L Requirement HOSPHY24

Report Name: Statement on Standards for Attestation Engagements (SSAE18)

Entity Responsible: Supplier

Report Frequency: Yearly (or a timeframe specified by the Agency).

Report Description: The SSAE 18 report is an Independent Service Auditor's report. The report must meet the standards articulated by the American Institute of Certified Public Accountants including, but not limited to, the statement on Standards for Attestation Engagements (SSAE18) – reporting on Controls at a Service Organization. The Supplier must bear the cost of obtaining the report and provide the Agency with complete access to the report/records. The Agency will define the fields that will be included in the report based on its business needs.

Conduent response: Conduent produces the Statement on Standards for Attestation Engagements (SSAE18) report.

We produce the report yearly (or a timeframe specified by the Agency).

The SSAE 18 report is an Independent Service Auditor's report. The report meets the standards articulated by the American Institute of Certified Public Accountants including, but not limited to, the statement on Standards for Attestation Engagements (SSAE18) – reporting on Controls at a Service Organization. Conduent bears the cost of obtaining the report and provides the Agency with complete access to the report/records. The Agency defines the fields which are included in the report based on its business needs.

Conduent contracts with an independent service auditor to perform an SSAE 18 assessment and report the results. Conduent routinely contracts with independent third-party service auditors to conduct and report on the security risk assessments of our systems and operations across the nation. We have successfully undergone numerous external audits and have a track record of obtaining project certifications, including reports for the SSAE 18. All our recent SSAE 18 audits have been successful, including for our MMIS contracts in Montana, Wyoming, New Mexico, and many other states.

SSAE 18 Audit Assessment

To conduct this independent assessment, we have selected Ernst & Young LLC (EY). Since 2010, Conduent has maintained a strong and productive partnership with EY to provide our independent System and Organization Controls reporting services. As our long-time, proven partner in assessing vulnerabilities and penetration risks, EY focuses their security audits on regulatory compliance. EY performs System and Organization Control audits and assessments for several of our Medicaid related accounts, including our current Montana and Wyoming MMIS accounts, and has the staff with the necessary knowledge and experience to accurately complete the audit requirements.

For the TPL Hospital/Physician Service's audit, EY evaluates our controls and activities in the project operation and within our solution to ensure our solution continues to align with Agency policies. The EY auditors perform this assessment on a yearly basis and produce the SSAE 18 Report each time to document their results. EY works at the direction of the Agency to independently assess the project's security and privacy plans.

	SSAE 18 Report At the conclusion of their assessment, EY produces the SSAE 18 Report to provide evidence that an independent third party has examined the controls that govern the processing of TPL Service's sensitive healthcare information. In this report, EY documents the results of each risk assessment, including all tools used, such as claims and correspondence scanners, and provides an action plan for remediation of any vulnerabilities.	
	Upload Attachments with Additional Information? **Yes-Required**	Attachment File Name: **Report Example_ Hospital Physician Requirements**
12	**Reports-** Describe in detail your process for receiving, storing, and utilizing reports provided to you by the agency or agency system as stated in **Attachment L, Reports Section, Requirements HOSPHY18-HOSPHY20.**	
A12	*Answer # 12* In our history as a Medicaid Fiscal Agent, we are used to establishing, and have established, processes for securely receiving and sharing information with our customers and their stakeholders. We employ secure methods for transfer, such as Secure File Transfer Protocol (SFTP), for the state, their other vendors, or stakeholders to send Conduent reports. We work with the state during the implementation phase to establish the protocol, naming conventions for files, cadence for each expected report and other key elements of interest from the state's perspective. **Receipt and Storage** Once we receive or produce a report, our solution moves the report to the Enterprise Content Management (ECM) solution, so that all reporting for the project can be found in the central repository. And our IT team and/or automation processes load the report into the appropriate work queue based on the content and purpose of the report. Team members assigned to that work queue can download and export data from the report as needed to perform their tasks. Reports posted to the ECM allow for easy online access by authorized Agency and Conduent users. This repository houses all current and historical TPL Services reports, format templates, and support documentation, notifies users when new reports are published, and enables users to quickly find needed information. Where necessary for use, we import report data into designated database(s) that we set up with the state during the implementation phase. **Utilization of Reports** For TPL Hospital/Physician Insurance discovery purposes, we have a myriad of uses for reports and data, all of which contribute to efforts to find additional third-party insurance for members, and to help cost avoid future claims payment. Our team is highly experienced and trained on how to use reports as a part of their job function. Analysts retrieve the reports on a scheduled or as needed	

basis to complete their functions. We review report information and take actions which may include further research, confirmation of data, entry of data into our or another vendors TPL module, and other systems as designated by the state. We work with the state during the implementation phase to clearly update our policy and procedures to show how each report is to be used and what system(s) are to be updated.

Our policy and procedures manuals include step by step instructions with screen captures of what the report looks like as well as individual data dictionaries for each type of report that is coming in from the state, MES vendors, and any other stakeholders. We have reviewed each of the reports contained in HOSPHY18 – HOSPHY20 and confirm we have operational workflows established for each type of report listed.

Attachment L Reports

On the following pages, Conduent provides a response to Attachment L, Reports Section, Requirements HOSPHY18–HOSPHY20. Our initial response confirms our commitment to meet the requirement followed by our descriptions of our work.

Attachment L Requirement HOSPHY18

Report Name: Carrier Update Activity Report

Report Frequency: Weekly (or a timeframe specified by the Agency)

Entity Responsible: An electronic system as determined by the Agency, e.g. Medicaid Enterprise System

Report Description: Lists all new adds and changes to the carrier file. This report is used to identify any changes made during the week. The Agency will define the fields which will be included in the report based on its business needs.

Conduent response: We typically receive this electronic file securely through SFTP and will look for the report on a weekly (or timeframe specified by the Agency) basis. We ingest the file into our internal database(s) and use it for reconcile our internal Carrier file we use to facilitate insurance discovery work. Our IT Department identifies the differences in our file and the incoming report and reconciles the two. Any anomalies are reported back to the Agency and their designated TPL module vendor. An up to date Carrier file is a core part of any States TPL business processes, and we make sure that our TPL analysts have the most current information to identify and document opportunities for cost avoidance, recovery/recoupment. We understand and acknowledge that the Agency defines the fields in this report, and we work with the state, and any vendor they designate to document this report's requirement. Once we define the report, we incorporate this report into our policy and procedures manual and create detailed steps for how to "work" this report to train our TPL analysts.

	Attachment L Requirement HOSPHY19 Report Name: Number of Policies by Verification Indicator Report Frequency: Monthly (or a timeframe specified by the Agency) Entity Responsible: An electronic system as determined by the Agency, e.g. Medicaid Enterprise System or TPL System Module Report Description: This report provides the number of policies by verification indicator that have policy dates active during the select time period. The Agency will define the fields which will be included in the report based on its business needs. **Conduent response:** This report(s) is delivered monthly (or a timeframe specified by the Agency) by the Agency. We can accept it electronically using a secure method agreed to by the Agency. Once this report is received, our IT Department ingests the report into our internal database(s) and it is available immediately for our analysts to review. Based on the Report Description in the RFP, we understand that this report serves as a monthly update showing the number of policies by verification indicator that are active on a given date or dates. It serves as a tool for monitoring the number of policies by verification indicator on the MES or TPL System Module. We review the report against our data to monitor how well they align and would interpret major deviations as an issue needing research if not already understood. We understand that the Agency defines the fields in this report and our team works with the State, and any vendor they designate to document this report's requirements. Once we define the report, we incorporate this report into our policy and procedures manual and create detailed steps for how to "work" this report. **Attachment L Requirement HOSPHY20** Report Name: Covered Eligible Members by County Report Frequency: Quarterly (or a timeframe specified by the Agency) Entity Responsible: An electronic system as determined by the Agency, e.g. Medicaid Enterprise System or TPL System Module Report Description: This report presents counts of members who are eligible (within the reporting period) for medical services who have other health care coverage. This information is reported for each benefit plan within county of financial responsibility. Eligible member counts are unduplicated – the member is only counted once. A member will be counted if they have had active COB coverage (in the other coverage column) or Managed care or Medicare coverage within the reporting period. If a member has Medicare they are only counted once either under the part A only, part B only or Both A&B. This report is sorted by benefit plan and county. The Agency will define the fields which will be included in the report based on its business needs. **Conduent response:** We accept the file from the designated system as determined by the Agency and ingest it into our internal databases for use by our TPL unit. Our TPL unit accesses it within hours of receipt after internal processing on a quarterly basis. We review the report against our data to monitor how well the counts align and would interpret major deviations as an issue needing research if not already understood. We understand and agree that the Agency defines the fields to be used and the core purpose of this report and we work with them during implementation to define this report, which system it is generated from, and any other state specific logic or business rules.

	Upload Attachments with Additional Information? **No**	Attachment File Name: N/A
13	**Interfaces-**Describe in detail your process for creating and transmitting interfaces where the Supplier is the entity responsible as stated in **Attachment L, Interfaces Section, Requirement HOSPHY43.**	
A13	*Answer # 13* Conduent agrees to support all the required inbound and outbound interfaces listed in the RFP. For each interface we: • Meet with the Agency and appropriate stakeholders to define the interface details, frequency, security requirements, and secure data access/transmission protocols • Document the interface details in an Interface Control Document (ICD) and seek Agency approval • Configure the interface using our standard library of production interfaces or if new, develop the interface according to the ICD • Review the data to test its validity • Perform quality assurance testing • Update our workflows to process the interface according to Agency-approved procedures • Document the interface in appropriate manuals, i.e., systems and operational procedure manuals We have many years of experience from contracts with state Medicaid and CHIP clients that require us to support the same types of interfaces required by the RFP. This allows us to easily understand the purpose and details behind each interface. The knowledge we bring to the project and our existing configurable interfaces allows us to hit the ground running to support your interface requirements throughout the contract term. **Attachment L Requirement HOSPHY43** Interface Name: TPL Resource File from TPL Vendor From: TPL Vendor To: An electronic system as defined by the agency, e.g. Medicaid Enterprise System Frequency: Variable (or a timeframe specified by the agency) Interface Description: Resource update file from the TPL Vendor to the Medicaid Enterprise System. Records received will be processed and used to update the resources currently on file. **Conduent response:** Conduent produces the TPL Resource File. We send the file to an electronic system as defined by the Agency, e.g., Medicaid Enterprise System. We send the file at variable times (or a timeframe specified by the Agency).	

	This interface is the resource update file from Conduent to the Medicaid Enterprise System. We acknowledge the records received are processed and used to update the resources currently on file.	
	Upload Attachments with Additional Information? **No**	Attachment File Name: N/A
14	**Interfaces-** Describe in detail your process for receiving, storing, and utilizing interfaces provided to you by the agency or agency system as stated in **Attachment L, Interfaces Section, Requirements HOSPHY25-HOSPHY42.**	
A14	*Answer # 144* Conduent agrees to support all the required inbound and outbound interfaces listed in the RFP. For each interface we: • Meet with the Agency and appropriate stakeholders to define the interface details, frequency, security requirements, and secure data access/transmission protocols • Document the interface details in an Interface Control Document (ICD) and seek Agency approval • Configure the interface using our standard library of production interfaces or if new, develop the interface according to the ICD • Review the data to test its validity • Perform quality assurance testing • Update our workflows to process the interface according to Agency-approved procedures • Document the interface in appropriate manuals, i.e., systems and operational procedure manuals We have many years of experience from contracts with state Medicaid and CHIP clients that require us to support the same types of interfaces required by the RFP. This allows us to easily understand the purpose and details behind each interface. The knowledge we bring to the project and our existing configurable interfaces allows us to hit the ground running to support your interface requirements throughout the contract term. **Attachment L Requirement HOSPHY25** Interface Name: 8091 Interface with Social Security Administration (SSA) From: An electronic system as determined by the agency, e.g. Medicaid Enterprise System To: TPL Vendor Frequency: Daily (or a frequency specified by the agency) Interface Description: This information is used to identify members who enrolled in SSA and have insurance coverage. It is sent by SSA and passed on to TPL Vendor. Any updates that TPL Vendor identifies on this file will be sent to the Medicaid Enterprise system on the standard resource interface. **Conduent response:** Conduent accepts the Social Security Administration (SSA) file with information on enrolled members via the 8091 Interface with SSA. We accept this file from an electronic system as determined by the Agency, e.g., Medicaid Enterprise System.	

	We accept the file daily (or a frequency specified by the Agency). This interface contains information that is used to identify members who enrolled in SSA and have insurance coverage. It is sent by SSA to the Medicaid Enterprise System, which then passes it on to Conduent. Conduent validates the SSA insurance coverage information according to interface business rules and applies the updates to our database. Any updates that Conduent identifies on this file is sent to the Medicaid Enterprise System on the standard resource interface. **Attachment L Requirement HOSPHY26** Interface Name: Beneficiary Earnings Exchange Records (BEER) to TPL Vendor From: An electronic system as determined by the agency, e.g. Medicaid Enterprise System To: TPL Vendor Frequency: Monthly (or a frequency specified by the agency) Interface Description: BEER data file from SSA that is passed on to the TPL Vendor. This file contains employment data. **Conduent response:** Conduent accepts the Beneficiary Earnings Exchange Records (BEER) data file. We accept the file from an electronic system as determined by the Agency, e.g., Medicaid Enterprise System. We accept the file monthly (or a frequency specified by the Agency). This interface contains the BEER data file from SSA that is passed on to Conduent. This file contains employment data. Conduent validates the employment information according to interface business rules and applies the updates to our database. **Attachment L Requirement HOSPHY27** Interface Name: Beneficiary and Earnings Data Exchange (BENDEX) file to TPL Vendor From: An electronic system as determined by the agency, e.g. Medicaid Enterprise System To: TPL Vendor Frequency: Daily (or a frequency specified by the agency) Interface Description: The daily BENDEX file sent by SSA to Medicaid Enterprise system will be passed on to the TPL Vendor. This file contains Medicare eligibility data. **Conduent response:** Conduent accepts the Beneficiary and Earnings Data Exchange (BENDEX) file. We accept the file from an electronic system as determined by the Agency, e.g., Medicaid Enterprise System. We accept the file daily (or a frequency specified by the Agency). The interface contains the daily BENDEX file sent by SSA to Medicaid Enterprise system, which is passed on to Conduent. This file contains Medicare eligibility data. Conduent validates the Medicare eligibility information according to interface business rules and applies the updates to our database.

Attachment L Requirement HOSPHY28
Interface Name: Buy-In to TPL Vendor
From: An electronic system as determined by the agency, e.g. Medicaid Enterprise System
To: TPL Vendor
Frequency: Monthly (or a frequency specified by the agency)
Interface Description: Buy-In data extract sent to the TPL Vendor at a frequency as determined by the agency. This is a full extract of all Buy-In records currently on file in an electronic system as determined by the agency, e.g. Medicaid Enterprise system.

Conduent response: Conduent accepts the Buy-In data extract.

We accept the file from an electronic system as determined by the Agency, e.g., Medicaid Enterprise System.

We accept the file monthly (or a frequency specified by the Agency).

This interface is a full extract of all Buy-In records currently on file in an electronic system, e.g., Medicaid Enterprise System, and is sent to Conduent as determined by the Agency. Conduent validates the buy-in information according to interface business rules and applies the updates to our database.

Attachment L Requirement HOSPHY29
Interface Name: Capitations file to TPL Vendor
From: An electronic system as determined by the agency, e.g. Medicaid Enterprise System
To: TPL Vendor
Frequency: Monthly (or a frequency specified by the agency)
Interface Description: This is a file for sending capitation payments and adjustments to the TPL Vendor. It is a full extract of all capitation data for the month

Conduent response: Conduent accepts the Capitations file.

We accept the file from an electronic system as determined by the Agency, e.g., Medicaid Enterprise System.

We accept the file monthly (or a frequency specified by the Agency).

The interface contains a file for sending capitation payments and adjustments to Conduent. It is a full extract of all capitation data for the month. Conduent validates the capitation payment and adjustment information according to interface business rules and applies the updates to our database.

Attachment L Requirement HOSPHY30
Interface Name: Carrier file to TPL Vendor
From: An electronic system as defined by the agency, e.g. Medicaid Enterprise System
To: TPL Vendor
Frequency: Monthly (or a frequency specified by the agency)
Interface Description: Carrier file from the Medicaid Enterprise system to the TPL Vendor. This is a full extract of all carrier records on file.

Conduent response: Conduent accepts the Carrier file.

We accept the file from an electronic system as defined by the Agency, e.g., Medicaid Enterprise System.

We accept the file monthly (or a frequency specified by the Agency).

The interface contains a carrier file from the Medicaid Enterprise system to Conduent. This is a full extract of all carrier records on file. Conduent validates the carrier file information according to interface business rules and applies the updates to our database.

Attachment L Requirement HOSPHY31
Interface Name: Dental Claims File to TPL Vendor
From: An electronic system as defined by the agency, e.g. Medicaid Enterprise System
To: TPL Vendor
Frequency: Monthly (or a frequency specified by the agency)
Interface Description: Full extract of all dental claims, paid and denied during the month, sent from the Medicaid Enterprise System to the TPL Vendor. Encounter and waiver claims are included in this file.

Conduent response: Conduent accepts the Dental Claims File.

We accept the file from an electronic system as defined by the Agency, e.g., Medicaid Enterprise System.

We accept the file monthly (or a frequency specified by the Agency).

The interface contains a full extract of all dental claims, paid and denied during the month, sent from the Medicaid Enterprise System to Conduent. Encounter and waiver claims are included in this file. Conduent validates the dental claims including encounter and waiver claims according to interface business rules and applies the updates to our database.

	Attachment L Requirement HOSPHY32 Interface Name: Diagnosis Code File to TPL Vendor From: An electronic system as defined by the agency, e.g. Medicaid Enterprise System To: TPL Vendor Frequency: Monthly (or a frequency specified by the agency) Interface Description: Extract of all current and future diagnosis codes currently stored in the Medicaid Enterprise System. **Conduent response:** Conduent accepts the Diagnosis Code File. We accept the file from an electronic system as defined by the Agency, e.g., Medicaid Enterprise System. We accept the file monthly (or a frequency specified by the Agency). The interface contains an extract of all current and future diagnosis codes currently stored in the Medicaid Enterprise System. Conduent processes diagnosis code file, validates the information according to interface business rules and applies the updates to our database. **Attachment L Requirement HOSPHY33** Interface Name: Drug Code File to TPL Vendor From: An electronic system as defined by the agency, e.g. Medicaid Enterprise System To: TPL Vendor Frequency: Monthly (or a frequency specified by the agency) Interface Description: Exact of all drug code data currently in the electronic system as defined by the agency, e.g. Medicaid Enterprise System. **Conduent response:** Conduent accepts the Drug Code File. We accept the file from an electronic system as defined by the Agency, e.g., Medicaid Enterprise System. We accept the file Monthly (or a frequency specified by the Agency). The interface contains an extract of all drug code data currently in the electronic system as defined by the Agency, e.g. Medicaid Enterprise System. Conduent processes drug code file, validates the information according to interface business rules and applies the updates to our database.

	Attachment L Requirement HOSPHY34 Interface Name: Institutional Claims File to TPL Vendor From: An electronic system as defined by the agency, e.g. Medicaid Enterprise System To: TPL Vendor Frequency: Monthly (or a frequency specified by the agency) Interface Description: Full extract of all institutional claims, for all statuses for a duration as determined by the agency and with a frequency as determined by the agency. Encounter and waiver claims are included in this file. **Conduent response:** Conduent accepts the Institutional Claims File. We accept the file from an electronic system as defined by the Agency, e.g., Medicaid Enterprise System. We accept the file Monthly (or a frequency specified by the Agency). The interface contains a full extract of all institutional claims, for all statuses for a duration as determined by the Agency and with a frequency as determined by the Agency. Encounter and waiver claims are included in this file. Conduent processes the institutional claims including encounter and waiver claims, validates the information according to interface business rules and applies the updates to our database. **Attachment L Requirement HOSPHY35** Interface Name: State Medicare Modernization Act (MMA) File to TPL Vendor From: An electronic system as defined by the agency, e.g. Medicaid Enterprise System To: TPL Vendor Frequency: Monthly (or a frequency specified by the agency) Interface Description: The MMA file sent from CMS to State Medicaid Enterprise System vendor which will then be passed on to the TPL Vendor. This file contains Medicare Part D data. **Conduent response:** Conduent accepts the State Medicare Modernization Act (MMA) File. We accept the file from an electronic system as defined by the Agency, e.g., Medicaid Enterprise System. We accept the file monthly (or a frequency specified by the Agency). The interface contains the MMA file sent from CMS to State Medicaid Enterprise System vendor which will then be passed on to Conduent. This file contains Medicare Part D data. Conduent processes the MMA file, validates the information according to interface business rules and applies the updates to our database.

	Conduent has prior experience processing MMA information for several state Medicaid programs. For the Mississippi Medicaid program, for example, we load the part D information into the user interface panels of our pharmacy claims processing system for use in TPL processing. **Attachment L Requirement HOSPHY36** Interface Name: Member Eligibility File to TPL Vendor From: An electronic system as defined by the agency, e.g. Medicaid Enterprise System To: TPL Vendor Frequency: Monthly (or a frequency specified by the agency) Interface Description: Member eligibility file from the Medicaid Enterprise System to the TPL Vendor. This is a full extract of all member records currently on file. **Conduent response:** Conduent accepts the Member Eligibility File. We accept the file from an electronic system as defined by the Agency, e.g., Medicaid Enterprise System. We accept the file monthly (or a frequency specified by the Agency). The interface contains the Member eligibility file from the Medicaid Enterprise System to Conduent. This is a full extract of all member records currently on file. Conduent processes the Member Eligibility file, validates the information according to interface business rules and applies the updates to our database. **Attachment L Requirement HOSPHY37** Interface Name: Pharmacy claims file to TPL Vendor From: An electronic system as defined by the agency, e.g. Medicaid Enterprise System To: TPL Vendor Frequency: Monthly (or a frequency specified by the agency) Interface Description: Full extract of all pharmacy claims, for all statuses for a duration as determined by the agency and with a frequency as determined by the agency. Encounter and waiver claims are included in this file. **Conduent response:** Conduent accepts the Pharmacy claims file. We accept the file from an electronic system as defined by the Agency, e.g., Medicaid Enterprise System. We accept the file Monthly (or a frequency specified by the Agency). The interface contains a full extract of all pharmacy claims, for all statuses for a duration as determined by the Agency and with a frequency as determined by the Agency. Encounter and waiver claims are included in this file. Conduent processes the pharmacy claims including encounter and waiver claims from the file, validates the information according to interface business rules and applies the updates to our database.

	Attachment L Requirement HOSPHY38 Interface Name: Physician Claims File to TPL Vendor From: An electronic system as defined by the agency, e.g. Medicaid Enterprise System To: TPL Vendor Frequency: Monthly (or a frequency specified by the agency) Interface Description: Full extract of all physician claims, for all statuses for a duration as determined by the agency and with a frequency as determined by the agency. Encounter and waiver claims are included in this file. **Conduent response:** Conduent accepts the Physician Claims File. We accept the file from an electronic system as defined by the Agency, e.g., Medicaid Enterprise System. We accept the file monthly (or a frequency specified by the Agency). The interface contains a full extract of all physician claims, for all statuses for a duration as determined by the Agency and with a frequency as determined by the Agency. Encounter and waiver claims are included in this file. Conduent processes the physician claims, include the encounter and waiver claims from the file, validates the information according to interface business rules and applies the updates to our database. **Attachment L Requirement HOSPHY39** Interface Name: Procedure Code File to the TPL Vendor From: An electronic system as defined by the agency, e.g. Medicaid Enterprise System To: TPL Vendor Frequency: Monthly (or a frequency specified by the agency) Interface Description: Extract of all procedure codes currently stored in the Medicaid Enterprise System. **Conduent response:** Conduent accepts the Procedure Code File. We accept the file from an electronic system as defined by the Agency, e.g., Medicaid Enterprise System. We accept the file monthly (or a frequency specified by the Agency). The interface contains an extract of all procedure codes currently stored in the Medicaid Enterprise System. Conduent processes the procedure code file, validates the information according to interface business rules and applies the updates to our database.

Attachment L Requirement HOSPHY40
Interface Name: Provider File to TPL Vendor
From: An electronic system as defined by the agency, e.g. Medicaid Enterprise System
To: TPL Vendor
Frequency: Monthly (or a frequency specified by the agency)
Interface Description: This is a full extract of all provider data currently on file.

Conduent response: Conduent accepts the Provider File.

We accept the file from an electronic system as defined by the Agency, e.g., Medicaid Enterprise System.

We accept the file monthly (or a frequency specified by the Agency).

The interface contains a full extract of all provider data currently on file. Conduent processes the provider data file, validates the information according to interface business rules and applies the updates to our database.

Attachment L Requirement HOSPHY41
Interface Name: Resource File to TPL Vendor
From: An electronic system as defined by the agency, e.g. Medicaid Enterprise System
To: TPL Vendor
Frequency: Monthly (or a frequency specified by the agency)
Interface Description: This is a full extract of all resource records currently on file.

Conduent response: Conduent accepts the Resource File.

We accept the file from an electronic system as defined by the Agency, e.g., Medicaid Enterprise System.

We accept the file monthly (or a frequency specified by the Agency).

The interface contains a full extract of all resource records currently on file. Conduent processes the resource file, validates the information according to interface business rules and applies the updates to our database.

	Attachment L Requirement HOSPHY42 Interface Name: Territory Beneficiary Query (TBQ) File to TPL Vendor From: An electronic system as defined by the agency, e.g. Medicaid Enterprise System To: TPL Vendor Frequency: Daily (or a frequency specified by the agency) Interface Description: The Medicare beneficiary eligibility determinations file sent from CMS to State Medicaid Enterprise System vendor will be passed on to the TPL Vendor. **Conduent response:** Conduent accepts the Territory Beneficiary Query (TBQ) File. We accept the file from an electronic system as defined by the Agency, e.g., Medicaid Enterprise System. We accept the file daily (or a frequency specified by the Agency). The interface contains the Medicare beneficiary eligibility determinations file sent from CMS to State Medicaid Enterprise System vendor, which is then passed on to Conduent. Conduent processes the Territory Beneficiary Query (TBQ) file, validates the information according to interface business rules and applies the updates to our database.	
	Upload Attachments with Additional Information? **No**	Attachment File Name: N/A

State of Georgia

In conjunction with

NASPO ValuePoint

Attachment DD
References Form
Event Name: Third Party Liability Services
eRFP (Event) Number: 41900-DCH0000120

Please provide references as directed in the mandatory scored question for each scope of work proposed. For each year of experience include the company or state where the recoupment work was performed, contact person's name, email address and telephone number. For each state or company identified you must include the annual recovery amount, annual cost saving amount and the population size of the company or state identified. The recovery amount is not applicable to and not required for the Hospital Physician scope of service.

REF #	Company or State	Population Size	Client Contact Information	SIMILAR SCOPE?	Annual Recovery Amount	Annual Cost Savings	CURRENT OR PAST?	PERMISSION TO CONTACT?
1	Montana Department of Health and Human Services – Montana Medicaid Program	290,000 Medicaid Eligible Members	[redacted]	Recovery ☐ Commercial Billing ☒ Hospital Physician ☒ CMO Come Behind ☒ TPL System Module ☐	[redacted]	[redacted]	CURRENT ☒ PAST ☐ **Period of Performance:** **01/01/2019 – 12/31/2019**	YES ☒ NO
2	State of Wyoming, Division of HealthCare Financing	Medicaid Population 60,716 Statewide Population: 563,626	[redacted]	Recovery ☒ Commercial Billing ☐ Hospital Physician ☐ CMO Come Behind ☐ TPL System Module ☒	[redacted]	[redacted]	CURRENT ☒ PAST ☐ **Period of Performance:** **07/01/20 – Present**	YES ☒ NO ☐

3	State of Wyoming, Division of HealthCare Financing	Medicaid Population 76,964 Statewide Population: 567,025	[redacted]	Recovery ☒ Commercial Billing ☐ Hospital Physician ☐ CMO Come Behind ☐ TPL System Module ☒	[redacted]	[redacted]	**CURRENT** ☐ **PAST** ☒ **Period of Performance:** **07/01/2019- 06/30/2020**	**YES** ☒ **NO** ☐

Third Party Liability Services for the State of Georgia
in conjunction with NASPO ValuePoint
eRFP (Event) Number: 41900-DCH0000120

CONDUENT

Data Match Status Report

Adds

Change Date	Change Type	Policy Holder Name	Policy Holder SSN	Policy Holder DOB	Member Name	Medicaid ID	Carrier Name	Policy number	Policy Group Number	Coverage Type	Effective date	Termination Date
MM/DD/YYYY	Add	John Smith	111-22-3333	MM/DD/YYYY	John Smith	987654321	XXXXXXXXX	GA000000	GA00001	Major Medical	MM/DD/YYYY	MM/DD/YYYY
MM/DD/YYYY	Add	John Smith	111-22-3333	MM/DD/YYYY	Jane Smith	198765432	XXXXXXXXX	GA000000	GA00001	Major Medical	MM/DD/YYYY	MM/DD/YYYY

Terms

Change Date	Change Type	Policy Holder Name	Policy Holder SSN	Policy Holder DOB	Member Name	Medicaid ID	Carrier Name	Policy number	Policy Group Number	Coverage Type	Effective date	Termination Date
MM/DD/YYYY	Term	Georgia Smith	444-55-6666	MM/DD/YYYY	Georgia Smith	987654321	XXXXXXXXX	GA000000	GA00001	Dental	MM/DD/YYYY	MM/DD/YYYY

Run Date: MM/DD/YYYY

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Attachment O Mandatory Scored Questions- CMO Come Behind Services	
Offerors must answer all questions in this document in the space provided.	
Failure to answer these questions will result in disqualification of the proposal	
Offerors must indicate whether their proposal meets the individual requirement and provide a supporting narrative in the space provided. The narrative description will be evaluated and awarded points in accordance with Section 6, Proposal Evaluation and Award. Certain questions require an attachment. ONLY upload documents where there is a "Yes-Required" in the "Upload Attachments with Additional Information?" column, to provide additional requested information for specific questions. If there is a "No" in the "Upload Attachments with Additional Information?" column, then a document will be NOT be evaluated, if uploaded. Suppliers must provide an answer in the answer box below for all questions with "No" in the "Upload Attachments with Additional Information?" column.	
DO NOT INCLUDE ANY COST INFORMATION IN YOUR RESPONSE TO THIS WORKSHEET.	
1	**Experience-** Supplier's references must demonstrate a minimum two (2) consecutive years Commercial Recoupment/Data Match experience or two (2) consecutive years Care Management Organization Come Behind experience and include for each year the company or state where the recoupment work was performed, contact person's name, email address and telephone number. For each state or company identified you must include the annual recovery amount, annual cost saving amount and the population size of the company or state identified. Please attach the reference template which was provided.
A1	*Answer # 1* Conduent far exceeds this requirement for commercial billing experience. Conduent has provided commercial recoupment/data match services for the Montana Department of Public Health and Human Services (DPHHS) Medicaid program for more than 35 consecutive years (since 1984). Overall, Conduent has provided technology and operations services for Montana under six consecutive Medicaid Management Information System/Fiscal Agent (MMIS/FA) contracts. Our experience includes performing research and data matching to verify other health insurance payers so the State can cost avoid future claims and recoup funds from responsible payers for previously paid claims. We discover other health insurance in a variety of ways—a Medicaid member provides other insurance information when applying for services, a claim submission contains TPL information that we don't have on file, or our TPL operations team speaks with a member or provider who provides TPL coverage updates. Specifically, our Montana TPL department has provided the following TPL commercial recoupment/data match services for a minimum of two consecutive years.

	• **Commercial Carrier Billing/Payment Collection** – Generating, screening, and mailing the monthly carrier bills based on the verified coverage entered by the TPL department – Making calls and following up on unpaid claims until resolution – Receiving, depositing, and reporting the payments collected from the carriers to the State of Montana Fiscal Department • **Maintain and Update Member Eligibility File/Cost Avoidance** – Receiving information related to new sources of TPL coverage and coverage no longer available from response to verification inquiries, caseworkers, providers, carriers, Supplemental Security Income (SSI), Child Support Division, and clients/members – Verifying the coverage information, and then, manually updating the member eligibility file in MMIS and the State's eligibility database For the reference details and contact information related this requirement, refer to the Attachment_DD_References_Form included in our proposal response.	
	Upload Attachments with Additional Information? **Yes-Required**	Attachment File Name: **Attachment DD- Reference Form (attached to this RFP)**
2	**Electronic Storage** Describe your process for electronically storing and retrieving all correspondence including but not limited to reports, letters, check copies, and financial records for all TPL programs for the duration of the contract.	
A2	*Answer # 2* Our enterprise content management (ECM) solution stores, retrieves, receives, tracks, and manages all document types electronically with a focus on reducing paper, increasing efficiency, and enhancing accuracy, while also decreasing operational costs. Our processes and tools enable efficient storage, retrieval, and management of internal and external reports, letters, check copies, and financial records for all TPL programs for the duration of the contract. In addition, the ECM allows users to create a case record that links a stored document with a specific case and prevents the addition of duplicate records. Conduent configures, supports, and maintains a configurable document management, workflow, and intelligent character recognition/optical character recognition (ICR/OCR) solution that meets the Agency's requirements. Our ECM stores any correspondence and documentation that our solution sends or receives and can pass generated correspondence and indexing metadata to the State's Integration Platform for storage in an electronic repository as determined by the Agency. The correspondence generated by our solution is sent to, indexed, and stored in the ECM and, if needed, linked to an applicable data record. A document received in the mailroom is scanned, uniquely identified with a document control number, and stored with its date of receipt. All materials stored in the ECM are available for online retrieval, viewing, and reprinting at any time.	

	Document Capture and Management Our ECM solution helps the Agency reduce its reliance on paper, supports centralized access to program documentation, and maximizes productivity by providing easy access to your documents. This solution provides processes for paper documents received in the mailroom, as well as proven processes that efficiently and accurately image, index, organize, store, and retrieve all document types, including checks and associated financial documents. Additionally, correspondence and reporting documentation that we produce as part of our workflow process is maintained and indexed to the appropriate transaction or data record, as well as the workflow item that generated it. All documentation in the ECM is available for online retrieval. When payment is received through your lockbox, we receive the related information and log the check number, payment date, and recouped amount on our systems with the check image if necessary. We share the data with the Agency or their designated vendor to reverse or adjust claims and apply the new payment amount from the carrier against the claim. If recoupments are received in our mailroom, they are immediately re-directed to your lockbox address. Our integrated solution is easily accessed and supports the mapping of business processes and sub-processes to Maven, our workflow application. With the flexibility found in Maven, we can configure both simple and complex workflows as well as define workflows and processes to create tasks based on the documents received and route/assign them to specific individuals or groups. Conduent makes your correspondence traceable and reference-able by assigning multiple indexes that make the documents searchable within our ECM. These indexes supply the identifying information within the images themselves along with the characteristics of the document. The indexes ensure that images can be easily found after they are stored and can be routed as necessary according to the workflow. For example, we assign correspondence related to a given recovery case by using indexes that cross-reference the image to that specific case. This allows users and systems that interface with the ECM to search all correspondence related to all cases. Note that access to all document repositories is strictly controlled through role-based security measures. **Correspondence Management Resources and Skill Sets** Conduent's TPL Services team has extensive experience in managing correspondence and related documentation. As a result, our team members are well versed in the functions, processes, and best practices for correspondence. Our approach to storing these materials in our ECM include best practices that we have refined over many years and through numerous projects. We have the tools, established processes, and team for generating and delivering correspondence, as well as for receiving, scanning, and associating paper documents. When storing correspondence and documents in our ECM, we apply index metadata that can be used as keywords or identifiers to easily search for and view a document later.

	Upload Attachments with Additional Information? **No**	Attachment File Name: N/A
3	**Relevant Time Periods-** Describe your process for identifying those claims which are still in-process after 365 calendar days and coordinating with the CMO to transfer responsibility of those cases as stated in **Attachment N, Relevant Time Periods Section, Requirement CMOCB1.**	
A3	*Answer # 3* **Conduent response:** **Attachment N Requirement CMOCB1** The come behind recoupment process begins three hundred sixty-five (365) calendar days (or a timeframe specified by the Agency) after the CMO paid encounter claim date. After that time period, the CMO must turn over the recoupment process for those claims to the Agency. Conduent works with CMOs to establish interfaces and processes for encounter claims and their related recoupment cases 365 days (or a timeframe specified by the Agency) after the CMO paid encounter claim date. Conduent takes over these CMO recovery efforts, leveraging our case management solution and data from the Agency's claims processing vendor, member enrollment system, and eligibility systems. CMO payment recoveries related to third-party liability occur for a variety of reasons. For instance, eligibility information is updated to include new insurance or to revise eligibility data that is out of date. Claims processing issues can also contribute to errors, such as a claim paid for an ineligible member on the date of service or a claim paid to the wrong provider or for the wrong member. We also check for encounter claims adjustments or recoupments performed by the CMO to match against any recoupment requests that are outstanding. Should Conduent identify any potential CMO recoupment cases that the CMO has not turned over after 365 days (or an Agency-specified timeframe), Conduent formally requests the CMO to turn over the recoupment process for those claims. We also establish a status for claims that moved to the Agency recovery process in order to avoid a duplication of effort and duplication of submissions to the responsible party.	
	Upload Attachments with Additional Information? **No**	Attachment File Name: N/A
4	**Relevant Time Periods-** Describe your process for seeking recoupment for services for which an alternative payer is responsible including but not limited to the requirements stated in **Attachment N, Relevant Time Periods Section, Requirement CMOCB2.**	

A4	*Answer # 4* Conduent meets the requirements of this section. For previously paid claims that were not cost avoided, we perform post-payment services to recoup that payment from the alternative payer. These services are an important aspect of any TPL program and are used in a variety of situations, such as when we have verified the availability of retroactive insurance or retroactive Medicare coverage. ## Attachment N Requirement for Relevant Time Periods In the following text, Conduent provides a response to each Attachment N requirement for the Relevant Time Periods Section, for Requirement CMOCB2. Our initial response confirms our commitment to meet the requirement followed by descriptions of our work. **Attachment N Requirement CMOCB2** The Supplier must seek recoupment for encounter claims for which an alternative payer is responsible, by conducting the following activities, including, but not limited to: a. Notifying the responsible payer of the recoupment within thirty (30) calendar days (or a timeframe specified by the Agency) from the date the recoupment is identified. b. The Supplier must allow carriers sixty (60) calendar days (or a timeframe specified by the Agency) to follow up on the initial notification of recoupment prior to initiating any follow-up activities. c. After the sixty (60) calendar day period (or a timeframe specified by the Agency), the Supplier must ensure any necessary follow-up contact is completed within thirty (30) calendar days (or a timeframe specified by the Agency) from the initial come behind billing date. **Conduent response:** Following the receipt of a CMO recovery case, our TPL specialists begin our established process to request a refund from the responsible alternative payer/carrier for recoupment/recovery. • We initiate this process by sending the alternative payer/carrier an electronic subrogation claim (837/835) and/or initiate a paper process using letters and paper subrogation claim. We notify the responsible payer (electronically, by phone, or by paper) within 30 calendar days (or a timeframe specified by the Agency) from the date the recoupment is identified. • We allow the alternative payer/carrier 60 calendar days (or a timeframe specified by the Agency) to respond to the initial notification. • If at the end of those 60 days, the alternative payer/carrier has not responded to the initial notification, Conduent performs the necessary follow-up activities within 30 calendar days (or a timeframe specified by the Agency) from the initial come behind billing date. This can include automatically generating follow-up notifications and/or subrogation claim resubmissions. Our case management system tracks the correspondence and transactions for a given recoupment. We monitor aging of open cases against the allowed time periods of 30 and 60 calendar days. This allows the alternative payers/carriers 60 calendar days (or a timeframe specified by the Agency) to respond and Conduent to perform follow-up activities in a timely manner.

	Upload Attachments with Additional Information? **No**	Attachment File Name: N/A
5	**Relevant Time Periods-** Describe your process for performing routine data matches with commercial carriers, other government agencies, and other alternative data resources utilizing the requirements stated in **Attachment N, Relevant Time Periods Section, Requirement CMOCB3.**	
A5	*Answer # 5* Conduent meets the requirements of this section as described below for CMOCB3. Finding other sources of coverage, implementing cost avoidance processes, and recovering funds, can potentially save the State millions of dollars that can be redeployed to meet the healthcare needs of its residents. As a leading innovator of health care management services, Conduent understands that effective recovery of third-party resources is essential to the success of our clients. ## Attachment N Requirement for Relevant Time Periods In the following text, Conduent provides a response to Attachment N, Relevant Time Periods Section for Requirement CMOCB3. Our initial response confirms our commitment to meet the requirement followed by our descriptions of our work. **Attachment N Requirement CMOCB3** The Supplier must perform monthly (or a timeframe as specified by the Agency) routine data matches with commercial carriers, other government Agencies, and other alternative data resources. a. The Supplier must update an electronic system as determined by the Agency, e.g. Medicaid Enterprise System, with verified TPL resource information within five (5) business days (or a timeframe specified by the Agency) from receipt of the resource. b. The Supplier must respond to system generated TPL reports and take the required actions to process necessary updates within five (5) business days (or a timeframe specified by the Agency). c. The Supplier must document all required actions in the electronic system as determined by the Agency, e.g. Medicaid Enterprise System, providing an explanation for what action was taken and why it was taken. **Conduent response:** Conduent performs monthly (or a timeframe as specified by the Agency) routine data matches with commercial carriers, other government agencies, and other alternative data resources including items (a. to c.) in CMOCB3. Our routine data matches involve the following actions: a) We update an electronic system as determined by the Agency, e.g., Medicaid Enterprise System, with verified TPL resource information within five business days (or a timeframe specified by the Agency) from receipt of the resource. b) We respond to system generated TPL reports and take the required actions to process the necessary updates within five business days (or a timeframe specified by the Agency). c) We document all required actions in the electronic system as determined by the Agency, e.g., Medicaid Enterprise System, providing an explanation for what action was taken and why it was taken.	

	In various sections of our proposal, we describe how our solution identifies new resources, verifies those resources, and updates any State systems (as required) with verified and as needed "partially verified" information. For example, in our weekly interface process, Conduent sends our subcontractor [redacted] an input file of paid claims. [redacted] then searches their massive database and returns a results file with any other insurance that is found for members covered by the dates of service on the claims. This occurs on a weekly basis and the results file contains verified leads only. For more details on how we work with [redacted] to find additional resources, refer to Proposal Section Attachment K Mandatory Scored Questions - Commercial Recoupment Services, subsection Attachment J, Overpayments Section, Requirements CREC6-CREC12. We log and track activity in our case management system and/or in the electronic system as determined by the Agency. To obtain and update member third-party resources, our expert staff initiates electronic data matches with commercial insurers and government programs and verifies matches using multiple channels to verify coverage, which may include sending 270/271 transactions to carriers where possible, phone calls, mail, email, and internet investigation. This capability allows us to respond to system generated TPL reports and to take the required actions to process the necessary updates quickly, efficiently, effectively, and in compliance with relevant laws, policies, and regulations. Using our case management system (or the electronic system determined by the Agency) we monitor open update related tasks and process updates within five business days (or a timeframe specified by the Agency).	
	Upload Attachments with Additional Information? **No**	Attachment File Name: N/A
6	**Program Documentation**- During the life of the contract, the Supplier will keep current program manuals which outline work processes updated with all program changes. Describe your ability and process to develop and update program manuals as stated in **Attachment N, Program Documentation Section, Requirement CMOCB4.**	
A6	*Answer # 6* Conduent meets this requirement throughout the life of the contract. We develop and maintain professionally written CMO Come Behind Program Procedures Manual. As an experienced fiscal agent, we are well versed in developing documentation that is clear, correct, and thorough. ## Attachment N Requirement for Program Documentation In the following text, Conduent provides a response to Attachment N, Program Documentation Section for Requirement CMOCB4. Our initial response confirms our commitment to meet the requirement followed by our descriptions of our work.	

Attachment N Requirement CMOCB4

The supplier must develop and maintain a professionally written CMO Come Behind Program Procedures manual to reflect the Supplier's processing operations and Recovery Procedures. A draft of the manual should be provided to the Agency within sixty (60) calendar days (or a timeframe as determined by the Agency) following the contract execution.

a. The Supplier must develop, document, and maintain a method of providing updates to the procedure manual from the effective date of any change.
b. The Supplier must provide the Agency with the updated CMO Come Behind Program Procedures manual for its review and approval within thirty (30) days (or a timeframe as specified by the Agency) of any proposed update(s).

Conduent response: Conduent satisfies Requirement CMOCB4. Conduent develops and maintains a professionally written CMO Come Behind Program Procedures Manual to reflect our processing operations and recovery procedures. A draft of the manual is provided to the Agency within 60 calendar days (or a timeframe as determined by the Agency) following the contract execution.

- Conduent develops, documents, and maintains a method of providing updates to the procedure manual from the effective date of any change
- We provide the Agency with the updated CMO Come Behind Program Procedures Manual for review and approval within 30 days (or a timeframe as specified by the Agency) of any proposed updates

After initial meetings with the State, we create an initial draft addressing requirements specific to the State. We provide the State our procedures for updating the procedure manual upon initial approval. At a minimum, depending on State requirements, we perform complete review and updates quarterly and publish them according to a pre-defined schedule. However, major changes could occur for new processes or technology. Changes of vendors or systems supporting the Medicaid Enterprise Solution (MES) could trigger a change in our processes and procedures. Once Conduent determines changes to the procedure manual are needed, we notify the State and indicate which processes or procedures are changing. This notification is done prior to delivery of the updated manual. We submit the updated procedures to the State for review and approval within 30 days of any notification of proposed updates.

We provide a version history of the procedure manual that includes:

- Version number
- Date of the version release that includes the change
- Section of the change
- Summary of changes

The process allows for the State to review and approve the procedures before we initiate them. Once the State reviews the CMO Come Behind Program Procedures Manual, we review comments and make the requested changes, typically within 10 business days. We then resubmit the new procedures manual for final approval. The review process and timelines vary for each state. We approach each scenario with flexibility to accommodate project needs.

	Upload Attachments with Additional Information? **No**	Attachment File Name: N/A
7	**System Requirements-** Describe your process for tracking collections using a web-based accounts receivables system that must be reviewed and approved by the Agency prior to production utilizing the requirements identified in **Attachment N, System Requirements Section, Requirement CMOCB5.**	
A7	*Answer # 7* Conduent's process for tracking collections uses a web-based accounts receivable (A/R) system that provides a reliable means of recovering paid healthcare encounter claims, thereby helping to preserve the Agency's fiscal resources. ## Attachment N Requirement for System Requirements In the following text, Conduent provides a response to Attachment N, System Requirements Section, CMOCB5. Our initial response confirms our commitment to meet the requirement followed by our descriptions of our work. **Attachment N Requirement CMOCB5** The Supplier must track collections in an accounts receivables system that must be reviewed and approved by the Agency prior to production use, or work in the Agency's current accounts receivables system. **Conduent response:** Conduent tracks collections in our A/R system, the Tally Accounting Software, which we review with the Agency during the implementation phase of the project. Depending on the outcome of that review, if preferred, we can use the Agency's current A/R system to perform the same work outlined in this response. **Accounts Receivable System** Public assistance programs continue to face acute budgetary challenges, requiring states to further strengthen their efforts to ensure Medicaid in the payer of last resort. To assist the Agency in this effort, we provide the TPL CMO Come Behind Services project a solution to recover long-paid encounter claims (i.e., claims paid 365 days or more in the past) from liable third parties. Post-payment recoveries/recoupments become feasible when new liability data comes to light, such as when new TPL data identifies retroactive Medicare coverage. Our recoupment processes for TPL encounter claims are integrated to maintain and update the A/R system for recovery payments and denials received daily. Our A/R management process uses a combination of technology and manual verification to post, track, and reconcile encounter recovery payments—from initial receipt through monthly invoicing. This includes the calculations necessary to track partial payments and identify remaining balances when multiple third parties are responsible for payment.	

Tally Accounting Software

The web-based Tally Accounting Software is accessible from a browser or any device employing a fully secure connection. Tally's automated functionality minimizes manual processes and supports the best practices and processes that we follow to provide efficient, streamlined A/R processing. Our accounting procedures and practices conform to Generally Accepted Accounting Principles (GAAP) as well as to applicable state and federal guidelines. We also adapt our proven accounting policies and procedures and modify them as needed for the TPL CMO Come Behind Services project.

Tally is a secure and stable A/R system that supports collections management, follow-up, and reporting activities for recovering encounter claims that were paid 365 days or more in the past. We update this A/R system, manually or electronically, with remittance data (payments, partial payments, offsets, and denials) that we receive from insurance carriers, providers, and other fiscal intermediaries. By maintaining an A/R record for every encounter recoupment claim billed on the Agency's behalf, along with posting claims activity at the claim level, we create a comprehensive audit trail and facilitate effective follow-up data analysis.

Tally houses the complete adjudication results for all claims as they move through the A/R process. This solution complies with Generally Accepted Accounting Principles (GAAP) and possesses the rich functionality required to confirm maximum recoveries while providing financial controls and complete tracking and reporting capabilities.

The following are some of the tasks that Tally supports:

- Maintains individual, claim-specific records on each claim our TPL team bills for all third party sources
- Captures key financial data elements including:
  - Medicaid paid amount
  - Billed recoupment amount
  - TPL payment received
- Generates the following deliverables:
  - A/R listings
  - Provider recoupment listings
  - Refund notices
  - Provider void listings
  - Recoupment files
  - Invoice documentation
  - Recovery reports/follow-up reports
  - Daily, weekly, monthly, and quarterly billing cycle reports

- Automatically updates our TPL Services database with remittance data to:
  - Eliminate non-covered groups, insurers, dependents, and claim types from future billings
  - Create new or updated carrier/group coverage information
- Generates key project statistics to complete project reports and other ad hoc client reports
- Produces managerial reports that our TPL team uses to verify quality control of all output
- Generates reports that our TPL team uses to monitor adjudication rates, identify non-adjudicated claims populations, and rebill open and denied claims

Process for Tracking Collections

The process of generating recovery accounts receivables for paid encounter claims is automatically initiated by the Tally system. The bills are system-generated on a monthly basis as an automatic result of processing. In all of these instances, our TPL team initiates direct billing to the identified insurance carrier or provider for the recoupment of Medicaid payments.

Recording an A/R

During our TPL process, and as we generate and submit claims, we update Tally with an open detail record for each claim billed. Our A/R system assigns a unique tracking record for each member and carrier, including members with retroactive TPL, for whom we seek recovery.

Tracking an A/R

After the TPL team generates, mails, and transmits encounter recovery invoices to carriers and other payers, we load the claims information into our A/R system to track payments, electronic denials, and non-responses. We monitor carrier responses to identify unpaid, non-adjudicated, denied, and other groups of claims submitted to insurance carriers that appear most likely resolved and paid because of targeted follow-up. We refer to this process as yield management. Third party payers sometimes incorrectly deny claims or require additional information to adjudicate and pay claims correctly. We review received carrier remittance information, including explanation of benefits (EOBs), and post both payment and denial information to our A/R system. We capture the claim non-payment reason for review by our follow-up team, and we rebill the claim, as appropriate, if the information requested is available. We fully document our yield management and collection activities and submit a monthly report of these activities containing the required data elements to the Agency. Our TPL team's yield management process includes following up on claims when the reason for non-payment includes:

- Claim duplication
- Payment was made to either the policy holder or the service provider

- Third party requested additional documentation from the provider to process the claim
- Claim was denied for not having prior authorization or for technical reasons
- Carrier has not responded to an Agency-directed carrier billing

Reversing Claims

The A/R system also allows us to reverse claims and take back from providers the monies that were previously paid. This can happen with members whose Medicare eligibility was granted retroactively after claims paid. In those instances, our TPL team initiates reversals for claims paid prior to the system update of Medicare coverage. We then send letters to the liable third parties with details for the claims reversed and tell them these reversals will be included in the next remittance advice.

Handling Denied Claims

We realize that some denied claims are eligible for recovery. We refer to these as actionable denials, and use data obtained through the yield management process to identify these unpaid claims and to pursue payment. To recover all monies to which the Agency is entitled, we actively and consistently communicate with payers on these actionable denials and provide additional information they may need to complete the recovery process. We track denial information received by denial type and reason in our A/R system. The TPL team analyzes, corrects, and resubmits rejected claims until we determine that the claim has been correctly paid and processed or validly denied. Our A/R system generates a variety of reports to monitor adjudication rates, identify non-adjudicated claims populations, and re-bill open and denied claims.

Process for Payment Receipts

Our A/R system is an integrated component of our solution for the TPL CMO Come Behind Services project. This system provides the functionality to record accounts receivables for past encounter claims, track the payments due, and record payments and adjustments. We post recoupment payments to our A/R system with associated information, such as source (check) number, date received, payment amount, and billing provider. In addition, each recoupment payment can be associated with one or more negative financial records, thus reconciling those records with the associated claim records.

Handling Check Receipts

Our TPL team indexes the check receipts by document type and records the payment details, such as provider number, member number, insurance carrier name, or provider name, amount, and receipt date. As we receive payment information from your lockbox, the system updates the A/R balance and applies the claim's payment by the line item listed in the A/R. During this process, we capture

the claim's identifying information, payer's billing data, payment information, and payment posting date, from which we then generate a posting file.

Payments are prioritized in the work queue based on the receipt date for each check. All TPL checks from insurers are routed to the benefit recovery insurer queue while provider and Medicare checks are routed to the benefit recovery provider queue.

When payment information is received from your lockbox, a workflow is initiated for receivable processing. We use our internal audit procedures to ensure that all incoming check information are tracked and applied to the appropriate A/R records.

If identifying information for applying the payment is:

- Included with the check information, our TPL team applies the payment to one or more A/R records. This updates the receivables, as well as the associated claim, funding account, and prior authorization record, if appropriate
- Not included with the check information, our TPL team follows Agency procedures for contacting the payer and obtaining the missing information. The check will not be allocated to specific receivables until the provider returns the needed information

After receipt from your lockbox, the insurer checks are routed to an insurer check queue (holding queue) and the provider checks are routed to the check categorization queue. After deposit, the A/R system receipts are balanced against the deposit to ensure all checks are accounted for and that the check amounts are correct.

Handling Adjustments

When a claim is adjusted, a new accounts receivable is created in order to record any remaining amount that needs recoupment from the third party. The amount of the new accounts receivable is determined based on comparing all historical financial records for the claim to the payment amount on the adjusted version of the claim. This receivable is subsequently used in downstream financial and adjustment processes.

Reports and Analytics

Our solution's reporting functionality plays a valuable role in tracking the collection of recoupments. To continually stay abreast of TPL A/Rs, we use the reporting functionality in Tally to provide important information related to TPL collections, pends, referrals, cost avoidance, and more. Then, where more in-depth reporting is required, we use Microsoft Power BI to support standard, ad hoc, dashboard, and analytical reporting. Both Tally and Power BI feature easy-to-use interfaces. Plus, Power BI incorporates interactive visualizations and business intelligence capabilities. These reporting tools enhance the user's ability to spend more time analyzing TPL payment data while improving policy development and management.

	Upload Attachments with Additional Information? **No**	Attachment File Name: N/A
8	**System Requirements-** Describe how you will handle recoupment/recovery checks sent to your company for processing, including the items listed in **Attachment N, System Requirements, Requirement CMOCB6.**	
A8	*Answer # 8* Conduent meets the requirements of this section as described below for CMOCB6. Our TPL operations across the nation handle recoupment/recovery checks every day. We have established processes and procedures for handling recoupment and recovery checks to support the TPL services project. ## Attachment N Requirement for System Requirements **Conduent response:** In the following text, Conduent provides a response to Attachment N, System Requirements Section for Requirement CMOCB6. Our initial response confirms our commitment to meet the requirement followed by our descriptions of our work. **Attachment N Requirement CMOCB6** Recoupment/recovery checks associated with the CMO Come Behind Program will be sent to the Supplier for processing. After receiving a check from a carrier or payer, the Supplier must record basic documentation associated with the check, including but not limited to: a. Member name b. Medicaid ID c. Encounter date d. Amount billed e. Amount paid f. Check number g. Check amount h. Check date i. Deposit date j. Cash control number (CCN) k. Claim ID (ICN) **Conduent response:** Conduent meets Requirement CMOCB6 today and provides a system that can record the basic information required by this RFP for the TPL CMO Come Behind Services. We have developed our internal system to perform these activities timely and accurately. The TPL operational system tracks and provides reporting for recoupment/recovery checks as it does for other types of receipts. TPL checks from insurers are routed to the benefit recovery insurer queue while provider and Medicare checks are routed to the benefit recovery provider queue.	

Identification and Classification

When payment is received through the Agency lockbox, we receive the related image and information from your lockbox and log information into the system, including but not limited to the data listed in CMOCB6. We share the data with the Agency or their designated vendor to reverse or adjust claims and apply the new payment amount from the carrier against the claim. If recoupments are received in our mailroom, they are immediately re-directed to your lockbox address.

Our TPL specialists review inbound check details to validate they are for members of the Agency's Medicaid or CHIP program. Checks are identified as either solicited (such as in response to an Agency or Conduent recoupment/recovery request) or unsolicited (such as a refund for a previous Medicaid payment).

- **Solicited Checks.** We validate the information provided and attempt to locate a recoupment request in our internal case tracking system. If we can find that the case and data elements match, including the amount, the recoupment is marked as finalized and the process moves forward with final documentation. If a check is received without its accompanying documentation, Conduent staff contact the sender and request the supporting documentation. Once the documentation is received, we attach the supporting documentation.
- **Unsolicited Checks.** Providers often submit unsolicited checks as refunds for earlier Medicaid payments when they later receive additional payments from Medicare or another non-Medicaid CMO/MCO insurance company. The claims associated with those checks are identified by a unique claims identifier, which is equivalent to the required claim ID (ICN).

Upon receipt of payment, Conduent reviews the payment to determine whether the funds are indisputably solicited or unsolicited by comparing the documentation received to the information in the system. During the intake process, payments are separated into types (i.e., insurer, provider, or Medicare) and the amounts are categorized by one of the following:

- Medicare (Solicited)
- Medicare (Unsolicited)
- Health (Solicited)
- Health (Unsolicited)
- Billing Errors (Solicited)
- Credit Balance
- Agency Defined-OTHER

Unsolicited payments that result in the identification of new policies are routed to the verification queue for review.

	Research and Documentation For those payments received that we cannot find a request for recoupment, we perform additional research looking into the most recent version of our encounter history file that we received from the Agency or their designated vendor. We look for the member by member ID (if provided) and/or perform additional Grade A matching criteria using several other data elements as discussed in the above details. If our team is successful in finding a match, we create a recoupment record in our tracking system, mark it as finalized, and then, continue to finalize the documentation. If we cannot find a matching record on the encounter file, we add a new entry into our case tracking system and mark it with a status of unverified pending further research. We report all recoupments on a weekly and monthly basis to the Agency. The solution we use has all the data elements required in CMOCB6. If Conduent is selected for the TPL System Module, CMdS-TPL already has all the required data elements, except the encounter date—which we add during the implementation phase. We work with the Agency and any associated Medicaid Enterprise System (MES) vendors during the implementation phase to fine-tune our internal system, adding any additional data elements required by the Agency.	
	Upload Attachments with Additional Information? **No**	Attachment File Name: N/A
9	**System Requirements** Describe your process for creating invoices for recoveries associated with each CMO, including the requirements stated **Attachment N, System Requirements, Requirement CMOCB7.**	
A9	*Answer # 9* Conduent uses a similar process to create the invoices for CMO Come Behind recoveries as we use for commercial recoupments and standard recoveries as discussed in this proposal, with a few key differences. These include maintaining a historical encounter database that holds paid claims by CMO\MCO for at least two years that is updated monthly by the State or their designated MES vendor. ## Attachment N Requirement for System Requirements In the following text, Conduent provides a response to Attachment N, System Requirements Section for Requirement CMOCB7. Our initial response confirms our commitment to meet the requirement followed by our descriptions of our work.	

	Attachment N Requirement CMOCB7 The Supplier must produce separate invoices for recoveries associated with each CMO. a. The Supplier must submit invoices in an agreeable paper or electronic format to the Agency point of contact not later than the 12th calendar day of the month (or a date specified by the Agency), for the previous month (for example invoice must be received by February 12th for month starting January 1st and ending January 31st). If the due date falls on a weekend or a State holiday, the due date will be the following business day. b. The Agency point of contact will review and approve an invoice submitted by the Supplier. If there is an error in the invoice, the Supplier will be required to correct and resubmit the invoice. **Conduent response:** Conduent works with the Agency to configure systems and operations processes that support invoicing of verified recoveries in an agreeable manner. We produce separate invoices for recoveries by each CMO\MCO. Our team works through the recovery process, tracking and grouping related activities and tasks by individual effort and under attributes that identify the specific CMO related to the recovery. We submit the invoices in an agreed upon format (i.e., paper or electronic) to the Agency point of contact no later than the 12th calendar day of the month (or other date specified by the Agency) for those verified recoveries from the previous month's research, identification, and verification. This includes any updates received in the encounter file by the 5th business day in the current month for any adjustments to claims paid by the CMO over 365 days ago. If the submission due date falls on a weekend or State holiday, the due date moves to the following business day. We understand and acknowledge that the Agency reviews and approves each invoice by CMO for Come Behind recoveries. If the Agency finds any errors or anomalies, the Agency returns the invoices to Conduent for correction. Our team works to resolve those errors or anomalies and resubmits the invoice with corrections for the Agency's review and approval.	
	Upload Attachments with Additional Information? **No**	Attachment File Name: N/A
10	**Refund Requests-** Describe your process for researching, validating and documenting all TPL refund requests. Please attach a proposed sample of a "Carrier Refund Request" form including but not limited to the requirements stated in **Attachment N, Refund Requests Section, Requirements CMOCB8-CMOCB12.**	
A10	*Answer # 10* Conduent modifies our refund request process and form we currently have in place for FFS claims refund requests to accommodate the CMO Come Behind Services. Refund requests from carriers and other types of insurance happen when the carrier/insurer does not believe and can prove they were not responsible for a Medicaid member or the services provided to the member on the date of service by the Medicaid CMO/MCO. This can be in response to a request for recovery from Conduent, the State, or one of the Medicaid CMO/MCOs. Refund requests can be received by mail, email, and telephone calls. We document every interaction with the carrier or other insurer and acknowledge receipt of the request.	

We review the request for refund and use available systems including our own internal tracking system, the State's claims processing system, MES financial module, and our encounter history file. Reasons behind whether a request is valid or not may include (but not be limited to) scenarios where a member was not covered by Medicaid on claim date of service, or a particular service may not have been covered by the plan. We conduct research using various methods and tools including any systems available to us like our internal systems, the state's available MES systems for member eligibility, MES Claims Module and MES-TPL module, MES-Encounter module. In our research we identify missing documentation the Agency requires for refund approval. Missing information is documented, and a request is sent to the carrier/insurer requesting the missing or additional information. If we find that the refund request is warranted, we update our internal tracking system, complete the request for refund form (see attachment) for State review and approval. Once we receive the approved refund requests, depending on the State's requirements either we begin the process to initiate the refund, or the State's designated financial services department or vendor initiates the refund.

Attachment N Requirements for Refund Requests

On the following pages, Conduent provides a response to Attachment N, Refund Requests Section, for Requirements CMOCB8 through CMOCB12. Our initial response confirms our commitment to meet the requirement followed by our descriptions of our work.

Attachment N Requirement CMOCB8

The Supplier must research, validate and document all TPL refund requests based on Agency business rules. Refund requests must be reviewed and approved as determined by the Agency.

Conduent response: Conduent researches, validates and documents all TPL refund requests based on Agency business rules. We acknowledge that refund requests must be reviewed and approved as determined by the Agency.

Through our past and current operations, we are very familiar with using business rules and documented procedures to process requested refunds. Our solution incorporates the Agency's business rules and our procedures designed to meet the unique needs of the CMO Come Behind refund process. Together, the business rules and procedures provide the necessary guidance to check for, among other items, valid matches on members, dates of service, providers, claim numbers, and services.

The business rules and procedures are approved in advance by the Agency. We follow each step of the Agency-approved procedures from initial intake through research, validation, and final documentation in our internal tracking system. Based on rule driven criteria we quickly determine if a request is valid or invalid. For example, if the type of coverage is at issue, we can check the member's Medicaid eligibility and enrollment against the carrier/insurer subscriber's dates and policy offerings. The relevant benefit might not have been available, so we compare the type of service on the claim to the carrier/insurer's benefit coverage. Other issues may require additional research and validation.

	The TPL specialists check for evidence or proof to support the refund request, either electronically or by phone. Then, we provide the Agency with the validated refund requests for the Agency's review and approval before issuing the requested refunds. **Attachment N Requirement CMOCB9** Supplier must work with Agency to develop a Refund Request form. The form must be completed by the Supplier and submitted to the designated TPL point of contact at the Agency along with supporting documentation no later than thirty (30) business days (or a timeframe specified by the Agency) from receipt of request. **Conduent response:** We have a Refund Request form today that we use for fee for service (FFS) claim refund requests that we modify and submit with any customizations for Agency review and approval during the implementation phase. Our final CMO Come Behind services Refund Request form is incorporated into our policy and procedure manual, which is approved by the Agency prior to implementation. Upon receipt, research, and validation that a refund request is valid, our team documents the refund request on the approved CMO Come Behind Service Refund Request form, including any associated supporting documentation, and submits it to the Agency within 30 business days (or a timeframe specified by the Agency) from receipt of the request. We usually submit completed request forms and supporting documentation for refunds on a weekly basis to the TPL point of contact at the Agency. Refer to Section 4.4.10.A for a sample refund request form. **Attachment N Requirement CMOCB10** The Supplier must document and keep the Agency informed of the Supplier's efforts and processes used to obtain the carrier refund supporting documentation. If there is a delay in obtaining the supporting refund documentation, the Supplier must document and provide the Agency with a status report within a timeframe determined by the Agency to include the efforts made and the processes used along with any recommended next steps (request for an extension of time to process). The Supplier is required to develop and document a process for handling delays. **Conduent response:** Conduent will meet Requirement CMOCB10. As mentioned previously, we use an internal tracking system to document the entire refund process from receipt through research, validation, and final documentation. If our TPL specialists cannot find supporting documentation to support the refund, we document in the tracking system the date we notified the carrier and flag that refund for reporting to the Agency as delayed, awaiting further documentation. We report status on refunds in process in our monthly status report (or another timeframe specified by the Agency) each month. Our status report includes notes on every refund request that needs additional information, the date we asked for the information, the type of information requested, and the latest status. If the refund is approaching the contract requirement for processing refunds, we ask for an extension and then try to re-engage the carrier/insurer to request the missing information again. We document what is still outstanding for each refund that is open and pending additional information from the carrier/insurer and share that with the Agency as part of our status reporting. We work with the state during the implementation phase to determine at what point we close the refund request process and formally deny the request, however our standard approach would be to close/deny the request no later than 60 calendar days after we sent the original request for additional information.

	Attachment N Requirement CMOCB11 The Supplier must develop, document and maintain a professionally written, Agency approved Carrier Refund Process Procedure manual within a timeframe determined by the Agency. **Conduent response:** Conduent develops, documents, and maintains a professionally written, Agency approved Carrier Refund Procedure manual within the timeframe determined by the Agency. We have created professionally written policy and procedures for refund processing in the states where we perform TPL functions and update those with CMO Come Behind Service processes. We start with our standard policy and procedure manual and refund request form and customize it for the Agency. We put it through internal quality control review, and then, deliver it to the Agency TPL contact within a timeframe specified by the Agency of contract execution to finalize and gain approval. **Attachment N Requirement CMOCB12** The Supplier must complete a "W-9" form for refunds greater than or equal to $600.00 (or an amount specified by the Agency). **Conduent response:** Conduent completes a W-9 form for refunds greater than or equal to $600 as specified by the Agency. Refunds reflect as a negative adjustment on the invoice following the receipt of the refund request. If there is a refund required from a check listed on the previously approved invoice, the refund reflects as a negative adjustment on the following invoice. The invoice data elements include, but are not limited to member name, Medicaid ID, the check number/claim adjusted, adjustment amount, reason for the refund, and the cash control number (CCN) or internal control number (ICN). We understand that in processing a validated refund request, we need to complete a W-9 form per Agency direction for the amount of the approved refund. If a refund requested is from a previously approved invoice, and we earlier received payment from the carrier/insurer, we submit a negative adjustment request in the amount of the proposed refund on the current invoice. The negative adjustment\new invoice request includes, at a minimum: • Member name • Member Medicaid ID number • Check number from the carrier and claim adjusted • Adjustment amount • Cash control number or unique confirmation number • Reason for proposed refund (supported by documentation We forward the completed W-9 and the negative adjustment request to the State's financial department or as directed to the MES vendor handling financial transactions.	
	Upload Attachments with Additional Information? **Yes-Required**	Attachment File Name: **Sample Carrier Refund Request Form_ CMO Come Behind Services**

11	**Refund Requests-** Describe your process for ensuring refunds reflect as a negative adjustment on invoices following the receipt of the refund request including all requirements stated in **Attachment N, Refund Requests Section, Requirement CMOCB13.**
A11	*Answer # 11* **Conduent response:** Conduent meets this requirement through an established process that we follow today, ensuring refunds reflect as a negative adjustment on invoices following the receipt of any request for a refund. We provide details for this process in the following response for Requirement CMOCB13. ## Attachment N Requirement for Refund Requests In the following text, Conduent provides a response to Attachment N, Refund Requests Section for Requirement CMOCB13. Our initial response confirms our commitment to meet the requirement followed by our descriptions of our work. **Attachment N Requirement CMOCB13** Refunds must reflect as a negative adjustment on the invoice following the receipt of the refund request. An invoice must be submitted for payment from the recoupment amount. If there is a refund required from a check listed on the previously approved invoice, the refund must reflect as a negative adjustment on the following invoice. The invoice data elements should include, but are not limited to: member name, Medicaid ID, the check number/claim adjusted, adjustment amount, reason for the refund, the cash control number (CCN), and the internal control number (ICN). **Conduent response:** Refunds handled by Conduent reflect as a negative adjustment on the invoice following the receipt of a refund request. An invoice is submitted for payment from the recoupment amount. If there is a refund required from a check listed on the previously approved invoice, the refund reflects as a negative adjustment on the following invoice. The invoice data elements include, but are not limited to: member name, Medicaid ID, the check number/claim adjusted, adjustment amount, reason for the refund, the cash control number (CCN), and the internal control number (ICN). **Process Description** Once Conduent verifies that the request for a refund is valid, we create the documentation required by the State, including the refund request form and any associated data or required letter supporting the carrier's claim for a refund. We log the results of our research in our case tracking system and any other systems, i.e., any MES modules that we are required to use by the State. We flag the validated refund request as "Verified, Pending State Approval."

	If the requested refund is for a previously approved invoice for which we issued a recoupment or recovery request and we received payment from the carrier/insurer, we submit a negative adjustment request. That request is for the amount of the proposed refund on the current invoice for which we seek Agency approval. The negative adjustment/new invoice request includes the following data elements at a minimum: • Member name • Medicaid ID • Check number from the carrier and Care Management Organization (CMO) claim adjusted • Adjustment amount • Reason for proposed refund (supported by documentation) • Cash control number (CCN) • Internal control number (ICN) Our internal tracking system captures the above data elements plus the following types of information: • ID number of the CMO that originally paid the claim being recouped • Provider ID number on the claim paid by the CMO • Amount of the check received from the carrier • Amount of the claim paid by the CMO • Paid date of the claim based on the encounter file from the CMO • Deposit number of the original payment from the carrier • Federal ID number of the carrier that issued the payment to the State and is now requesting a refund • Refund letter reference number, as applicable • Negative adjustment request, as applicable • Other information requested by the State during the implementation phase requirements definition exercise We then submit the refund request to the State for review and approval. Upon approval of the refund requested by the carrier, a negative adjustment is included on the subsequent monthly invoice generated by our system.	
	Upload Attachments with Additional Information? **No**	Attachment File Name: N/A
12	**Refund Requests-** Describe your method for processing all designated carrier(s), e.g. Veterans Administration (VA)/Tricare, refund requests and checks as priority utilizing the requirements identified in **Attachment N, Refund Requests Section, Requirement CMOCB14.**	

A12	*Answer # 12* Conduent meets this requirement through an existing process that we employ today. We modify the process as needed to prioritize refund requests and checks for all designated carriers (e.g., VA/TRICARE). ## Attachment N Requirement for Refund Requests In the following text, Conduent provides a response to Attachment N, Refund Requests Section, Requirement CMOCB14. Our initial response confirms our commitment to meet the requirement followed by our descriptions of our work. **Attachment N Requirement CMOCB14** The Supplier must develop and document a process within a timeframe as determined by the Agency to monitor TPL lockboxes for receipts of designated carrier(s) refund requests. The TPL lockboxes must be monitored weekly (or a timeframe specified by the Agency). **Conduent response:** Conduent meets Requirement CMOCB14 as described in the following text. **Develop and Document the Refund Request Process** Conduent modifies, as needed, our existing process to prioritize designated carriers for refund request processing—specifically for TPL CMO Come Behind Services. We already have a documented policy and procedure manual for how we handle FFS refund requests from carriers and insurers, including requests from the Veterans Administration (VA) and TRICARE. We modify the procedures in our standard process for the unique category of CMO Come Behind Refund Requests—including steps on how to identify VA or TRICARE requests that require priority designation. We work with the Agency during the implementation phase and within a timeframe specified by the Agency to fine-tune these procedures for monitoring the TPL lockboxes for receipt of refund requests from designated carriers. **Monitor TPL Lockboxes for Refund Requests** Conduent TPL specialists review the daily receipts of refund requests from your lockboxes and other sources (telephone, email, or USPS mail). If there are any requests from the VA/Tricare lockbox (or other carriers specified by the state as “VIP”), we prioritize them in our refund processing queue for expedited research, validation, and final determination. Our tracking system reflects priority refund processing requests from these carriers/insurers. Our TPL specialists work the queue daily and insert any VA/Tricare or VIP carrier refund requests in the front of their queue for expedited processing.	
	Upload Attachments with Additional Information? **No**	Attachment File Name: N/A

13	**Administrative Requirements-** Describe your process for managing, documenting, and coordinating all specified administrative and system activities including but not limited to the requirements stated in **Attachment N, Administrative Requirements Section, Requirements CMOCB15-CMOCB16.**
A13	*Answer # 13* Conduent will meet this requirement to provide a process for managing, documenting, and coordinating all specified administrative and system activities including, but not limited to, the requirements addressed in this section. We provide details for this process here and in the following responses for Requirement CMOCB15 and Requirement CMOCB16. Conduent has a long history providing business process outsourcing to both public and private sector customers. We have established standard policies and procedures for administrative activities, such as those listed in the RFP that we bring to the project. As this is a relatively new and unique type of TPL service, we work with the Agency to fine-tune our standard procedures, processing, and operations center during the implementation phase. As part of the implementation phase, we establish a new, or utilize one of our existing, offices to provide an operational center for administrative service support for our TPL operations for the Agency. We establish and staff a mailroom, which is responsible for both processing incoming mail and outgoing mail for our operations. Our operations center also prints correspondence, educational materials, and other types of documentation. Our Information Technology (IT) department provides staff access to the systems we use to support the operations and a robust set of tools to create the required reports. We can send reports electronically using secure technology or print them in our operations center as needed. We create an appropriately branded (based on Agency approval) website that welcomes members, providers, State Care Management Organization (CMO) vendors, carriers and other insurers, and provides them with educational materials and communication options. ## Attachment N Requirements for Administrative Requirements On the following pages, Conduent provides a response to Attachment N, Administrative Requirements Section for Requirement CMOCB15 and Requirement CMOCB16. Our initial response confirms our commitment to meet the requirement followed by our descriptions of our work.

Attachment N Requirement CMOCB15

The Supplier must manage, document, and coordinate all administrative and system activities that arise to complete the work. Administrative services include, but are not limited to, printing and mailing correspondence, producing reports, and maintaining a website for the program.

Conduent response: Conduent will meet Requirement CMOCB15 to manage, document, and coordinate all administrative and system activities that arise to complete the work. These administrative services include, but are not limited to, printing and mailing correspondence, producing reports, and maintaining a website for the program.

Conduent has 50 years or experience in the Medicaid world and 38 years as a Medicaid fiscal agent. Over those many years, we have developed standard processes for managing and coordinating all administrative and system activities to support our operations or the operations of our customers.

Printing

Our operations center meets the print and mail needs for this project. Printing occurs throughout the day and the status of print jobs are monitored by our IT staff. We assign a supervisor to manage and monitor mailroom and printing operations and ensure we are meeting service level agreements and contract requirements for delivery of paper reports. We also provide secure electronic exchange of reports as required.

Mailing and Mailroom Services

We have staff that focuses on mailroom activities, including mailing out correspondence to members, providers, carriers, and other insurers as well as receiving mail daily from various sources. Our mailroom staff gathers the mail daily, sorts it by category, and electronically distributes it to the various work groups or queues that we have in our operations.

Similarly, they are adept at taking printed correspondence and ensuring it is mailed to the appropriate recipient. We use an automated stuffer to do work. The mailroom staff performs a quality assurance (QA) check on a sample of outgoing mail on a daily basis to verify that the contents are relevant to the named recipient of the information and other technical things like ensuring postage is correct, windows on envelopes clearly show the name of the intended recipient, etc. In addition, we understand that we are responsible for all mailing costs.

Generating and Producing Reports

Our IT department provides operational staff with access to the systems we use to support operations and a robust set of tools to create the required reports. Operational reports can be accessed by our staff online to support their daily workflow and functional needs. Reports can also be electronically sent to external stakeholders using secure technology or can be printed in our operations center as needed. We work with the Agency during the implementation phase to define those reports that the Agency is expecting in

paper format versus electronic format. We have designated IT staff to support the reporting needs of the Agency and our operations. This IT staff is accountable to our account management team and oversees managing and monitoring all reporting on a daily, weekly, monthly, quarterly, and annual basis.

CMO Come Behind Service Website

Conduent creates and maintains an appropriately branded website for our CMO Come Behind Services that compliments the Agency's website and can be accessed through direct link from the Agency's website. We seek Agency approval of the website. The site meets all Americans with Disabilities Act requirements (i.e., Section 508). Our website offers both general information about our services and the overall Agency program, contact information, and educational materials.

Attachment N Requirement CMOCB16

The Supplier must develop, document, print, and mail all required correspondence and educational materials for each program area.

a. All correspondence, including but not limited to, letters, frequently asked questions (FAQ), and educational materials sent to health insurance carriers, must be approved by the Agency prior to production.
b. Educational materials may include a general brochure for the program (in a format as specified by the Agency), a frequently asked questions document (in a format as specified by the Agency), and other documents as requested by the Agency.
c. Any correspondence must comply with the Agency Communications Guide or directions provided by the Agency.

Conduent response: Conduent develops, documents, prints, and mails all required correspondence and educational materials for each program area (as defined by items a. through c. in this requirement). As mentioned in previous responses, Conduent has a long history of serving the Medicaid program and has served many states, including Georgia as a fiscal agent. We produce all correspondence and educational materials to support the TPL CMO Come Behind Services. We work with the Agency during the implementation phase to develop the types of correspondence necessary to notify members, providers, Medicaid CMOs, carriers, and other insurers of relevant TPL activities.

Development of Correspondence, FAQs, and Educational Materials

During the implementation phase, we work with the Agency to develop appropriate correspondence for this program. We start with templates of correspondence we have used in other states for FFS claims recovery and recoupment operations and modify those as needed to meet the Agency requirements for CMO Come Behind Services. We have existing letters for all functional areas similar to those requested in this RFP. This includes recoupments/recoveries from carriers, request for additional supporting information, refund request disposition letters, member letters to confirm coverage and claim date of service, to name a few. We also work with the Agency during the implementation phase to review the "triggering event" for each type of correspondence so we correctly handle those events if they are different from how our systems are currently configured. Only correspondence templates approved by the Agency that comply with the Agency Communication guidelines are used.

Figure O-1. Examples of TPL Letters

Our correspondence management component generates letters for a variety of TPL cases. These examples show a request for information to a member, a request to reprocess claims to an insurance carrier, and a recoupment request to a provider.

	Similarly, we have a standard list of frequently asked questions (FAQs) from our current work in other states that are used for FFS claims recoveries and recoupments. We start with those FAQs and work with the Agency to determine what changes are required to address the unique characteristics of the CMO Come Behind Services functions. Once we have approved language for our FAQs, we post them to our Agency-specific website. Only approved FAQs are posted. Finally, to develop needed education materials, we start with the existing educational materials that we use in other states for FFS claims TPL activities. We modify those materials based on the RFP requirements and our draft policy and procedures for CMO Come Behind Services. We then meet with the Agency TPL lead and other stakeholders to present the educational material drafts we have created. Based on those meetings, we finalize and submit the educational materials to the Agency for review and approval. Other educational materials that we may develop with the Agency include the Program Brochure, which again we create in an Agency approved format. Only educational materials approved by the Agency are posted to the CMO Come Behind Services website.	
	Upload Attachments with Additional Information? **No**	Attachment File Name: N/A
14	**Administrative Requirements** Describe your process for maintaining a website for the CMO Commercial Come behind Program that includes the requirements stated in **Attachment N, Administrative Requirements Section, Requirement CMOCB17.**	
A14	*Answer # 14* Conduent will meet this requirement to provide a process for maintaining a website for the TPL CMO Commercial Come Behind Services program. We provide details for this process in the following response for Requirement CMOCB17. ## Attachment N Requirements for Administrative Requirements In the following text, Conduent provides a response to Attachment N, Administrative Requirements Section for Requirement CMOCB17. Our initial response confirms our commitment to meet the requirement followed by our descriptions of our work. **Attachment N Requirement CMOCB17** The Supplier must maintain a website for the CMO Come Behind Program that includes, but is not limited to, information about the function of program, points of contact for questions, and information relevant to such a website. The Agency must approve all content before it is published on the website. A preview of the website must be ready for the Agency review within thirty (30) calendar days (or a timeframe specified by the Agency) of the execution of the contract. The website must be updated on intervals to be determined by the Agency in response to changes in the operation of the program at the discretion of the Agency and no less than annually. **Conduent response:** Conduent maintains a website that supports the TPL CMO Come Behind Services program. We have created and hosted Medicaid program websites for many of our clients. Our proven track record illustrates our ability to establish and maintain both informational websites and interactive web portals.	

	Development of the Website Our IT team's web experts begin this effort by developing a prototype of the website at project start-up and during the implementation phase. We develop the website based on what is noted in this RFP, the discussions we have during oral presentations, and other expert opinions about the content of the website. The prototype includes information on the function and purpose of the program, Conduent's contacts for questions, and other relevant information such as our proposed FAQs. Throughout this development process, we work with the Agency to fine-tune and improve the prototype. We deliver a preview of the prototype to the Agency within 30 calendar days (or a timeframe specified by the Agency) after contract execution. We then update the prototype with the comments and suggestions made by the Agency and create a final version. The final website remains in our test region until we are authorized to promote it to production. Only Agency-approved content is moved to the production website. **Maintenance and Update of the Website** After moving the final website to production, we maintain a process to review and update the website at intervals defined by the Agency (at least annually). We monitor the website to ensure all links are operating as designed. We assess how changes in the TPL CMO Come Behind Services program may affect the website, pinpoint possible errors, or identify potential improvements, such as changes to Conduent's contact information. With that information, we request authorization to update the website and we then perform the updates as directed by the Agency. We complete the authorized changes in the test region and submit the content changes to the Agency for review and approval before moving those changes to production. Only Agency-approved content is moved to the production website.	
	Upload Attachments with Additional Information? **No**	Attachment File Name: N/A
15	**Health Insurance Carrier/Payer Recoupment-** Describe your process for recovering overpayments from health insurance carriers for previously unidentified overpayments as stated in **Attachment N, Health Insurance Carrier/Payer Recoupment Section, Requirement CMOBC19.**	

A15	*Answer # 15* Conduent leverages our experience as a business process outsourcing vendor for major commercial plans and our experience as a Medicaid fiscal agent to provide the Agency with tried and tested processes to recover overpayments. We partner with [redacted], a leading expert in insurance/carrier discovery, to identify additional carrier or health insurance coverage for claims paid while the member had other health insurance coverage. In those states where direct data matching with payers is available, we leverage those direct interfaces. Conduent interfaces directly with carriers/payers where possible and/or [redacted] and any other sources approved by the Agency to assist in verifying if the member had valid carrier or health insurance coverage when the claims paid. We also analyze claims data from the CMOs to determine and detect overpayments, for example detecting if a provider was paid twice, once by a Medicaid CMO and again by another payor. We update our internal operational systems or CMdS-TPL (if we are selected as the system vendor) with new insurance information and if the coverage is valid for the claim's dates of service, we initiate the recovery/recoupment for the overpayment. We notify the Agency through weekly status reports of identified overpayments. We post recovered overpayments to the system of the Agency's choosing. ## Attachment N Requirements for Health Insurance Carrier/Payer Recoupment In the following text, Conduent provides a response to Attachment N, Health Insurance Carrier/Payer Recoupment Section, Requirement CMOBC19. Our initial response confirms our commitment to meet the requirement followed by our descriptions of our work. **Attachment N Requirement CMOCB19** The Supplier must recover from health insurance carriers for encounter claims where the CMO was not primary. The Supplier must provide and document the details of the process and approach to accomplishing this task, in the procedures manual, within a timeline as defined by the Agency. **Conduent response:** Conduent recovers overpayments from health insurance carriers for encounter claims paid by Medicaid CMOs to providers when the members had third-party insurance. As part of this effort, we provide and document the details of our overpayment recovery process and our approach to accomplishing this task in a TPL Procedures Manual within a timeline as defined by the Agency. This manual supports the smooth running of the TPL CMO Come Behind Services by documenting our procedures for successfully performing everyday tasks in recovering encounter claims and overpayments.

	TPL Procedures Manual Conduent has proven policies and procedures for recovering overpayments and we work with the Agency to fine-tune those procedures during the implementation period. We can customize our TPL and accounting procedures, which conform to Generally Accepted Accounting Principles (GAAP) as well as to applicable state and federal guidelines, to meet the business needs of the TPL CMO Come Behind Services operational area. For example, we have existing procedures manuals in Montana and Wyoming that address recovery of overpayments as well as various other TPL tasks. To develop a similar procedures manual, we start with our current TPL procedures. We then tailor those procedures to TPL Services and submit the draft manual to the Agency, within a timeline specified by the Agency, for review and approval. When we receive the Agency's review feedback, we update the draft manual with the Agency's comments and re-issue the manual for final review and approval. Once we have the final procedure manual, our TPL specialists follow the approved procedures. We train our staff on the approved policies and procedures and on Agency required systems (e.g., MES modules) prior to Go Live. As changes are made to our process – whether through Agency changes (e.g., new vendors) or changes we propose to update and improve operations, we share those changes and revise the procedures manual accordingly for the Agency's review and approval prior to implementing those changes. Our team maintains a version history table at the front of the procedures manual to record the pertinent details of each revision, including the version number, implementation date of change, summary of the change, and the author.	
	Upload Attachments with Additional Information? **No**	Attachment File Name: N/A
16	**Health Insurance Carrier/Payer Recoupment-** Describe your process for reporting and documenting overpayments from health insurance carriers for accounts receivables from unsuccessful recovery attempts as stated in **Attachment N, Health Insurance Carrier/Payer Recoupment Section, Requirement CMOCB20.**	
A16	*Answer # 16* Conduent leverages our experience as a business process outsourcing vendor for major commercial plans and our experience as a Medicaid fiscal agent to provide the Agency with tried and tested processes to recover overpayments. During the implementation and operations phases we establish and maintain the necessary interfaces, so that the unsuccessful recovery/recoupment cases and related claim data flow from the Agency and/or CMO directly to Conduent on a scheduled basis. We review and analyze the recovery cases and claims data to determine best next actions.	

Conduent interfaces directly with payors where possible and/or [redacted], and any other sources approved by the Agency to assist in verifying if the member had valid carrier or health insurance coverage when the claims paid. We update our internal operational systems or CMdS-TPL (if we are selected as the system vendor) with new insurance information and if the coverage is valid for the claim's dates of service, we initiate, update and/or continue the recovery/recoupment efforts for the overpayment. We notify the Agency through weekly status reports of identified overpayments. We post recovered overpayments to the system of the Agency's choosing.

Attachment N Requirement for Health Insurance Carrier/Payer Section

Attachment N Requirement CMOCB20

The Supplier must document, reconcile, and report unsuccessful recoupment attempts for encounter claims that should have been paid by health insurance carriers, within a timeframe as specified by the Agency.

Conduent response: Conduent documents, reconciles, and reports unsuccessful recoupment attempts for encounter claims that should have been paid by health insurance carriers, within a timeframe as specified by the Agency. Conduent does similar Medicaid work today for the states of Montana and Wyoming. Our internal operational system(s) today track the activity of our TPL units. We bring those internal systems for use in this project, if we are not selected for the TPL System Module.

Our team is diligent in researching whether past claims were paid correctly – i.e., verifying that payments were made in the correct amounts and to the correct parties. We work collaboratively with the Agency and CMOs to facilitate turnover of all appropriately aged (past 365 days) open recoveries/recoupment cases from the CMOs. During the implementation and operations phases we establish and maintain the necessary interfaces, so that the unsuccessful recovery/recoupment cases and related data flow from the Agency and/or CMO directly to Conduent on a scheduled basis.

Our internal tracking system today logs leads, verified sources and confirmed cases for recoupment. For previously established recovery cases that were unsuccessful, we re-establish the CMO Come Behind Recoupment case. We re-verify the leads and work to establish possible new leads. Our TPL analysts log the case into the system and it receives an internal tracking identification number that indicates it is a CMO Come Behind Recoupment and associates the Member ID number and other critical data elements such as the initiation (and if necessary, letter) date, encounter claim control number, amount of recoupment, etc. to the case. Each case has a status and a notes function to enable TPL analysts to document each step and attempt to recover funds.

As events transpire (manual or automated) within the timeframe specified by the Agency, our TPL specialists update the case status and provide supporting notes and documentation of every attempt they have made to recover the funds. We run an aging report on at least a weekly basis that identifies the cases that are outstanding, and need follow up. These cases are given to TPL analyst staff who call the carrier to research what is still outstanding from a supporting documentation perspective or why they have not submitted payment.

	For cases where payment has been received but it is not the full amount requested, if there is insufficient documentation to explain why, we call the carrier and seek clarification. If they provide a valid reason (as defined by the Agency), we reconcile the recoupment amount in our case tracking system with what they paid documenting the reason why the payment is different than what was requested. If they provide an invalid reason for the payment amount not matching what was requested, we generate an electronic or paper claim, and in some cases a follow up letter, requesting the remaining amount, with a request for payment date within a timeframe specified by the Agency. Our case tracking system is updated to reflect the additional claim request and any additional letter, the date it was sent and the expected amount of payment and due date. For unsuccessful recoupment attempts, after a period determined by the Agency, we report the case with all the associated actions documented in the TPL case tracking system back to the Agency. Successful recoupments born from previously unsuccessful recoupments are also included in our reporting. We report the status of CMO Come Behind Recoupments on at least a monthly basis (or timeframe specified by the Agency) to the TPL lead for the Agency.	
	Upload Attachments with Additional Information? **No**	Attachment File Name: N/A
17	**Health Insurance Carriers/Payer Recoupment-** Describe your process for collaborating with health insurance carriers to clarify aggregate payments made for multiple recovery claims for which insufficient documentation has been provided including the requirements stated in **Attachment N, Health Insurance Carriers/Payer Recoupment Section, Requirement CMOCB21.**	
A17	*Answer # 17* We collaborate today with hundreds of carriers and health insurers across the country on topics including recovery or recoupment reconciliation. Our team is trained and knows how to connect with and explain to health insurance carriers the specifics of the CMO Come Behind Service Recoupments, including how to provide sufficient documentation to enable us to reconcile individual members and their claims with the payment amount. Our process starts with either a phone call or electronic inquiry (276/277) to a health insurance carrier for information regarding an outstanding recoupment. For carriers that we have identified as owing the State multiple recoveries for different members, we use our case tracking software to clearly reconcile and explain to the health insurer what payments we have received and which payments in the aggregate are still outstanding either due to non-payment or missing supporting documentation. For missing supporting documentation – either in support of a payment or for a denial from the carrier, we explain why we need the additional supporting information and that we cannot honor the denial unless we receive the document(s). We provide a full accounting of what documentation is needed by each case that is outstanding for the Carrier in the aggregate.	

We engage the health insurance carrier either by phone or through secure email to discuss each issue of the case(s) that is outstanding and what the carrier still owes in terms of either supporting documentation or additional payments to satisfy the CMO Come Behind Recoupment.

Attachment N Requirement for Health Insurance Carrier/Payer Recoupment

In the following text, Conduent provides a response to Attachment N, Health Insurance Carrier/Payer Recoupment Section, Requirement CMOCB21. Our initial response confirms our commitment to meet the requirement followed by our descriptions of our work.

Attachment N Requirement CMOCB21

The Supplier must work with health insurance carriers to clarify aggregate payments made for multiple recovery claims, for which insufficient documentation has been provided to identify the claims included in the payment.

The Supplier must contact the health insurance carrier every thirty (30) days (or a timeframe specified by the Agency) to identify which claims are included in the aggregate payment and inform the Agency. If after ninety (90) days (or a timeframe specified by the Agency) from receipt of the aggregate payment the health insurance carrier has not provided this information, then the Supplier should report the failure to identify claims included in the payment to the Agency.

Conduent response: As CMO Come Behind recoupments are received, we verify the amount remitted is equal to what was billed, and that enough documentation is present identifying the claims associated with each member in the payment. If a carrier fails to provide this documentation or the amount remitted doesn't match what was requested, our TPL analysts document the items missing or the reconciliation issues in our internal case tracking system and contact the carrier (usually by phone) to request the documentation. If after a certain amount of time (usually 7 days), there is no response, we make another attempt to request the missing documentation. We continue to make attempts every 30 calendar days (or a timeframe as specified by the Agency) to gather the missing documentation to enable us to properly adjudicate the recoupment case.

If after 90 calendar days from receipt of the aggregate payment, we are unsuccessful in our attempts to obtain the necessary documentation, we document it in our case tracking system as being unsuccessful, flag the case and forward it to the Agency for next steps. Any updates and attempts at outreach are documented in our case tracking system.

Similarly, if the carrier indicates denial for a recoupment on a claim and does not provide supporting documentation for the denial, our team reaches out to the carrier to either coordinate and update the billing, and/or explain what is needed to prove the reason for the denial. We continue to contact the carrier weekly for the next 30 days (or other timeframe as specified by the Agency) and if we don't receive the information, we deny the carriers rejection of the recoupment and re-issue the electronic claim(s) and/or letter requesting a recoupment.

We report all CMO Come Behind Recoupment activity in our monthly report to the Agency TPL lead.

	Upload Attachments with Additional Information? **No**	Attachment File Name: N/A
18	**Data Matching/Third Party Resource File Maintenance-** The Supplier must perform the exchange and update of data between the agency TPL Unit and other external and internal information systems. Describe your process for meeting the requirements as stated in **Attachment N, Data Matching/Third Party Resource File Maintenance Section, Requirement CMOCB22.**	
A18	*Answer # 18* Conduent has sophisticated and extensive data matching capabilities that are proven with many state Medicaid programs where we have provided fiscal agent services. We work with the Agency, other vendors, predominant carriers in the state, and federal partners to establish interfaces for data matching purposes. For data matching and insurance discovery, we have a subcontractor, [redacted], who further enhances our own processes and procedures for data identification. We maintain the results of the TPL data matching in the system designated by the Agency. Gathering as much TPL information as possible enables us to identify situations where TPL was not on file at the time the CMO paid the claim and now there is TPL that appears to cover the dates of service for a CMO paid claim. Vital to the TPL process is the timely and accurate processing of interfaces with the Agency's eligibility and enrollment system to collect third-party resources for all members. Data exchange functionality includes processing and maintaining inputs, outputs, and automated interfaces for the different sources of potential TPL data. Such sources include insurance companies, governmental agencies, and other entities. Conduent agrees to maintain the functionality to accept, update, and exchange TPL data with the Agency's eligibility and enrollment system as well as other entities according to schedules established by the Agency. Data matches with other insurers and agencies often result in finding third-party liability. Conduent technical staff members work with our counterparts at both State and federal agencies to perform data matches. We produce required reports of the data match results and automatically update our TPL files with other insurance information obtained through the data exchange. ## Attachment N Requirements for Data Matches/Third Party Resource File Maintenance On the following pages, Conduent provides a response to Attachment N, Data Matches/Third Party Resources File Maintenance Section Requirement CMOCB22. Our initial response confirms our commitment to meet the requirement followed by our descriptions of our work.	

Attachment N Requirement CMOCB22

The Supplier must exchange and update data between the Agency and external and internal information systems referred to as data matches. The specific goal of the data matches is to add, verify, and update the third-party liability data in the Agency's Medicaid Enterprise System for recoveries and other TPL functions. Supplier must work with the Agency and other Suppliers and external sources to update the third party coverage data with the goal of increasing cost avoidance in addition to traditional pay and chase. Supplier must take reasonable measures to determine the liability of a third-party payer in order to pay claims correctly. The reasonable measures include, but are not limited to:

a. When required, validate insurance information from members
b. Conducting data exchanges with Agency files that contain information on workers' compensation, wages, welfare enrollment
c. Conducting data exchanges with Social Security Administration wage and earning files
d. Leverage other data sources to collect member health coverage including but not limited to: medical, dental, vision, prescription, behavioral health

Conduent response: Conduent exchanges and updates data between the Agency and other external and internal information system(s) as part of our established interfaces that are finalized during the implementation phase. The specific goal of these data match interfaces is to add, verify, and update the third-party liability data in an electronic system as determined by the Agency, e.g., Medicaid Enterprise System, for recoveries and other TPL functions. We work with the Agency and other suppliers and external sources to update the third-party coverage data with the goal of emphasizing cost avoidance in addition to traditional pay and chase. Conduent takes reasonable measures to determine the liability of a third-party payer in order to pay claims correctly. The reasonable measures include, but are not limited to:

a. When required, we validate insurance information received from members using the data and interfaces at our disposal
b. Conducting data exchanges with state files that contain information on workers' compensation, wages, welfare enrollment
c. Conducting data exchanges with Social Security Administration wage and earning files
d. Leverage data sources which provide member health coverage including but not limited to: medical, dental, vision, prescription, behavioral health

Conduent meets this requirement today in the States of Montana and Wyoming.

Identify, Add, Verify, and Update TPL Data

Conduent creates the required interfaces during the implementation phase. We have experience exchanging data with state eligibility systems, carriers and other entities, such as federal databases for Medicare and TRICARE. After defining the interfaces with the State, we establish and test the interface. After implementation, we then begin using interfaces to gather data to perform data matching in support of our CMO Come Behind Recoupment Services.

One primary data matching source is the interface we establish with our subcontractor, [redacted]. [redacted] is a leading expert on finding insurance for patients who have been seen at a hospital or physician group and have no insurance on file. They have access to 870 payers representing 98% of the commercial insurance market. This provides Conduent and the State with an enhanced ability to identify other sources of insurance.

	Conduent plans to send [redacted] a weekly input file containing paid encounter claim data from the CMOs that has aged over 365 days as well as open recovery cases and the associated data for each that we inherit from each CMO. [redacted] uses that information to search the multitude of information sources that they have access to find any additional insurance. [redacted] has developed an innovative approach leveraging over 17 years of expertise performing insurance discovery for the provider/payer community. They use a proprietary data lake and patented algorithms that help maintain and source leads. Further, [redacted] leverages a modified usage of real-time HIPAA transactions, to verify the sourced leads as active coverage with commercial payers on the date of the EDI verification. This results in high quality, actionable coverage. [redacted] only returns verified TPL leads/coverage in a weekly results response file. Once Conduent receives this file, as it is verified and matched coverage, we update our internal system(s) and any TPL files maintained by the State or their vendor. After receipt of this file and data matching within our internal tracking system, our system generates electronic claims transactions to initiate a recoupment to the carrier or other insurance. Another key interface is with the Agency's Medicaid and CHIP eligibility system. The system provides us with daily third-party insurance updates that we use to populate our internal operations system and any system you require to support the recoupment process. As we identify new insurance, we transmit verified information back to the appropriate State system, which is typically the eligibility and enrollment system. Conduent may also perform data matches with other insurers and agencies, a practice that often results in finding third party liability. Conduent works with federal agencies, such as the Department of Defense, using the Defense Enrollment Eligibility Reporting System (DEERS) and Centers for Medicare and Medicaid Services to perform data matches for Medicare, TRICARE, Workers Compensation, Child Support Enforcement information, and the Social Security Administration to validate wage and earning files. Specific to this operational area, we also review the monthly encounter files submitted by the States CMOs to identify any evidence of current TPL that is not on the States system(s). Our TPL unit provides a hotline for members to report new TPL information, including changes in policy numbers or coverage. We also survey members through questionnaire based on encounter claims payment information when other insurance may exist or if the member was in an accident with an insured, liable party. Once we find other insurance (other than through the interface with [redacted] – which are inherently verified coverage), our team verifies the policy and benefits by electronic 270/271 and/or contacting the other insurer and validating the member information and coverage. When we verify the insurance information, we update our internal system and generate an electronic claim to recoup the amount paid by the CMO for the member. In addition, we update other system(s) we are required to use by the State to support our CMO Come Behind Service operations and provide cost avoidance to any future claims payment for the member from either the FFS program or the CMO program.

	Throughout our process, Conduent takes extensive measures to find and post any newly-discovered TPL and works collaboratively with the State and all vendors contributing to the State Medicaid Enterprise System (MES).	
	Upload Attachments with Additional Information? **No**	Attachment File Name: N/A
19	**Data Matching/Third Party Resource File Maintenance-** Describe your process for updating the Department's electronic system, as defined by the agency e.g. Medicaid Enterprise System, with a TPL verified resource or bill a claim when a Grade "A" match occurs as stated in **Attachment N, Data Matching/Third Party Resource File Maintenance Section, Requirement CMOCB23.**	
A19	*Answer # 19* Conduent will meet this requirement to provide a process for updating the Department's electronic system, as defined by the Agency (e.g., Medicaid Enterprise System [MES]) with a TPL-verified resource or bill a claim when a Grade A match occurs. ## Attachment N Requirements for Data Matches/Third Party Resources File Maintenance In the following text, Conduent provides a response to Attachment N, Data Matches/Third Party Resources File Maintenance Section for Requirement CMOCB23. Our initial response confirms our commitment to meet the requirement followed by our descriptions of our work. **Attachment N Requirement CMOCB23** The Supplier must add a resource to the Medicaid Enterprise System when data is found on three (3) out of four (4) match points. These are considered to be Grade "A" matches. The match points (e.g., Name, Medicaid ID, Social Security Number, Date of birth, Address, city and state) will be defined by the Agency. **Conduent response:** Conduent meets Requirement CMOCB23 as described in the following text. TPL resource file maintenance is a cornerstone of any effective recovery and recoupment program. Conduent maintains several resource files either in our internal electronic systems or in the electronic system we are directed to use by the Agency. We use these files for our work, including for the recoupments processed for the TPL CMO Come Behind Services. We receive daily, weekly, monthly, and quarterly feeds of data from various sources. Conduent also has automated file updates using a variety of edits to match demographics and verify insurance. We match our current membership file against incoming updates from any new or updated TPL sources by checking for Grade A matching criteria. Manual updates to our TPL resource files use the same data match criteria used by the automated process. This includes updates from the interface with our subcontractor [redacted] for both insurance discovery and verification.	

	Conduent adds a resource to an electronic system as determined by the Agency, e.g., Medicaid Enterprise System (MES), and/or bills a claim, when data is found on three out of four match points. These are considered Grade A matches. Match points are defined by the Agency and include: • Name • Social Security Number • Date of birth • Address, city and state Conduent manages and maintains files in our internal systems and/or the systems required by the Agency. When we add a resource (either manually or automatically) to any electronic system (internal, State system, State MES vendor solution) or we bill a commercial carrier or other responsible insurer, our system (or the designated State system) and TPL specialists find the member's record using Grade A matching logic. This means that the new member data must match three of the four points in the existing member record as required by CMOCB23. Our team searches for the member using these criteria to find the correct record. To provide additional health insurance coverage based on the paid claims, our subcontractor [redacted] also uses the Grade A matching criteria to find and send verified leads for other coverage. They send us a response file at least weekly that contains verified and confirmed third-party resources. We then verify the Grade A matching prior to updating the appropriate systems. We flag duplicate records and process them manually or through consultation with the Agency. We use the same criteria to confirm that our recoupments/billings to carriers for CMO Come Behind Services are for the correct member. If we confirm the member had other health insurance coverage when Medicaid paid the claim, we initiate a recoupment (after Agency approval) by sending the carrier a claim for the approved recoupment amount.	
	Upload Attachments with Additional Information? **No**	Attachment File Name: N/A
20	**Data Matching/Third Party Resource File Maintenance-** Describe your process for verifying data that does not match on three (3) of four (4) of required Grade "A" match criteria, including but not limited to the requirements stated in **Attachment N, Data Matching/Third Party Resource File Maintenance Section, Requirement CMOCB24.**	
A20	*Answer # 20* Conduent leverages 38 years of experience as a Medicaid fiscal agent, including TPL expertise, to develop detailed processes for identifying and updating TPL information. We use Grade A match criteria to find and match member data including matches on at least three out of four of the following criteria: Name, Social Security Number, Date of Birth, and address, including city and state. When our TPL analysts cannot validate at least three of the matching criteria, we do not update any files with data either manually or through	

automation. Any data that does not match using Grade A criteria are placed on an unmatched error report for manual review and resolution.

Attachment N Requirement for Data Matches/Third Party Resources File Maintenance Section, CMOCB24

In the following text, Conduent provides a response to Attachment N, Data Matches/Third Party Resources File Maintenance Section, Requirement CMOCB24. Our initial response confirms our commitment to meet the requirement followed by our descriptions of our work.

Attachment N Requirement CMOCB24

If health coverage and data do not match on three (3) out of four (4) of required Grade "A" match criteria, then the Supplier must, within seven (7) business days (or a timeframe as determined by the Agency):

a) not add or update coverage or bill claims until both the effective and termination date of coverage is verified.

b) perform verification online, by mail, by telephone with the carrier, or through member or employer questionnaires.

Conduent response: Conduent receives data updates daily from various sources. Our internal operations systems have edits to only associate data with a member if it meets Grade A matching criteria. Updates (including the interface with our subcontractor, [redacted]) not meeting this criterion are sent to an "unmatched" error report, listing how many of the criteria they matched.

The unmatched error report is worked daily to use another method for verification. Our TPL analysts review and research each entry on the error report. Our analysts then use other resources such as electronic eligibility inquiry transactions (270/271), carrier portals, secure email, and, as a last resort, letters and telephone calls with the carriers or member or employer questionnaires. Manual process steps discussed in this section occur within seven business days (or other timeframe specified by the Agency) of the original date of the mismatch report.

If we receive a TPL lead from a source that is manual (i.e., referral by phone) in nature, our TPL team logs the lead into our case management tracking system, labels it as "unverified" and then manually researches available resources such as carrier databases and portals to identify and verify other insurance. Our team relies on finding members using the Grade A matching criterion and do not consider data a match unless the suspected data meets three out of four items on the list. If online options are exhausted, our specialists use phone calls to verify information using the same three out of four Grade A matching criteria to ask the carrier if they have the member on file. Information gathered from those phone calls (and a record of the call (what was discussed, who was called, etc.) is used to update our systems only if there is a match using Grade A matching criterion.

Upload Attachments with Additional Information? **No**	Attachment File Name: N/A

21	**Data Matching/Third Party Resource File Maintenance-** Describe your process for documenting and overcoming problems that can arise when matching data such as HIPPA violations as stated in **Attachment N, Data Matching/Third Party Resource File Maintenance Section, Requirements CMOCB25-CMOCB26.**
A21	*Answer # 21* **Conduent response:** Conduent has worked with State Medicaid programs for 50 years and has established HIPAA Privacy and Security policies and procedures. All our staff are required to go through HIPAA training upon initial hire and on an annual basis. If someone violates our HIPAA policies and procedures, we take corrective action by retraining the individual or terminating their employment, depending on the incident. Our supervisors and management staff verify that staff follow the approved procedure manual and HIPAA policies and procedures. Vital to the TPL process is the timely and accurate processing of interfaces to collect third-party resources for beneficiaries. Data exchange functionality includes processing and maintaining inputs, outputs, and automated interfaces for the different sources of potential TPL data including insurance companies, governmental agencies, and other entities. As problems arise, Conduent has established error reports and associated workflows for each interface error report. Our TPL staff are trained in HIPAA privacy and security issues and follow Conduent policy for protecting patient privacy and security. Conduent works with stakeholders during the implementation phase to share our current interface layouts and data dictionaries and to customize them further with the specific states' needs. Working collaboratively with the State and its external stakeholders, we develop and finalize an interface control document (ICD) that we use to configure or develop interfaces used for the exchange of data. The ICD is approved by the Agency before we can finalize any interfaces. Once approved by the State, we use the ICD to facilitate internal development, internal testing, integration testing with stakeholders and support user acceptance testing. The ICD documents edit and error codes that can arise from interface processing. We train our team on how to review and resolve each type of error. As errors occur in our interfaces, we have a designated workflow assigned for additional research that is configured for our staff. Our policies and procedures manual has a chapter dedicated to data matching – both automated and manually and includes what does and does not constitute a match. We list the items in Requirement CMOBC26 and others as applicable. Our TPL analysts are well-versed on the policies and procedures. Our staff go through initial and at a minimum annual refresher HIPAA privacy and security training. We take extreme care in ensuring that the data match process – whether automated or manual, does not violate HIPAA rules or regulations. If a HIPAA violation occurs, our designated HIPAA Privacy and Security Officer contacts the Agency immediately to report the incident, the impact, and our corrective action plan.

Attachment N Requirements for Data Matches/Third Party Resources File Maintenance

In the following text, Conduent provides responses to Attachment N, Data Matches/Third Party Resources File Maintenance Section, Requirement CMOCB25 and CMOCB26. Our initial response confirms our commitment to meet the requirement followed by our descriptions of our work.

Attachment N Requirement CMOCB25

The Supplier must report issues that arise when matching data, such as HIPPA violations or other data matching issues. The Agency will provide an incident report form that the Supplier should complete to report these issues with fourteen (14) business days (or a timeframe as determined by the Agency) of discovery and any corrective action taken to resolve the issue, as well as prevent future recurrences.

Conduent response: Conduent has a HIPAA Privacy and Security program in place in our current state TPL operations that we bring to the project resulting from this RFP. Our HIPAA Privacy and Security program starts with training and education.

HIPAA Education and Training

Our staff are initially trained on HIPAA Privacy and Security regulations, and our policies that are in place for all our operations. When staff are hired, they must complete our HIPAA training and pass a series of tests on our HIPAA Privacy and Security policies and procedures. We provide educational materials including our Agency approved policy and procedure manual that contains a chapter dedicated to HIPAA Privacy and Security issues related to data matching. Topics include but are not limited to:

- Keeping Unsecured Records
- Unencrypted Data
- Hacking
- Loss or Theft of Devices
- Gossiping / Sharing PHI
- Employee Curiosity Related to PHI Not Authorized for Viewing
- Improper Disposal of Records
- Unauthorized Release of Information
- Third Party Disclosure of PHI

All staff must pass HIPAA training before they are “activated” in our TPL operations. All staff are trained again on an annual basis. Training includes a review of the Agency provided incident forms.

	Incident Reporting If a HIPAA violation occurs in our operations, our designated HIPAA Privacy and Security officer documents the incident. We use the Agency approved incident report form to document: What exactly occurred, the violation type, and other details related to specific members as well as the potential exposure risk and impact. These details are documented on the incident form and are reported to the Agency within 14 business days (or timeframe specified by the Agency) of the discovery. If possible and depending on the extent of the violation, we report the incident within hours of discovery and follow up as soon as possible not only with the incident report form but also the corrective action plan we put in place to prevent future violations. The Agency can review our planned corrective action plan and comment or suggest changes to it. We notify the Agency when the Corrective Action plan is executed, and we update our HIPAA policies and procedures with any lessons learned. **Attachment N Requirement CMOCB26** The Supplier must document and overcome problems that can arise when matching data. Some of these challenges are: a. Not using multiple approaches to increase successful data matches b. Turning near matches, which are matches with one (1) or two (2) items on a Grade "A" matches, into Grade "A" matches c. Conducting data matching across state lines d. Reducing administrative burdens through inter-Agency collaboration e. Ensuring that personal and demographic data is collected to execute a Grade "A" match f. Lack of information from other Agencies, Suppliers and the Medicaid Enterprise System interfaces to update the Resource and Carrier files to support coordination of benefits. **Conduent response:** Conduent documents and overcomes problems that can arise when matching data, including the challenges identified in CMOCB26. In our current Medicaid TPL accounts we have established processes in place to handle interface errors resulting from data mismatches. Our interfaces and data matching processes are jointly designed and agreed upon with the Agency and other stakeholders prior to go live and are documented in our ICDs. Errors that occur in interfaces have a corresponding workflow to resolve the errors.

Multiple Approaches to Increase Successful Data Matches

Our partner [redacted] is unlike other data matching partners. [redacted] is not reliant on the receipt of regularly updated carrier member files to perform standard data matches for coverage discovery. Rather, [redacted] has developed an innovative approach leveraging 17 years of expertise performing insurance discovery for the provider/payer community. Their data lake and patented algorithms help maintain and source leads. Further, [redacted] leverages modified real-time HIPAA transactions, to verify the sourced leads as active coverage with commercial payers on the date of the EDI verification. This results in high quality, actionable coverage.

Through its automated electronic insurance coverage discovery product called Other Health Insurance (OHI), and existing point to point connections with the [redacted] clearinghouse, [redacted] finds, verifies, and delivers third-party insurance information the state may not already have on file. [redacted] sends found coverage results to Conduent, leveraging their clearinghouse real-time HIPAA connections with over 870 commercial payers, representing approximately 98% of the commercial lives in the United States. [redacted] can configure which payer connections are applicable, based upon each state's specific needs and coverage types found.

State-furnished patient demographics can include patient name, DOB, address and Social Security Number (SSN) for state program members. [redacted] then seeks to find third party insurance information using its OHI services. [redacted] returns results of active (verified with EDI transactions) other insurance found, along with third-party insurance policy and coverage details back to Conduent. [redacted] can deliver results that are comprehensive medical coverages only or [redacted] can also mark, deliver, or filter out or include specific coverages like dental, vision, long-term care, mental health, pharmacy, inpatient, outpatient, and skilled nursing.

Turning Near Matches into Grade A Matches

[redacted] data match and interface errors that occur as a result of their interface file transactions are monitored and resolved by analysts. Since their data are verified through strict match criteria and verified by EDI transactions, such errors are minimal, but we recognize that certain reference updates can occur, e.g., a date of birth correction. When detected these potential corrections of the source or destination system could result in better and valid Grade A matches.

Conduent updates other insurance leads in our internal case tracking solution for resolution. This includes the verified coverage sent to us by [redacted]. We only add resources or carriers to the states TPL module or files when we have a match on three out of the four elements that make up the Grade A matching criteria.

Data Matching Across State Lines

[redacted] is the primary source for finding coverage nationwide. Their process is not limited to a single state or even neighboring states but looks at data from a nationwide perspective to identify other insurance. If we receive correspondence from a member or provider, Conduent can both leverage [redacted] to inquire across many insurers and inquire directly on an insurer's portal when possible. As a value add option for States, for Agencies with neighboring States with data sharing agreements in place, Conduent can build interfaces to capture this data.

Collaboration and Reduction in Burden Across State Agencies

Conduent has worked with many states and learned how to best interact with and between state agencies. For example, there may be additional third-party resource data at the Department of Health or Department of Human Services in a state where the state's Medicaid eligibility and enrollment system does not currently have an interface. We have fostered relationships between state agencies and can work with the Agency to identify other state agencies that may have data to help avoid Medicaid or CHIP claims payments. Once identified, we can include them in the list of interfaces we develop or alternatively, create an operational workflow for our TPL specialists to follow as part of their investigative duties to identify additional sources of TPL.

Personal Information Collection

When we receive information (i.e., phone call or email) from a member or provider, either self-reporting or referring us to a lead, our TPL specialists ask for detailed data including:

- Member name, date of birth, social security number, address, telephone number, and email address
- Name, policy number, and Carrier ID of the insurance
- Medicaid ID and subscriber ID for additional insurance
- Additional relevant information such as the head of household name, address, SSN and phone number

Our TPL questionnaires, surveys, and accident follow-up letters also request this type of information. For emails, we send back a standard form requesting information not in the original email and use new or additional data for meeting the Grade A matching criteria. We track all leads and gather enough information to perform Grade A matching. Further, we only update state databases with Grade A matched data.

Ability to Collaborate with Other Suppliers

Conduent has worked with other agencies and suppliers for the last 38 years as a Medicaid fiscal agent. We excel at coordinating with other agencies and suppliers for the greater good of the Agency. We meet with the Agency and their Medicaid Enterprise suppliers during implementation to establish the protocol or rules of engagement and follow them as required per Agency guidelines. Regarding TPL services, we work with other suppliers to coordinate TPL activities for the Agency such as the suppliers for the TPL system module, state eligibility and enrollment system, and claims processing system. Conduent has an excellent track record working with other agencies and suppliers in various situations. For example, when our contract ends, our turnover plan is professionally written, complete and thorough. We perform our duties according to the turnover plan and collaborate with the Agency and the new supplier to successfully end our contract.

	Upload Attachments with Additional Information? **No**	Attachment File Name: N/A
22	**Data Matching/Third Party Resource File Maintenance-** Describe your process for developing and documenting leads from other sources and obtaining approval from the agency before utilizing and reducing from data sources as stated in **Attachment N, Data Matching/Third Party Resource File Maintenance Section, Requirement CMOCB27-CMOCB28.**	
A22	*Answer # 22* Conduent has multiple methods for identifying and documenting new leads for further research and investigation. We look for new sources of coverage to ensure that Medicaid remains the payer of last resort. If another insurer or program has the responsibility to pay for medical costs incurred by a Medicaid-eligible individual, we take measures to identify that entity, which is generally required to pay all or part of the cost of the claim. Conduent applies technology, subject-matter expertise, and established procedures to identify other sources of payment, and to secure that payment. Our methods include: • Data Matching with [redacted] for Insurance discovery services • 270/271 HIPAA transactions for verification of leads • Manual review of information on carrier sites • Phone calls • Automated interfaces • Referrals from members or eligibility case workers • Provider referrals We have established "phases" of tracking leads, including initial discovery, verification of insurance coverage, validation of services covered, documentation and approval of verified leads into our system and the State's TPL system. As part of the Conduent team, [redacted] performs data matching to create verified leads of other insurance. Using the claim data we provide, [redacted] searches for additional third-party coverage, and their electronic data interchange (EDI) verification with commercial payers verifies active coverage. This approach results in high quality, verified, and actionable coverage. We take their results file and apply Grade A matching criteria against our internal system. If we successfully find a match, or believe we have information that may require reference file updates in our and/or the Agency's systems, we report those matches to the Agency for approval. Once we have approval, we update our system directly and update any system we are directed to update by the State. All other sources of third-party resource data leads go through the entire spectrum of phases of our workflow process.	

Attachment N Requirements for Data Matches/Third Party Resources File Maintenance

On the following pages, Conduent provides a response to Data Matches/Third Party Resources File Maintenance, Requirements CMOCB27-CMOCB28. Our initial response confirms our commitment to meet the requirement followed by our descriptions of our work.

Attachment N Requirement CMOCB27

Where appropriate, the Supplier must develop and document leads from other data sources. Supplier must describe and document the data discovery methods used to explore and explain the current data matching resources that are used by Supplier and provide a list of any additional resources that may be available. Additional data sources must be approved by the Agency before being utilized and removal of data sources must be approved by the Agency unless they are no longer in business. Examples of other data sources include:

a. 8019 (SSA Report)
b. BEER
c. Bendex
d. BUY-In
e. Commercial plans
f. DEERS
g. EDB
h. Eligibility Systems reports
i. Other data matches
j. Post Payment Billing Responses
k. Third party resources
l. TPL Surveys/Questionnaires
m. TRICARE (CHAMPUS)
n. Worker's Compensation

Conduent response: Conduent has most of these interfaces and manual processes in place today. We do this today in several states and bring the experience, technology, policies and procedures we have in place today as a starting point for discussion with the Agency. We fine tune our processes and interfaces to the specific Agency/State. As we have stated previously, our primary source for insurance discovery is our subcontractor, [redacted]. We also provide the interfaces listed in this requirement as secondary ways to find insurance.

Conduent develops and documents leads (where appropriate) from other sources, such as the ones listed below. As a part of the implementation phase, we present Interface Control Documents (ICD) for each of these automated interfaces for review and approval by the Agency. Within the ICD, each of these interfaces has explicit data matching criteria based on the content of incoming information that we use to determine if we have found a hit on any member. The default is Grade A matching criteria, however there can be additional data matching used for each of these interfaces. The ICD also provides the detailed processing rules and error codes for the specific interfaces. Our IT team runs these interfaces on either a weekly, monthly, or quarterly basis and creates an output file of exact

	matches and near matches. Our TPL analysts review these files and either directly apply the new coverage (for exact match) in our system or initiate an unverified workflow cue for near matches that require further investigation. We upload a weekly and/or monthly file to an electronic system as determined by the Agency, e.g., Medicaid Enterprise System, with verified policies for: a. 8019 (SSA report) b. BEER c. Bendex d. BUY-In e. Commercial plans f. DEERS g. EDB h. Eligibility systems reports i. Other data matches j. Post-payment billing responses k. Third-party resources l. TPL surveys/questionnaires m. TRICARE (CHAMPUS) n. Worker's Compensation Conduent uses all available sources, including items a. through n. as listed in this requirement, to find additional insurance for Medicaid members. Our processes and interfaces address these sources. Where we have automated interfaces in place today (for sub-requirements (a-g, m and n) we check those sources frequently against the current membership file we receive from the Agency. Doing so enables us to see if there are any "hits" for insurance that are not on file for the member. In Montana, we also have established an interface with the Child Support Enforcement system to send records of any absent parent who indicates they have third-party insurance that is not captured in the eligibility system. We establish such an interface for any State that requests TPL CMO Come Behind operational services from us. Additional ways to find new sources of TPL that we use include, but are not limited to, the following: • Trauma investigations and accident reporting from the Department of Motor Vehicles • Encounter/Claims with TPL indicated but not known to the system • Recertification of members for Medicaid eligibility where new insurance is indicated • Internal examination of provider refunds, paid claim reports, and casualty claim reports – if we have access to CMO claims systems • Provider updates to claims (adjustments) that indicate a TPL resource – if we have access to the CMO claims systems • Review of CMO Encounters that show TPL that is not present on the Medicaid eligibility system or TPL module

If we find additional insurance from a trusted data source, we update our system and the state's system accordingly with the new TPL information we have verified. This enables the state and the Medicaid CMOs to begin cost avoidance for future claims payment. We begin a recovery/recoupment process for any encounter claims paid by Medicaid CMOs for benefits covered by the new insurance during the date of service for the Medicaid claim. Specific to this operational area, we look at open recovery cases from each CMO and the Encounters processed by State CMO's for claims that are over three hundred sixty-five (365) days old and match them against all of the updated Third Party Resource and Carrier files to see if members who had claims paid by the CMO now have Third Party resources available. For those that do, we begin the CMO Come Behind Service Recoupment as described throughout this section of our proposal.

For instances in which we do not have an automated interface in place (h. through l.), a TPL analyst attempts to verify the new information through multiple resources. Sources could include invoking [redacted] insurance discovery and validation, website review, TPL Surveys by phone call, and email. TPL surveys are triggered when we either get a referral from a provider or see something on the monthly encounter claims feed indicating that there may be other insurance. These other sources may include trauma diagnosis codes or may indicate another responsible party insurance.

Verification

As potential sources of TPL are discovered outside of the [redacted] process, Conduent may use the potential source information to invoke the [redacted] discovery and verification process. Conduent may also have the information needed to electronically verify coverage using the 270/271 process on its own. Failing that the TPL Unit conducts verification investigations to gather further information and validate the lead. For example, we may call potential carriers identifying ourselves as the TPL recoupment services vendor for the Agency. If based on the information we have the insurer indicates that member is a part of a household of a subscriber covered by the plan, we verify coverage type and effective date.

If we receive a response from a member or carrier in our mailroom (letter, questionnaire, other miscellaneous correspondence), we date-stamp, batch by date received, and log any responses from carriers or lead letters from members into the verification tracking system.

Documentation and Update

Conduent updates the state's eligibility system and the TPL module in place as directed by the State, through automation/interfaces or by manual means. We do this only once insurance coverage has been verified. For [redacted] discovered insurance (which is always verified coverage), we update our internal tracking system automatically if the results file matches from [redacted] meet Grade A matching criteria in our internal system. Our internal tracking system is also updated with every effort to verify suspected TPL.

	We review open cases in our tracking system and try to reverify on a periodic basis no less than every six months from the date we last tried to contact the member or carrier. After two years, we close the case in our internal system and provide an update of all closed cases to the Agency on a monthly basis. **Sources of Additional Information** Conduent offers the following options for additional capture of third-party insurance. • Conduent has considered setting up an interface with the Federally Facilitated Marketplace (FFM) for states that have not established their own state-based marketplace. This could be another source for identifying Medicaid members who are a part of private insurance policy (although Medicaid members should not also have marketplace coverage). We likewise can look into interfacing with any State Based Marketplaces (SBM) to find additional coverage. • As mentioned, we recommend establishing an interface with State Department of Motor Vehicles (or a similar resource) to investigate accident reports. • If State health information exchanges (HIEs) gather insurance information, that could be another source of information for leads on other insurance. Conduent can work with each state and their HIE to establish an interface. • We recommend an interface with the Child Support Enforcement System to gather any additional third-party resources from absent parents that is not captured in the Medicaid Eligibility system. We work with the Agency to collaborate on these and any other ideas that would benefit the State and gain approval during the implementation phase before we begin using any of these sources. **Attachment N Requirement CMOCB28** The Supplier must upload a weekly and/or monthly file with verified third-party policies or coverage for a member to the electronic system as determined by the Agency, e.g. Medicaid Enterprise System. **Conduent response:** Conduent has an excellent track record finding and verifying new third-party coverage from our years as a fiscal agent for multiple Medicaid programs. We have the experience, people, documented processes and technology to upload verified third-party policies and/or other coverage for members to the electronic system (i.e., Medicaid Enterprise System) specified by the Agency. We upload a weekly and/or monthly file with verified third-party coverage for members enrolled or who were enrolled with CMOs to the designated Agency MES module or system. The mechanism and process for this upload is determined during the implementation phase.	
	Upload Attachments with Additional Information? **No**	Attachment File Name: N/A

23	**Reports-** Describe how you will provide reports to support the implementation and operation of the CMO Come Behind Program as stated in **Attachment N, Reports Section, Requirements CMOCB29 and CMOCB31.**
A23	*Answer # 23* Conduent will meet this requirement by providing reports that support the implementation and operation of the TPL CMO Come Behind Services program as stated here and below for Requirements CMOCB29 and CMOCB31. The Conduent team is pleased to provide the Agency with a comprehensive reporting solution for TPL CMO Come Behind Services. We understand the importance of continually staying abreast of TPL activities and progress in collecting money owed to the Medicaid program. With 50 years of Medicaid experience providing government healthcare services, we have effectively mastered the ability to provide significant and meaningful reporting data to our clients. We have worked with various TPL clients over many years to develop informative reports that meet or exceed the reporting needs and requirements of the Agency. Based on our experience in managing TPL and other recovery/recoupment projects, we have developed a comprehensive suite of reports that will be further customized for the unique characteristics of the TPL CMO Come Behind Services program. Our solution will model the CMO Come Behind Services reports from existing reports we have in place in our other TPL operations for reporting. Our current TPL reports for commercial recoupment will be modified to provide enough information to enable the Agency to realize tangible savings and digest the results of our work. This gives the Agency access to valuable information related to TPL activities associated with the TPL CMO Come Behind Services. Our reporting functionality allows for greater ease in producing standard and ad hoc reports for both implementation and operations phases. We also provide dedicated resources to work with and train Agency users on our solution's reporting functionality and to assist in creating new standard and ad hoc reports as the need for information changes. Furthermore, our solution connects to a shared enterprise content management (ECM) repository in which we will house all current and historical TPL reports produced by Conduent as well as any reports that our team will produce in the future. **Approach** Our solution fully supports collections management, follow-up, and reporting activities related to your TPL health insurance billing process. As your client-focused Supplier, we collaborate with the Agency team to identify your recoupment reporting needs for TPL Services and TPL CMO Come Behind Services. We work with the Agency during the implementation phase to define and understand the purpose of each report, the data elements required on the report, and the business rules for generating the report. We develop

requirement specification and design documents that we submit to the Agency for review and approval before we create, modify, or generate any report.

- Our team delivers reliable, accurate, and timely reporting. We provide dedicated resources to assist users from the Agency, Conduent, and other authorized entities in **generating and accessing reports**.
- Our **data store** is refreshed nightly with production data reflecting the current day's activities and is available for retrieval and reporting. Authorized users have direct access to produce standard reports and create custom ad hoc queries from the data store.
- The reports we produce undergo stringent **quality and compliance** review for accuracy. We employ both automated and manual procedures to validate information throughout the data store and in the reports our solution produces.

Generating Reports

Our solution's reporting functionality plays a valuable role in tracking the collection of TPL recoupments throughout a process that includes:

- Extracting data from beneficiary, provider, carrier, encounter history, and eligibility files (including the ability to export data for ad hoc purposes)
- Summarizing and loading data for input into the standard reports while maintaining a complete history
- Providing flexible, online, Windows-based, pull-down, and menu-driven screen capabilities for data access using predefined reporting parameters and reporting templates
- Generating weekly, monthly, quarterly, and annual reports that monitor and track the TPL Service's performance
- Providing counts of performance activities based on the Agency's requirements
- Providing expenditure, eligibility, and recovery data to support budget forecasts, tracking, and Medicaid program modeling

To continually monitor the status of the TPL accounts receivables (A/R), we use the reporting functionality in our A/R system, Tally Accounting Software, to provide important information related to TPL collections, pends, referrals, cost avoidance, and more. Then, for reporting that is not available from Tally or from the Medicaid Enterprise System (MES) or where more in-depth reporting is required, we use Microsoft Power BI to support standard, ad hoc, dashboard, and analytical reporting. Both Tally and Power BI feature easy-to-use interfaces. Plus, Power BI incorporates interactive visualizations and business intelligence capabilities. These reporting tools enhance the user's ability to spend more time analyzing TPL payment data while improving policy development and management.

Conduent uses Microsoft Power BI as our primary tool for creating reports in TPL CMO Come Behind Services**.** This business intelligence platform provides non-technical business users with the functionality for aggregating, analyzing, visualizing, and sharing data. Power BI comprises a collection of software services, apps, and connectors that work together to turn unrelated sources of data into coherent,

visually immersive, and interactive insights. We can use it on virtually any database or resource, including Excel files, Microsoft Access databases, etc., to provide the Agency with reporting on anything contained in our data stores. Power BI can also provide executive dashboards for administrators or managers, giving both our management team and the Agency more insight into how our CMO Come Behind Services Unit is performing. The flexible and dynamic Power BI allows us to develop or change reports quickly as long as all required data elements exist somewhere in our data stores. Microsoft Power BI is compatible with most browsers including:

- Microsoft Edge latest version
- Microsoft Internet Explorer 11. Note: Some advanced features, such as lineage view, aren't supported in Internet Explorer. See Data lineage (preview) for details
- Google Chrome desktop latest version
- Apple Safari for Mac latest version
- Mozilla Firefox desktop latest version. Note: Firefox may change the fonts used in Power BI

Our A/R system reporting from Tally includes:

- Recovery and follow-up reports
- Daily, weekly, monthly, and quarterly billing cycle reports
- Key statistics used to complete project reports and ad hoc client reports
- Managerial reports that our TPL team uses to verify quality control of all output
- Reports that our TPL team uses to monitor adjudication rates, identify non-adjudicated claims populations, and rebill open and denied claims

Storing Data and Reports

Our TPL solution is meticulous in collecting data that we use to provide the required reports. To support our solution's reporting functionality, we maintain a database that houses all the necessary production data to be used in TPL reporting. The operational data store is the foundation of our reporting solution, which provides our team with the capabilities to meet the Agency's reporting requirements. This data store facilitates a faster response in reporting, allows for greater volumes of data to be pulled, and does not impact any production functionality or speed. As a result, authorized users generate their reports from this single source data store, which maintains all TPL case information and related data gathered from all data sources.

A copy of the production database is taken nightly and imported into this data store, which enables our solution to maintain reporting data that is current within a 24-hour period. For example, our secure and stable accounts receivable (A/R) system, Tally Accounting Software, houses all claims billed to third-party payers along with their adjudication results. We update this A/R system, manually or

electronically, with remittance data (payments, partial payments, offsets, and denials) that we receive from carriers, providers, and fiscal intermediaries. By maintaining an A/R record for every claim billed on the Agency's behalf, along with posting claims activity at the claim level, we create a comprehensive audit trail and facilitate effective follow-up reporting and data analysis.

All TPL reports that our solution generates and the supporting documentation are housed in an online document repository that is a shared ECM. Our solution's connection to the ECM allows for easy access any time by authorized users from the Agency, Conduent, as well as other authorized entities.

Ensuring Quality in Reporting

Our team works to ensure each report is reviewed for data validity, data quality, standards, grammar, formatting, and adherence to deliverable expectations and other aspects of quality. Our goal is to ensure that, once delivered, the Agency can focus on the most important aspect of any report—the data being reported.

Attachment N Requirements for Reports

On the following pages, Conduent provides a response to Attachment N, Reports Section for Requirement CMOCB29 and Requirement CMOCB31. Our initial response confirms our commitment to meet the requirement followed by our descriptions of our work.

Attachment N Requirement CMOCB29

The Supplier must provide reports to support the implementation and operation of the CMO Come Behind Program and to enable the Agency to evaluate program and Supplier performance. If new reports or revisions to existing reports are needed, the Agency will notify the Supplier, and the Supplier must build and deliver the report within two (2) weeks (or timeframe specified by the Agency). Based on the urgency of the request, the Supplier may be required to complete the report in less time.

Conduent response: Conduent accepts the reports to support the implementation and operation of the CMO Come Behind Program.

The reports come from an electronic system as determined by the Agency, e.g., Medicaid Enterprise System. We accept them through a secure method of transmission, which is usually a simple file transfer protocol (SFTP) site. We store the data in operational databases we use to facilitate TPL commercial recoupment work.

We accept the reports at timeframe specified by the Agency. We build and deliver new reports within 2 weeks (or a timeframe specified by the Agency). Depending on the Agency's urgency, we are prepared to expedite the work on these new or revised reports and deliver them in a shorter timeframe.

	The Agency defines the fields that are included in the reports based on its business needs. Our IT Department and business experts work with the Agency, and any vendor they designate to document the report's requirements. Once we define the report, we incorporate this report into our policy and procedures manual and create detailed steps for how to process this report to train our TPL specialists. We have experience developing similar reporting for other customers. During the implementation phase, we work with the Agency to define the changes needed to existing TPL reports and any new reports. This effort includes fully documenting the requirements of the reports and submitting those requirements to the Agency for review and approval before we modify or build any reports. During the testing phase, we demonstrate the reports to the Agency to make sure they are meeting your expectations for monitoring the system and our performance. From implementation, to operations, and throughout the life of the contract, we perform these same tasks whenever the Agency notifies us that new or revised reports are needed. **Attachment N Requirement CMOCB31** The Supplier must create and maintain a suite of online reports, as defined by the Agency, to allow users to choose from pre-built defined parameters (such as provider number, procedure code, date of service, etc.) to generate customized reports for monitoring the daily operations of the system and Fiscal Agent Operations, based on business needs. **Conduent response:** Conduent accepts the suite of online reports that allow users to choose from pre-built defined parameters (such as provider number, procedure code, date of service, etc.) to generate customized reports for monitoring the daily operations of the system and Fiscal Agent Operations, based on business needs. The online reports are defined by the Agency during the implementation phase. We will provide the Agency with secure access to this set of standard reports through a web portal that allows users to choose from a set of pre-built defined parameters (e.g., provider number, procedure code, date of service, and other data elements). These parameters allow users, based on current business needs, to produce customized reports for monitoring the daily system and fiscal agent operations. For reporting that is not available from the web portal, the MES, or Tally, authorized users (at the Agency, Conduent, or other authorized entities) can generate their reports from Microsoft Power BI. As noted earlier, both Tally and Power BI feature easy-to-use interfaces. Plus, Power BI incorporates interactive visualizations and business intelligence capabilities. With these tools, the user is able to spend more time on TPL analysis that leads to better decision making and process improvements.	
	Upload Attachments with Additional Information? **No**	Attachment File Name: N/A
24	**Reports-** Describe in detail your process for creating and transmitting reports where the Supplier is the entity responsible as stated in **Attachment N, Reports Section, Requirements CMOCB30, CMOCB34, and CMOCB36-CMOCB41.** Please also attach a sample report which you would create.	

A24	*Answer # 24* Conduent begins by modelling the CMO Come Behind Program Reports from other existing reports we have in place in our current TPL Operations for reporting on recoveries and recoupments. With 50 years of Medicaid experience providing government healthcare services, we have effectively mastered the ability to provide significant and meaningful reporting data to our clients. We have worked with various TPL clients over many years to develop informative reports that meet or exceed the reporting needs and requirements of the Agency. Our reporting functionality allows for greater ease in producing both standard and ad hoc reports. Also, we provide dedicated resources to work with and train Agency users on our solution's reporting functionality and assist in creating new standard and ad hoc reports as the need for information changes. Additionally, we house all current and historical TPL reports produced by Conduent as well as reports produced in the future by our team. Based on our experience in managing TPL and other recovery/recoupment projects, we have developed a comprehensive suite of reports that are further customized for the unique characteristics of the CMO Come Behind Recoupment program. Our current TPL reports for commercial recoupment are modified to provide enough information to enable the Agency to realize tangible savings resulting from our work and review, manage, and monitor our team's productivity. This gives the Agency access to valuable information related to TPL activities associated with the CMO Come Behind Recoupment Services. **Approach** As your client-focused Supplier, we work collaboratively with the Agency team to identify your TPL Services and CMO Come Behind recoupment reporting needs. We work with the Agency during the implementation period to define each report such that Conduent understands the purpose of the report, the data elements required on the report and the business rules and timeframe for generating the report. We create requirements specification documents and design documents that require Agency sign off before we modify or create new reports. ***Generating Reports*** Our team delivers reliable, accurate, and timely reporting. We provide resources to assist users from the Agency, Conduent, and other authorized entities in generating and accessing reports. Our data store is refreshed nightly with production data reflecting the current day's activities and is available for retrieval and reporting. Authorized users have direct access to produce standard reports and create custom ad hoc queries from the data store. The reports we produce undergo stringent quality and compliance review for accuracy. We employ both automated and manual procedures to validate information throughout the data store.

Data Store

To support our solution's reporting functionality, we maintain a reporting database that houses all the necessary production data to be used in TPL reporting. This separate data store facilitates a faster response in reporting, allows for greater volumes of data to be pulled, and does not impact any production functionality or speed. A copy of the production database is taken nightly and imported into this store of reporting data, which enables our solution to maintain reporting data that is current within a 24-hour period.

This operational data store is the foundation of our reporting solution, which provides our team with the capabilities to meet the Agency's reporting requirements. Our TPL solution is meticulous in collecting data and providing the required reports. Authorized staff generates reports from this single source data store, which maintains all case information and related data gathered from all data sources.

TPL reports that our solution generates are housed in our enterprise content management (ECM) system that allows authorized users easy access to reports any time.

Quality in Reporting

Our team works to ensure each report is reviewed for data validity, data quality, standards, grammar, formatting, and adherence to deliverable expectations and other aspects of quality. Our goal is to ensure that, once delivered, the Agency focuses on the most important aspect of the deliverable—the content.

Transmission

Conduent can post completed reports to the Conduent Customer Portal we establish for the Agency or we can send through secure means to an SFTP site for Agency pick up. We work with the Agency during the implementation phase to determine your preferred mode of receipt of reports that we create.

Attachment N Requirements for Reports

On the following pages, Conduent provides a response to each Attachment N requirement for the Reports Section, Requirements CMOCB30, CMOCB34, and CMOCB 36-41. Our initial response confirms our commitment to meet the requirement followed by our descriptions of our work.

Attachment N Requirement CMOCB30

The Supplier must develop, document, deliver and retain all required TPL generated reports to the Agency as applicable in a manner agreed upon by the Agency. All standard reports should be accessible on an as needed basis at any time if the Agency is looking for information. Ad Hoc reporting access must be provided to Agency users or Suppliers. The Agency will define the fields which will be included in the report based on its business needs.

Conduent response: Conduent develops, documents, delivers and retains all required TPL generated reports and provides them to the Agency as applicable in a manner agreed upon by the Agency. All standard reports are accessible on an as needed basis at any time if the Agency is looking for information. Ad hoc reporting access is provided to Agency users or Suppliers. The Agency defines the fields included in the report based on its business needs. Conduent works with the Agency during the implementation phase to determine the types of TPL CMO Come Behind Service reports needed and finalize the specifications for those reports. The final signed off report design documents serve as the documentation for the content of the report and all data elements that will be used to generate the report.

Once the Agency signs off on the design, our programmers either create or modify existing reports that we have in place for similar types of recoupment/recovery in our other states. After initial design and development, a mockup of the report is shared with the Agency staff to verify expectations. Requested changes are reviewed by our team and if appropriate (i.e., same intent and scope as original design) incorporated into the final design. During final user acceptance testing, we validate with the Agency that the reports produced meet the specifications and the needs of the Agency. As changes are needed over time or if the Agency requests additional reports once we have implemented, the design documentation is updated to reflect changes or any new reports. All of our documentation is version controlled and includes the date the change was made, the version number, the author, and a summary of what changes were made.

We have discussed in previous responses that we establish a Reporting Portal for authorized Agency staff to access our standard TPL reports and can provide access to reporting tools for trained Agency users for ad hoc reporting capabilities. This provides immediate access to our agreed upon standard reports and ad hoc reporting capabilities**.** Reports are retained in our ECM as they are produced and available on the portal for up to a month. If access is needed to a report beyond a month, Conduent staff or authorized State staff can retrieve it from the ECM.

Attachment N Requirement CMOCB34

Report Name: Come Behind COB CMO Audit Report

Report Frequency: Daily (or a timeframe specified by the Agency)

Entity Responsible: The vendor for the electronic system as determined by the Agency, e.g. Medicaid Enterprise System, the Agency, TPL Vendor

Report Description: This is the Accepted transactions for CMO. This report lists a before and after image of COB resource Data that was updated last on CMO information. The records on this report are ordered as received on the incoming file. The Agency will define the fields which will be included in the report based on its business needs.

Conduent response: Conduent produces the Come Behind COB CMO Audit Report.

	This report is produced daily (or a timeframe specified by the Agency). This report lists a before and after image of COB resource data and lists records in the order received on the incoming file. This report shows a snapshot of our TPL Resource file before new daily updates were received and then a snapshot for impacted records showing either automated (accepted) or manual updates to TPL resources based on our CMO Come Behind Service unit updates. The Agency defines the fields included in the report based on its business needs. We start with similar reports in use today in our TPL recovery and recoupment services TPL units to develop this report. **Attachment N Requirement CMOCB36** Report Name: TPL Activity Report Report Frequency: Quarterly (or a timeframe specified by the Agency) Entity Responsible: Supplier Report Description: This report reflects the file maintenance activity for the month. The report will include, but is not limited to, member name, Medicaid ID, insurance/carrier name, policy number, effective date, termination date (if applicable) and type of coverage. The Agency will define the fields which will be included in the report based on its business needs. **Conduent response:** Conduent produces the TPL Activity Report. We produce the report quarterly (or a timeframe specified by the Agency). This report reflects the file maintenance activity for each month of the previous quarter. The report includes the items listed in CMOCB36. The Agency defines the fields included in the report based on its business needs. Conduent is very experienced with providing this type of report. Our TPL accounts in Wyoming and Montana currently run similar reports as a matter of routine business. The reports in both those states are configured to pull the member name, Medicaid ID, insurance carrier, policy number, effective date, termination date (if applicable), and type of coverage. **Attachment N Requirement CMOCB37** Report Name: CMO Come Behind Commercial Billing Invoice Report Frequency: Monthly (or a timeframe specified by the Agency) Entity Responsible: Supplier Report Description: This monthly invoice will reflect checks deposited into the Agency's lockbox for the previous month. The required data includes, but is not limited to, member name, member ID, check number, deposit date, check amount, cash control number (CCN). The Agency will define the fields which will be included in the report based on its business needs. **Conduent response:** Conduent produces the CMO Come Behind Commercial Billing Invoice. We produce this report monthly (or a timeframe specified by the Agency).

This invoice reflects checks deposited into the Agency's lockbox for the previous month. The required data includes, but is not limited to, member name, member ID, check number, deposit date, check amount, cash control number (CCN). The Agency define the fields which will be included in the report based on its business needs.

Our experienced TPL services staff meticulously log and process check receipts and provide the Agency with timely reports regarding those checks and related TPL information. When payment is received through your lockbox, we receive the related information from the bank and log the check number, payment date, recouped amount, etc. in our system. We share the data with the Agency or their designated vendor to reverse or adjust claims and apply the new payment amount from the carrier against the claims. If we receive recoupments in our mailroom, we immediately re-direct them to your lockbox address.

Sample Report

Refer to Proposal Section 4.4.24.A, Sample CMO Come Behind Commercial Billing Invoice, for a sample report that shows the type of information and layout we can provide for this report.

Attachment N Requirement CMOCB38
Report Name: TPL Status Report (Management Report)
Report Frequency: Monthly (or a timeframe specified by the Agency)
Entity Responsible: Supplier
Report Description: This report is a monthly (or a timeframe specified by the Agency) status report for the State Agency's management staff, about each CMO, that includes, but is not limited to, the Supplier's activity in relation to the operations and administration of the TPL functions for each recoupment program. The report should include, but is not limited to: an executive summary, the programs' accomplishments, the programs' issues, findings and solutions, including next steps and recommendations. The Agency will define the fields which will be included in the report based on its business needs.

Conduent response: Conduent produces the TPL Status Report (Management Report).

We produce the report monthly (or a timeframe specified by the Agency).

This report is for the State Agency's management staff, about each CMO, that includes, but is not limited to, Conduent's activity in relation to the operations and administration of the TPL functions for each recoupment program. The report includes, but is not limited to an executive summary, the programs' accomplishments, the programs' issues, findings and solutions, including next steps and recommendations. The Agency defines the fields included in the report based on its business needs.

Monthly status reports are valuable tools for keeping management staff apprised of changing issues, concerns, and recommendations that can affect the health of a project. We deliver this report promptly each month to the management staff, which gives them critical information for making better decisions for managing TPL services.

Attachment N Requirement CMOCB39

Report Name: Statement on Standards for Attestation Engagements (SSAE18)

Report Frequency: Yearly (or a timeframe specified by the Agency)

Entity Responsible: Supplier

Report Description: The SSAE 18 report is an Independent Service Auditor's report. The report must meet the standards articulated by the American Institute of Certified Public Accountants including, but not limited to, the statement on Standards for Attestation Engagements (SSAE18) – reporting on Controls at a Service Organization. The Supplier must bear the cost of obtaining the report and provide the Agency with complete access to the report/records. The Agency will define the fields which will be included in the report based on its business needs.

Conduent response: Conduent produces the Statement on Standards for Attestation Engagements (SSAE18).

We produce the report yearly (or a timeframe specified by the Agency).

The SSAE 18 report is an Independent Service Auditor's report. The report meets the standards articulated by the American Institute of Certified Public Accountants including, but not limited to, the statement on Standards for Attestation Engagements (SSAE18) – reporting on Controls at a Service Organization. Conduent bears the cost of obtaining the report and provides the Agency with complete access to the report/records. The Agency defines the fields which are included in the report based on its business needs.

Conduent contracts with an independent service auditor to perform an SSAE 18 assessment and report the results. Conduent routinely contracts with independent third-party service auditors to conduct and report on the security risk assessments of our systems and operations across the nation. We have successfully undergone numerous external audits and have a track record of obtaining project certifications, including reports for the SSAE 18. All our recent SSAE 18 audits have been successful, including for our MMIS contracts in Montana, Wyoming, New Mexico, and many other states.

SSAE 18 Audit Assessment

To conduct this independent assessment, we have selected Ernst & Young LLC (EY). Since 2010, Conduent has maintained a strong and productive partnership with EY to provide our independent System and Organization Controls reporting services. As our long-time, proven partner in assessing vulnerabilities and penetration risks, EY focuses their security audits on regulatory compliance. EY performs System and Organization Control audits and assessments for several of our Medicaid related accounts, including our current Montana and Wyoming MMIS accounts, and has the staff with the necessary knowledge and experience to accurately complete the audit requirements.

For the TPL CMO Come Behind Recoupment Service's audit, EY evaluates our controls and activities in the project operation and within our solution to ensure our solution continues to align with Agency policies. The EY auditors perform this assessment on a yearly basis and produce the SSAE 18 Report each time to document their results. EY works at the direction of the Agency to independently assess the project's security and privacy plans.

SSAE 18 Report

At the conclusion of their assessment, EY produces the SSAE 18 Report to provide evidence that an independent third party has examined the controls that govern the processing of TPL Service's sensitive healthcare information. In this report, EY documents the results of each risk assessment, including all tools used, such as claims and correspondence scanners, and provides an action plan for remediation of any vulnerabilities.

Attachment N Requirement CMOCB40
Report Name: Initial Implementation Progress Report
Report Frequency: Monthly (or a timeframe specified by the Agency)
Entity Responsible: Supplier
Report Description: This monthly report documents planning and implementation activities before the CMO Come Behind Program is fully operational. The Agency will define the fields which will be included in the report based on its business needs.

Conduent response:

Conduent produces the Initial Implementation Progress Report.

We produce the report monthly (or a timeframe specified by the Agency).

This report documents planning and implementation activities before the CMO Come Behind Program is fully operational. The Agency defines the fields included in the report based on its business needs. We produce this report as part of our standard implementation status reporting. We are used to providing weekly or biweekly status reports on all our implementations and have a standard project status format that we present for approval to the Agency at project initiation.

This report will either be a standalone report or be a subsection of our overall status report (if we are awarded more than the CMO Come Behind Recoupment Services) and is based on our project plan and schedule as approved by the Agency. We work with the Agency to define the topics and fields that are included on the progress report.

During the implementation timeframe, we would expect reporting on risks, issues and outstanding action items as well as more detailed topics such as the finalization of requirements for reports, interface design and development efforts with the Agency and their designated MES vendors, initial data conversion into our data bases from Agency or other stakeholders (i.e., CMOs) and eventually testing and final implementation checklists.

	Attachment N Requirement CMOCB41 The Supplier must review system generated reports and, when applicable, must perform and document adjudication/corrective action for the issues/actions identified in each report. The Agency will collaborate with the Supplier on the adjudication/corrective action processes required. The Agency will define the fields which will be included in the report based on its business needs. **Conduent response:** Conduent performs quality assurance review of all reports generated by our system – whether they are for our internal use or delivery to the Agency. We have staff assigned to review reports generated by the system before they are distributed, specifically to check that the report is functioning as designed, has all data elements specified, and does not have any other anomalies. If issues are found, we document the defect or issue in our defect tracking system, Azure DevOps/Team Foundation Server (TFS), documenting what the issue is, and the proposed adjudication/corrective action. The report is delivered to the Agency on an agreed upon timeframe. We collaborate with the Agency during the implementation phase to define the fields included in the report based on its business needs.	
	Upload Attachments with Additional Information? **Yes-Required**	Attachment File Name: **Sample CMO Come Behind Commercial Billing Invoice**
25	**Reports-** Describe in detail your process for receiving, storing, and utilizing reports provided to you by the agency or agency system as stated in **Attachment N, Reports Section, Requirements CMOCB18, CMOCB32, CMOCB33, and CMOCB35.**	
A25	*Answer # 25* Conduent satisfies and will meet Requirements CMOCB18, CMOCB32, CMOCB33 and CMOCB35 as stated in Attachment N. As a Medicaid Fiscal Agent, we have established processes for securely receiving from and sharing information with our customers and their stakeholders. Our approach focuses on establishing a secure method, such as Secure File Transfer Protocol (SFTP), for use by the State, other vendors, or stakeholders for sending reports to Conduent. We work with the State during the implementation phase to establish the protocol, the naming conventions for files, the cadence for each expected report, and other relevant project elements. **Receipt and Storage** Once we receive the report, our IT team loads it into the appropriate work queue based on its content. All TPL analysts assigned to that work queue can download and export data from the report as needed. We store the reports in a designated database(s) that we set up and confirm with the State during the implementation phase. The report is also loaded to our document management system for easy access by authorized staff.	

Use of Reports

TPL CMO Come Behind Recoupment Services uses a variety of reports and data to find additional third-party insurance for members who were enrolled in a CMO during a period where they also had another insurer. Specific to this area, we look for instances where the CMO paid the claim at the time and now the member is found to have had other insurance during the date of service. This is a retroactive review of the encounters processed by the CMO where no other insurance was indicated or cost avoided at the time of processing by the CMO (or their delegate subcontractors) claims system. It also includes review of open recovery cases, older than 365 days from the CMOs as they are transmitted to Conduent for continued research and recovery attempts.

We look for evidence of possible other insurance on the date of service for the CMO paid claim using our various reports and automated data matching. If we find any leads, we initiate the verification process as described in previous responses in this RFP. If we validate any new insurance that was in effect at the time of the CMO claims payment, that covers the services provided on the date of service, we begin the CMO Come Behind Recoupment Process.

We also make sure that current TPL files are updated with any new information found so that we can assist the agency in preventing further payments by fee-for-service (FFS) claims and/or CMO claims processing. Our team is skilled in accessing and using the reports as a part of its job function. TPL analysts retrieve the reports daily or, for those reports not received daily, on an as-needed basis. We review the information and take action as necessary. Required actions may include further research, confirmation of data, entry of data into the TPL module, and entry to other systems designated by the State. We work with the State during the implementation phase to update our policy and procedures, to indicate how each report is used, and what system(s) should be updated.

Our policy and procedures manual includes step-by-step instructions and screen captures of what reports look like. It covers individual data dictionaries for each type of report that comes from the State, MES vendors, and other stakeholders. We have reviewed each of the reports contained in CMOCB18, CMOCB32, CMOCB33 and CMOC35 and confirm that we have or will have operational workflows established for each type of report listed.

Attachment N Requirements for Reports

On the following pages, Conduent provides a response to each Attachment N requirement for the Reports Requirements in the CMO Come Behind Service Section. Our initial response confirms our commitment to meet the requirement followed by descriptions of our work.

Attachment N Requirement CMOCB18

Claims data from the electronic system as determined by the Agency, e.g. Medicaid Enterprise System will be provided to the Supplier to recover claims paid erroneously by Medicaid and CHIP.

Conduent response: Conduent makes use of this kind of report in States where we are performing TPL functions today. We understand that claims data and encounter data will be sent to us from electronic systems designated by the Agency (i.e., Medicaid Enterprise System) to perform CMO Come Behind Service Recoupments. We also will be receiving a file of "in process" recoveries that have aged over one year with no activity for Conduent to pick up and continue looking for other coverage on.

We will use this data and reports to look for TPL indicators or resources on current claims file (weekly paid claims) and use that information to update current TPL systems with any verified TPL data we find, as directed by the Agency. Likewise, the receipt of paid claims data (FFS and by encounters from the CMOs) will be used to reveal and detect instances where the CMO paid claims over three hundred and sixty five days ago that now appear to have current or new TPL information that is considered a "lead". Our TPL analysts will use this information to search and find additional sources of verified TPL and use it to both update the current MES system(s) (as indicated by the Agency) and to initiate the CMO Come Behind Service Recoupments that we are responsible for.

Attachment N Requirement CMOCB32

Report Name: Number of Policies by Verification Indicator

Report Frequency: Monthly (or a timeframe specified by the Agency)

Entity Responsible: An electronic system as determined by the Agency, e.g. Medicaid Enterprise System

Report Description: This report provides the number of policies by verification indicator and carrier that have policy dates active during the select time period. This report will be created on both a scheduled and as needed basis. The Agency will define the fields which will be included in the report based on its business needs.

Conduent response: Conduent accepts the Number of Policies by Verification Indicator Report.

Conduent has used this type of report and have implemented this report in several states including Montana and Wyoming. We have the ability to take in reports electronically as required by the Agency. This includes data describing the number of policies by verification indicator. Aggregate differences in the counts that are not understood will be researched, and we will work with the agency to understand any anomalies.

This report(s) will be delivered monthly (or a timeframe specified by the Agency) or on an as needed basis, by the Agency or the designated MES system vendor. We can accept it electronically using a secure method agreed to by the Agency. Once this report is received, our IT Department ingests the report into our internal database(s) and it is available immediately for our staff.

Attachment N Requirement CMOCB33

Report Name: Covered Eligible by County

Report Frequency: Quarterly (or a timeframe specified by the Agency)

Entity Responsible: An electronic system as determined by the Agency, e.g. Medicaid Enterprise System

Report Description: This report presents counts of members who are eligible (within the reporting period) for medical services who have other health care coverage. This information is reported for each benefit plan. Eligible member counts are unduplicated - the member is only counted once. A member will be counted if they have had active COB coverage (in the other coverage column) or Managed care or Medicare coverage within the reporting period. If a member has Medicare they are only counted once either under the part A only, part B only or Both A&B. This report is sorted by benefit plan and county. The Agency will define the fields which will be included in the report based on its business needs.

Conduent response: Conduent accepts the Covered Eligible by County Report.

The report comes from an electronic system as determined by the Agency, e.g., Medicaid Enterprise System. We accept it through a secure method of transmission, which is usually a simple file transfer protocol (SFTP) site. We store the data in operational databases we use to facilitate TPL commercial recoupment work.

We accept the report Quarterly (or a timeframe specified by the Agency).

This report presents counts of members who are eligible (within the reporting period) for medical services who have other health care coverage. This information is reported for each benefit plan. Eligible member counts are unduplicated - the member is only counted once. A member is counted if they have had active COB coverage (in the other coverage column) or Managed care or Medicare coverage within the reporting period. If a member has Medicare they are only counted once either under the part A only, part B only or Both A&B. This report is sorted by benefit plan and county. The Agency defines the fields which will be included in the report based on its business needs. Our IT Department and business experts work with the Agency, and any vendor they designate to document the report's requirements.

We match the counts provided in the file/report against the current membership file we receive from the State. We look for instances where the counts on the membership file we have does not appear or match what is presented in the quarterly Covered Eligible by County report regarding third-party coverage, including Medicare. Aggregate differences in the counts that are not understood will be researched, and we will work with the agency to understand any anomalies.

This report(s) will be delivered Quarterly (or a timeframe specified by the Agency) or on an as needed basis, by the Agency or the designated MES system vendor. We can accept it electronically using a secure method agreed to by the Agency. Once this report is received, our IT Department ingests the report into our internal database(s) and it is available immediately for our staff.

	Attachment N Requirement CMOCB35 Report Name: Come Behind COB CMO Error Report Report Frequency: Daily (or a timeframe specified by the Agency) Entity Responsible: The vendor for the electronic system as determined by the Agency, e.g. Medicaid Enterprise System, the Agency, CMO Report Description: This report lists the errors found on the CMO Interface file while trying to update COB resources. Source for this report is the CMO interface. The report is displayed in the order the records were received from the CMO. The records on this report are ordered as received on the incoming file. The Agency will define the fields which will be included in the report based on its business needs. **Conduent response:** Conduent accepts the Come Behind COB CMO Error Report. The report comes from an electronic system as determined by the Agency, e.g. Medicaid Enterprise System. We accept it through a secure method of transmission, which is usually a simple file transfer protocol (SFTP) site. We store the data in operational databases we use to facilitate TPL commercial recoupment work. We accept the report daily (or a timeframe specified by the Agency). This report lists the errors found on the CMO Interface file while trying to update COB resources. The source for this report is the CMO interface. The report is displayed in the order the records were received from the CMO. The records on this report are ordered as received on the incoming file. The Agency defines the fields that are included in the report based on its business needs. Our IT Department and business experts work with the Agency, and any vendor they designate to document the report's requirements. Once we define the report, we incorporate this report into our policy and procedures manual and create detailed steps for how to process this report to train our TPL specialists. This report serves as notification that an error has occurred when the CMO tried to update their files with TPL/COB information Conduent identified as a part of our CMO Come Behind Services. We will work with the Agency (and its vendors) to identify and resolve the underlying causes for the errors reported.	
	Upload Attachments with Additional Information? **No**	Attachment File Name: N/A
26	**Interfaces-** Describe in detail your process for creating and transmitting interfaces where the Supplier is the entity responsible as stated in **Attachment N, Interfaces Section, Requirements CMOCB43, CMOCB48,** and **CMOCB62.**	

A26	*Answer # 26* Conduent agrees to support all the required inbound and outbound interfaces listed in the RFP. For each interface we: • Meet with the Agency and appropriate stakeholders to define the interface details, frequency, security requirements, and secure data access/transmission protocols • Document the interface details in an Interface Control Document (ICD) and seek Agency approval • Configure the interface using our standard library of production interfaces or if new, develop the interface according to the ICD • Review the data to test its validity • Perform quality assurance testing • Update our workflows to process the interface according to Agency-approved procedures • Document the interface in appropriate manuals, i.e., systems and operational procedure manuals We have many years of experience from contracts with state Medicaid and CHIP clients that require us to support the same types of interfaces required by the RFP. This allows us to easily understand the purpose and details behind each interface. The knowledge we bring to the project and our existing configurable interface solutions allow us to hit the ground running to support your interface requirements throughout the contract term. **Attachment N Requirement CMOCB43** Interface Name: Adjustment Information Request File from TPL vendor From: TPL Vendor To: An electronic system as determined by the agency, e.g. Medicaid Enterprise System Frequency: Variable Interface Description: This is an interface from the TPL Vendor containing claims that the Vendor wishes to inquire about. These claims will be analyzed and a response file will be sent back to the Vendor. **Conduent response:** Conduent produces the Adjustment Information Request File. We send the file to an electronic system as determined by the Agency, e.g., Medicaid Enterprise System. We send the file at variable times based on the Agency's requirements. This interface is the resource update file from Conduent to the Medicaid Enterprise System. We acknowledge the records received are processed and used to update the resources currently on file.

	Attachment N Requirement CMOCB48 Interface Name: TPL Vendor Recoveries from Carriers From: TPL Vendor To: An electronic system as defined by the agency, e.g. Medicaid Enterprise System Frequency: Variable based on when TPL Vendor sends recoveries (or a frequency specified by the agency) Interface Description: TPL Vendor recoveries from Carriers. Recoveries received will be processed and available for viewing online by the agency. **Conduent response:** Conduent produces the TPL Vendor Recoveries from Carriers. We send the file to an electronic system as defined by the Agency, e.g., Medicaid Enterprise System. We send the file at variable times based on when TPL Vendor sends recoveries (or a frequency specified by the Agency). This interface includes claim amounts that Conduent recovered from the carriers. We acknowledge recoveries received are processed and available for viewing online by the Agency. **Attachment N Requirement CMOCB62** Interface Name: TPL Resource File from TPL Vendor From: TPL Vendor To: An electronic system as defined by the agency, e.g. Medicaid Enterprise System Frequency: Variable (or a timeframe specified by the agency) Interface Description: Resource update file from the TPL Vendor to the Medicaid Enterprise System. Records received will be processed and used to update the resources currently on file. **Conduent response:** Conduent produces the TPL Resource File from TPL Vendor. We send the file to an electronic system as defined by the Agency, e.g., Medicaid Enterprise System. We send the file at variable times (or a timeframe specified by the Agency). This interface is the resource update file sent by Conduent to the Medicaid Enterprise System. We acknowledge that records received are processed and used to update the resources currently on file.	
	Upload Attachments with Additional Information? **No**	Attachment File Name: N/A
27	**Interfaces-** Describe in detail your process for receiving, storing, and utilizing interfaces provided to you by the agency or agency system as stated in **Attachment N, Interfaces Section, Requirements CMOCB42, CMOCB44-CMOCB47, and CMOCB49-CMOCB61**	

A27	*Answer # 27* Conduent agrees to support all the required inbound and outbound interfaces listed in the RFP. For each interface we: • Meet with the Agency and appropriate stakeholders to define the interface details, frequency, security requirements, and secure data access/transmission protocols • Document the interface details in an Interface Control Document (ICD) and seek Agency approval • Configure the interface using our standard library of production interfaces or if new, develop the interface according to the ICD • Review the data to test its validity • Perform quality assurance testing • Update our workflows to process the interface according to Agency-approved procedures • Document the interface in appropriate manuals, i.e., systems and operational procedure manuals We have many years of experience from contracts with state Medicaid and CHIP clients that require us to support the same types of interfaces required by the RFP. This allows us to easily understand the purpose and details behind each interface. The knowledge we bring to the project and our existing configurable interface solutons allow us to hit the ground running to support your interface requirements throughout the contract term. **Attachment N Requirement CMOCB42** Interface Name: 8091 Interface with Social Security Administration (SSA) From: An electronic system as determined by the agency, e.g. Medicaid Enterprise System To: TPL Vendor Frequency: Daily (or a frequency specified by the agency) Interface Description: This information is used to identify members who enrolled in SSA and have insurance coverage. It is sent by SSA and passed on to TPL Vendor. Any updates that TPL Vendor identifies on this file will be sent to the Medicaid Enterprise system on the standard resource interface. **Conduent response:** Conduent accepts the Social Security Administration (SSA) file with information on enrolled members through the 8091 Interface with SSA. Conduent accepts this file from an electronic system as determined by the Agency, e.g., Medicaid Enterprise System. We accept this file daily (or a frequency specified by the Agency). This interface is used to identify members who enrolled in SSA and have insurance coverage. It is sent by SSA to the Medicaid Enterprise System, which then passes it on to Conduent. Conduent validates the SSA insurance coverage information according to interface business rules and applies the updates to our database. Any updates that Conduent identifies on this file is sent to the Medicaid Enterprise System on the standard resource interface.

	Attachment N Requirement CMOCB44 Interface Name: Beneficiary Earnings Exchange Records (BEER) to TPL Vendor From: An electronic system as determined by the agency, e.g. Medicaid Enterprise System To: TPL Vendor Frequency: Monthly (or a frequency specified by the agency) Interface Description: BEER data file from SSA that is passed on to the TPL Vendor. This file contains employment data. **Conduent response:** Conduent accepts the Beneficiary Earnings Exchange Records (BEER) data file. We accept this file from an electronic system as determined by the Agency, e.g., Medicaid Enterprise System. We accept this file monthly (or a frequency specified by the Agency). This interface is the response file generated when the Medicaid Enterprise System receives an Adjustment Information Request File. The interface response file includes adjustment information for all claims present on the request file. The response file includes adjustment information for all claims present on the request file. Conduent validates the adjustment information according to interface business rules and applies the updates to our database. **Attachment N Requirement CMOCB45** Interface Name: Beneficiary and Earnings Data Exchange (BENDEX) file to TPL Vendor From: An electronic system as determined by the agency, e.g. Medicaid Enterprise System To: TPL Vendor Frequency: Daily (or a frequency specified by the agency) Interface Description: The daily BENDEX file sent by SSA to Medicaid Enterprise system will be passed on to the TPL Vendor. This file contains Medicare eligibility data. **Conduent response:** Conduent accepts the Beneficiary and Earnings Data Exchange (BENDEX) file. We accept this file from an electronic system as determined by the Agency, e.g., Medicaid Enterprise System. We accept this file daily (or a frequency specified by the Agency). This interface is the daily BENDEX file sent by the SSA to the Medicaid Enterprise System, which then passes it on to Conduent. This file contains Medicare eligibility data. Conduent validates the Medicare eligibility information according to interface business rules and applies the updates to our database.

	Attachment N Requirement CMOCB46 Interface Name: Buy-In to TPL Vendor From: An electronic system as determined by the agency, e.g. Medicaid Enterprise System To: TPL Vendor Frequency: Monthly (or a frequency specified by the agency) Interface Description: Buy-In data extract sent to the TPL Vendor at a frequency as determined by the agency. This is a full extract of all Buy-In records currently on file in an electronic system as determined by the agency, e.g. Medicaid Enterprise system. **Conduent response:** Conduent accepts the Buy-In data extract. We accept this file from an electronic system as determined by the Agency, e.g., Medicaid Enterprise System. We accept this file monthly (or a frequency specified by the Agency). This interface is a full extract of all Buy-In records currently on file in an electronic system, e.g., Medicaid Enterprise System, and is sent to Conduent as determined by the Agency. Conduent validates the buy-in information according to interface business rules and applies the updates to our database. **Attachment N Requirement CMOCB47** Interface Name: Capitations file to TPL Vendor From: An electronic system as determined by the agency, e.g. Medicaid Enterprise System To: TPL Vendor Frequency: Monthly (or a frequency specified by the agency) Interface Description: This is a file for sending capitation payments and adjustments to the TPL Vendor. It is a full extract of all capitation data for the month **Conduent response:** Conduent accepts the Capitations file. We accept this file from an electronic system as determined by the Agency, e.g., Medicaid Enterprise System. We accept this file monthly (or a frequency specified by the Agency). This interface, containing capitation payments and adjustments sent to Conduent, is a full extract of all capitation data for the month. Conduent validates the capitation payment and adjustment information according to interface business rules and applies the updates to our database.

	Attachment N Requirement CMOCB49 Interface Name: Carrier file to TPL Vendor From: An electronic system as defined by the agency, e.g. Medicaid Enterprise System To: TPL Vendor Frequency: Monthly (or a frequency specified by the agency) Interface Description: Carrier file from the Medicaid Enterprise system to the TPL Vendor. This is a full extract of all carrier records on file. **Conduent response:** Conduent accepts the Carrier file. We accept this file from an electronic system as defined by the Agency, e.g., Medicaid Enterprise System. We accept this file monthly (or a frequency specified by the Agency). This interface is the Carrier File, a full extract of all carrier records on file, sent from the Medicaid Enterprise System to Conduent. Conduent validates the carrier file information according to interface business rules and applies the updates to our database. **Attachment N Requirement CMOCB50** Interface Name: Dental Claims File to TPL Vendor From: An electronic system as defined by the agency, e.g. Medicaid Enterprise System To: TPL Vendor Frequency: Monthly (or a frequency specified by the agency) Interface Description: Full extract of all dental claims, paid and denied during the month, sent from the Medicaid Enterprise System to the TPL Vendor. Encounter and waiver claims are included in this file. **Conduent response:** Conduent accepts the Dental Claims File. We accept this file from an electronic system as defined by the Agency, e.g., Medicaid Enterprise System. We accept this file monthly (or a frequency specified by the Agency). This interface is a full extract of all dental claims, paid and denied during the month, sent from the Medicaid Enterprise System to Conduent. Encounter and waiver claims are included in this file. Conduent validates the dental claims including encounter and waiver claims according to interface business rules and applies the updates to our database.

Attachment N Requirement CMOCB51
Interface Name: Diagnosis Code File to TPL Vendor
From: An electronic system as defined by the agency, e.g. Medicaid Enterprise System
To: TPL Vendor
Frequency: Monthly (or a frequency specified by the agency)
Interface Description: Extract of all current and future diagnosis codes currently stored in the Medicaid Enterprise System.

Conduent response: Conduent accepts the Diagnosis Code File.

We accept this file from an electronic system as defined by the Agency, e.g., Medicaid Enterprise System.

We accept this file monthly (or a frequency specified by the Agency).

This interface is an extract of all current and future diagnosis codes currently stored in the Medicaid Enterprise System. This interface is an extract of all current and future diagnosis codes currently stored in the Medicaid Enterprise System. Conduent processes diagnosis code file, validates the information according to interface business rules and applies the updates to our database.

Attachment N Requirement CMOCB52
Interface Name: Drug Code File to TPL Vendor
From: An electronic system as defined by the agency, e.g. Medicaid Enterprise System
To: TPL Vendor
Frequency: Monthly (or a frequency specified by the agency)
Interface Description: Exact of all drug code data currently in the electronic system as defined by the agency, e.g. Medicaid Enterprise System.

Conduent response: Conduent accepts the Drug Code File.

We accept this file from an electronic system as defined by the Agency, e.g., Medicaid Enterprise System.

We accept this file monthly (or a frequency specified by the Agency).

This interface is an extract of all drug code data currently in the electronic system as defined by the Agency, e.g., Medicaid Enterprise System. Conduent processes drug code file, validates the information according to interface business rules and applies the updates to our database.

	Attachment N Requirement CMOCB53 Interface Name: Institutional Claims File to TPL Vendor From: An electronic system as defined by the agency, e.g. Medicaid Enterprise System To: TPL Vendor Frequency: Monthly (or a frequency specified by the agency) Interface Description: Full extract of all institutional claims, for all statuses for a duration as determined by the agency and with a frequency as determined by the agency. Encounter and waiver claims are included in this file. **Conduent response:** Conduent accepts the Institutional Claims File. We accept this file from an electronic system as defined by the Agency, e.g., Medicaid Enterprise System. We accept this file monthly (or a frequency specified by the Agency). This interface is a full extract of all institutional claims, for all statuses for a duration as determined by the Agency and with a frequency as determined by the Agency. Encounter and waiver claims are included in this file. Conduent processes the institutional claims including encounter and waiver claims, validates the information according to interface business rules and applies the updates to our database. **Attachment N Requirement CMOCB54** Interface Name: State Medicare Modernization Act (MMA) File to TPL Vendor From: An electronic system as defined by the agency, e.g. Medicaid Enterprise System To: TPL Vendor Frequency: Monthly (or a frequency specified by the agency) Interface Description: The MMA file sent from CMS to State Medicaid Enterprise System vendor which will then be passed on to the TPL Vendor. This file contains Medicare Part D data. **Conduent response:** Conduent accepts the State Medicare Modernization Act (MMA) File. We accept this file from an electronic system as defined by the Agency, e.g., Medicaid Enterprise System. We accept this file monthly (or a frequency specified by the Agency). This interface is the MMA file sent from CMS to the State Medicaid Enterprise System vendor, which then passes it on to Conduent. This file contains Medicare Part D data. Conduent processes the MMA file, validates the information according to interface business rules and applies the updates to our database.

	Conduent has prior experience processing MMA information for several state Medicaid programs. For the Mississippi Medicaid program, for example, we load the part D information into the user interface panels of our pharmacy claims processing system for use in TPL processing. **Attachment N Requirement CMOCB55** Interface Name: Member Eligibility File to TPL Vendor From: An electronic system as defined by the agency, e.g. Medicaid Enterprise System To: TPL Vendor Frequency: Monthly (or a frequency specified by the agency) Interface Description: Member eligibility file from the Medicaid Enterprise System to the TPL Vendor. This is a full extract of all member records currently on file. **Conduent response:** Conduent accepts the Member Eligibility File. We accept this file from an electronic system as defined by the Agency, e.g., Medicaid Enterprise System. We accept this file monthly (or a frequency specified by the Agency). This interface, which is sent from the Medicaid Enterprise System to Conduent, is a full extract of all member records currently on file. Conduent processes the Member Eligibility file, validates the information according to interface business rules and applies the updates to our database. **Attachment N Requirement CMOCB56** Interface Name: Pharmacy claims file to TPL Vendor From: An electronic system as defined by the agency, e.g. Medicaid Enterprise System To: TPL Vendor Frequency: Monthly (or a frequency specified by the agency) Interface Description: Full extract of all pharmacy claims, for all statuses for a duration as determined by the agency and with a frequency as determined by the agency. Encounter and waiver claims are included in this file. **Conduent response:** Conduent accepts the Pharmacy claims file. We accept this file from an electronic system as defined by the Agency, e.g., Medicaid Enterprise System. We accept this file monthly (or a frequency specified by the Agency). This interface is a full extract of all pharmacy claims, for all statuses for a duration as determined by the Agency and with a frequency as determined by the Agency. Encounter and waiver claims are included in this file. Conduent processes the pharmacy claims including encounter and waiver claims from the file, validates the information according to interface business rules and applies the updates to our database.

	Attachment N Requirement CMOCB57 Interface Name: Physician Claims File to TPL Vendor From: An electronic system as defined by the agency, e.g. Medicaid Enterprise System To: TPL Vendor Frequency: Monthly (or a frequency specified by the agency) Interface Description: Full extract of all physician claims, for all statuses for a duration as determined by the agency and with a frequency as determined by the agency. Encounter and waiver claims are included in this file. **Conduent response:** Conduent accepts the Physician Claims File. We accept this file from an electronic system as defined by the Agency, e.g., Medicaid Enterprise System. We accept this file monthly (or a frequency specified by the Agency). This interface is a full extract of all physician claims, for all statuses for a duration as determined by the Agency and with a frequency as determined by the Agency. Encounter and waiver claims are included in this file. Conduent processes the physician claims, include the encounter and waiver claims from the file, validates the information according to interface business rules and applies the updates to our database. **Attachment N Requirement CMOCB58** Interface Name: Procedure Code File to the TPL Vendor From: An electronic system as defined by the agency, e.g. Medicaid Enterprise System To: TPL Vendor Frequency: Monthly (or a frequency specified by the agency) Interface Description: Extract of all procedure codes currently stored in the Medicaid Enterprise System. **Conduent response:** Conduent accepts the Procedure Code File. Conduent accepts this file from an electronic system as defined by the Agency, e.g., Medicaid Enterprise System. We accept this file monthly (or a frequency specified by the Agency). This interface is an extract of all procedure codes currently stored in the Medicaid Enterprise System. Conduent processes the procedure code file, validates the information according to interface business rules and applies the updates to our database.

	Attachment N Requirement CMOCB59 Interface Name: Provider File to TPL Vendor From: An electronic system as defined by the agency, e.g. Medicaid Enterprise System To: TPL Vendor Frequency: Monthly (or a frequency specified by the agency) Interface Description: This is a full extract of all provider data currently on file. **Conduent response:** Conduent accepts the Provider File. We accept this file from an electronic system as defined by the Agency, e.g., Medicaid Enterprise System. We accept this file monthly (or a frequency specified by the Agency). This interface is a full extract of all provider data currently on file. Conduent processes the provider data file, validates the information according to interface business rules and applies the updates to our database. **Attachment N Requirement CMOCB60** Interface Name: Resource File to TPL Vendor From: An electronic system as defined by the agency, e.g. Medicaid Enterprise System To: TPL Vendor Frequency: Monthly (or a frequency specified by the agency) Interface Description: This is a full extract of all resource records currently on file. **Conduent response:** Conduent accepts the Resource File. We accept this file from an electronic system as defined by the Agency, e.g., Medicaid Enterprise System. We accept this file monthly (or a frequency specified by the Agency). This interface is a full extract of all resource records currently on file. Conduent processes the resource file, validates the information according to interface business rules and applies the updates to our database.

	Attachment N Requirement CMOCB61 Interface Name: Territory Beneficiary Query (TBQ) File to TPL Vendor From: An electronic system as defined by the agency, e.g. Medicaid Enterprise System To: TPL Vendor Frequency: Daily (or a frequency specified by the agency) Interface Description: The Medicare beneficiary eligibility determinations file sent from CMS to State Medicaid Enterprise System vendor will be passed on to the TPL Vendor. **Conduent response:** Conduent accepts the Territory Beneficiary Query (TBQ) File. We accept the file from an electronic system as defined by the Agency, e.g., Medicaid Enterprise System. We accept the file daily (or a frequency specified by the Agency). This interface, of the Medicare beneficiary eligibility determinations, is sent from CMS to the State Medicaid Enterprise System vendor, which then passes it on to Conduent. Conduent processes the Territory Beneficiary Query (TBQ) file, validates the information according to interface business rules and applies the updates to our database.	
	Upload Attachments with Additional Information? **No**	Attachment File Name: N/A

State of Georgia

In conjunction with

NASPO ValuePoint

Attachment DD
References Form
Event Name: Third Party Liability Services
eRFP (Event) Number: 41900-DCH0000120

Please provide references as directed in the mandatory scored question for each scope of work proposed. For each year of experience include the company or state where the recoupment work was performed, contact person's name, email address and telephone number. For each state or company identified you must include the annual recovery amount, annual cost saving amount and the population size of the company or state identified. The recovery amount is not applicable to and not required for the Hospital Physician scope of service.

REF #	Company or State	Population Size	Client Contact Information	SIMILAR SCOPE?	Annual Recovery Amount	Annual Cost Savings	CURRENT OR PAST?	PERMISSION TO CONTACT?
1	Montana Department of Health and Human Services – Montana Medicaid Program	290,000 Medicaid Eligible Members	[redacted]	Recovery ☐ Commercial Billing ☒ Hospital Physician ☒ CMO Come Behind ☒ TPL System Module ☐	[redacted]	[redacted]	CURRENT ☒ PAST ☐ **Period of Performance:** **01/01/2019 – 12/31/2019**	YES ☒ NO
2	State of Wyoming, Division of HealthCare Financing	Medicaid Population 60,716 Statewide Population: 563,626	[redacted]	Recovery ☒ Commercial Billing ☐ Hospital Physician ☐ CMO Come Behind ☐ TPL System Module ☒	[redacted]	[redacted]	CURRENT ☒ PAST ☐ **Period of Performance:** **07/01/20 – Present**	YES ☒ NO ☐

3	State of Wyoming, Division of HealthCare Financing	Medicaid Population 76,964 Statewide Population: 567,025	[redacted]	Recovery ☒ Commercial Billing ☐ Hospital Physician ☐ CMO Come Behind ☐ TPL System Module ☒	[redacted]	[redacted]	**CURRENT** ☐ **PAST** ☒ **Period of Performance:** **07/01/2019- 06/30/2020**	**YES** ☒ **NO** ☐

[redacted]

[redacted]

Conduent Trade Secret

CONDUENT

CMO Come Behind Commercial Billing Invoice - Last month (8/2020). Total Deposit: $6,666.66

Member Name	Member ID	Check Number	Deposit Date	Date of Service	Transaction Number	Insurance Carrier	TPL Case Number	Check Amount
Smith, John	1111222333	0000YYY1	8/1/2020	11/23/2019	100000111	Blue Cross	1234	$1,111.11
Jones, Mary	2222333444	0000XXX2	8/2/2020	2/13/2020	100000555	Aetna	2111	$2,222.22
Charles, Charly	3333444555	0000ZZZ3	8/15/2020	12/20/2019	100000222	United Healthcare	1345	$3,333.33

Run Date: MM/DD/YYYY

Deposit broken up by various claim fields
Ages lookup:
A LESS THAN 1; B 1 TO 4; C 5 TO 9; D 10 TO 14;
E 15 TO 17; F 18 TO 19; G 20 TO 24; H 25 TO 29; I 30 TO 34; J 35 TO 39; K 40 TO 44; L 45 TO 49;
M 50 TO 54; N 55 TO 59; O 60 TO 64; P 65 TO

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Attachment Q
Mandatory Scored Questions- TPL System Module

Offerors must answer all questions in this document in the space provided.

Failure to answer these questions will result in disqualification of the proposal

Offerors must indicate whether their proposal meets the individual requirement and provide a supporting narrative in the space provided. The narrative description will be evaluated and awarded points in accordance with Section 6, Proposal Evaluation and Award. Certain questions require an attachment. ONLY upload documents where there is a "Yes-Required" in the "Upload Attachments with Additional Information?" column, to provide additional requested information for specific questions. If there is a "No" in the "Upload Attachments with Additional Information?" column, then a document will be NOT be evaluated, if uploaded. Suppliers must provide an answer in the answer box below for all questions with "No" in the "Upload Attachments with Additional Information?" column.

DO NOT INCLUDE ANY COST INFORMATION IN YOUR RESPONSE TO THIS WORKSHEET.

1	**Business Rules** - Describe the proposed solution's capacity to configure, support and maintain business rules (e.g., add, modify, or remove/retire rules) and the type of resource and necessary skill set(s) required for business rule configuration. Describe the change management processes associated with business rule configuration. In addition, describe in detail your approach to meet each of the Business Rules requirements stated in **Attachment P, Business Rules Engine Section, SYSMOD1-SYSMOD32.** Your response should include the requirement number identified in the attachment, followed by your detailed response.
A1	*Answer # 1* The Conduent Medicaid Suite's powerful COTS-based Business Rules Engine (BRE) is supported by data configurable online web pages that make complex business rules transparent. CMdS-TPL provides a simple way for a configuration analyst or subject matter expert to access the business rules catalog and add, modify, or remove/retire rules. Our Business Rules Engine (BRE) uses standard rule language to define business rules. Rules are compiled for maximum execution speed and form the system's core decision logic. Our overall business rule implementation approach combines the use of the BRE and online data (table) driven configuration. Our solution's modern architecture for implementing business rules creates transparency and re-use and is designed for business users. A built-in graphical user interface (UI) assists users in modifying the rules as business needs evolve. The UI allows staff to use data elements and attributes to author/modify rules in the Integrated Development Environment (IDE). The BRE uses a customizable, English-like language for rules management. This enables business analysts to employ familiar terminology and to develop new business rule syntax that fits their specific business environment. We create rule templates from frequently used rule patterns, eliminating the need to recreate the rules. We create and view comprehensive documentation for rules that can be accessed using a web browser. The BRE integrates with other components in a service-oriented architecture (SOA) environment.

Our BRE provides open and standards-based architecture that allows for integration to the system. Powered by our BRE and data configurable processes using online web pages, CMdS-TPL is not a hard-coded solution and is designed for configuration by non-technical business analysts. The solution's COTS-based BRE uses an intuitive and readable syntax to specify and change rules.

Scalable rule configuration and processing means there are no limitations to the number of business rules the solution supports. Using the inherent scalability capabilities of our cloud-based infrastructure, we provide appropriate sizing to support both the configuration and performance requirements of the project. Program-specific business rules are configured throughout our data-driven configuration and COTS-based Rules Engine. Our solution strategy includes industry standard COTS products to satisfy technical requirements, while creating purpose-built software modules tailored to serve the functional needs unique to government healthcare programs. We don't build our own rules engine, reporting tool, or visualization software, because COTS products are available from vendors focused on those core technical capabilities. The use of these specialized COTS products allows us to focus on providing features and capabilities that make a difference for your program.

Attachment P Requirements for Business Rules Engine Requirements

On the following pages, Conduent provides a response to each Attachment P requirement for the Business Rules Engine Section, SYSMOD1-SYSMOD32. Our initial response confirms our commitment to meet the requirement followed by our descriptions of our work.

Attachment P Requirement SYSMOD1

The suppliers solution shall calculate recovery amounts based on configurable business rules (e.g. liens, fees, taxes) based on Agency program rules and Federal guidelines.

Conduent response: CMdS-TPL calculates recovery amounts based on configurable business rules. CMdS-TPL allows for the addition and maintenance of recovery case information for the purpose of grouping and tracking a member's claims for which reimbursement is sought from a third-party entity (e.g. carrier, member). A recovery case may be established to identify, track and collect amounts owed to the State for a number of reasons such as an accident, trauma case, or an estate (legal) of a member for whom claims have been paid. CMdS-TPL calculates recovery amounts based on configurable business rules by identifying the paid amounts for the claims selected for recovery. In addition to tracking the included claims total and the amount recovered to-date for those claims, Figure Q-1 shows the filter criteria applied to select individual to-be-paid or paid claims for the member associated with the recovery case.

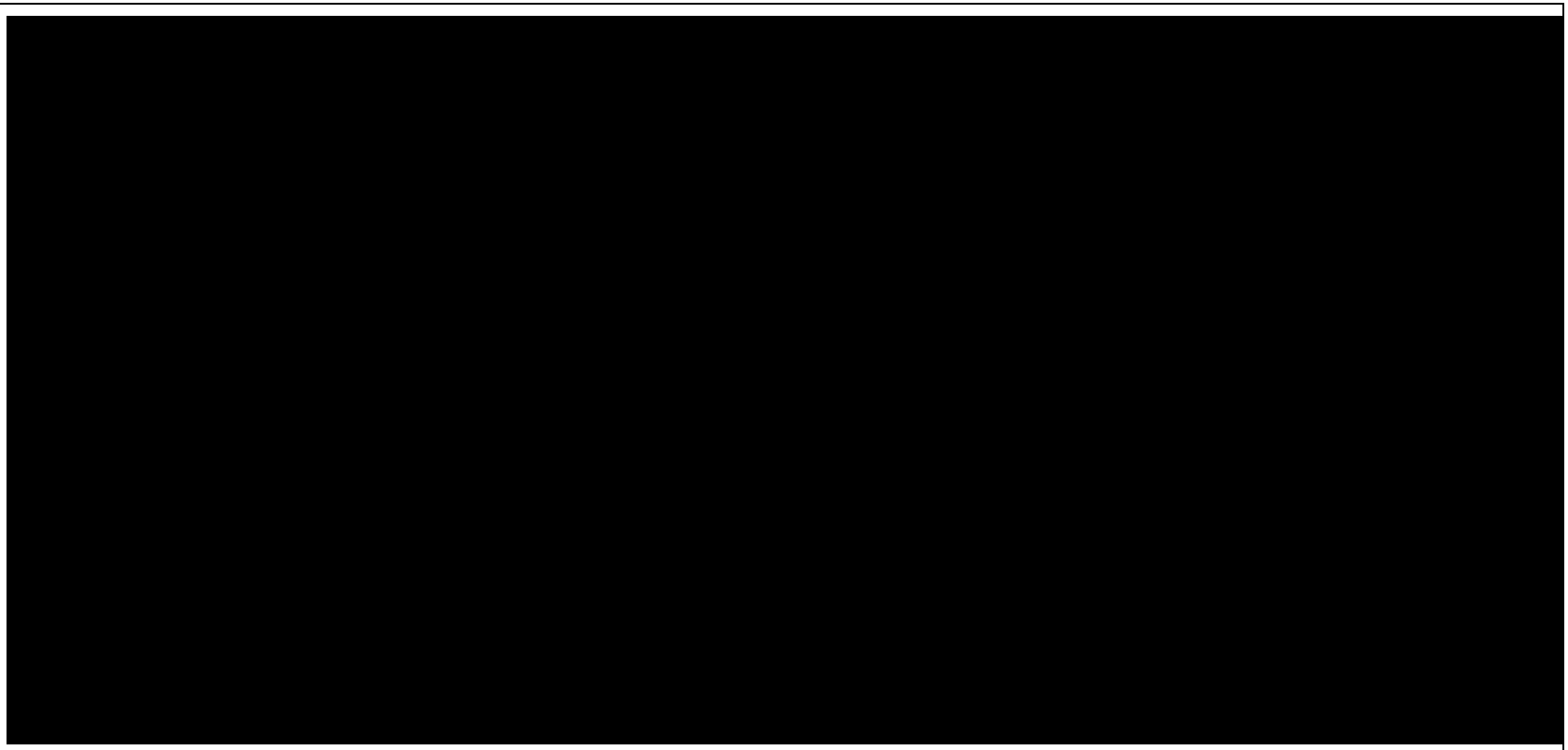


Figure Q-1. Recovery Case Included Claims Totals

This page illustrates the claims included, total amount for recovery on a recovery case, and allows for additional filtering of the available claims using a variety of criteria specified in the drop down values. The information presented here was created for demonstration purposes. Any similarity to real information would be coincidental.

Figure Q-2 shows the included claims total based on the claims selected for recovery in the left recovery case summary on the left of the page. This also displays the total reimbursement amount of the included claims, the recovery amount, case status and previous recovery details.

Figure Q-2. Recovery Case Included Claims Totals

This page illustrates the claims included and totaled for collection on a recovery case. The information presented here was created for demonstration purposes. Any similarity to real information would be coincidental.

CMdS provides for the entry of case related details such as prior claims amount, assets and liabilities, liens and settlement amounts and fees. This additional detail can be summarized as specified by Agency specific rules and Federal guidelines. Figure Q-3 shows the ability to capture information related to liens and fees associated with a settlement of a recovery case.

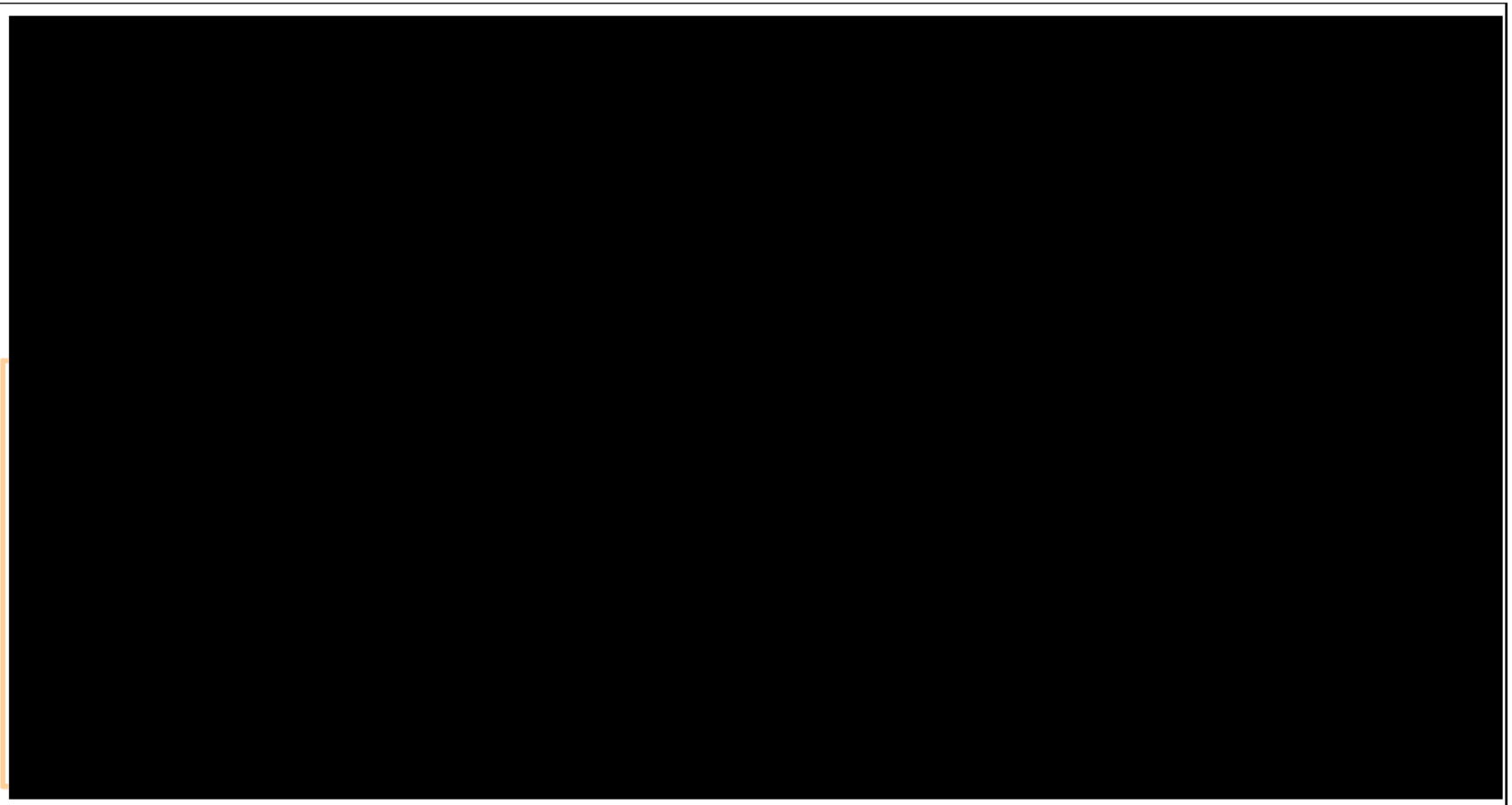


Figure Q-3. Recovery Lien and Interest Party Fees

This page illustrates the ability to capture lien and fees associated with a settlement on a recovery case.

	Attachment P Requirement SYSMOD2 The Supplier's solution shall automate recovery processes based on Agency defined configurable business rules established in federal and state statute. The business rules will include, but are not limited to: a. update status based on received data b. hardship compromise **Conduent response:** CMdS-TPL automates recovery processes based on Agency defined configurable business rules and allows for the creation of recovery cases to identify and track claims for collection in association with an auto accident, estate recovery, fraud, or other legal actions. The recovery type values are configurable online and can be refined to meet Agency business needs. Recovery cases can be created systematically based on defined business rules such as notification of a date of death for members enrolled in specific categories of eligibility or programs. Once CMdS-TPL applies receipts to the claims, the status of the claim and outstanding balances are updated automatically. The recovery details are visible along with the status on the recovery case user interface. Our solution allows for the application of configurable recovery reason codes to further detail the nature of the receipt, such as 'carrier paid in full' and 'casualty partial payment'. Additionally, our solution allows for a hardship indicator which can be used in conjunction with documentation of a lien to indicate a hardship compromise. Figure Q-4 illustrates the recovery case details including the claim reimbursement amount, the recovered amount and the case status.

Figure Q-4. Recovery Case Detail

This screen shows the recovery case details including the reimbursement amount of the included claims, the total recovered and the case status. The information presented here was created for demonstration purposes. Any similarity to real information would be coincidental.

Figure Q-5 illustrates how funds received are applied to the claims within a recovery case.

Figure Q-5. Recovery Case Response

This figure illustrates how funds received are applied to the claims within a recovery case and the recovery reason codes documented for recovered claims

Figure Q-6 shows the hardship indicator and associated liens in support of an estate recovery case.

Figure Q-6. Recovery Estate Tab

This page allows for the entry of a hardship indicator and associated liens, in support of the case.

Attachment P Requirement SYSMOD3

The supplier's solution shall generate, track, store and maintain recovery refunds based on configurable business rules.

Conduent response: CMdS-TPL generates, tracks, stores and maintains recovery refunds based on configurable business rules. Recovery cases are created using the recovery case UI to capture receipts and allow for the identification of refunds using configurable business rules. Once a refund of recovery funds is identified there are specific recovery reason codes that we associate with the claims on the case for tracking purposes. Specific reason codes will identify a receipt as a refund. These refunds will then be processed to the payee as payout financial transactions. CMdS-TPL will account for the amount returned through an update to the original amount received as defined by state specific business rules.

Attachment P Requirement SYSMOD4

The suppliers solution shall automate the non-cooperative member process using configurable business rules based on state administrative rules and federal guidelines including but not limited to the annual cost effectiveness calculation.

Conduent response: CMdS-TPL automatically identifies members who are ineligible for third party recovery and have an ineligible status according to State rules and federal guidelines, including review of the HIPP cost-effective calculation. A new HIPP case effective span must be created and associated with a new calculation to consider eligibility updates. These updates are then applied and a new cost effectiveness determination is made. We will work with you during implementation to configure the business rule requirement to automate non-cooperative member processing into the annual cost effectiveness calculation.

Attachment P Requirement SYSMOD6

The supplier's solution will generate a standard report for a member recovery case based on configurable business rules. Reports will contain but are not limited to: claims summary, diagnosis, procedure codes, totals, amounts, conditional assistance program.

Conduent response: CMdS-TPL generates standard reports for a member recovery case based on configurable business rules Standard CMdS-TPL recovery case reports include:

- **Recovery Case Detail Report:** This report lists the claims in a recovery billing with the addition of any posted payments. (Liability Recovery cases.). Figure Q-7 shows this report layout OPR-TPL-134
- **Recovery Case Included Claims Summary Report:** This report lists the claims in a recovery billing with the addition of any posted payments. Figure Q-8 shows this report layout OPR-TPL-013
- **Recovery Case Outstanding Balance Report:** This report lists information on all open recovery cases which have had notices sent and for which insufficient recoveries were received. Figure Q-9 shows this report layout OPR-TPL-111

We look forward to reviewing these reports with you. We can define and develop other recovery case reports during implementation based upon State business rules.

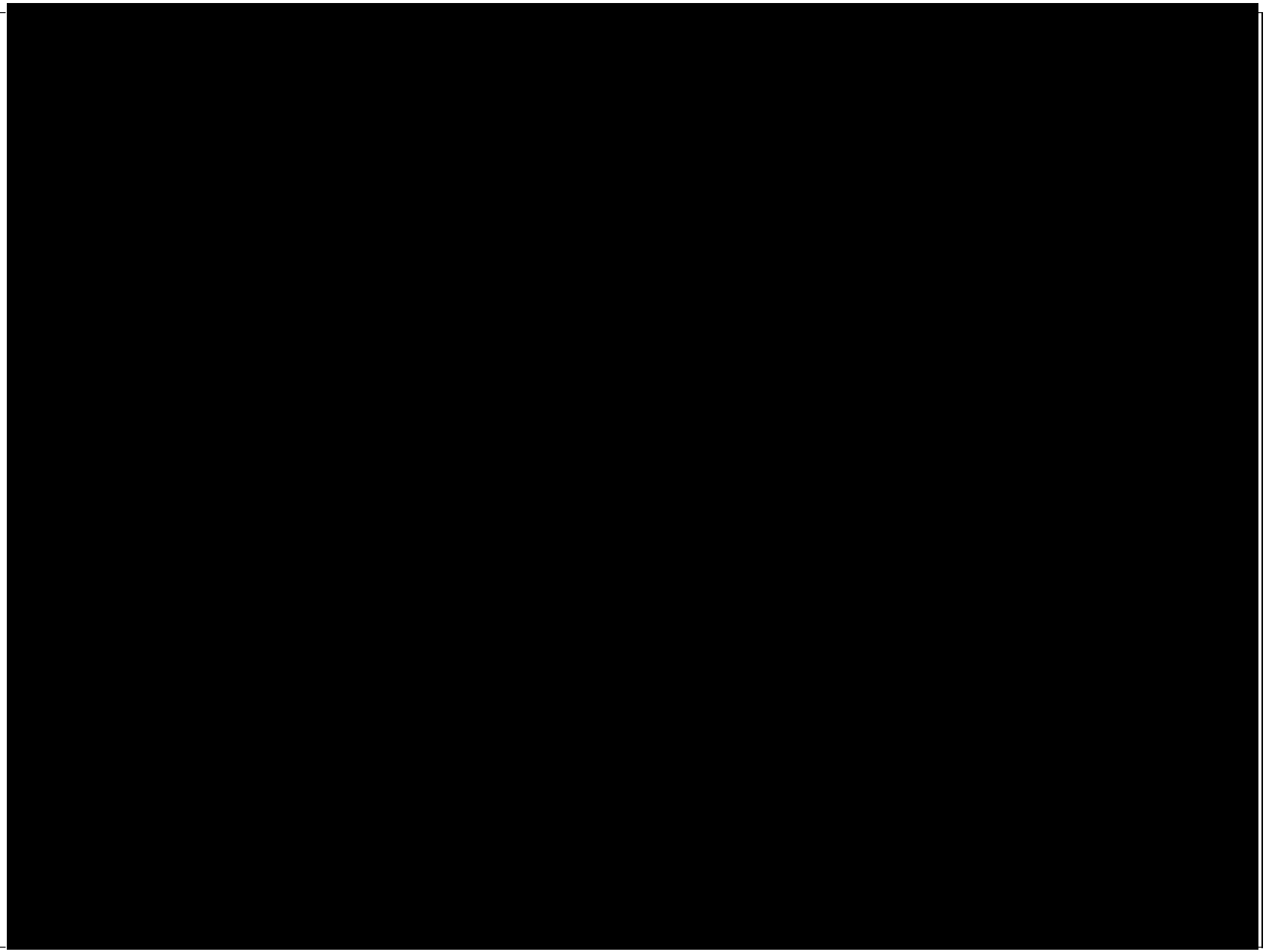


Figure Q-7. Recovery Case Detail Report
This report show the claim level detail related to each recovery case.

Figure Q-8. Recovery Case Included Claims Summary Report
This report shows the member claims that were included in the recovery case.

Figure Q-9. Recovery Case Outstanding Balance Report
This report shows This report lists information on all open recovery cases which have had notices sent and for which insufficient recoveries were received.

Attachment P Requirement SYSMOD7

The Supplier solution will monitor compliance and generate a workflow to suspend member or provider eligibility based on configurable business rules.

Conduent response: CMdS-TPL receives and processes interfaces that contain member and provider eligibility details. These interfaces utilize configurable business rules that validate the interface data and update the CMdS-TPL member and provider data as appropriate. We generate Member Service Questionnaire (MSQs) to members based on business rules to perform member outreach, based on specific claim information. Member responses to the MSQ are monitored using our configurable workflows. Member requests without responses are subject to having their member eligibility suspended based on the business rules configured. Workflows and business rules can also be configured to monitor provider compliance with requests for information and indicate a provider's eligibility should be suspended, if appropriate.

Attachment P Requirement SYSMOD8

The Supplier's solution shall have the ability to create, receive, update, store member Third Party Liability (TPL) information (e.g., primary, secondary, tertiary, retroactive, Medicare) and generate notification and workflow using configurable business rules as defined by the Agency.

Conduent response: CMdS-TPL stores detailed member information including the member's primary, secondary, and tertiary TPL information, and Medicare eligibility including any retroactive updates. The solution receives and updates this information through the online web pages and multiple interface files. Upon data capture, the solution generates reports that identify the data accepted and/or rejected, as defined by state-specific business rules. Our workflow tool is used to configure notifications based on updates or changes in the member TPL or Medicare information based on configurable business rules. Figure Q-10 shows the CMdS-TPL online web page that allows authorized users to search and view or update member TPL policy information.

Figure Q-10. TPL Policy Search Page

This page illustrates the ability to search and select TPL policies to view or update. There are multiple search options across the tabs of this user interface. Users can view all policies by member, carrier policyholder, etc. The information presented here was created for demonstration purposes. Any similarity to real information would be coincidental.

Figure Q-11 below shows the policies associated with an individual member within the member inquiry user interface.

Figure Q-11. Member Inquiry TPL/Medicare

This page illustrates the ability to view the TPL and Medicare policies associated with an individual member.
The information presented here was created for demonstration purposes. Any similarity to real information would be coincidental.

Attachment P Requirement SYSMOD9

The Supplier's solution shall have the ability to configure TPL policy information to include or exclude benefits (e.g., excludes dental, separate policy for vision/hardware) based on policy for use in editing for coordination of benefits as defined by the Agency's configurable business rules.

Conduent response: CMdS-TPL provides the ability to configure TPL policy information to include or exclude benefits (e.g., excludes dental, separate policy for vision/hardware) based on the Agency's policies. Our solution provides configurable coverage codes that are maintained through our online data dictionary. Each policy can be associated with one or more coverage codes. Members may be associated with multiple policies as required per Agency business rules. Figure Q-12 shows the CMdS-TPL user interface that assigns policy coverage codes.

Figure Q-12. TPL Policy Coverage Code Selection

The TPL policy coverage code selection page allows the user to select the coverage codes for a policy.
The information presented here was created for demonstration purposes. Any similarity to real information would be coincidental.

Attachment P Requirement SYSMOD10

The Supplier's solution shall provide searchable options that are applicable to specific business rules (e.g., by carrier, subscriber, recoveries, cost avoidance, recoupment) as defined by Agency

Conduent response: CMdS-TPL provides multiple search capabilities that are applicable to specific business rules such as member, carrier, policy number, and recoveries. Each of our search pages provides multiple tabs of search criteria with the capability to refine the search based on the applicable attributes. These include business rules related to which attributes are required (identified with a red asterisk) and additional data elements for filtering the results. Other standard business rules include partial data matches using the 'starts-with' capability, the ability to filter by status, and the ability to include or exclude voided rows. Figure Q-13 shows the CMdS-TPL screen that allows authorized users to search for a carrier using name attributes.

Figure Q-13. TPL Carrier Search Tabs

The TPL search page offers multiple options to search carrier information.

Figure Q-14 shows the CMdS-TPL policy user interface that allows authorized users to search for a policy using multiple attributes.

Figure Q-14. TPL Policy Search Tabs

The TPL policy search page offers multiple options to search policy information. The information presented here was created for demonstration purposes. Any similarity to real information would be coincidental.

Figure Q-15 shows the CMdS-TPL recovery case user interface that allows authorized users to search for a recovery case using multiple attributes.

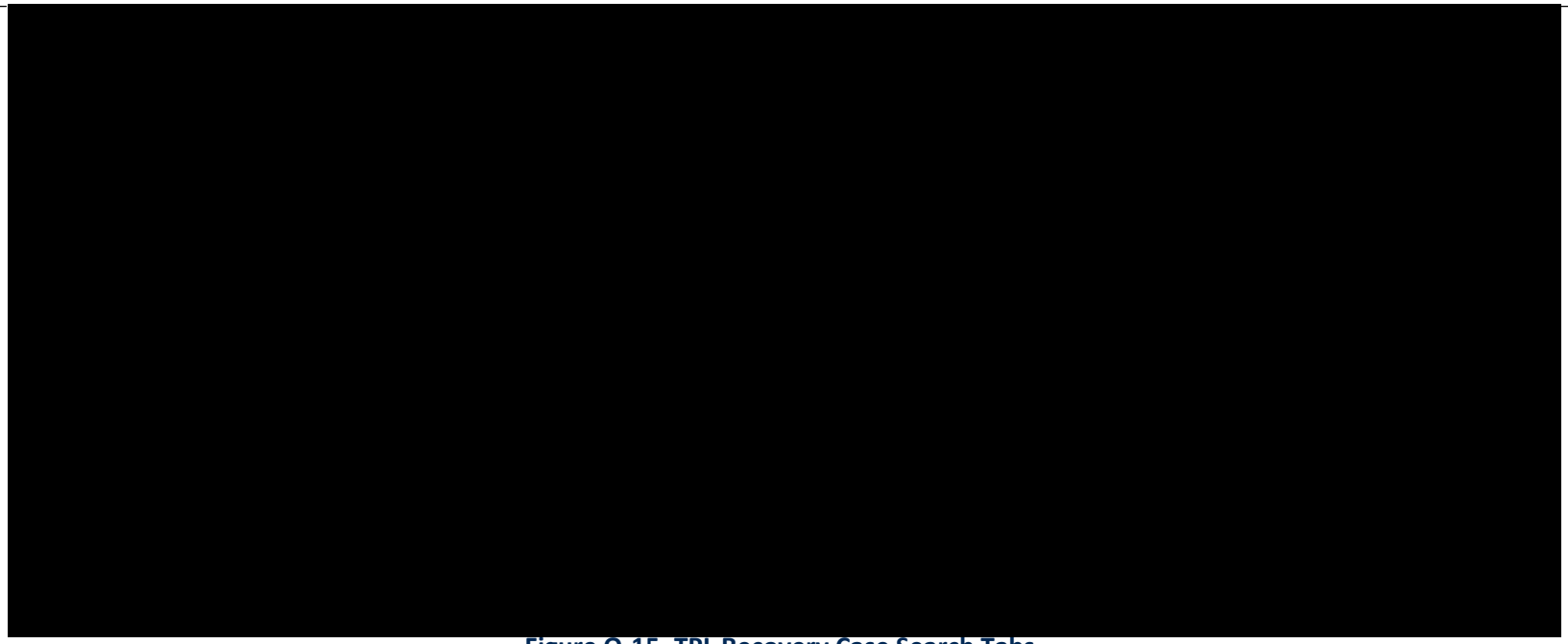


Figure Q-15. TPL Recovery Case Search Tabs

The TPL recovery search page offers multiple options to search recovery case information. The information presented here was created for demonstration purposes. Any similarity to real information would be coincidental.

Attachment P Requirement SYSMOD11

The solution will automatically generate a blanket denial or TPL exemption based on configurable Business Rules. This process will allow the system to approve or deny provider request; assign, store, maintain and transmit information with the Enterprise Medicaid System.

Conduent response: CMdS – TPL maintains an exception code rules matrix built-in with the configurable business rules with conditions required for TPL processing to determine if a provider's request should be approved or denied. The system uses the rules configured in the TPL Matrix to compare the claim attributes to the member's policy information, to generate exceptions or bypass the TPL processing based on exemptions. Figure Q-16 shows the TPL Matrix user interface that allows authorized users to configure the business rules to determine if the request is approved or denied based on the claim information and the members policy coverage.

Figure Q-16. TPL Matrix

The TPL Matrix allows authorized users to configure the business rules that are used to approve or deny a providers request.

	Attachment P Requirement SYSMOD12 The Supplier solution must automatically generate required attestations or required documentation to be mailed with paper claims or included as a paperwork attachment in an electronic transaction based on configurable business rules. **Conduent response:** The CMdS-TPL solution automatically generates required attestations or documentation that we mail with paper claims based on configurable business rules defined in the letter templates to be mailed with paper claims. We can enhance the solution to associate additional documentation with electronic transactions. **Attachment P Requirement SYSMOD13** The Supplier must utilize configurable business rules to include or exclude claims from recovery with accident or workers comp (e.g., diagnosis code, accident indicator, trauma indicator) or other indicators used for identifying potential TPL cases as defined by the Agency **Conduent response:** CMdS-TPL uses Agency defined business rules to determine the appropriate claims to include or exclude from recovery cases, including claims with services related to accidents or workers compensation, or other indicators defined by the State. The solution uses the claim's diagnosis codes, and accident/trauma indicators to identify services related to accidents or workers compensation. Figure Q-17 shows the online web page that allows authorized users to select claims to be included on a recovery case.

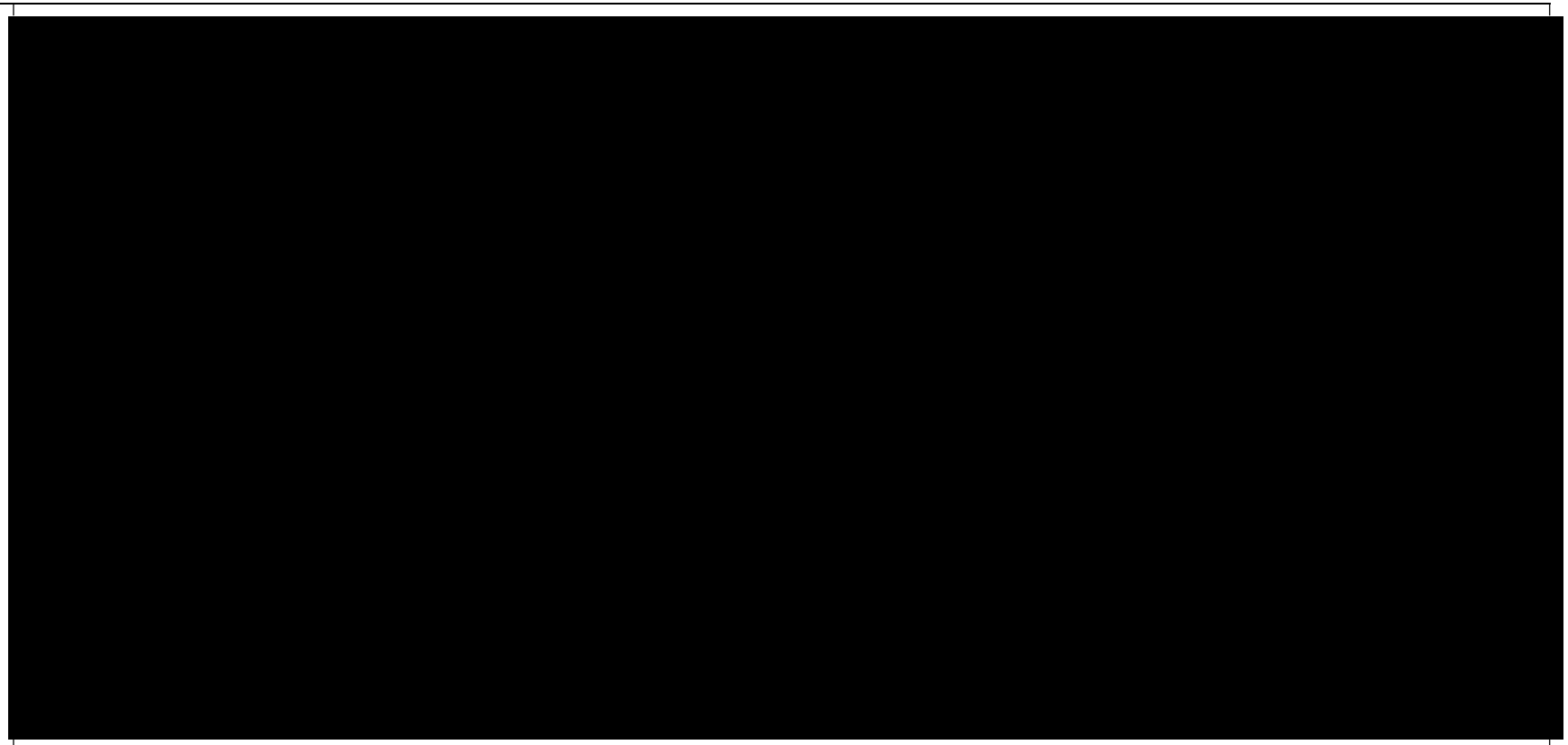


Figure Q-17. Recovery Case Included Claims

This page shows the selection criteria available to determine which claims are included on a recovery case.

	Attachment P Requirement SYSMOD14 The Supplier must automatically generate recoupment, notifications or re-bill carriers at a frequency defined by the Agency utilizing configurable business rules. **Conduent response:** CMdS-TPL automatically re-bills carriers using configurable re-issue frequency parameters configured in a system list. For example, 90 or 120 days. The solution also allows for the explicit re-issue of claims outside the re-issue frequency interval, if needed, through the specific identification of a claim. This feature is important when a claim payment may have been rejected for missing or inaccurate information on the claim. Once data has been updated, the claim can be marked for re-issue during the next scheduled billing cycle. If an accounts receivable has been created, associated recoupment notifications indicating the outstanding balance and recoupment details are generated based on configurable time frames and business rules. Other notification types are configured using a letter template and sent based on configurable time frames. Figure Q-18 shows the screen that allows authorized users to configure the billing re-issue intervals.

Figure Q-18. Billing Re-issue Periods

This screen allows the user to enter billing re-issue frequency parameters into the system list.

Attachment P Requirement SYSMOD15

The Business Rules Engine (BRE) shall allow authorized system users including Agency resources, the ability to create, configure and maintain rules for business functions in a user-friendly graphical user interface (GUI) that facilitates rules maintenance without coding changes.

Conduent response: Our solution is designed to allow the Agency and Conduent resources the ability to create, configure, and maintain rules for business functions in a user-friendly GUI that facilitates rules maintenance without coding changes. Our BRE rules editor allows subject matter experts or technical resources to write natural language business rules (i.e. human readable). Our BRE uses standard rule language (SRL) to define business rules. SRL is an easy-to-understand, English-like language. A built-in graphical user interface (GUI) provides a comprehensive listing of the rules in business terms rather than programming language. The GUI allows developers, technical resources, and subject matter experts to quickly create or modify the business rules using SRL.

In addition, we use configuration to supplement rule execution in the BRE for data that frequently changes over time. Rules in the BRE read the data configured in those web pages to provide the capability to control business logic.

For example:

- **Parameters.** i.e., Send a medical service questioner if a suspected accident claim amount is greater than $2500.00
- **Lists.** i.e., Send a medical service questionnaire if the diagnosis code is one of the following: NNNN, NNNN, or NNNN

By leveraging user configurable options, we support transparency, faster changes, and minimize maintenance of both rules and the rules catalog. We also support several purpose-built web pages based on our years of experience in public healthcare programs that centralize and simplify the creation, configuration, and maintenance of some of the most challenging Medicaid business rules, such as the TPL Matrix.

The CMdS rules configuration supports, but is not limited to, the following:

- Controls cost avoidance and pay and chase
- Allows payment authorization when benefits are not available
- Identifies possible accident related claims
- Defines adjustment reason and remark codes used in 835’s

Our CMdS products are designed to allow delegation of configuration updates to business users based on project requirements and client authorization.

Attachment P Requirement SYSMOD16

The Supplier shall provide real time access to a Business Rules Catalog, in an electronic format approved by the State, that documents all business rule logic used by the solution.

Conduent response: We propose to develop and maintain our Business Rules Catalog (BRC) in an electronic format using Microsoft Excel, subject to your approval. The BRC documents all the business rule logic used by CMdS-TPL. Authorized users can access and view the BRC real time using our Microsoft SharePoint document repository. Table Q-1 lists and describes the business rule attributes stored in the BRC. Figure Q-19 below is an example of rules in the BRC.

Table Q-1. Business Rule Attributes Stored in the BRC

Attribute	Description
BR Tag	Uniquely identifies the business rule.
Name	Business rule name
Title	Business rule short description
Long Description	Business rule long description
Classification	Identifies where the BR is implemented (Application, UI, DB) etc.
Conditions	Identifies the conditions that CMdS-TPL evaluates for the business rule
Actions	Identifies the action that CMdS-TPL takes when the business rule's condition(s) trigger an issue
Type	Rule or Ruleset • Rule identifies single rule • RuleSet identifies a logical grouping of rules
Where Used	Lists the use cases where CMdS-TPL uses the business rule
Functional Area	Functional area associated with the business rule, such as TPL Policy, Billing, Recovery Case, etc.

Figure Q-19. Business Rule Catalog (BRC)
This is an example of some rules defined in the BRC.

Attachment P Requirement SYSMOD17

The Supplier shall update the Business Rules Catalog with all additions or changes.

Conduent response: Conduent manages changes to BRC business rules as part of our Application Lifecycle Management (ALM) process. Our team updates the BRC with all additions and changes approved by you. We identify any updates or changes to the business rules documented in the BRC prior to starting development and attach the updates to our requirements management tool. We prepare a final version for system documentation as part of production deployment activities. These processes ensure the business rule catalog accurately reflects all rules configured in the system and provides a single tool for tracking and reviewing business rule conditions.

Attachment P Requirement SYSMOD18

The Supplier's Business Rules Engine shall be integrated into a testing environment that contains production data to allow users to perform "what if testing" and compare the before and after outcomes. The Supplier will provide Agency staff and designated project resources, support and access to reports or reporting tools to evaluate the impact analysis.

Conduent response: The BRE is integrated into our User Acceptance Testing (UAT) environment to allow the Agency to perform "what if testing" and compare before and after outcomes. The UAT environment meets project security requirements to receive copies of production data that includes PHI. Performing the 'what if testing' in an environment that is closely aligned with production data ensures that the quality of the test results are reflective of the impact on the production environment. Additionally, we provide the State with access to our CMdS--Insights reporting tool for evaluating, summarizing, and comparing UAT data, to perform impact analysis of changes. We also provide the Agency with access to our standard report library to execute reports to validate the results of the 'what if testing'.

During our deployment process we deploy rules using our source control repository which allows us to deploy the versions of the rules applicable to the scenarios the user wants to analyze. Typical UAT environment planning for "what if testing" includes identifying:

- Production data to import – i.e., selective time period or selective provider, member, claims, and reference
- Data to process (i.e., claim, policy information etc.)
- Rule set version to deploy
- Data configurations to import or updates required for the specific testing scenarios
- Module interface partners integral to the scenario
- Other planned UAT environment activities

The specific options selected can be project specific and customized to support the specific before and after outcomes to be validated.

Attachment P Requirement SYSMOD19

The Supplier's Business Rules Catalog shall include granular check-out and check-in rules and an audit trail of business rules changes.

Conduent response: We use standard COTS products to maintain our business documentation in the BRC. We maintain the BRC in Microsoft Excel format in our Microsoft SharePoint document repository. The solution only allows personnel with the appropriate

	credentials to update the BRC. Microsoft SharePoint includes check-out and check-in features, and extensive version control features that maintain the integrity of the BRC. Because we designed CMdS-TPL module with online, configurable rule parameters and system lists, our solution significantly reduces the frequency of BRC rule changes. However, when rule changes are needed, we make it easy for appropriate personnel to make the changes. Additionally, the solution supports Microsoft co-authoring technologies to allow concurrent update access to the BRC. More than one user can make changes, view the updates made by other users, and provide feedback and collaboration using the comments feature. Users can easily view an audit trail of changes using the native comparison features of Microsoft Excel between two BRC versions. The SharePoint version history identifies the date and user responsible for each BRC revision. **Attachment P Requirement SYSMOD20** The Business Rules Engine shall allow changes to be made to valid values without impacting production rules engine availability and operations. **Conduent response:** Authorized users maintain valid values online using easy-to-use web pages. Changes to valid values immediately effect processing without restarts, manual steps, or impacts to production rules engine availability and operations. The BRE always uses the latest valid values stored in the database tables. When executing business rules, CMdS-TPL retrieves the valid values associated with the business rules using a service-based approach to retrieve the current values from the database. Figure Q-20 below is an example of the online data dictionary valid values configuration. Once values are defined in the system, they can be used in system lists configured for use in the business rules.

Figure Q-20. Online Data Dictionary Valid Values

This is an example of the online data dictionary used to maintain valid values configuration.

Attachment P Requirement SYSMOD21
The Business Rules Engine shall include the ability to debug business rules at rule execution.

Conduent response: Our solution allows users to step through the BRE flow at rule execution to debug the business rules. We can also enable or disable the logs for debugging business rules using a parameter passed during deployment to an environment. This allows for more rapid research and resolving issues with business rules when needed.

Breakpoints. Our developers can signal the rules engine to pause at one or more points during execution. This allows you to see what CMdS-TPL is executing and the exact sequence. After a breakpoint is set, the Breakpoint Marker icon appears to the right of the project or entity name. You can use this feature to step through the rule flow on execution and identify the value variable and key session values at each step.

Trace statements. We can print a detailed record of BRE activity for a project or specific sets of rules using tracing. Traces are set on the project, entity, or procedural statement in rules, event rules, functions, and on the initialization statements for objects and variables. Our solution makes it easy for developers to activate traces based on the user's needs. This is used in the rare events when we need highly detailed analysis of vary complex rules.

Step commands. Our developers can isolate where a problem is using step commands. This feature allows users to step through the rules by pausing at individual statements, blocks, or rules. When the rules engine pauses, the user can view the following:

- Rules that are scheduled and the related object properties that are needed
- Prompts for the end users that are included in any event rules
- The actions of the rules that are processed

Attachment P Requirement SYSMOD22
The Supplier shall provide the ability to allow multiple users to work concurrently on different parts of the same rule base.

Conduent response: Our COTS-based BRE stores business rules in an Extensible Markup Language (XML)-based repository. The Integrated Development Environment (IDE) that we use to create and update rules, allows BRE developers to define rule version granularity and allows multiple users to work concurrently on different parts of the same rule base. In TPL carrier billing for example, the rules that support a specific type of validation or group of similar validations are developed independently and concurrently.

We share rule repository between multiple users for collaboration and division of labor using a source code management (SCM) system. Our SCM solution supports full versioning capabilities, including branching and tagging, and release management. SCM access is integrated within the BRE's IDE.

Attachment P Requirement SYSMOD23
The Business Rules Engine shall have the ability to rollback to prior versions of rules without impacting production rules engine availability and operations.

Conduent response: CMdS-TPL can rollback to prior versions of rules without impacting rules engine availability or operations. We designed our solution to accommodate seamless deployment for rules that require changes. Additionally, changes to valid values, parameters, and other changes to data are performed online through configuration. These changes don't require rule changes within the BRE.

Our COTS-based BRE compiles business rules into an intermediate format deployment file designed for faster performance. Our deployment process involves replacing the deployed file running under the rules-server. This is a fast event within the rules-server, measured in milliseconds, allows us to rollback to prior versions of rules when needed and does not create a system outage or downtime.

Attachment P Requirement SYSMOD24
The Supplier shall provide and maintain a graphical representation of business rule flow(s) and orchestration for all business rules.

Conduent response: Our BRE provides the ability to automatically generate graphical representation of business rule flows from the IDE. The graphic resembles a flow chart where you can see the orchestration of the business rule, including sequencing and branching. For example, we provide representation of how data validation business rules process carrier or policy information and return error messages to the user online. Figure Q-21 shows an example of TPL carrier and policy data rule flow representation in the BRE.

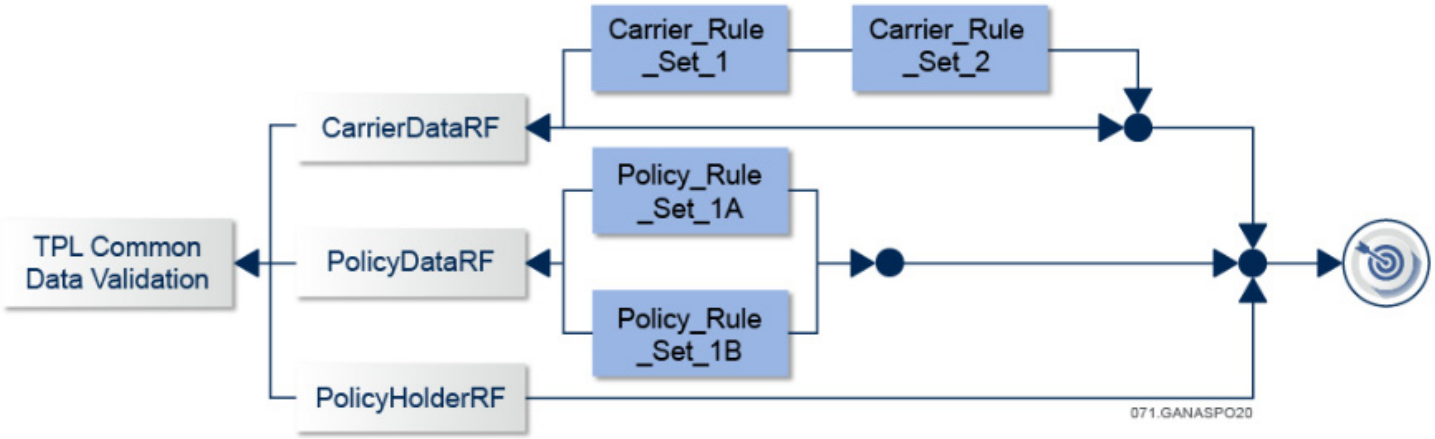


Figure Q-21. Example of TPL Carrier and Policy Rules Flow
This graphic represents an example of how TPL rule flows are represented in the BRE.

Attachment P Requirement SYSMOD25

The Business Rules Engine shall have mechanisms to identify which rules are executed for each specific business process.

Conduent response: The BRC 'Where Used' column maps each rule to the use cases associated with the business process or processes that invoke the rule. For consistency and re-usability, we leverage business rules across multiple business processes, so it's common to see more than one use case per business rule. For example, the TPL0545.0001.01 business rule related to the HIPP effective period validation across the other data linked to a HIPP case is used in these use cases: UC-FIN-TPL-003.5, UC-FIN-TPL-004.4, UC-OPR-TPL-046.2, UC-OPR-TPL-046.3 and UC-OPR-TPL-046.4. Figure Q-22 shows an example of the business rule mapping to specific use cases that represent the business processes.

Figure Q-22. Business Rule to Use Case Mapping with the Where Used

Attachment P Requirement SYSMOD26

The Business Rules Engine shall be able to produce a report on rules passed or failed for all transactions.

Conduent response: CMdS-TPL keeps extensive audit trails of system activity. For example, we track data updates and all audit logging information can be viewed using the online web pages, voided data is retained and can be viewed online and all updates are associated with begin and end dates. Our BRE also supports producing XML-based reports with detailed output of rule processing. We do not typically use this capability in our projects due to the number of built-in features in CMdS modules that capture transaction data at a more practical level that is business focused. The sheer volume of rule executions in a production claims environment is so large, unless there is a specific need, it is more suitable for debugging in non-production environments because of the extensive output it creates. An example of the rule output from one of our eligibility projects that uses the same BRE is shown in Figure Q-23.

Figure Q-23. Rule Report

Using the capabilities of our BRE, we can produce rule tracing in an XML format.

	Attachment P Requirement SYSMOD27 The Business Rules Engine shall send alerts to the appropriate resource for issues identified in the rules engine. The Supplier will take appropriate action to address any alerts or rule failures. **Conduent response:** We use a COTS Application Performance Management (APM) solution to monitor the health of our applications including the BRE. By monitoring from outside the BRE, we can catch failures that might impair rule execution. We follow the State's policy to send alerts in the form of emails or text messages, to the appropriate personnel when we detect BRE issues. Additionally, we staff a corporate help desk and situation management team that is available 24/7 to deal with outages that could potentially affect our clients. We escalate issues detected by our APM solution to appropriate team members who have the skills and access to troubleshoot and resolve issues. **Attachment P Requirement SYSMOD28** The Business Rules Engine rules editor shall allow subject matter experts or technical resources to write natural language business rules (i.e. human readable). **Conduent response:** Our BRE rules editor allows subject matter experts or technical resources to write natural language business rules (i.e. human readable). Our BRE uses standard rule language (SRL) to define business rules. SRL is an easy-to-understand, English-like language. A built-in graphical user interface (GUI) provides a comprehensive listing of the rules in business terms rather than programming language. The GUI allows developers, technical resources, and subject matter experts to quickly create or modify the business rules using SRL. We use a specific feature of our BRE to create code templates to take blocks of logic and turn them into natural language. Figure Q-24 shows an example of the natural language business rules in the BRE.

Figure Q-24. BRE Natural Language

Using the capabilities of our BRE, rules are presented in human readable natural language.

Attachment P Requirement SYSMOD29

The Business Rules Engine shall provide the ability to prioritize, sequence, and allow administrators to control processing.

Conduent response: Our BRE has several features that provide the ability to prioritize, sequence, and allow administrators to control processing of rules. This includes features that allow rules to be either on or off, execute in a certain order, execute together, or execute according to their relative priority. Table Q-2 provides a list of these control features.

Table Q-2. BRE Control Features

Feature	What It Controls
Rule Sets	• Groups rules that work together • Supports initialization statements
Decision Flows	• Determines sequence of processing • Includes a start node and end node • Supports splits for branching
Effective Dates	• Control when rules start being considered for execution • Control when rules stop being considered for execution
Rule Priorities	• Allows one rule to be a priority over another

Attachment P Requirement SYSMOD30

Where applicable, the business rules engine shall use standardized business rules definitions.

Conduent response: The BRE supports rule templates that use standardized business rules definitions for frequently used rule patterns. These templates speed the development of new rules and reduce maintenance. A template is as simple as a single standard rule language (SRL) statement that exposes a single value or list of values for editing. Templates provide design patterns for rules, sections of rules or groupings of rules. They contain static sections and replaceable value holders. We reuse templates to create distinct decision services. These act as controls on allowed values for the value holders in a template. They specify how many values are allowed, whether information should be typed in or presented in a list, what formats are valid and more. We can use one template to create many instances; each is a distinct entity with its own unique conditions and actions.

	Attachment P Requirement SYSMOD31 The Supplier's business rules shall execute in a runtime environment. **Conduent response:** We deliver CMdS-TPL as Software-as-a-Service (SaaS) hosted in Microsoft Azure Cloud. We execute business rules in a runtime environment. The runtime environment hosts the application code, associated services, data, and the BRE. We deploy rules from the rule repository to the BRE, which runs as an application server. **Business Rule Repository.** The business rules repository serves as a central storage and maintenance area for business rules and their metadata. The rules repository allows for auditing and traceability of the rules. The history of a rule—or the entire rule set or the rule flow—can be viewed simply by running a report in the repository. The version of the rules in the rule repository can enable multiple version of the rules to run in different environments. This is managed though source control. **Business Rule Application Server.** The BRE runs in an application server environment where it processes business rules deployed from the rule repository. We compile performance rules into an intermediate file format that we deploy into the runtime environment. CMdS-TPL accesses the running rule server using a Simple Object Access Protocol (SOAP)-based web services Application Programming Interface (API) for rules executed under the BRE. Figure Q-25 provides an overview of deployment and interfacing activities in the runtime environment.

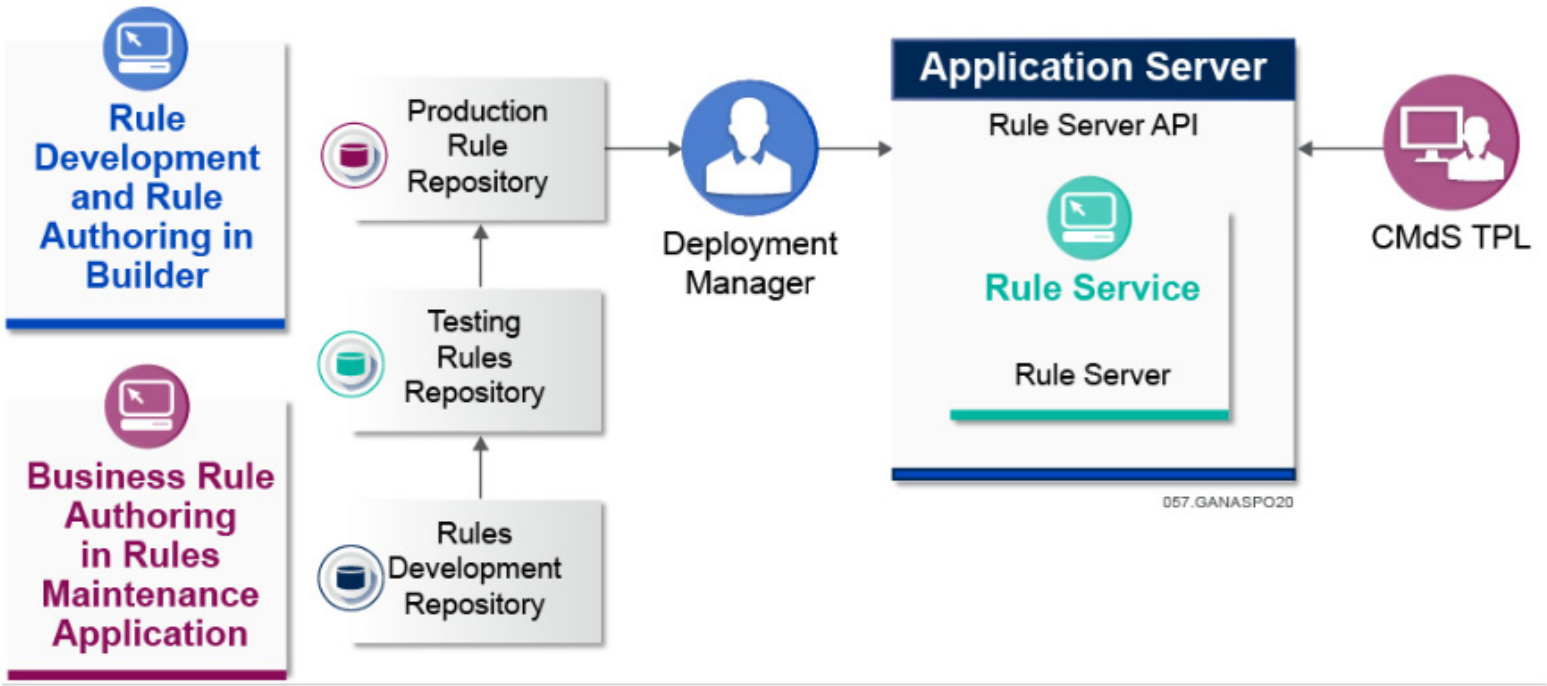


Figure Q-25. Business Rule Maintenance and Deployment

When a policy change requires new or changed rules in the BRE, we complete a structured and streamlined authoring, testing, and deployment. Many types of changes do not require deployment. The BRE runs its rule service under an application server where it processes rule executions requests from CMdS-TPL.

Attachment P Requirement SYSMOD32

The Supplier shall configure, support and maintain a business rules capability (e.g., add, modify, or remove/retire rules) based on the Service Architecture (SOA).

Conduent response: Conduent configures, supports, and maintains a BRE that is based on a service-oriented architecture (SOA). Our BRE provides open and standards-based architecture that allows for simple integration to the system. The rules engine provides extensive support for web service and provides support for a restful web service (REST) over JavaScript Object Notation (JSON) and Extensible Markup Language (XML)-based messaging management.

	We also support the ability to modify the behavior of processing through data configuration interfaces. Many rules consume system lists, parameters, and other reference information when executing.	
	Upload Attachments with Additional Information? **No**	Attachment File Name: N/A
2	**Interfaces -** Describe in detail how the Application Program Interfaces (APIs) and components comply with industry standards and the methods that will be used for electronic data exchange, which industry standard formats are currently used and describe any proprietary formats used. In addition, describe in detail your approach to meet each of the Interface requirements stated in **Attachment P, Interfaces Section, SYSMOD143-SYSMOD156.** Your response should include the requirement number identified in the attachment, followed by your detailed response.	
A2	*Answer # 2* We design our technical solutions to accommodate changes and system enhancements over time. The CMdS solution uses an API-led microservices architecture, allowing us to add additional functionality without causing major disruption. Our CMdS solution is also internally modular—with each component acting as an individual product interconnected by our Digital Hub. This structure gives the State the flexibility to easily expand functionality with minimal risk to program integrity. The CMdS solution, including all APIs and module components, adheres to National Information Exchange Model (NIEM), National Institute of Standards and Technology (NIST), and HIPAA compliance standards. Each CMdS solution component shares data with other modules through the System Integrator's (SI) Enterprise Service Bus (ESB) and API gateway to comply with required security standards. The CMdS solution uses industry-standard Enterprise Integration Patterns (EIPs) within its Digital Hub to integrate with the System Integrator's platform. The Digital Hub helps overcome fundamental challenges by enabling an external application to send data using point-to-point, publish/subscribe, and message bus communication methods. The SI can exchange information and data files using event-driven messaging or by calling RESTful services published in our API gateway. The API gateway acts as a security gateway to all registered services. After registration, the SI can access the web services over the internet to transmit data securely. Our management framework in the Digital Hub and API gateway monitors the load and performance of all published services. Additionally, the cloud-native integration services can be scaled on-demand to meet the needs of high volume data interchanges. Other integration pattern features include aggregator, splitter, and re-sequence functions to support the processing of incoming information. Our CMdS data exchange technology provides adaptability for business change with a native service-oriented architecture.	

Attachment P Requirements for Interfaces Requirements

On the following pages, Conduent provides a response to each Attachment P requirement for the Interfaces Section, SYSMOD143-SYSMOD156. Our initial response confirms our commitment to meet the requirement followed by our descriptions of our work. Refer to Proposal Section 3.11 Interface Requirements for more information about our approach to interfaces.

Attachment P Requirement SYSMOD143

The suppliers solution shall be able to interface with different systems to receive notification when a recipient expires. The interface will include but is not limited to: court, motor vehicle crash report, death report, and other state programs, mineral rights, probate court, vital statistics, court systems, State Bar, HMK TPA.

Conduent response: CMdS-TPL interfaces with other systems to receive notification when a recipient expires. We typically use the recipient date-of-death as the notification. The interfaces may include court information, motor vehicle crash reports, death reports, other state programs, mineral rights, vital statistics, State Bar, and third party administrators (TPAs). Additionally, CMdS-TPL already has pre-configured interfaces for capturing eligibility and enrollment information from other sources including Eligibility Verification and MMIS vendors.

Attachment P Requirement SYSMOD144

The supplier's solution will identify recoupments from provider and interface with appropriate systems.

Conduent response: To facilitate the automation of recoupment posting from other systems, CMdS has an API based architecture that allows for ready integration with other systems, and we work with you during implementation to address these needs including the posting of provider recoupments and integration with other systems.

Attachment P Requirement SYSMOD145

The supplier solution shall use configurable business rules as defined by the Agency to identify and establish overpayment and interface with appropriate systems.

Conduent response: CMdS uses configurable business rules throughout our solution including to identify and establish an overpayment. Once an overpayment is identified the appropriate transactions are generated to reimburse the appropriate entity the amount of the overpayment. During implementation we work with the Agency to ensure these rules are aligned with your State policy and the transactions are sent to the appropriate systems.

	Attachment P Requirement SYSMOD146 The supplier's solution shall accept, maintain, and display eligibility and enrollment data (e.g., managed care, TPL, waiver, care programs, primary care provider, Medicare, personal resource, spend-down, buy-in) received via an interface as defined by the Agency. **Conduent response:** CMdS-TPL accepts, maintains, and displays eligibility and enrollment data received via interfaces defined by the Agency. We receive member eligibility and enrollment data in a common eligibility interface (CEI) format that we either accept directly (in our format) or translate to it using our digital hub, should the system integrator require an alternate format. We accept member data both real-time and in flat files, from as many sources as is required by the project, and on any required frequency. **Validation, Editing, and Loading.** When processing incoming eligibility and enrollment data, we may encounter members not previously known. When this occurs, we generate a new system identifier for the member as part of loading the member's data to the system. The data must pass a sophisticated series of edits before we add it to the system. These edits apply a series of business rules at various points in the process. The following figures show examples of the screens that display eligibility data stored in CMdS-TPL. • Figure Q-26. Displays eligibility spans. • Figure Q-27. Displays assistance programs that support the member's Medicaid and Medicare • Figure Q-28. Displays primary care provider information. • Figure Q-29. Displays spenddown information. • Figure Q-30. Displays Medicare and TPL information. • Figure Q-31. Displays Buy-in inbound history transactions for the member

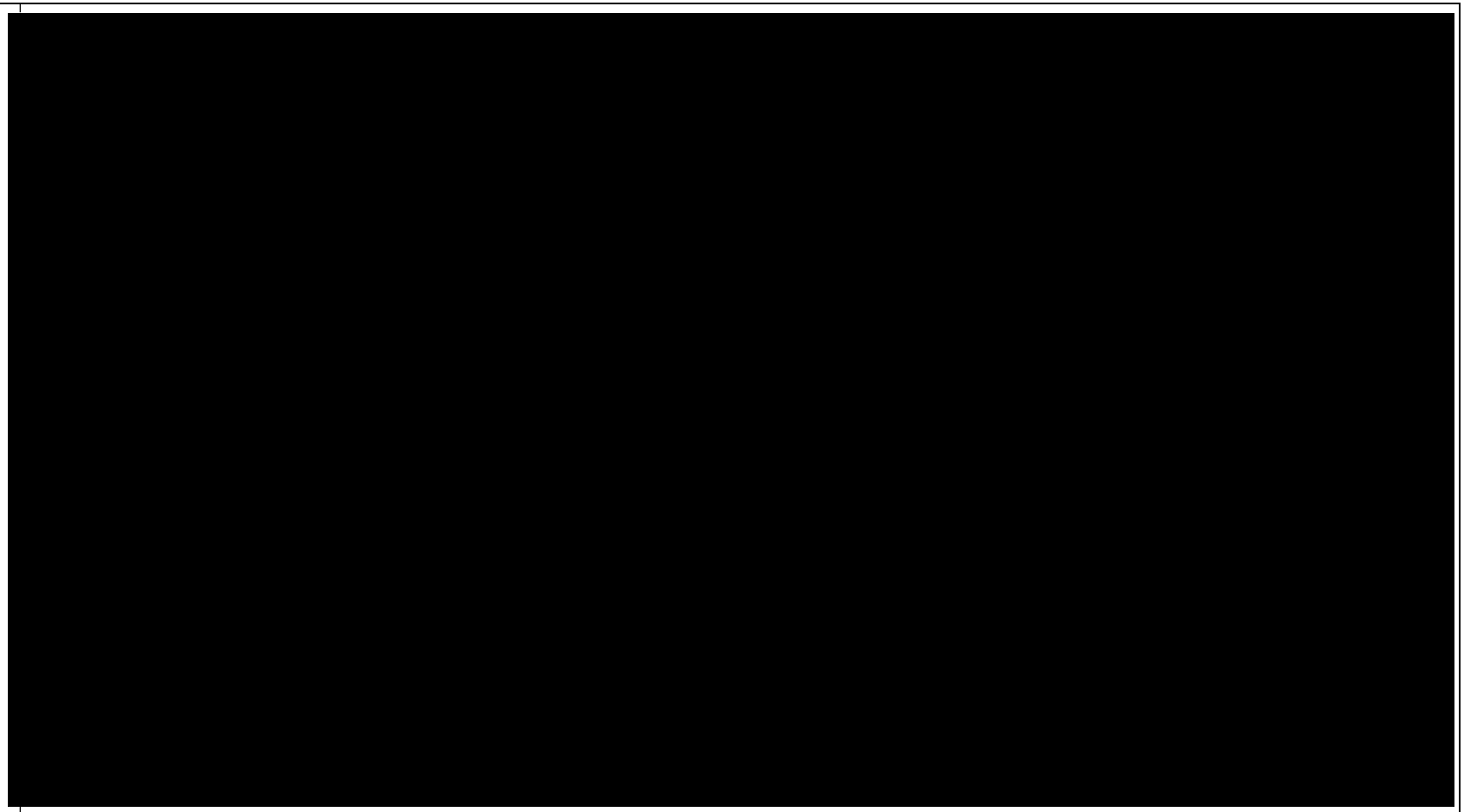


Figure Q-26. Eligibility and Enrollment Quick View

This page shows member eligibility data. The information presented here was created for demonstration purposes. Any similarity to real information would be coincidental.

Figure Q-27. Case Information

This page shows member case information. The information presented here was created for demonstration purposes. Any similarity to real information would be coincidental.

Figure Q-28. Primary Care Provider

This screen illustrates the MCO primary case spans for the member. The information presented here was created for demonstration purposes. Any similarity to real information would be coincidental.

Figure Q-29. Spenddown Information

This page illustrates how CMdS displays member spenddown data. The information presented here was created for demonstration purposes. Any similarity to real information would be coincidental.

Figure Q-30. Medicare and TPL Information

This page shows the TPL/Medicare data for a member. The information presented here was created for demonstration purposes. Any similarity to real information would be coincidental.

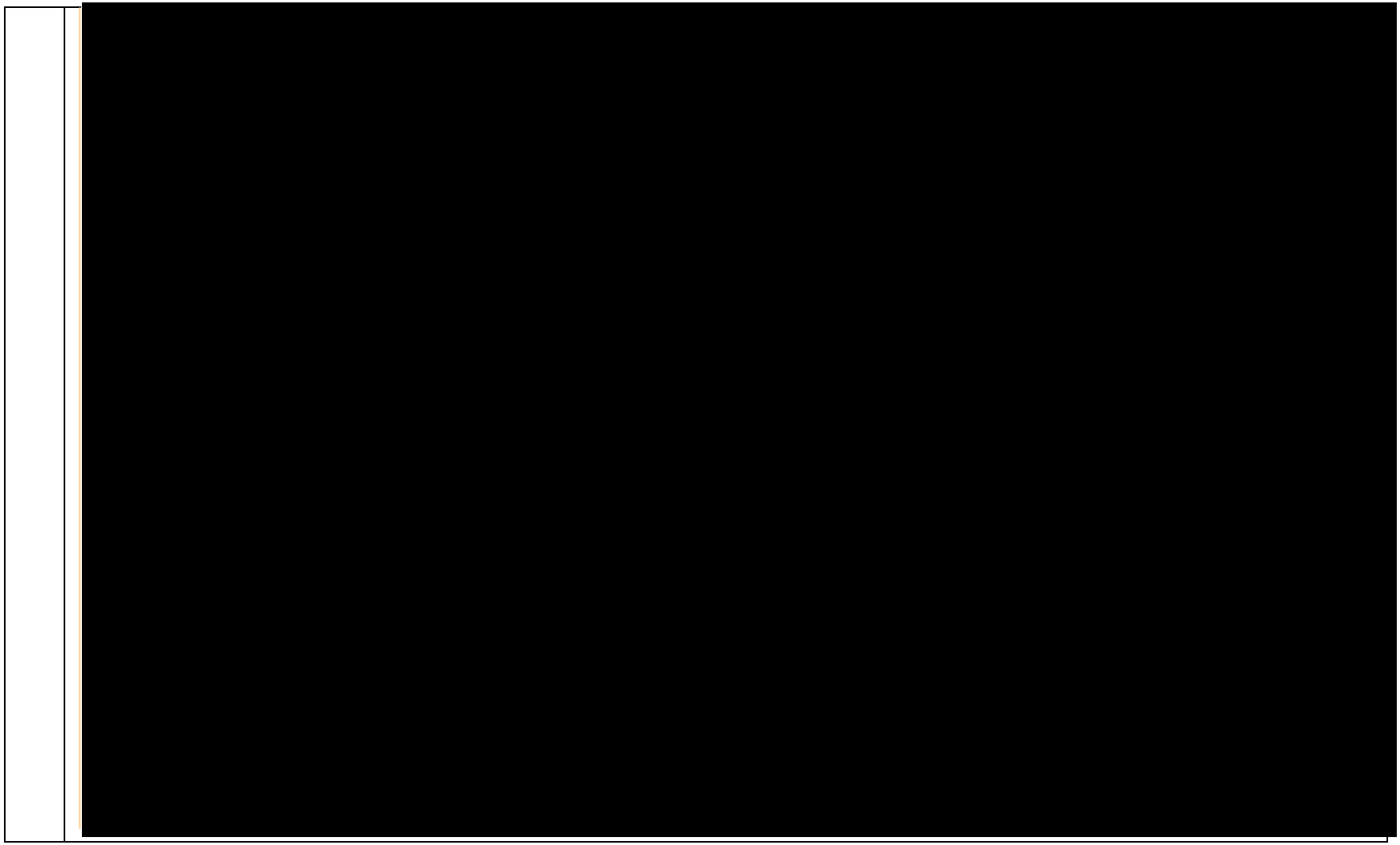


Figure Q-31. Buy-in Transaction File History Data

This page shows all of the information received on the Buy-in inbound file for a member. The information presented here was created for demonstration purposes. Any similarity to real information would be coincidental.

Attachment P Requirement SYSMOD147

The supplier's system shall interface with systems (e.g., Bendex, eligibility system, MDRS,MMA) needed to manage the Medicare Programs.

Conduent response: CMdS has the ability to interface with systems needed to manage the Medicare Programs. We designed CMdS-TPL to process both inbound and outbound files from CMS, including the MMA file. Additionally, eligibility data from the SSA via Bendex, MDRS and other sources is received and captured.

Attachment P Requirement SYSMOD148

The Supplier's solution must provide the capability to send appropriate third party recovery data to the Agency or it's designee, such as: recovery amount and claims number

Conduent response: CMdS-TPL sends appropriate third party data, approved by the Agency, to other systems and vendors via the system integrator. This data includes recovery amounts, claims numbers, and other appropriate recovery data that we calculate and store in CMdS-TPL. Figure Q-32 shows an example of a recovery case with the total recovered amount on the left and the individual claim number and per claim recovered amount. This data is available for sending to other entities as required by the Agency.

Figure Q-32. Recovery Case

This screen displays an example of a recovery case with the total recovered amount for the case along with the individual claims associated with the case that is available to send to other entities. The information presented here was created for demonstration purposes. Any similarity to real information would be coincidental.

	Attachment P Requirement SYSMOD149 The Suppliers solution must allow configurable business rules to initiate commercial recoveries (e.g., New TPL received from eligibility system, reported by the member, reported by the provider) **Conduent response:** CMdS-TPL provides an automated solution for initiating commercial recoveries as we receive new TPL information for a member from the eligibility system or TPL information reported by the member or provider. Our solution automatically identifies claims that would be covered by the new TPL information and creates the appropriate billing records to initiate the commercial recover process. These claims are identified using the TPL matrix processes to determine if the services would be covered by the particular policy for the member. **Attachment P Requirement SYSMOD150** The Supplier's solution must receive and process member eligibility information from external sources (such as through the Agency's Eligibility Systems) on a real-time or near real-time basis, including: a. Producing total and detailed information that supports error correction and synchronization. b. Applying reconciliation changes. **Conduent response:** CMdS-TPL receives member eligibility data transactions on a real-time or near real-time basis from external sources through the system integrator. Our solution has a common eligibility interface (CEI) format to receive the transactions. CEI transactions are grouped by data type and each requires the member identifier. The transactions are subdivided so the external source only needs to send the specific data that is changing. This allows CMdS-TPL to process various portions of the member information for either a single source or multiple sources depending on the Agency's requirements. However, the system is built to take an existing format and convert it to the CEI format prior to processing. Figure Q-33 shows a high-level flow of how CMdS-TPL processes the transactions.

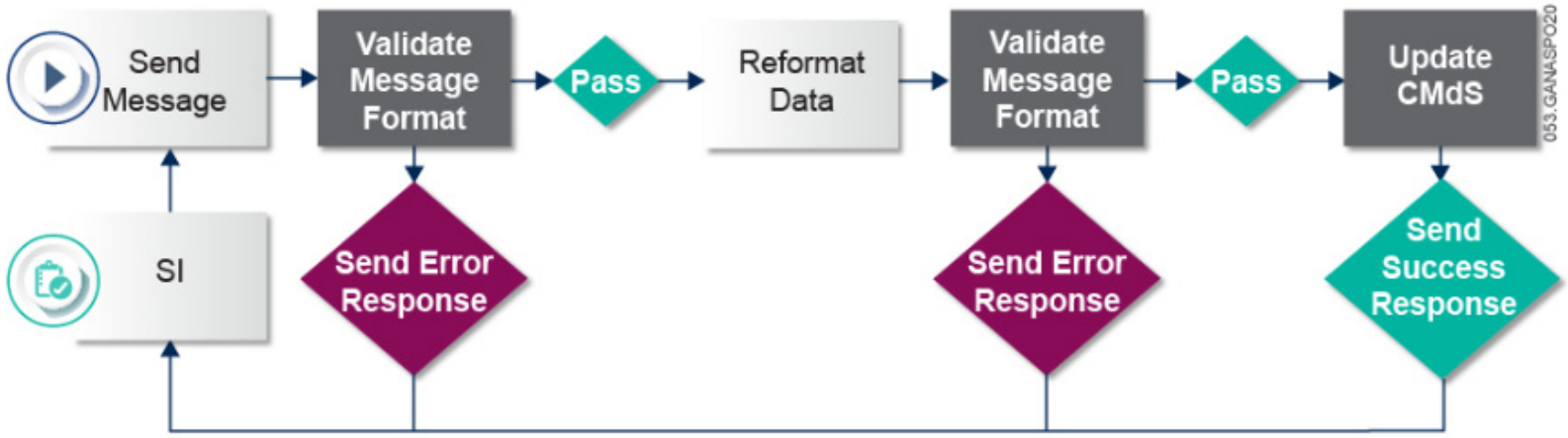


Figure Q-33. Transaction Flowchart

This graphic represents a high-level flow of how CMdS-TPL processes the transactions.

At a minimum, new members require a demographic, case, and eligibility transaction.

- The demographic transaction contains member name, date of birth, social security number, race, and gender. Additional data elements may be sent on this transaction, but this is the minimum required.
- The case transaction contains the case number, address, phone, email, and income information. Other potential data elements could be sent on this transaction.
- The eligibility transaction contains the aid category, begin and end dates, and the case number.

Changing existing member data only requires the data that is changing. For example, when end dating an eligibility span, the external source only needs to send the eligibility transaction with the member ID, aid category, begin and new end date. If changing the name, the external source only needs to send the demographic transaction.

Validation, Editing, and Loading. When processing incoming enrollment, we may encounter members not previously known. When this occurs, we generate a new system identifier for the member as part of loading their data to the system. The data must pass a sophisticated series of edits before they are added to the system. These edits are implemented by applying a series of business rules at various points in the process. Table Q-3 describes the error types.

Table Q-3. Member Eligibility Error Types

Error Type	Description
Validation	Basic validation errors • An example is invalid date – Real-time transactions lessen these types of errors due to the schema validations common to XML structures
Data Relationship	Real-time transactions lessen these types of errors due to the schema validations common to XML structures
Data Match Errors	Invalid overlap between eligibility and other date spans

When the system detects enrollment errors, it logs them in a report table and loads them to a suspense table. The report table is used to generate monitoring alerts and is captured on scheduled reports for appropriate staff to review. This process supports error correction and synchronization as well as applying reconciliation changes.

Attachment P Requirement SYSMOD151

The Supplier's solution must process all approved HIPAA ASC X12 transactions to support carrier billing (e.g., eligibility inquiry and response, claims submission and response)

Conduent response: We designed Conduent's CMdS-TPL solution to support all approved of HIPAA ASC ANSI X12 5010 transactions required for carrier billing including the referenced 270/271 (eligibility inquiry and response) and 837/NCPDP/835 (claims submission and response). Our platform comprises COTS products connected by an ESB. Our translation tools include a complete X12 library of transaction maps and schema using configuration to support processing these transaction. We use implementation guides and schemas for transaction sets/types/schema from the Washington Publishing Company.

Attachment P Requirement SYSMOD152

The Supplier solution must generate carrier bill for pharmacy claims utilizing Agency indicators set at pharmacy Point of Sale.

Conduent response: CMdS-TPL provides functionality to create and maintain carrier-based recovery cases for pharmacy claims. The date of service for pharmacy claims and the available member TPL policy data is used to determine if the carrier bill needs to be created. Similar to medical claims our solution generates the carrier bill electronically using the NCPDP standard format and processes the incoming X12 835 transaction to determine the carrier processing results and post the appropriate recovery amounts.

Attachment P Requirement SYSMOD153

The Supplier's solution must ensure that all data exchanges including inbound and outbound interfaces shall comply with industry standards (e.g., National Information Exchange Model (NIEM), National Institute of Standards and Technology (NIST), HIPAA-compliance standards, Health level 7 (HL7), Fast Healthcare Interoperability Resources (FHIR).

	Conduent response: Conduent is well-prepared to fulfill our responsibility to follow industry standards for inbound and outbound data exchanges and interfaces including National Information Exchange Model (NIEM), National Institute of Standards and Technology (NIST), HIPAA-compliance standards, Health level 7 (HL7), Fast Healthcare Interoperability Resources (FHIR), and others. We have extensive experience acting as a secure data exchange gateway for Medicaid Management Information Systems (MMIS), Pharmacy Benefit Management (PBM), the Department of Labor, and various commercial clients. Our Conduent Information Security Office (CISO) implements extensive policy standards for physical and information security, minimum baseline configurations and standard operating procedures, encompassing the full breadth of our technical footprint. This ensures the stability and security of our systems. Our track record of compliance with various healthcare regulations extends to memberships, certifications, and accreditations as applicable with the Council for Affordable Quality Healthcare, the Electronic Healthcare Network Accreditation Commission, and Accredited X12.org. Conduent security procedures support the physical safeguards, technical safeguards, and administrative safeguards called for by the Health Information Technology for Economic and Clinical Health Act (HITECH) and HIPAA. Our project documentation defines the departments charged with carrying out these policies. Employees are required to adhere to corporate and applicable project policies, standards, and procedures for record keeping and asset protection. Yearly security awareness training is mandatory for all staff. Together, these security controls help ensure proper use and dissemination of privileged information. Our information security and privacy controls are based on the most recent federal guidelines for securing systems and data and coordinating the secure exchange of data with other systems. During requirements analysis for the Claims Processing and Management Services project, we review our controls for security, confidentiality, integrity, and availability of the system and information to help ensure they meet applicable NIST 800-53 standards. We apply the safeguards for confidentiality, integrity, and availability required by those standards. The Conduent EDI Gateway protects sensitive data against unauthorized access by using industry--standard encryption algorithms and the cryptographic libraries validated against FIPS Publication 140-2. This includes data storage (data at rest) and transmission across the corporate boundary (data in motion). We also adhere to FIPS Publication 140-2 for encrypting data in motion and follow the encryption guidelines in NIST Special Publication (SP) 800-111 for encrypting data at rest. Conduent complies with NIST guidance conveyed in FIPS Publication 112, which provides basic security criteria for personal identity authentication and data access authorization, as required. Conduent's adherence to standards published in FIPS Publications 140-1 and 140-2 can be validated using the NIST database search capability. The search yields the certificate number, module name, type, and date of the validation.

	Attachment P Requirement SYSMOD154 The Supplier's solution shall provide the ability to view interface files and to archive them as determined by the Agency. **Conduent response:** CMdS-TPL provides the ability to view interface files online for a specified timeframe defined by the Agency and to archive them according to Agency rules. The system processes and archives files to secondary storage and then removes them from the active system. Clean and untouched copies of the files are kept in the secondary storage location for a specified time period. In addition, our Azure Cloud supplies a backup system to recover electronic data stored in the cloud easily. This eliminates the potential for loss of data. The project requirements determine the interval at which the archived transmissions are available in the secondary storage location. **Attachment P Requirement SYSMOD155** The Supplier's solution shall include a process and toolset to maintain interfaces, code, and data models. **Conduent response:** Our solution includes a processes and the toolsets to maintain interfaces, code, and data models. Conduent's approach includes: **Interfaces.** Application Lifecycle Management (ALM) process leverages Open API specification to document interface specifications. Open API is a standard for machine-readable interface files for describing, producing, consuming, and visualizing RESTful services. We export and provide the specifications to other participating vendors, so they can import and perform auto discovery. **Code.** We use Azure Repos in our ALM toolset for code maintenance. This is a standard set of version control tools we use to manage our code. This version control system maintains various code levels permanently and can recall appropriate versions as necessary. **Data Models.** We use a standard data modeler tool to document all our conceptual, logical, and physical data models. Our data modeler can publish these models over our internal developer portal for availability. **Attachment P Requirement SYSMOD156** The Supplier shall design, develop and maintain interfaces. Each Application Program Interface (API) and components that will interface with the Systems Integration Services Integration Platform will be documented using a mutually agreed upon ICD template. This effort is performed in collaboration with other stakeholders in the State's healthcare programs enterprise. **Conduent response:** Conduent agrees to design, develop, and maintain the interfaces required for the TPL services. We document each Application Program Interface (API) and component that we use to interface with the Systems Integration Services Integration Platform using a mutually agreed upon Interface Control Document (ICD) template. We welcome the opportunity to collaborate with State designated stakeholders in establishing a common format for the ICD to describe inputs, outputs, and interfaces.	
	Upload Attachments with Additional Information? **No**	Attachment File Name: N/A

3	**Workflow -** Describe in detail what programs, methods, solutions are used for a configurable workflow solution including the proposed solution's capacity to configure, support and maintain a workflow solution (e.g., add, modify, or remove/retire existing workflow configurations), the type of resource and necessary skill set(s) required for workflow management. Describe the change management processes associated with a workflow solution. In addition, describe in detail your approach to meet each of the Workflow requirements stated in **Attachment P, Workflow Section, SYSMOD194-SYSMOD211.** Your response should include the requirement number identified in the attachment, followed by your detailed response.
A3	*Answer # 3* Workflows allow experts to define how each piece of work needs to be driven to completion. Experienced and talented staff that know your requirements and your policies can have a tremendous influence on operations—every day—without having to do the work. Our approach reduces your dependency on the institutional knowledge of experienced staff for routine sequencing and completing operational activities. Instead, you get process conformance and service-level driven prioritization from the configured workflows within our solutions. To meet the State's need for a configurable workflow solution, Conduent proposes to use our workflow tool as part of our CMdS-TPL solution. CMdS offers process-automation of advanced workflows incorporating your business rules, at-a-glance status through visualization and aggregated statistics, and application-to-application and business-to-business capabilities—all on a common, integrated platform that includes message service support for alerts and notifications. ## Attachment P Requirements for Workflow Requirements On the following pages, Conduent provides a response to each Attachment P requirement for the Workflow Section. Our initial response confirms our commitment to meet the requirement followed by our descriptions of our work. **Attachment P Requirement SYSMOD194** The Supplier's solution shall generate alerts as defined by the Agency. The alerts shall include but are not limited to: no open valid TPL policy, address changes, Medicaid closed, no payments issued) **Conduent response:** The CMdS-TPL workflow tool has the capability to generate alerts and notifications as defined by the Agency. In the following text we address some of the types of alerts generated by our solution. • **No open valid TPL policy.** When the TPL policy is associated with a HIPP case but the policy begin and end dates do not cover the HIPP case effective period • **Medicaid closed.** When a covered individual in a policy associated with a HIPP case is not covered by Medicaid during the HIPP effective period • **No response received to an MSQ.** After a specified number of days have passed with no response is received to the second MSQ

	Alerts and notifications are all configured within our workflow tool using business rules that define the criteria that should result in the alert being generated. We work with you during implementation to ensure these are configured to meet your business needs. **Attachment P Requirement SYSMOD195** The supplier's solution shall generate an alert for a user to perform an action based on configurable business rules as defined by the Agency (e.g., Case does not meet recovery eligibility, a deed is filed, eligibility information missing) **Conduent response:** The rules engine allows configuration of the workflow function to send alerts and notifications, by work-type, to managers as reminders, or schedule a follow up on a date on the user's calendar based on actions and triggers in the system. The rules can be configured to generate alerts when the case does not meet recovery eligibility criteria, a deed is filed or other documentation is received or when there is missing information related to the case. When configured, no human intervention is needed to assure notices are provided to appropriate stakeholders. Rules may be written with logic that prompts the system to set an activity on a certain date based on a specific trigger. Users utilize a calendar to self-manage their caseloads and tasks assigned. They can also manually create alerts and activities. **Attachment P Requirement SYSMOD196** The Supplier's workflow solution shall provide configurable work distribution and redistribution based on work type, worker skill, priority, and age of work which can be configured by the State. The workflow engine shall be configured to support workflow access, assignments, and execution for all essential aspects of the business processes (e.g., required documents, case tracking, referrals, communications). **Conduent response:** Conduent's workflow solution provides configurable work distribution and redistribution features that are based on work type, worker skill, priority, and age of work, all which are configurable by the State. Authorized users can configure the workflow engine to support workflow access, assignments, and execution for all essential aspects of the business processes. The solution supports the creation of queues associated with groups of users. The queues have logical-entry criteria and exit criteria for work of a given type. Records can appear in multiple queues at the same time and be grouped, routed, and prioritized based on data attributes such as age and type of work. In Figure Q-34, the workflow details for a specific workflow are shown as an example of how workflows are displayed.

Figure Q-34. Workflow Queues Example

Workflow configuration details for a specific workflow are shown as an example of how workflows are displayed. Workflow Queues are the mechanism within to identify events and tasks that require user attention. The information presented here was created for demonstration purposes. Any similarity to real information would be coincidental.

	Attachment P Requirement SYSMOD197 The Supplier's solution must create and maintain work queues for adjudicated claims with TPL information identified for members without active TPL for the carrier reported on the claim and automatically produce inquiries to the member and billing provider using their preferred method of communication. **Conduent response:** Conduent creates and maintains work queues for adjudicated claims with TPL information identified for members without active TPL for the carrier reported on the claim. CMdS-TPL uses the available other payer adjudication information and compares it to our TPL policy information for the member. If the claim indicates other carrier coverage that is not present in the member's TPL information, CMdS-TPL sends the claim to the appropriate work queue and our configurable workflow tool includes the capability to automatically generate inquiries to the member and billing provider using their preferred method of communication received on the interfaces. **Attachment P Requirement SYSMOD198** The Supplier's workflow solution shall provide a runtime engine that facilitates process events throughout the work type lifecycle. **Conduent response:** Our workflow solution provides a runtime engine that facilitates process events throughout the work type lifecycle. Our solution persistently triggers and refreshes updates to workflow data. User actions, automated events, or workflow conditions trigger routing and assignment to subsequent users and queues. The state of items in a workflow are monitored real-time and next steps for the workflow are applied based on configurable rules according to a workflow record's current attributes. Beyond basic workflow configuration, our solution includes a rules engine to support the evaluation of data from our data model. We add/modify business rules based on your requirements. Figure Q-35 shows an example of how authorized users, based on their role, can easily define and configure workflow steps, including processes managed by Conduent, Agency staff, or both.

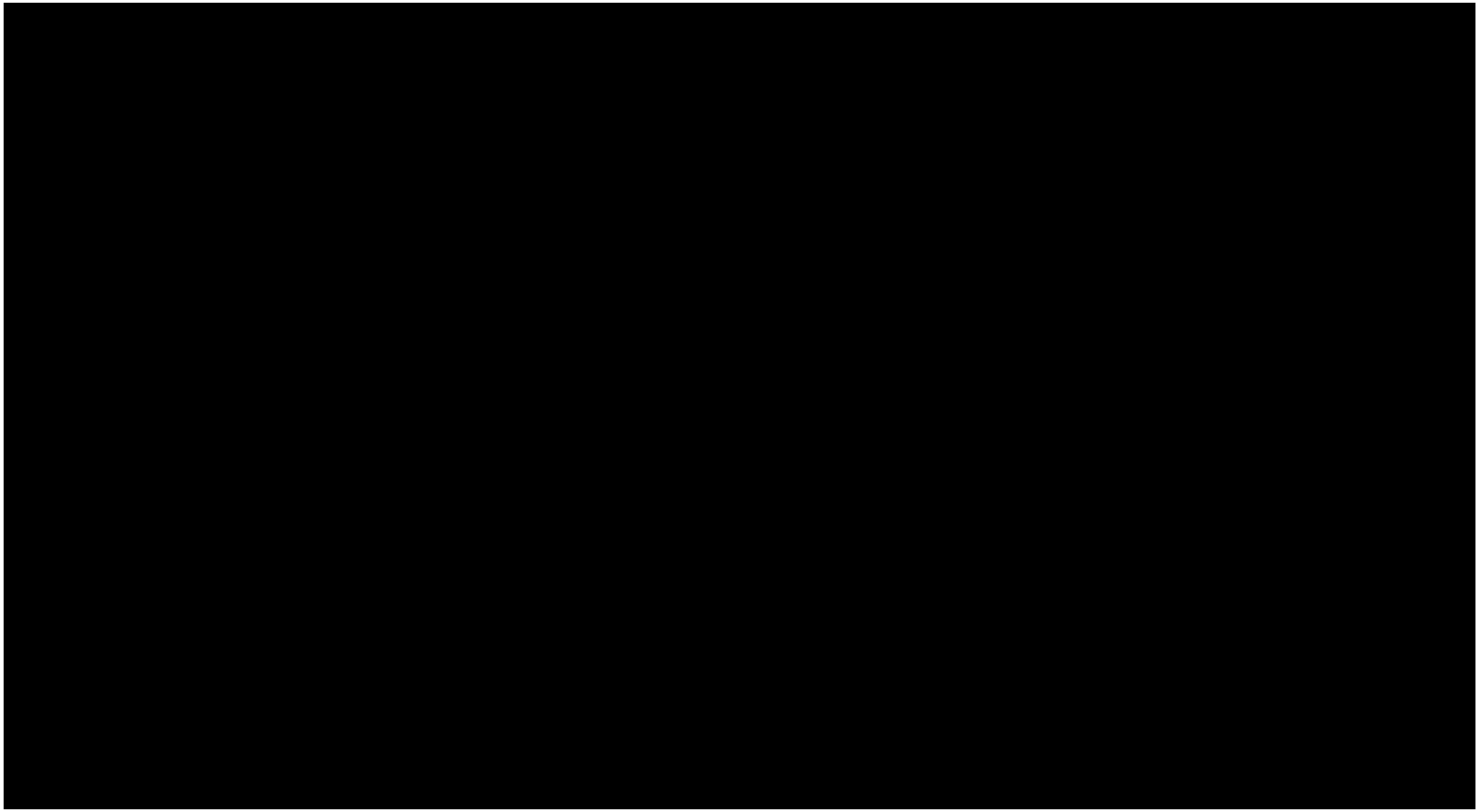


Figure Q-35. Editing a Workflow

Using our user interface, you can configure new or modify existing workflows.

Attachment P Requirement SYSMOD199

The Supplier's workflow solution shall provide configurable work distribution and redistribution based on work type, worker skill, priority, and age of work which can be configured by the State.

Conduent response: Conduent's workflow solution provides configurable work distribution and redistribution features that are based on work type, worker skill, priority, and age of work, all which are configurable by the State. Authorized users can configure the workflow engine to support workflow access, assignments, and execution for all essential aspects of the business processes. The solution supports

the creation of queues associated with groups of users. The queues have logical-entry criteria and exit criteria for work of a given type. Records can appear in multiple queues at the same time and be grouped, routed, and prioritized based on data attributes such as age and type of work. In Figure Q-36, the workflow details for a specific workflow are shown as an example of how workflows are displayed.

Figure Q-36. Workflow Queues Example

Workflow configuration details for a specific workflow are shown as an example of how workflows are displayed. Workflow Queues are the mechanism within to identify events and tasks that require user attention. The information presented here was created for demonstration purposes. Any similarity to real information would be coincidental.

	Attachment P Requirement SYSMOD200 The Supplier's workflow solution shall provide a user-friendly Graphical User Interface (GUI) for process definition, execution, monitoring, and management. Support a role-based interface for process definition that leads the user through the steps of defining the workflow associated with a business process including processes that are managed by Agency staff only, and that captures all the information needed by the workflow engine to execute that process. **Conduent response:** Our workflow solution provides a user-friendly, web-based, Graphical User Interface (GUI) for process definition, execution, monitoring, and management. The GUI provides a role-based interface for process definition, including processes that are managed by Agency staff only. The interface leads the user through the steps of defining the workflow associated with a business process and that captures all the information needed by the workflow engine to execute that process. The GUI allows users to monitor work and provides visibility into business processes. The solution optimizes different views in the GUI for user roles so that users see exactly the work they are responsible for performing or monitoring. Our solution also provides administrators with the capability to define and configure workflow processes through the GUI as shown in Figure Q-37. Authorized users, based on their role, can easily define and configure workflow steps, including processes managed by Conduent, Agency staff, or both.

Figure Q-37. Workflow Configuration GUI

Authorized users, based on their role, can easily define and configure workflow steps, including processes managed by Conduent, Agency staff, or both.

Attachment P Requirement SYSMOD201

The Supplier shall support and assist the Agency in mapping all business processes and subprocesses to a workflow application and in transitioning from manual to automated process execution.

Conduent response: Our team is prepared and happy to support and assist the Agency in mapping business processes and subprocesses to our workflow application and in transitioning from manual to automated process execution. As we go through the mapping and transitioning steps, our team makes business process improvement suggestions based on their experience that the Department can leverage. Our workflow tool is a state-of-the-art solution with many features that reduce manual steps. Additionally, the tool is configurable by business analysts rather than technical developers.

Attachment P Requirement SYSMOD202

The Supplier's workflow solution shall support work-type processing that includes internal and external dependencies.

Conduent response: Our tool can support work-type processing that includes internal and external dependencies. The tool accepts data real-time from external systems to trigger configurable workflows. Data from our Enterprise Content Management System (ECM) can be integrated with the tool to support workflow processing.

Attachment P Requirement SYSMOD203

The Supplier's workflow solution shall provide the ability to view alerts and/or reminders by user, by work-type.

Conduent response: Our workflow solution provides the ability to view alerts and/or reminders by user, by work-type. The solution's dashboard allows users to easily view their alerts and reminders. The solution also facilitates easy navigation into a specific case, and provides Agency staff with an individual calendar that presents the activities due for a specific day/week/month, including overdue activities.

Attachment P Requirement SYSMOD204

The Supplier's workflow solution shall provide the ability to set alerts and or reminders by user, by work-type.

Conduent response: Conduent's workflow solution provides the ability to set alerts and or reminders by user, by work-type. It also supports setting follow up reminders for a specific date based on actions and triggers in the system. Once configured, no human intervention is needed to send alerts or reminders to appropriate stakeholders. Authorized users can define rules with logic that prompts the system to set an activity on a certain date based on a specific trigger. The calendar feature allows users to self-manage their caseloads and assigned tasks. Users can also manually create alerts and activities.

Attachment P Requirement SYSMOD205

The Supplier's workflow solution shall automatically set the state of the work item, based on the processing steps when completed to provide transparent, accurate status of the work at all times.

Conduent response: Our workflow solution automatically sets the state of the work item based on the processing steps so that the solution always provides a transparent and accurate status of the workload item. Users can easily view alerts from the dashboard and track status of the work items by work-type. The user dashboard displays the user activities and alerts, along with aging status.

Attachment P Requirement SYSMOD206

The Supplier's workflow solution shall provide supervisors access and control of work by type and by user.

Conduent response: Our workflow solution provides supervisors access and control of work by type and by user. The supervisor dashboard provides real time monitoring of day-to-day activities for their team, including individual productivity measures, workload balancing, and regulatory/contractual requirements. A visual representation of staff workload allows supervisors to assign and reassign cases and activities to maintain quality and maximize staff performance. Manual reassignment and auto-assignment features minimize or eliminate response delays due to overloaded or unavailable staff. The dashboard provides a quick view of operational statistics for the team, as well as a drill-down to team members. Further, the dashboard is configurable based on the Agency's needs. The data from the supervisor's dashboard is available for reporting. Our solution also produces workload and user productivity reports for supervisors to review individual performance and response to requests.

Attachment P Requirement SYSMOD207

The workflow engine shall be configured to support capturing business processes using Business Process Model and Notation (BPMN) 2.0 or later, even if the engine uses a separate coding of the rules for execution.

Conduent response: Enterprise Architect from Sparx Systems (also known as Sparx EA) is our workflow modeling tool. Sparx EA is a comprehensive modeling tool that includes business process modeler with Business Process Model and Notation (BPMN) 2.0 support. BPMN is a standard for business process modeling that provides graphical notation for specifying business processes in a Business Process diagram (BPD) based on traditional flowcharting techniques. We document and maintain business processes in BPMN 2.0 standard using the Sparx EA modeling tool and repository. Sparx EA includes the following features to model BPMN diagrams:

- Verification of the model through simulation
- Generation of documentation from the model
- Re-use of common components in other models, such as re-using a sub-process from the current system when modeling the future system
- Serialization to Extensible Markup Language (XML) for exchanging model information
- Modeling of Business Process Execution Language (BPEL) process descriptions based on the BPMN Profile

Sparx EA is designed to help organizations discover and document their business processes, business decisions, and policies in a collaborative manner. It is designed to be simple and intuitive to use, while providing the capabilities to implement more complex models. Sparx EA adheres to the BPMN 2.0 standard developed and maintained by Object Management Group (OMG).

Attachment P Requirement SYSMOD208

The workflow engine shall be configured to support the establishment of work queues allowing in-process knowledge, data, and documentation to flow from one-solution to another solution.

Conduent response: Our workflow engine is configurable to support the establishment of work queues allowing in-process knowledge, data, and documentation to flow from one-solution to another. We store case/record-specific information and documentation in an "episode." Authorized users with access to the episode can access the episode's information and documents. Our workflow engine shares documentation from other solutions using standard interfaces or Application Program Interface - APIs and integrates with our ECM making cross-solution connectivity and functionality possible.

Attachment P Requirement SYSMOD209

The workflow engine shall be configured to support workflow access, assignments, and execution for all essential aspects of the business processes (e.g., provider enrollment, provider screening, client communications).

Conduent response: The workflow engine is configurable to support workflow access, assignments, and execution for all essential aspects of the business processes. Users can access rules and rule sets as templates or configure their own rules and workflow logic from the available library of components. Using the rules engine, user can configure rules to support automated workflows, case assignments, and execute all aspects of the business processes. For example, users can automate workflow processes for sending pre-configured or custom letters to targeted people based upon the user's business rule.

Attachment P Requirement SYSMOD210

The Supplier shall configure, support and maintain a configurable document management, workflow, and ICR/OCR solution that meets the Agency's requirements. The Supplier's solution must include an integrated content management solution that meets the Agency's requirements.

Conduent response: Conduent configures, supports, and maintains a configurable document management, workflow, and intelligent character recognition /optical character recognition (ICR/OCR) solution that meets the Agency's requirements. In the following text, we provide a high-level view of our solution.

Document Management and ICR/OCR Technology

When storing correspondence and related documents in our ECM, we apply index metadata that can be used later in searching for that document. Conduent defines the index metadata for review and approval. For example, we have a list of defined and approved metadata fields for each standard letter such as provider ID, member ID, claim transaction number, form type, etc. When we develop a new letter for notification, we define and request the Agency's approval on the index metadata to use with that letter. When applicable, we can include a document control number (DCN) to associate a document with a specific recovery case or carrier bill. The index

metadata and DCN become the keywords that can be used to search for and view a document. We encrypt all correspondence and imaged documents for security, and we index them so we can easily locate them later.

Document Management and Workflow

Our solution provides an integrated ECM solution that is easily accessible and supports the mapping of business processes and sub-processes to the workflow application. We can configure both simple and complex workflows within the workflow tool. We also have the flexibility to define workflows and processes to create tasks based on received documents and route/assign them to specific individuals or groups.

Attachment P Requirement SYSMOD211

The Supplier's solution shall deliver automated business process/workflow management to support the establishment of work queues via an assigned worker portal allowing in-process knowledge, data, and documentation to route from one worker's queue to another as well as across solutions. The Supplier's solution shall ensure compliance with defined processes.

Conduent response: Our solution includes a simple yet powerful configurable electronic workflow capability that supports the establishment of work queues via an assigned worker portal allowing in-process knowledge, data, and documentation to route from one worker's queue to another as well as across solutions. We maintain the workflow tool in compliance with Agency-defined processes. Our workflow queues enforce required steps and conditions before a case can progress to the next step.

Workflow queues have logical entry and exit criteria. Any record/case that satisfies the entry criteria of a workflow queue gets assigned to the queue and stays in the queue until the exit criteria is satisfied. These electronic queues are, in turn, associated with groups of users. A record can be in multiple queues at the same time, and a queue can have multiple records. This concept allows both parallel and serial processes as downstream workflow entry criteria can be linked to upstream workflow exit criteria. In other words, the tool allows multiple people to work on the same thing or can accommodate work that needs to be done in a specific order. Workflow queues allow assignments and reassignments as well.

Workflows are proactive. When the user logs in, they are shown the records that are in their queue. Workflows can be tied to email notification bulk actions if necessary and can also be tied to print templates for bulk letter prints. High priority events can also be sent via Short Message Service (SMS) to applicable users as most cell phones support text or email-based SMS notifications. Authorized users create and maintain workflow definitions online via the tool’s web-based system administration facility

The workflow architecture allows it to handle both in—sequence events and out-of-sequence events. This is due to the nature of entry criteria driven queues, which focus on the state of the record as opposed to how it got there. This means that the workflow can handle unanticipated situations or changes in process sequence.

	Additionally, workflows can initiate escalations based on performance benchmarks. For example, for a given activity, the customer benchmark is a one-week turnaround. The customer can configure workflows so that if a week goes by and the assigned personnel have not worked on the record, a supervisor workflow will automatically pick up that record for proper investigation into the delay and subsequent disposition. Our tool supports workflow process map definition and visualization. This is useful for an organization as it allows a macro-level view of how the organization is handling the underlying cases/records.	
	Upload Attachments with Additional Information? **No**	Attachment File Name: N/A
4	**Notifications -** Describe in detail the methods and processes used to generate, print, and mail TPL correspondence including the proposed solution's capacity to configure, support and maintain correspondence management functionality (e.g., add, modify, or remove correspondence), the type of resource and necessary skill set(s), required for correspondence management functions, and the change management processes associated with correspondence management. In addition, describe in detail your approach to meet each of the Correspondence Management requirements stated in **Attachment P, Notifications Section, SYSMOD165-SYSMOD168.** Your response should include the requirement number identified in the attachment, followed by your detailed response.	
A4	*Answer # 4* Our Conduent Medicaid Suite (CMdS) features an integrated correspondence management solution that plays a key role in meeting the Claims-TPL requirements. Our modern, user-friendly technology provides a complete solution for configuring, supporting, and maintaining your correspondence. We offer the right mix of functionality to add, modify, and remove correspondence and the related templates at any time, allowing us to continue meeting your evolving business needs. The CMdS global letters component generates letters based on predefined templates. We can configure our solution to generate correspondence on a scheduled basis or allow an authorized user to create ad hoc correspondence whenever needed. Letters that require hard copy delivery are forwarded for printing and mailing to recipients. In addition, and notifications are produced as a pdf format that can be delivered electronically. ## Attachment P Requirements for Correspondence Management Requirements On the following pages, Conduent provides a response to each Attachment P requirement for the Correspondence Management Section. Our initial response confirms our commitment to meet the requirement followed by our descriptions of our work.	

Attachment P Requirement SYSMOD165

The Supplier's solution will generate, send and track insurance carrier inquiries and responses (e.g., letters, phone call logs) as defined by state Agency.

Conduent response: Our solution generates, sends, and tracks insurance carrier inquiries and responses as defined by the Agency.

- **Generating and Sending Inquiries to Insurance Carriers.** The CMdS correspondence management functionality provides a global letters component that can generate a single letter or an entire batch of letters. Scheduled letters are generated for situations such as provider or member inquires and carrier correspondence. Ad hoc or free-form letters are generated for situations such as follow-up to a carrier, provider or member inquiry by authorized users. We can produce these communications manually or automatically. Our solution maintains a historical trail showing the origin of the correspondence and any activity related to it from initial setup. We can configure these communications to meet the State's specifications, including customizing various templates or forms for any correspondence, letter, notification, or bulletin. Template styles can differ by program, as needed, and they are designed for each correspondence type based on the State's specifications. We can add additional sections and data elements to the standard layout, such as additional claim detail or a new summary section, if needed. Our team drafts notification materials and works with the State to finalize them for delivery. We use both print and electronic delivery methods and determine the best method of delivery by working with you on your specific initiatives.
- **Receiving Inquiries from Insurance Carriers, Providers, Members and Other Entities.** All incoming inquiries received either on hardcopy or electronically are stored in our ECM solution and associated to the corresponding recovery case, carrier bill or specific entity using the indexing and metadata capabilities of our ECM solution. This information can then be viewed directly from the user interface for easy access to the most current information.
- **Tracking and Responding to Insurance Carrier Inquiries.** Our customer relationship management (CRM) solution, Microsoft Dynamics, serves as our telephone call and correspondence tracking solution to log and track incoming calls. It provides a comprehensive, electronic repository of all contacts made with the Call Center while offering efficient data entry, research, and reporting capabilities. Using Microsoft Dynamics, Call Center staff log incoming calls; maintain call histories for audit purposes; and track the date/time of the call. In addition, incoming caller information, purpose of call, actions taken to achieve resolution of the caller's issue, and escalation status is also logged. Contacts are recorded in a ticket with identifying information, including type of contact (i.e., call, fax, email correspondence, etc.). With Microsoft Dynamics, users have convenient access to a complete contact history for callers. Reports are easily generated and shared with the State, as needed, to show comprehensive call center results.

Attachment P Requirement SYSMOD166

The Supplier's solution must automatically produce inquiries to the member and billing provider using their preferred method of communication.

Conduent response: Our CMdS solution can automatically produce inquiries to the member and billing provider using their preferred method of communication. The CMdS correspondence management functionality provides a global letters component generates either a

	single letter or an entire batch of letters. Scheduled TPL letters are generated for situations such as suspected accident related claims and notice of recovery for subrogation. In addition, authorized users can create Ad hoc or free-form letters as needed from the user interface. CMdS maintains data elements which capture the members' and billing providers' preferred method of communication which is used to send TPL inquiries through USPS mail (hard copy) or in an electronic format. **Attachment P Requirement SYSMOD167** The Supplier solution should track mailing of all correspondence including carrier bills and record all data to satisfy Agency and Federal requirements (e.g., certified mail, proof of delivery, returned, date mailed). **Conduent response:** Our solution will track mailing of all correspondence including carrier bills and record all data to satisfy Agency and Federal requirements (e.g., certified mail, proof of delivery, returned, date mailed). Conduent has a successful 50-year history of addressing correspondence and fulfillment requirements in support of Medicaid programs across 25 geographical areas. Our approach to correspondence management includes best practices for tracking mailed correspondence, including carrier bills, and recording required data that we have refined over many years and through numerous projects. Our solution maintains a historical trail showing the origin of the correspondence and any activity related to it from initial setup. This includes the date the correspondence was generated and mailed. The correspondence generated by our solution is sent to, indexed, and stored in our correspondence management system and, if needed, linked to an applicable data record. All materials stored in the correspondence management system are available for online retrieval, viewing, and reprinting at any time. We use a fully operational centralized print and mail facility to process inbound and outbound mail. The mailroom has the necessary equipment (faxes, scanners, computers, printers, etc.) to process mail in a timely and efficient manner. Established policies and procedures track and record all data needed to satisfy Agency and federal requirements, such as those for certified mail and proof of delivery. All correspondence is mailed through the United States Postal Service (USPS) with "return service requested" so that any undeliverable pieces will be returned to the mailroom. The mailroom staff sorts correspondence quickly and efficiently to maintain a smooth flow of records to the various teams throughout the facility. We distribute returned mail to the appropriate personnel to research why the mail was undeliverable and follow the Agency's protocols for returned mail. **Attachment P Requirement SYSMOD168** The Supplier's solution must identify outstanding credit balance and issue a payment demand letter to the provider of service via their preferred communication method and develop a repayment schedule for the payee in coordination with the Agency in circumstances where there are insufficient claims or payee funds to satisfy recoveries. **Conduent response:** CMdS-TPL identifies outstanding credit balances and issues payment demand letters to the provider of service using their preferred communication method. The solution also maintains a payee repayment schedule in coordination with the Agency in

	circumstances where there are insufficient claims or payee funds to satisfy recoveries. CMdS-TPL supports bi-directional interfaces with the financial system for financial transactions such as receipts, payouts, and accounts receivables. These interfaces allow CMdS-TPL to continuously monitor and track outstanding credit balances. With receipt of every financial transaction the system runs a detailed set of business rules and initiates appropriate next steps. The CMdS correspondence management solution is part of the workflow, which receives triggers based on any outstanding credit balances to generate automated letters / notices. The system also has the ability to maintain the recoupment schedule for outstanding credit balances including: • Percentage Amount (recoup a percentage of the outstanding balance every payment cycle) • Dollar Amount (limit recoupment up to a dollar amount per payment cycle) • Scheduled payments can be configured as follows: – Recoup specific amount on a specific date – Delay recoupment until an agreed upon date – Recoup a defined percentage weekly • No Recoupment	
	Upload Attachments with Additional Information? **No**	Attachment File Name: N/A
5	**Reporting -** Describe in detail the methods and processes that will be used to configure, support and maintain TPL scheduled and ad hoc reporting (e.g., add, modify, or remove reports), the type of resource and necessary skill set(s) required for report management functions, and the change management processes associated with report management. In addition, describe in detail your approach to meet each of the requirements related to Report Management stated in **Attachment P, Reporting Section, SYSMOD174-SYSMOD177.** Your response should include the requirement number identified in the attachment, followed by your detailed response.	
A5	*Answer # 5* CMdS-Insights is our reporting and analytics solution to monitor and report on utilization and performance. CMdS-Insights includes standard operational reporting from the CMdS-TPL information repository. Our solution includes extensive reporting and analytics capabilities, providing real-time database access supported by a data dictionary and schema information. Several pre-defined reports allow users to enter parameters – such as date ranges, member program, or recovery case status – to present the desired view of the data. We provide a solution that is designed to meet Medicaid and MITA goals. We offer an effective solution that helps you meet your State and Federal reporting needs and assists you in evaluating and comparing data so that you can better manage the coordination of	

benefits. Our highly scalable reporting capability includes functionality to add new reports, as well as to adapt existing reports based on required metrics. Regardless of the format, file type, or delivery frequency, our proven solution has satisfied the needs of Medicaid accounts nationwide.

Attachment P Requirements for Reporting Requirements

On the following pages, Conduent provides a response to each Attachment P requirement for the Reporting Section, SYSMOD174-SYSMOD177. Our initial response confirms our commitment to meet the requirement followed by our descriptions of our work.

Attachment P Requirement SYSMOD174

The supplier solution shall have the ability to generate a scheduled payment report on all Health Insurance Premium Payments (HIPP), as defined by the Agency.

Conduent response: CMdS-Insights can generate scheduled payment reports of all Health Insurance Premium Payments (HIPP) as defined by the Agency. Prior to each payment cycle, we generate a preliminary payment report that lists the HIPP payments to be issued in the payment cycle. After review and approval of the preliminary report, we generate the final HIPP payments and create a report listing all the payments. Our reporting solution allows our team to capture and track specialty payments (payouts), including payouts made using either a manual check or automated payment cycle. The financial transactions for HIPP payments include a financial reason code that identifies these types of payments. CMdS-Insights provides a library of standard operational reports.

Examples of scheduled HIPP payment reports that Conduent provides include:

- Figure Q-38 the TPL HIPP Preliminary Report **OPR-TPL-010**
- Figure Q-39 the TPL HIPP Final Payment Listing Report **OPR-TPL-011**

Figure Q-38. TPL HIPP Preliminary Payment Listing Report

Preliminary Totals of the HIPP Premium Payments Paid.

Figure Q-39. TPL HIPP Final Payment Listing Report

Final Totals of the HIPP Premium Payments Paid.

	Attachment P Requirement SYSMOD175 The supplier solution shall provide automatic and ad hoc reporting related to the day to day activities of the HIPP program (e.g., Active Case List Report, Counts by Health conditions Report, Payment History by Month Report, Referral Summary Report, Cost Effectiveness Report, Cost Effectiveness evaluation Report, Housecleaning Status Report, Review Date Report, All Status Report, County Status Report) as defined by the Agency. **Conduent response:** CMdS-Insights generates both scheduled (automatic) and ad hoc reports on the day-to-day activities of the HIPP program. Our solution provides a robust library of standard operational reports, which are categorized and intuitively organized in an online library by functional area and usage. A user can schedule saved reports, whether from the user's personal library or from the general report library, to run on a regular basis, with the results reported directly to the requesting user. Figure Q-40 shows the layout of the HIPP Case Detail report specification. During implementation we work with you to ensure our existing reports support your business needs and if required we will modify or create new reports based on the Agency's requirements.

	[redacted]

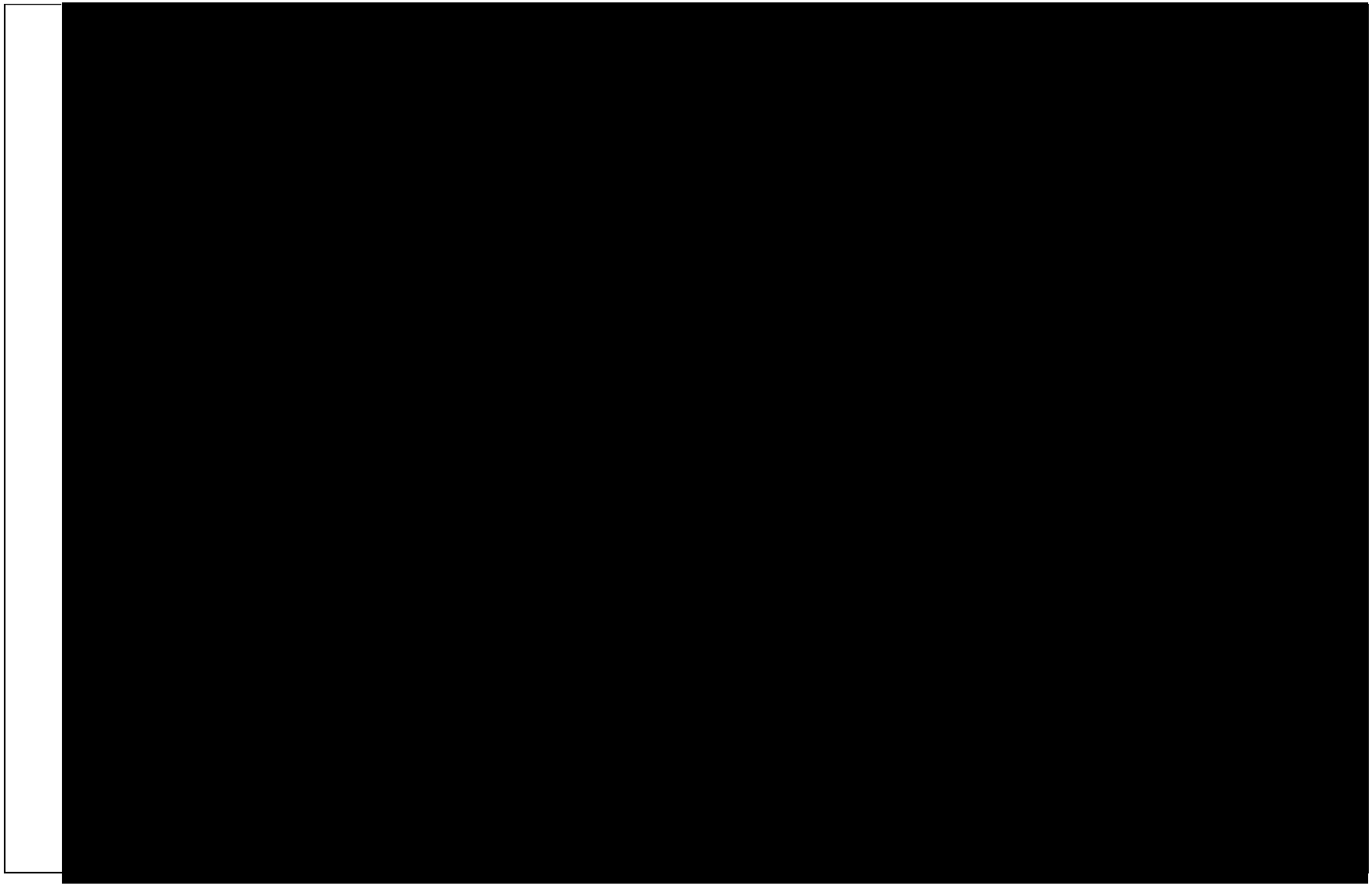


Figure Q-40. HIPP Case Detail Report

The HIPP Case Detail report layout includes all of the demographic information and relevant case details for each HIPP case, including case specific cost savings and summary level cost savings details.

When designing ad hoc queries or performing specific analytics tasks, the user defines all parameters using intuitive, visual input functions. Both novice and power users find CMdS reporting as intuitive as web browsing. Using the web-based query interface, users can create real-time ad hoc reports combining lists and tables with pie, bar, line, and other types of charts. Report metadata generates automatically, and the user can add or remove data from the query using basic drag-and-drop and pull-down menu functionality. Users can save and re-use queries, executing them when needed.

Attachment P Requirement SYSMOD176

The supplier's solution shall produce Agency defined reports necessary for managing the Medicare Programs (e.g., buy-in, claw back, Part D). The reports include but are not limited to: Participation Part A, Participation Part B, Participation Part A B,

Conduent response: CMdS stores Medicare Part A, B, and D coverage for the member and produces reports for managing the Medicare Programs.. Using CMdS-Insights reporting, we produce participation reports and identify Medicare payment information for members in Medicare programs (buy-in, claw back and Part D). We also generate reports to identify members who should have payments made on their behalf. Figure Q-41 report specification shows total of Medicaid benefits paid with a calendar total and a grand total of all calendar years including the Buy-In grand total and a count of claw back months for all claims. We work with the Agency during implementation to ensure that your reporting needs are met either through our existing reports or configuring new reports.

Figure Q-41. Medicaid Benefits Paid Report
Totals of Medicaid Benefits Paid.

Attachment P Requirement SYSMOD177

The Supplier's solution shall provide automatic and ad hoc reporting related to the day to day scope of work (e.g., Active Case List , Counts by carrier, Payment History by carrier or provider or other entity, Referral Summary, financial transactions applied to a recoupment or recovery, Medicare plans A, B, C, D and cost avoidance group health insurance including an audit trail.) as defined by the Agency.

Conduent response: CMdS-Insights can generate scheduled (automatic) and ad hoc reports related to the day-to-day scope of work. Our solution provides a robust library of standard operational reports, which are categorized and intuitively organized in an online library by functional area and usage. A user can schedule saved reports, whether from the user's personal library or from the general report library, to run on a regular basis, with the results reported directly to the requesting user. We work with the Agency during implementation to ensure that your reporting needs are met either through our existing reports or configuring new reports.

Examples of reports generated include:

- Figure Q-42: Recovery Case Outstanding Balance Report **OPR-TPL-111**
- Figure Q-43: TPL Carrier Invoice Report **OPR-TPL-103**
- Figure Q-44: TPL Medicare Recoupment Report **OPR-TPL-162**

Figure Q-42. TPL Recovery Case Outstanding Balance Report

This Report lists Counts By Recovery Case and Worker with the Recovery Amount and Outstanding Balance Amount.

Figure Q-43. TPL Carrier Invoice Report

This Report lists Counts By Carrier and Claim Type for the Number of Claims Invoiced and the Medicaid Payment Amount.

Figure Q-44. TPL Recoupment For Medicare Report

This Report lists Counts By Provider for the Number of Claims and the dollar amount of Medicare Recoupment.

	Upload Attachments with Additional Information? **No**	Attachment File Name: N/A
6	**Carrier Billing -** Describe in detail what processes and methods will be used to manage the carrier billing program (e.g., identify, calculate, store, display, notify). In addition, describe in detail your approach to meet the Carrier Billing requirements stated in **Attachment P, Carrier Billing Section, SYSMOD33-SYSMOD37.** Your response should include the requirement number identified in the attachment, followed by your detailed response.	
A6	*Answer # 6* The CMdS-TPL carrier billing process provides an automated means of identifying, billing and reconciling invoices for claims that require carrier payment. The claims with TPL pay and chase and cost avoid exceptions are reviewed. When the addition of a TPL commercial policy results in a new cost-avoid determination then those claims where recovery is identified will be added to a billing table for the carrier and an invoice requesting payment is generated. Subsequent to the initial billing, as funds are received and posted, the total amount due from the carrier is reduced accordingly and appropriate claim adjustments are documented. Each receipt is documented with a unique recovery reason code to help identify the amounts collected and for subsequent auditing of those receipts. ## Attachment P Requirements for Carrier Billing Requirements On the following pages, Conduent provides a response to each Attachment P requirement for the Carrier Billing Section, SYSMOD33-SYSMOD37. Our initial response confirms our commitment to meet the requirement followed by our descriptions of our work. **Attachment P Requirement SYSMOD33** The Supplier's solution must calculate and charge simple or complex interest on unpaid or partially paid carrier bills based on configurable business rules and allow for exceptions (e.g., waive interest, change the start date, pause interest) as defined by the Agency. **Conduent response:** The CMdS-TPL carrier billing process does not currently calculate and charge interest on any unpaid or partially paid carrier bills, but Conduent agrees to enhance our solution to meet this requirement. We have experience with simple and complex interest calculations and the configurable business rules and data configuration needed to support this process. We will work with you during the implementation to understand your business needs related to these requirements and to ensure our solution meets those requirements. **Attachment P Requirement SYSMOD34** The Supplier's solution must capture, store, maintain, and display the status of each carrier bill transaction (e.g., as suspended, paid, denied, to be paid, to be denied) based on Agency configurable business rules. **Conduent response:** The CMdS-TPL carrier billing process tracks the status of each claim within the carrier billing invoice. As claims are paid and money received is posted, the claim status is updated using a configurable recovery reason code that indicates the reason for the action taken (e.g., paid-in-full, denied, full payment, etc.). After all claims have a documented response, the invoice is closed. Figure Q-45 illustrates the billing invoice response page where amounts received are entered and tracked for the claims being paid.	

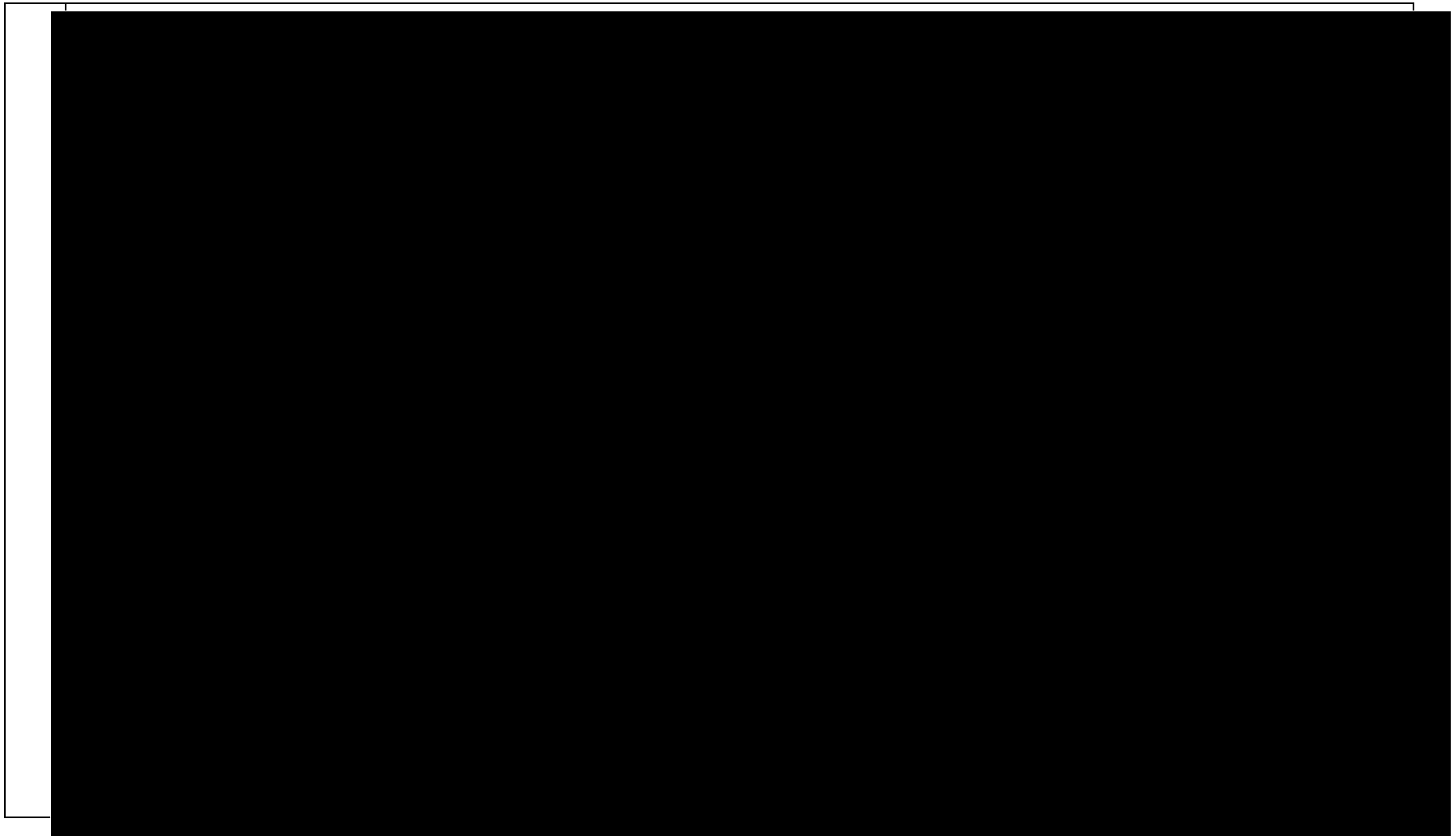


Figure Q-45.TPL Billing Claims Response Page

This page allows for the entry and tracking of carrier paid claims. The information presented here was created for demonstration purposes. Any similarity to real information would be coincidental.

Attachment P Requirement SYSMOD35

The Supplier must establish and maintain an automated reconciliation of all carrier bills transactions. The Supplier must provide a dashboard with an aggregate summary and the ability to drill down by specific carrier code, member, provider, transaction type, header or line level (e.g., 837I, 837P, 837D, pharmacy, encounter, paper). The Supplier must provide search capabilities using all available data elements to validate all transactions are processed according to Agency defined business rules.

Conduent response: CMdS-TPL establishes and maintains an automated reconciliation of all carrier billing transactions using the standard X12 transactions. The system sends the claim data in an electronic X12 or NDPDP format to carriers. The system also has the ability to read a standard X12 835 (Electronic Remittance Advice) transaction and match the claim information to update the other payer paid amount in the billing record without manual intervention. Figure Q-46 shows how the CMdS-TPL Billing user interface displays the

current invoice, previous invoice and response details and the payment history. There are additional filter capabilities on the user interface to drill down into the invoice details and specific claims.

Figure Q-46. TPL Billing Invoice History

This user interface shows the carrier billing invoice details, previous invoices and response details and the payment history. Filters allow users to drill through the data to review specific detailed information for the invoice, the members or the claims.

The CMdS-Insights module is built on an industry-standard business intelligence product and includes dashboard and reporting capabilities. Our dashboards include drill down capabilities and filters to refine the data as needed. We provide a standard library of reports, including visualization ready reporting for dashboard views. We use the reporting capabilities of our solution to perform our duties under the contract and to respond to your requests with visual and tabular reports. CMdS-Insights is specifically designed to allow aggregate and detail views into any data stored within the CMdS-TPL module. During implementation, we will share with you our library of existing reports to allow you to validate you have the information needed to perform your work and to oversee our contract. We tailor the reports we provide where a different view of the data stored within the TPL module as needed. You can zero in on the information you need from on-demand reports by using the included user prompts and filtering as seen in Figure Q-47.

Figure Q-47. CMdS-Insights On-Demand Criteria Selection

When using our on-demand library of reports, you can filter the results using prompts.

Attachment P Requirement SYSMOD36

The Supplier solution should maintain a carrier table and indicate when a plan service has separate pharmacy benefit record and require a separate pharmacy benefit record based on configurable business rules.

Conduent response: CMdS-TPL maintains carrier policy details that indicate when a TPL policy covers pharmacy benefits. The solution uses coverage codes to indicate the various benefits covered by the TPL policy and can maintain pharmacy-only policies. The coverage codes that indicate what benefits are covered within a specific plan are configurable using the online data dictionary. In addition the TPL matrix configuration allows for configuration of the business rules and services used to determine if the specific services on a claim are a benefit within the defined coverage codes. Figure Q-48 shows how the coverage codes are viewed and maintained within the policy user interface.

Figure Q-48. TPL Policy Period Coverage

This page shows details for selecting the appropriate coverage codes for a particular carrier's policy. The information presented here was created for demonstration purposes. Any similarity to real information would be coincidental.

Attachment P Requirement SYSMOD37

The Solution must automatically re-bill insurance carriers if an Agency defined valid response (paid or denied) is not received.

Conduent response: The CMdS-TPL billing process has system-configurable billing intervals that allow for the identification of specific re-billing frequencies (e.g. four months, six months, etc.). If a response is not received and the time interval between billing cycles has been met, the claim is again, automatically included on an invoice. In the Figure Q-49, the Previously Billed sections show the invoices that have been sent for this claim. Once the claim is paid, the amount received is documented in the Payment History section on the same page. This presentation allows for a comprehensive overview of the invoicing and payments received for claims.

Figure Q-49. TPL Invoiced Claim Detail Page

This page shows details for invoiced claims including all billed amounts and payments received. The information presented here was created for demonstration purposes. Any similarity to real information would be coincidental.

Upload Attachments with Additional Information? **No**	Attachment File Name: N/A

7	**Health Insurance Premium Payment (HIPP) Program -** Describe in detail what processes and methods will be used to manage the Health Insurance Premium Payment (HIPP) Program (e.g., identify, calculate, store, display, notify). In addition, describe in detail your approach to meet the HIPP requirements stated in **Attachment P, Health Insurance Premium Payment (HIPP) Program Section, SYSMOD106-SYSMOD121.** Your response should include the requirement number identified in the attachment, followed by your detailed response.
A7	*Answer # 7* Within the CMdS-TPL solution exists the ability to create various financial payments, including the Health Insurance Premium Payment (HIPP) transaction. The HIPP financial payment feature within CMdS allows for the setup of a HIPP case when it is determined that the cost of the state paying a member's commercial health insurance premium will be offset by the Medicaid cost savings, that is, the HIPP case is determined to be cost effective. Our system is structured to create a unique HIPP case and establish multiple HIPP cost effective determination scenarios as policy and member eligibility changes occur. HIPP payments may be setup as either one-time or recurring. Recurring payments will occur at an interval selected at setup and will not end until the HIPP effective period has ended or if the member loses Medicaid eligibility. The Medicaid cost basis is determined through an automated evaluation of member claims, using member demographic and actual costs of Medicaid claims representing a period of time (typically one year). In addition, various administrative and policy carrying-costs are maintained as configurable parameters and are automatically introduced into the cost-effective calculation. The CMdS-TPL solution also controls the acceptance of new HIPP payments through role-based security. Only those authorized to create HIPP cases may establish HIPP payments. Also, only those users with the appropriate authority may approve HIPP payments, therefore ensuring the security of approved payments. HIPP payments may be directed to a payee of choice. The HIPP payee may represent, for example, the member, policy holder or another entity, such as a carrier. Also, the CMdS-TPL solution allows for the inclusion of non-members on a HIPP case so that a comprehensive understanding of the policy scope is understood. Prior to the payment cycle, the cost-effective HIPP payments to be produced are first reported on a preliminary HIPP payment report, allowing for review prior to actual payment. If no changes are made to the HIPP cases to be paid, then the payments listed will occur and be reported during the current payment cycle. ## Attachment P Requirements for HIPP Program Requirements On the following pages, Conduent provides a response to each Attachment P requirement for the HIPP Program Section. Our initial response confirms our commitment to meet the requirement followed by our descriptions of our work.

	Attachment P Requirement SYSMOD106 The supplier solution shall have the ability to have different authorization and approval processes (e.g., single person approval or multiple person approval) for different financial transactions (e.g., update Payee information, journals, Health Insurance Premium Program (HIPP) payments) based on configurable business rules. **Conduent response:** CMdS–TPL supports different authorization and approval processes for different financial transactions based upon configurable business rules. We configure role-based access online using the CMdS-TPL user interface using profiles that represent logical roles that define the actions appropriate for those roles. Then, we assign users to those profiles. This feature helps eliminate the risk of fraud or waste associated with users having access to inappropriate information or actions. We can group supervisors together under one profile and their workers under a different profile. The roles differentiate actions that a supervisor can perform versus what their workers can perform. For example, Individual workers can setup HIPP cases but only supervisors may have the authority to approve payments or update payee information. We also support single or multiple levels of approval through configuration of business rules in our workflow tool. **Attachment P Requirement SYSMOD107** The supplier solution shall allow authorized users to manually create accounts payable for HIPP cases, based on configurable business rules. **Conduent response:** Our solution allows authorized users to manually create accounts payables for HIPP cases, based upon configurable business rules. Authorized users create manual accounts payable transactions online using the additional disbursement capability. For example, this feature provides the ability to make an initial HIPP policy payment prior to the regularly scheduled payment. Figure Q-50 shows the HIPP screen where users can enter the premium payment and any additional disbursement information.

Figure Q-50. HIPP Premium Payment Page

This screen allows authorized user to define and configure both the premium and any additional HIPP disbursement payments for the HIPP case. This additional amount will be paid in addition to the premium payment for the timeframe specified. The information presented here was created for demonstration purposes. Any similarity to real information would be coincidental.

Attachment P Requirement SYSMOD108

The supplier solution shall associate all Health Insurance Premium Payment Program (HIPP) accounts payables to the Member even if the Payee is not the Member.

Conduent response: CMdS-TPL will associate all HIPP accounts payables to the member even if the payee is not the member. The HIPP payee is configurable online and is a separate field within the HIPP case. The payee can be different than the member and it represents the entity that receives the HIPP payment. For example, the payee could be the insurance carrier. In addition to the payee, the HIPP case includes the policy and member details, and other information. Figure Q-51 shows the screen that allows users to define the payee information for the HIPP case. Figure Q-52 shows the screen that links all of the payment details to the HIPP case.

Figure Q-51. HIPP Payee Information

This screen shows how a HIPP case is defined for a payee other than the member. The information presented here was created for demonstration purposes. Any similarity to real information would be coincidental.

Figure Q-52. HIPP Payee Information

This top portion of this screen shows the HIPP payee information. In this example, the premium payments and an additional disbursement payment paid to a specific entity, such as a carrier, instead of the member associated with the HIPP case. The information presented here was created for demonstration purposes. Any similarity to real information would be coincidental.

Attachment P Requirement SYSMOD109

The supplier solution shall allow for Health Insurance Premium Payment Program (HIPP) payments to be created for Members or non-Members (e.g., insurance carrier, employer, policy holders), based on configurable business rules.

Our solution allows authorized users to create HIPP payments for members or non-members, based on configurable business rules. As we explained in the previous response to SYSMOD108, the HIPP payee is configurable online. It is a separate field within the HIPP case and can be different than the member, such as an insurance carrier or a policy holder. Figure Q-53 shows how to assign the payee to the HIPP case.

Figure Q-53. HIPP Payee Entity Type Selection

Authorized users select the payee type from the drop-down list on this web page to designate the payee who should receive the HIPP payments. The information presented here was created for demonstration purposes. Any similarity to real information would be coincidental.

Attachment P Requirement SYSMOD110

The supplier solution shall capture and allow entry of additional detail in a Health Insurance Premium Payment Program (HIPP) case (e.g., policy holder name, date of birth, gender) as defined by the Agency.

Conduent response: CMdS-TPL captures and allows entry of additional information about a HIPP case, as defined by the Agency. This information includes policyholder details (policy holder name, member ID, date of birth, etc.) and covered individuals (Member ID, coverage dates, relationship to payee, etc.). Figure Q-54 shows the HIPP web page that allows entry of detailed information.

Figure Q-54. HIPP Case Policyholder and Member Details

This screen allows the entry of detailed policyholder information and covered individuals (members) associated with the HIPP case. The information presented here was created for demonstration purposes. Any similarity to real information would be coincidental.

Attachment P Requirement SYSMOD111

The supplier solution shall receive, and allow for entry or end date of the details (e.g., diagnosis, age, gender, cost, percentage) needed to do a cost effectiveness evaluation for the Health Insurance Premium Payment Program (HIPP) as defined by the Agency.

Conduent response: CMdS-TPL HIPP cost benefit worksheet is used to store the cost effectiveness calculation data for a HIPP case. The worksheet is populated with the historical Medicaid costs (Computer Summed Medical Costs) calculated at a frequency determined by the Agency. The calculation is performed by averaging Medicaid paid claims from a configurable period of time for individuals with the same diagnosis, age, gender, category of eligibility, and category of service. The criteria associated with this calculation is begin and end dated. The system stores this information in the database for use in the cost effectiveness calculation. Our product roadmap includes adding a user interface to more easily view and maintain this data, Currently this data is updated using a batch process. In addition to the current premium, administrative and other costs are factored into the cost-effective calculation These costs are stored

and used when performing the cost-effective determination. Additional relevant information can be captured in the HIPP case notes section to support the calculation assessment process. Figure Q-55 below shows the Cost Benefit Worksheet user interface. Figure Q-56 shows the notes capability that is common across the CMdS-TPL user interfaces. CMdS-TPL allow allows attachments to be associated to the HIPP case directly from the HIPP case user interface. The attachments capability is used to associate any supporting documentation relevant to the cost effectiveness calculations or the case itself. Figure Q-57 shows the HIPP attachment capability.

Figure Q-55. HIPP Cost Effective Calculation Page

This screen shows the HIPP Case cost effectiveness calculation page. The information presented here was created for demonstration purposes. Any similarity to real information would be coincidental.

Figure Q-56. CMdS-Notes

This screen shows the HIPP Case cost effectiveness calculation page. The information presented here was created for demonstration purposes. Any similarity to real information would be coincidental.

Figure Q-57. CMdS-Attachments

This screen shows the HIPP Attachment section of the user interface. Relevant information related to the HIPP case can be added directly within the HIPP case as the attachment details are stored in ECM.

Attachment P Requirement SYSMOD112

The supplier solution shall automatically perform the cost-effectiveness calculation using information (e.g. claims history) for a redetermination and update information (e.g., premium amount) on the case for the Health Insurance Premium Payment Program (HIPP) as defined by the Agency.

Conduent response: The HIPP case cost benefit worksheet user interface is used during the redetermination. The user enters new information for the case and then selects the calculate option to determine the revised cost effectiveness. Historical Medicaid costs are calculated by averaging Medicaid paid claims from the prior 12 months for individuals with the same diagnosis, age, gender, category of eligibility, and category of service. These costs are stored within the HIPP case and used when performing the cost-effective determination.

Attachment P Requirement SYSMOD113

The supplier solution shall have the ability to automatically create a new HIPP case and allow for users to manually enter one as defined by the Agency.

Conduent response: Our CMdS-TPL solution currently supports manually entering new HIPP cases. We will work with you during the implementation to modify the solution to automatically create new HIPP cases. Figure Q-58 shows the web page that supports the entry new HIPP cases. The Validate feature for the Worker ID and Member ID allows the user to validate that the ID is present and active in our database and directly populate the details into the HIPP case so the data doesn't have to be manually entered.

Figure Q-58. HIPP Case Information

This user interface allows the creating, viewing and maintaining the detailed information about the HIPP case such as status, effective dates, member ID, and more. The information presented here was created for demonstration purposes. Any similarity to real information would be coincidental.

Attachment P Requirement SYSMOD114

The supplier solution shall automatically assign unique case numbers on new Health Insurance Premium Payment Program (HIPP) cases as defined by the Agency.

Conduent response: CMdS-TPL utilizes numerical sequence routines to automatically assign a unique HIPP case number to new HIPP cases, as defined by the Agency. The use of a sequence routine ensures the uniqueness and integrity of the generated case numbers. Figure Q-59 bellows shows an example of the HIPP case number assigned to multiple HIPP cases for a specific carrier ID.

Figure Q-59. HIPP Case Search Results

This user interface shows the HIPP case numbers assigned to each case in the search results. The information presented here was created for demonstration purposes. Any similarity to real information would be coincidental.

Attachment P Requirement SYSMOD115

The supplier solution shall have the capability to associate a Group Policy Provider with a current Health Insurance Premium Payment Program (HIPP) case automatically and by user as defined by the Agency.

Conduent response: Our solution can associate a group policy provider with a current HIPP payment through the HIPP user interface. This information displays on the screen as the insurance carrier. Figure Q-60 shows the web page that displays the policy (insurance carrier) information for the HIPP case. The web page automatically associates the member's policy information with the HIPP case based on the carrier and member information. Additionally, authorized users can manually override the policy information if needed. Figure Q-61 shows the web page that displays the carrier associated with the HIPP case.

Figure Q-60. HIPP Policy Web Page

This screen shows the policy associated with the HIPP Case. The information presented here was created for demonstration purposes. Any similarity to real information would be coincidental.

Figure Q-61. HIPP Case Carrier Web Page

This screen shows the carrier associated with the HIPP Case. The information presented here was created for demonstration purposes. Any similarity to real information would be coincidental.

Attachment P Requirement SYSMOD116

The supplier solution shall allow users to trigger a recalculation of the cost-effectiveness for the Health Insurance Premium Payment Program (HIPP) Program as defined by the Agency.

Conduent response: CMdS – TPL supports recalculating the cost-effectiveness of HIPP cases using the cost benefit workbook HIPP user interface. The calculate option recalculates the cost effectiveness. Any changes can be applied using the cost benefit workbook and will be applied to the recalculation. Each calculation is kept within the HIPP case as an effective-period, thus providing a history of cost-effectiveness over time.

Figure Q-62 shows the history of the cost-effectiveness calculations.

Figure Q-62. HIPP Cost Effectiveness History

This user interface shows the cost effectiveness calculation history associated with the HIPP Case.

Attachment P Requirement SYSMOD117

The supplier solution shall have the ability to automatically recalculate the cost-effectiveness for a HIPP case when a field used in the calculation is changed as defined by the Agency.

Conduent response: When there is an update to a field used in the cost effectiveness calculations the cost benefit workbook for the HIPP case is updated with the new information. The calculate option will recalculate the cost effectiveness of the case using the newly changed information. The results of previous calculations are then stored in the history section of the user interface for reference.

Attachment P Requirement SYSMOD118

The supplier solution shall allow for HIPP cases to have household members who are not enrolled in the HIPP program as defined by the Agency.

Conduent response: HIPP cases store household members who are not enrolled in the HIPP program, as defined by the Agency, but are covered by the policy in the covered individual section of the policy associated with the HIPP case. Figure Q-63 shows the policy holder details including the covered individuals, regardless of whether they are enrolled in the HIPP program.

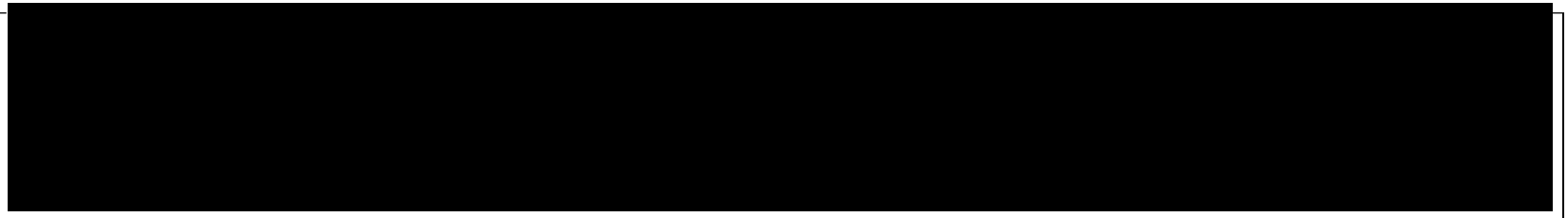


Figure Q-63. HIPP Case Covered Individual Page

This web page shows how a non-member is associated with a HIPP case. The information presented here was created for demonstration purposes. Any similarity to real information would be coincidental.

Attachment P Requirement SYSMOD119

The supplier solution shall receive, store, maintain, and display Payee (e.g. HIPP) information (e.g., tax, banking, address, contact, preferred payment method) for each Payee as defined by the Agency.

Conduent response: Our solution receives, stores, maintains, and displays payee information, as defined by the Agency. CMdS-TPL provides the capability to define and configure various types of financial payees online, such as insurance carriers, members, and financial institutions. Users can enter financial payee tax, banking, address, contact, and payment method details to support processing and tracking of HIPP payments. Designated payees assigned to the HIPP cases receive the HIPP payments. Figure Q-64 shows the web page that allows users to view and maintain financial payee information.

Figure Q-64. Financial Entity Page

This web page allows users to enter and view financial payee information. The information presented here was created for demonstration purposes. Any similarity to real information would be coincidental.

Attachment P Requirement SYSMOD120

The supplier solution shall have the ability to pay a non-Member for expenses incurred for a Member (e.g., in state or out of state transportation, HIPP) and associate the payment with the Member's record as defined by the Agency.

Conduent response: CMdS-TPL can pay a non-member for expenses incurred for a member and associate the payment with the member's record as defined by the Agency. CMdS-TPL provides the flexibility to pay entities such as non-members or carriers, for additional disbursements associated with the HIPP case. In addition using the payout web page, we can create payouts to reimburse non-members for expenses incurred on behalf of a member such as transportation costs. We identify the reason for the payment using a drop-down list that is configurable per Agency requirements. Figure Q-65 shows the financial payout web page.

Figure Q-65. Financial Payout Page

This web page allows users to enter and view financial payout information. The information presented here was created for demonstration purposes. Any similarity to real information would be coincidental.

Attachment P Requirement SYSMOD121

The supplier solution shall provide notes capability for all financial types (e.g., Health Insurance Premium Program (HIPP), Eligibility). The notes capability must include standard fields (e.g., date, category) and text fields as defined by the Agency.

Conduent response: CMdS-TPL supports the ability to enter and store notes for all financial types and is a standard capability on our user interfaces. The notes feature includes standard fields and text fields as defined by the Agency. The solution captures the note text entered online along with the user ID, date the note was added, and note type. The solution supports an unlimited number of notes and the user can enter up to 4,000 characters for each note. The solution displays all historical notes for reference purposes. Users can enter notes from any of the CMdS-TPL web pages. Figure Q-66 shows the notes feature the link to access the notes from the HIPP screen and the note history.

	 Figure Q-66. CMdS Notes Entry Page *Users can enter notes from any of the CMdS-TPL web pages and view the note history. The information presented here was created for demonstration purposes. Any similarity to real information would be coincidental.*	
	Upload Attachments with Additional Information? **No**	Attachment File Name: N/A

8	**Medicare Programs -** Describe in detail what processes and methods will be used to manage (e.g., identify, calculate, store, display, notify) the Medicare Programs (e.g., buy-in, claw back, Part D). In addition, describe in detail your approach to meet the Medicare requirements stated in **Attachment P, Medicare Program Section, SYSMOD157-SYSMOD164.** Your response should include the requirement number identified in the attachment, followed by your detailed response.
A8	*Answer # 8* The CMdS-TPL solution contains fully automated processes to read and maintain dual eligible data from CMS, including the MMA, TBQ and buy-in files. The Buy-in process will read returned buy-in transactions. These transactions include CMS reply records, personal characteristics change records, CMS reject records and billing records. Incoming transactions are matched to the member database and validated. Unmatched or invalid transactions are suspended. The Buy-in files contain transactions for both Part A and Part B. The CMdS buy-in process is executed once for each file and the transactions will create the appropriate Part-A or Part-B Buy-in spans. On a monthly basis, the buy-in billing process is executed to read through the buy-in transaction table, capturing the premium amounts payable to CMS, and producing financial transactions. Financial transactions are generated for each selected member with the payee being CMS. In some states, however, the actual payment is sent to a third party who then transfers the funds to CMS. Our system can be implemented to accommodate either scenario. In addition, the CMdS-TPL system receives one or more MMA and TBQ files per month and processes these files in the order in which they are received. Reconciliation of the current Medicare spans will occur, utilizing state specific rules such as creating one span for each period of eligibility supplied by CMS or by collapsing contiguous Medicare spans for the member. In addition, on a scheduled basis, the system creates the claw back billing transaction file for each member that is eligible for both Medicaid and Medicare Part D. ## Attachment P Requirements for Medicare Program Requirements On the following pages, Conduent provides a response to each Attachment P requirement for the Medicare Program Section, SYSMOD157-SYSMOD164. Our initial response confirms our commitment to meet the requirement followed by our descriptions of our work.

Attachment P Requirement SYSMOD157

The supplier solution will track, store and maintain current and historical member Medicare premium information e.g. monthly premiums, annual cost

Conduent response: Our Medicare buy-in solution generates Medicare premium payments utilizing the monthly CMS buy-in billing file. Financial transactions are generated for each premium payment and this data is kept for current as well as previous payment periods. Figure Q-67 shows the search capability for the buy-in history user interface. Figure Q-68 shows the billing record history Part A State Agency Billing record from the billing file.

Figure Q-67.Buy-in History Inquiry

Users can view the buy-in history through the inquiry user interface using the search results for the member.
The information presented here was created for demonstration purposes. Any similarity to real information would be coincidental.

Figure Q-68. Buy-in Part A State Agency Billing Records

Users can view the buy-in historical records from the CMS billing file by record type. Every record type received for each member is stored in the CMdS-TPL solution. The information presented here was created for demonstration purposes. Any similarity to real information would be coincidental.

Attachment P Requirement SYSMOD158

The supplier solution shall automate the claw back process and Medicare accounts payable process based on configurable business rules.

Conduent response: Utilizing data from CMS, claw back data is identified, processed and reported as required by the Agency. We will validate all of the business rules associated with the claw back process and the creation of the financial payouts to create an additional payment in the event of a correction to ensure the business rules are aligned with your policy. The business rule will be configured in the event there are any gaps or new rules will be configured if necessary.

Attachment P Requirement SYSMOD159

The supplier solution shall manage the payment processes for Medicare programs (e.g., buy-in, claw back, Part D) related to Agency Healthcare Programs as defined by the Agency.

Conduent response: Conduent is prepared to manage the payment process for Medicare programs. We already do this for many of our Medicaid accounts. CMdS-TPL's Medicare buy-in component generates financial transactions for Medicare premium payments using the

CMS Buy-in billing file as shown in Figure Q-69. The solution creates a payout for each record on the CMS buy-in billing file and sends these payments electronically to the Federal government.

Figure Q-69. Buy-In Financial Transactions

Users can view the monthly Buy-In financial transactions from this web page. The information presented here was created for demonstration purposes. Any similarity to real information would be coincidental.

	Attachment P Requirement SYSMOD160 The supplier solution shall perform a reconciliation of the federal invoices for Medicare State Phase-Down contributions (also referred to as Claw back) and Medicare Buy-in payments against our member data. Invoices are corrected based on the reconciliation and submitted to Medicare as defined by the Agency. **Conduent response:** We perform a reconciliation of the federal invoices for Medicare State Phase-Down contributions (Claw back) and Medicare Buy-in payments against our member data. Invoices are corrected based on the reconciliation and submitted to Medicare as defined by the Agency. While processing the Claw Back transactions, the system identifies if payments have been made in line with the coverages that the member had. If not, the system automatically generates the financial transactions to compensate for amounts to be reconciled based on the corrected invoice amount. **Attachment P Requirement SYSMOD161** The supplier's solution shall accept, maintain, store, and display multiple Medicare spans for an individual. The spans will have begin and end dates and will be based upon configurable Agency defined business rules. **Conduent response:** CMdS-TPL accepts, maintains, stores, and displays multiple Medicare spans for an individual. The spans include begin and end dates and are based upon configurable Agency defined business rules. Users maintain the data online or the solution updates the data from the inbound CMS MMA file (after the Medicare Prescription Drug Improvement and Modernization Act of 2003) or State Phasedown file and Territory & States Beneficiary Query (TBQ) data exchange files. Currently these files are processed at least monthly, but we can process as the data is available. Figure Q-70 shows the web page that allows users to view and maintain the member's Medicare spans.

Figure Q-70. Medicare Spans

This screen allows users to view and maintain the member's Medicare spans. The information presented here was created for demonstration purposes. Any similarity to real information would be coincidental.

	Attachment P Requirement SYSMOD162 The supplier's solution shall automate processes that are needed to manage the Medicare Programs (e.g., buy-in, claw back, Part D) whenever possible. The automated process will use configurable business rules as defined by the Agency. Examples of the processes to be automated include but are not limited to: Medicare premiums, case changes, rejections process, reconciliation with other states and federal records, refunds, cost-effectiveness) **Conduent response:** CMdS-TPL has automated processes to capture and maintain Medicare data from CMS, including the MMA and buy-in files. Our solution will produce buy-in premiums, capture case updates, document and report rejected records. The solution can be further automated per Agency business rules to leverage efficiencies among various processes includes automated reconciliation with other states and federal records and cost-effectiveness calculations similar to what CMdS currently does with the HIPP cost-effectiveness calculations. We look forward to discussing this further with the Agency during implementation. **Attachment P Requirement SYSMOD163** The supplier's solution shall capture, maintain, store and display all information (e.g., Member demographic date, cost of Medicare premiums, eligibility spans) needed to manage the Medicare Programs (e.g., buy-in, claw back, Part D0) as defined by the Agency. **Conduent response:** CMdS-TPL contains numerous web pages that capture, maintain, store, and display the information needed to manage the Medicare programs for dual eligible members, including member demographic data, Medicare premiums, and eligibility spans. Figure Q-71 shows the web page that displays the member's demographic data and Figure Q-72 shows the web page that displays the member's Medicare spans.

Figure Q-71. Member Demographic Data

This web page displays the member's demographic information such as gender, date of birth, address, and phone numbers. The information presented here was created for demonstration purposes. Any similarity to real information would be coincidental.

Figure Q-72. Member Medicare Data

This screen displays the member's Medicare spans including the types of coverage and eligibility dates. The information presented here was created for demonstration purposes. Any similarity to real information would be coincidental.

Attachment P Requirement SYSMOD164

The supplier's system shall balance with the financial system based on Agency defined configurable business rules and timeframes.

Conduent response: CMdS-TPL has multiple interfaces to exchange data with the financial system based on Agency defined configurable business rules and timeframes. These interfaces support financial transaction, recoveries, receipts, and more. The solution balances transactions and amounts (outbound / inbound) with every data exchange. We review these business rules to ensure they are aligned with your policy and update the business rule configuration if required.

	Upload Attachments with Additional Information? **No**	Attachment File Name: N/A

9	**TPL System -** Describe in detail what processes, methods, solutions will be used to manage all TPL programs (e.g., identify, calculate, collect, store, display, notify) and the data needed for the TPL programs. In addition, describe in detail your approach to meet each of the TPL System requirements stated in **Attachment P, TPL System Module Section, SYSMOD178-SYSMOD193.** Your response should include the requirement number identified in the attachment, followed by your detailed response.
A9	*Answer # 9* We accept and store TPL data from the Agency and approved vendors to use during claims processing. We store the carrier information and link the carrier details to policy, so that updates to carrier information do not require synchronization across multiple policies. Users can create or update TPL policy information using the user interface or the information can be updated in batch using our APIs. We don't limit the TPL information that can be stored for an individual member. We store all the third party information submitted with the claim (up to the 837 maximum of 10 third party payers). During claims adjudication, the Agency will then compare the claim data to the available member TPL policy information to perform the necessary cost-voidance editing CMdS-Insights provides the authorized Agency users access to the data needed to generate reports to track cost avoidance of claims payment due to coverage by private insurance, Medicare, and other third-party liability (TPL) resources, or based on other criteria specified by the Agency. Our CMdS-Insights library includes reports designed for TPL reporting requirements, such as our Third Party Liability Collections and Cost Avoidance Report. **Attachment P Requirements for TPL System Module Requirements** On the following pages, Conduent provides a response to each Attachment P requirement for the TPL System Module Section. Our initial response confirms our commitment to meet the requirement followed by our descriptions of our work. **Attachment P Requirement SYSMOD178** The supplier's solution will receive and store claims detail and summary information for each recovery case upon case creation and any additional case data in a format as determined by the Agency (e.g. tort, lien, estate recovery). **Conduent response:** CMdS-TPL receives and stores claims detail and summary information and additional case data for each recovery case created, in a format determined by the Agency. The solution displays recovery case data from the recovery case web page. Claims associated with the case are added during case creation by selecting member claims displayed on the case member-claims tab, for a specified date-of-service range. The recovery case type codes indicate if the case is related to tort, lien, or estate recovery and are configurable to meet your business needs. Figure Q-73 shows the recovery case detail section that includes the summary of the claims recovery details in the left panel of the page.

Figure Q-73. Recovery Case Detail

This web page shows the summary information for the recovery case. This includes the total Medicaid payment amount for the included claims, the total recovered amount and the total uncollected amount. The information presented here was created for demonstration purposes. Any similarity to real information would be coincidental.

Figure Q-74 shows the recovery case web page that displays the claims associated with a case. The page displays the requested recovery amounts along with the total uncollected amount in the summary section on the left side of the recovery case user interface.

Figure Q-74. Recovery Case Claims

This web page shows the claim details associated with the recovery case. The blue hyperlink allows the user to view the claim detail. The information presented here was created for demonstration purposes. Any similarity to real information would be coincidental.

Attachment P Requirement SYSMOD179

The Supplier's solution will track, store, maintain all changes on case files e.g. maiden name, marriages, legal name changes, adoption, alias, policy spans, Medicare

Conduent response: The CMdS-TPL recovery case user interfaces will auto-populate member demographic changes as well as any updates modified through the user interface. CMdS will acquire and maintain all changes provided to the Agency, including member updates, policy updates and Medicare eligibility updates. All historical TPL policy and Medicare information is stored with begin and end dates. CMdS-TPL also provides access on each user interface to view the audit log information which would show the date/time of any updates to the members data. Voided spans can also be viewed for research purposes.

Figure Q-75 shows the previous member information that is available on the member inquiry page. This information is accessed from the recovery case using a hyperlink on the member ID. The page displays the requested recovery amounts along with the total uncollected amount in the summary section on the left side of the recovery case user interface.

Figure Q-75. Member Inquiry Previous Information

This web page shows the member previous case, name, and additional detail that is maintained historically for the member The information presented here was created for demonstration purposes. Any similarity to real information would be coincidental.

Figure Q-76 shows the member TPL policy and Medicare information including any historical spans.

Figure Q-76. Member TPL Policy and Medicare

This web page shows the member TPL policy and Medicare data. The information presented here was created for demonstration purposes. Any similarity to real information would be coincidental.

Attachment P Requirement SYSMOD180

The Contractor shall create, store, and maintain trauma indicators, including effective and end dates, ICD external cause codes, or other indicators used for identifying potential TPL cases as defined by the Agency.

Conduent response: CMdS-TPL identifies potential trauma claims by evaluating if the diagnosis codes, include external cause codes accident/trauma indicator is set in the reference data. The indicators on the diagnosis code are begin and end date spanned. The related cause codes and occurrence codes on the claim are also evaluated based on the business rules to identify claims need to be researched further for third party liability.

The following screen shot is an example of a medical claim with the related cause codes (employment, auto, other), the accident state, and an ICD external cause diagnosis code. The second screenshot shows the ICD external cause diagnosis codes beginning with Y92 that are stored in the system and used to validate the claim diagnosis codes. Figure Q-77 shows how diagnosis codes are noted as accident

related. When these diagnosis codes appear on a claim the system automatically tracks these claims and this may lead to a correspondence with the member about an accident policy.

Figure Q-77. Diagnosis Code Indicators

This screen is used to indicate if a diagnosis code is accident related.
The codes and indicators are all date spanned to capture changes over time.

Figure Q-78 shows examples of some of the external cause diagnosis codes stored in CMdS-TPL that can be used to identify claims for potential recovery.

Figure Q-78. External Cause Diagnosis Codes

This screen is an example of the external cause diagnosis codes that are stored and can be used to identify claims that should be investigated for other insurance or responsible party.

Figure Q-79 shows examples of the accident indicators stored on the claim that can be used to identify claims for potential recovery.

Figure Q-79. Claim Accident Indicators

This screen is an example the accident indicators that can be stored with the claim and used to identify claims that should be investigated for other insurance or responsible party.

Attachment P Requirement SYSMOD181

The supplier solution shall generate, send, receive, track, store and maintain electronic forms in a format and frequency as determined by the Agency (e.g. trauma questionnaires, estate questionnaires, hardship compromise). The forms shall be accessible through a user portal and have the ability to be filled out electronically, submitted or printed.

Conduent response: CMdS-TPL generates, tracks, and stores electronic forms in the ECM solution. Typically these are in PDF format, but we support other electronic formats as required by the Agency. The frequency of forms are generated is configurable and will be set up based on Agency requirements. We also support a user portal providing the ability to fill out the forms, such as member MSQ's electronically, or all electronic submission of other forms as attachments. Our online web pages both on the internal application and the user portal provide a print capability as well. All forms are associated with the appropriate tracking information and metadata to link it to the corresponding recovery case, carrier bill, TPL policy, or member as examples. The forms and other electronic documents can be viewed through the online web pages and directly in the ECM solution.

Attachment P Requirement SYSMOD182

The Supplier's solution will obtain and audit nursing home personal needs account documentation when funds are submitted after the death of a Recipient, to ensure funds returned balance to State Agency business rules and State statute.

Conduent response: The CMdS-TPL solution can be developed to obtain and audit nursing home personal needs account documentation when the funds are submitted after the death of a recipient through the Estate recovery case user interface. All supporting documentation is associated to the case and available to be viewed online. During implementation, we will review the Agency business rules and State statute to ensure we support balancing of the funds. The financial receipts are also linked to the case record for tractability of all funds received.

Attachment P Requirement SYSMOD183

The Supplier's solution will automate correspondence related to future responsibilities for submitting account balances to State Agency upon Recipient's death, to banks, personal representatives and nursing homes upon admission to the facility.

Conduent response: The CMdS-TPL solution automates correspondence related to future responsibilities for submitting account balances to State Agency upon Recipient's death. Correspondence can be sent to any type of entity including banks, personal representatives, and nursing homes upon admission to the facility based on the business rules configured to generate the letter and the letter template criteria.

CMdS correspondence management functionality provides a letters component that can, depending on the need, generate a single letter or an entire batch of letters. Letters can be to generate at a specific frequency or we support ad hoc or free-form letters for more specific correspondence. Our solution maintains a historical trail showing the origin of the correspondence and any activity related to it from initial setup.

We can configure these communications to meet the Agency's specifications, including customizing various templates or forms for any correspondence. Template styles can differ by program, as needed, and they are designed for each correspondence type based on the Agency's needs. We can add additional sections and data elements to the standard layout, such as additional claim detail or a new summary section, if needed. Our team drafts notification materials and works with the Agency to finalize them for delivery. We use both print and electronic delivery methods and determine the best method of delivery by working with you on your specific initiatives.

Attachment P Requirement SYSMOD184

The Supplier's solution will automate correspondence to banks, personal representatives and nursing homes when Recipient expires, to request return all balances remaining in any bank accounts or personal needs accounts according to State statute.

Conduent response: The CMdS-TPL solution automates correspondence to banks, personal representatives, and nursing homes when Recipient expires, to request return all balances remaining in any bank accounts or personal needs accounts based on the business rules configured to generate the letter and the letter template criteria. As described in the previous response to SYSMOD183, we configure these communications to meet the Agency's specifications, including customizing various templates or forms for any correspondence.

Attachment P Requirement SYSMOD185

The Supplier's solution shall provide audit trail that captures a before and after record log of any changes, additions or deletions to a member record including what was changed, user, reason (e.g. changes that were made in error and subsequently backed out of or suspended).

Conduent response: CMdS has robust audit reporting and logging capabilities. The audit trail system has two hyperlinks that allow a user to see the source of an update. The Last Update function in CMdS shows the user ID, date, and time of the last update, An audit trail is maintained for all changes showing date of change, user/process making the change, and data element changes. Authorized users can view the audit trail online as shown in Figure Q-80 shows the audit information web page.

Figure Q-80. CMdS Audit Logging

This page illustrates the CMdS audit logging feature. The information presented here was created for demonstration purposes. Any similarity to real information would be coincidental.

The information the system logs includes:

- The column value before the change (old value)
- The column value after the change (new value)

- The User ID (to identify the specific user or process responsible for the change)
- The date and time of the change
- The key values necessary to identify and store the information in the log

Attachment P Requirement SYSMOD186

The solution will be able to create, receive, store and maintain accident and indemnity policies (e.g. motor vehicle, workers compensation, property insurance, personal disability policy, Christian services organization/charity) including all associated claims and activity.

Conduent response: The CMdS-TPL solution provides the ability to receive, add, store and modify accident and indemnity policies through user interfaces and batch processes. Various resource types, as shown in Figure Q-81, can be stored and maintained. Claims associated with these policies are maintained as well within the system tables.

Figure Q-81. Add TPL Policy

This page illustrates the CMdS add TPL policy capabilities.

Attachment P Requirement SYSMOD187

The Supplier solution must capture, store and report recoveries (e.g., individual claim numbers, payment amounts) to support claim adjustments based on recoveries.

Conduent response: A recovery case will be established for the purposes of tracking recovery receipts. The individual claims identified for collection are maintained within the recovery case and as receipts are obtained for these claims the amounts will be documented. The amount collected will result in a financial transaction that then generates a mass adjustment request for the claims. In Figure Q-82, the TPL Rec (recovered) Amount is displayed for each claim where money was posted.

Figure Q-82. Recovery Case Included Claims

This page illustrates how posted receipts are indicated within a recovery case. The information presented here was created for demonstration purposes. Any similarity to real information would be coincidental.

Attachment P Requirement SYSMOD188

The Supplier's solution must provide audit trails to allow information on all transactions to be traced from receipt of the transaction through the completion of the transaction. The Supplier solution must capture at a minimum: date/timestamp, data source, worker id, action taken and log any errors encountered for reporting.

Conduent response: CMdS provides a full end-to-end granular audit trail down to the field level for all critical data elements that any user/transaction changes. Successful as well as transactional errors are logged and available for reporting and audit. Our audit solution is

fully configurable and we can choose the data elements to be audited. We maintain full audit trails for user activity including additions, modifications, and deletes. Audit trails log, track, and report the details of changes. Figure Q-83 is an example of the CMdS audit log view.

Figure Q-83. CMdS Audit Logging

This page illustrates the CMdS audit logging feature. The information presented here was created for demonstration purposes. Any similarity to real information would be coincidental.

Attachment P Requirement SYSMOD189

The Supplier solution must generate carrier bill transactions at a frequency as determined by the Agency.

Conduent response: The CMdS-TPL billing process has system-configurable billing intervals that allows for the identification of specific re-billing frequencies, as shown in Figure Q-84. If a response is not received and the time interval between billing cycles has been met, the claim is automatically included on an invoice.

Figure Q-84. Billing Frequency System List

This page illustrates the CMdS billing frequency system list.

Attachment P Requirement SYSMOD190

The Supplier's solution must have the capability to create free-form text notes in addition to pre-defined text for associated cases, and allow each case to have multiple note entries.

Conduent response: CMdS-TPL online web pages include a notes capability where users can enter relevant supplemental information related to actions taken or information needing to be tracked. We capture the note text with the user ID, date the note was added, and note type. We support an unlimited number of notes and each note can capture up to 4,000 characters, as shown in Figure Q-85. The solution displays all historical notes for reference. This capability exists across the user interfaces within the CMdS-TPL module.

Figure Q-85. Recovery Notes Section

This page illustrates the CMdS recovery case notes. Notes can be added as needed and the history is retained for reference.

Attachment P Requirement SYSMOD191

The Supplier's solution must provide a configurable dashboard that shows workflow and status (e.g., referrals, leads, weekly cases opened, closed, closed with disposition) and provide the ability to set and view alerts and/or reminders by user, by work-type.

Conduent response: To meet the State's need for a configurable workflow solution, Conduent proposes to use our workflow tool as part of our CMdS-TPL product. Our solution offers process automation of advanced workflows incorporating your business rules, at-a-glance status through visualization and aggregated statistics, and application-to-application and business-to-business capabilities—all on a common, integrated platform that includes message service support for alerts and notifications, by user, user group or work-type.

Figure Q-86 provides an example of the dashboard for our workflow tool. We configure the dashboard to be project-specific, configured to your specific requirements.

Figure Q-86. Workflow Dashboard Example

This page illustrates the CMdS workflow dashboard. All data is configured to meet the Agencies needs for tracking and monitoring referrals, leads and cases including by status.

The dashboard provides the user with a summary of current events and information.

Our workflow tool processes off of records that have their own data fields, workflows/business processes, business rules, tabular lookups, and validation rules based on the record type. In alignment with your business needs, these fields, workflows, rules, and reports are configured visually using our workflow system's administrative tools.

Attachment P Requirement SYSMOD192

The Supplier's solution must identify if a provider receives payment, but it is identified by the Supplier that the method of payment was not primary payer, the Supplier must electronically initiate a void of the transaction and move to recover the payment.

Conduent response: Based on the State's answer to Question 290, we understand that the purpose of this requirement is to require our solution to analyze member information to determine if the member has primary insurance. If the member's claims don't reflect a payment from the primary insurer or have an accompanying explanation of benefits reflecting denial from the primary insurer, our solution will electronically initiate a void of the original transaction and recover the payment.

	Attachment P Requirement SYSMOD193 Supplier's solution must automate the TPL pay and chase process and seek recovery of claims based on Agency data retention requirements. **Conduent response:** CMdS-TPL automates the pay and chase invoicing process by evaluating if the claims meet the pay and chase criteria. When conditions on a claim meet the pay and chase criteria defined in the TPL Matrix, the claim is then automatically added to the billing table for subsequent invoicing. The pay and chase evaluation also occurs when commercial policies are added retroactively. Once a policy is identified the paid claims are reviewed for the policy effective period. If processing against the TPL Matrix criteria indicates the claim meets the pay and chase criteria, then a billing record will be created. The TPL Matrix criteria is fully configurable online and the data conditions that make up the criteria can be reviewed and maintained online. We also support bulk uploads to handle a larger volume of updates.	
	Upload Attachments with Additional Information? **No**	Attachment File Name: N/A
10	**Data Conversion, Cleansing and Migration Requirements-** Describe in detail how your company solution will meet all the requirements identified in **Attachment P, Data Conversion, Cleansing and Migration Section, Requirement SYSMOD38.** Your response should include the requirement number identified in the attachment, followed by your detailed response. You must provide a response to all requirements identified in **Attachment P, Data Conversion, Cleansing and Migration Section.**	
A10	*Answer # 10* Conduent's data conversion team supports the data conversion, cleansing and migration effort. Team members work closely with the State to plan the overall effort, identify and analyze conversion specifications, and perform conversion testing and final conversion. Our State-approved Data Management, Conversion, and Migration Plan provides the roadmap and details for a successful data conversion, cleansing, and migration effort. The scope of the plan includes: • The roles and responsibilities of the people involved in the conversion process • The structures and validation methods Conduent uses to transform data from source systems • The plan for final conversion of active and historical data prior to Go Live Five decades of system implementation projects have helped us refine our detailed, quality-oriented conversion process. The CMdS data model is fully 5010 compliant and can accommodate any industry standard Medicaid information. That, combined with our expertise with Medicaid data gives us a significant advantage when planning, executing, and testing for data conversion.	

Attachment P Requirements for Data Conversion, Cleansing and Migration Requirements

On the following pages, Conduent provides a response to each Attachment P requirement for the Data Conversion, Cleansing and Migration Section. Our initial response confirms our commitment to meet the requirement followed by our descriptions of our work. Refer to Proposal Section 3.7 Data Conversion, Cleansing and Migration Requirements for more information about our approach to data conversion, cleansing, and migration.

Attachment P Requirement SYSMOD38

The Supplier shall convert all member and provider data history for any member or provider that has been active within the past five years and five (5) years of all applicable operational data from the State's legacy systems. The Agency may require additional data to be converted on an exception basis to support ongoing business needs. In addition, the Supplier shall convert all data related to: once in a lifetime events, active SURS or TPL cases, future TPL case (e.g., members over 55 years of age that have ever been in a nursing home). The Supplier shall produce comparative reports for all converted data. Any data quality issues will be addressed by the State within each source system.

Conduent response: Conduent is prepared to receive and process five years of all applicable operational data from the State's legacy systems (e.g., member, provider, claims, and collection data) and on an exception basis to convert more than five years of data, as required by SYSMOD38 and the State's answer to Question 294. Our Data Management, Conversion, and Migration Plan contains our conversion methodology developed through multiple large-scale Medicaid projects. While our approach to data conversion is consistent from project to project, we make the necessary customizations for required member, provider, claims, and collection data, to provide a successful conversion from the legacy system to our CMdS product.

Converting Claims

Based on the volume of claims transactions to be converted, it is sometimes necessary to begin converting claims data some number of months before system cutover. In that event, the conversion plan will include a conversion schedule with milestone dates for planned conversion completion dates (e.g. all 2019 history claims converted by NNN). The claim conversion process accommodates adjustments to legacy system claims already converted. That is, the conversion process recognizes voids, credits, or adjustments to claims already converted and when detected updates markers in the converted claim to notify the new system that the claim is no longer the final version of the claim. The conversion process also includes programming to automatically recycle legacy claims if the conversion process detects that the member data for the claim is not properly converted. After the member data is corrected or converted as necessary, the pending claims to be converted are automatically included in the next group of claims scheduled for conversion.

Testing and Validation

We deliver test results to the Agency in our joint review meetings. During testing, we document test scenarios and highlight converting data related to: once in a lifetime events, active SURS or TPL cases, and future TPL case (e.g., members over 55 years of age that have

	ever been in a nursing home as defined by the Agency. During this step of the process, we produce comparative reports for all converted data and these reports are made available to the Agency. We deliver the final conversion test results after final conversion execution for use in the Go/No Go decision meeting, **Final Conversion and Checklists** We establish final data conversion checklists for implementation based on those used for test data loads throughout the testing phases. Refinements to the checklists leading up to final data conversion incorporate steps to confirm that data loading tasks are accurately and completely performed. The checklists also facilitate verification that correct versions of database tables are prepared for production; that production data is populated where it belongs; and that timing and quality verification checkpoints are planned for and evaluated throughout conversion activities. At the beginning of the final conversion process, we establish and review the final conversion portion of the Data Management, Conversion, and Migration Plan. We complete the activities necessary to migrate the required legacy data to CMdS. Execution of all the final conversion activities is driven by the agreed upon Data Management, Conversion, and Migration Plan. After completion, we review the results of conversion and coordinate with the Agency to cleanse remaining data that do not convert under normal conversion. Finally, we work with the Agency to confirm the data quality and quantity after data conversion. Throughout our history, this approach has proved to be a successful way to facilitate an accurate and complete conversion of data.	
	Upload Attachments with Additional Information? **Yes**	Attachment File Name: **Data Conversion, Cleansing and Migration Response_ System Module Requirements**
11	**Data Management Requirements -** Describe in detail how your company will meet all the requirements identified in **Attachment P, Data Management Section, Requirements SYSMOD39-SYSMOD76.** Your response should include the requirement number identified in the attachment, followed by your detailed response. You must provide a response to all requirements identified in **Attachment P, Data Management Section.**	
A11	*Answer # 11* CMdS-TPL provides the capability to configure, store, and manage data and supports a variety of third-party data, recovery and billing processes. The solution stores data in database tables and processes updates according to Agency directives. Update transactions are edited to ensure that the information is accurate and error-free. Following the processing of interface files, audit trail and error reports are reviewed to verify that the database tables were updated properly. The solution's data management structure allows us to easily configure data according to State policy. The solution supports third party configurations for Medicaid and Medicare. CMdS allows for input from a variety of data sources and we will map this data to a common	

layout to facilitate a common and controlled data-matching process to ensure data integrity, regardless of the data source. In addition, we process CMS files to capture current Medicare data and we apply any Agency specific rules to represent CMS data as required to reflect a member's current eligibility. CMdS also provides user interfaces where commercial policy and Medicare data may be entered as required. We collect audit information including the date/time, source of the update and the before and after image of the data. The audit information is available online for authorized users to view. We also support the entry of notes in our online web pages to track relevant information related to data updates.

Conduent is also proactive in monitoring third party and recovery data. We bring quality assurance approaches proven to minimize and mitigate errors. Our QA processes are designed to identify and correct errors early, so they do not impact billing and claims processing. We apply appropriate controls for both manual and bulk updates

Attachment P Requirements for Data Management Requirements

On the following pages, Conduent provides a response to each Attachment P requirement for the Data Management Section. Our initial response confirms our commitment to meet the requirement followed by our descriptions of our work. Refer to Proposal Section 3.11 Data Management Requirements for more information about our approach to data management.

Attachment P Requirement SYSMOD39

The Supplier shall maintain record/audit trail of errors during update processes, accounting for originating source and user, including changes that were made in error and subsequently backed out of or suspended.

Conduent response: CMdS audit logs provide end-to-end traceability for all transactions submitted to the system. Transactions posted successfully as well as transactions that were not posted due to errors are logged. The audit log includes the date and time information, the user, entity or source of the transaction and error codes and descriptions. The audit trail logs changes down to the field level and logs successful updates and transactional errors. The information logged is available for reporting and auditing. Figure Q-87 shows a sample transaction errors while loading an interface file.

Figure Q-87. Interface Load Transaction Errors

The report provides the errors encountered while loading a standard interface file.

Figure Q-88 shows a sample viewing the online audit log search.

Figure Q-88. Global Audit Search

The global audit search capability enables authorized users to search for update processing errors.

Attachment P Requirement SYSMOD40

The Supplier shall be able to store existing relationships created in other systems (e.g., a filing unit, parent/legal guardian/caretaker to a child/dependent, and any other member relationship(s) required to administer the State's healthcare programs).

Conduent response: Our solution stores the member's existing relationships created in other systems that are required to administer the State's healthcare programs, such as the parent/legal guardian/caretaker to a child/dependent and HIPP payee to policy/member.

The flexibility of our solution makes the integration and exchange of data with Agency-approved external sources straightforward. CMdS-TPL uses the common eligibility interface (CEI) to accept data from other systems. The CEI accepts a variety of data elements including but not limited to existing relationships, demographics, aid categories, long term care, TPL, and managed care data. We use CEI transaction types to identify the different categories of data. Different transaction types such as case information and authorized representative include data on the members existing relationships, including but not limited to legal guardian, authorized representatives, district office, etc. Table Q-4 lists the transaction types.

Table Q-4. CEI Transaction Types

Type	Description
Case Information	Case and assistance group information, including existing relationships
Member Demographic	Member demographic information and pregnancy
Authorized Representative	Case head and authorized representative (alt payee) name and demographic
Address	Common interface used for all address types and entities
Phone Numbers	Common interface used for all phone numbers
Email Address	Common interface used for all email addresses
Disability	Disability spans
Eligibility (COE)	Eligibility, special eligibility, waivers, pending eligibility, alien eligibility
Spenddown	Spenddown spans and amounts
ID Card Requests	For requesting replacement ID cards
Nursing Facility	Nursing facility spans, including LTC and SNF
Patient Liability	Patient liability spans, including LTC, SNF, and cost share
Medicare Eligibility	Medicare eligibility spans for Part A, B, and D
Merge/Unmerge	Case and assistance group information, including existing relationships
Confidential Codes	Member demographic information and pregnancy

The case information and authorized representative transactions include information about the member's existing relationships. Figure Q-89 shows the case representative and custodial/absent parent relationships are stored in CMdS-TPL.

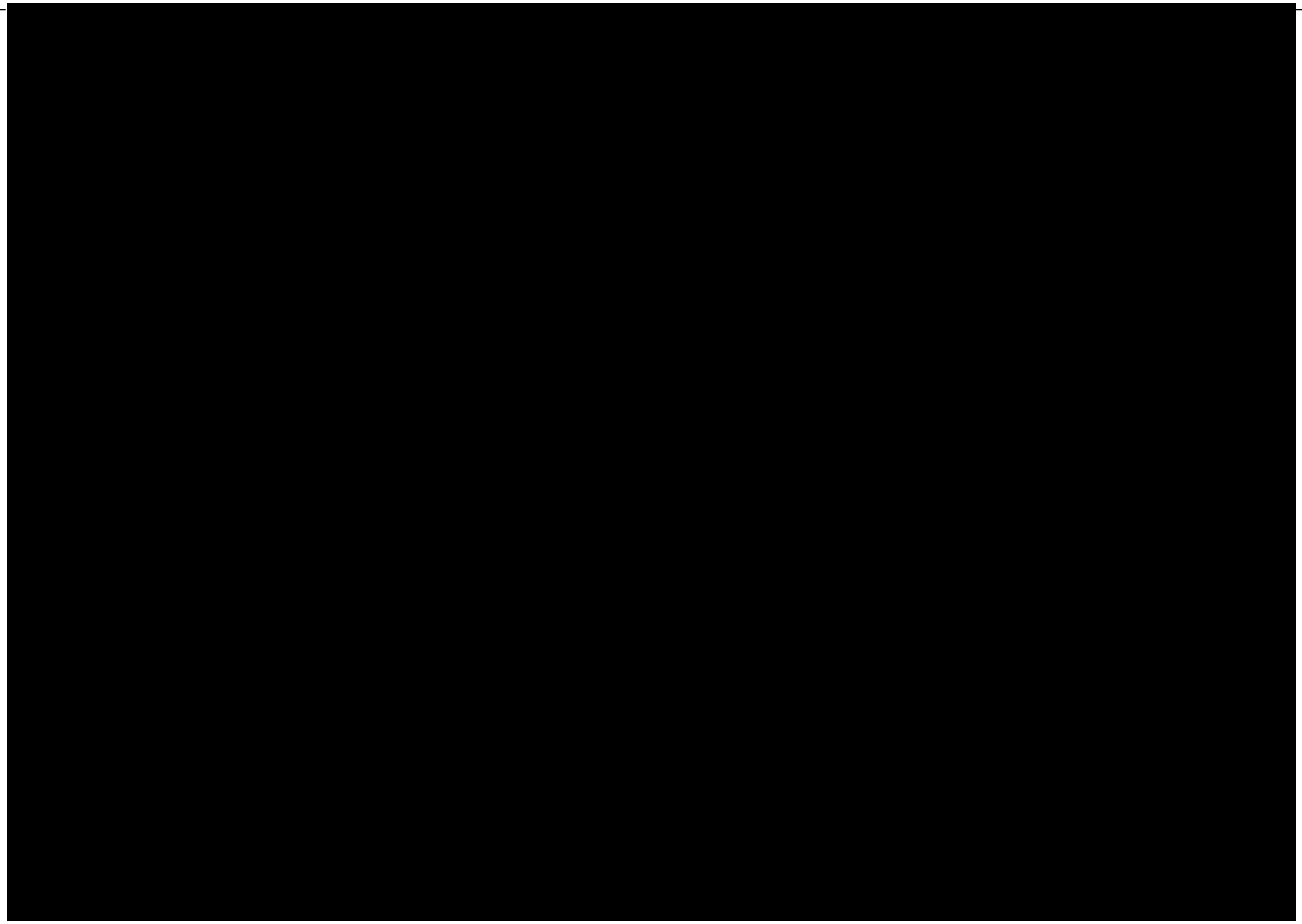


Figure Q-89. Member Case Representative and Custodial/Absent Parent Information

These screens show how the case representative and custodial/absent parent information is stored and viewed in CMdS-TPL. The information presented here was created for demonstration purposes. Any similarity to real information would be coincidental.

Attachment P Requirement SYSMOD41

The Supplier shall ensure that all narrative descriptions of codes and abbreviations are available for reporting.

Conduent response: CMdS includes an online data dictionary that stores narrative descriptions of codes and abbreviations that are available for reporting. Users can define data element codes (valid values) and descriptions online and view database tables, columns, and column characteristics. The solution also supports re-use of column characteristics, such as linking related fields. Users can easily generate data element reports using the CMdS-Insights reporting module. Figure Q-90 shows the web page that displays a data element's valid values (codes) and short and long descriptions.

Figure Q-90. Data Element Valid Values

This web page displays the codes and descriptions associated with a data element.

Attachment P Requirement SYSMOD42

The Supplier shall develop and maintain an electronic data dictionary using industry best practices to be approved by the Agency. At a minimum, the data dictionary shall contain for each field: field name in human readable format, field description, database field name, database table, field type and length, valid values and their corresponding descriptions.

Conduent response: CMdS includes a web-based electronic data dictionary that uses industry best practices approved by the Agency. The data dictionary contains for each data element: name in human readable format, description, database name, database table, type and length, valid values and their corresponding descriptions. The valid values, short and long descriptions are used for screen displays, reports, and data extracts in order to maintain consistency. The table and field definitions are used to create schema changes to the database. Figure Q-91 shows an example of a web page that allows users to view and configure data element values in our data dictionary.

Figure Q-91. Data Element Valid Values

This web page shows a data element, data format and size, table and column cross-reference, valid values and short and long descriptions

Attachment P Requirement SYSMOD43

The Supplier's solution shall use the most current version of clinical codes (e.g., ICD-10, HCPCS, CPT, ICD Surgical Procedure Codes, NDCs).

Conduent response: Conduent is committed to using and maintaining the most current version of clinical codes approved by the Agency including these code sets:

- International Classification of Diseases, 10th Revision (ICD-10)
- Healthcare Common Procedure Coding System (HCPCS)
- Current Procedural Terminology (CPT)
- ICD Surgical Procedure Codes
- National Drug Codes (NDCs)

Code set updates affect all Conduent government healthcare accounts. Our expert staff regularly consult with our clients about national code sets and we maintain subscriptions with code set publishers such as the Washington Publishing Company (WPC). We monitor and track code set updates and distribute communications across Conduent so that we can address the impacts of code set updates with all our Medicaid and healthcare accounts. Figure Q-92 shows a sample communication from Conduent's Payment Method Development team.

Figure Q-92. Sample Communication from Conduent's Payment Method Development team

At the account level, we maintain processes to perform timely code set updates. The following list provides some examples of the schedules and types of CMS updates we monitor as applicable for the project:

- January 1st – annual release – HCPCS/CPT codes
- Quarterly release – HCPCS codes
- October 1st – annual release – ICD-10-Clinical Modification (ICD-10-CM) codes
- October 1st – annual release – ICD-10-Procedure Coding System (ICD-10-PCS) codes

	We set reminders and monitor websites where publishers release updates to code sets. We also attend CMS webcast trainings about new codes on the horizon. As new updates are released, we collaborate with you to discuss your interest in the updates and your preference for the timing of implementing the updates. We conduct an analysis to identify added, revised, and deleted codes. We present our analysis of the changes and what codes we recommend to update. Sometimes code set updates require Agency input on specific criteria (applicability to age ranges, gender, maximum units, rates, etc.) along with the updates. Conduent works with Agency to acquire those criteria based on your policy and applies those configurations with the code updates. **Attachment P Requirement SYSMOD44** The Supplier's solution shall collect, store, and maintain the data necessary for T-MSIS reporting as required by CMS. **Conduent response:** CMdS collects, stores, and maintains the TPL data necessary for T-MSIS reporting as required by CMS. Our data model is in use today successfully capturing the data required to complete T-MSIS reporting in multiple states. **Attachment P Requirement SYSMOD45** For audit and reporting purposes, the system shall provide and maintain the following data for all reference codes: a. Effective date b. End date c. Date when last changed d. Who made last change e. Short description f. Long description g. Create date h. Create user **Conduent response:** CMdS maintains detailed reference data for audit and reporting purposes, including the data elements listed in this requirement. We receive updates to reference data including short and long descriptions and effective dating through batch and online interfaces and maintain a complete audit trail of the updates including the user/source, date, and time of the update, the activity that occurred, and the value of the data before the update. Figure Q-93 shows the web page that allows authorized users to view and update procedure data.

Figure Q-93. Procedure Indicator Update

This screen illustrates the audit log of changes to the general indicators on a procedure code.

Attachment P Requirement SYSMOD46

The Supplier shall provide real-time access to transactional data (e.g., detailed data for member, provider, claims, and claims-related functions) for all module components).

Conduent response: Conduent provides real-time access to transactional data (e.g., detailed data for member, provider, claims, and claims-related functions) for all module components. CMdS retains all master and transactional data processed by the system in an internal database table and exchanges it with external systems as required by the Agency. The architecture supports a variety of formats for data exchange through real-time (using an API), or batch processes that are managed through our enterprise service bus (ESB), i.e., Digital Hub, shown in Figure Q-94. Our web-based user interface supports real-time access to updating, viewing and maintaining transactional data.

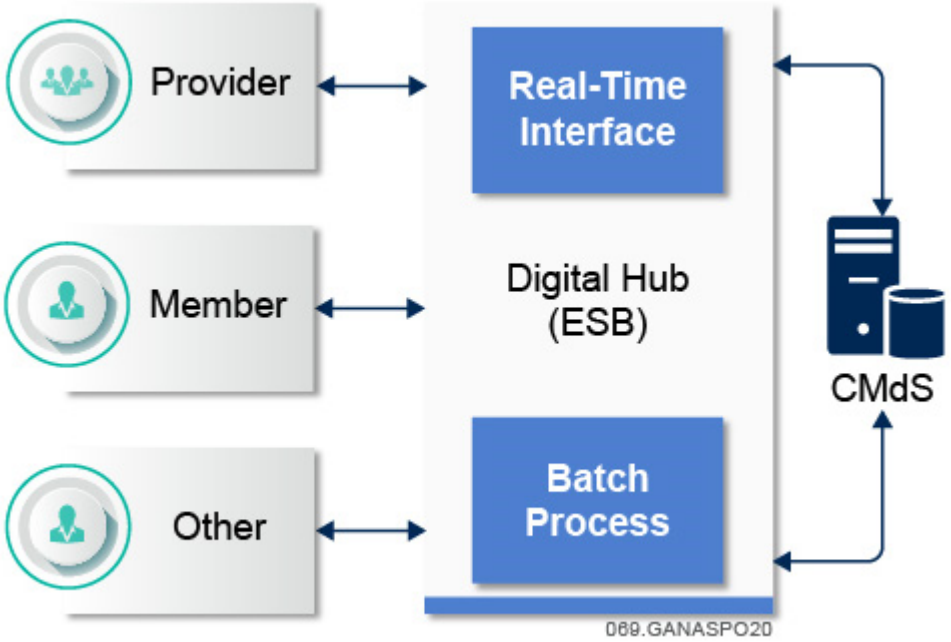


Figure Q-94. Real-time and Batch Processing

This graphic provides an overview of how the digital hub (ESB) supports both real-time and batch access to the transactional data in CMdS for viewing and maintaining data.

	Attachment P Requirement SYSMOD47 The Supplier's solution shall provide the ability to modify transactions (e.g., updates to reference information, member demographics and eligibility, provider information, service authorization details and amount used, TPL information). **Conduent response:** Our solution provides the ability for authorized users to modify transactions in real-time (e.g., updates to reference information, member demographics and eligibility, provider information, service authorization details, and TPL information, etc.). For member, TPL, and provider information our solution supports real-time integration using Representational State Transfer Application Programming Interface (REST-APIs) with the source system. Authorized users can also view and modify transactional data real-time using our web-based user interface. **Attachment P Requirement SYSMOD48** The Supplier's solution shall capture, maintain, and link relevant information (e.g., member and provider) associated with the claim (for all claims) during the adjudication process for the claim date of service. **Conduent response:** Our solution captures, maintains, and links relevant information associated with the claim during the adjudication process for the claim's date of service. The online claim web pages include links to key data such as member and provider that were used during the adjudication of that claim, to provide easy access to additional information for the claims. The web pages display descriptions of reference data, such as the procedure and diagnosis codes, for easy access. Users can access TPL policy information using the link to the member ID to view the member's policy information. The CMdS-TPL module provides an extensive set of search criteria to allow users to easily access the information they need. Figure Q-95 shows an example of a link to the member detail information on the TPL recovery case user interface.

Figure Q-95. Member ID link on a Recovery Case

This screen illustrates the blue hyperlinks common throughout CMdS-TPL used to easily link to relevant information throughout our user interfaces. The information presented here was created for demonstration purposes. Any similarity to real information would be coincidental.

Attachment P Requirement SYSMOD49

The Supplier's solution shall retain in the module, after implementation, electronically imaged documents and data for a timeframe as determined by the Agency. After that timeframe the data will be purged (deleted) from that module. All active records (active providers, active members, active cases, etc.) and 100% of all history for any entity or case that has been active within that timeframe will be archived. Any entity and/or case that has been continuously inactive within that timeframe will not be retained, will be purged, and will no longer be accessible by users in that module.

In addition, the following exceptions apply to the data retention limitations: once in a lifetime events, active SURS or TPL cases, future TPL case (e.g., .members over 55 years of age that have ever been in a nursing home), as defined by the Agency.

Conduent response: Our solution electronically retains imaged documents and data for a timeframe determined by the Agency. After that timeframe we purge the data. We archive active records (active providers, active members, active cases, etc.) and 100% of all history for any active entity or case within that Agency's timeframe. Further, we purge entities and/or cases continuously inactive within

the timeframe, making them inaccessible to users. Lastly, we recommend the following exceptions to the data retention limitations: once in a lifetime events, active SURS or TPL cases, future TPL cases (e.g., members over 55 years of age that have ever been in a nursing home), as defined by the Agency. CMdS stores a retention period as part of each record. The retention period values are configurable through our online data dictionary based on Agency direction.

Attachment P Requirement SYSMOD50

The Supplier's solution shall provide, implement, operate, and maintain a data modeling tool to develop and maintain comprehensive structural metadata data models for data processed by, stored in, or delivered for consumption from the solution for the duration of the Contract that includes the documentation and illustration of data elements, structures, and their relationships of the following:

a. Conceptual Data Model - a graphical depiction of the conceptual data model for the solution that identifies data field names and relationships. Business process flows and data models (e.g., Entity Relationship Diagrams (ERD) and any other descriptive graphic document) of the entire system and all modules and functions, showing all inputs, processes, programs, interfaces, program interrelationships, and outputs
b. Logical Data Model - a graphical depiction of the logical data model for the solution that provides data field names, attributes and relationships, data tables, and primary key fields
c. Physical Data Model - a graphical depiction of the physical data model for the solution that identifies data field names, attributes and relationships, data tables, and primary key fields. Unlike the conceptual and logical data models that use descriptive table and field names, the physical data model will reference actual table and field names used for coding.

Conduent response: Conduent provides, implements, operates, and maintains a data modeling tool to develop and maintain comprehensive structural metadata data models for data processed by, stored in, or delivered for consumption from the solution for the duration of the Contract. We have defined and enhanced our data model based on our decades of healthcare experience. We maintain the different views of the data model throughout the contract term and use them for appropriate purposes. For example, we use the conceptual data model to discuss how to store new types of information, while we use the physical data model to convey how we implement the structures in the database. We provide the following data model illustrations:

- **Conceptual Data Model.** Our CMdS conceptual data model is the most abstract form of data model level to create a common vocabulary for all our business stakeholders as shown in Figure Q-96. We base our conceptual business model on Medicaid Information Technology Architecture (MITA) business areas. This allows our logical and physical schemas to use the same foundation to facilitate data sharing and harmony.
- **Logical Data Model.** Provides a graphical depiction of the solution's logical data model and provides data field names, attributes and relationships, data tables, and primary key fields. The logical data models helps to define the detailed structure of the data elements in the system and the relationships between data elements. We created the CMdS logical data models in Unified Modeling Language (UML) class notation.

- **Physical Data Model.** Provides a graphical depiction of the solution's physical data model and identifies data field names, attributes and relationships, data tables, and primary key fields. Unlike the conceptual and logical data models that use descriptive table and field names, the physical data model references actual table and field names used for coding. Our DBAs maintain the CMdS physical data model to visually represent the structure of CMdS data as implemented by a relational database schema. In addition to providing a visual abstraction of the database structure, this data model also helps our DBAs to automatically derive the database schema from the model using the data modeling tool. We maintain rich meta-data for our physical data model and its close mapping to aspects of the database schema, such as database tables, columns, primary keys, and foreign keys

Figure Q-96. CMdS Conceptual Data Model

CMdS Conceptual Data Model helps align to MITA business architecture as a founding principle for underlying logical schema.

Attachment P Requirement SYSMOD51

The Supplier's solution shall provide the ability to store and apply updates to all applicable codes upon new release at an interval appropriate for the data or when requested by the Agency.

Conduent response: Our solution provides the ability to store and apply updates to all applicable reference codes upon new release and at an interval appropriate for the data or when requested by the Agency. For example, we typically apply updates to HCPCS, CPT and ICD codes annually. The Washington Publishing Company publishes quarterly updates, such as the HIPAA code sets; monthly updates by organizations such as the DEA; and First Databank publishes weekly updates such as the drug file. In many cases the system also allows updates online through the web-based user interface as needed by authorized users. Some examples include codes and indicators or other attributes that may not be sourced from the standard code sets. Staff can view and maintain current reference data, along with the historical date spans, online through the user interface.

Attachment P Requirement SYSMOD52

The Supplier's solution shall perform batch control including logging and reporting.

Conduent response: The CMdS product provides batch control as a key component of all batch processing. Each file becomes part of a batch that we monitor through batch control, which tracks the status of batches in the system, prevents the entry of duplicate batches, and provides a balancing control count for claims in the system. We support audit logging at the table level and batch summary reporting as well as error reporting.

Attachment P Requirement SYSMOD53

The Supplier's solution shall have the ability to void or reverse recent changes.

Conduent response: CMdS employs multiple strategies to roll-back to the prior configuration of the application as well as to restore data in the event the configuration change resulted in an unexpected impact to data contained in the application.

Our solution supports voiding or reversing recent changes to data. We provide void capability throughout our user interfaces and batch process. When changes are applied to existing records, the existing record is voided, and a new record is created with the changed data. The voided rows are assigned a void indicator and remain on the database, and appear on the UI when the “show voids” display option is selected. Records can be voided either by authorized users from the online web pages or are voided through batch updates based on business rules. Our solution also supports reversing recent changes by allowing a new record to be entered that reflects the data prior to changes that were implemented. An audit history of all changes is maintained and data records contain effective dating along with last update id and date.

In a scenario in which data were deleted our audit log provides the information that can be utilized to get the previous enter the data based on the previously deleted information. Authorized users on the online web pages or through bulk updates can do all this.

Attachment P Requirement SYSMOD54

The Supplier's data management strategy shall include the following concepts: Data Integrity (data cannot be modified undetectably), Data Availability (access is not inappropriately blocked or denied), Data Authenticity (validation of transactions), Data Security (encryption and Agency approved security protocols and processes), Non-repudiation of Data (parties to a transaction cannot deny their participation in the transaction).

Conduent response: We use the following strategies in the design of the CMdS-TPL APIs and services to guarantee the integrity and validity of database transactions in the event of an error or unanticipated event, the solution enforces the Atomicity, Consistency, Isolation, and Durability (ACID) properties of database transactions.

- **Data Integrity (data cannot be modified undetectably).** Our product uses role-based security access to ensure only authorized users and services are permitted to create or modify data. Every database event is logged, and audit trails are maintained to detect improper alteration or destruction.
- **Data Availability (access is not inappropriately blocked or denied).** Within the security administration function, we link user IDs to role-based security profiles that allow or restrict access to the system consistent with job duties or system functions. Role-based authorization limits a user's and system services access to only the data and functions for which they are approved. Each role's access is customizable, allowing inquiry and/or update authority to specific functions within the solution depending on the user's role. The controlled access allows us to apply data access privileges consistently so that access to required data is not impeded.
- **Data Authenticity (validation of transactions).** We use strict access controls and end-to-end traceability of data from origination to processing in CMdS-TPL. To prepare for periodic audits, we retrieve all information related to each transaction type. We examine lists of transactions subject to the audit to confirm the validity of processing. We further retrieve the information related to a particular transaction and match it against data in our reporting system for validation.
- **Data Security (encryption and approved security protocols and processes).** CMdS-TPL has secure data storage solutions for data at rest and in motion. The persistent data stores that house critical information (PHI/PII) have a multi-level security solution. At the database level we apply a logical encryption technique for required attributes and we supplement that with the hardware level physical storage encryption for all data at rest. Any data that we receive or transmit through files are also stored within an encrypted hardware using an industry standard solution as part of our Infrastructure security strategy. Further, we use secure protocols for data in motion.
- **Non-repudiation of Data (parties to a transaction cannot deny their participation in the transaction).** In addition to unique access credentials used to authenticate an entity exchanging data with CMdS-TPL, all data exchanges require entities to used Digital Certificates and the use of public key infrastructure (PKI) to provide the end-to-end traceability and security of transactions from source to destination. Because both parties use digital certificates participating in the transfer participation in the transaction cannot be denied.

Attachment P Requirement SYSMOD55

The Supplier's solution shall provide entity search capability including the ability to search by entity type, entity name, entity address elements, entity phone number(s), unique identifier for entity type, any alternate identifiers including EIN, SSN, TIN and other demographic elements.

Conduent response: CMdS-TPL provides extensive entity search capabilities including the ability to search by entity type, entity name, entity address elements, entity phone number(s), unique identifiers for entity type, other alternate identifiers, and other demographic elements. The search criteria are specific to the nature of the data and the entity type. Figure Q-97 shows the member search capabilities.

Figure Q-97. Member Search Criteria

Users can easily enter a variety of search criteria based on the information available to locate the member information. We provide multiple tabs on many of our search pages to support multiple types of requests.

Attachment P Requirement SYSMOD56

The Supplier shall ensure complete transparency of all data fields in reports generated by the system including: providing the Agency with SQL, pseudo code, narrative description, analytic protocols and assumptions to document the logic and formulas used in all calculations.

Conduent response: Conduent provides complete transparency into report data fields and the logic we use to produce reports. We continually maintain report documentation as we implement changes to the solution so that the documentation is accurate and up to date. We store the documentation in the project's secure SharePoint document library to provide easy access by project participants. Conduent provides documentation that includes the following information for each report:

- Actual SQL code used to generate the report along with the corresponding pseudo code
- Narrative description

- For each field displayed on the report, we include the source database table and column name along with the data type.
- Report name
- Run frequency
- Assumptions and constraints, if any

Attachment P Requirement SYSMOD57

The Supplier shall create and maintain a suite of State/Supplier-defined on-line reports to allow users to choose from pre-built defined parameters (such as provider number, procedure code, date of service, etc.) to generate customized reports for monitoring the daily operations of the system and Fiscal Agent Operations.

Conduent response: CMdS-Insights is our proposed feature rich, intuitive reporting platform. The solution creates and maintains a suite of State/Conduent-defined on-line reports. Users can choose from pre-built defined criteria (such as provider ID, procedure code, date of service, etc.) to generate customized reports for monitoring daily operations. The solution prompts the user to specify values such as provider ID, member ID, or procedure code before generating the report. Users can schedule saved reports, whether from the user's personal library or from the general report library, to run on a regular basis, with the results reported directly to the user. You can zero in on the information you need from on-demand reports by using the included user prompts and filtering as seen in Figure Q-98.

Figure Q-98. CMdS-Insights On-Demand Criteria Selection

When using our on-demand library of reports, you can filter the results using prompts.

Attachment P Requirement SYSMOD58

The Supplier's solution shall maintain a normalized RDBMS with referential integrity and is optimized to meet performance requirements.

Conduent response: We maintain a normalized CMdS database with referential integrity that eliminates data redundancy and inconsistency to optimize the database and meet performance requirements. We were careful to strike the right balance between performance and a database that is a textbook example of a database in third normal form, which is why we would say our database is mostly in a third normal form. We judiciously utilize database views to render data consistently, unambiguously, and efficiently.

Attachment P Requirement SYSMOD59

The Supplier shall demonstrate through data analysis that the implementation outcomes have been validated and are accurate.

Conduent response: Conduent conducts unit testing, user acceptance testing, system performance and integration testing as needed prior to promoting changes to production. We also conduct a parallel testing phase to compare and validate the outcomes with the current MMIS solution and make sure that the CMdS system outcomes are accurate and meet requirements. Once changes are promoted to production, we demonstrate through data analysis that the implementation outcomes are validated and accurate. This may include demonstrations using the online system or producing reports that demonstrate the outcomes. We work with the Agency to identify the best approach for the demonstration based on the changes implemented.

Attachment P Requirement SYSMOD60

The System shall maintain a snapshot of member eligibility and plan enrollment information (i.e., full audit history or equivalent capabilities) that existed at the time of claims/encounters/capitation adjudication or payment. All transactions, including the execution of database scripts, need to be recorded in the full audit history.

Conduent response: CMdS-TPL stores member eligibility details by date spans and with last update dates so that we have a history of the member eligibility and plan enrollment information from which we are able to confirm what existed at the time of claims/encounters/capitation adjudication or payment, as shown in Figure Q-99. We maintain full granular field level audit trails for activity including additions, modifications, and deletions. Audit trails log, track, and report the details of changes, including changes that were applied through database scripts.

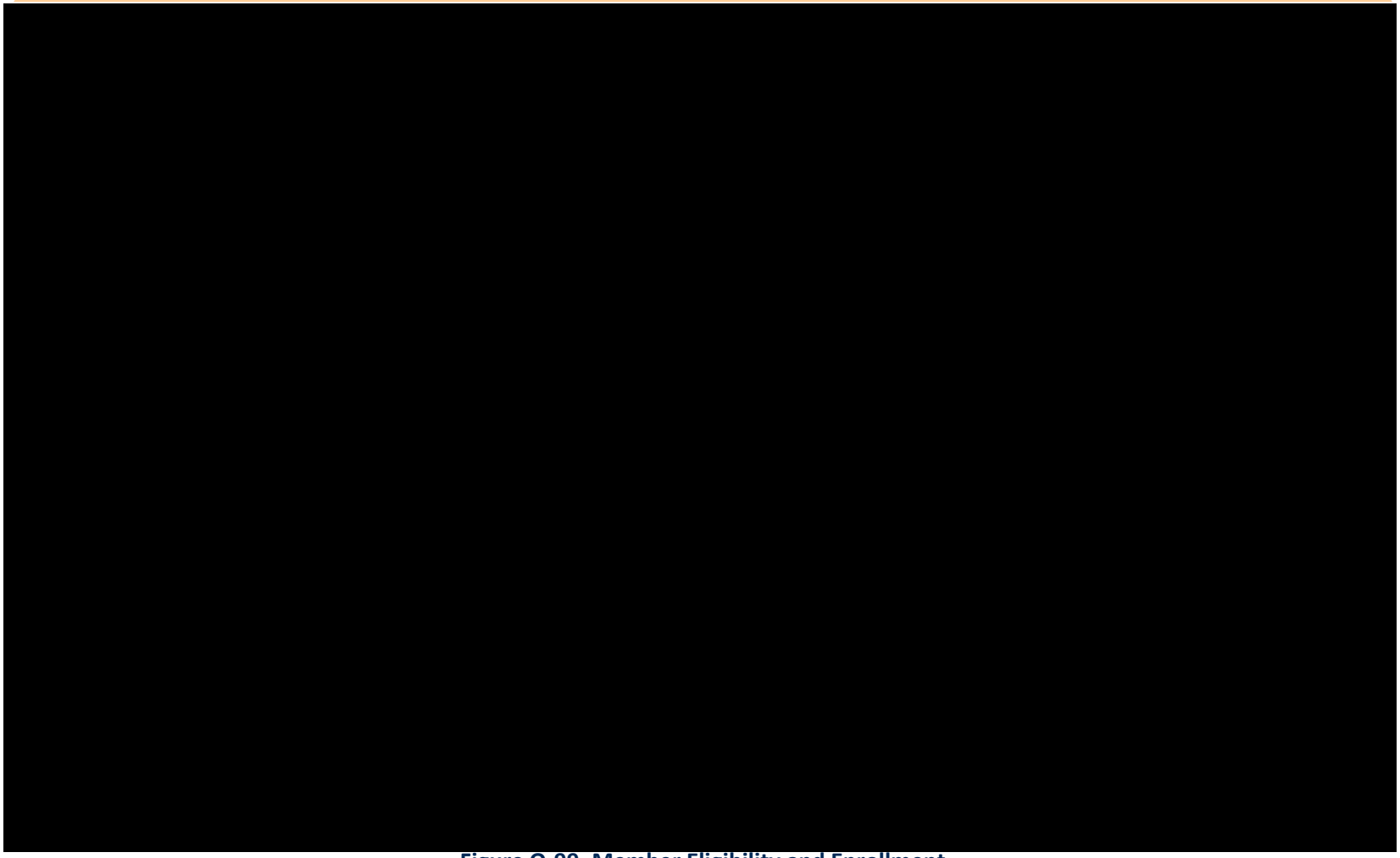


Figure Q-99. Member Eligibility and Enrollment

This screen shows the member detail information, including eligibility span data at the bottom, maintained within date spans so that we have a history of the member's eligibility and plan enrollment at adjudication or payment. The information presented here was created for demonstration purposes. Any similarity to real information would be coincidental.

	Attachment P Requirement SYSMOD61 The Supplier's solution must have the flexibility to quickly accept new and incremental data items from module components required by the ongoing component, product or service integration. **Conduent response:** CMdS-TPL has the flexibility to quickly accept new and incremental data items from other module components. The architecture supports a variety of interface formats for data exchange through real-time (using an APIs), or batch processes that are managed through our Digital Hub. Further, our web-based user interface supports real-time configuration of data items and the solution uses enterprise class industry leading third-party tools such as a Rules Engine. These capabilities allow us to quickly adapt to changing and evolving needs through configuration not code. We have demonstrated this capability for our clients time and time again. We can rapidly adapt to consuming and acting on new or incremental data items from any source. **Attachment P Requirement SYSMOD62** The Supplier's solution shall receive and process member eligibility information from external sources (such as through the State's Eligibility Systems) on a real-time or near real-time basis, including: a. Producing total and detailed information that supports error correction and synchronization. b. Applying reconciliation changes. **Conduent response:** CMdS-TPL can receive and process member eligibility information real-time and/or near real-time from external sources (such as through the State's Eligibility Systems). CMdS has a common eligibility interface (CEI) format that we use to receive the member information (transaction), which is grouped by data type and requires the member ID. The external source only needs to send the specific data that is changing. However, the system is built to take an existing format and convert it to the CEI prior to processing. An example of a real-time process flow used for a project in production is in Figure Q-100.

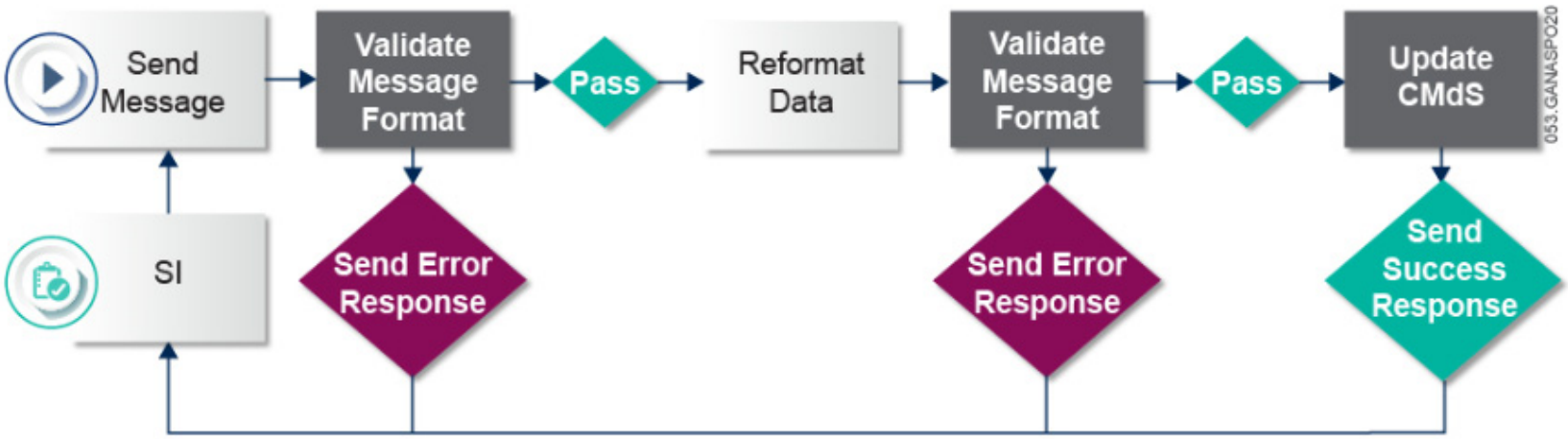


Figure Q-100. Real-time Enrollment Processing
CMdS-Claims supports real-time processing for member information and performs multiple layers of validation during processing.

Receiving Transactions. At a minimum, new members require a demographic, case, and eligibility transaction. The demographic transaction contains member name, date of birth, social security number, race, and gender. Additional data elements may be sent on this transaction, but this is the minimum required. The case transaction contains the case number, address, phone, email, and income information. As indicated, other potential data elements could be sent on this transaction. The eligibility transaction requires the aid category, begin and end dates, and the case number.

Changing existing data for a member requires only the transaction that is changing. For example, when end dating an eligibility span, the source only needs to send the eligibility transaction with the member ID, aid category, begin, and new end date. If changing the name, only the demographic transaction is needed. We also support full member reconciliation processing to ensure the accuracy and integrity of the member data within CMdS-TPL.

Validation, Editing, and Loading. When processing incoming enrollment, we may encounter members not previously known. When this occurs, we generate a new system identifier for the member as part of loading their data to the system. The data must pass a sophisticated series of edits before they are added to the system. These edits are performed by applying a series of business rules at various points in the process. Table Q-5 describes the types of errors we may flag during processing, based on Agency rules. When the

system detects enrollment errors, it logs them in a report table and loads them to a suspense table. The report table is used to generate monitoring alerts and is captured on scheduled reports for appropriate staff to review.

Table Q-5. Error Types

Error Type	Description
Validation	Basic validation errors • An example is invalid date • Real-time transactions lessen these types of errors due to the schema validations common to XML structures
Data Relationship	Inconsistent data either within the incoming enrollment or between the enrollment data and member enrollment information in the database
Overlap	Invalid overlap between eligibility and other date spans
Data Match Errors	Suspected errors based on data matching • These are not applied but are reported • An example is enrollment data that is covered by an existing span but has minor differences not expected

Attachment P Requirement SYSMOD63

The Supplier's solution shall maintain online access for a timeframe as determined by the Agency of selected management reports and annual reports for a time period as defined by the Agency.

Conduent response: Our solution provides online access to management and annual reports for a timeframe defined by the Agency. We generate reports using our CMdS-Insights solution and maintain them in the Enterprise Content Management (ECM) solution. The solution allows authorized users online access to ECM content. The report retention period is configurable by document class.

Attachment P Requirement SYSMOD64

The Supplier's solution will ensure current and historical provider IDs are linked back to one universal/common identifier.

Conduent response: CMdS uses a unique internal ID to identify providers. This ID allows the system to maintain a single master record for the provider. The other provider ID's such as NPI, Medicaid ID and Tax ID and any historical ID's are associated and linked to the internal ID. Figure Q-101 shows the unique identifier is referred to as provider system ID (P-SYS-ID) and appears under “Details” in the upper left corner of the screen. Associated historical records for that provider appear in the identifiers list.

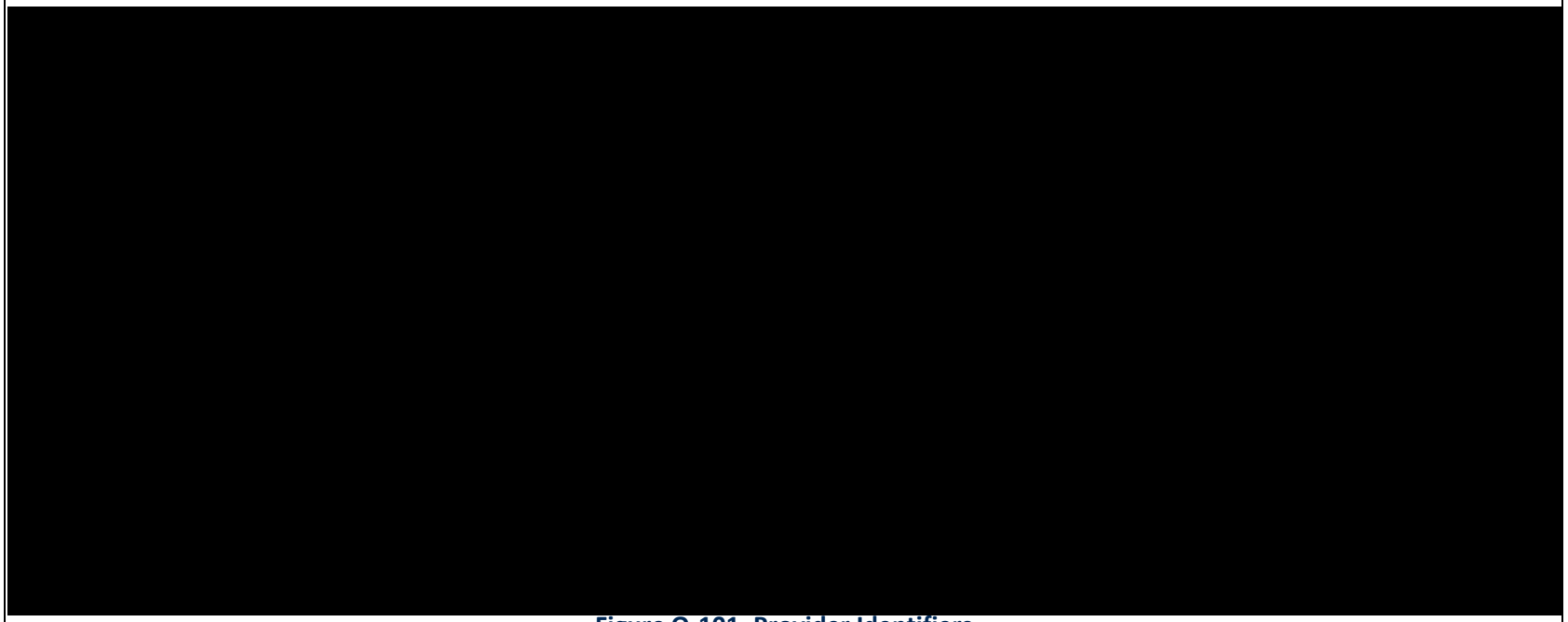


Figure Q-101. Provider Identifiers

CMdS-TPL stores multiple begin and end dated provider identifiers.

Attachment P Requirement SYSMOD65

The Supplier's solution shall assign standardized unique internal identifiers for entities and prevent the creation of duplicate records.

Conduent response: CMdS–TPL assigns a unique system identifier to every new entity (i.e. carrier or attorney) and performs rules to determine if the entity already exists in the database prior to assigning the identifier. If the entity already exists and is an exact duplicate, the new record isn't created and an error is generated.

CMdS-TPL assigns a unique system identifier to every new member or provider. Prior to assigning this identifier, the system executes a set of unique rules for either entity to determine if that entity is already known in the system. The solution considers a member an exact duplicate if the new member's SSN is the same as an existing member's SSN. If the entity is known and considered a suspect duplicate, the member is added, assigning a unique system identifier. The member suspect duplication data is reviewed on the member user interface. This data is also reported so that it can be reviewed.

The solution considers a provider an exact duplicate if the new provider's NPI or tax ID is the same as an existing provider's NPI or tax ID. In this case, the provider is flagged as a duplicate and is not added until an authorized user reviews the reports and data to determine that the provider truly is not a duplicate.

Attachment P Requirement SYSMOD66

The Supplier shall be responsible for backup and retention of data to include:

a. Daily incremental backups with a number of days as defined by the State Agency.
b. Weekly incremental backups with a number of weeks as defined by the State Agency.
c. Monthly full backups with retention of a number of months as defined by the State Agency.
d. Annual full backups with retention period as defined by the State Agency.

Conduent response: Conduent commits to the required backup and retention schedule identified in this requirement. We backup CMdS data to the Microsoft Azure Cloud Data Center using the Microsoft Azure Backup service. Backup data is encrypted and retained for the daily, weekly, monthly, and annual time periods required by the Agency.

Attachment P Requirement SYSMOD67

The Supplier's solution will provide service authorization search based on user defined criteria (e.g., provider name, provider ID, member name, member Medicaid ID number, date of submission range, dates of service requested range, service requested, status of the request).

Conduent response: Our solution supports service authorization searches based on user defined criteria (e.g., provider name, provider ID, member name, member Medicaid ID number, date of submission range, dates of service requested range, service requested, status of the request). CMdS makes all service authorization data elements searchable, accessible, and reportable, as illustrated in Figure Q-102. The elements are configured to meet the Agency's business requirements. Standard and ad hoc reporting capabilities support tailored reporting to meet Agency needs.

Figure Q-102. Service Authorization Search

This screen illustrates the various search criteria available to search for service authorizations. There are multiple tabs with various fields users can filter to get results.

Attachment P Requirement SYSMOD68

The Supplier's solution shall maintain online access to all reference tables with an option to search and display by reference data type and code.

Conduent response: CMdS provides online access to all reference tables and supports options to search and display the data by reference data type and code, and a number of other attributes such as code/modifier combination. CMdS maintains separate database tables for each data type (i.e. procedure code, diagnosis code, NDC, etc.) and supports search and display of the codes and data within the tables. Figure Q-103 illustrates the web page that allows users to search and display procedure data.

Figure Q-103.Procedure Code Display

This screen illustrates the search and display web page for procedure codes.

Attachment P Requirement SYSMOD69

The Supplier's solution shall maintain user controlled parameters for all messages.

Conduent response: CMdS provides a library of pre-defined and pre-coded parameters and allows authorized users to maintain them online. Code set standards and messages are maintained using our online data dictionary, text management, and system list capabilities as illustrated in Figure Q-104. The web page below shows the web page to enter and maintain adjustment reason code message text for use in evaluating carrier billing responses.

Figure Q-104. Message Text Maintenance

This screen shows how CMdS maintains adjustment reason code message text for use in reviewing carrier billing responses.

Attachment P Requirement SYSMOD70

The Supplier's shall verify that all dates are valid and reasonable.

Conduent response: The CMdS business rules engine (BRE) performs a comprehensive set of data validation rules (i.e. valid dates, numbers in numeric fields, etc.) before it loads data into the database. The solution rejects data that does not pass mandatory data validity rules and generates a log of rejects and error codes that it automatically sends to the submitting entity. The online user interface executes the same validation rules and displays the appropriate error message to the user if the date entered is not valid.

For dates, the system is configured to perform data validity checks along with logical checks for reasonableness. For example:

- Does the input contain a valid calendar date? The date must be formatted correctly; dates such as February 29th are not valid unless the year component indicates a leap year, etc.
- The date of birth cannot be later than the date of death

- The date of service cannot be prior to the date of birth unless related to prenatal care
- The last date of service cannot be prior to the first date of service

We can configure an unlimited number of consistency and reasonableness checks using business rules.

Attachment P Requirement SYSMOD71
The Supplier's solution shall provide proper data validation rules (e.g., all fields defined as alphabetic contain only alphabetic data, fields defined as numeric contain only numeric data, items with definitive upper and/or lower bounds are within the proper range).

Conduent response: CMdS performs a comprehensive set of data integrity checks that include data validation and consistency checks. Built-in and highly configurable business rules enforce clean data. Data validation checks verify that input data matches the target field's data type. For example, if a field is defined as a positive integer, then the input data must be numeric and greater than or equal to zero. Data consistency checks:

- Verify that data sets are complete. For example, if the input is expected to contain a social security number, date of birth and name, then all three elements must be present)
- Verify that data is logical and realistic. For example, a person's date of service cannot be prior to the date of birth unless the service is related to prenatal care and within a pre-configured range

Lookup and reference tables verify that data input is within the bounds/range of the specific data element. For example, all code sets are validated against the reference tables (i.e., procedure codes or valid values) to ensure valid information is stored and configured.

Attachment P Requirement SYSMOD72
The Supplier's solution shall capture and maintain the data items needed for State or Federal reporting requirements..

Conduent response: Conduent confirms that the CMdS solution captures and maintains the data elements required for State and Federal reporting.

Attachment P Requirement SYSMOD73
The Supplier's solution shall validate calculated data items.

Conduent response: During the implementation phase, all new calculations are thoroughly tested and validated. Further, testing throughout the system lifecycle verifies and validates the results of calculated data across the CMdS-TPL module. Parallel testing provides the external comparison of calculated amounts to ensure any potential outliers are analyzed to ensure accuracy. Further, during the implementation phase, calculated data is thoroughly reviewed and validated.

Attachment P Requirement SYSMOD74

The Supplier's solution shall validate, and/or verify that all data items that contain self-checking digits (e.g., National Provider Identifier) passes a specified check-digit test.

Conduent response: CMdS-TPL performs business rules to validate data during data entry as well as during real--time or batch updates to the system. This includes self-checking digits to validate data entry on pertinent fields. Common algorithms such as the Luhn algorithm for validating an NPI (National Provider Identifier) are pre-configured. As an example, when a user adds an NPI to a provider, we display an error message if the check-digit text fails. An example is illustrated in Figure Q-105.

Figure Q-105. Provider Maintenance NPI

This screen shows how CMdS displays an error message if the provider NPI doesn't pass the validation rules. The information presented here was created for demonstration purposes. Any similarity to real information would be coincidental.

	Attachment P Requirement SYSMOD75 The Supplier's solution shall support Extract, Transform and Load (ETL) processes from real-time web services or batch processes. **Conduent response:** Our solution supports Extract, Transform and Load (ETL) processes from real-time web services or batch processes using the Conduent Digital Hub. Real-time transactions are processed immediately through the ETL process. Batch transactions are processed based on a trigger or schedule. **Attachment P Requirement SYSMOD76** The Supplier's solution shall provide a method to access, query, and report against archived data external to the Operational Data Store (ODS). **Conduent response:** We use CMdS-Insights to report against our Operational Data Store (ODS). Based on a COTS product, our solution comes packaged with a reporting solution that supports templates, filters, client branding, and visualization. Our ODS stores member, provider, recovery, and other pertinent data. CMdS-Insights provides a comprehensive and predefined library of reports to support operational processing and statistical analyses. Our robust, configurable, real-time reporting capabilities allow users to generate reports on demand, to schedule reports for automatic generation, and to define ad hoc reports without changing code. Reports can be generated in several common formats including PDF and Microsoft Excel.	
	Upload Attachments with Additional Information? **Yes**	Attachment File Name: **Data Management Response_ System Module Requirements**
12	**Design, Configuration and Build Requirements-** Describe in detail how your company will meet all the requirements identified in **Attachment P, Design, Configuration and Build Section, Requirements SYSMOD77-SYSMOD95.** Your response should include the requirement number identified in the attachment, followed by your detailed response. You must provide a response to all requirements identified in **Attachment P, Design, Configuration, and Build Section.**	
A12	*Answer # 12* Conduent applies our System Development Methodology (SDM) to meet the Attachment P Design, Configuration and Build Requirements. Our SDM provides best practices, templates, procedures, and supporting tools to configure and deploy our technical solutions and services efficiently, accurately, and according to your documented requirements. Our System Development Life Cycle (SDLC), depicted in Figure Q-106, includes features to best accomplish an on-time implementation that fully meets your expectations for the CMdS-TPL module and supporting operational services.	

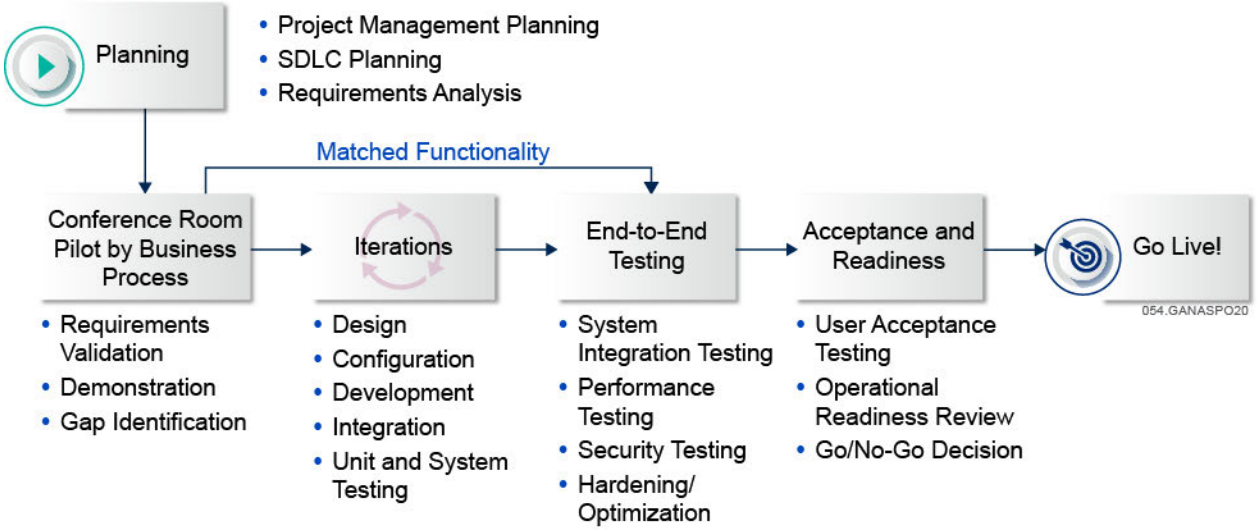


Figure Q-106. Conduent System Development Life Cycle

Conduent's SDLC blends traditional requirements validation sessions, interactive conference room pilots, and scrum-based iterations to meet your State's TPL requirements.

Our innovative delivery model capitalizes on various life cycle best practices to meet your needs. In the paragraphs below, we describe the features and benefits of our SDLC.

Collaborative, transparent, and proven start-up activities set the stage for success. During the DDI Planning Phase, we bring proven and comprehensive start-up checklists, curated over decades of projects by polling implementation managers across our organization for best practices and lessons learned from start-up activities.

We take an interactive approach to planning, making sure that we partner with you and your identified stakeholders to make decisions as we tailor the project management plans (including the Project Work Plan), system design templates, deliverables expectations, supporting tool usage, and more. We plan a joint kick-off meeting and project staff training sessions to make sure all team members—both Conduent and the agency—are aware of the planned SDLC, milestones, deliverables, tools, and templates, as well as each team member's role in contributing to project success.

	Key to SDLC preparation, we also use the Planning Phase to load the initial set of RFP requirements and applicable CMS MECT Checklists into Azure DevOps, our standard lifecycle management tool (or any comparable lifecycle management tool required by the agency). Together, these two sources guide our subsequent SDLC activities. **Requirements validation sessions clarify your goals, objectives, to-be business processes, and requirements.** We recognize the criticality of well-planned and well-run requirements validation sessions. They provide a mechanism for us to align with the agency, systems integrator, and other impacted suppliers regarding requirements, goals, needs, standards, and constraints. Using the initial contractual requirements loaded into Azure DevOps during the Planning Phase, we hold joint requirements validation discussions with the goal of producing a full set of measurable, testable, objective, unique, and implementable requirements in the Requirements Traceability Matrix (RTM). In addition to clarifying requirements, we use requirements validation sessions to gather documentation, policies, procedures, and other artifacts that support and streamline future configuration and testing efforts. **Conference Room Pilot sessions demonstrate how our solutions meet your stated requirements.** A key feature of our scalable and flexible Software-as-a-Service (SaaS) delivery model is the Conference Room Pilot (CRP)—a live, demonstration-based activity that allows the agency to visually compare the solution to clarified requirements as they are being configured. The objective of these facilitated walkthroughs is to leverage the system's ease of configurability and current functionality to identify approved features and potential gaps in real time. With CRPs, we demonstrate the configurability of our system in live demonstrations, gaining momentum and efficiency early on that builds confidence in our solution well before go-live. Using the validated requirements from preceding Requirements Validation Sessions, we configure the system to demonstrate how it meets your requirements and confirm any gaps (variances between our proposed solution and your requirements). "Matched" requirements—those that are fully present in the solution—can go through an expedited SDLC because there is no configuration or modification needed. For all other requirements, we review the work that must be done to satisfy each requirement, and we plan scrum-based sprints (described in the next paragraph) accordingly. **Scrum-based sprints successively design, configure, and test identified gaps.** To fill identified gaps, we apply an iterative approach to deliver customized functionality, incrementally in three-week blocks called sprints, and gathering feedback and course correcting as we progress. We work in Scrum teams, which are cross-functional groups that include agency and Conduent business analysts, subject matter experts, configuration analysts, developers, testers, and other experts based on the scope of the sprint. The Scrum team commits to satisfying a selection of requirements, typically contained within a feature or business process, over the course of three weeks. During each sprint, these experts collaborate to design, configure, build, and test committed functionality. The sprint concludes with an interactive demonstration and State acceptance of the completed feature (i.e., the State agrees the requirements are met and ready for end-to-end and acceptance testing). Each sprint builds on the last, successively configuring and modifying CMdS-TPL features and TPL business processes according to State-specific requirements and policies.

Comprehensive testing confirms our system acts in accordance with your requirements. We perform system and integration testing that occurs during the sprints; additional testing is completed during the End-to-End Testing Phase. We work with the systems integrator and other suppliers to make sure the end-to-end business processes function as designed and are in accordance with validated requirements. We also complete performance optimization and more comprehensive security testing. Then, we engage agency users during the subsequent user acceptance testing and operational readiness testing.

Proven implementation practices prevent defects and operational deficiencies at Go Live. We apply proven, comprehensive practices and checklists to deploy the CMdS-TPL module and to begin performing TPL services. We carefully orchestrate and thoughtfully design the implementation. Thanks to our iterative, quality-infused, phased approach that serves as the prerequisite to the implementation, our solution yields a live TPL system and supporting operations that are of the highest quality and in alignment with your requirements.

We fully elaborate on these SDLC processes in our Application Configuration and Maintenance Plan deliverable, which we submit to the agency during the Planning Phase of the project. We describe the contents of this plan in our response to DCB01 below.

Attachment P Requirements for Design, Configuration, and Build Requirements

On the following pages, Conduent provides a response to each Attachment P requirement for the Design, Configuration, and Build Section. Our initial response confirms our commitment to meet the requirement followed by our descriptions of our work. Refer to Proposal Section 3.7 Design, Configuration, and Build Requirements for more information about our approach to design, configuration, and build.

Attachment P Requirement SYSMOD77
The Supplier's solution shall accommodate customer's preferences for communications within the Agency guidelines.

Conduent response: The Communication Plan defines the standards and processes for formal and informal communication used to support the successful completion of the project. It establishes a routine communication approach that keeps the State, Conduent team members, and other stakeholders informed in a timely and accurate manner. Figure Q-107 shows our process flow for communication management, as is depicted and elaborated upon in our baseline Communication Plan.

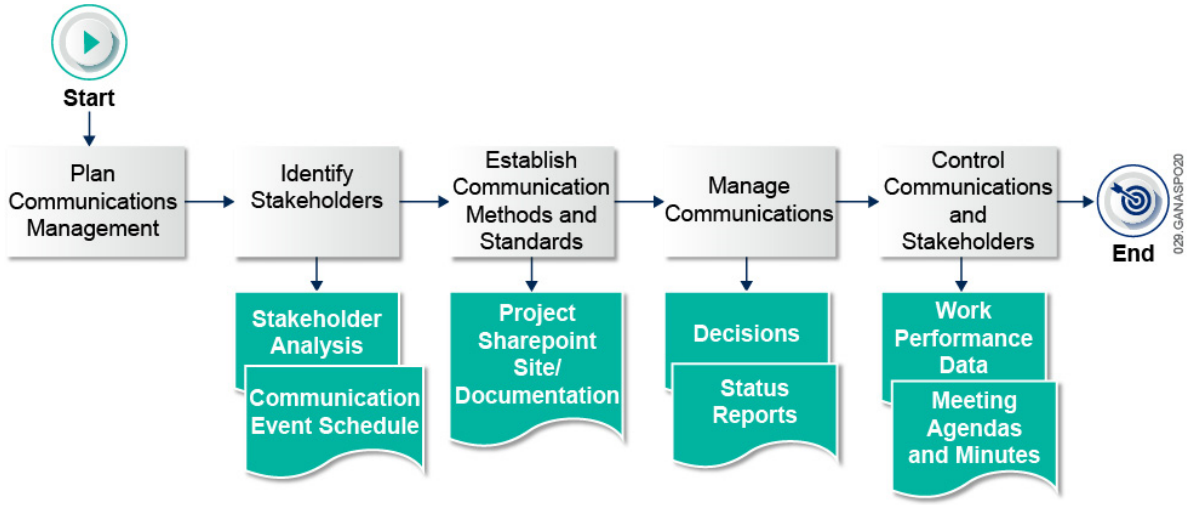


Figure Q-107. Communication Plan Process

Our approach to communication management is carefully planned and stakeholder oriented.

Our Project Manager oversees that communication events, such as status reports and meetings, are planned, documented, and executed according to the Communication Plan. The Project Manager works with the Agency to continually update the Stakeholder Analysis and confirm stakeholders are receiving the right levels and types of communication to support their involvement. This helps ensure we deliver messages and statuses that are timely, accurate, and meaningful to demonstrate agreed upon communication processes are being followed.

Attachment P Requirement SYSMOD78

The Supplier shall conduct collaborative design sessions to address all gaps identified during requirements validation.

Conduent response: Conduent follows documented best practices when conducting design sessions and addressing gaps. To support collaborative and constructive design sessions we:

- Create a concise agenda that includes allotted timeframes for topics, documents to review, required and optional attendees, requested pre-work, and desired outcomes
- Provide the agenda to all invitees allowing enough time to perform pre-work
- Confirm that design documents and traceability to the RFP requirements are accurate and concise to minimize refinements during sessions

- Assign a scribe to capture decisions, reasons and pros/cons for decisions, and the individuals involved in decisions. However, it isn't necessary to capture minute-by-minute wording of every discussion that occurs in the meeting

We draft and complete design documentation for gaps using proven design templates honed over years of MMIS implementations. Every requirement in the RFP is tagged and mapped in the Azure DevOps agile lifecycle management tool. We log gaps identified during CRPs in Azure DevOps. Our rigorous attention to detail results in full traceability, and we include user stories for identified gaps to go through design review.

Attachment P Requirement SYSMOD79

The Supplier shall, in the design sessions, recommend solutions for each gap, as defined in requirements validation, that will produce the desired business outcomes. If a gap cannot be addressed, the Agency may consider making policy changes.

Conduent response: Our recommended solution for resolving gaps is to use configuration to achieve the desired business outcomes, instead of customization. This approach reduces risk, increases the speed of implementation, and allows for a more reusable, robust, and standardized product across states, benefitting clients across the country. For this reason, our initial analysis of requirements includes an identifier for each requirement as follows:

- **Potential Match.** Exists in the base product and needs no configuration or modification for the implementation
- **Potential Configuration.** Exists in the base product but must be configured using business rules or UI-based edits (no coding)
- **Potential Modification.** Exists in the base product or in a different implementation of the product and must be modified (with coding changes) to meet your requirements and/or to integrate the feature with your version of the product
- **Potential Enhancement.** Does not exist and must be designed and developed from scratch to meet your requirements

During CRPs, we assign one of these identifiers to each gap and discuss alternatives with the Agency. For example, by examining the business need expressed in the requirement, we might pose two possible solutions: one requiring coding and another leveraging existing configuration options but offering slightly reduced automation. Or the alternative could offer a slightly different policy (such as a different data element and condition in a business rule) that would achieve the same overall goal without requiring coding changes. We work with the Agency to weigh the pros and cons of each alternative and determine the ideal approach.

Attachment P Requirement SYSMOD80

The Supplier shall demonstrate completed functionality frequently as the solution is configured/built, using a fully functioning environment.

Conduent response: Our SaaS solution allows you to see the solution as we configure it to meet your requirements. As part of our Conference Room Pilot (CRP) approach, we demonstrate the solution for you long before User Acceptance Testing (UAT). First, we work collaboratively with you during requirements validation sessions to review and clarify your requirements, business processes, policies, and relevant documentation. We then configure the system to meet the identified requirements. These requirements then come to life in CRPs, which give you an in-depth look at the product, configured for the TPL services. During CRPs, we demonstrate the configured

	product, confirm requirements' satisfaction, validate policy and rules, and identify gaps. If gaps are identified, we then work through agile requirements clarification, design sign-off, customization, and testing to establish full traceability in the Requirements Traceability Matrix (RTM) to the satisfied requirement. As we embark on iterative configuration, development, and testing, we continue the collaborative and interactive approach by demonstrating the system as it evolves to meet your requirements. We use Azure DevOps to manage requirements, produce queries of widow/orphan requirements, monitor assignments, control, scope, and schedule requirements work into sprints We continue to update the RTM through this process, so you can be assured your requirements are being satisfied across the software development lifecycle (SDLC). **Attachment P Requirement SYSMOD81** The Supplier shall migrate completed releases promptly through various testing levels all the way to User Acceptance Testing (UAT). **Conduent response:** Conduent migrates completed releases promptly through various testing levels that may include: unit, system, integration, and regression testing. The following text describes the various types of testing we perform prior to UAT: **Unit Testing.** For any gaps that require development, developers test the smallest elements of changed or added code, programs, and configurations to validate the system performs to specification. **System Testing.** We check features and functions of the system to confirm they function according to configuration and design. System testing accomplishes this objective through a structured set of tests that validate the solution from a transactional perspective called functional testing. All aspects of the system are exercised including system inputs and system outputs. **Integration Testing.** Involves functional, end-to-end, compliance testing, and business-based testing; used to validate transactions with external or third-party interfacing systems. We validate data interchanges and integration touch points with the Systems Integration Contractor. **Regression Testing.** Validates that recent program, configuration, or code changes have not adversely impacted the existing features. The purpose of regression testing is to verify that only code meeting specific quality standards is introduced into subsequent cycles or phases of testing. The regression test suite is continuously upgraded as we progress through the Requirements Validation and Conference Room Pilot (CRP) sessions to maintain maximum coverage of the regression suite. We also factor in automation to run large volumes of tests in a short period of time to validate repeatable and consistent test results. **Parallel Testing.** Confirms that the new technical solution provides results consistent with the current legacy system as appropriate. This confirmation occurs by executing transactions in both systems using the same converted input data and then showing through inspection that the results of continuous parallel operation of the legacy and new systems match over an extended period.

Performance Testing. Measures and evaluates response times, transaction rates, and other time-sensitive requirements to verify performance requirements. Some types of performance testing include:

- **Load.** Determines how the system will perform under peak usage and normal usage
- **Volume.** Confirms that the system and the underlying infrastructure can handle peak volumes of key business transactions
- **Stress.** Establishes the limits of an application or infrastructure. Identify the "breaking point" of the application in terms of throughput, number of users, or other criteria
- **Benchmark Timing.** Confirms that the system can process transactions in normal volumes within agreed system performance standards

Attachment P Requirement SYSMOD82
The Supplier shall provide online help and documentation.

Conduent response: The successful delivery of high-quality technical solutions hinges on the seamless adoption of the new solution by its end-users. This adoption is dependent on well-designed and timely training as well as clear and accurate online help and user documentation.

Online Help

The CMdS product provides comprehensive support for external and internal system users in the form of immediately available online help and user manuals. Conduent uses MadCap Flare, a COTS product, as our standard help authoring tool to facilitate the development and maintenance of complete, correct, and consistent documentation. This tool's greatest benefit is the concept of single sourcing. From a single set of content developed within the tool, we can generate a range of web-based help files, context-sensitive help embedded in the application, and procedure manuals based in either Microsoft Word or Adobe PDF. Content is reusable and centrally maintained, so a change to any content can be perpetuated across various outputs of that content. Documentation specialists and trainers can build help content that is job- and role-based so the user sees the tasks necessary to complete his or her job.

User Documentation

Our user documentation gives CMdS end-users knowledge, instruction, and training to perform their expected tasks with minimal assistance. It helps novice business users to understand the automated system or application from a business function perspective. We maintain the accuracy of the CMdS user documentation by engaging SMEs to evaluate and test user documents for usability, completeness, and comprehension. To facilitate the development of correct and consistent user documentation, Conduent uses MadCap Flare. Included in the following text are highlights of what we include in our standard user documentation:

- Procedural, step-by-step format to help even the novice user to easily understand the flow and functionality of the system
- User manuals that help users understand the purpose and operation of the module and its components

	• Definitions of acronyms used consistently throughout the user documentation manuals, training documents, and online help • Clearly stated navigation system instructions, online help, policies, and procedures • Online documentation and online search capabilities supported for user documentation • Capability to produce PDF copies of documents • Version history and automated version numbering of documents • Well-written and organized documentation for new users to learn relevant user functions • Instructions on how to access the online web pages, read reports, and perform other user functions • Standard definitions of codes, user errors, and abbreviations used in user documents • Reporting sections include a narrative description, purpose of the report, explanation of fields and calculations used in the report, code descriptions, and instructions for requesting reports • Description of how to make online updates including a description of data and files involved MadCap Flare facilitates the development of "single source" content, meaning that a single set of content can be exported to multiple "targets." A target is defined as an output for a specific audience with a specific format and tailored content. We can generate the content for the complete online help materials or for a specific subject. For example, we can separately generate a standalone help file that is specific to call center staff. We also generate integrated online help that is incorporated into the CMdS user interface and linked to system functions to provide context-sensitive help. The integrated online help is the primary vehicle through which users access help documentation; not through traditional printed paper help documents, but through online topics that are directly related to the function the user is currently performing. Figure Q-108 presents online help within the CMdS product. This same content can be exported to provide functional area specific documentation.

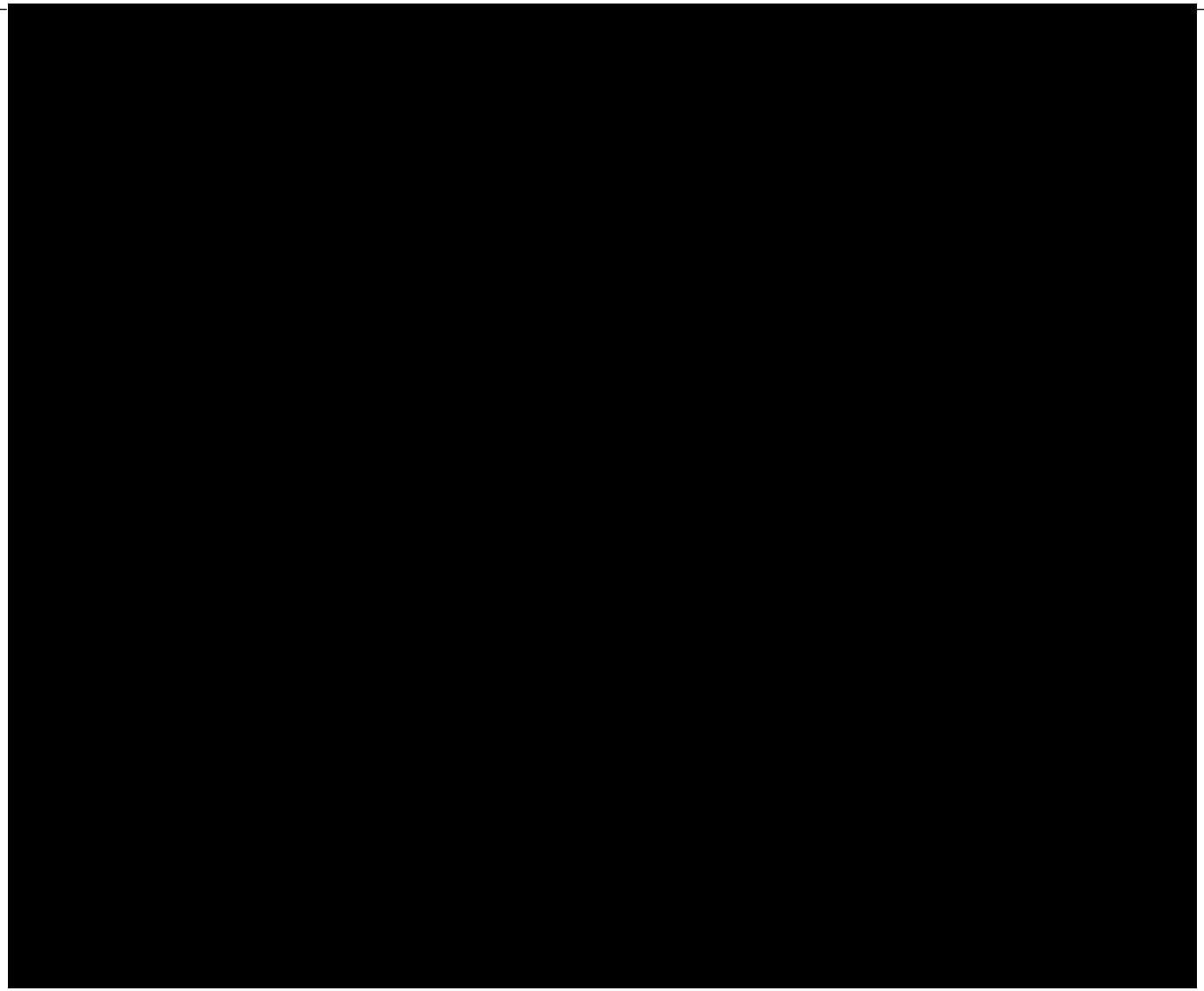


Figure Q-108. CMdS Online Help

The CMdS product includes comprehensive and context-sensitive online help.

	Attachment P Requirement SYSMOD83 The Supplier shall work with the Agency and their system integrator as appropriate to establish required interfaces as defined in the detailed scope of work. **Conduent response:** Coordination, communication, and information exchange with the Systems Integrator are critical to exchanging data successfully. Our emphasis on open communication and coordination applies to the complete product lifecycle including the identification and establishment of required interfaces. We meet MITA Standards and Conditions with our service-oriented architecture (SOA) platform that interfaces through our enterprise service bus (ESB) or application programming interfaces (APIs). Our API management process encompasses designing, publishing, documenting, and analyzing APIs in a secure environment. We create both public and internal APIs that are consumable and secure. Our SOA platform uses our Conduent Digital Hub to receive, publish, and expose APIs between our system and the System Integrator's ESB and other state systems. This allows for effective and secure data sharing and management in a multivendor, modular solution. This approach also allows us to clearly define service endpoints and enable functionality and user configuration without requiring changes to the overall system. The CMdS product includes pre-built interfaces for both web services and external data to accelerate integration with a wide variety of other platforms without having to write new code. **Attachment P Requirement SYSMOD84** The Supplier shall provide office space, meeting rooms and parking for Agency staff as necessary to support the scope of work and contractual obligations. **Conduent response:** Conduent agrees to provide office space, meeting rooms and to meet varied needs of Agency staff. We monitor the space allocation to make sure it can accommodate future contract and implementation needs. **Attachment P Requirement SYSMOD85** The Supplier shall develop auditing and general controls to ensure the effective use of the technical architecture and data in order to meet requirements. **Conduent response:** The CMdS product includes standard tools and processes to automatically audit data, access/authorization, and transactional information. The CMdS architecture provides detailed information and effective controls without taxing performance of the end-user application. Any changes to the architecture must go through our product architecture review board. Further, the business processes behind these standards were in place in our prior-certified implementations, giving you confidence that our audit reporting and standards are effective and efficient and meet your business needs. **Attachment P Requirement SYSMOD86** The Supplier must provide all technology and equipment for Supplier staff necessary to support and complete the scope of work and the contractual obligations. **Conduent response:** During the 12-Month Design, Configuration and Build phase of the project, Conduent agrees to provide, maintain, and upgrade required hardware and software, and we bear the cost of establishing and maintaining leased lines, internet and intranet servers, virtual private networks (VPNs) and any other communications devices or protocols needed to support the contract.

Attachment P Requirement SYSMOD87

The Supplier shall be responsible for operating and maintaining any software needed to support all services and solutions.

Conduent response: The following text identifies the software we operate and maintain to manage and support our services and solutions. This software is an integral part of our Software-as-a-Service (SaaS) offering:

- **Microsoft Azure DevOps.** Online integrated software for lifecycle management, requirements management, task tracking, test management, and defect tracking. The tool provides an end-to-end solution for developing and deploying software.
- **Microsoft SharePoint.** Online documentation and knowledge management, collaboration, and version control. It includes "lists" to track project management items such as risks, issues, and action items in accordance with our project management methodology. It also has an event calendar, discussion boards, and contact lists. It serves as a complete repository, compatible with Microsoft Office software, for project plans, deliverables, and other project artifacts, and is accessible to the Agency's authorized users at any time.
- **Cisco AppDynamics.** Supports performance engineering This tool provides detailed insight into business processes, infrastructure usage, bottleneck identification, system availability, and performance indices.
- **Selenium.** Supports automation testing. Selenium provides test specific language to write tests in multiple current programming languages against most modern web browsers and platforms.
- **Microsoft Project.** Assists our team in developing and maintaining a project schedule, assigning resources to tasks, tracking progress, and analyzing workloads. Used to store and maintain the detailed Project Work Plan.
- **Microsoft Teams.** Business communication platform offering workspace chat and videoconferencing, document sharing, file storage, application integration, and many more extremely useful features for business communications.
- **Knowledge Connection.** A SaaS-based system for training that is both a Learning Management System (LMS) and a Learning Content Management System (LCMS). The LCMS component supports the creation, design, and management of content on webpages and is used to design learning programs that are managed, tracked, and deployed via the LMS component.

Attachment P Requirement SYSMOD88

The Supplier's solution shall have the ability to print a properly formatted representation of the entire screen (including sections not displayed without scrolling) and associated data in the application.

Conduent response: CMdS is compatible with screen-print tools such as Snipping Tool and TechSmith Snagit® to allow users to print visible and/or scrolling screens and associated data in the application. We demonstrate this capability during requirements validation sessions to confirm it meets your stakeholders' business needs.

CMdS also supports printing of the entire screen from within the solution, as described in the requirement. Figure Q-109 provides an example.

Figure Q-109. Entire Screen for Printing

CMdS is compatible with screen-print tools such as Snipping Tool and TechSmith Snagit® to allow users to print visible and/or scrolling screens and associated data in the application.

Attachment P Requirement SYSMOD89

The Supplier shall provide recommendations for simplified and improved business procedures, processes and rules to the Agency.

Conduent response: As part of requirements validation sessions and CRPs, and in support of our SaaS approach, we review current CMdS business rules and their supporting business processes to validate alignment with Agency policies and business processes.

We work with Agency's subject matter experts to agree upon configurations or determine alternatives. We use our TPL expertise, garnered from our experience across the nation, to offer suggestions and improvements to the Agency to help you improve TPL services.

CMdS maintains a comprehensive inventory of business rules. We document changes to the business rules to keep them current. We use the data driven configurability of CMdS and our 50 years of Medicaid expertise to provide recommendations for simplified business rules and configurations to achieve optimal business processes for the Agency.

Attachment P Requirement SYSMOD90

The Supplier shall configure, support and maintain all components of the solution in a manner that reflects performance requirements as determined by the Agency.

Conduent response: Throughout the DDI phase and into operations, our goal is to meet or exceed your performance expectations for each required service within our scope of work. Our ability to configure, support, and maintain the CMdS product in accordance with your performance standards and expectations relies on thorough planning, accurate execution, and rigorous monitoring and controlling activities.

Planning

To continually meet performance expectations, we incorporate rigorous, quality-infused processes and oversight activities into our various plans, procedures, and templates. In many cases, we base this material on process steps and techniques within A Guide to the Project Management Body of Knowledge (PMBOK Guide). Our management plans contribute to a complete approach to configuring, supporting, and maintaining the product in a high-quality, efficient, and accurate manner. For example:

- Our Communication Plan includes process steps to set and communicate agendas in advance of meetings
- Our Deliverable Management Plan includes processes to internally review and submit deliverables to the Agency by their due dates
- Our Operations, Maintenance, and Configuration Plan includes processes to review, complete, and implement maintenance and configuration requests within SLAs
- Our Issue Management Plan has processes to identify issues in a transparent manner in order to resolve them before they negatively impact performance or SLA adherence
- Our Test Plans include readiness reviews to make sure changes are fully tested prior to implementation

Executing

Plans and procedures are only valuable if we execute them as documented. Our PMO (during DDI) and quality analysts (during Operations) train and inform our staff on our standard processes and procedures. They make sure our team members are aware of our plans and understand them in order to develop and deliver high-quality services.

Monitoring

Our PMO and quality analysts rely on automated and manual reporting and performance monitoring tools to keep tabs on the team and system's performance. We implement routine maintenance, monitoring, and quality oversight reviews and audits to track and maintain required performance levels.

Attachment P Requirement SYSMOD91
The Supplier's solution shall be free of any software components that are the result of legacy code transformation.

Conduent response: CMdS is a SaaS product. It has a plug-in/API-driven architecture that allows Conduent to develop State-specific enhancements that we build on top of the core product through API microservices. CMdS does not contain any software components resulting from legacy code transformation.

Attachment P Requirement SYSMOD92
The Supplier's solution shall provide Web based content that is supported by standard web browsers and are mobile and tablet compatible.

Conduent response: CMdS is built on responsive web technology that allows us to adjust web content into the best layout for the device displaying it. The CMdS product is compatible with standard browsers, mobile devices and tablets. The CMdS user interface is built to comply to Americans with Disabilities Act (ADA) Section 508 standards

Attachment P Requirement SYSMOD93
The Supplier's solution shall allow the Agency to edit and change any static text in the application and correspondence templates. All static text must be approved by the Agency.

Conduent response: CMdS includes online web pages that allow authorized users to modify text, including correspondence/letter templates. Based on business rules, some of this information is immediately available, whereas some changes require a coordinated production publication in order to become effective. The Agency may also identify new links and static content which is then managed/governed through our lifecycle management tools for approval. We review all static test and correspondence templates with the Agency to confirm it meets your requirements and policies.

Attachment P Requirement SYSMOD94
The Supplier shall develop and submit a design and configuration schedule, agendas, and minutes for review by the Agency.

Conduent response: Conduent develops and submits a design and configuration schedule, agendas, and minutes for review by the Agency. Once the project begins, we meet with the Agency to agree upon formats and timelines for the distribution of this information. We start with a customizable set of schedules, procedures, templates, and guidelines from our QMS document repository. Our repository contains documents that are descriptive, standardized, specialized, and integrated. It includes documentation from management plans to requirements and design templates to documentation standards and more. By providing these turnkey documents at the start of the project, we can quickly adjust them to support project integration.

	We provide meeting agendas prior to any meeting with the Agency and/or applicable stakeholders. During meetings, we capture detailed meeting minutes that track attendance, summarize topics of discussion, capture key action items and decisions, and establish necessary follow-ups. Conduent distributes completed meeting minutes to attendees following the meeting. We post meeting minutes to our document management and collaboration tool for the project, Microsoft SharePoint, for easy retrieval and review. **Attachment P Requirement SYSMOD95** The State defines System Design Document (SDD) as documentation that describes how the functional and nonfunctional requirements recorded in the Requirements Response Matrix transform into more technical system design specifications from which the system is configured and built. The SDD documents the high-level system design and the low-level detailed design specifications. The SDD describes design goals and considerations, provides a high-level overview of the system architecture, and describes the data design associated with the system, as well as the human-machine interface and operational scenarios. The high-level system design is further decomposed into low-level detailed design specifications for each system component, including hardware, internal communications, software, system integrity controls, and external interfaces. The SDD documents and tracks the necessary information required to effectively define architecture and system design in order to give the development team guidance on the architecture of the system to be developed. Design documents are incrementally and iteratively updated during the system development life cycle and includes proprietary Supplier material (this excludes proprietary information related to COTS products). Its intended audience is the Operations Manager, project team, and development team. The Supplier shall provide and maintain system design documentation that includes at a minimum: a. A description of each component, their purpose, including basic functions and the business areas supported b. User stories/use cases c. User interface design d. Physical database design e. A module system diagram, including all components, identifying all business process diagrams, data flows, systems functions, and their associated data storage f. Configurations g. Job streams within each module, identifying programs, inputs and outputs, control, job stream flow, operating procedures, and error and recovery procedures. h. A network schematic showing all network components and technical security control i. Listing of the edits and audits applied to each input item and the corresponding error messages. j. Interface Control Documentation k. Narrative descriptions of each of the reports and an explanation of their use must be presented. l. Definition of all fields in reports, including a detailed explanation of all report item calculations. **Conduent response:** Conduent agrees to develop and maintain a System Design Document (SDD) that meets all the specifications described in SYSMOD95. The SDD describes how the functional and nonfunctional requirements recorded in the Requirements Response Matrix transform into more technical system design specifications from which the system is configured and built. The SDD documents the high-level system design and the low-level detailed design specifications.	
	Upload Attachments with Additional Information? **Yes**	Attachment File Name: **Design, Configuration and Build Response_ System Module Requirements**

13	**Enterprise Content Management**- Describe in detail how your company will meet all the requirements identified in **Attachment P, Enterprise Content Management Section, Requirements SYSMOD96-SYSMOD105**. Your response should include the requirement number identified in the attachment, followed by your detailed response. You must provide a response to all requirements identified in **Attachment P, Enterprise Content Management Section.**
A13	*Answer # 13* CMdS-TPL offers an enterprise content management (ECM) solution that is proven, reliable, and configurable and delivers comprehensive ECM functionality. The solution stores and provides easy, around-the-clock access to incoming and outgoing documents, correspondence, reports, and other information. We also provide a single point integration with the State's System Integration Services Contractor through the Conduent Digital Hub for sharing ECM data. Conduent has five decades of experience providing ECM solutions and services to public and private sector clients of all sizes nationwide. Our history includes digitizing and storing millions of documents every day. We currently provide ECM services for Medicaid programs in Alaska, California, the District of Columbia, Hawaii, Mississippi, Montana, New Hampshire, New Mexico, Virginia, and Wyoming. ## Attachment P Requirements for Enterprise Content Management Requirements On the following pages, Conduent provides a response to each Attachment P requirement for the Enterprise Content Management Section. Our initial response confirms our commitment to meet the requirement followed by our descriptions of our work. **Attachment P Requirement SYSMOD96** The Supplier's Enterprise Content Management solution must allow users to access documents from any platform with all core features available across platforms (desktop, web, mobile). The Enterprise Content Management must allow users to view all documents and images without the use of plug-ins. **Conduent response:** Our ECM solution allows users to access documents from any platform with all core features available across platforms (desktop, web, mobile). CMdS is built using reactive web design principles. Users can view and edit documents and images based on the native capabilities of each platform without the use of plug-ins.

Attachment P Requirement SYSMOD97

The Supplier's Enterprise Content Management solution must support role-based control and access of documents, as well as including the following:

a. Granular authorizations for access, preview, editing and sharing.
b. Automatic access expirations for documents deemed sensitive by the Agency.
c. Content security policy enforcement, such as unusual document access activity and sharing of documents with sensitive information of uploads/downloads of prohibitive data.

Conduent response: Conduent's ECM solution meets all the requirements specified in SYSMOD97. The solution provides a consolidated location for securely storing and accessing correspondence, reports, and other documentation.

- **Granular authorizations**. Our solution uses role-based access and audit trails to provide electronic management of data and maintain data integrity for protected health information (PHI) and personally identifiable information (PII). This approach incorporates a role-to-privilege matrix to grant security rights to a user based on the group to which that user is assigned. We only allow authorized users to store, search, view, edit, print, share, and download documents
- **Automatic access expirations**. Role-based authorization limits a user's access to only the data and functions for which that user is approved. A user can have multiple roles; however, access is denied unless the user has a specific role allowing access to the specific function attempted. In addition, access rights to more sensitive documents, such as PHI and PII, can be set to automatically expire as of a certain date. The functionality for group security rights automatically denies access unless a user is given the access rights to the specific document classification and the access rights are not expired
- **Content security policy enforcement.** Our solution is compliant with both State and federal privacy and security requirements. Sensitive project data is appropriately protected across the enterprise. Access is strictly controlled and limited to authorized users to maintain compliance with HIPAA privacy and security requirements for PHI and PII. Access is audited and logged accordingly

Attachment P Requirement SYSMOD98

The Supplier's Enterprise Content Management solution must include a flexible search engine, including document and content search capabilities.

Conduent response: Our ECM solution supports the SYSMOD98 requirements. The repository stores a variety of documentation, including correspondence, reports, attachments, and other types of documents. Built-in functionality allows authorized users to search through stored documents using index metadata, such as a TPL policy number or member ID. Figure Q-110 illustrates some of the search options available.

Multiple search options allow authorized users to select the type of search and specify any of multiple data elements. To help speed the search process and quickly retrieve the required documents, search options can include any combination of keywords, full text, drill downs, or checklists and can run against document text, metadata, and other content. For example, searches can focus on a certain day or a specific prior authorization number. A search can also include a percent sign as a wildcard to help refine the results.

Figure Q-110. Document Search Page

This page shows some of the document search options available within the ECM solution.

Attachment P Requirement SYSMOD99
The Supplier's Enterprise Content Management solution must support simple integration with scanning solutions (support for bulk-scanning).

Conduent response: Conduent's ECM solution supports simple integration with scanning solutions. The ECM solution is supported by a Kodak scanner that scans, orients, and sends images to the storage or the Conduent Central OCR (COCR) software for further processing.

Along with the Kodak scanner, our solution uses a high-quality imaging software suite of tools to automate the imaging, indexing, and storage of incoming paper documents. The scanner captures images of documents and routes the images for indexing, storage, and either automatic optical character recognition (OCR) processing of documents or routing to a user for follow-up (attachments, letters, and other documents). The Kodak scanner can scan both single and double-sided documents, scan complete or scraped (redacted) documents, and color, grayscale, and black and white images. Output can be created in multiple compression formats, including TIFF and JPEG. We can adjust brightness and contrast as needed to improve the image quality. The operator also has the capability to view each image to verify that it is properly captured and identified and do immediate re-scans of documents not meeting quality standards. The software indexes all images through an automated read of a standard field on a standard form or a barcode. In addition, the mailroom team can view the image and key the index value.

COCR is an OCR-capture software package used to extract data from standard forms. The paper documents are imaged on the Kodak scanner, using either the COCR or scan modules. The TIFF images are then processed by COCR through the OCR and data validation modules. The OCR process itself provides machine and handprint recognition using intelligent character recognition (ICR), OCR, and natural handwriting recognition (NHR) engines, with support for voting among multiple engines for greater accuracy. Once the data is captured from the image, it is validated using business rules configured and customized for the document being processed. Data that does not pass the business rules is presented to a user for "data perfection" – to either correct the entry or accept the data because it matches what was entered on the form. COCR then creates output records containing the captured data to be sent to the CMdS. It also sends the TIFF images and accompanying index records for storage in the ECM document repository.

Attachment P Requirement SYSMOD100
The Supplier's Enterprise Content Management solution must support version control.

Conduent response: Our ECM solution provides robust version control features that support the retention of all versions of a document—preserving a historical record of changes. Our security features allow administrators to maintain granular control over the privileges granted to users and the versioning applied to individual document types. Users can check out, view, and edit a document, access a document's entire history, and revert to any previous version, depending on their privileges.

Attachment P Requirement SYSMOD101
The Supplier's Enterprise Content Management solution must be configurable to comply with the Agency's document retention policies.

Conduent response: Our ECM solution is configurable to retain electronic data and paper documents for time periods defined by the Agency's retention policies. The retention period can be set to begin from the date a document is generated in CMdS or received in the

mailroom. Original paper documents are destroyed only after the Agency's retention period has passed and we have scanned, indexed, and stored the electronic image. We keep original paper documents locally and move them to an offsite storage facility according to the Agency's policies. We use a commercial shredding vendor to securely shred paper documents approved for disposal.

Attachment P Requirement SYSMOD102

The Supplier's Enterprise Content Management solution must support document workflows with review/approval ability with digital signature support (e.g., scan notifications).

Conduent response: Our ECM solution supports document workflows with review/approval ability with digital signature support. The built-in workflow capabilities automate business processes, increase operational efficiency, and improve quality and customer service. The workflow functionality is easily accessible within the CMdS-TPL solution and supports the mapping of business processes and sub-processes to a workflow. The solution maximizes the use of rules to automate specific operations and business requirements. Fully customizable workflows are configured according to your specific business requirements. We define the appropriate rules, events, and timeframes for workflow routing and escalation protocols according to your requirements. The multi-step workflows align and automate best practices with existing processes as well as new process improvements.

Conduent configures workflows to route tasks to specific individuals or groups because of defined events. We base these workflow task assignments on such criteria as work type, role, priority, or dollar amount. For example, a workflow can route a newly scanned document (event) to a quality control team (role) for review and approval before allowing the document to upload.

The workflow function provides Conduent and State users with the ability to route between both parties, work and review processes flow seamlessly between individuals and departments throughout the organizations. For example, a workflow function can accommodate the scanning and input of documents, as well as written requests, all of which can be routed. Further, the solution includes functions for archiving completed tasks and rerouting tasks for further investigation, even after archived, as well as comprehensive search functionality.

Workflows can track turnaround times for reviews, measure turnaround times, track and view receipt dates, track history related to a review, locate date of status changes, and identify the user who performed a change and the date of the change. Once a review is complete, a workflow can allow reviewers to indicate their approval with a digital signature. Conduent uses Adobe Sign to provide the technology and algorithms that deliver digital signature functionality. With Adobe Sign, we can track signature responses, support email notifications and reminders, and integrate signature functionality with Microsoft Outlook, Word, or PowerPoint. Users can click, tap, or swipe to apply their signature from web or mobile apps to provide approvals.

Attachment P Requirement SYSMOD103

The Supplier's Enterprise Content Management solution must scan all uploaded documents for viruses prior to storage.

Conduent response: Our ECM solution scans all uploaded documents for viruses prior to storage. Conduent is vigilant in our efforts to protect the State from viruses that can be malicious, intrusive, or destructive. Such viruses can spread quickly—with costly results in the

	form of data breaches, data corruption, and system downtimes. Our tools and processes incorporate security and quality controls that include protection mechanisms to detect and eliminate malicious code. We establish these protection mechanisms at our information technology system entry and exit points as well as at workstations, servers, or mobile computing devices on the CMdS network. Our methods for performing virus scans of uploaded documents are effective. Our security processes evaluate all incoming data for possible viruses prior to loading them to the database. **Attachment P Requirement SYSMOD104** The Supplier's solution shall accept, record, store, and retrieve freeform or HIPAA attachment documents submitted with or in reference to claim submission activity (e.g. operative reports, occupational, physical, and speech therapy reports, durable medical equipment and warranty data, manufacture's tracking data for implants, waivers and demonstration specific requirements). **Conduent response:** Our ECM solution accepts, records, stores, and retrieves documentation, including freeform and Health Insurance Portability and Accountability Act (HIPAA) attachments submitted with or in reference to claim submission activity. Our solution's tools and processes support documentation received in both printed and electronic formats and stores those images in the ECM solution. In addition, our solution stores any electronic documentation generated in CMdS or transmitted as a fax. We also have the ability for the System Integrator (SI) to push documents to our ECM solution through the Conduent Digital Hub. As we load documents, we create index metadata that becomes the keywords to search for and retrieve the documents. The search can also include a percent sign as a wildcard to help refine the results and locate documents. **Attachment P Requirement SYSMOD105** The Supplier's solution shall have an integrated electronic document management solution to meet the business needs of the State's healthcare program enterprise. **Conduent response:** Our integrated ECM solution is designed to meet the business needs of the State's healthcare program enterprise. Our solution helps the State reduce its reliance on paper while providing a centralized, integrated repository for storing critical project documents. By providing easy access to the State's documents, our ECM solution maximizes productivity and program management. We follow proven processes to efficiently and correctly image/scan, OCR, index with metadata, organize, store, and retrieve all document types. The ECM workflow capability supports image tracking and retrieval. Our solution fully integrates with the State's System Integrator through the Conduent Digital Hub to provide the capabilities to share documents. Our ECM solution stores all documents regardless of type, whether an incoming paper document, faxed or emailed document, electronically submitted document, or a document generated by CMdS (for example, letters and reports).	
	Upload Attachments with Additional Information? **Yes**	Attachment File Name: **Enterprise Content Management Response_ System Module Requirements**

14	**Hosting and Environments Requirements-** Describe in detail how your company will meet all the requirements identified in **Attachment P, Hosting and Environments Section, Requirement SYSMOD122-SYSMOD123**. Your response should include the requirement number identified in the attachment, followed by your detailed response. You must provide a response to all requirements identified in **Attachment P, Hosting and Environments Section.**
A14	*Answer # 14* Conduent uses the services of the Microsoft Azure cloud platform to host our CMdS Software as a Service (SaaS) solution. We use cloud-based hosting because it provides these advantages: • **It is Cost Efficient.** Cloud-based hosting drastically reduces costs derived from purchasing and maintaining equipment. • **It Offers Data Protection.** Advanced security features guarantee secure storage and data handling. • **It is Scalable.** IT departments can easily scale up or down depending on project needs without having to invest in physical infrastructure. • **It is Mobile.** Users can access the system 24/7 through any internet-connected device. • **It Enables Disaster Recovery.** Data stays accessible despite emergency scenarios, from natural disasters to power outages. Cloud infrastructure prevents data loss and deterioration. • **It Offers Streamlined Control.** Complete/restricted data visibility, enhanced team collaboration, and streamlined tasks and processes make control easy. • **It Offers a Competitive Advantage.** The platform's architecture is fully redundant, highly elastic, and maximized for speed and high availability. Azure's services are certified at the highest level of FedRAMP compliance, currently supporting 91 compliance offerings. This is more than any other cloud service provider in the market. Like Azure, we have established partnerships with industry-leading network exchange providers that have pre-negotiated interconnectivity with all major cloud providers and private cloud partners. The network exchange accelerates and provides flexibility to integrate other solutions that are part of the scope in a seamless way. The exchange partners are compliant with key federal regulations and industry standards. Our approach to leverage such established and mature exchange partners, as shown in Figure Q-111, provides us with the capability to increase our network bandwidth to meet the scale and demands of current and future needs. When the cloud reaches 100% of its resource capacity, cloud bursting in Azure redirects overflow traffic to avoid interruption of services.

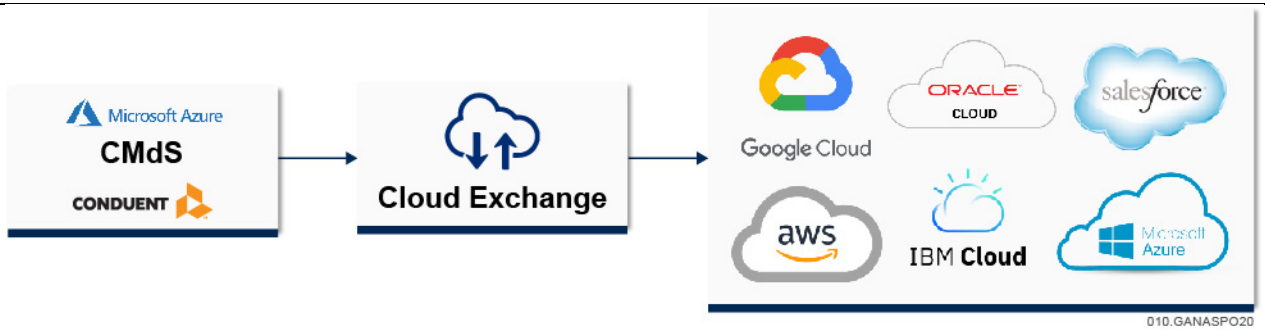


Figure Q-111. Exchange Partners

Conduent works with Exchange partners for pre-established connectivity to all major commercial and private clouds.

Attachment P Requirements for Hosting and Environments Requirements

On the following pages, Conduent provides a response to each Attachment P requirement for the Hosting and Environments Section, SYSMOD122-SYSMOD123. Our initial response confirms our commitment to meet the requirement followed by our descriptions of our work. Refer to Proposal Section 3.8 Implementation and Acceptance Hosting and Environments Requirements for more information about our approach to hosting and environments.

Attachment P Requirement SYSMOD122

The Supplier shall provide hosting services that shall meet all functional and non-functional requirements defined in the RFP.

Conduent response: Our solution meets all of the Agency's hosting requirements, and the RFP's functional and nonfunctional requirements with all the benefits of a cloud-hosted, contractor-maintained solution. The Azure Cloud's global datacenter network runs in geographically distributed Microsoft facilities designed to run 24/7. All locations employ various security measures to protect operations from power failure, physical intrusion, and network outages.

Attachment P Requirement SYSMOD123

The Supplier shall identify the physical location(s) where the Supplier's solution is installed and operating. In the event the Supplier is utilizing a SaaS or PaaS-based service the Supplier shall provide the State with sufficient identifying characteristics of the physical location(s) and allow the State to independently verify the security of said location(s). To the extent possible, the State must have transparent access to this location(s).

Conduent response: Conduent's CMdS solution is a SaaS offering. We agree to provide the Agency with a profile of the Microsoft Azure cloud physical locations to the extent allowed by Conduent and our subcontractor's security/access policies. Upon request, we facilitate communication between the State and Azure. Access to Azure data centers is on a need-to-access basis and must follow Microsoft's access request and approval process.

	Microsoft Azure cloud hosting locations are FedRAMP certified. Business Continuity/Disaster Recovery (BC/DR) sites are in different locations than production as shown in Table Q-6. **Table Q-6. Microsoft Azure Cloud Hosting Locations** **Function** / **Site** Production Hosting — Azure Commercial Cloud. Azure runs in multiple geographies around the world. An Azure geography may have at least one region. An Azure region may hold one or more datacenters. Azure is available in 54 regions worldwide, providing physical isolation, platform-provided replication, prioritized order recovery, sequential platform updates, data residency, etc. Production Hosting BC/DR Location — Azure Commercial Cloud. Azure runs in multiple geographies around the world. An Azure geography may have at least one region. Azure is available in 54 regions worldwide.
	Upload Attachments with Additional Information? **Yes** — Attachment File Name: **Hosting and Environments Response_ System Module Requirements**
15	**Implementation and Acceptance Requirements** - Describe in detail how your company will meet all the requirements identified in **Attachment P, Implementation and Acceptance Section, Requirements SYSMOD124-SYSMOD128.** Your response should include the requirement number identified in the attachment, followed by your detailed response. You must provide a response to all requirements identified in **Attachment P, Implementation and Acceptance Section.**
A15	*Answer # 15* Our team applies proven processes and procedures, refined over decades of system deployments, to provide a consistent approach to operational readiness, acceptance, and implementation. The Operational Readiness Review (ORR) allows the Agency to formally evaluate and determine if we are ready for production using the CMdS-TPL solution and related procedures. Conduent follows a structured, detailed approach to operational readiness that proves our readiness for Go Live and ongoing operations. Our ORR approach includes verifying operational areas against detailed checklists. We incorporate comprehensive reporting so that we can monitor and communicate progress. In addition to ORR, we develop a detailed Implementation Plan that details step-by-step deployment activities, assignments, and dependencies to prepare for Go Live. The detailed level of planning we perform mitigates risk and minimizes the impact on the Agency and program stakeholders. During implementation, we apply a rigorous level of attention, visibility, reporting, and transparency to the planned activities. Our implementation practices are executed under the careful oversight of our management team, who apply many of the same project management processes that served us throughout the design, development, and implementation (DDI) phase.

Attachment P Requirements for Implementation and Acceptance Requirements

On the following pages, Conduent provides a response to each Attachment P requirement for the Implementation and Acceptance Section SYSMOD124-SYSMOD128. Our initial response confirms our commitment to meet the requirement followed by our descriptions of our work. Refer to Proposal Section 3.9 Implementation and Acceptance Requirements for more information about our approach to implementation and acceptance.

Attachment P Requirement SYSMOD124

The Supplier shall monitor the initial operation of the services and solutions to ensure that there are no immediate or ongoing adverse effects on the Agency's programs according to the performance expectations identified in the Supplier's scope of work.

Conduent response: We apply rigorous oversight once the system is deployed to make sure we are providing systems, services, and solutions at the highest level of quality and efficiency. Our team monitors the initial operation of services and solutions to verify that there are no immediate or ongoing adverse effects on the Agency's programs according to the performance expectations identified in the scope of work (SOW). We follow the processes in our Operations, Maintenance and Configuration Plan to stabilize, optimize, and monitor the operational system. By monitoring the system continuously, the technical team keeps the production environment fully functional and performing as expected.

A key advantage of Conduent's approach is the inclusion of third-party product monitoring tools that report system availability and performance to the Agency. System monitoring provides both the Agency and Conduent with quantified analysis of the system's performance. The Agency can rely on Conduent to operate the CMdS solution with predictability and precision through the life of the contract. Our system administrators and operations quality team monitor ongoing operational quality and adherence to service level agreements (SLAs). We implement performance monitoring tools to track and report on the functions of the system such as system usage, performance, and activity during operations.

Attachment P Requirement SYSMOD125

The Supplier shall demonstrate that the System infrastructure (hardware, software, and interfaces) is operational and meets federal and State architectural, technical, security and privacy requirements as well as the business and functional requirements.

Conduent response: We perform multiple steps throughout the system development life cycle (SDLC), which we describe in this response, to demonstrate that our system infrastructure meets federal and State architectural, technical, security and privacy requirements as well as the business and functional requirements in the SOW. We are happy to work with the Agency to understand your preference for how and when we demonstrate that the system infrastructure is operational and meets federal and State requirements and business and functional requirements.

Conduent tracks and traces requirements throughout the SDLC. We maintain requirements and gaps in Azure DevOps, building traceability through design, test cases, test results, and Medicaid Enterprise Certification Toolkit (MECT) criteria. We generate reports to

	demonstrate traceability of requirements across the SDLC using Azure DevOps. Additionally, during user acceptance testing (UAT), the Agency conducts testing and sign-off on the system's business and functional features. While the Agency validates requirements through UAT, Conduent prepares for ORR activities. The purpose of ORR is as follows: • Conduct a focused evaluation of system processing • Perform a dry run of documentation including user manuals, operations manuals, call center manuals, forms, and business processes • Demonstrate operations staff are appropriately trained and ready to conduct assigned responsibilities • Demonstrate hardware, software, network components, infrastructure, and operational procedures are in place, tested, and ready for production operations • Validate Conduent and Agency can use the new CMdS module(s) when performing operations tasks • Verify the system's implementation readiness During ORR, we submit test results from executing the ORR checklists, demonstrating all SLAs are met for system performance. We propose to use an ORR assessment team composed of both Agency and Conduent team members to review the ORR approach, execute the assessment, validate data, and analyze the results. We use the checklists to independently assess service areas by scoring each checklist item for operational readiness. Agency staff can review the checklists and may participate in walkthroughs of operational areas to observe operational procedures. We keep the Agency involved and informed throughout the ORR process with the checklist execution and approval process, and status reports and meetings. Our ORR process is depicted in Figure Q-112.

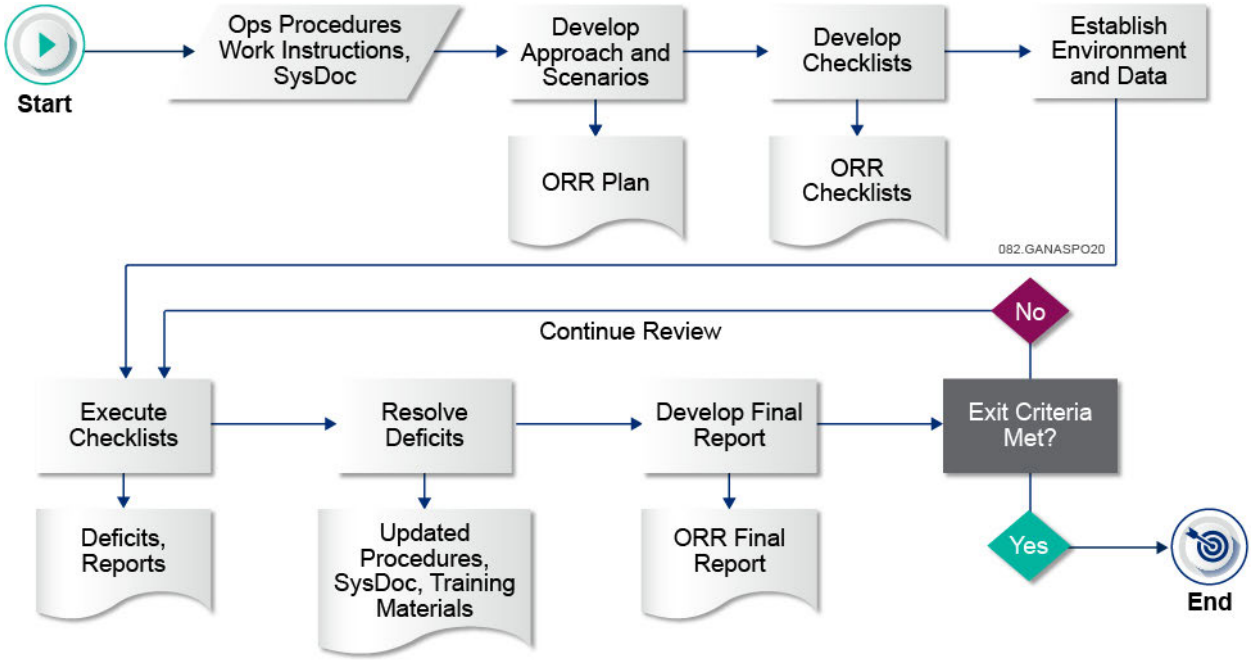


Figure Q-112. Operational Readiness Review Process Flow

Through ORR execution, we validate that our operations staff are trained and the CMdS solution is ready for production operations.

At the conclusion of ORR, we submit the results from executing the checklists and conduct a formal walk-through of the results to prove that everything is in place and ready for operations. We incorporate the results into a final report, the Operational Readiness Test Results deliverable, which captures and summarizes our findings and readiness to Go Live. We use this report to attest that the system is operation-ready and to request a Go/No-Go meeting with the Agency.

After we deploy the system, we maintain the system under strict configuration management, so no changes are made without proper approvals and we monitor performance to make sure we continue to meet federal and State requirements and business and functional requirements.

Attachment P Requirement SYSMOD126

The Supplier shall provide Operational Readiness test results demonstrating that the services and solutions meet all Service Level Agreements or performance guarantees.

Conduent response: We understand based on the Answer to Question 299 that service level and performance standards for participating states will be provided during the state-specific phase, e.g. Participating Addendum. Our management and technical teams work with the participating states to finalize the SLAs or performance guarantees associated with the scope of work.

At the conclusion of ORR, we submit test results from executing the ORR checklists, demonstrating our solution and services meet the agreed upon SLAs or performance guarantees. We conduct a formal walkthrough of the results with you. We incorporate the results into the Operational Readiness Test Results deliverable, a final report that summarizes our findings and demonstrates go live readiness. We use this report to attest that the system is operation-ready and to collectively make a Go/No-Go decision with the Agency.

Attachment P Requirement SYSMOD127

The Supplier shall conduct an Operational Readiness Walkthrough with the Agency to validate the operational readiness of the Supplier, the services, and the solution with the Agency. The Agency must formally sign off on the Operational Readiness Checklist prior to proceeding to implementation.

Conduent response: Our business analysts and SMEs conduct an operational readiness walkthrough with the Agency to validate the operational readiness of Conduent and our CMdS solution and services. ORR validates the readiness of the Agency, Conduent operations staff, and the CMdS solution to support day-to-day operations. It is conducted to verify that contractually required business processes can be performed using the system's functionality. We resolve any issues found during ORR before we request your approval to implement.

During ORR, the operations staff performs manual and system processing functions in a simulated production environment. Each functional area demonstrates its daily manual and automated operations functions can be accurately performed in preparation for live production. The Conduent operations staff and your selected Agency observers confirm that documented procedures support daily operations and the system supports each business process. We use ORR checklists that include a representative sample of simulated processing activities for a functional area. The review takes place over several days with input transactions being processed in the sequence representing a typical production workday and/or work week.

ORR is a critical component of implementation readiness. Conduent evaluates implementation readiness across several areas: facility, security, production applications, interfaces, connectivity and infrastructure, implementation management, test completion, and production operations. We submit to you the finalized ORR checklists as an input to a Go/No-Go decision and seek your approval prior to proceeding with implementation.

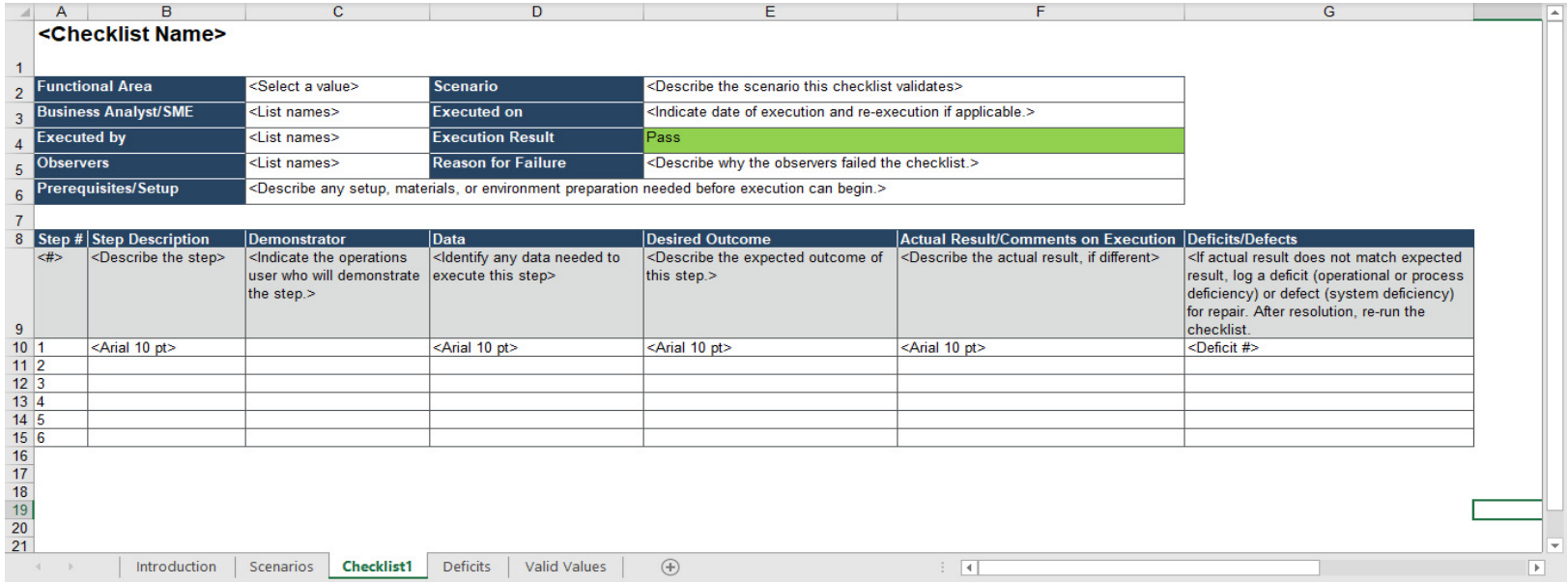
Attachment P Requirement SYSMOD128

The Supplier shall develop Operational Readiness Review Checklists (ORR) that will demonstrate the actual services, solutions and the procedures are ready for implementation.

Conduent response: During ORR, we execute a series of checklists curated and refined using years of Conduent’s implementation experience and operational proficiency. Business analysts and SMEs use applicable procedures, system documentation, business user documentation, and online help to refine these checklists to evaluate each operational activity. We designate a lead within each operational business area to act as a point of contact to manage the participation of the business operations staff in ORR. The Conduent

Operations Manager leads the assessment based on the ORR checklists. The assessment consists of our operations staff walking through their designated procedures for the purpose of demonstrating they are ready to use the system in a production environment in accordance with Agency, federal, and State guidelines while meeting or exceeding SLAs.

Figure Q-113 shows a snapshot of the ORR checklist template from our Quality Management System (QMS). Through it, we leverage not just a consistent format that is easy to use, but also standardized heat map status categories, clear definitions for outcomes and desired results, and the capability to aggregate results quickly to demonstrate progress and results across the project.



<Checklist Name>

Functional Area	<Select a value>	**Scenario**	<Describe the scenario this checklist validates>
Business Analyst/SME	<List names>	**Executed on**	<Indicate date of execution and re-execution if applicable.>
Executed by	<List names>	**Execution Result**	Pass
Observers	<List names>	**Reason for Failure**	<Describe why the observers failed the checklist.>
Prerequisites/Setup	<Describe any setup, materials, or environment preparation needed before execution can begin.>		

Step #	Step Description	Demonstrator	Data	Desired Outcome	Actual Result/Comments on Execution	Deficits/Defects
<#>	<Describe the step>	<Indicate the operations user who will demonstrate the step.>	<Identify any data needed to execute this step>	<Describe the expected outcome of this step.>	<Describe the actual result, if different>	<If actual result does not match expected result, log a deficit (operational or process deficiency) or defect (system deficiency) for repair. After resolution, re-run the checklist.
1	<Arial 10 pt>		<Arial 10 pt>	<Arial 10 pt>	<Arial 10 pt>	<Deficit #>
2						
3						
4						
5						
6						

Introduction | Scenarios | Checklist1 | Deficits | Valid Values

Figure Q-113. ORR Checklist Template

Our team updates ORR templates with all work steps and activities required to validate operational readiness. Checklist execution validates performance and provides opportunities for remediation prior to go live.

Our team logs deficiencies and resolves them using a similar process to system testing defect resolution. Deficits could result in updates to operating procedures, user manuals, system or help files, training, or training materials. We make recommended updates and retest failed scenarios. Conduent prepares the Operational Readiness Test Results once all reviews pass. Our results provide evidence that the systems (hardware and software), functions, processes, operational procedures, resources, user documentation, and other associated

	support are in place and ready for operations. The Operational Readiness Test Results summarize the results of ORR, which we bring to Go/No-Go meetings with the Agency.	
	Upload Attachments with Additional Information? **Yes**	Attachment File Name: **Implementation and Acceptance Response _ System Module Requirements**
16	**Integration Requirements -** Describe in detail how your company will meet all the requirements identified in **Attachment P, Integration Section, Requirements SYSMOD129-SYSMOD142.** Your response should include the requirement number identified in the attachment, followed by your detailed response. You must provide a response to all requirements identified in **Attachment P, Integration Section.**	
A16	*Answer # 16* With more than 50 years of pioneering experience in the development, support and operation of multiple MMIS systems, Conduent naturally has worked through implementations involving combination of in-house developed, third party custom, and COTS products. Conduent employs a team of seasoned professionals with extensive experience in multi-vendor implementations and operational support. Today, Conduent solutions interface with multiple PBM and other third-party solutions creating a single integrated MMIS system. Our CMdS data exchange technology provides adaptability for business change with a native service-oriented architecture (SOA) and openness to emerging commercial, off-the-shelf (COTS) technologies. ## Attachment P Requirements for Integration On the following pages, Conduent provides a response to each Attachment P requirement for the Integration Section, SYSMOD129-SYSMOD142. Our initial response confirms our commitment to meet the requirement followed by our descriptions of our work. Refer to Proposal Section 3.10 Integration Requirements for more information about our approach to integration. **Attachment P Requirement SYSMOD129** The Supplier's solution shall provide an architecture designed to support vertical and/or horizontal infrastructure and application scaling to meet increases in demand. **Conduent response:** The CMdS product is scalable and fully capable of supporting your infrastructure and application scaling requirements. A cloud-based approach allows Conduent to provide the appropriate level of dynamic scalability to meet changing customer demands and varying system loads. All servers are designed for vertical scalability and can take advantage of added computing power and memory. Our expert team carefully measures each component's optimum capacity and fine tunes it for best performance as shown in Figure Q-114.	

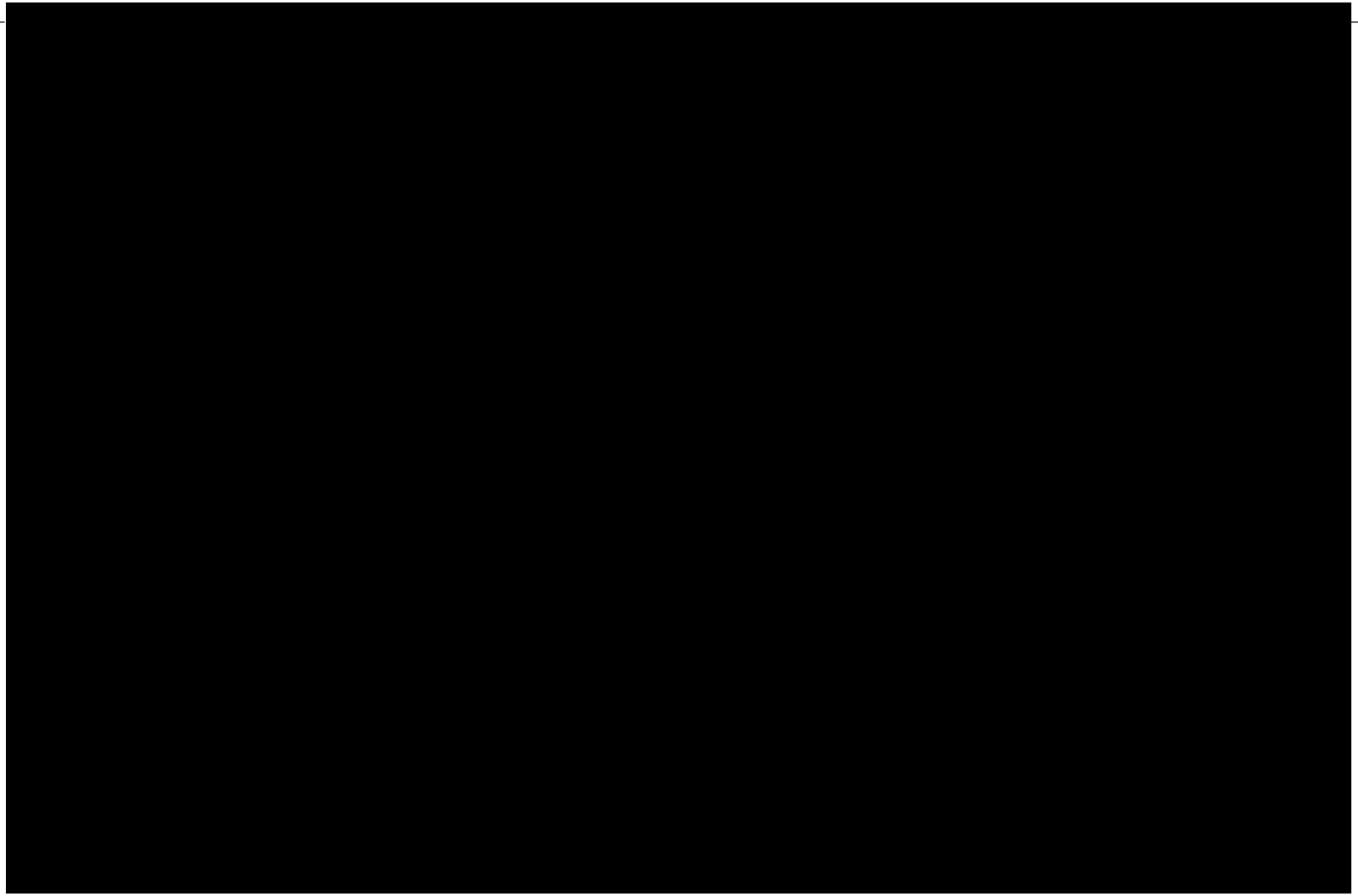


Figure Q-114. CMdS Architecture with High Availability, Auto Scaling and CI/CD
Conduent's CMdS product is scalable and fully capable of supporting State's infrastructure and application scaling requirements to meet increases in demand.

	Conduent also uses Kubernetes native auto scaling capabilities with the following key benefits: • Cluster nodes are used efficiently, because Pods use exactly what they need • Pods are scheduled onto nodes that have the appropriate resources available • It is not necessary to run time-consuming benchmarking tasks to determine the correct values for CPU and memory requests • Maintenance time is reduced, because the auto-scaler can adjust CPU and memory requests over time without manual intervention **Attachment P Requirement SYSMOD130** The Supplier's solution shall use standard messaging formats (e.g. XML, JSON, EDI, etc.) to ensure interoperability. **Conduent response:** Conduent's Digital Hub supports XML, JSON and other industry standards for interoperability. Our SaaS hosted EDI solution supports various X12 messaging formats. The CMdS technical architecture is flexible and adaptable to respond quickly to changing business needs or regulatory requirements. We can reuse existing services to combine existing functions to meet future business needs; develop and test new functions rapidly; and scale operations for changing demands. This gives us the ability to support rapid evolution in State programs and policies. The underlying hardware and software architecture incorporate industry-leading elements: • N-tier SOA-CORE with multiple layers, enabling complete separation of the data layer from the application layer, business process layer, or presentation layer • Services component architecture (SCA) framework provides tools and underlying technology to integrate the business layer components and provide integration with external system components and applications • Highly scalable but lightweight enterprise service bus (ESB) and integration framework supports services and applications using disparate transport and messaging technologies • Standards-based interoperability technologies, including JMS, XML, XSLT, JCA, and JEE • Application Program Interfaces (APIs) provide a framework that supports middleware integration. This API framework manages business process workflows within the CMdS product and extends process routing to other applications • COTS-based rules engine and data-driven parameter values and Web-based business rules management system (BRMS) • Conduent's EDI Gateway supports files, data, and protocols exchanged through XML, XSLT, WS-I, WSDL, SOAP 1.1 or 2.0, BPEL, file transfer protocol (FTP), Secure File Transfer Protocol (SFTP), Connect: Direct, or other means of secure transmission **Attachment P Requirement SYSMOD131** All service endpoints/APIs shall be exposed to the State's Integration Platform and are able to receive and submit messages through the State's Integration Platform. **Conduent response:** Conduent's Digital Hub supports different industry standard external service endpoints/APIs, which are exposed to the System Integrator (SI) and can support messaging interactions.

	Our API management process encompasses designing, publishing, documenting, and analyzing APIs in a secure environment. We create both public and internal APIs that are consumable and secure endpoints. Our SOA platform uses our Digital Hub to receive, publish, and expose APIs between our system and the SI's ESB. The Digital Hub supports most of the industry standard Enterprise Integration Patterns (EIP) as well as custom connectors as required. We base this approach on our understanding of Medicaid industry needs. **Attachment P Requirement SYSMOD132** The Supplier's solution shall have the ability to identify errors in transactions and immediately notify the System Integrator and the source system of the specific errors including whether the errors have precluded loading and/or using the data. **Conduent response:** Our solution identifies errors by validating message format and message content received from source systems through the System Integrator platform and immediately notifies the System Integrator and source system of the specific errors including whether the errors have precluded loading and/or using the data. Conduent's Digital Hub supports SOAP/REST interfaces where specific errors and types of errors can be included in the error response through a defined error message structure that includes error ID, error type, error description, etc. Upon receiving this error, CMdS returns the error response immediately to the source system through the Systems Integrator in synchronous mode for real-time data exchange or asynchronous mode for batch data exchange. Figure Q-115 shows a depiction of the real-time and batch messaging.

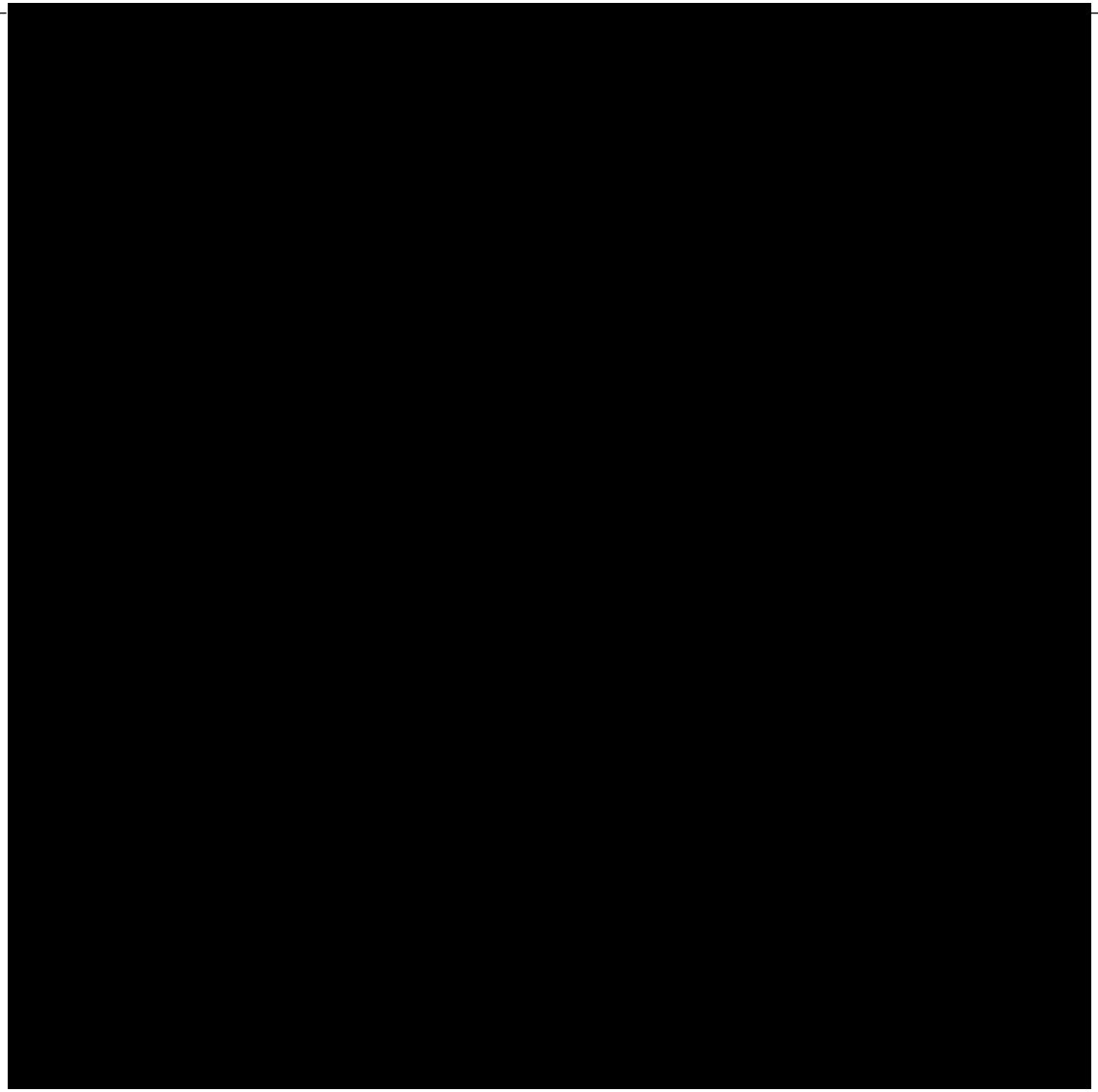


Figure Q-115. Real-time and Batch Messaging

This graphic represents the real-time and batch/ETL messaging using the Conduent Digital Hub.

Attachment P Requirement SYSMOD133

The Supplier's solution shall be integrated in loosely coupled design patterns with the rest of the enterprise by encapsulating its core functions and interacting with the rest of the enterprise via interfaces to and from the State's Integration Platform which leverage interoperability data standards.

Conduent response: Our CMdS solution integrates in loosely coupled design patterns with the rest of the enterprise by encapsulating its core functions and interacting with the rest of the enterprise through interfaces to and from the State's Integration Platform which leverage interoperability data standards. The CMdS product is built so that interactions among modules are managed through its Service Bus (Conduent Digital Hub). CMdS is a cloud-native system built with loosely coupled services that the system develops and deploys separately, as shown in Figure Q-116.

Figure Q-116. CMdS Cloud Native Architecture

CMdS is a cloud-native system built with loosely-coupled services.

	These services may be redirected without affecting other applications. Applications can be redeployed easily in case of a failure and scaled to accommodate load changes through a stateless protocol. They can connect to other enterprise applications through API interfaces through the Systems Integrator platform, maintaining robustness and efficiency which allows for scaling services and improved tolerance to failure. Our container-based solution includes the following features: • **Load balancing.** We use technology that detects the load and stands up another instance of the resource constrained application to ensure the quality of our service. This also allows us to specify the minimum instances so that in a period of low utilization the applications can reduce to the minimum set • **Automated rollout and rollback.** The system pushes out changes in a controlled manner. The system can be configured such that changed components co-exist with the existing component to reduce the need for maintenance windows • **Self-healing.** In the event of a component issue, our technology detects the issue, adds a new instance, and removes the errant component resulting in continuous availability **Attachment P Requirement SYSMOD134** The Supplier's solution shall support standard web services and specifications (e.g., REST, WSDL, WS-*, SOAP, JSON, XML, EDI). **Conduent response:** Conduent's Digital Hub provides up to date, real-time information to the application interfaces and the SI. The Digital Hub exposes the necessary Enterprise Integration Patterns (EIP) to send and consume data. It is built to support standard web services and specifications and industry-standard data exchange protocols such as REST, SOAP, WSDL; data formats such as JSON, XML, CSV; and data standards such as EDI. **Attachment P Requirement SYSMOD135** The Supplier's solution must be capable of receiving, translating, and processing data to and from the variety of secure protocols (e.g., HTTPS, FTPs, SFTP, AS2, AS3). The Supplier shall include in their response a list of protocols supported. **Conduent response:** Conduent's Digital Hub can receive, translate, and process data to and from a variety of secure protocols. The hub supports most of the industry adopted standard protocols. Table Q-7 provides a detailed list of protocols and technical specifications that Conduent's Digital Hub supports. This list of protocols is supported out of the box and is based on the COTS product Red Hat Fuse. These protocols require minimal effort to support because our COTS-based ESB provides built-in support. Further, our solution can support any other protocol with a third-party API library or specifications.

Table Q-7. Protocols Supported by Our Solution

Name	Description
MDN	AS1, AS2, AS3
Amazon S3	Retrieve data from an Amazon S3 bucket or copy data into a bucket
AMQ	Obtain messages from an ApacheMQ broker or publish messages to an ApacheMQ broker
AMQP	Obtain messages from an Advanced Message Queue Protocol broker or publish messages to an AMQP broker
Dropbox	Download files from Dropbox or upload files to Dropbox
FTP/SFTP	Download files from an FTP or SFTP server or upload files to an FTP or SFTP server
Gmail	Obtain messages sent to a Gmail account and send messages from a Gmail account
Google Calendar	Obtain specified events from a Google Calendar or add/update specified events in a Google Calendar
HTTP/HTTPS	Connect to an HTTP or HTTPS endpoint and execute the GET, PUT, POST, DELETE, HEAD, OPTIONS, TRACE, OR PATCH method
Kafka	Obtain streams of records from or publish streams of records to a Kafka topic that you specify
Log	Send information about messages that an integration processes to the integration's log
MQTT	Obtain messages from an MQ Telemetry Transport (MQTT) broker or publish messages to an MQTT broker
REST APIs	Create a custom REST API client connector by uploading an OpenAPI schema; then you can create a connection to that REST API Create a REST API provider integration by uploading an OpenAPI schema that defines operations that trigger integration execution.
Salesforce	Create, update, fetch, or delete a Salesforce record
SAP Concur	Perform any one of a large variety of SAP Concur actions
ServiceNow	Obtain records from or copy records to your ServiceNow instance
Slack	Obtain messages from a channel or send a message to a Slack channel or user
SQL databases	Invoke a SQL statement or a SQL stored procedure on an Apache Derby, MySQL, or PostgreSQL database; you upload a Fuse Online library extension that contains a JDBC driver for that database to connect to other types of SQL databases
Telegram	Obtain messages from a chat or send messages to a chat by using a Telegram chat bot

Timer	Set a simple timer or a cron timer to trigger integration execution
Twitter	Trigger execution of an integration upon tweets that mention you or that contain data you specify
Webhook	Trigger integrations with HTTP GET or POST requests

Attachment P Requirement SYSMOD136

The Supplier's solution shall ensure that module operational data is available and is supplied to the State's Integration Platform in a format and frequency as defined by the Agency. The State's Integration Platform may require full incremental data synchronization, as well as periodic data refreshes, at agreed upon intervals.

Conduent response: Conduent solutions supply and exchange operational data to a multitude of third party solutions and can supply the same to the Agency's System Integrator contractor. The Conduent solution can provide this data both programmatically as services that the System Integrator can consume or manually as a batch extract that the System Integrator can process and store for all its purposes. The data services provided by Conduent solution can provide incremental updates and an interval mutually defined or through automated criteria defined.

Attachment P Requirement SYSMOD137

The Supplier shall participate in the API Governance process, as defined and administered by the Agency. The API Governance process will define processes and adjudicate concerns for items including but not limited to:

- Design and definition of solution endpoint API specifications
- Revisions to solution endpoint APIs (minor & major)
- Deprecation of solution APIs
- Definition of data formats and code lists utilized by an API
- Dispute resolution for API designs and behavior
- Publication of solution API specifications to the Agency's API Registry

Conduent response: Conduent is happy to participate in the API Governance process to define processes and adjudicate concerns for items listed in Requirement SYSMOD137 and as defined and administered by the Agency. Through our API management approach, we create both public and internal APIs. CMdS has API endpoints that integrate with the ESB created by the SI through the Digital Hub. The format can be predefined, consumed by the SI ESB, and transformed into a format that can be consumed by the document management system. Similarly, the response is also received in the same way through the SI ESB and CMdS Digital Hub back to CMdS.

Attachment P Requirement SYSMOD138

The Supplier shall coordinate security configurations and data sensitivity for multiple environments (e.g. integration testing, pre-production) with the State's Integration Platform as required by the Agency.

Conduent response: Our team coordinates security configurations and data sensitivity for multiple environments (e.g. integration testing, pre-production) with the State's Integration Platform, as required by the Agency. CMdS provides an advanced infrastructure for protecting the security and privacy of data exchanged with the enterprise. We subject Agency information to rigorous privacy-related

rules and regulations, especially when related to health information such as claims data and data provided by MCOs, providers, carriers, and other entities. The data requires the same protections and safeguards as applied to clinical health data. Each module within CMdS is secured individually to scale access based upon the type of data present.

Data with PHI/PII is only available in Production, Disaster Recovery, UAT, and Integration environments. Conduent controls the integrity of data through access and identity controls and strong role-based access controls. No resources working on development or testing have edit access to production. In addition, our tightly controlled change management process prohibits production data manipulation without explicit approval from the State. We control testing activities end-to-end including data copy, data refresh, and de-identification through Conduent's rigorous change and configuration management processes.

Attachment P Requirement SYSMOD139

The Supplier's solution shall capture, log, maintain and supply upon request to the Agency metadata for transactions and service calls between the solution and the State's Integration Platform. Metadata shall include but is not limited to, enterprise-supplied transaction IDs, transaction success/failure status, and other information as defined by the Agency. The Supplier shall support tracking and debugging of transactions as required.

Conduent response: Conduent's Digital Hub captures and logs transaction information including metadata and service calls between the CMdS platform and the State's Integration Platform. Metadata includes but is not limited to, enterprise-supplied transaction IDs, transaction success/failure status, and other information as defined by the Agency. Log data supports tracking and debugging transactions and helps address security, compliance, and other business needs. Our Application Performance Management (APM) solution aggregates log data to a centralized repository for the purpose of log analytics. Understanding the application environment holistically is a challenge, and pinpointing issues impacting performance and availability can be difficult given the level of interconnectivity and breadth of the platform, CMdS' APM log capture and analytics help in running powerful advanced searches to pinpoint errors and perform ad hoc log analysis to "connect the dots." We maintain a strict logging process in CMdS for all components deployed for this solution. We will work with Agency and State's Integration Platform vendor to integrate CMdS log repository for ease integration and exchange. We configure our components to capture log data to track at the transaction level and provide visibility of transaction IDs, transaction completion status, and other vital information for analysis.

Attachment P Requirement SYSMOD140

The Supplier must maintain any and all hardware and software products required to support the Supplier's solution at their most current major version (patches, fixes, upgrades, and releases for all software, firmware and operating systems) or no more than one version back from the most current major version.

Conduent response: The Conduent CMdS solution is a SaaS offering based on commercial clouds to provide sustained availability and access to N-1 level software, which is needed to operate and maintain CMdS at optimum and required performance levels. The SaaS model and commercial cloud hosting approach significantly reduces the opportunity for the use of unsupported or aged software and results in continuous availability and access to current and N-1 level software.

	Attachment P Requirement SYSMOD141 The Supplier shall provide an architecture that has clearly defined service endpoints. **Conduent response:** CMdS is API-driven and we maintain various types of APIs as part of the solution. Each endpoint is clearly defined and documented with details such as connectivity, version, message format, error codes etc. **Conduent Digital Hub.** The Conduent Digital Hub readily supports several Enterprise Integration patterns and has a built-in management module for endpoints. Powered by Apache Camel it supports a variety of endpoint types, ranging from http, file, messaging and many more. Conduent maintains a directory of producer and consumer endpoints with clear documentation of URI for easy discovery. Endpoint definitions are version controlled in the source control repository. **Private APIs.** CMdS is built with a microservice architecture pattern and includes several API-based services and event- or message-driven services. Private APIs used and exposed by CMdS microservices are built with OpenAPI based endpoint documentation. Swagger framework based on OpenAPI specification provides a set of tools that help our developers to generate client or server code and install self-generated documentation for web services or APIs. Some capabilities that we adopt to define and document private API endpoints include: • **Swagger Codegen:** to generate client library code for CMdS Microservice APIs • **Swagger UI:** to get self-generated documentation for CMdS Microservice APIs • **Swagger Inspector:** for testing and auto-generating OpenAPI documentation **External APIs.** As part of modular integration, Conduent exposes and manages API endpoints through the Azure API Management suite. Azure API Management helps us to manage and publish CMdS APIs to developers, other module vendors through the System Integrator and Conduent partners. Figure Q-117 shows the architecture that we adopt to define and manage endpoints that are exposed to the System Integrator and to our partners in a safe and secure manner.

Figure Q-117. API Endpoint Management
We manage API definitions using CMdS API Management Suite.

Attachment P Requirement SYSMOD142
The Supplier shall accept the NPI in all applicable standard electronic transactions mandated under HIPAA

Conduent response: The Conduent EDI solution accepts the National Provider Identifier (NPI) in all applicable standard electronic transactions mandated under HIPAA. Our solution specializes in trading partner management, adherence to HIPAA X12 transaction standards, and front-end translation services. We assign entities that transmit claims, a unique submitter number and require each entity to submit/receive their transactions using HIPAA compliant X12 transactions.

	Upload Attachments with Additional Information? **No**	Attachment File Name:
17	**Operation, Maintenance, and Configuration Requirements -** Describe in detail how your company will meet all the requirements identified in **Attachment P, Operations, Maintenance and Configuration Section, Requirements SYSMOD169-SYSMOD170.** Your response should include the requirement number identified in the attachment, followed by your detailed response. You must provide a response to all requirements identified in **Attachment P, Operations, Maintenance and Configuration Section.**	
A17	*Answer # 17* Conduent's operational experts apply repeatable and documented processes to maintain and enhance our solutions and services accurately and efficiently. During operations, we continue our strict adherence to project management disciplines across our scope of work. Our resulting approach to supporting operations is a combination of employing supporting tools, following proven methods, leveraging expert resources, executing new enhancement projects approved through change control, and providing oversight and governance. We work collaboratively with the Agency to understand and support your goals early in the project, so we can spend the life of the contract helping you meet those objectives and new initiatives as they evolve. The Operations, Maintenance and Configuration Plan deliverable documents the processes and standards we follow for the operations phase. During operations, we support the project with a 360-degree support and maintenance structure that preserves the achievements gained in a successful implementation. When the Agency requests modifications or enhancements to CMdS or to business processes, we apply well--defined procedures to drive successful, efficient, and cost-effective system changes. When coupled with the CMdS application programming interface (API)-driven microservices architecture, our solution facilitates faster, more efficient modifications. This is driven, in part, by our solution's flexibility to include or exclude functionality specific to your program requirements. Changes to the solution go through the change request process held collaboratively with the Agency. Our adherence to stringent documentation and deliverable management protocols simplifies maintenance and modification of system documentation and functionality. This process improves ongoing end-to-end operations support. Conduent applies stringent change management and configuration management processes throughout the contract to tightly control system changes and the resources assigned to work on them. Whether it is maintenance support or Agency-submitted system change requests, the timeframe for applying changes to the CMdS is significantly reduced when compared to that of legacy system changes. Implementing and managing modifications and enhancements are not just a matter of adhering to the process steps in our systems development life cycle (SDLC); our strategy is grounded in the principles we follow from the first tasks of the Planning Phase through the life of the project. Our focus remains centered on delivering and maintaining business processes that meet the Agency's needs.	

Attachment P Requirements for Operations, Maintenance and Configuration Requirements

On the following pages, Conduent provides a response to each Attachment P requirement for the Operations, Maintenance and Configuration Section. Our initial response confirms our commitment to meet the requirement followed by our descriptions of our work. Refer to Proposal Section 3.13 Operations, Maintenance and Configuration Requirements for more information about our approach to operations, maintenance and configuration.

Attachment P Requirement SYSMOD169

The Supplier shall provide 1,500 system enhancement pool hours (or a number specified by the Agency) during the DDI phase of the contract. The System Enhancement Pool for DDI includes personnel cost for all resources supporting the system enhancement effort. The unused system enhancement pool hours for DDI will be rolled over to the system enhancement pool for Operations or the number or system enhancement pool hours may be adjusted downward, at the discretion of the State. Any reduction in the number of system enhancement pool hours for DDI will require one month notification by the State, and the cost of the contract will be reduced proportional to the cost of the reduction in system enhancement pool hours eliminated.

Conduent response: Conduent agrees to provide 1,500 system enhancement pool hours (or a number specified by the Agency) for the duration of the DDI phase of the contract. We acknowledge that the DDI System Enhancement Pool hours include personnel cost for all resources supporting the system enhancement effort.

We understand that the unused DDI system enhancement pool hours will be rolled over to the operations system enhancement pool or the number of system enhancement pool hours may be adjusted downward, at the discretion of the State. Any reduction in the DDI system enhancement pool hours will require one month notification by the State, and the contract cost will be reduced proportional to the cost of the reduction in hours eliminated.

Conduent tracks system enhancement pool hours for many of our clients. We provide the Agency with a monthly report identifying the enhancements invoiced against the enhancement pool hours and the remaining hours available. Knowing the remaining hours allows the Agency to plan for program enhancements and to allocate the remaining hours strategically.

Attachment P Requirement SYSMOD170

The Supplier will provide 2,000 system enhancement pool hours (or a number specified by the Agency) during the Operations phase per operations year. Unused system enhancement pool hours for each year of operations may be rolled forward to the next operations year or the number of system enhancement pool hours may be adjusted downward, at the discretion of the State. Any reduction in the number of system enhancement pool hours for operations will require a one month notification by the State, and the cost of the contract will be reduced proportional to the cost of the reduction in system enhancement pool hours eliminated. The cost of the contract will also be reduced proportional to the cost of the unused hours.

Conduent response: Conduent agrees to provide 2,000 system enhancement pool hours (or a number specified by the Agency) during the operations phase per operations year. We understand that each year's unused system enhancement pool hours may be rolled forward to the next operations year or the number of hours may be adjusted downward, at the discretion of the State. Any reduction in the operations hours will require a one month notification by the State, and the contract cost will be reduced proportional to the cost of the reduction in hours eliminated. The contract cost will also be reduced proportional to the cost of the unused hours.

	We follow documented change and configuration management processes for all changes, including enhancements. We gather requirements, perform research, and assess impact. We provide the Agency with work estimates based on the detailed requirements for each enhancement. We provide the Agency with a monthly report identifying the enhancements invoiced against the enhancement pool hours and the remaining hours available.	
	Upload Attachments with Additional Information? **Yes**	Attachment File Name: **Operations, Maintenance and Configuration Response_ System Module Requirements**
18	**Performance -** Describe in detail how your company will meet all the requirements identified in **Attachment P, Performance Section, Requirements SYSMOD171-SYSMOD173.** Your response should include the requirement number identified in the attachment, followed by your detailed response. You must provide a response to all requirements identified in **Attachment P, Performance Section.**	
A18	*Answer # 18* Conduent's combination of skilled resources, detailed processes, and effective tools contribute to meeting and reporting on service level agreements (SLAs) throughout the life of the project. A well-planned, tightly governed, and skillfully resourced project will naturally meet SLAs and exceed client expectations for performance and quality. However, Conduent is not complacent about SLAs. We know that simply "going through the motions" of completing tasks and deliverables will not suffice. Rather, we institute a comprehensive, multifaceted, and proactive approach to performing at the highest level and, as a result, meeting your SLAs. We achieve this high level of performance through skilled and hard-working resources, detailed processes focused on SLA adherence, and a range of supporting tools that provide information to report on SLAs and detect potential SLA challenges before they occur. **Resources.** We staff a quality manager (QM) and quality analysts during the DDI and operations phases of the project. The QM is responsible for understanding, managing, and reporting on SLAs. The QM reviews plans and procedures to make sure they are designed to maximize the team's efficiency and effectiveness. We also know that staffing the right people for the right roles increases our likelihood of producing high-quality work products and services within SLA guidelines. Our project manager works with project leadership to continually evaluate our staffing, determine upcoming staffing or training needs, and make sure staff have the right resources to do their jobs effectively. **Processes.** One of the first steps in meeting SLAs is agreeing to SLA expectations. We understand based on the Answer to Question 299 that TPL services SLAs for participating states will be provided during the state-specific phase, e.g. Participating Addendum. At the appropriate time, we hold meetings with participating states to finalize the SLAs and capture the planned calculation methods, sources of performance data, and reporting mechanisms. We capture this information in our Metrics List, a supporting artifact of our Quality Management (QM) Plan. Our QM oversees the reporting against the SLAs using these approved mechanisms. We also implement team-wide training on SLAs, so that each team member knows his or her responsibilities and how their performance contributes to SLA	

adherence. If processes change, or if the QM detects performance problems that could eventually lead to SLA issues, the QM may schedule additional training, make updates to processes and procedures, or distribute targeted communications to make sure team performance stays on track.

Tools. Performance information to support SLA reporting comes from a variety of sources, including Application Performance Monitoring (APM) tools, Azure DevOps, our life cycle management tool; our Project Work Plan in Microsoft Project; CMdS-Insights performance reporting module; and our CRM, Microsoft Dynamics, among others. Our QM gathers the data from these sources and assimilates it into an SLA Performance Report, delivered on a frequency agreed to with the Agency.

Attachment P Requirements for Performance Requirements

On the following pages, Conduent provides a response to each Attachment P requirement for the Performance Section. Our initial response confirms our commitment to meet the requirement followed by our descriptions of our work.

Attachment P Requirement SYSMOD171

The Supplier shall develop a method for maintaining performance compliance with Service Level Agreements (SLA).

Conduent response: Our QM is charged with oversight, management, reporting, and adherence to SLAs. The QM oversees the development of methods for maintaining SLA performance compliance. The process followed by the QM includes the following steps:

Plan and Set Expectations. The QM works with the Agency to review the SLAs and gain a complete understanding of each SLA. This includes establishing calculation methods, source data, target values, and reporting mechanism for each SLA.

Collect and Analyze. Our QM and quality analysts collect data from a variety of sources to check SLA compliance. The quality team focuses not only on the actual SLA metric, but trends and risks in performance that may lead to missing an SLA in the future. The QM works with the respective DDI and operations teams to understand performance levels, detect problems, and identify opportunities for improvement. Improvement opportunities could include new or modified training, streamlined procedures, new tools for system monitoring, system performance optimization, or root cause analysis of defects and issues to pinpoint causes of problems and seek remediation.

Report and Respond. The QM prepares the SLA Performance Report using the collected data and submits the report to the Agency on an agreed-upon schedule. If needed, the QM meets with the Agency to discuss findings and opportunities for improvement.

Attachment P Requirement SYSMOD172

The Supplier shall leverage automated solutions to provide system availability and performance monitoring. Reports and/or dashboards must be provided that measure compliance with system performance standards.

Conduent response: Conduent leverages automated solutions to provide system availability and performance monitoring. We produce reports and/or dashboards that measure compliance with system performance standards. Table Q-8 presents several tools we use to monitor, manage, and report SLA system and component performance.

Table Q-8. System Availability and Performance Monitoring Tools

Tool	Description
CMdS-Insights	This tool is our reporting and analytics solution to monitor and report on utilization and performance. CMdS-Insights includes standard operational reporting from the CMdS information repository. CMdS-Insights includes extensive reporting and analytics capabilities, providing real-time database access supported by a data dictionary and schema information. Several pre-defined reports allow users to enter parameters – such as date ranges, member program, living arrangement code, or level of care – to present the desired view of the data. CMdS has a normalized data model, which provides the ability to generate ad hoc reports with a quick turnaround through the CMdS-Insights module.
Conduent Performance Management Suite (CPMS	Our Application Performance Monitoring (APM) tools provide performance engineering information with drilldown to the class and method level. The solution provides visibility to infrastructure resource allocation and application response times, with diagrams and graphs that provide real-time, user-friendly indicators of system health.
Azure DevOps	Azure DevOps provides full agile lifecycle management including dashboards, charts, and widgets showing task progress, sprint burndown, test results, defect resolution, and deployment metrics.

We combine metrics from these and other supporting tools to develop SLA reporting. We expect that some reporting will come directly from these tools for ease of presentation and speed of generation. We also collect metrics from across the tools and compile them into our SLA Performance Report. We use this report to provide an at-a-glance view of Conduent's SLA adherence.

Our APM solution includes performance monitoring tools used to generate reports according to State needs and to measure application behavior with various performance metrics. These tools also test web and server-based applications allowing us to create simulations of several transactions between the client and server. Figure Q-118 shows one of the dashboards we use to monitor and report on application performance and availability.

Figure Q-118. Conduent Performance Management Suite Dashboard Sample: System Availability SLA Dashboard

This sample dashboard focuses on system availability and applicable metrics.

In addition, our Conduent Performance Management Suite (CPMS) APM Analytics solution includes the capabilities listed in Table Q-9.

Table Q-9. Conduent Performance Management Suite (CPMS) APM Analytics Capabilities

Metric Browser	The Metric Browser provides a metrics-oriented view of the monitored environment for the time period selected in the time range menu. It shows metrics by nodes, business transactions, the overall application, and more.
Monitor Application Change Events	Our APM tool automatically detects and reports common application change events, such as app server restarts or changes to CMdS application environment variables. We can supplement automatically detected change events with custom application change events, generated either through the user interface (UI) or the REST API. Specifically, it covers these types of events: • Event types that are common to the platform, such as UI, configuration, and licensing-related events • Events generated by the alert and respond system • Application monitoring events
Infrastructure Monitoring	Our APM tool provides pre-configured application infrastructure metrics and default health rules to enable us to discover and correct CMdS infrastructure problems. We can also configure additional persistent metrics to implement a monitoring strategy specific to business needs and application architecture.
Automated Alerts	Our APM tool can generate notifications or take other types of actions based on conditions or events we configure. Using the alert and respond feature, we can find problems as they happen, or even before they happen when we define alerts on warning conditions.
Anomaly Detection	Powered with Cognition Engine, the APM tool can perform Anomaly Detection and Automated Root Cause Analysis. These features are designed to reduce Mean Time To Resolution for application performance problems. Anomaly Detection automatically tells us whether every business transaction in the CMdS application is performing normally. Automated Root Cause Analysis helps us quickly determine the root cause for problems revealed by Anomaly Detection. Anomaly Detection uses Machine Learning to reveal problems automatically.
APM Dashboards	Dashboards and Reports provide a high-level overview of the health and performance of CMdS modules on a regular basis.

Application Monitoring and Infrastructure Visibility	The Standalone Machine Agent provides the following additional functionality: • Extended hardware metrics such as machine availability, disk/CPU/virtual-memory utilization, and process page faults • Monitor application nodes that run inside Docker containers and identify container issues that impact application performance • Tier Metric Correlator, which enables us to identify load and performance anomalies across all nodes in a tier • Monitor internal or external HTTP and HTTPS services • Monitor JVM based Servers • Group servers together so that health rules can be applied to specific server groups • Define alerts that trigger when certain conditions are met or exceeded based on monitored server hardware metrics
Container Visibility with Kubernetes	With our APM suite we can gain real-time visibility into CMdS containerized Microservices deployed to Kubernetes. With container visibility, we can enhance container-level metrics, and gain visibility into CPU, packet visibility, memory, and network utilization. These metrics can then be baselined and have associated health rules along with detailed resource usage statistics about the APM-monitored container applications. By viewing and comparing APM metrics, with the underlying container and server metrics, we quickly receive deep insights into the performance of our containerized applications, along with potential impediments in our infrastructure stack. For example, specific metrics can help us identify both "bandwidth-hogging" applications and container-level network errors. Container visibility allows us to monitor containerized applications running inside Kubernetes pods and to identify container issues that impact application performance.

Attachment P Requirement SYSMOD173

The supplier shall track performance measures for each SLA requirement using predefined and ad hoc reporting methods

Conduent response: Conduent tracks performance measures for each SLA requirement using predefined and ad hoc reporting methods. Based on the Answer to Question 299, TPL services SLAs for participating states will be provided during the state-specific phase, e.g. Participating Addendum. Our management and technical teams work with the participating states to finalize the SLAs associated with the scope of work.

A foundational step in meeting SLAs is setting expectations between Conduent and the Agency regarding the calculation, reporting method, and reporting frequency for each SLA and capturing these decisions in our Metrics List. Once we define these criteria, our QM uses a variety of tools to collect and track performance measures for each SLA. Our QM creates SLA Performance Reports on a predefined

	schedule. Some metrics are generated on an ad hoc basis depending on their source system and calculation method. For example, we can generate prebuilt reports in CMdS-Insights upon request. Further, we grant access privileges to approved Agency users so they can use Azure DevOps to run dashboards and widgets themselves, giving them immediate and real-time access to reporting and status information. Regardless of the source system, calculation method, or reporting mechanism, we work to meet all the required SLAs with transparency, consistency, and professionalism.	
	Upload Attachments with Additional Information? **Yes**	Attachment File Name: **Performance Response_ System Module Requirements**