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Section 4: Offeror Qualifications

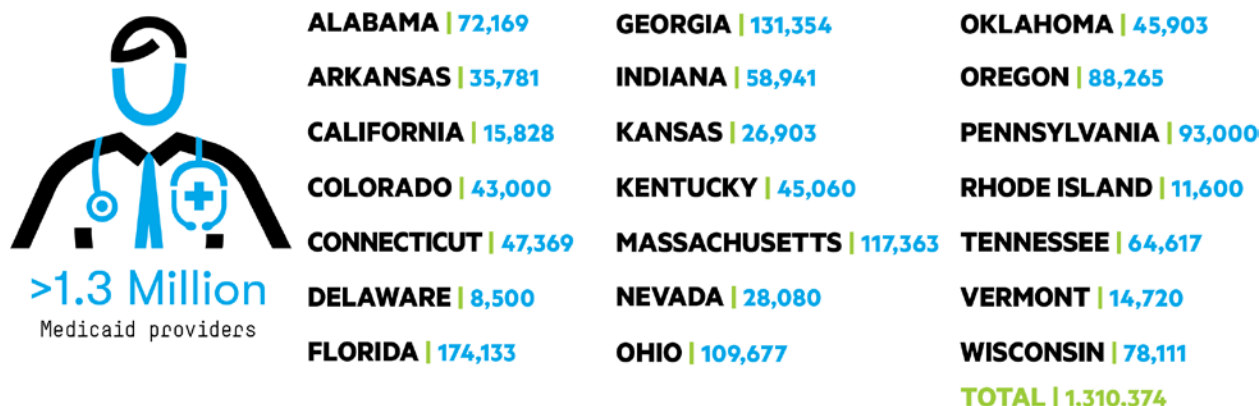
All subsections of Section 4 require a response. The Offeror must indicate certification of understanding for Sections and the offeror must restate the subsection number and the text immediately prior to your written response.

DXC Technology (DXC) acknowledges that the subsections of Section 4 require responses. **We certify understanding for these Sections** and have restated the subsection number and the text immediately prior to our written responses.

Serving the Nation's Providers

As a successful, long-standing Medicaid Management Information System and provider services expert, DXC serves Medicaid provider populations nationwide, as shown in the following figure. State provider populations we serve range from 10,000 to 174,000 per state; in total, we support more than 1.3 million providers. Our range of services includes provider screening, enrollment web portals, provider outreach and education, and provider call centers.

DXC's Provider Populations by State



Nationwide MITA Experience

DXC has deep experience in provider management. We perform the Provider Management MITA business processes for the states identified in the following graphic.

Manage Provider Information	AL, AR, CO, CT, DE, FL, GA, IN, KS, KY, NV, RI, VT, WI
Terminate Provider	AL, AR, CO, CT, DE, FL, GA, IN, KS, NV, RI, VT
Manage Provider Communication	AL, AR, CO, CT, DE, FL, GA, IN, KS, KY, NV, OK, PA, RI, VT, WI
Manage Provider Grievance and Appeal	CO, DE, GA, IN, KS, KY, NV, RI, VT, WI
Perform Provider Outreach	AL, AR, CO, CT, DE, FL, GA, IN, KS, KY, NV, OK, PA, RI, VT, WI



We also perform the MITA Provider Enrollment business processes for the states identified in the following graphic:

	Determine Provider Eligibility	AL, AR, CO, DE, FL, GA, IN, KS, NV, VT, WI
	Enroll Provider	AL, AR, CO, CT, DE, FL, GA, IN, KS, NV, RI, VT, WI
	Inquire Provider Eligibility	AL, AR, CO, CT, DE, FL, GA, IN, KS, KY, NV, RI, VT, WI
	Disenroll Provider	AL, AR, CO, CT, DE, FL, GA, IN, KS, KY, NV, RI, VT, WI

Especially important in a new modular environment is our performance history of working well with other vendors, demonstrating a high level of integrity, trust, and transparency when working with other vendors in support of the client requirements. A few examples of our seamless work within a multi-vendor landscape follow:

- **Colorado:** DXC integrated with Xerox's legacy mainframe to implement Provider Management
- **Nevada:** We work with Public Knowledge, Montana's chosen Independent Verification and Validation (IV&V) vendor, as the IV&V for our Modernized MMIS implementation
- **Five-state Translator:** As systems integrator, we coordinated translation of electronic document interchange transactions for Alabama, Connecticut, Rhode Island, Vermont, and Wisconsin

We demonstrate our commitment to clients and providers by delivering innovative, flexible, business-driven solutions, with the ultimate goals of improving access to healthcare and improving treatment outcomes. A recent example of flexibility and initiative is our support in Florida related to Hurricane Irma. We quickly implemented a web portal page to enable providers not enrolled in the Florida Medicaid program, including out-of-state providers, to render services to Florida residents, including those evacuated. We also prepared system changes to reflect relaxed requirements related to prior authorization and service limitations to meet the client's commitment that no one would be turned away, regardless of eligibility or enrollment.



4.1 State's Right to Investigate and Reject

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

DXC Certification: DXC certifies that we understand the requirements stated in RFP subsection 4.1.



4.2 Offeror Qualifications

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

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

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

DXC realizes that we must respond to the offeror qualifications RFP requirements to provide the services specified in the RFP to enable the Department to determine our capabilities, and that the response, "Offeror's name understands and will comply" is not appropriate for this section. We have thoroughly addressed the items and do not take exception to the requirements listed in this section, and understand that so doing might result in being found nonresponsive or being subject to point deductions.

For purposes of offeror qualification, we have included company information, references, financial information, and other qualification information and materials for DXC Technology, which will be the actual contracting entity. We use "DXC Technology" in contracts, but elsewhere refer to ourselves simply as DXC.

In this section, we provide three references, a description of our company and experience, key personnel resumes, proof of financial stability, acknowledgement of the presentation/ product demonstration/interview requirements, and a statement of compliance with equal pay for Montana women.

4.2.1 References

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



DXC provides, on the following pages, three references of clients who are currently using or have previously used products and/or services of the type proposed in the RFP. The three references are current state government clients for whom DXC has within the last three years successfully completed a healthcare-related system implementation. We provide the contact person, agency name, contact email address, and contact phone number. We acknowledge that the State reserves the right to use any information or additional references deemed necessary to establish the ability of DXC to perform the contract. We acknowledge that negative references or the inability to contact the reference may be grounds for proposal disqualification. We do not propose to use a subcontractor.

Reference 1: Connecticut Department of Social Services (DSS)

Service location: Hartford, Connecticut

Dates of Service: 1981 to Present

Recent implementation: 2015 Electronic messaging solution, 2015 and 2016 Hospital Payment Modernization (phases one and two), 2016 Electronic Visit Verification

Description of the Products and/or Services Provided

DXC has supported the Connecticut Medical Assistance (Medicaid) program's provider population with systems and services since 1981. The DXC team works with the Department on policy changes, cost-saving initiatives, and State and federal mandates, designing, coding, and testing the related Medicaid Management Information System (MMIS) enhancements. Besides IT services, the DXC team supports business operations for claims operations/document control, third-party liability (TPL)/financial processes, provider relations, call centers, and pharmacy services. Under a separate data warehouse contract, DXC provides DSS, business intelligence, data warehousing, and data analytics services for the MMIS. We support the program's providers by offering the services summarized in the following paragraphs.

Connecticut has all but eliminated paper enrollments, with only a handful remaining. DXC actively supports provider satisfaction through the full spectrum of education and outreach to meet each provider's needs:

- Reach providers using internet-based virtual room sessions, allowing faster issue resolution and minimizing disruption to providers.
- Conducted more than 100 provider workshops in 2016, and 76 in the first 10 months of 2017, facilitated in both face-to-face sessions and virtual room sessions

Provider Portal Functions

Through the provider portal, DXC supports the following functions.

- Enrollment and re-enrollment
- Access to training and documentation materials, including an email solution to distribute the published provider publications to the provider community
- Online claims submission
- Claim status inquiry
- Limited member medical history for the following services:



- Eyeglasses
 - Dentures
 - Orthopedic shoes
 - Durable medical equipment - rent to purchase
 - Medical and surgical supplies and orthotics
- Remittance advice inquiry
 - Client eligibility verification
 - Prior authorizations
 - Hospice election, discharge, and transfer data-submission tool for providers

DXC implemented a provider enrollment web wizard for newly enrolling providers in 2012. The web wizard enhancements make the enrollment process easier for the provider, streamline processing workflows, and enable the provider types and specialties to enroll using the web. DXC implemented a table-driven application flow that determines the web portal panels that appear based on provider application type, entity type, and unique provider type and specialty. On submission of the web application, data is systematically validated—such as license, sanctions, national provider identifier (NPI), and Medicare number. Following completion of the web application, the provider is presented a PDF image of the completed application with a cover page listing the status of the application and, if applicable, a list of follow-on items the provider must submit.

Connecticut's Provider Population

Total enrolled: 48,176

Provider types: Hospital, clinic, physician, physician group, advance practice registered nurse (APRN), APRN group, behavior health, dental

Monthly enrollment activity:
1400

The system auto-populates follow-on documents, where possible, with provider data captured from the application. When a provider submits a web portal enrollment application, the system automatically creates an application tracking number (ATN) and adds data from the web application to that ATN. After an application is approved, the system then populates this data and derives other data to populate the provider tables/panels.

DXC implemented similar web features to improve the provider re-enrollment process. Prepopulating existing provider data allows providers to simply verify that their information is current and then submit the application. If the prepopulated information is not correct, users can make changes online and submit them to DXC using the web.

The enrollment requirements for the Affordable Care Act (ACA) more than doubled the number of providers who are required to enroll in the Connecticut Medicaid program. With productivity provided through this enhancement, existing enrollment staff were able to support the additional volume.

Provider Call Center

The Connecticut provider call center is available from 8:00 a.m. to 5:00 p.m. Monday through Friday. DXC agents respond to an average of 15,000 calls each month. In addition, interactive voice response (IVR) is available 24/7 with more than half a dozen options.

Correspondence Management Through CRM

DXC responds to an average of 135 pieces of written correspondence per month. In 2015, DXC implemented an electronic messaging solution, which eliminated mailing provider notifications,



such as provider bulletins and provider workshop invitations. This functional capability includes a self-service subscription function for a user to receive all the publications or only those of a user's choosing. It also allows multiple email addresses to subscribe from a given provider's office. The Connecticut solution also includes functional capabilities to systematically subscribe the new email addresses obtained through new or updated provider-enrollment information. During the last year 6,246 separate publications were sent in 1.57 million individual emails through the electronic messaging solution.

Workflow

In the provider business area, Connecticut uses workflow processes primarily for the enrollment. From application intake through final approval our workflow process routes the enrollment to the appropriate work queue where DXC, the State, or other State-authorized business partner performs assigned functions.

Additional Projects

Two additional implementations DXC recently completed are Hospital Payment Modernization and Electronic Visit Verification (EVV).

Hospital Payment Modernization: DXC implemented system enhancements to support DSS' hospital payment modernization initiative to shift to a prospective payment methodology for hospital reimbursement under which the payment rate is determined in advance for each type of service. This project included two phases. The first phase, implemented in January 2015, replaced the current inpatient payment system with the diagnosis-related group (DRG) reimbursement methodology. Under this methodology, the payment amount is determined based on a combination of the classification of the hospital stay and the hospital where the services are performed.

To assist providers with the transition to DRG pricing, DXC created a new Web portal Hospital Modernization page, which includes an overview of the initiative, detailed information regarding the claim changes and a DRG pricing calculator.

Implementation of the second phase of the hospital payment modernization project was effective July 1, 2016. It changed the outpatient reimbursement methodology to Ambulatory Payment Classifications (APC), a system for grouping hospital-provided outpatient services on the basis of similarity of costs and clinical indications

EVV: In January 2016, DXC began implementing an EVV system for Connecticut's home care programs. DXC subcontracted with Sandata Technologies to configure and customize their EVV system (Santrax®) to support Connecticut home care programs and to interface with the MMIS. EVV is an in-home visit scheduling, tracking, and billing system that employs controls within the delivery of home-based services that prevent fraud and abuse and improve oversight of home care programs. Using the telephone registered to the recipient, or other approved devices, caregivers are required to check-in when they arrive at a recipient's home and check out when the service visit is complete and they leave the home. This check-in and check-out data is used to systematically build claims that are submitted to the MMIS to reimburse the provider agency. The provider is reimbursed only for the time spent rendering service to the recipient.

The system was rolled out in waves to reduce the effect on the provider community. The rollout began September 1, 2016, and the final wave was April 1, 2017. DXC played a pivotal role managing the project, defining business rules for the subcontractor, building the interface



between the subcontractor system and the MMIS, managing and conducting provider outreach and training, and conducting the end-to-end testing.

The 21st Century Cures Act includes a requirement for EVV in all Medicaid Personal Care Services (PCS) programs to be implemented by January 1, 2019. The DXC EVV implementation in Connecticut positions the State to be compliant with this requirement ahead of the mandated date.

Client Contact

Please contact the Connecticut State reference for more information about DXC provider services.

Marcia Benson
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Connecticut Department of Social Services (DSS)
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Reference 2: Florida Agency for Health Care Administration (AHCA)

Service Location: Tallahassee, Florida

Dates of Service: 2008 to Present

Recent Implementations: 2017 Web portal page, 2017 Statewide Medicaid Management Care (SSMC) Auto-Crossover Pass Through (Auto-Crossover), 2017 SSMC Expanded Benefits, 2017 Enhanced Ambulatory Patient Grouper (EAPG)

Description of the Products and/or Services Provided

DXC has supported the Florida Medicaid program's provider population with systems and services since 2008. Today, we support the program's providers by maintaining provider files of more than 174,000 active Florida Medicaid providers and work with 13 active Statewide Medicaid Managed Care Health Plans. We support the program's providers by offering the services summarized in the following paragraphs.

Provider Enrollment

DXC processes an average of 1,984 applications and 2,384 provider-file maintenance requests weekly. We actively support provider satisfaction through the full spectrum of education and outreach to meet each provider's needs:

- Access to interactive web-based training 24/7
- Face-to-face contact through an average of 245 on-site visits a month to Medicaid providers
- Visits to an average of six health plans a month
- Information and updates through an average of 50 provider workshops we present annually

In addition to provider contacts, DXC representatives visit Agency personnel at State of Florida satellite offices—State offices outside of the capital city of Tallahassee--averaging 588 visits to these offices annually.



Provider Portal

DXC's provider portal supports the list of functions that follows:

- Enrollment
- Access to training and documentation materials
- Online claims submission
- Claim status inquiry
- Recipient eligibility inquiry
- Remittance advice inquiry and download

Provider Call Center

The Florida provider call center is available from 8:00 a.m. to 5:00 p.m. Eastern time Monday through Friday. DXC agents respond to an average of 9,772 calls each week. In addition, interactive voice response (IVR) is available 24/7 with more than half a dozen options.

Additional Projects

Three additional projects DXC has recently implemented are Statewide Medicaid Management Care Auto-Crossover Pass Through (SSMC Auto-Crossover), SSMC Expanded Benefits, and Enhanced Ambulatory Patient Grouper (EAPG).

SSMC Auto-Crossover: So that Florida SMMC health plans could receive Medicare claims for their dually-eligible enrollees directly from the Centers for Medicare & Medicaid Services (CMS), DXC created a new test recipient file (eligibility file) for each plan based on CMS file layout guidelines. DXC used the file to test the process for its submission to the Florida Medicaid Management Information System (FMMIS) and CMS' subsequent transfer of the plan's crossover claims in its CMS-established SFTP mailbox. Health plans were then able to retrieve test crossover claims and adjudicate claims through their individual systems. Successful completion of this testing required the Florida Medicaid health plans to modify their systems to accommodate the project and successfully receive Medicare claims directly from CMS for their dually-eligible members. The project required DXC EDI operations analysts to work with each health plan, as well as the Medicare Benefits Coordination and Recovery Center (BCRC), to foster smooth testing and promotion to production. Training and outreach material included creating a Web portal page dedicated to the project, as well as creating multiple guides and plan documents. The overall goal of the project was to lessen the burden of health plans' providers, so that both Medicare and Medicaid claims did not have to be generated and submitted to both CMS and Florida Medicaid for dually-eligible recipients.

SSMC Expanded Benefits: DXC representatives worked with AHCA, to understand the business need for a Florida Medicaid encounter classification system. The system needed to distinguish products and services that the Florida Medicaid health plans were required to provide (State Plan services) from additional approved products/services that the plans provided (Expanded Benefits) and distinguish State Plan services from all other accepted services (Other Benefits). The project allowed AHCA to receive cleaner data from the health plans, as unknown and/or non-State-recognized services would no longer deny on encounter transactions, but would process through with an *Expanded* and/or *Other Benefits* flag. DXC created a communication plan to keep health plans informed of the new classification system and its



impact to the plans' encounter transactions. This communication plan included health plan visits, tip sheets, and a Web portal page dedicated to the project.

EAPG: DXC implemented EAPG, a new prospective pricing methodology for Florida Medicaid outpatient fee-for-service claims. EAPG is a visit-based patient classification system used to organize and pay services with similar resource consumption across multiple settings. EAPG provides hospitals and hospital systems with a stronger framework for analyzing and managing outpatient care. The project required a comprehensive provider training and outreach plan, which included written guides and tip sheets, a Web Portal page dedicated to the project, provider visits, and webinars.

Client Contact

Please contact the Florida State reference for more information about our provider services.

Gay Munyon
Chief of the Bureau of Medicaid Fiscal Agent Operations
Agency for Health Care Administration
(850) 412-3450
Gay.munyon@ahca.myflorida.com

Reference 3: Medical Assistance Provider Incentive Repository (MAPIR)

Service Location: 14 states

Dates of Service: 2011 to Present

Recent Implementation: Colorado implemented in 2017 and joined the now 14 state collaborative

Description of the Products and/or Services Provided

In response to our state customers' needs for a system that meets Centers for Medicare & Medicaid Services (CMS) requirements for a Meaningful Use Electronic Health Record (EHR) Incentive Payment Program, DXC developed MAPIR—the Medical Assistance Provider Incentive Repository.

Description

MAPIR enables states to provide incentive payments to eligible professionals and hospitals for adopting, implementing, upgrading, and meaningful use of certified EHR technology. Our development of the award-winning system demonstrates sound financial management by enabling states to share costs and minimizing resource demand on already stretched state technical resources.

The foundation of MAPIR's success is the collaborative nature of the State-driven MAPIR working group, where representatives share ideas and the application's scope continues to evolve. Combining technology and innovation, DXC and the MAPIR multistate collaborative developed MAPIR, which embodies the CMS vision for collaboration, cost-sharing, and coordination in administering the EHR Incentive Program. The MAPIR collaborative now



consists of 14 states. Each of the 14 states has experienced successful outcomes for healthcare providers, taxpayers, and patients.

Based on MITA principles and built using open-source products, MAPIR integrates into each state's existing Medicaid system. MAPIR integrates with the state's provider portal, secured intranet, provider data, financial system, and claims or encounter data sources to support the program attestation requirements and incentive-payment applications processing for eligible providers. It also will support work processes associated with confirming professional provider and hospital eligibility, attestation requirements, suspense processing, meaningful use criteria, and data exchanges with the CMS National Level Repository.

Implementation Dates and Locations

The table that follows lists the 14 collaborating states, the participating agency, and the MAPIR implementation year for each.

DXC MAPIR Customers

State	Agency	Year Implemented
Arkansas	Department of Human Services, Division of Medical Services	2011
Colorado	Department of Health Care Policy & Financing	2017
Connecticut	Department of Social Services	2011
Delaware	Delaware Health and Social Services	2011
Florida	Agency for Health Care Administration	2011
Georgia	Department of Community Health	2011
Indiana	Office of Medicaid Policy and Planning	2011
Kansas	Department of Health and Environment, Division of Health Care Finance	2011
Massachusetts	Executive Office of Health and Human Services	2011
Oregon	Oregon Health Authority	2011
Pennsylvania	Department of Human Services, Office of Medical Assistance Programs	2011
Rhode Island	Executive Office of Health and Human Services	2011
Vermont	Department of Vermont Health Access	2011
Wisconsin	Division of Health Services, Division of Healthcare Access and Accountability	2011

The innovative, shared MAPIR solution won the 2012 National Governors Association's Public-Private Partnership Award for showing, according to Pennsylvania Governor Tom Corbett, "how technology and innovation can help states achieve real cost containment and efficiency."



We selected the MAPIR multistate collaborative effort as one of our references for Montana for the following reasons:

- MAPIR is a type of provider module that streamlines provider interactions with program requirements
- MAPIR demonstrates DXC's ability to collaborate with multiple stakeholders: For MAPIR, we collaborate with 14 states; for Montana, we would collaborate with the systems integrator and other contractors supporting the MPATH enterprise
- MAPIR is a highly configurable tool that facilitates compliance with state-specific requirements as permitted by current and future regulations while allowing for flexibility in state operational workflows

Client Contact

Please contact the MAPIR reference for Vermont for more information about this project.

Lorraine Siciliano
Medicaid Operations Administrator, HER Incentive Program
State of Vermont, Department of Vermont Health Access
(802) 363-4652
lorraine.siciliano@vermont.gov

4.2.2 Company Profile and Experience

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

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

The documentation DXC provides in this company profile and experience section demonstrates that DXC has the qualifications and experience to provide the supplies and/or services specified in the RFP. The following paragraphs provide a detailed description of similar past projects, including the product/service type as well as dates the products and/or services were provided and the client for whom DXC provided the services. Also provided is a general description of DXC, including our primary source of business, organizational structure and size, number of employees, and years of experience performing services similar to those described within the RFP. We also include a statement that we do not propose to use a subcontractor.

Similar Past Projects and Clients Who Received Them

The following descriptions highlight three similar past projects and the clients who received them—our Kansas, Arkansas, and Georgia Medicaid clients. Our Kansas project involves implementing the same provider module we propose for the Department. The Arkansas project supported the Arkansas Payment Improvement Initiative, a solution to transform the structure of



the state's healthcare system to control growth costs while rewarding providers who consistently delivered high-quality, coordinated, cost-effective care to patients. The Georgia project describes an implementation that resulted in rapid CMS certification as well as a successful provider credentialing solution.

Project: Kansas Medicaid

Product/Service Type: Technical and business services for takeover and operation of the existing MMIS and implementing and operating a modular MMIS

Dates Provided: 1978 to 1996 and 2013 to present

Client: State of Kansas Department of Health and Environment (KDHE)

Detailed Description: DXC served the State of Kansas as MMIS and fiscal agent services provider for more than 18 years from 1978 to 1996. When the state needed a new MMIS in 2002, it again turned to DXC. We implemented the interChange system in four phases, with Pharmacy Point of Service (POS), Healthcare Provider Portal, and Beneficiary Eligibility Verification System (BEVS) starting early, followed by claims processing.

In 2015, the Kansas Department of Health and Environment (KDHE) released an RFP for a modular MMIS solution comprising eight loosely joined modules using best-in-class COTS software to drive higher MITA maturity. KDHE structured the RFP so that it could award each module to a different vendor and award takeover, systems integration, and fiscal agent services to separate vendors.

On November 1, 2015, KDHE awarded all eight modules to DXC. Awarded services include the following:

- Taking over existing system and fiscal agent operations
- Modernizing existing MMIS to fit an SOA-orchestrated environment
- Integrating proven COTS products
- Introducing new Medicaid modules, such as program integrity and data warehouse
- Introducing new software-as-a-service (SaaS) components
- Providing ongoing application maintenance and hosting
- Performing ongoing fiscal agent services such as provider services, TPL, drug rebate, claims adjudication, medical management, and program integrity

KDHE will achieve its technology goals through a single vendor, providing accountability across the entire program. This accountability, coupled with DXC's proven performance record, results in a low-risk and quick modernization approach. DXC is implementing the modules in a rolling schedule that began in 2016 and will be complete by early 2019.

DXC's contract with KDHE will migrate the Legacy MMIS to the Cloud while delivering new modules for the overall MMIS in two distinct stages. While the modernization project continues until early 2019, DXC continues to have responsibility for managing business services as the State's fiscal agent.

The new modular MMIS will use COTS products. DXC has delivered four modules to date. These are going through local configuration and testing activities: Provider enrollment, provider management, program integrity utilization review, and insight dashboard. Our Kansas DDI team



moved the legacy MMIS from a dedicated data center to the virtual private cloud and migrated the fiscal agent call centers to a new voice-over-internet-protocol (VOIP) platform.

Project: Arkansas Medicaid

Product/Service Type: Fiscal agent services

Dates Provided: 1985 to present

Client: Arkansas Department of Human Services, Division of Medical Services (DMS)

Detailed Description: DXC has been the primary contractor for the Arkansas MMIS and fiscal agent services continually since 1985. In 2017, we implemented the interChange system, which is currently in the certification stage. We provide many fiscal agent services in Arkansas besides the MMIS maintenance and modifications. Our services include functions within the following MITA business areas: Eligibility and enrollment, financial management, operations management, and provider management. We also authorize service requests, manage member data, and manage the CMS recipient explanation of medical benefit (REOMB) process. Arkansas is a member of our MAPIR collaborative.

In 2011, the Arkansas Payment Improvement Initiative was introduced as a solution to transform the structure of the state's healthcare system to control growth costs while rewarding providers who consistently delivered high-quality, coordinated, cost-effective care to patients. DXC's commitment to this initiative began by forming an experienced team of analysts and support staff to work with DMS while developing the program. During the implementation phase, the DXC team collaborated with DMS, other vendors, and our subcontractor to develop payment algorithms. The output of these algorithms was informational reports that showed Principle Accountable Providers (PAPs) their historical performance in an episode of care, including their estimated gain or loss share.

We also implemented the Arkansas Payment Improvement Initiative (ARPII) help desk. Help desk analysts trained to become knowledgeable on each algorithm and episode of care and studied the outgoing reports to assist PAPs and the stakeholder community with questions and concerns. Through efficient reporting and purposeful support, the implementation phase of the Arkansas Payment Initiative was a success.

Based on knowledge gained during implementation, the DXC team developed a fully functional Episode-Based Payment System (EBPS) that provides a scalable infrastructure to more rapidly develop PAP reports and manage algorithms, data from multiple sources, audit trails and versioning. This modular system provides DMS with the capability to integrate share and expand input and output across multiple systems while fitting within the principles of the CMS Standards and Conditions.

DXC also provides operational management of the initiative by using resources across the account. We generate quarterly performance reports for implemented episodes and implement new episode algorithms quarterly. Our Information Library Unit incorporates policy updates that affect the payment system into the Episodes of Care provider manual and other manuals. The help desk answers questions on algorithms and reports and DXC provider representatives perform provider outreach through annual training and webinars for each new episode. These teams, and others, work with a dedicated Project Manager to enable the program to operate smoothly while keeping Arkansas Medicaid providers well-informed about the Initiative.



Project: Georgia Medicaid

Product/Service type: Fiscal agent and MMIS services and Provider Credentialing

Dates Provided: 1987 to 2003 and 2008 to present

Client: Georgia Department of Community Health

Detailed Description: After the state awarded the GAMMIS system contract to another vendor in 2003, that vendor had serious problems, most notably the inability to certify the system. In 2008, the state conducted a competitive re-procurement for a new MMIS and selected DXC to return to the state and implement our interChange MMIS solution. Georgia requested its CMS certification review just eight months after go-live in November 2010 and received the CMS site visit four months later, receiving certification 12 months after go-live. This is virtually unheard of in the MMIS industry and remains an unmatched record of achievement. Our contract includes various processes within the MITA business areas of eligibility and enrollment, contractor management, business relationship management, financial management, member management, operations management, performance management, and provider management.

DXC's most recent innovation in Georgia is what has become known in the industry as "the Georgia solution" for provider credentialing. Our credentialing solution is so successful that it was shared at the CMS conference and has become the model for industry best practices. Our enrollment solution, combined with our subcontractor Aperture's credential verification, uses automated workflows to meet the Affordable Care Act (ACA) requirement for centralized credentialing for a state's provider population. A single electronic application process includes wizards and online help. DXC's solution spans both fee-for-service and managed care organizations.

General description of DXC

DXC Technology (DXC) is the world's leading independent, end-to-end information technology (IT) services company. Created by the merger of CSC and the Enterprise Services business of Hewlett Packard Enterprise, DXC guides clients on their digital transformation journeys, multiplies their capabilities, and helps them harness the power of innovation to thrive on change.

Primary source of business

DXC's primary source of business is industry-focused services and solutions in 10 industries as shown in the following figure.



Industry-focused Services and Solutions



Insurance

We're the No. 1 provider of core insurance software and services globally. We support growth, speed to market and efficiency through digital insurance solutions and business process services.



Healthcare & Life Sciences

We provide industry-leading software and business process services to providers, payers, government health and life sciences firms. We focus on clinical care and operational efficiency with digital care transformation solutions.



Travel & Transportation

With 40+ years of industry experience, we support mission-critical systems for top airline, consumer travel, freight and logistics, and railway firms. Our services help clients support growth and transform operations.



Public Sector

We're one of the world's leading independent IT services providers to all levels of government agencies. We provide secure, 24x7 support to mission-critical systems and operations.



Energy

We've supported more than 400 energy businesses worldwide over 20+ years. Our solutions help clients rapidly seize market opportunities, gain competitive advantage and evolve with new business models.



Banking & Capital Markets

A leading provider of banking software and front-office managed trading solutions, we support banking and capital markets clients with 30+ years of industry experience, specialized services and resources to make transformation happen.



Manufacturing

A leading IT services provider to automotive, aerospace and defense, industrial, high tech and chemical firms, we combine deep expertise in manufacturing, connected products, analytics and security to help clients drive innovation.



Consumer Products & Retail

We help the world's leading consumer packaged goods and retail firms focus on consumer experience and help clients seize opportunities in the face of disruptive digital trends.



Communications Media & Entertainment

We provide innovative business solutions to the world's leading communications, media and entertainment firms to transform their business, redefine the customer experience and capitalize on digital convergence.



Aerospace & Defense

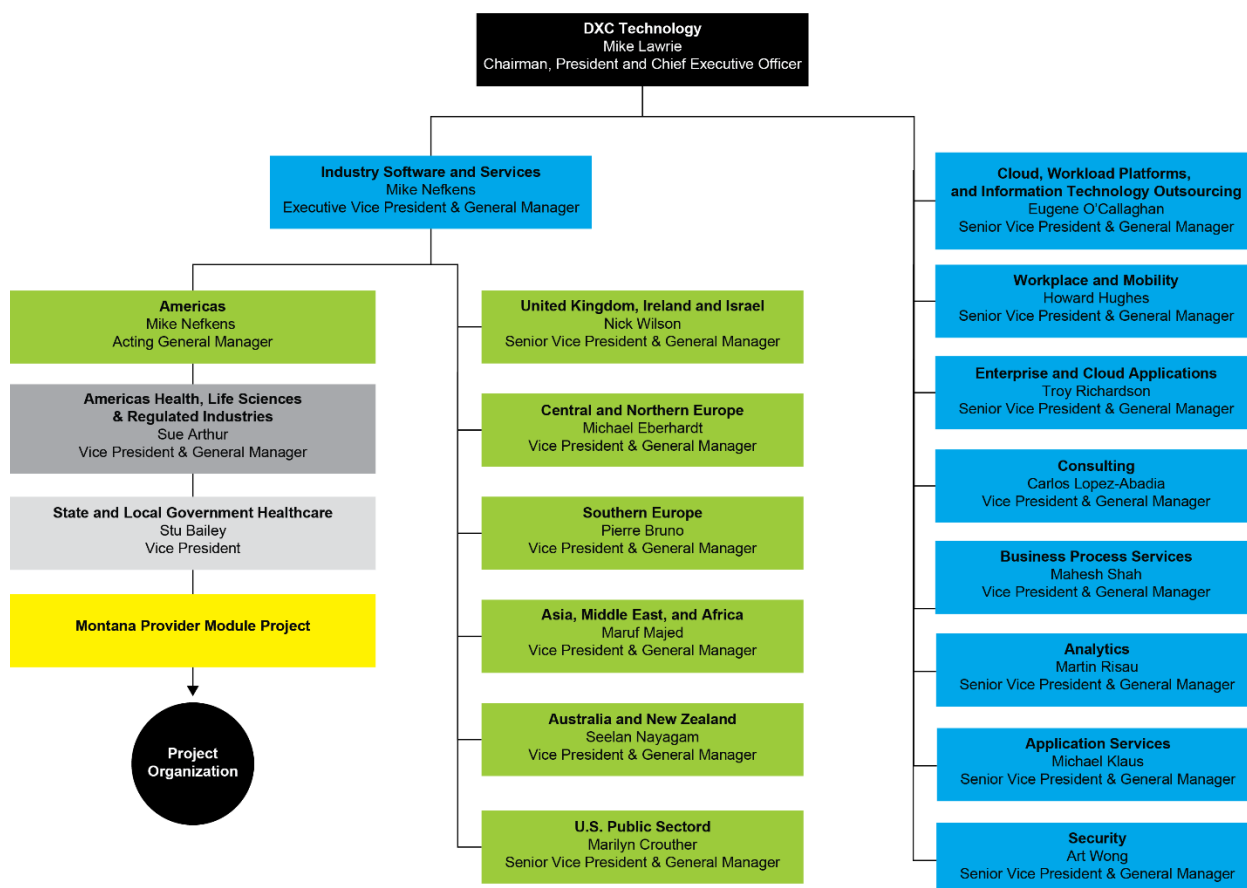
A leading IT services provider to A&D firms, we help clients shorten time to market, gain insight from data and adopt digital technologies to accelerate innovation across manufacturing and supply chains.

Organizational structure and size

The following organization chart shows DXC's Chairman, President, and Chief Executive Officer, Mike Lawrie, along with our nine offering families, in blue boxes, and the leader of each. Mike Nefkens, the leader of Regions and Industries, is shown in one of the blue boxes. Also represented are the geographic regions for which Mike is accountable, and their leaders in green boxes, one of which is Americas. Mike is also the acting general manager of the Americas region. Reporting to Mike is Sue Arthur, the leader of 10,000-employee Americas Health, Life Sciences, and Regulated Industries, and reporting to Sue is Stu Bailey, leader of State and Local Government Healthcare. The leader of the Montana provider module project will report to Stu.



DXC Organizational Structure



Number of Employees and Years of Experience

DXC has 170,000 employees worldwide serving 6,000 clients. More than 10,000 of these employees are health and life sciences IT professionals. Our experience in these industries spans 75 years. We have supported Medicaid programs for 50 years.

Subcontractor Information

DXC is not proposing to use a subcontractor.



4.2.3 Resumes

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

On the following pages, DXC provides resumes for the following key positions:

- **Brian Haw**, Project Manager for DDI and Certification Phase and Operations, Maintenance and Configuration Phase
- **Carol Pangborn**, Contract Manager for DDI and Certification Phase and Operations, Maintenance and Configuration Phase
- **George Bjorkman**, Integration Lead for DDI and Certification Phase and Technical Manager for Operations, Maintenance and Configuration Phase
- **Gay Todd**, Testing Lead for DDI and Certification Phase
- **Kelly Nabozny**, Certification Lead for DDI and Certification Phase
- **Beth Henry**, Business Operations Manager for Option B, Operations, Maintenance and Configuration Phase



Brian Haw, Project Manager, DDI and Certification Phase and Operations, Maintenance and Configuration Phase

Summary of Qualifications

Brian Haw is a dedicated project manager with more than 16 years of proven success managing healthcare systems integration projects. His strong IT background includes identifying system needs and implementing technical solutions that support expanding operations. He is a proven leader, able to manage on-site and off-site teams of project managers, developers, and analysts throughout each phase of the software development lifecycle. His experience focuses on Medicaid healthcare enterprise systems, and he has worked closely with government agencies, familiar with regulations and requirements unique to each state. Prior to joining DXC, Brian has held positions of increasing responsibility and scope across Xerox Corporation, Technology Services Corporate, Cap Gemini America, and Globe Machinery and Supply Company.

Brian lives in Helena and will work from the State's primary project location.

The following table highlights some of this experience relevant to the State of Montana.

Relevant Experience

Project	Responsibilities	Role
Payment Method Development, Conduent 0.5 years (February 2017 – present)	- Responsible for planning and implementing enhanced analysis tools and processes to support broad payment method development projects supporting State Medicaid systems - Designing and implementing new methods of paying for hospital inpatient care - Updating fee schedules for physician services - Designing and implementing a new claims processing subsystem for nursing facility rate setting - Evaluating and implementing methods to improve payment methods for hospital outpatient care - Measuring potentially preventable readmissions and complications in hospital care	Director



Project	Responsibilities	Role
Alaska Medicaid Fiscal Agent Services 1 year (December 2015 – February 2017)	• Provided project management for Alaska Medicaid enterprise systems, oversaw multiple vendor contracts, and led teams during all phases of SDLC (developers, analysts, project managers, and technical personnel) • Served as a key member of the project team that secured CMS certification • Ensured customer satisfaction by maintaining transparent communication with clients daily • Resolved scope, schedule, and budget issues for projects	Project Manager
Montana Enterprise DDI 3.5 years (April 2012 – December 2015)	• Oversaw the design, development, and implementation of the Health Enterprise system, including enterprise-wide architecture, networking, systems integration, hardware, and software; directed the technical team activities from inception through implementation • Identified and delivered change orders for work scope outside of contract requirements • Ensured quality standards were met by collaborating with vendors and subcontractors • Established and developed relationships with key stakeholders across the program and with client project managers and subcontractors • Held P&L oversight, including managing cost components across departments, budgets, and forecasting • Identified and resolved resource or critical path issues that could negatively affect the ability to meet the deliverable schedule • Ensured excellent internal communications that fostered a customer-centric operation	Project Manager
Montana Medicaid Fiscal Agent 11.5 years (November 2000 – April 2012)	• Managed projects and system changes to the Montana Medicaid Management Information System (MMIS), including the Pharmacy Benefit Management System (PBM) and the Decision Support System (DSS)	MMIS Systems Manager



Project	Responsibilities	Role
	- Led a staff of 15 technical professionals that monitored, maintained, and enhanced the MMIS and supporting systems - Served as the project manager for HIPAA X12 (4010/5010), Privacy and Security, National Provider Identification, and ICD-10 development and deployments - Maintained customer satisfaction by collaborating with clients daily, as well as ensuring system changes were completed in a timely and accurate manner	

EDUCATION

Associate of Applied Science (AAS), Computer Science/Programming, Indian Hills Community College, Ottumwa, Iowa

CERTIFICATIONS AND AWARDS

- ACS CISCO Security and Privacy Training Certification
- 7 Habits of Highly Effective People
- Microsoft Excel Level 3
- Haely Allen Memorial Customer Service Award, Xerox (2009)
- Distinguished Service Medal, United States Marine Corps

References

#	Reference Name, Title	Organization	Contact Information
1	Darren Steiner Senior Consultant, CGS	Former State of Montana MMIS Coordinator	Phone: 1 406 202 3639 Email: darren.steiner@gmail.com
2	Kevin Quinn Senior Health Economist at 3M Health Information Systems	Former Vice President of Payment Method Development, Conduent (Xerox)	Phone: 1 406 438 1286 Email: kquinn@mmm.net



Carol Pangborn, Contracts Manager, DDI and Certification Phase and Operations, Maintenance and Configuration Phase

Summary of Qualifications

Carol Pangborn has held a broad range of contract management, executive, and delivery leadership roles across the healthcare and Medicaid industry. She exceeds the requirement for five years of contract management experience with more than 20 years of experience on Medicaid contracts. Carol has successfully managed significant client relationships, resources, and operations. She has participated in the start-up of new contracts, as well as maintaining existing contracts. Her combination of diverse skills and experience make her a knowledgeable contracts manager, familiar with managing contracts for multiple state healthcare programs.

In her position as account executive for DXC's Medicaid contracts with Kansas and Mississippi, Carol managed complex contracts, managed customer relations, and made critical decisions. She brings additional contract management experience from her years with the Kentucky Medicaid project. With 21 years of contract management experience for Medicaid contracts, Carol far exceeds the minimum requirement for this position. The following projects demonstrate her experience relevant to the contracts manager role.

Relevant Experience

Project	Responsibilities	Role
Colorado Medicaid 2 months (Sep 2017 – present)	- Responsible for fiscal agent operations and MMIS technical support for the Colorado Medicaid Program - Focused on stabilization activities following implementation of the interChange MMIS in March 2017	Account Executive
Cognosante, Kansas Department of Health (KDHE) 1 year (Oct 2016 – Sep 2017)	- Provided consulting support to KDHE - Conducted quality assurance of implementation testing of the Kansas Modular Medicaid System - Wrote contract and monthly deliverables - Wrote internal user training materials - Reviewed implementation deliverables (DSDs, DEDs, test plans, test results)	Consultant
Kansas Medicaid 12 years, 5 months (Jan 2002 – Jun 2013)	- Managed operations for the Kansas Medicaid Program, Kansas Premium Billing and Collection, and customer service/mailroom support - Successfully completed the takeover of the BCBS Medicaid Management Information System (MMIS)	Account Executive



Project	Responsibilities	Role
	- Implemented a state-of-the-art, client-server replacement MMIS - Implemented an automated prior authorization solution, beneficiary web portal, enhanced provider web portal, replacement of state Medicaid finance and reporting system, and enhanced retrospective drug utilization review services - Oversaw contract management and deliverables	
Mississippi Medicaid 7 years, 9 months (Mar 1994 – Dec 2001)	- Managed fiscal agent operations for the Mississippi Medicaid Program - Implemented Medicaid eligibility determination enhancement, Y2K compliance, decision support system, ClaimCheck/ClaimReview, and prospective drug utilization review - Transitioned MMIS, hiring and training 130 employees, and beginning operations in an unprecedented 60 days - Ensured contract compliance and all SOW requirements and deliverables met	Account Manager
Kentucky Medicaid 3 years, 2 months (Jan 1992 – Mar 1994, Jun 1989 – Jun 1990)	- Responsible for Contract monitoring, provider services, and third-party liability (TPL) - Led quality task force identifying, developing, and implementing quality initiatives - Created process improvement team to review manual processes and improve efficiencies	Deputy Account Manager

References

#	Reference Name, Title	Organization	Contact Information
1	Christiane Swartz , Deputy Medicaid Director	Kansas Division of Health Care Finance	Phone: 1 785 368 6296 Email: christiane.swartz@ks.gov
2	LouAnn Gebhards , Senior Project Manager	Kansas Division of Health Care Finance	Phone: 1 785 296 0609 Email: louann.gebhards@ks.gov



George Bjorkman, Integration Lead: DDI and Certification Phase, Technical Manager: Operations, Maintenance and Configuration Phase

Summary of Qualifications

George Bjorkman is an experienced integration and technical leader with exceptional management and technical skills. He has a diverse portfolio of experience in mainframe and client/server environments and deep MMIS implementation experience. George has led teams of application developers, database administrators, and system architects in system takeovers, support transitions, implementations, production support, and conversions for multiple state Medicaid systems.

George brings nearly 30 years of experience with Medicaid systems in 10 states, 27 years of leadership experience, and 22 years of experience as technical delivery manager and implementation manager. George brings the technical experience needed to install and provide ongoing support for the Provider solution, and the following table lists his experience relevant to this role.

Relevant Experience

Project	Responsibilities	Role
Kansas Medicaid Implementation 5 months (May 2017 – present)	- Consulting with the data conversion team to review processes and procedures and project plans and to assist with integration activities - Assisting the product integration team to design set up, and configuration processes and procedures - Assisting the technical architecture team with environmental build planning	Technical Manager
Indiana Medicaid Implementation 3 years, 2 months (Mar 2014 – May 2017)	- Coordinated the technical aspects of the MMIS application, including system development, implementation planning, and delivery; the team implemented a new Enterprise Service Bus in support of the SOA system enhancements - Reported project status to the state and worked with the state PMO and IV&V vendor - Responsible for oversight of system data conversion activities - Collaborated with a team of more than 200 developers, testers, and project managers	Implementation Manager



Project	Responsibilities	Role
Oklahoma Medicaid Implementation 4 years, 6 months (Sep 2009 – Mar 2014)	- One of two technical managers leading multiple projects to enhance the Oklahoma MMIS - Integrated a newly designed provider portal - Built, documented, and communicated risk and issue management and project communication plans - Managed defect resolution, customer relationship, communication, and the .NET development team, retiring the old MMIS user interface	Technical Delivery Manager
Massachusetts Medicaid Implementation 4 years, 4 months (May 2005 – Sep 2009)	- Led the data conversion effort providing direction to the conversion manager and conversion team - Worked closely with the technical and business teams, contractor, and customer on conversion processes, standards, deliverables, and results - Managed the relationship with the Commonwealth data warehouse team, working through the technical and business issues with transitioning to a new source system and interface method - Initiated the performance, volume, and parallel testing of the system - Directed the initial strategy, plan, and execution of performance testing working with the Commonwealth to address their performance standards and expectations - Directed the claims parallel testing coordinating the work of technical and business teams to exercise and validate the claims processing system	Technical Manager
Kansas Medicaid Account 2 years, 9 months (Feb 2002 – Nov 2004)	- Served as the implementation manager for design, development, and implementation of the interChange MMIS for the State of Kansas - Participated in joint application design sessions, system development, testing, production installation, post implementation follow-up, and the MMIS certification review - Responsible for work plans, staff resource allocations, project management, and financial and scope management across multiple on-site and remote support teams during implementation of Kansas MMIS	Medicaid Implementation Manager
Indiana Medicaid Account 1 years, 5 months (Nov 1993 – Apr 1995)	- Coordinated off-site technical support for Indiana's distributed client/server Medicaid application - Planned, staffed, and provided project management for multiple remote technical support teams to deliver enhancements and support the Indiana MMIS	Systems Engineer Manager/Supervisor



Project	Responsibilities	Role
	- Directed the activities of the conversion team in converting the data from a mainframe environment to a RDBMS on a distributed client/server platform - Responsible for the population and data integrity coordination of the production environment and three implementation testing environments for the Indiana MMIS	

Additional experience includes support of the Kentucky, Colorado, Wisconsin, Connecticut, Texas, and Idaho Medicaid accounts as a systems engineer and supervisor.

Education

Bachelor of Science, Mathematics, Oral Roberts University, Tulsa, Oklahoma

Associate of Arts, Mathematics, Chaffey College, Alta Loma, California

References

#	Reference Name, Title	Organization	Contact Information
1	Maria Montgomery , Senior Manager – Business Operations	KDHE Division of Health Care Finance	Phone: 1 785 296 7763 or 1 785 274 4283 Email: mmontgomery@kdheks.gov
2	Kevin L. Jones	FSSA – Division of Strategies and Technology (State of Indiana)	Phone: 1 317 234 8825 or 1 317 619 6811 Email: kevin.jones2@fssa.in.gov



Gay Todd, Testing Lead, DDI and Certification Phase

Summary of Qualifications

Gay Todd is a versatile project manager in information technology projects and management. She has experience with large, complex programs, leveraging her applications development, testing, and operations experience. She has more than three years of experience managing testing activities in projects of similar size and scope in the healthcare industry. She fully understands the software development lifecycle and the role of testing in a successful system validation. The following projects demonstrate Gay's relevant experience as a testing lead.

Relevant Experience

Project	Responsibilities	Role
Health Care Industry Testing, Medicaid Systems 3 years (July 2014 – present)	• Commonwealth of Puerto Rico – Medicaid System: Responsible for all testing phases including System Integration Testing, Performance Testing (Load/Stress), support of User Acceptance Testing, Spanish Localization, User Interface testing leading a diverse team; primary DXC testing representative to the customer and other vendors supporting the Medicaid system implementation • State of Colorado – Medicaid System: Responsible for system test analysis and design through test execution for claims, reference, BPA, financial and TPL sub-systems; responsible for System Integration Test Execution support, leading a team of more than 20 testers • State of Delaware – Medicaid System: Developed test plan deliverable; developed and implemented test case development and execution process using HP Application Lifecycle Management tool; significant coaching to new test leads and testers on methodology and standards; and operational interface with application architect and project managers for functional areas	Testing Manager



Project	Responsibilities	Role
Business Exchange Services Testing 1 year (April 2013 – June 2014)	- Introduced testing methodology to testing services while transitioning delivery teams - Supported three concurrent projects - Responsible for testing as a part of production support, infrastructure modernization, and client migration from one B2B service to another	Testing Manager
Symantec 1 year (April 2012 – April 2013)	- Testing manager for TIBCO Upgrade Project Phase 1, 2 - Upgraded 60 applications over a six-month period - Transferred delivery of services from Mphasis to offshore resources - Developed the project schedule to monitor and track progress for the QA team testing improvements initiative	Testing Manager
HP ES Testing Portfolio 2 years (Feb 2010 – April 2012)	- Responsible for developing and launching the Mobile Testing offering - Managed concept-to-production deliverables and tollgates and the project schedule input from 10 technical domain experts - Provided Testing-as-a-Service, automation, and performance across regions - Developed non-functional testing guidelines for agile projects - Owned the HP Testing Estimating Tool and subsequent releases - Provided issue and risk management for the SAP Test Factory	Project Manager
GM Global Business Services 2 years (Nov 2008 – Jan 2010)	- Managed testing activities for Medgate for Health Services - Managed testing for release 1B and release 2	Testing Manager
EDS Testing Practice 2 years	- Managed and improved the testing engagement process working with global delivery teams - Managed the global deployment of HP's Test Director for Quality Center tool used for test management across UK, India, Australia, Egypt, and the United States	Project Manager



Project	Responsibilities	Role
(Jul 2006 – Nov 2008)	Directed six regional project leaders and interfaced with the internal tool team to meet testing practice requirements	

Education

Bachelor of Science, Industrial Management, Lawrence Technological University, Southfield, Michigan

Certifications

Project Management Professional (PMP), ITIL Foundations Certified, Foundation Certificate in Software Testing (ISTQB)

Certification Name	Certification #	Date
Project Management Institute	48913	15 April 2002
ISTQB Foundation	None	2006
Certified ScrumMaster	Member number	27 April 2011

References

#	Reference Name, Title	Organization	Contact Information
1	Gayle Fajardo-Lane PR MMIS Implementation/DDI Manager	Services performed for Puerto Rico Department of Health	Phone: 1 717 547 7954 Email: gayle.fajardo-lane@dx.com
2	Brian Johnson Colorado MMIS Implementation Manager	Services performed for Colorado Department of Health Care Policy & Financing	Phone: 1 512 319 6254 Email: brian.johnson4@dx.com



Kelly Nabozny, Certification Lead, DDI and Certification Phase

Summary of Qualifications

Kelly Nabozny has more than 16 years of state healthcare experience, with two and a half years of certification lead background with additional certification experience. Before the start of the Montana DDI (mid-year 2018), Kelly will have more than three years of certification lead experience with the Colorado system. Kelly's knowledge and experience in Project and Program Management are key to ensuring she is successful in coordinating CMS requirement reviews between the state business owners and project team members. As a CMS certification manager for Colorado Medicaid, Kelly is responsible for the identification and validation of federal CMS Certification requirements that are applicable to the DXC solution for Medicare and Medicaid systems. Her role makes sure that the DXC MMIS solution for Colorado achieves 90% federal matching funds.

The following projects demonstrate her experience relevant to the certification lead role.

Relevant Experience

Project	Responsibilities	Role
Colorado MMIS 2.5 years (Feb 2015 – present)	- Coordination with the state to develop and submit the CMS Certification Phase deliverables in accordance with the Department's schedule - Coordination of the creation of the validation descriptions and artifacts needed for the R2 (Operational Milestone Review) and R3 (Certification Final Review) CMS reviews - Incorporation of the changes required by CMS for certification to move from the MITA 3.0 Framework to the: - MECL (Medicaid Enterprise Certification Life Cycle) in May 2016 - Medicaid Enterprise Certification Toolkit (MECT) V.2.2 in July 2017 - Coordination of the support needed for the state presentation of the system to CMS - Responsible for the coordination of over one hundred diverse stakeholders to successfully integrate and implement Colorado Medicaid's automated claims processing and information retrieval system	Systems Integration and CMS Certification Manager
HPE State & Local Government Projects 4 years	Oversight for state and local government projects ranging from \$10 to >\$100 Million, from 50 to 200 resources (Child Support and Care, Department of Motor Vehicles, Unemployment and Insurance)	State & Local Government / Project Oversight Coach & Mentor



Project	Responsibilities	Role
(Dec 2010 – Feb 2015)	- Developed effective relationships with the account teams to understand requirements, expectations, and approaches to address and resolve issues - Provided guidance and support for start-up activities, including Project Quick Starts, implementation of project management processes, and applications delivery methodologies, such as waterfall, iterative, scrum for five large accounts - Reduced project start-up time by at least half of the planned time and resulted in a more detailed plan and schedule with much less risk - Provided Health Check Reviews and Improvement Plan Implementation support - Recommended efficiencies to governance with best practices and continuous improvement, including realigning account structure for improved change management and escalation paths - Used common metrics, capability baselines, and trend analysis for project improvement	
Commercial Healthcare – CIGNA 1 year (Oct 2009 – Nov 2010)	- Defined the delivery processes and tools to support the changing scope of a complex project - Onboarded up to 50 to 100 resources monthly without impacting delivery - Established the HP EPMO Infrastructure with effective governance, managed the operation, aligning to appropriate PMBOK and PPM capabilities - Led the team of EPMO staff and PMs on the project	EPMO (Enterprise Program Management Office) Start-up & Implementation Manager
State Medicaid Projects 10 months (Jan 2009 – Oct 2009)	- Supported certification activities for new MMIS in Ohio - Led a team of project and program management experts in the creation of a Best Practices Kit for State Medicaid implementations; projects ranging from \$200 to >\$600 Million, from 80 to 400 resources. The kit enabled project start-up with 20% less resources and accelerated start-up of large projects to half the time of the traditional models. - Streamlined the way work was organized, monitored, and completed across the process disciplines (business analysis, technical development, testing, and project management). - Led the creation of business process and technical design and development guides, enabling less experienced resources to produce higher quality and consistent application development	Delivery Oversight and Implementation Manager



Project	Responsibilities	Role
	Led the Corrective Action planning and facilitated joint state and account team planning sessions to turnaround failing projects and programs	
Delivery Assurance Enablement for the Applications Development Organization 3 years (Aug 2005 – Dec 2008)	- Applied quality principles from manufacturing disciplines to business processes to create a predictive model for software development projects based on business rules and predictive measures - Calibrated a predictive model for the Applications Delivery Organization, and provided decision-making support for PMs in analyzing performance, assessing areas of variation/potential risks, and leveraging suggested mitigations; study received numerous accolades from the EDS Technical community and was proposed for a patent for the methodology used in the study - Created the plan for daylight savings switch, stood up a Rapid Response Center for cut-over and testing of approximately 1,800 applications, 145,500 infrastructure devices, and 200 tools in five weeks - Implemented a single process with the capability to deliver and manage leads to/for U.S. retail dealers	Program Manager

Education

Master of Business Administration, University of Michigan, Dearborn, Michigan

Master of Science, Industrial and Systems Engineering, University of Michigan, Dearborn, Michigan

Bachelor of Science, Industrial and Systems Engineering, University of Michigan, Dearborn, Michigan

Certifications

Certified Project Management Professional, Project Management Institute, June 1995, ID# 68500

Certified Scrum Master, Scrum Alliance, November 2013, # 293098

Facilitator and Trainer

Due Diligence (Risk) Leader



References

#	Reference Name, Title	Organization	Contact Information
1	Frank Fahey , Account Manager	Grit Technologies	Phone: 1 586 322 8585 Email: ffahey@grittechs.com
2	Jackie Fleener , IN CMS Certification Manager (DXC)	DXC ES Tech Services	Phone: 1 512 319 4297 Email: jackie.fleener@hpe.com



Beth Henry, Business Operations Manager, Option B, Operations, Maintenance and Configuration Phase

Summary of Qualifications

Beth Henry has 11 years of experience in leadership and management level positions. She spent those years in the healthcare field, with an emphasis in project implementations and business operations.

As the field services leader, during the Florida MMIS implementation, Beth delivered training across the state in multiple locations for 15,000 providers. She was responsible for the provider electronic visit verification functions for home healthcare and personal care providers project implementation in Florida, coordinating all provider training activities, establishment of the go-live web site, and setup and ongoing leadership of the Call Center.

Her current responsibilities include the direction of strategies and leadership of 200 staff members, which includes all business operations (Banking, Call Centers, Claims, Documentation, EDI, Field Services, Mailroom, Pharmacy, Prior Authorizations, Provider Enrollment, Quality, Third-Party Liability, and Training) of the DXC Nevada Medicaid account.

Relevant Experience

Project	Responsibilities	Role
Nevada Medicaid 1 year (Jul 2016 – present)	- Leads all business operations areas (provider enrollment, training, banking, call centers, claims, documentation, EDI, field services, mailroom, prior authorizations) - Ensures adherence to service-level agreements (SLAs), implementation of updates to meet State requirements and efficiencies across operations - Mentors next-level leadership to improve quality and timeliness - Maintains communication and strong relationships with state counterparts	Account Operations Executive
Florida Medicaid 2 years, 11 months (Aug 2013 – Jul 2016)	- Managed business operations areas (provider enrollment, banking, call centers, claims, documentation, EDI, field services, mailroom, print operations, quality) - Maintained adherence to state and federal requirements - Reviewed the contract for adherence - Mentored next-level leadership - Developed strategies for efficiencies across operations	Deputy Account Executive



Project	Responsibilities	Role
Florida Medicaid Provider Electronic Visit Verification (EVV) 3 years, 4 months (Apr 2010 – Aug 2013)	• Led the implementation for provider training, including contract negotiations for service levels and contracts with outside parties for implementation training delivery • Led the expansion of the program • Established and staffed the call center • Oversaw daily operations, including staffing, provider training, client reporting, and maintaining SLAs	Program Manager
Florida Health Kids Program 7 months (Sep 2009 – April 2010)	• Led the business areas, application processing, renewal applications, and supporting documents • Ensured all areas performed within SLAs • Implemented procedural changes to meet changing client requirements • Identified and developed potential leaders within the team	Eligibility Services Manager
Florida Medicaid 2 years, 11 months (Oct 2006 – Sep 2009)	• Coordinated day-to-day activities of 17 field representatives, including client and provider support, training, travel, and budgeting • Reviewed, assigned, and resolved provider issues, including those escalated through client and government offices • Created and implemented process flow and procedures for field services staff, support specialists, and publications coordinators • Oversaw activities related to content creation, deployment, and maintenance of the Florida Medicaid Provider Web Portal • Organized and administered FMMIS statewide provider implementation training for 15,000 providers, including material development, staff scheduling, and contract reviews	Field Service Supervisor

Education

Bachelor of Arts, Consumer Economics, Florida State University



References

#	REFERENCE NAME, TITLE	ORGANIZATION	CONTACT INFORMATION
1	Gay L. Munyon , Chief Fiscal Agent Operations	Florida Agency for Health Care Administration	Phone: 1 850 412 3450 (Office), 1 850 570 4372 (Cell) Email: gay.munyon@ahca.myflorida.com
2	Diane Evenson , DXC National DDI Director	DXC	Phone: 1 608 358 5679 Email: diane.evenson@dxc.com



4.2.4 Offeror Financial Stability

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

On May 24, 2016, Hewlett Packard Enterprise Company ("HPE"), the corporate parent of Enterprise Services LLC ("ES"), announced plans to spin-off and merge its enterprise services business (including ES and its public sector business) with Computer Sciences Corporation ("CSC"), creating a new pure-play global IT services powerhouse. The transaction was completed on April 1, 2017. DXC Technology is a Fortune 500 Company that builds on the long history and strengths of both companies.

The combined technical, financial, and infrastructure resources of DXC position us as a \$25B global IT services leader. Financial stability and continuity are the foundation of the services we provide. DXC's financial strength and stability are documented in our annual reports and quarterly statement as detailed below for HPE, CSC, and DXC.

The two companies that formed DXC Technology had different fiscal years (FYs):

- Hewlett Packard's (HPE's) and Hewlett Packard Enterprise's fiscal year began November 1 and ended October 31.
- Computer Sciences Corporation's (CSC's) fiscal year began April 1 and ended March 31.

Therefore, we are providing 2014, 2015, and the portion of FY 2016 that preceded the merger for the HP and Hewlett Packard Enterprise part of the merger, and for CSC 2015, 2016, and 2017. (DXC Technology's fiscal year also begins April 1 and ends March 31.)

HP and Hewlett Packard Enterprise

- HP_Annual Report 2014.pdf
- HPE_Annual Report 2015.pdf
- HPE_ProxyStatement2016AnnualReport.pdf

CSC

- CSC_AnnualReport_2014_10K_LLL.pdf
- CSC_Annual_Report_2015_10k_LLL.pdf
- CSC_Annual_Report_2016_FINAL_LLL.pdf

DXC Technology

We are providing DXC's quarterly statements for the first and second quarters of 2018.

- DXC_Annual_Report_2017_w10K.pdf



- DXC_Technology_Q1_FY18_Earnings_Call.pdf
- DXC_FY18_Q2

The above-referenced documents are being submitted as separate pdf files along with this response to Section 4.



4.2.5 Oral Presentation/Product Demonstration/Interview

Offerors selected to participate in product demonstrations/interviews will be notified by the State in advance. For planning purposes, the State will submit an agenda and specific guidance as deemed appropriate to promote productive and efficient product demonstrations. The Offeror is expected to demonstrate and answer questions on the products and/or services outlined in the Offeror's proposal to meet the requirements of this RFP. It is required that the Contractor have a demonstration environment that is comprised of the proposed solution components that are currently operating in a production environment. Product Demonstrations/Interviews will be scheduled for all offerors who received a 70% or higher score on the technical proposal.

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

- Project Manager
- Contract Manager
- Testing Lead
- Integration Lead
- Certification Lead

DXC understands that the State will notify in advance the offerors selected to participate in product demonstrations/interviews. We further understand that, for planning purposes, the State will submit an agenda and specific guidance as deemed appropriate to promote productive and efficient product demonstrations. We confirm the expectation that DXC is expected to demonstrate and answer questions concerning the products and/or services outlined in our proposal to meet the requirements of the RFP. We will have a demonstration environment comprising the proposed solution components that are currently operating in a production environment. We confirm our understanding that product demonstrations/interviews will be scheduled for the offerors who receive a 70 percent or higher score on the technical proposal.

DXC will meet the requirement to bring certain key personnel to the product demonstrations/interviews in Helena, Montana. At minimum, we understand the following key staff are expected to be present and that we are welcome to bring additional staff at our discretion:

- Project manager
- Contract manager
- Testing lead
- Integration lead
- Certification lead



4.2.6 Equal Pay for Montana Women

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

- (a) posting salary ranges in employment listings;
- (b) certifying that the contractor will not ask about wage history in employee interviews; and
- (c) certifying that the contractor will not retaliate or discriminate against employees who discuss or disclose their wages in the workplace.

☐ No, I do not agree.

Company Name (Clearly Printed): _____

Authorized Signature: _____

Date: _____

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

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

Company Name (Clearly Printed): _____

Authorized Signature: _____

Date: _____

The following Statement of Compliance with Equal Pay for Montana Women constitutes DXC's commitment to comply with the best practices to promote wage transparency outlined in Executive Order No. 12-2016. Please note that we also have uploaded this certificate into Question 1.6 on the eMACS Vendor Portal.



DEPARTMENT OF ADMINISTRATION
STATE FINANCIAL SERVICES DIVISION
STATE PROCUREMENT BUREAU

sfsd.mt.gov



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GOVERNOR

STATE OF MONTANA

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PO BOX 200135

(406) 444-2575
(406) 444-2529 FAX
TTY Users-Dial 711

HELENA, MONTANA 59620-0135

Certificate of Compliance

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

- (a) posting salary ranges in employment listings;
- (b) certifying that the contractor will not ask about wage history in employee interviews; and
- (c) certifying that the contractor will not retaliate or discriminate against employees who discuss or disclose their wages in the workplace.

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

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

Company Name (Clearly Printed): DXC Technology

Authorized Signature: Susan D. Arthur

Date: 10/20/17

☐ No, I do not agree.

Company Name (Clearly Printed): _____

Authorized Signature: _____

Date: _____