



infocrossing
A Wipro Company



State of Montana

DPHHS

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

RFP # DPHHS-RFP-2020-0254T

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Offeror Qualifications

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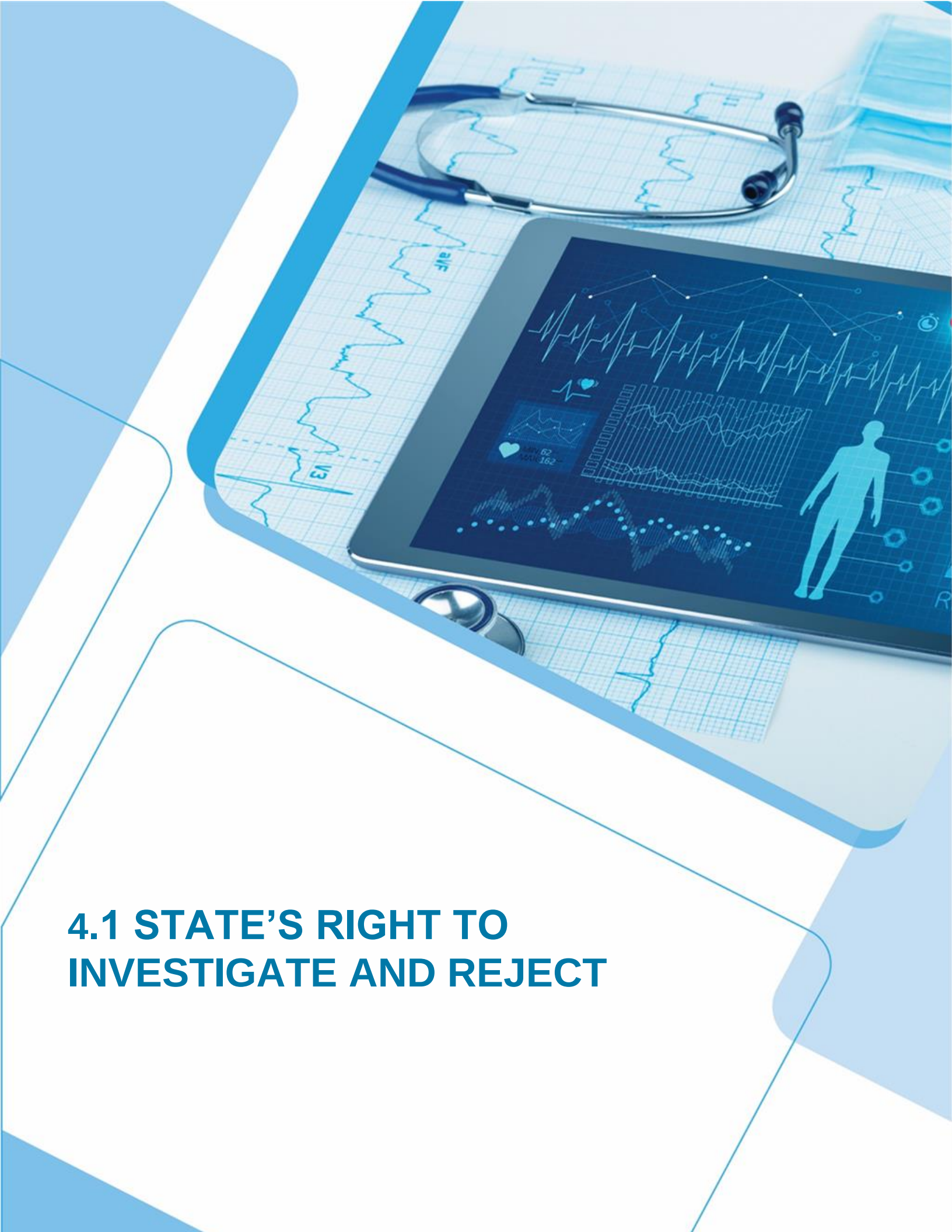
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SECTION 4: OFFEROR QUALIFICATIONS

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.

Team Wipro understands the State's expectations for response and has provided our response to each subsection below.



4.1 STATE'S RIGHT TO INVESTIGATE AND REJECT

4.1 STATE'S RIGHT TO INVESTIGATE AND REJECT

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

This includes the State's ability to reject the proposal based on negative references.

Team Wipro has thoroughly read and understands the State's Right to Investigate and Reject section. We understand and welcome the State of Montana to investigate our ability to provide the supplies and perform the services specified in this Request for Proposal (RFP). We also fully understand the need to verify our qualifications and are confident that upon verification, the State will find Wipro Infocrossing qualified to perform the requirements of this RFP. Team Wipro understands the State has the right to reject our proposal if our response or your investigation does not meet the expected qualifications, including our references providing negative feedback based on past performance in order to perform the required services of the contract.



4.2 OFFEROR QUALIFICATIONS

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.

Team Wipro has thoroughly read and understands the Offeror Qualifications section. We will comply and provide all requested information in the subsections of section 4 of the RFP to enable the State to determine our capability to provide the services required in the contract.

Infocrossing, a Wipro company, is fully qualified and capable of fulfilling all requirements of the contract to contribute to the State of Montana's Program for Automating and Transforming Healthcare (MPATH) vision. Infocrossing LLC is a wholly owned subsidiary of Wipro Limited. Infocrossing was acquired by Wipro in 2007 and is now fully integrated, financially and operationally, with Wipro. Infocrossing offers IT and business operations services to Medicaid and Medicare programs across the United States. Infocrossing is part of Wipro's Health business unit, which is the fastest growing vertical at Wipro and accounts for 13.3% of Wipro's \$8.5+ billion revenues.

Team Wipro has in-depth knowledge and extensive experience with the requirements outlined in this Request for Proposal (RFP), including a successful relationship of over 30 years with the State of Missouri serving as their Medicaid Management Information System (MMIS) partner and Fiscal Agent. We feel the State of Montana will be pleased with our offeror qualifications identified in Section 4.

4.2.1 REFERENCES

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

disqualification. Provide the information above for each proposed subcontractor.

Team Wipro has thoroughly read and understands the References section. We are pleased to provide the following company and proposed subcontractor references for your consideration. The company references provided have used or are currently using products and/or services proposed in this RFP. Team Wipro understands the references will be contacted to confirm our ability to perform the contract. In the event a reference cannot be contacted or provides negative feedback, we understand our proposal may be disqualified. The experience identified in this section is based on the experience of Wipro Infocrossing and our collaborative partnerships for each service category (Core, Option A, Option B, and Option C). The Wipro Infocrossing and subcontractor's references for each service category include:

- ✓ Missouri HealthNet Division – Core Services and Options A/B/C Services
- ✓ Blue Cross Blue Shield of Arizona – Core Services
- ✓ AllyAlign Health – Core Services
- ✓ Independent Health – Core Services
- ✓ Baylor Scott and White Health Plan – Core Services
- ✓ UMMS – University of Maryland Medical Systems – Core Services
- ✓ AmeriHealth Caritas – Core Services
- ✓ Noridian Health Services – Core Services
- ✓ Network Health – Core Services

4.2.1.1 WIPRO INFOCROSSING REFERENCES

Table 4-1: Wipro Infocrossing Customer Information Reference 1

Customer Information: Reference 1	
Customer Name:	MO HealthNet Division, Department of Social Services
Customer Location (Where services were provided)	Jefferson City, Missouri
Contact Name:	Darin Hackmann
Contact Title:	Medicaid Enterprise Systems CIO
Contact Phone Number:	(573) 751-7996
Contact Email Address:	Darin.M.Hackmann@dss.mo.gov
Description of Project:	Wipro Infocrossing is the MMIS and Fiscal Agent partner for Missouri Medicaid. While the current contract was awarded in 2007, the team has been providing these services since 1988. We provide the State of Missouri with quality MMIS maintenance and operations, and comprehensive fiscal agent services, including call centers, document management, and fulfillment services: • Maintenance and enhancement of MMIS • Maintenance and enhancement of financial solutions • Technical call center and support of system • Data warehouse/business intelligence • Support the state budget, planning, audit, and federal reporting • Rules engine for claims processing

Customer Information: Reference 1

- Web service for provider education, claim submission, and enrollment
- Call center services for program participants (900,000) and healthcare service providers (65,000) with the call centers located in Missouri
- Claims receipt, processing, adjudication, and reporting
- Surveillance utilization, reporting for fraud, waste, abuse detection and reporting
- Clinical services call center
- Mailroom services for receipt and distribution of letters and packets with a mailroom located in Missouri
- Professional review services for prior authorization and pre certification of services provided to program participants with professional review staff located in Missouri
- Third Party Liability (TPL) cost avoidance services including identifying and verifying TPL leads based on information supplied by program participants and updating participant records
- Print Medicaid ID cards and mail to program participants

In the last few years, we have undertaken several enhancement projects to modernize and modularize the MMIS, such as creating web-based portals for providers and State staff. Specifically in the last 5 years, the key projects include:

1) MMIS Rules Engine Enhancement Project

In order to be more responsive to the policy changes be deployed a Commercial-off-the-Shelf (COTS) Rules Engine to configure business rules for claims adjudication and processing. The rules utilize related data elements and values to support validation of data, adjudication, and pricing of a MO HealthNet claim. The project was successfully implemented in 2015 with a seamless release ensuring zero impact to users order to be more responsive to the policy changes be deployed a COTS Rules Engine to configure business rules for claims adjudication and processing. The rules utilize related data elements and values to support validation of data, adjudication, and pricing of a MO HealthNet claim. The project was successfully implemented in 2015 with a seamless release ensuring zero impact to users.

2) ICD-10 Enhancement Project

Key to the accurate adjudication and financial processing of claims is the International Statistical Classification of Diseases (ICD) and Related Health Problems codes which provide diagnoses codes and medical procedure codes on claim forms. Per federal mandate, the code-set that was currently in use by the MMIS was the International Classification of Diseases, Ninth Revision (ICD-9).

When the Centers for Medicare & Medicaid Services (CMS) mandated the use of the new ICD-10 code-set we incorporated the modifications to the MMIS per the scheduled implementation dates set by the State of Missouri. This project was implemented October 2013, two full years ahead of the CMS mandate of October 2015, which is when we went live. We started provider readiness outreach August 2015 to ensure a smooth transition.

3) Committee on Operating Rules for Information Exchange (CORE) HPID 278 Project

As part of the Health Plan Identifier (HPID)/278 project for the State of

Customer Information: Reference 1	
	Missouri, we modified the Medicaid Management Information Systems claims processing system to include the use of Health Plan Identifier (HPID), newly mandated by the Centers for Medicare & Medicaid. Simultaneously we implemented the Accredited Standards Committee (ASC) X12N 278 – Health Care Services Review – Request for Review and Response, version 5010, May 2006, as the standard for the referral certification and authorization transaction for specific professional services. We implemented this project August 2015. 4) Open Systems Consolidation and Data Center Migration Over the years, our open system environment had grown to include multiple operating systems ranging from MS Windows, IBM AIX, and HP UX to Linux. As part of our data center migration and mainframe upgrade initiative, we undertook a project to consolidate all our open system applications on Linux platform hosted on a VMWare virtual server environment. On January 1, 2018, we successfully cutover to the new environment with zero business disruption. 5) Transformed Medicaid Statistical Information System (T-MSIS) We have extensive experience working with the State of Missouri to meet the goals of T-MSIS. The initial transformation of MSIS to T-MSIS data was implemented in 2015. This included mapping the MMIS data, via the Source-to-Target mapping documents provided by CMS, to the expected T-MSIS file layouts to allow CMS to intake the data and process it. This data included: • Eligibility • Other claims • Inpatient claims • Pharmacy claims • Long-Term Care claims • Third-Party Liability details • Provider file details • Managed Care Plan Information Most recently, Wipro Infocrossing has been working with the State of Missouri to address the CMS identified 12 Top Priority Items (TPIs) and the 600+ new data elements being introduced.
Project Dates:	2007 – Current

Table 4-2: Wipro Infocrossing Customer Information Reference 2

Customer Information: Reference 2	
Customer Name:	Blue Cross Blue Shield of Arizona
Customer Location (Where services were provided)	Phoenix, Arizona
Contact Name:	Jody K. Mentz
Contact Title:	Staff VP, Advancement Office

Customer Information: Reference 2	
Contact Phone Number:	(602) 864-5664
Contact Email Address:	Jody.Mentz@azblue.com
Description of Project:	Blue Cross Blue Shield of Arizona had an objective of modernizing the enterprise to achieve growth objectives and address pressing business needs for Medicare Advantage. In addition, they hoped to support each business segment with technology that facilitates value-based care and increases speed to market along with offering a unique customer solution while remaining compliant and secure. Wipro Infocrossing, along with our partners HealthEdge® and Change Healthcare, provided a new 'Payor in a Box' platform consisting of integrated products. Wipro Infocrossing's Medicare360 SaaS Platform was implemented to provide an integrated solution for Eligibility and Enrollment, Premium Billing, Reconciliation, Encounter Data Processing, and Risk Adjustment. Wipro Infocrossing also deployed Electronic Data Interchange (EDI) Integration with Change Health Procedure Coding System (PCS) Gateway, Claims Integration with HealthEdge® and fulfillment integration with Red Card. The Medicare360 solution went live in September 2019, on time for 2019 Medicare Open Enrollment.
Project Dates:	Jan 2019 – Current

Table 4-3: Wipro Infocrossing Customer Information Reference 3

Customer Information: Reference 3	
Customer Name:	AllyAlign Health (AAH)
Customer Location (Where services were provided)	Glenn Allen, VA Jefferson City, MO
Contact Name:	David Crocker
Contact Title:	Chief Information Officer
Contact Phone Number:	(804) 396-6412
Contact Email Address:	david.crocker@allyalign.com
Description of Project:	AllyAlign Health enables innovative risk and payment models among payers, providers and consumers in the long-term care ecosystem. AllyAlign Health also operates directly in 2 markets under the Align Senior Care brand to offer Medicare Advantage plans for residents of senior living and long-term care communities in Virginia and Michigan. They are filing to CMS for approvals for 3 more states in 2020. Wipro Infocrossing is the partner of choice for Ally Align's Medicare line of business providing a SaaS platform, support and consulting services for Medicare Member Pre-enrollment, Member enrollment, Member Billing, Analytics, Revenue Reconciliation, and EDPS/ RAPS functionalities.
Project Dates:	2015 – Current

Customer Information: Reference 3	
	Key Implementation Milestones: • 2015 – Member360 module for Member eligibility and enrollment • 2016 – EDPS/ RAPS for processing and submitting encounters to CMS • 2017 – Revenue360 for revenue reconciliation • 2018 to 2020: eEnroll – enrollment portal for mobile users (built on Salesforce platform); and Member360 Billing module

4.2.1.2 SUBCONTRACTORS REFERENCES

Team Wipro has partnered with HealthEdge® to subcontract the SaaS based Claims processing system, and with Change Healthcare (CHC) to subcontract printing and fulfillment services. Please find below the references for our subcontractors, HealthEdge® and CHC.

HealthEdge® Customer References

Table 4-4: HealthEdge® Customer Information Reference 1

Customer Information: Reference 1	
Customer Name:	Independent Health
Customer Location (Where services were provided)	Buffalo, NY
Contact Name:	Eric Decker Dave Mika
Contact Title:	Eric Decker – SVP CIO Dave Mika – VP Enterprise Systems
Contact Phone Number:	Eric Decker: (716)-250-4497 Dave Mika: (716) 635-3733
Contact Email Address:	Eric.Decker@independenthealth.com Dave.Mika@independenthealth.com
Description of Project:	HealthEdge® successfully implemented HealthRules Payor as Independent Health's core processing system in 2014 and upgraded it to v19.3 in 2019.
Project Dates:	2010 – Current

Table 4-5: HealthEdge® Customer Information Reference 2

Customer Information: Reference 2	
Customer Name:	Baylor Scott and White Health Plan
Customer Location (Where services were provided)	Dallas and Austin, TX
Contact Name:	Victor Richey

Customer Information: Reference 2	
Contact Title:	SVP of IT Operations
Contact Phone Number:	(512) 257-6038
Contact Email Address:	Denise.Jones@BSWHealth.org
Description of Project:	HealthEdge® was contracted to implement the core Claims Management system for the Medicaid Managed Care Organization (MCO) plan at Baylor Scott and White. The project successfully went live in November 2019.
Project Dates:	2018 – Current

Table 4-6: HealthEdge® Customer Information Reference 3

Customer Information: Reference 3	
Customer Name:	UMMS –University of Maryland Medical System
Customer Location (Where services were provided)	Timonium, Maryland
Contact Name:	David Margolit
Contact Title:	Chief Operating Officer
Contact Phone Number:	(443) 552-3264
Contact Email Address:	dmargolit@UMMSHealthPlans.com
Description of Project:	HealthEdge® was responsible for the implementation of HealthRules Payor and HealthRules CareManager as the core claims processing and management system for UMMS. The project was successfully implemented in 2015, within 2 years of contract award.
Project Dates:	2013 – Current

Change Healthcare (CHC) Customer References

Table 4-7: Change Healthcare Customer Information Reference 1

Customer Information: Reference 1	
Customer Name:	AmeriHealth Caritas
Customer Location (Where services were provided)	Third Party Location: St. Louis, Missouri
Contact Name:	Donna M. Marandola
Contact Title:	Director, Corporate Financial Services
Contact Phone Number:	(215) 937-8487
Contact Email Address:	dmarandola@amerihealthcaritas.com

Customer Information: Reference 1	
Description of Project:	Change Healthcare is responsible for all claims and member correspondence including Medicare Distribution Network Service Provider (DNSP) EOBs, monthly and quarterly Medicare EOBs, Medicaid and commercial EOBs, remittance advices and corresponding checks, ad hoc claims correspondence and digital omni-delivery enablement.
Project Dates:	2010 – Current
Note:	Change Healthcare has a corporate policy stating they must facilitate reference contacts. Please contact Dan O’Grady at Change Healthcare to facilitate the outreach for this reference: Dan O’Grady Change Healthcare Phone Number: (916) 899-5817 Email Address: dogrady@changehealthcare.com

Table 4-8: Change Healthcare Customer Information Reference 2

Customer Information: Reference 2	
Customer Name:	Noridian Health Services
Customer Location (Where services were provided)	Third Party Location: St. Louis, Missouri
Contact Name:	Troy Aswege
Contact Title:	SVP Operations
Contact Phone Number:	(701) 282-1507
Contact Email Address:	taswege@noridian.com
Description of Project:	Printing, Mailing and Fulfillment services, including: • Explanation of Benefits • Remittance Advices • Supplemental Medical Review Contractor (SMRC) Letters • Checks • 1099s • Member Notifications/Enrollment
Project Dates:	2008 – Current
Note:	Change Healthcare has a corporate policy stating they must facilitate reference contacts. Please contact Dan O’Grady at Change Healthcare to facilitate the outreach for this reference: Dan O’Grady Change Healthcare Phone Number: (916) 899-5817 Email Address: dogrady@changehealthcare.com

Table 4-9: Change Healthcare Customer Information Reference 3

Customer Information: Reference 3	
Customer Name:	Network Health
Customer Location (Where services were provided)	Third Party Location: St. Louis, Missouri
Contact Name:	Tim Riley
Contact Title:	Chief Information Officer
Contact Phone Number:	(920) 720-1895
Contact Email Address:	triley@networkhealth.com
Description of Project:	Printing, Mailing and Fulfillment services, including: • Member EOBs • Provider Payments and EOPs • Member Correspondence
Project Dates:	2012 – Currents
Note:	Change Healthcare has a corporate policy stating they must facilitate reference contacts. Please contact Dan O'Grady at Change Healthcare to facilitate the outreach for this reference: Dan O'Grady Change Healthcare Phone Number: (916) 899-5817 Email Address: dogrady@changehealthcare.com

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.

Team Wipro has thoroughly read and understands the Company Profile and Experience section. Within this section, we provide detailed information about Wipro Infocrossing to display our qualifications and experience including descriptions of any similar past projects, product and service types and dates the products and/or services were provided, and clients who were provided the services. The Company Profile and Experience section also contains required information for our proposed subcontractors. The information provided is applicable to each service category (Core,

Option A, Option B, and Option C).

4.2.2.1 WIPRO INFOCROSSING PROFILE AND EXPERIENCE

The Company Profile and Experience subsections provide details regarding Wipro Infocrossing's profile and over 30 years of experience in the IT services industry, MMIS, and Fiscal Agent services.

4.2.2.1.1 WIPRO INFOCROSSING PROFILE

Infocrossing was acquired in 2007 to become a wholly owned subsidiary of Wipro Limited, one of the Top 10 Global IT consulting and services company with over 175,000 workforce, serving 1200+ clients across six continents. Wipro (www.wipro.com) is a publicly traded company (NYSE: WIT), with revenues of \$8.5 billion for the financial year ended March 31, 2019.

Wipro has successfully implemented and maintains enterprise solutions for hundreds of clients globally, leveraging its strategic partnerships with the leading technology providers, such as Microsoft, Salesforce, IBM, Oracle, SAP, AWS, and others.

Infocrossing is part of Wipro's Health business unit, which is the fastest growing sector in Wipro and constitutes 14% of Wipro's total revenues. We work with 185+ Healthcare and Life Sciences clients in 50+ countries. We have built a strong global engineering taskforce to address the specialized needs of our healthcare industry clients, which include leading IDNs and Health Systems, Government and Commercial Payers, prominent Clinical and Revenue Cycle Intermediaries, Medical Products Distributors and Supply Chain organizations.

Everest, in its 2020 PEAK Matrix report, has ranked Wipro a Star Performer in Overall IT Services, Application Services, and Digital Services, and as a Leader in Healthcare

The Wipro's Healthcare team consists of over 40,000 professionals (including software developers, data analysts, nurses, pharmacists, physicians, industry Subject Matter Experts (SME), technical architects, healthcare platform SMEs, program managers and project managers) with expertise across business consulting and architecture design for the entire healthcare value chain. Globally, Wipro has been supporting leading companies in every major healthcare segment, including:

- ✓ 5 of the top 10 commercial and 90+ Medicare Advantage plans
- ✓ 2 of the top 5 U.S. health systems; top 2 diagnostics laboratories
- ✓ 8 of top 10 global pharma, 8 of top 10 medical devices firms

Infocrossing, a wholly owned subsidiary of Wipro, is focused on government healthcare solutions and services for Medicaid and Medicare programs in the United States. As the Fiscal Agent partner to the State of Missouri, Infocrossing hosts, operates, and maintains the Medicaid Management Information System (MMIS) and also provides Enrollment Broker services. We process over 110 million claims/encounters per year from 65,000+ providers and three MCOs for over 900,000 Medicaid members. Over the years, we have helped the State of Missouri to automate and adjudicate 99.8+% claims electronically in real time.

Infocrossing also partners with the Centers for Medicare & Medicaid Services (CMS) to provide Medicare eligibility verification services. Using our SaaS solutions, 90+ Medicare Advantage plans manage member enrollment, process encounter data, and reconcile revenue, touching over 18 million Medicare members.



Figure 4-1: Wipro Infocrossing Medicaid and Medicare Experience

Wipro's HealthPlan Services (HPS) unit is the market leader in the individual health insurance exchange sector, servicing over three million members across Federal and state exchanges using our proprietary BPaaS (Business Process as a Service) platform.

In summary, Wipro Infocrossing has the depth of talent, healthcare expertise, vast experience, and strong financials to become a strategic and trusted partner of the State.

4.2.2.1.2 WIPRO INFOCROSSING EXPERIENCE

Since 1988, Wipro Infocrossing has provided a full range of fiscal agent services for the State of Missouri Medicaid program including systems, claims processing and contact center services. Our provider and member contact center services include provider enrollment, appeals and grievances, eligibility verification, provider and member relationship management, benefit plan selection and enrollment (enrollment broker) as well as clinical, pharmacy and technical contact center agent services.

In 2014, Infocrossing was awarded the Missouri Human Services Eligibility and Enrollment Center contract issued by the Family Support Division. More recently, Infocrossing assumed the customer service responsibilities for the Missouri Pharmacy (MoRx) program. This project was described by a State stakeholder as the most transparent and successful project in his 12 years of working in the program. In all our Missouri call centers, we handle over 1 million calls per year.

In Medicare, since 1988, we have been a trusted partner of the Centers for Medicare & Medicaid Services (CMS) providing a suite of Medicare Beneficiary eligibility and enrollment services to over 90+ Medicare Advantage Health Plans. In addition, we are the enrollment vendor for the CMS Long Term Care Diversion demonstration program in partnership with Mathematica Policy Research, the prime vendor for this CMS program.

Wipro has a proven track record with information system development, implementation, and maintenance. We provide expertise in project management and business/technical leadership of large, complex projects and operations management with the Medicaid (Enterprise) Medicaid Management Information System (MMIS), Medicaid Information Technology Architecture (MITA), Data Warehouse (DWH), Decision Support Systems (DSS), eligibility systems, Health Information Exchanges (HIEs), business, information and technical maturity models for MMIS and Health Insurance Portability and Accountability Act (HIPAA) Integration and Transition (HIT) initiatives, and CMS-certification, and 5010/ International Classification of Diseases (ICD)-10 migration.

Team Wipro offers a mature, developed, and complete approach to all aspects of federal compliance. We comply with the HITRUST guidelines and industry practices for security, confidentiality, and auditing. As a healthcare administrator with our Medicaid programs, we stay abreast of changes that affect state requirements and operations, as well as provide leadership in a wide array of industry forums. Our leadership and participation keeps us in the forefront of industry trends and changes through active participation in Medicaid forums, such as those managed by CMS, industry conferences, involvement in standard setting organizations, the MITA Technical Architecture Committee, and other proactive involvements.

Team Wipro actively participates in the CMS process for development of the MITA 3.0 standards via forums such as the Private Sector Technology Group (PSTG), MITA Technical Advisory Group (TAG) and the HL7 MITA Workgroup. We have provided comments to CMS for each release of MITA, including the most recent MITA 3.0 Eligibility and Enrollment business area. As part of our internal processes, we continually ensure our solutions align with the MITA 3.0 business, data, and technical architectures. As MITA has matured from its infancy over a decade ago to the current vision of MITA 3.0, our business capabilities and expertise has and will continue to evolve to ensure MITA alignment.

To conclude, our deep expertise, proven track record and market leadership in the Medicaid, Medicare and Affordable Care Act (ACA) (Individual Exchange) programs, besides our strong credentials in IT consulting, digital solutions, and application services, makes us uniquely positioned to help the State successfully implement its strategy of Medicaid modernization and transformation.

4.2.2.2 SUBCONTRACTORS PROFILE AND EXPERIENCE

Wipro Infocrossing has partnered with HealthEdge® to sub-contract the SaaS based Claims processing system, and Change Healthcare to outsource printing and fulfillment services. Please find below the details of their company profile and experience.

4.2.2.2.1 HEALTHEDGE® PROFILE

HealthEdge® provides modern healthcare IT solutions that health insurers use to leverage new business models, improve outcomes, drastically reduce administrative costs, and connect everyone in the healthcare delivery cycle. Our next-generation enterprise solution suite, HealthRules®, is built on modern, patented technology and is delivered to customers via the HealthEdge Cloud or onsite deployment. An award-winning company, HealthEdge® empowers health insurers to capitalize on the innovations, challenges, and opportunities that await in the new healthcare economy. Today, HealthEdge® has been in business for over 15 years, is privately held, has over 575 full-time equivalent employees supporting more than 45 clients, who include over 14 Medicaid health plans in California, Connecticut, Indiana, Maryland, Massachusetts, Minnesota, Michigan, New Mexico, New York, Ohio, Pennsylvania, Rhode Island and Texas.

HealthEdge's® patented technology and modern architecture of HealthRules® is enabling health plans to reach the highest operational efficiencies than any other core administration system in the industry; as well as better serve their members (and providers) through better and more accurate and timely information leading to far better quality of service. This unique technology also enables health plans "business analysts" the ability to better keep up with change without depending on costly IT resources.

Gartner cited HealthEdge® as a Sample Vendor for its next-generation core administration system in its 2019 Hype Cycle for US Healthcare Payers Report, for the ninth consecutive year.

4.2.2.2.2 **HEALTHEDGE® EXPERIENCE**

HealthEdge® is proven, highly reliable and offers the most advanced configuration capabilities of any system in the market. They provide a truly next generation system, built using the latest technology, which is offered as a fully managed SaaS solution. HealthEdge® is the solution of choice for core Claims Processing and Management for over 45 health plans.

HealthEdge® solution was implemented for a Medicaid contract with Baylor Scott and White Health Plan in November 2019, which was a huge success. Additional experience includes implementation of HealthRules Payor and HealthRules CareManager for the University of Maryland Medical System (UMMS) in 2015. HealthEdge® also migrated a core system to HealthRules Payor for Independent Health in 2014 and continue to perform upgrades in 2019

Team Wipro and HealthEdge® partnered with Change Healthcare in deploying and configuring HealthRules® for a large Southwestern US Blues plan, as part of a fully integrated, end-to-end Payer-in-a-box solution.

4.2.2.2.3 **CHANGE HEALTHCARE PROFILE**

Change Healthcare is one of the largest, independent healthcare technology companies in the United States. They provide data and analytics-driven solutions and services to help improve clinical, financial, and patient engagement outcomes. Change Healthcare works with payers and providers who want to improve clinical decision-making, simplify billing, collection, and payment processes, and enable a better patient experience.

Their solutions enable improved efficiencies and insights for all major stakeholders across the healthcare system, including commercial and governmental payers, employers, hospitals, physicians and other providers, laboratories, and consumers.

The solutions are divided into three categories:

- ✓ **Network Solutions** – This smaller “powerhouse” business unit with 200+ team members offer solutions that leverage our extensive network. This enables financial, administrative, and clinical transactions, and electronic B2B (business-to-business) payments. It also provides clinical and financial data analytics that help drive decision-making and optimize revenue performance.
- ✓ **Software and Analytics** – This wide-ranging business unit of 4,000+ team members offers technology solutions across revenue cycle, payment accuracy, clinical decision, value-based payment, engagement, and workflow. These solutions help drive financial performance and improved quality.
- ✓ **Technology-Enabled Services (TES)** – Our largest business unit with over 6,000 team members, TES offers vital business process services to support financial and administrative management, value-based care, communication and payment, pharmacy benefits administration, and consulting.

Please see the below figure for an overview of our portfolio.

	Software & Analytics	Network Solutions	Technology Enabled Services
Payers	• Payment Accuracy • Provider Network Management • Decision Support (InterQual) • Quality Performance Solutions • Risk Adjustment Solutions • Member Engagement • Transparency & Provider Search • Value-Based Payments Solutions	• Medical Network • Dental Network • Provider Payments • Member Payments • Data & Analytics Solutions	• Value-Based Care Enablement • Communications & Payment Services • Eligibility & Enrollment Services • Pharmacy Benefits Administration • Claims Automation • Consulting
Providers	• Patient Access & Eligibility • Revenue Performance Solutions • Decision Support (InterQual) • Enterprise Imaging Solutions • Clinical Workflow Solutions • Enterprise Productivity Solutions • Home Care & Hospice Coordination	• Medical Network • Dental Network • Clinical Network • Patient Payments • Data & Analytics Solutions	• Patient Access Services • Eligibility & Enrollment Services • Coding, Compliance, & Audit • Denials & Management Services • Patient Billing / Patient Statements • Physician Group Management • Payment Automation

Figure 4-2: Portfolio Overview

Change Healthcare is a public organization with a stock exchange symbol of CHNG and is traded on the NASDAQ, which went public on June 27, 2019. Change Healthcare, which resulted from a 2017 merger, has been operating in the healthcare space for over four decades. In March 2017, McKesson Technology Inc. (MTI) merged with Change Healthcare Holdings, Inc. (CHC). Previously, Change Healthcare was the largest privately held healthcare IT company. Change Healthcare has 14,153 employees worldwide.

4.2.2.2.4 CHANGE HEALTHCARE EXPERIENCE

Change Healthcare is the industry's largest print and fulfillment vendor dedicated 100% to healthcare. With over 700 clients, they serve multiple lines of business in healthcare, including Commercial Health Insurance, Medicare, Medicaid, Pharmaceutical Benefit Manager (PBM), and Dental. Change Healthcare has provided print and outgoing mail management since 1998.

Annual highlights include the following:

- ✓ Print 1.6 billion sheets of paper and 2.5 billion images per year
- ✓ Send out over 800 million envelopes a year
- ✓ Deliver over \$100 billion in payments

Moreover, Change Healthcare is Electronic Healthcare Network Accreditation Commission (EHNAC) HNAE-EHN accredited. They service clients with Federal Information Security Management Act (FISMA) compliance requirements. Change Healthcare has also received Health Information Trust Alliance (HITRUST) security certification. Their team monitors and maintains industry compliance training and programs including Office of Inspector General (OIG), GSA lists, Terrorist Watch List, Patriot Act, Office of Foreign Assets Control (OFAC), Specially Designated Nationals List (SDN), and Palestinian Legislative Council (PLC) List. Change Healthcare ensures employees obtain important training including HIPAA and HITECH privacy training, Security Awareness, and Fraud Waste and Abuse.

Change Healthcare is currently executing services for AmeriHealth Caritas for claims and member correspondence. This project started in 2010 and is currently ongoing. An additional contract is with Wipro Infocrossing for the State of Missouri MO HealthNet Division. Change Healthcare produces

ID cards, kits, letters, and other correspondence. This partnership was established in 2019 and is currently ongoing.

4.2.3 RESUMES

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

Team Wipro has thoroughly read and understands the Resumes section. Wipro Infocrossing's staffing model reflects our understanding and experience that the Claims Processing and Management Services for MPATH RFP needs to be successful. Our model is equipped with seasoned leadership, appropriate staffing levels, and the ability to deliver quality service through all phases of the contract.

Our approach to organization and staffing each of the service categories (Core, Option A, Option B, and Option C) is based on the need to have the right staff in the right place and at the right time. We fully appreciate the need to minimize risk, and we ensure a successful project by deploying fully trained and experienced resources. The key team members assigned to the project have been selected based on their knowledge of the proposed solution, their history working in the health and human services environment, and first-hand experience in successfully planning for and implementing similar engagements.

Team Wipro looks forward to being a valued partner with Department of Public Health and Human Services (DPHHS). We have extensive and diverse experience working in multi-vendor systems, and are well versed in working as a cohesive team. Team Wipro provides the following advantages to help meet or exceed the objectives of this project:

- ✓ A team with Medicaid experience and MITA 3.0 framework experience
- ✓ A framework with clearly defined roles and responsibilities
- ✓ Effective communications on roles and responsibilities
- ✓ Clear review mechanisms and participation schedules on key milestones from key vendors and State staff
- ✓ Common metrics to simplify communication
- ✓ Well-defined communication and escalation procedures

As required by the RFP, Team Wipro provides resumes for the following key positions:

- ✓ Project Manager – Anita Mosely
- ✓ Operations Manager – Glenn Townley
- ✓ Claims Manager – Paul Andrews
- ✓ Technical Manager – Mahesh Mullath
- ✓ Contract Manager – Thomas Stockdale
- ✓ Testing Lead – Christine Demerest
- ✓ Integration Lead – Michael Phillips
- ✓ Certification Lead – Sherrie Jennett
- ✓ Business Architect – John McCarver
- ✓ Business Analyst – Vicki Fry

In addition to responding to the Core Claims Processing and Management Services, Team Wipro is responding to each of the three optional services in the RFP. Team Wipro is providing resumes for

the following key positions associated with the optional services as required by the RFP:

- ✓ Financial Services Project Manager (Option A) – Carla Laughlin
- ✓ Financial Services Lead Analyst (Option A) – Peggy Wieberg
- ✓ Financial Manager (Option A) – Melissa Platt
- ✓ Business Analyst (Option A) – Sara Oellerich
- ✓ Call Center Implementation Project Manager (Option B) – Daniel Browne
- ✓ Call Center Lead Analyst (Option B) – Becky Lannert
- ✓ Provider Relations Manager (Option B) – Jackie Gilmore
- ✓ Enrollment Broker Manager (Option B) – Ann Roark
- ✓ Call Center Utilization Review Analyst (Option B) – Geri Roling
- ✓ Business Analyst (Option B) – Amber Welch
- ✓ Federal Reporting Implementation Project Manager (Option C) – Angela Heckemeyer
- ✓ Federal Reporting Lead Analyst (T-MSIS) (Option C) – Mike Schell
- ✓ Federal Reporting Lead Analyst (CMS-64, CMS-21, CMS-37) (Option C - DDI/Cert Phase) – Sharon Crocker
- ✓ Federal Reporting Lead Analyst (Other state and Federal reporting) (Option C) – Sampath Manjunatha
- ✓ Federal Reporting Manager (Option C – O&M Phase) – Sharon Crocker
- ✓ Business Analyst (Option C) – Jolina Lovette

4.2.3.1 PROJECT MANAGER



Project Manager
Anita Mosley

Summary

Anita Mosley has over 25 years of experience in healthcare in both the public and private sector, with over 10 years of experience in the operational executive management of MMIS systems and has worked on components of the MMIS in more than 15 states from both DDI and Operational phases. She is currently the Director and Account Delivery Head for the State of Missouri Medicaid Fiscal Agent. Additionally, she is Project Management Professional (PMP) certified and has worked with other state vendors and subcontractors. She understands the importance of alignment of the expanded team and the shared responsibilities focused on the overall solution. She earned an Accelerated Digital Aptitude Certification from Wipro, LLC in 2019.

Skills

- | | |
|--|--|
| <ul style="list-style-type: none"> • Innovative • Ability to take action - able to take timely action based on the environmental factors at work • Coordination and communication - able to effectively communicate and explore diverse ideas and suggestions | <ul style="list-style-type: none"> • Integrity/Ethics • Analytic Intelligence Sense of Urgency • Results Oriented • Forward Thinking • Willingness to Take Calculated Risks • Bias Toward Action |
|--|--|

Specialization

- Developing and managing large open system and mainframe environments
- Medicaid IT, operations, project/program management
- Medicaid technical solutions
- State liaison and relationship management

Education

[in progress] Master's Degree in Project Management, Thomas College, Waterville, ME
Bachelor's Degree in Computer Science, Truman State University, Kirksville, MO
Associates Degree in St Louis Community College at Meramec, Kirkwood, MO

Certifications

- | | |
|--|---|
| <ul style="list-style-type: none"> • PMP • Certified Scrum Master (CSM) • ITIL Foundation | <ul style="list-style-type: none"> • Six Sigma Greenbelt (Motorola) • The Open Group Architecture Framework • Accelerated Digital Aptitude Certification |
|--|---|

Training

- | | |
|---|---|
| <ul style="list-style-type: none"> • 7 Habit of Highly Effective People • Behavioral Event Interviewing • Compass (Leadership) | <ul style="list-style-type: none"> • Crucial Conversations • Development Planning • Life Office Management Association (LOMA) (I-VII and Principles of Customer Service) |
|---|---|

Experience

IT Director

- IT Director for the Missouri MMIS account responsible for development, problem resolution and “business as usual” activities; Project Management Office; Center of Excellence and Education; Architects and Database Administrators (DBAs); Integrated Testing; Local Area Network (LAN) and Helpdesk functions; and ongoing LEAN and Six Sigma improvement projects.
- Major enhancements include HPID/270, Council for Affordable Quality Healthcare (CAQH)/CORE, [ACA] Provider Enrollment, and Rules Engine Development.
- Provide the infrastructure supporting Medicaid and multiple Medicare Contact Centers.
- Implemented the Infrastructure Review Board (ITRB), Incident Management role, and technology life-cycle management.

Application Development Manager

- Applications Development Manager for a multi-faceted department within United Health Group responsible for product development and technical architecture including Database Administrator (DBA), Extraction, Translation, and Load (ETL) development, and reporting teams using Oracle, Teradata, Informatica, PL/ Structured Query Language (SQL), Practical Extraction and Report Language (PERL) and Cognos
- Accountable for full Software Development Life Cycle (SDLC) life cycle management; resource planning and management; and Client Relationship Management (approximately seven state clients and three contractor-subcontractor relationships)
- Introduced Agile and Scrum methodologies
- Major projects included T-MSIS, ICD-10, ACA, Medicaid Expansion and Medicaid-Managed Care

System Manager

- Responsible for direct supervision of Systems Architect, Business Architects, Data Analytics and Development Manager, Product Development and Quality Manager, and Technical Services Manager.
- Responsible indirect supervision of more than seventy-five diverse staff in Technical Services, Data Management, Data Analytics and Reporting, Business Analysis, System Integrated Testing, SQL and Portal development.
- Serve as liaison to the Department of Health and Human Services; provide oversight management of the subcontractor relationship for the Decision Support System, JSURS, and Data Warehouse.

Enterprise Integration Manager, Project Manager

- Led the planning, development, implementation, and process improvements to allow a three-fold increase in electronic commerce within a six-month period with no increase in staff.
- Co-leader and developer over a three-year conversion effort to move from a Mainframe/VB thick client architecture to Mainframe/Java web-based architecture for Disability workflow management and claims processing.
- Established the underlying Enterprise Integration infrastructure which delivers 24x7 messaging with automated error handling, email and pager support, having a greater than 99.8% availability over five years.
- Authored the initial AEB service level agreement and incident management program, later merged with corporate ITIL initiatives.

4.2.3.2 OPERATIONS MANAGER



Operations Manager
Glenn Townley

Summary

Glenn has over 26 years of inbound/outbound customer service management with a proven track record of delivering results in a Healthcare and Tele sales customer service and sales environment. Strengths include call center start-up, financial analysis, cost reduction, call center operations, management development, and a focus for motivating employees to exceed corporate objectives.

Skills

- | | |
|---|--|
| <ul style="list-style-type: none"> • MS Excel • MS Word • MS PowerPoint • Motivational Interviewing • Leadership • Selling Skills • Presentation • Coaching and Development • Labor Relations • Diversity • Business Writing | <ul style="list-style-type: none"> • Civil Treatment • Davox Dialer • IAT Dialer • Cisco • Avaya CMS CenterVu • IEX Totalview • Witness • Uptivity Call Recording • Cati • Viodox Recording • Residential Billing Platform (RAMP) |
|---|--|

Specialization

- Call Center Operations
- Sales System Applications

Education

Master of Criminal Justice Administration, University of Central Missouri, Warrensburg, MO
Bachelor of Science, Sociology, University of Central Missouri, Warrensburg, MO

Training

- Management Skills Seminar on Interviewing Process

Experience

Call Center Manager

- Manages 110 associates, three supervisors, and eleven leads that support the State of Missouri Medicaid program in three centers located in Missouri and Georgia.

- Manages call center associates covering eligibility, participant enrollment, provider, document control, and resolutions, with a total inbound call volume of 600,000 for 2019.
- Identified billing errors from a vendor that resulted in \$20,000 in reimbursement.
- Oversaw all aspects in the opening of a new call center.
- Administers disciplinary action in accordance to policy and procedures for those agents that failed to achieve the minimum standards.
- Achieved the Service Level Agreement (SLA) on call queues of less than 5% abandoned rate for 2019.
- Reworked QA scoring sheet for Provider Communications that focused on customer satisfaction factors.

Service Delivery Manager

- Managed 100 customer service associates and five supervisors supporting CVS Part D Medicare Plan.
- Ensured all aspects of client service delivery.
- Hired and trained associates to meet forecasted volume.
- Provided coaching and development to Supervisors and staff during monthly reviews.
- Administered disciplinary action in accordance to policy and procedures.
- Achieved a 99% chart audit result against an objective of 96%.
- Met Key Performance Indicator (KPI) and SLA metrics by making real-time adjustments with staff.
- Achieved 98% production quality results for the past 7 months.
- Implemented new tracking mechanisms to exceed production objectives.
- Established new log in/log out procedure to better account associate time resulting in increased production and labor savings.

Supervisor Customer Service

- Improved employee engagement scores by 20 percentage points year over year.
- Operated in a fast-paced and frequent changeable work environment.
- Provided coaching, development, interviewing, and hiring.
- Prepared, analyzed, and presented results to leadership team.
- Conducted monthly call audits on each member of the staff.
- Held frequent strategic interactions with account management to improve overall efficiencies in the delivery of contact outcomes.
- Averaged 2,000 Health Risk Assessments per month.
- Point person for new projects that are introduced throughout the year.
- Assisted in reworking and updating all call flow scripts.

Customer Service Manager

- Managed team responsible for 30,000 in-bound calls per month while maintaining a less than 3% abandoned rate; delivered a Gallop score of 4.96 out of a possible 5.0 for 2014.
- Handled all customer appeals, complaints, and escalations.
- Delivered year to date NPS (Net Promoter Score) of 56 against an object of 32.
- Prepared, analyzed and presented data to client as part of the monthly performance review.

- Ensured forecasts and work schedules accurately completed using relevant client information and scheduling tool.
- Performed selected OB campaigns to improve selected KPI's.

Engagement Specialist Manager

- Engaged 100,000 Cigna members annually to participate in a Disease Management program
- Led, managed, coached, and developed a team of 35 colleagues
- Managed Colleague Development Process (CDP), metric/quality performance monitoring, time and labor management, scheduling, clinical/contact support, and new hire process
- Provided Tier 1 Help Desk support for hospitals
- Hired and developed first bi-lingual team to enhance customer and client satisfaction.

Created and updated Daily/Weekly/Monthly performance reports

4.2.3.3 CLAIMS MANAGER



**Claims Manager
Paul Andrews**

Summary

Paul is uniquely qualified to be Claims Manager with a blend of IT and Operational experience. He has been an information technology professional for 30 years with an accomplished history of fostering strategic partnerships to secure and acquire new opportunities. His adeptness at cross-discipline partnerships and management is honed through extensive exposure working with all professional levels with varying specialties in Financial Services and Healthcare Industries. He currently oversees and manages the Business Operations and Contact Center relationships for the State of Missouri Medicaid account. The 250+ member team provides call and contact center support for Participant and Provider Services, Pharmacy and Clinical Pre-Authorization Services, Eligibility and Enrollment, Claims resolution and Third Party Liability.

Skills

- | | |
|---|--|
| <ul style="list-style-type: none"> • Application Development and Maintenance • Operations Management • People Management | <ul style="list-style-type: none"> • Project Monitoring and Control • Project Planning • Scrum Master |
|---|--|

Specialization

- | | |
|---|--|
| <ul style="list-style-type: none"> • Budget Management | <ul style="list-style-type: none"> • Project Management |
|---|--|

Education

Bachelor of Science, Business Administration, New Mexico State University, Las Cruces, NM
Business Computer Systems, New Mexico State University, Las Cruces, NM

Certifications

Six Sigma Green Belt
Associate Customer Service (ACS) Designation, Security Benefit Group, 1999

Training

Project Management Body of Knowledge, DST Systems, 2011
Certified Scrum Master, Braintrust Consulting Group, 2013
Project Management Professional, Velociteach, April 2015

Experience

Head of Business Operations

- Oversees all day-to-day operations of call and contact centers, as well as, enrollment and eligibility contact centers and the call centers that deal with Medicare providers and participants.
- Oversee operations of Wipro Infocrossing building including the financial and document control operations.
- Participates in all steps of Request for Proposal (RFP) process and responds to RFPs.

Implementation Manager

- Accountable for all aspects of Missouri Medicaid Management Information System (MMIS) Information Technology (IT) Program/Project Management Office (PMO) organization, including successful delivery, regulatory compliance and profitability.
- Monitored vendor performance, deliverables and milestones for the PMO's program planning, governance and project management.
- Defined and deployed project, program, and portfolio management methodologies, processes and tools.
- Defined and deployed performance measurement, monitoring, and reporting at the project, program and portfolio levels.
- Ensured Wipro Infocrossing, Healthcare and Life Sciences and Missouri MMIS PMO Best Practices are documented, available, communicated and enforced and that productivity expectations are met across the entire IT Program.
- Owned overall PMO Program plan and budget.
- Ensured project level metrics data was consistently captured across the IT portfolio.
- Managed PMO program level issues and risks as well as ensured implementation of mitigation plans for all identified PMO Program risks, including escalation of issues as appropriate.
- Acted as primary liaison and managed client relationship between Wipro Infocrossing and the state Medicaid agency at the PMO program level.

Senior Software Project Leader

- Oversaw prioritization between customers and operation support load, major business processes, systems and customer relationships from initiation to close, which ensured on-time project completion with high client satisfaction.
- Integral role as the project management director for client conversion initiatives and product director for vendor relationships.
- Managed daily business operations of a technology center with a nine million dollar budget.
- Coordinated with key stakeholders to obtain comprehensive knowledge of end-user requirements that were essential in delivering optimal solutions within the allotted timeframe and budget.

4.2.3.4 TECHNICAL MANAGER



**Technical Manager
Mahesh Mullath**

Summary

Mahesh has over 15 years of experience in implementing IT solutions. He is a seasoned project and program manager, experienced in executing projects with diversified technologies, domains and geo-locations. He understands all phases of the Software Development Life Cycle (SDLC) and is experienced in executing projects using Traditional and Agile methodologies. He is PMP Certified and holds a Wipro Certification in Project Management. He earned an Accelerated Digital Aptitude Certification from Wipro in 2019.

Skills

- | | |
|---|---|
| <ul style="list-style-type: none"> Agile and Waterfall Project Management Application Development and Maintenance People Management Strategic Leadership and Planning | <ul style="list-style-type: none"> Project Monitoring and Control Change Management Stakeholder Management Scrum Master |
|---|---|

Specialization

- Medicaid IT, operations, project/program management
- State liaison and relationship management
- All phases of a project's SDLC

Education

Bachelor of Technology in Electronics and Communication Engineering with Honors, Government Engineering College, Thrissur, University of Calicut

Certifications

PMP Certified Project Manager
Project Management Certification Program
Delivery Manager Readiness Program
Accelerated Digital Aptitude Certification

Training

Advanced Team Leadership Training Program
Digital Transformation Program

Experience

Program Manager

- Program Manager responsible for development projects and Project Management Office
- Manage multiple initiatives from initiation through implementation phases
- Manage projects using modified waterfall and agile methodology as the project life cycle to ensure required functionality was delivered timely
- Define program controls, processes, procedures, strategies and reporting for effective program management and client program success
- Manage risks and issues and establish course of action to prevent impact to the program
- Coordinate project priorities and interdependencies among various projects and programs
- Build a trusting relationship with stakeholders who are involved in the program
- Organize program, projects and activities in accordance with organizational goals and governances
- Technologies included legacy mainframe, JAVA, DB2, Oracle, SQL Server, Informatica, Cognos, COTS Blaze Rules Engine, SharePoint and JIRA

Project Manager

- Managed a development project to implement the Missouri Department of Mental Health (DMH) Division of Behavioral Health (DBH) Waiver Program into the Family Assistance Management Information System (FAMIS). The project life cycle was modified Waterfall and the domain was healthcare (Medicaid Eligibility). Technologies involved legacy mainframe, DB2 and WebFOCUS.
- Managed the Implementation of the Identity and Access Management solution for the State of Missouri for 3 agencies – Department of Revenue, Department of Corrections and Office of Administration. The project life cycle was modified Waterfall and the domain was enterprise security. Technologies involved Oracle IAM Suite, BI Publisher, JAVA, and SQL Server.
- Managed a development project for the MO HealthNet Division (MHD) to provide MHD with a rules-based Medicaid Management Information System, improving the transparency of claims processing. The project life cycle was modified Waterfall and the domain was healthcare (Medicaid). Technologies involved Legacy Mainframe, JAVA, DB2 and COTS - Blaze Rules Engine.
- Developed, implemented and transitioned to support a new application for the shift bidding for technical operations staff for a major US Airline. The project life cycle was Agile and the domain was transportation (Travel). Technologies involved .Net and SQL Server.
- Managed an enhancement and maintenance project for the Air Cargo application for the world's largest logistics company. The project life cycle was modified Waterfall and the domain was transportation (logistics). Technologies involved legacy mainframe and integrated database management system.

Project Lead

- Led an Enhancement Project for a U.S. based health insurance company and the largest member of the Blue Cross and Blue Shield Association to improve the claims processing cycle to optimize it for better performance and business scalability.
- Improved business user's visibility into accumulators. The project life cycle was Waterfall and the domain was healthcare (insurance). Technologies involved are: legacy mainframe and IMS DB/DC.

Technical Lead

- Led a development project for a grocery chain with stores across the US and Canada to develop a computer generated ordering system. The project life cycle was Waterfall and the domain was retail. Technologies involved are: legacy mainframe, Unix shell scripting, DB2 and Teradata.

4.2.3.5 CONTRACT MANAGER



Contract Manager
Thomas Stockdale

Summary

Thomas is a senior healthcare executive with over 30 year's leadership experience in designing and executing a broad range of initiatives to meet public and commercial healthcare market needs. For Wipro, Tom focuses on the Health and Human Services practice area developing Enterprise IT and services strategies to meet healthcare reform demands. His career includes healthcare and Medicaid Management Information System (MMIS) project leadership roles with ACS, Unisys, Consultec, Infocrossing, Fox Systems, and Wipro. He has extensive MMIS business development, implementation, and operations experience. His work in the private sector includes commercial, Medicare and Medicaid managed care plan startup, implementation, and operations. He is a skilled healthcare market IT analyst with broad expertise in solutions and services for the public sector.

Skills

- | | |
|--|--|
| <ul style="list-style-type: none"> • Government Contracting • Managed Care Program Development | <ul style="list-style-type: none"> • Medicaid Enterprise Management System (MEMS) solution design and development • Public Relations |
|--|--|

Specialization

- Project leadership in business development, implementation and operations
- Healthcare market IT analyst
- Expert in Medicaid solutions

Education

Master of Health Services Administration, Florida State University, Tallahassee, FL
Bachelor of Science, Social Services Administration, Florida State University, Tallahassee, FL

Certifications

Adjunct Faculty; University of Saint Francis, Joliet, Illinois; Managed Care Instructor

Training

Various courses and training in Program and Project Management

Experience

Head of Business Development

- Leads the Public Sector HHS business development activities and strategies for Wipro Infocrossing Health and Life Sciences unit.

- Develops services and solutions to meet state and Federal government needs across North America, including establishing product and vendor relationships.
- Develops strategic relationships with government officials administering health care programs to understand their IT solution and business process needs and requirements.

Account Manager

- Managed a full scope of fiscal agent services, including core solution, data warehouse and analytics, claims, member/provider call center, prior authorization for clinical services and pharmacy benefits for both the District of Columbia and Florida.
- Led the successfully implementation of a replacement MMIS solution.
- Managed full fiscal agent system implementation and operations.
- Responsible for all claims processing, provider/member call center/pharmacy benefits management/system deployment, implementation, and operations.
- Managed large fiscal agent teams.
- Implemented the first electronic (magnetic stripe) benefit cards for the State of Florida.
- Implemented the first Medicaid managed care capitation processing solution and encounter claims analytics and assessment process for the State of Florida.
- Developed and implemented Medicaid managed care auto assignment and reinstatement algorithms.

Chief Executive Officer/Chief Operating Officer

- Obtained state health management organization (HMO) licensure and entered into a contract with the Georgia Medicaid program to serve families and children.
- Negotiated provider, hospital, and ancillary delivery network contracts.
- Prepared and delivered enrollment opportunity sessions across the area in collaboration with Georgia Health Department.
- Designed and engaged in community outreach programs.
- Led the acquisition of the HMO managed care administrative system designing all business processes from client registration, member enrollment, claims processing, provider contract administration through claims processing.

Lead Consultant

- Conducted a needs assessment, requirements capture and definition and development of Request for Proposals.
- Led a team of consultants conducting requirements gathering, analysis, recommendations, and development of a request for proposal.

4.2.3.6 TESTING LEAD



Testing Lead Christine Demerest

Summary

Christine's experience includes more than 14 years of professional work within the Missouri Medicaid MMIS system as a business analyst, business architect, and test manager. She is a Certified Business Analyst. The combined skill of business analysis and testing makes Christine uniquely qualified to ensure comprehensive integrated testing occurs during appropriate phases of the testing life cycle. Additionally, she has worked with state third party vendors, subcontractors, provider communities, and other entities and understands the role of communication and cross-system integrated testing of the complete MMIS solution, which enables the Wipro EMaaS solution to be integrated into the State's overall MMIS solution.

Skills

- | | |
|--|--|
| <ul style="list-style-type: none"> • Agile • Jira • Microsoft Office • Oracle Health Insurance (OHI) | <ul style="list-style-type: none"> • Waterfall • Web Conferencing Tools (Webex) • Windows |
|--|--|

Specialization

- SME in Medicaid business processes
- Ability to merge the gaps between projects
- SME in rules engine and POS processing

Education

Master of Business Administration, Business Management, Lincoln University, Jefferson City, MO

Bachelor of Science, Business Administration, Lincoln University, Jefferson City, MO

Certifications

Certified Business Analyst Professional

Training

Business Analyst Boot Camp

Watermark Learning

Experience

Test Manager

- Leads the Testing team who perform both manual testing and automated testing.
- Implements a test management strategy when business-driven decisions are made and implements organization-wide with commitment and compliance.
- Sets strategic policy for improving the test management and the testing, and implements that policy.
- Manages the Configuration team to ensure system changes are promoted into the production platform within the organization's policy and procedures.

Business Architect

- Worked with senior management to develop Commercial-of-the-Shelf (COTS) solutions to meet the business needs of our customers.
- Developed OHI demonstration model.
- Developed business architecture strategy based on situational awareness of various business scenarios and motivations.
- Described the primary business functions of the enterprise and distinguish between customer-facing, supplier-related, business execution and business management functions.
- Identified and described external entities such as customers, suppliers, and external systems that interact with the business; and describe which people, resources and controls are involved in the processes.
- Collaborated across business segments to find opportunities and showcase ideas in the innovation and emerging business pipeline.
- Worked with business development team as a SME on business processes.

Business Information Analyst

- Performed as the lead Business Analyst on an enhancement that implemented more than 1500 business rules to remove hard coded history and pricing logic from the Medicaid Management Information System (MMIS); on a project that implemented a multi-payer system into the existing MMIS framework; and on an enhancement that implemented a new provider portal to submit claims and verify member eligibility.
- Conducted Joint Application Development (JAD) sessions with SMEs for business requirements for online, batch and report/extract processes.
- Wrote business requirements, created test plans and updated specifications and presented them to the customers.
- Prepared and presented test scripts/scenarios for projects that accurately test the business requirements.
- Conducted system testing of online, batch, and report/extract processes based upon the business requirements, using the developed test scripts/scenarios.
- Liaised with user acceptance testers, developers, management and project managers.
- Documented the progression of the enhancement and communicated the progress of the testing to the customer.

4.2.3.7 INTEGRATION LEAD



Integration Lead
Michael Phillips

Summary

Mr. Phillips has over 33-year career as a Program Manager, Project Manager, Business Analyst and Enterprise Architect. Michael Phillips is an experienced IT Program Manager focusing on fast-paced government environments requiring large-scale integrated solutions. He is skilled at the effective application of proven and emerging technologies and associated standards and best practices to maximize the use of staffing and time to achieve quality results.

Skills

- | | |
|---|---|
| <ul style="list-style-type: none"> • Excellent written/verbal communication • Perform multiple tasks simultaneously • Analytics and Problem Resolution | <ul style="list-style-type: none"> • Leadership • Mentoring and Team Building • Strong Influencing Ability |
|---|---|

Specialization

- Data Integration
- IT Project Management
- Strategic Planning
- Large-Scale Integrated Solutions for Government Environments

Education

Business Administration, Eastern Illinois University, Charleston, Illinois 01/71 - 06/73

Business Administration, Sangamon State University, Springfield, Illinois 09/73 - 12/74

Business Administration, Elmhurst College, Elmhurst, Illinois, 09/80 - 08/81

Experience

Project Manager

- Provided program management services in support of completion of a TN multi-project Medicaid Modernization Program initiative.
- Managed the transfer, modification, configuration, interface testing and implementation of a state Women, Infants, and Children (WIC) management information system (MIS).
- Coordinated internal, subcontractor, and WIC MIS project activities.
- Established formal project communication plans and protocols.
- Ensured all project personnel adhere to the established protocols.

PMO Oversight

- Provided PMO oversight to support system configuration, customization, testing, training, data conversion, and implementation.

Project Manager

- Provided program management services in support of completion of a TN multi-project Medicaid Modernization Program initiative.
- Coordinated project areas for Integrated Program Management, Medicaid Modernization, Eligibility Modernization, Health Information Exchange (HIE), Analytics Enhancements, and Security Enhancements.
- Led Project Startup, Governance and Deployment activities to the Strategic Program Management Office (SPMO); stand up and align the SPMO with the overall program governance structure.
- He assessed the current Project Management and Systems Development Life Cycle (SDL) Design and created a standard SDL project templates to be followed by all projects.
- Created the integrated project master schedule.
- Created a project management schedule / deliverables template based on the SDL to be used by vendors awarded major project areas.
- Provided leadership for the creation of the State Program Management Office.

Change Management Leader

- Performed role as Change Management Leader on Medicaid Eligibility project implemented with IBM's Curam case management system.
- Managed the Organizational Change Management (OCM) and Communications teams.
- Created a Continuous Improvement Culture and Customer Centric Culture.
- Identified customer stakeholders and created communication strategies for each.
- Trained Subject Matter Experts (SME) on managing resistance, sabotage, and improving communications.

Project Manager

- Assisted state in implementing an Enterprise Service Bus (ESB) Middleware integration strategy using the National Information Exchange Model (NIEM) standard and assisting with the ERP solution.
- Implemented the initial Application Portfolio Rationalization (APR) for the entire IT organization.
- Inventoried department applications.
- Created an application survey questionnaire that was completed for each application.
- Created a supportive APR tool to capture and analyze application survey data.
- Created a process decomposition and mapped the processes to the applications.
- Performed Value based application analysis addressing Business Value, Technology Value, Risk and Cost.
- Produced vertical cluster scatter diagrams identifying which applications should be retained, re-aligned, re-engineered, or retired.
- Documented opportunities to perform "Quick Win" projects.
- Provided regular status presentation to leadership for each phase of the APR project.
- Created a roadmap describing the order of projects to be performed.
- Provided thought leadership to the State regarding the design and implementation of a Technology Framework Reference Model, ESB Middleware integration strategy, Supporting

Governance structures and approach for using the National Exchange Information Model (NIEM).

Senior Consultant

- Provided training for HIPAA Security Compliance and Risk Analysis.
- Assisted with Security Gap Analysis, Network Vulnerability, HIPAA Privacy, Security Policies, Procedure Review, creation and Security Planning.

Senior Consultant

Performed the role of integration specialist on the DHS Initiative - A \$37 million dollar "Integrated Eligibility Services" project, designed to streamline the State's Eligibility, Case Maintenance, and Claims business process Performed role of Integration Specialist

4.2.3.8 CERTIFICATION LEAD



Certification Lead
Sheri Jennett

Summary

Sheri is an accomplished Project Manager, Senior Business Analyst, Project Coordinator, Test Lead, MS Access (VBA) Developer, Federal Certification Lead and Consultant with 22 years' experience. She has strong work experience in business analysis, project management and VBA development with a proven ability to supply critical leadership on organizational, team, and project levels. Sheri is a proactive and results-oriented professional with 22+ year track record of successfully delivering clearly measurable bottom line results. She has outstanding analytical and problem solving skills; is adept at leading and mentoring personnel to share a vision to maximize accomplishments; and, is an excellent communicator capable of interfacing with internal/external stakeholders, as well as, end users and developers.

Skills

- | | |
|--|--|
| <ul style="list-style-type: none"> • MS Office Suite (Access, Excel, PowerPoint, Word) • MS Project • MS Exchange • Visio • DBA • IIS Server • Visual InderDev • Enterprise Manager • Rational Tool Suite (Requisite Pro, Clear Case, Clear Quest) • Primavera • Crystal Reports • Cognos • Dreamweaver • SharePoint | <ul style="list-style-type: none"> • Active Directory • BIQuery • Informatica Metadata Manager • Teradata • Ultra Edit • Databases (MS Access, SQL 2000 server, DB2, Oracle, PeopleSoft, SAP, EDW, Teradata) • Programming Languages (VBA, HTML, SQL) • Testing Applications (HP Quality Center, Clear Case, Clear Quest) • Methodologies (Software Development Life Cycle (SDLC), Agile, Waterfall, Iterative, Software Development Methodology (SDM), ITIL) |
|--|--|

Specialization

- | | |
|---|---|
| <ul style="list-style-type: none"> • Project Management • Business Analysis | <ul style="list-style-type: none"> • Consulting • Testing |
|---|---|

Education

Attended McHenry County College, Crystal Lake, IL

Associate's Degree, Accounting/Business Administration, Lincoln Land Community College, Springfield, IL

Experience

Federal CMS Certification Manager

- Led, executed, and coordinated tasks in support of the CMS Certification of a Medicaid Management Information System (MMIS), for Software Integration.
- Addressed technology-related issues and gaps related to the certification effort.
- Guided and assisted the State with preparation for CMS MMIS Certification Reviews.
- Performed in-depth analysis of system functions and operational procedures for compliance with CMS Certification requirements.
- Reviewed Turning Point Global Solutions (TPGSI) System Integration deliverables.
- Met with internal department program staff, systems developers, and management.
- Participated in project deliverable reviews and checklist walkthroughs.
- Participated in contractual deliverable reviews to ensure adherence to CMS Certification guidelines.
- Worked to resolve issues involving Turing Point deliverable quality in cases where those deliverables are required to be submitted to CMS as certification evidence.
- Investigated and addressed stakeholder questions about any CMS Medicaid Enterprise Certification Toolkit (MECT) criteria.
- Assisted with the development of certification evidence packages (CEPs).
- Conducted mapping sessions with technical teams from TPGSI and state teams tracing MECT criteria to the Statement of Work (SOW)/Contract deliverables.
- Created traceability matrices to document solution requirements traceability to MECT criteria.
- Conducted quality reviews to ensure that the contract and vendor requirements correctly map to applicable certification criteria.
- Created Certification templates for each contract deliverable identifying standardized language to be used and MECT checklist items associated with each as identified in the mapping sessions.

Federal CMS Certification Technical Lead

- Led, executed, and coordinated tasks in support of the CMS Certification of a MMIS system as the Federal Technical Lead (MECT 2.2 and MITA 3.0) on Care Management and Provider Enrollment.
- Acted as the subject matter expert for technical aspects of the CMS MECT criteria.
- Identified issues and gaps in AHS policy required to respond appropriately to CMS criteria.
- Addressed all other technology-related issues and gaps related to the certification effort.
- Guided and assisted State with preparation for CMS MMIS Certification Reviews.
- Coordinated Certification Review activities.
- Performed in-depth analysis of system functions and operational procedures for compliance with CMS Certification requirements.
- Reviewed Vendor/ Fiscal Agent deliverables.
- Coordinated with the State SME's to draft "as-is" and "to-be" business process models and other artifacts.
- Participated in various aspects of the Medicaid Enterprise life cycle process.
- Met with internal department program staff, systems developers, and management.

- Participated in project deliverable reviews and checklist walkthroughs.
- Updated and maintained the MS project schedule.

4.2.3.9 BUSINESS ARCHITECT



Business Architect
John McCarver

Summary

John has over 10 years' experience in administering Health and Human Services for the State of Missouri's Department of Social Services. He is currently in the role of Business Architect for Infocrossing and serving in a consulting role assisting with strategic planning for Contact Center operations.

He served as the Family Support Division's Business Solution Architect between 2015 – 2018 where he managed 60+ staff through the design, development, testing and implementation of Missouri's Eligibility Determination and Enrollment System (MEDES), which is the MAGI Medicaid case management system. While in this role, he developed enhanced project tracking metrics and system defect prioritization processes in the DevOps model. This has been credited with an unprecedented amount of releases into the production environment in such a short time period.

In 2013, John led a team of 5 program specialists in redefining the business processes for the Family Support Division in preparation for the Affordable Care Act and the impact these new regulations would have on state systems and processes. This Business Process Reengineering was centered on a Business Process Management System developed by his team utilizing SharePoint workflows, tasks, escalations, and document management. To scale this system to other programs, including SNAP and TANF, this system was "rebuilt" in IBM's Performance Imaging Edition solution, which included DataCap for document management, Content Navigator for task creation through disposition, and FileNet as the document repository. He managed this contract through statewide implementation.

John has frontline experience working as a Youth Specialist in the Division of Youth Services, eligibility and case management experience as an Eligibility Specialist and Eligibility Supervisor for the Missouri Department of Social Services Family Support Division.

Skills

- | | |
|--|---|
| <ul style="list-style-type: none"> • Government Administration in Health and Human Services • Business Intelligence, Data Analysis and Visualization | <ul style="list-style-type: none"> • Large-scale Technology Implementation, Project Management and Business Analysis • Business Operations Strategic Planning |
|--|---|

Specialization

- Medicaid
- Supplemental Nutrition Assistance Program
- Temporary Assistance for Needy Families
- Child Care Assistance
- Eligibility Case Management

- Enterprise Content Management
- Enterprise Document Management
- Business Process Management

Education

Master's Degree in Business Administration, Missouri Baptist University, St. Louis, MO

Bachelor's Degree in Corporate Communications, Lindenwood University, St. Charles, MO

Associate's Degree in Communications, Mineral Area College, Park Hills, MO

Certifications

- Licensed Change Practitioner - Prosci

Training

- Problem Solving Through Critical Thinking
– Brookings Executive Institute

Experience

Business Architect

- Strategic planning for Medicaid Call Center operations
- Data Analysis and Visualization for Call Center metrics
- Proposal Drafting

Business Solutions Architect

- Managed enterprise technology solutions from design through implementation, including case management, content management, and document management systems as well as public facing portals
- Developed advanced Project Management metrics and dashboard development
- Managed 60+ staff across design, testing, training, organizational change management, and end-user support

Enterprise Content Management Lead

- Reengineered the business processes for the Family Support Division
- Contract manager for the Family Support Division (FSD) Work Site (ECM) from design through implementation
- Managed 5 staff across design, development, testing, training, and end-user support of a new Business Process Management System for Medicaid

Program Development Specialist

- Redesigned the process for Spend Down Medicaid eligibility by developing an application which tracked monthly expenses from Medicaid participants and determined eligibility date
- Consolidated a process that was in 100+ offices and administered by 400 Eligibility Specialists to 1 office with 50 Eligibility Specialists

4.2.3.10 BUSINESS ANALYST



Business Analyst
Vicki Fry

Summary

Vicki has over 38 years of experience working in various capacities with the Missouri Medicaid Program, including, policy development, utilization review, systems, and provider communications. She has a strong understanding of the Health Insurance Portability and Accountability Act of 1996 (HIPAA) regulations. Vicki served more than 10 years in a primary role for issues related to the HIPAA, including 8 years as the Privacy and Information Security Officer for the Medicaid agency. Her experience includes knowledge of the ASC X12N HIPAA transactions, including business mapping of current and pending transactions. She is currently the business analyst on the T-MSIS project working directly with state and Federal staff on preparing requirements needed to modify the system to meet CMS reporting requirements.

Skills

- | | |
|---|--|
| <ul style="list-style-type: none"> • Verbal and Written Communication • MS Excel • MS Word | <ul style="list-style-type: none"> • MS PowerPoint • Webex • Jira |
|---|--|

Specialization

- | | |
|---|---|
| <ul style="list-style-type: none"> • Policy Development • Requirement Gathering • T-MSIS Reporting | <ul style="list-style-type: none"> • Security Adherence • System Coordination • HIPAA Regulations/Transactions |
|---|---|

Education

High School Diploma, Jefferson City High School, Jefferson City, MO

Experience

Business Information Analyst

- Gathers business requirements for Medicaid Management Information System (MMIS) system change requests, projects, and enhancements from stakeholders through business requirement sessions.
- Translates stakeholder requirements into different deliverables such as requirements analysis documents, system test cases, business rules, documentation updates, requirements traceability documents and business process models.
- Coordinates and monitors tickets associated with the Transformed Medicaid Statistical Information System (T-MSIS) Project, working with Federal and state agencies to ensure system modifications are developed and implemented to meet federal reporting requirements.

- Reviews proposed ASC X12N 7030 transactions comparing and mapping to X12N 5010 transactions working with developers to determine impacts.
- Researches problem tickets and works with programmers to test fixes.

Privacy and Information Security Officer

- Oversight and managed the privacy and security activities of the MO HealthNet Division.
- Developed policies, procedures, and practices for the Division as it relates to privacy, security and data access.
- Monitored privacy and security adherence of the Division, including those of the Division's business associates.

Medicaid Unit Supervisor

- Managed and oversaw state-wide MO HealthNet provider utilization reviews by a team of seven analysts.
- Managed and oversaw reviews of the In-Home Service, Dental, Durable Medical Equipment (DME) and Psychology-Counseling MO HealthNet Programs.
- Managed and oversaw policy development for the In-Home Service Waivers, Home Health, and DME programs.
- Developed and wrote state regulations and provider bulletins for assigned programs.

Medicaid Specialist/Medicaid Technician

- Answered Medicaid Provider Hotline assisting callers with billing, policy, and eligibility related questions.
- Reviewed provider records resulting from complaints of program abuse.
- Served as analyst and liaison in the Information Systems section, coordinating system changes between the State and Medicaid claims processing vendor.

4.2.3.11 FINANCIAL SERVICES PROJECT MANAGER (OPTION A)



Financial Services Project Manager Carla Laughlin

Summary

Carla is a goal-oriented, problem solver and Certified Project Manager Professional with 22 years IT experience of Waterfall and Agile methodologies in the Medicaid field. She has 10 years' experience leading teams with both mainframe and open systems skillsets with an objective for identifying and implementing process improvements. Carla has a strong understanding and 10 years' experience leading teams to implement large projects including HIPAA 4010/5010, CORE I, II and III, and a complete data center migration, which included open systems standardization and a thorough hardware refresh.

Skills

- | | |
|--|---|
| <ul style="list-style-type: none"> Stakeholder Management Operational Change Management Team Building and Team Training Reporting and Metrics Collection Implementation and Transition Management Risk and Issue Management Microsoft Project Jira power user SharePoint Repository | <ul style="list-style-type: none"> Procurement Management Schedule Management Microsoft Office SAS development WebSphere Transformation Extender 8.3 suite (X12 translation) development COBOL/JCL DB2/SQL |
|--|---|

Specialization

- | | |
|---|---|
| <ul style="list-style-type: none"> Project Management Employee Training Group Management Task tracking and resolution Customer Relationship Management | <ul style="list-style-type: none"> Health Insurance Portability and Accountability Act (HIPAA) Medicaid Management Information System (MMIS) Technical Supervision |
|---|---|

Education

Masters of Business Administration, William Woods University, Fulton, MO

Bachelor's Degree in Computer Science, Southwest Missouri State University, Springfield, MO

Certifications

PMP Certified

Training

LEAN, Project Management

Experience

Project Manager

- Develops and executes project plans, including communication, risk and resource planning and mgmt., issue resolution, procurement and vendor management, and change control processes.
- Prepares formal weekly/monthly status reports and tracks project metrics.
- Works directly with executive management and development staff on a variety of internal and customer facing projects and change management initiatives. Team sizes range from four to 35.
- Led large, challenging projects which required analyzing and adjusting schedules to meet legislative required implementation dates, customer requested timelines, and/or internal objectives and to inspire buy-in from team members to achieve goals.
- Experience leading projects requiring procurement and implementation of hardware, software, establishing data center connectivity, large data migration, external vendor/partner coordination and acquisition and launching new office space for staff.
- Planned and led disaster recovery test of the Missouri Medicaid applications.
- Experienced in both starting projects from initiation and taking over leadership of active projects and leading to completion, for both healthcare and non-healthcare projects, in some cases bringing back under control.
- Facilitated weekly infrastructure review board meeting as part of change control process for ongoing operations.
- Authored planning documents such as Project Charter, RFP, Test Plans, Interface Plans, Data Migration and Conversion Plans, Implementation Plans.
- Evaluated and identified process improvements.
- Worked with the Incident Manager to review incidents and adjust processes when necessary as part of a continuous improvement initiative.

Technical Project Lead

- Combining skills in staff leadership, supplemented with years of experience as a developer in the initial installment of X12 in the MMIS, I served as technical supervisor for large development projects, including successful implementation of CORE phase I, II and III Operating Rules as mandated by the Affordable Care Act along with other National Council for Prescription Drug Programs (NCPDP) compliancy items. Directly guided and participated with team in all stages of the SDLC.
- Worked closely with PM's to establish work plans, identify and manage risks, and predict defect levels. Reviewed or created project artifacts at each phase for customer approval.
- Prior to staff including a designated test manager, developed multiple Test Plans and worked with teams to evaluate test cases to ensure adequate test coverage.
- Developed numerous Implementation Plans and coordinated implementation activities during installment and post validation.

4.2.3.12 FINANCIAL SERVICES LEAD ANALYST (OPTION A)



**Financial Services Lead Analyst
Peggy Wieberg**

Summary

Peggy has 26+ years of experience on the Missouri Medicaid contract in the systems department. She has worked on numerous tasks serving in Leadership, Subject Matter Expert and Developer roles depending on what the situation required. Peggy currently a Financial and Managed Care Subject Matter Expert (SME).

Skills

- | | |
|---|--|
| <ul style="list-style-type: none"> • ACF2 • CICS • CMM • COBOL • Core Dump Analysis • DB2 Application Programming • DB2/SQL • Dumpmaster • Endeavor • ESP/REXX – job scheduler • Fileaid | <ul style="list-style-type: none"> • Function Point Analysis • IDMS • JCL • MAPR • Project Management • SAS • Syncsort • Tracemaster • VSAM • Xpediter |
|---|--|

Specialization

- Database Management
- Health Insurance Portability and Accountability Act (HIPAA) Compliance
- Project Management
- Requirements Gathering

Education

Bachelor's Degree in Computer Science from the University of Missouri – Rolla, Missouri

Training

Abendaaid – Online and Batch
Crucial Conversations

Experience

Subject Matter Expert/Systems Engineer III

- Developed and installed managed care changes for five claim types to support T-MSIS initiatives. Recreated 36 months of claims T-MSIS extract files twice.
- Continually enhance all managed care subsystems - MCO, Program for All Inclusive Care for the Elderly (PACE), Non-Emergency Medical Transportation (NEMT) and Gateway.
- Provide systems processing and reporting guidance to Jira and State Task Request (STR) teams in multiple areas, such as provider and participant enrollment, claims processing, capitation generation and financial.
- Assisted BAU team by coding WPS programs to produce exhibits.
- Provide support to the MMIS development team and on-call programmers, especially during financial cycles.
- Maintain all mainframe network schedules via ESP software including major test platforms.
- Designed, developed and provided technical guidance and support for a team of two systems analysts on a successful capitation conversion project with a very tight deadline requiring implementation in less than four months for Gateway capitation processing.
- Assisted Unit and Systems testing of all subsystems during the VSAM to DB2 enhancements. Developed a checklist to follow before staging networks on the test platforms.

Project Team Leader/Systems Engineer III

- Led the project analysis and development team to send/receive Pharmacy data with an outside vendor – Heritage.
- Led up to six programmers and systems analysts in mainframe STR development and maintenance ticket resolutions.
- Led the project analysis and development team to receive independent claims attachments.
- Completed coding and testing assignments to implement federal regulations for compliant Version 4010 HIPAA Transaction and Code Sets.
- Continued to be the main resource to code ESP for mainframe scheduling changes.
- Advised up to 25 programmers and systems analysts in technical and analytical issues concerning ongoing MMIS modifications, development and on-call issues.
- Designed, developed and provided technical guidance and support for a team of two systems analysts on a successful capitation conversion project with a very tight deadline requiring implementation in less than four months for NEMT capitation processing. This included a new automated capitation withholding process.

Supervisor/Technical Lead

- Supervised three local teams and several off-shore teams of systems analysts and an MIA during the analysis, development, code, test, implementation and documentation stages of a two year project to convert the Recipient VSAM files to a DB2 database, claims conversion and financial system enhancements.

4.2.3.13 FINANCIAL MANAGER (OPTION A)



**Financial Manager
Melissa Platt**

Summary

Melissa is a skilled accounting professional with over 20 years' experience. She has a strong understanding of all aspects of accounting, including financial analysis, cost accounting, cash reconciliations, budgeting, fixed assets, procurement and accounts payable. Melissa has a proven ability to manage multiple assignments while meeting tight deadlines.

Skills

- | | |
|--|---|
| <ul style="list-style-type: none"> • Proficient in Microsoft Office • Well-organized | <ul style="list-style-type: none"> • Manage multiple tasks |
|--|---|

Specialization

- Cost Accounting
- Financial Analysis
- Budgeting

Education

Bachelor of Science, Accounting, Lincoln University, Jefferson City, MO

Experience

Finance Manager

- Manage and support facilities management for three facilities, procurement, accounts payable, and accounts receivable team, and front desk receptionist
- Financial and accounting lead for Infocrossing Division
- Prepares monthly financials and variance analysis
- Financial analyst for new business and adjustments of current services
- Liaison for offshore corporate finance team

Financial Analyst

- Report to controller
- Maintain Cost Accounting Database for Hospital and Analyze Profit/Loss for Service Lines
- Develop financial analysis for new physicians, new service lines, and expansion of current services
- Record clinic system financials
- Review clinic network monthly financials for errors and accrue necessary expenses
- Provide clinic administration with monthly financial reports
- Prepare budgets for clinic network and several other departments

- Complete 5500 tax returns and foundation 990
- Perform special projects for VP and Director of Accounting

Accounting Analyst I

- Prepared sections of Comprehensive Annual Financial Report (CAFR)
- Assisted with fixed assets
- Prepared fund analysis classifications
- Prepared monthly cash flow statements for specific funds
- Reviewed census bureau reports

Staff Accountant

- Maintained property, plant, and equipment records
- Recorded clinic system financials
- Provided clinic administration with monthly financial reports
- Reconciled prepaid accounts
- Reconciled payroll, operating, and clinic cash accounts

Financial Accountant

- Reconciled various accounts
- Prepared and entered journal entries
- Prepared various financial reports
- Handled 1099 Reporting
- Assisted with special projects

Accounting Clerk

- Prepared and entered journal entries
- Reconciled various accounts
- Prepared and entered accounts payable invoices
- Handled 1099 reporting
- Assisted with special projects

4.2.3.14 BUSINESS ANALYST (OPTION A)



Business Analyst (Option A)
Sara Oellerich

Summary

Sara Oellerich is a talented professional with more than 15 years of experience in administration, information technology, healthcare, and government fields. She has 10 years of well-rounded experience within MMIS systems, working as a communication specialist, project coordinator, and business analysis. Her blended history in working with state Medicaid policies, software development life cycle, and requirements elicitation makes her an ideal candidate for a Business Analyst role in support of Montana's Financial Option.

Skills

- | | |
|---|--|
| <ul style="list-style-type: none"> • MS Office Tools • Jira • Database Tools for basic SQL • SharePoint | <ul style="list-style-type: none"> • Cognos • Blaze Advisor Rules Engine • Written and Verbal Communication • Meeting Facilitation |
|---|--|

Specialization

- | | |
|---|--|
| <ul style="list-style-type: none"> • Medicaid Management Information System (MMIS) • Requirement Analysis and Documentation | <ul style="list-style-type: none"> • Agile and SDLC Mythologies • Business Rules |
|---|--|

Education

General Studies, Maple Wood Community College, Kansas City, MO

Training

- Health Insurance Portability and Accountability Act (HIPAA) Privacy Training
- Managing Projects Within Organizations
- Agile
- Crucial Conversations
- DBVisualizer Basics
- Email Etiquette
- Handling Difficult Conversations
- Medicaid 101

Experience

Business Information Analyst

- Facilitated requirements gathering research and activities in order to document business and functional requirements.

- Maintained in depth systems, business process and internal knowledge of procedures/ policies/ practices for the Missouri Medicaid Program.
- Processed systematic updates to maintain online files and process adjustments, entered claims or uploaded claim files for testing purposes.
- Ensured system documentation is accurate and up-to-date and made changes to online user help as required.

Resource/Project Coordinator

- Created and coordinated updates as well as monitored weekly consolidated project status reports.
- Monitored project deliverable progress as well as assisted in workflow of project deliverables.
- Produced meeting minutes for all project level internal and external customer meetings.
- Developed and maintained a resource management plan capturing resources available for priority projects.
- Worked directly with IT Program Managers and account management to allocate/assign resources.
- Coordinated with vendors on supplying the required candidates, coordinating interviews and assisted in the selection of candidates.
- Effectively tracked resource attrition, retention, allocation and actions related to staffing.
- Was responsible for enforcement of corporate policies and procedures and development of internal procedures to effectively improve process gaps.
- Conducted staffing meetings, maintained a weekly action tracker, and followed up on assigned actions to ensure timely closure.
- Administered the time reporting system for more than 250 staff members, procured and prepared reports that tracked resource time coding.
- Provided account-wide recruiting and human resources support.

Provider Communications Specialist

- Assisted providers with questions and issues regarding the MO HealthNet Program.
- Reviewed, researched and responded to written inquiries within contractual guidelines.
- Interpreted complex rules and analyzed and evaluated claim data.
- Processed claims that required special handling as well as assisted providers with the resubmission of claims when necessary.
- Maneuvered within and between system tools such as Medicaid Management Information System (eMMIS), ManToState/Financial Accounting and Management Information System (FAMIS) Cyber Access and eMOMED.
- Ensured that the privacy of the customer was protected by abiding by all federal HIPAA guidelines.

4.2.3.15 CALL CENTER IMPLEMENTATION PROJECT MANAGER (OPTION B)



Call Center Implementation Project Manager (Option B) Daniel E. Browne

Summary

Daniel's career spans over 35 years in Information Technology for various industries, including Healthcare. He worked as a Senior Project Manager creating new secure ways to restore and safely transport cardiac data across the Midwest region. His work as a Senior Infrastructure Project Manager for Disaster Recovery included the building of a redundant hybrid environment using a physical local facility and Microsoft Azure Cloud Technology. With Daniel's strong emphasis on Security, availability, confidentiality, and Transparency, he views HIPAA regulations, Security Access Controls, and Cyber Security as paramount to the effectiveness of the business climate and is what drives day-to day operations.

Skills

- | | |
|---|---|
| <ul style="list-style-type: none"> • Negotiations • Soft Skills | <ul style="list-style-type: none"> • Problem Resolution • Technical Writing |
|---|---|

Specialization

- Project Management
- Infrastructure/Cyber Security
- VMWARE
- Disaster Recovery (DR)

Education

MSEM - Master of Science Engineering Management Program – (MSOE), Milwaukee School of Engineering, Milwaukee, WI

Bachelor of Science, Mathematics, Cuttington College, Liberia, West Africa

Certifications

- | | |
|--|--|
| <ul style="list-style-type: none"> • Microsoft Certified Solutions Expert (MCSE) • Microsoft Certified Professional (MCP) • Certified Novell Administrator (CNA) • Certified Novell Engineer (CNE) | <ul style="list-style-type: none"> • Project Management Professional (PMP) • Certified Information Systems Security Professional (CISSP) • Structured Query Language (SQL) Server • CITRIX Certified |
|--|--|

Training

- | | |
|--|---|
| <ul style="list-style-type: none"> • Project Management • Security CISSP | <ul style="list-style-type: none"> • Microsoft • Disaster Recovery IBM Facility Sterling Forest, NJ |
|--|---|

Experience

Senior Project Manager – Infrastructure

- Managed the Infrastructure setup of a Medicare Call Center in Atlanta, GA
- Generates Weekly Status Reports to SharePoint Site
- Working on Microsoft O365 Cloud initiatives utilizing Azure with SHI Contractors

Senior Project Manager Infrastructure and Operations

- Managed the QFabric to Arista Migration for Two Data Centers
- Managed the SDWAN implementation for 213 Field Offices
- Worked with assigned Engineers and resource to develop team building relationships
- Wrote the business case for Solarwinds and is being implemented as a monitoring standard
- Led the Disaster Recovery initiatives for Business Applications Impact Analysis
- Worked with UCP- NM Private Cloud initiatives utilizing Azure and AWS
- Worked with enterprise security team to identify and transition Security System Architecture to new Arista Platform

IMS Disaster Recovery Project Manager

- Altered technical direction from a Microsoft Virtual Azure and Hybrid DR Solution to a local Physical Facility and hosted Hybrid DR Solution
- Generated weekly Disaster Recovery Status Reports and weekly Executive Status Reports
- Worked with all assigned resources and developed team building relationships
- Managed the SIP VOIP Project, Exchange Cloud hosted and O365 Project and provided weekly updates
- Worked with Application Manager to refine the Vfire Applications list as part of the DR initiatives Technical Business Impact Analysis
- Managed DC2 equipment relocation
- Served as a member of the Disaster Recovery Executive Committee Team

Global IS Cyber Security Vulnerability Manager

- Provided global technical direction for Enterprise Security Vulnerability Remediation across three Data Centers
- Performed Data Analysis for Global Risk Information Program (GRIP) consisting of 20 plus countries
- Held weekly Vulnerability Remediation Project status meetings with local and global teams
- Generated monthly Vulnerability Remediation Reports for Executives and Sr. Management Team
- Project Manager for Bit-9 to Carbon Black Antivirus migration
- Identified false positives in IBM Rapid 7 Scan Tool and provided information to IBM for resolution
- Acted as a thought leader to assist Security DevOps Teams in designing practical solutions
- Led technical conversations with the development team to resolve security technical issues
- Worked to create security data protection controls. (Securing Data)
- Designed and initiated technical security standards and controls (applying security controls and building security into systems)

- Understood and designed CI/CD pipelines that incorporated security standards and controls
- Delivered detailed Security Enterprise Architecture design to align with business objectives, leadership requirements and goals within the COBIT and ISO-2700 Frame Work
- Managed Application Project Teams to remediate security vulnerabilities
- Experienced with scripting languages to support analysis and correlation activities
- Involved with NA Project for Cloud Services Hosting solutions for Office 365 and SharePoint
- Provided Technical direction for ServiceNow, IAM, enhancements to improve Single-Sign-on, and ITIL Change management process

4.2.3.16 CALL CENTER LEAD ANALYST (OPTION B)



Call Center Lead Analyst (Option B)
Becky Lannert

Summary

Becky has been part of Missouri Medicaid fiscal agent contract for almost 25 years. Her work across multiple business and customer service areas and in various roles, provides her with a well-rounded healthcare, claims processing, and customer service experience. She has worked in several roles, including Document Control, Participant Services, Customer Service Representative, Team Lead, and Supervisor for the Missouri Medicaid fiscal agent contract. Most recently, she moved to the Eligibility and Enrollment Contact Center Contract as a Supervisor, where she has assisted in editing, updating, and revising Enrollment Broker documents, monitoring staff, completing daily and monthly reports, coordinating with the teleworkers within the Contact Center, and other supervisor duties.

Skills

- Customer Service
- Hands-on Leader and Motivator
- Medicaid Member Rules and Regulations

Specialization

- Member Benefits and Claims Inquiry
- Contact Center Daily Operations
- Training new employees

Education

High School Diploma

Experience

Eligibility and Enrollment Contact Center Supervisor

- Provides day to day supervision of 40+ Customer Services Representatives (CSRs) within the MAGI, Eligibility, Enrollment Broker, and MO Rx Units.
- Maintains monthly call service levels as required by contract.
- Monitors inbound/outbound customer service calls to ensure script adherence, call integrity and adverse events compliance.
- Assists assigned team by being available to answer questions, investigate and resolve issues relating to customer's issues and other service related concerns and respond to escalated calls.
- Prepares daily, weekly and monthly activity reports to track Contact Center Call performance.

- Evaluates employees' job performance, recommends appropriate personnel action and provides feedback and education to staff to improve quality and performance.
- Facilitates interviews and selects top tiered candidates for the Contact Center.
- Assigns duties/shifts to CSRs according to level of expertise to ensure phones are adequately covered for each queue.

Participant Services Team Lead

- Assisted team members with questions regarding participant inquiries received through the toll-free hot line and written correspondence.
- Provided monthly and weekly status reports.
- Performed quality checks for staff on phone and mail responses.
- Provided supervisor callbacks to participants, as required.
- Administered company policies and guidelines.
- Performed supervisor functions, when supervisor was absent.

Participant Services Agent

- Assisted participants with benefit and claim inquiries in an in-bound call center setting.
- Reviewed, researched, and responded to written inquiries within contractual guidelines.
- Maintained call quality and volume requirements, while providing excellent customer service.
- Explained and interpreted difficult and complex rules, regulations, and procedures of the Missouri Medicaid program to participants.
- Utilized internal system tools (e.g. eMMIS, ManToState, and FACES) to provide fast and accurate information to participants.
- Maintained an in-depth knowledge Medicaid and federal rules and regulations.
- Ensured privacy of customer was protected by abiding by all federal HIPAA guidelines.
- Ensured that participant telephone and written correspondence was done in accordance with state policies.
- Answered telephone and written inquiries for Missouri Medicaid participants in accordance with state policies.

Document Control Specialist/Scanner Operator

- Opened and prepared all incoming Medicaid claims, adjustments, prior authorizations, and attachments for processing by digital scanner.
- Returned documents to providers that did not meet screening requirements. Explained problems and provided instructions for successful resubmission by the provider.
- Operated high-speed scanning equipment.
- Set scanning parameters for each document type.

4.2.3.17 PROVIDER RELATIONS MANAGER (OPTION B)



Provider Relations Manager (Option B) Jackie Gilmore

Summary

Jackie has over 31 years' experience working for the Missouri Medicaid program fiscal agent. She has extensive experience supervising multiple units, including resolutions, data entry, Third Party Liability (TPL), provider communications and participant services. Jackie has worked as a subject matter expert on multiple system enhancements from the development to the system testing phases, ensuring that claims process correctly once the enhancement goes into production. Jackie currently works as the Provider Communications Supervisor.

Skills

- | | |
|---|--|
| <ul style="list-style-type: none"> • Cold • Cyber Access • eMMIS • eMOMED | <ul style="list-style-type: none"> • FAMIS and MEDES • Imaging • Jira • Microsoft Office |
|---|--|

Specialization

- Quality Control
- Staff Administration

Education

Pursuing Bachelor's Degree in Business from William Woods College, Fulton, MO

Certifications

Certification in Medical Terminology, Dean Vaughn

Training

Medical Office Process and Procedure, Jefferson City, MO

Experience

Provider Communications Supervisor

- Oversees staff of 25 provider communications agents who handle calls from Missouri Medicaid providers.
- Oversee five Tier 2 Provider Communications staff agents who process and resolve referrals from Tier 1 and MHD staff.
- Ensures provider telephone and email correspondence is answered in accordance with the Missouri Medicaid agency policies.
- Possesses complete knowledge of 31 different Missouri Medicaid programs.

- Monitors quality control.
- Administers company policies and guidelines for all the provider communication specialists.
- Interviews for selection of all new staff.

Participant Services Supervisor

- Oversees staff of 20 participant services agents who handle calls from Missouri Medicaid participants.
- Ensures participant telephone and written correspondence are answered in accordance with Missouri Medicaid policies.
- Monitors quality control.
- Administers company policies and guidelines for all the participant service specialists.
- Performs annual performance appraisals on all participant services specialists.
- Interviews for selection of all new staff.

Claims Supervisor

- Acted as a point of contract to the State regarding data entry, claims resolution and TPL issues.
- Monitored workflow to ensure efficiency and meet all contractual obligations of the Resolutions Unit and the Data Entry departments.
- Monitored quality audits to ensure claims, attachments, and prior authorization integrity.
- Developed and maintained claims unit processes and procedures manuals.
- Ensured all claims and attachments entered were adjudicated within the guidelines of the contract.

Business Information Analyst

- Facilitated requirements gathering activities, including meeting with the State to discuss State Task Request (STRs) requirements, documenting issues and resolutions, and writing specific requirements for STRs.
- Initiated test plans, developed and executed test cases and scenarios, worked with users to develop specific acceptance criteria and prepared exhibits, and reviewed test exhibits and documentation.
- Maintained online files, including System Parameters, Exception Control and Resolutions Manual.

4.2.3.18 ENROLLMENT BROKER MANAGER (OPTION B)



Enrollment Broker Manager (Option B) Ann Roark

Summary

Ann is a proven and dedicated leader with more than 20 years of Missouri Medicaid business operations experience with the Missouri Medicaid program including Enrollment Broker functions.

She has innate knowledge of the enrollment broker operation from hands-on experience as a Customer Service Representative scaling up to the Enrollment Counselor Supervisor and Contact Center Manager. She offers expertise in all facets of operations.

Ann has played a key role in transitioning the Enrollment Broker function between three hand-over's while ensuring the integrity of the operation was maintained. She has the ability to focus on client business needs and requirements, while producing compliance-driven results.

Skills

- | | |
|---|--|
| <ul style="list-style-type: none"> • Dependable • Flexible • Positive attitude • Problem solver | <ul style="list-style-type: none"> • Self-motivated • Strong work ethic • Team-oriented |
|---|--|

Specialization

- Employee Training
- Progress Reporting
- Quality Assurance
- Schedule Management
- Team Management

Education

Bachelor's degree in Business Administration, Columbia College, Jefferson City, MO

Training

- | | |
|--|---|
| <ul style="list-style-type: none"> • Lean 101 | <ul style="list-style-type: none"> • Crucial Conversations |
|--|---|

Experience

Call Center Manager

- Oversees operational functions for the Missouri Medicaid program Enrollment Broker, including customer service, enrollment, and verification activities.

- Supervises day-to-day activities performed by Enrollment Broker Counselors and Third Party Liability Specialists; composed of a 10-person call center with two bi-lingual call representatives and five operations staff.
- Addresses complex or difficult calls or situations when escalation to a manager is required.
- Serves as a liaison to the State of Missouri regarding contact center activities.

Enrollment Counselor Supervisor

- Supervised an average of 10 staff.
- Provided weekly, monthly, quarterly, and annual statistical reports for the State of Missouri, Department of Social Services.
- Assisted with staffing decisions, performance improvement and planning, and adherence to corporate policies, procedures, and contractual obligations.
- Provided guidance to staff on all operational issues including customer service, Missouri Medicaid program Managed Care policies and requirements, quality control, and issue resolution.
- Provided training and technical expertise on the operations of the Missouri Medicaid program Managed Care Enrollment System.
- Played an integral role with the transition of the Missouri Medicaid program Enrollment Broker Project from Policy Studies Inc. to Affiliated Computer Services and from Affiliated Computer Services to Wipro Healthcare Services.

Enrollment Counselor Lead

- Provided up-to-date training and on-the-job training for all counselors.
- Reviewed work product for quality, accuracy, and thoroughness.
- Created and maintained phone schedules and call out schedules for all staff.
- Created call statistics reports detailing quantity, length of calls, and service levels
- Escalated customer service issues to upper management, as needed.
- Performed Enrollment Counselor duties, as needed, to ensure contact compliance and maintain excellent customer service standards.
- Monitored the quantity of incoming calls, operator availability, and reallocate operators to accommodate call volumes through the Automated Call Distribution (ACD) system.

Telephone Customer Service Representative

- Ensured that all telephone calls and written inquiries from members were completed according to contractual obligations.
- Reviewed and processed enrollment applications for health plan enrollment selections and health plan transfers made via the phone or mail into the enrollment system.
- Met and exceeded daily standards for calls answered, records entered, accuracy, customer service, and quality.

4.2.3.19 CALL CENTER UTILIZATION REVIEW ANALYST (OPTION B)



Call Center Utilization Review Analyst (Option B) Geri Roling

Summary

Geri has been a registered nurse for 25 years, working in cardiology, geriatrics, and utilization review. The last 18 years of her career has been focused on utilization review of medications, durable medical equipment, and behavioral health services for the Missouri Medicaid program.

Skills

- | | |
|--|---|
| <ul style="list-style-type: none"> • Call Monitoring • Client Services | <ul style="list-style-type: none"> • Group Management • Procedure Development |
|--|---|

Specialization

- | | |
|--|--|
| <ul style="list-style-type: none"> • Critical Care Knowledge • Edit Implementation And Trouble-Shooting • HIPAA | <ul style="list-style-type: none"> • Pharmaceutical Knowledge • Problem Solving • Staff Management • System Navigation |
|--|--|

Education

Associates Degree in Nursing, Lincoln University, Jefferson City, MO

Certifications

Missouri Nursing License

Training

Health Insurance Portability and Accountability Act (HIPAA) Training
Missouri Opioid State Targeted Response Training

Experience

Clinical Services Supervisor

- Directs, supervises, and coordinates call center operational and staff activities.
- Develops call center related procedures and incorporates review modifications into the work processes.
- Directly supervises the call center supports and reviews staff.
- Analyzes program activities to ensure all contractual requirements are met and program goals are attained.
- Serves as the client liaison for the pharmacy and psychology programs.
- Meets with state agency officials and other designated individuals/groups as requested.

- Recognizes and reports drug utilization patterns which deviate from the norm.
- Attends the Missouri Medicaid Drug Prior Authorization Committee and the Non-Pharmaceutical Mental Health Prior Authorization Committee meetings.
- Monitors daily call volumes and written requests; reallocates staff assignments as needed to minimize customer wait times and assure written requests are completed timely.

Quality Assurance Nurse

- Conducted focused and random monitoring of prior authorizations and edit overrides completed by the pharmacy, medical, and behavioral health call center staff.
- Assessed procedural and technical processes and recommended enhancements in the workflow processes, flow charts and resources needed to improve efficiencies in the call centers operational functions.
- Performed quality audits of Missouri Medicaid Managed Care Health Plans to monitor for adherence with state contractual requirements.
- Assisted with processing drug prior authorization requests.

Registered Nurse III

- Performed quality reviews of Missouri Medicaid Managed Care Health Plans to monitor compliance with state contracts.
- Assisted with the review of drug prior authorizations.
- Served as liaison for the Mental Health and Maternal Child Health Subgroups.

Director of Nursing

- Coordinated care for 100 residents in a skilled nursing facility.
- Evaluated staffing needs and maintained all staff and resident health records.
- Performed infection control reviews.

4.2.3.20 BUSINESS ANALYST (OPTION B)



Business Analyst (Option B)
Amber Welch

Summary

Amber is a self-motivated business analyst with over 13 years' combined experience in business information analytics and Provider Communications Call Centers for the Missouri Medicaid program. She worked in the Provider Call Center for seven years and served as the center's Team Lead for over 25 team members, for three of those years. Amber has spent the last four years as a Business Information Analyst.

Skills

- | | |
|--|---|
| <ul style="list-style-type: none"> • Written and Verbal Communication • Call Center • Database Query Tools; SQL • Microsoft Office | <ul style="list-style-type: none"> • Blaze Advisor Rules Engine • Healthcare Billing • Jira • Problem Solving |
|--|---|

Specialization

- Claims Processing
- Requirements Elicitation
- Customer Service
- Train the Trainer
- Medicaid Subject Matter Expert

Education

Associates Degree in Accounting, American Intercontinental University, Buckingham, IL

Training

- | | |
|--|--|
| <ul style="list-style-type: none"> • Business Analysis Courses • HIPAA 2 Phase Core 1 and 2 • Security Practice | <ul style="list-style-type: none"> • Acceptable Use Policy and Password Policy • Customer Service Skills • Informational Security Risk and Compliance |
|--|--|

Experience

Business Information Analyst

- Works directly with the customer, internal staff, and the PMO organization to ensure effective facilitation of all aspects of system changes and updates.

- Facilitates requirements gathering activities, including requirements and design meetings with the customer to discuss system task requests, enhancements, and project assessment quotation (PAQ) requirements.
- Documents business and functional requirements, issues and resolutions, and writes specific requirements for system changes.

Provider Communication Team Lead

- Researched and answered questions from other team members.
- Monitored interviews of potential employees.
- Ran quality control on 23 staff members.
- Possessed complete knowledge of 31 different Missouri Medicaid programs.
- Assisted supervisor and manager in any duties as assigned.
- Trained new hires and existing staff.
- Responded to written or email inquiries.
- Answered incoming calls from provider community.

Provider Communication Specialist

- Answered incoming provider phone calls.
- Responded to written and emailed correspondence.
- Assisted providers with resubmission of claims; special handled claims when necessary.
- Maintained an in-depth knowledge of Medicaid state and Federal rules and guidelines.
- Trained new hires and existing co-workers.

Reimbursement Specialist

- Performed front desk receptionist duties as needed.
- Followed up on all insurance claims.

4.2.3.21 FEDERAL REPORTING IMPLEMENTATION PROJECT MANAGER (OPTION C)



Federal Reporting Implementation Project Manager (Option C) Angela Heckemeyer

Summary

Angela is an IT professional offering more than 24 years of experience in the full software development life cycle for the State of Missouri Medicaid program. Experience includes project management, requirements gathering, system analysis and design, development, testing, quality review and implementation. She has excellent communication skills allowing her to interact effectively with management and the customer. This coupled with very strong organizational, analytical, and problem solving skills enables her to perform at a level that has earned the respect of peers and management. Angie is recognized and respected by peers as a technical expert and lead, and is sought out for advice, expertise, and solutions.

Skills

- | | |
|---|---|
| <ul style="list-style-type: none"> • CICS • COBOL • JCL • Lotus Notes • MS Excel | <ul style="list-style-type: none"> • MS Project • MS Visio • MS Word • SAS • SQL |
|---|---|

Specialization

- Project Management
- Requirements Gathering
- Team Leadership

Education

Master of Business Administration, William Woods University, Jefferson City, MO

Bachelor of Science, Computer Information Systems, Missouri State University, Springfield, MO

Certifications

PMP Certification, 2015

Training

- | | |
|--|---|
| <ul style="list-style-type: none"> • COBOL/CICS • Crucial Conversations • DB2 • Digital 101 • Empowerment | <ul style="list-style-type: none"> • Microsoft Project • PMP Bootcamp • SAS • Togaf • TSO/ISPF |
|--|---|

- JCL

Experience

Program Manager

- Oversee all aspects of development teams.
- Manage a team of 40+ developers working on defect and maintenance tickets, small projects and large enhancement projects.
- Participate in Change Control Board (CCB) and Steering Meetings.
- Provide estimates and impacts to the CCB to aid in decision-making.
- Prioritize and resource work, in accordance with the CCB ranking.
- Oversee the T-MSIS project.
- Facilitate internal Architect meetings to weigh in on design issues.
- Coordinate with the Project Management teams to provide resources.
- Completed performance appraisals and addressed performance issues when necessary.

Supervisor/Technical Lead

- Consulted in the development of the following documents for projects: System Development Approach, Requirements Analysis, Detail System Design, Unit Test Plan, Systems Test Plan, Acceptance Test Plan, Implementation Plan, and Post-Implementation Reports.
- Project Lead on multiple projects within the Missouri Medicaid application. These projects typically included extensive requirements with restrictive deadlines. Worked closely with project manager in a joint effort to develop project work plans. Provided task lists with estimates and assisted with resource allocation. Close interaction with the customer and the entire project team was necessary for successful implementation.
- Contributed to the preparation of the RFP for the contract renewal for Missouri Medicaid by writing solutions to the requirements, developing estimates of hours involved to develop the solutions, created high-level project plans for multiple projects.
- Participated as a member of the Standards Board to weigh in on setting/ revising programming standards.
- Served as a member of the Architectural Board, lending knowledge and opinion on design solutions and other issues.
- Consulted and advised technical staff providing solutions to application design and performance.
- Tracked progress of team members during projects and provided guidance, technical leadership, and assistance.
- Completed performance appraisals and addressed performance issues when necessary.

Team Lead

- Served as team lead to over five programmers and programmer analysts for general maintenance work.
- Led a team of two to three people in all phases of the software development life cycle in implementing the psychiatric Prior Authorization (PA) processing into the system. The implementation of the psychiatric PA resulted in a cost savings for the State.

- Project lead over two enhancement projects for PA/Claim Attachment processing and for the Surveillance Utilization Review System (SURS).

4.2.3.22 FEDERAL REPORTING LEAD ANALYST (T-MSIS) (OPTION C)



Federal Reporting Lead Analysts (T-MSIS) (Option C) Michael Schell

Summary

Mike is a Technical Lead / Architect specializing in Medicaid and Healthcare Systems over the last 39 years. He has a proven track record of successfully leading large projects with many staff members and meeting deadlines while maintaining a great relationship with customer staff. Mike was instrumental in developing the Missouri MMIS Point of Service System, Managed Care System, and Conversion to Rules Based Processing. He has vast technical skills with the ability to learn new applications and products quickly.

Skills

- | | |
|---|---|
| <ul style="list-style-type: none"> • MS Products • COBOL/CICS • CLISTS • REXX | <ul style="list-style-type: none"> • Rules Processing • SAS • Mainframe Utilities • DB2 Performance Tools |
|---|---|

Specialization

- Project/Team Leadership
- Performance Tools
- Software Applications
- Medicaid System Knowledge

Education

Bachelor of Science, Accounting and Business Administration, Lincoln University, Jefferson City, MO

Associate of Applied Science, Computer Science, Lincoln University, Jefferson City, MO

Numerous Client Server/Open Systems program classes, State Fair Community College, Jefferson City, MO

Training

- | | |
|---|--|
| <ul style="list-style-type: none"> • DBA • DB2 • IDMS • Performance Tuning • COBOL/CICS • CSP | <ul style="list-style-type: none"> • JCL • MS Products • WEBSphere • JAVA/JAVASCRIPT • HTML • UNIX |
|---|--|

Experience

Project Technical Lead

- Performed duties for system projects including, Attachments, TPL, adjudication exception to rules, Data Center move, Medicaid provider license and sanctions, exception/explanation of benefits expansion, T-MSIS project.
- Performed performance tuning and application improvements as Systems Architect for Medicare account.
- Performed duties for system projects including original real-time adjudication (RTA), adjudication processing to DB2, NCPDP conversion from 5.0 to D.0, converting remaining system to DB2 and to full RTA, conversion from ICD-9 to ICD-10.

Senior Systems Engineer/Architect

- Performed duties of a senior software engineer assigned to the State of Missouri.
- Worked on numerous subsystems including Eligibility, CHIP Premium Invoicing and MoRx/Part-D Drug while developing and maintaining these applications in COBOL, CICS and IDMS.
- Worked directly with State employees and numerous customers of the State.
- Developed J2EE internet applications using WEBSPPHERE, JAVA, JAVASCRIPT, HTML, UNIX, DB2 and DB2 Stored Procedures.
- Developed a replacement application for the Missouri Medicaid Provider Enrollment System. This large application enables professional medical individuals to understand and complete the application process to become a Missouri Medicaid provider. This application consists of 39 JSP components, 9 JS components, 14 JAVA components (presentation, business object and data store components) and 5 large DB2 tables.
- Developed many other applications enabling providers to retrieve, enter and submit detailed claim, participant and provider information.

Systems Engineer IV

- Developed J2EE internet applications using WEBSPPHERE, JAVA, JAVASCRIPT, HTML, UNIX, DB2 and DB2 Stored Procedures.
- Developed a replacement application for the Missouri Medicaid Provider Enrollment System. This large application enables professional medical individuals to understand and complete the application process to become a Missouri Medicaid provider. This application consists of 39 JSP components, 9 JS components, 14 JAVA components (presentation, business object and data store components) and 5 large DB2 tables.
- Developed many other applications enabling providers to retrieve, enter and submit detailed claim, participant and provider information.

Consultant/Senior Systems Engineer

- Performed duties of a senior software engineer.
- Worked on numerous subsystems developing applications in COBOL, CICS and JAVA while working directly with state and fiscal agent staff.
- Performed duties of a team lead over small groups of fellow contract employees to complete specific tasks.

- Served as the project lead over several multi-million dollar enhancements with largest being Y2K Compliance and Managed Care.
- Served as a lead architect on enhancements including Point-of-Service, Drug Rebate, SURS, and HCFA Claim Form Conversions.
- Worked on numerous enhancements and led project team in complete life cycle development of a new telephone billing system for State of Missouri.
- Worked as a lead supporting application-programming staff with technical experience and performed all IDMS database maintenance tasks, which included 40 database restructures during a three-year span.

4.2.3.23 FEDERAL REPORTING LEAD ANALYST (CMS-64, CMS-21, CMS-37) (OPTION C - DDI/CERT PHASE)



Federal Reporting Lead Analyst (CMS-64, CMS-21, CMS-37) (OPTION C - DDI/CERT PHASE)
Sharon Crocker

Summary

Sharon has over 32 years of experience working as a Medicaid Management Information System (MMIS) Information Technology (IT) resource, where her primary responsibilities have included Medicaid Information Technology Architecture (MITA), Third Party Liability (TPL) redesign, ad hoc reporting, Data Warehouse, Surveillance Utilization and Review (SUR), Management and Administrative Reporting (MAR), Health Insurance Portability and Accountability Act (HIPAA) Transaction and Code Set transactions, and Committee on Operating Rules for Information Exchange (CORE), making her the ideal candidate for Federal Reporting Manager.

Skills

- | | |
|--|---|
| <ul style="list-style-type: none"> • ACF2 • CICS • CMM • COBOL • Cognos • DB2 Application • DB2/SQL • Dumpmaster | <ul style="list-style-type: none"> • Endeavor • FileAid • Insync • SAS • Tracemaster • Visual Basic • VSAM • Xpediter |
|--|---|

Specialization

- | | |
|---|--|
| <ul style="list-style-type: none"> • Ad hoc Data Warehouse Subject Matter Expert (SME) • Data Architecture • Enhancement and System Modification Design, Development and Programming • HIPAA Transaction and Code Set SME • Migration Management | <ul style="list-style-type: none"> • Proposal Writing/Technical Writing and Editing • Quality Assurance • Request for Proposal Analysis • Surveillance Utilization and Review (SUR) System Subject Matter Expert (SME) |
|---|--|

Education

Associate's Degree in Computer Science, Columbia College, Columbia, MO

Training

Attended NAMPI Conference, 2011

Attended National NCPDP Forum, 1999

Attended Workgroup for Electronic Data Interchange (WEDI) Strategic National Implementation Process (SNIP) HIPAA Implementation Summit, 2003

Attended WEDI National Conference, 2005, 2006 and 2009

Attended National MMIS Conferences, 2000 and 2004

Experience

Medicaid Subject Matter Expert

- Provided compliance support to the Committee on Operating Rules for Information Exchange (CORE) phase I and II project team.
- Provided initial analysis of the CORE phase III regulation impact to the Missouri MMIS.
- Monitored ongoing regulations in relation to the HIPAA and Patient Protection and Affordable Care Act providing high-level impact analysis for the MMIS.
- Provided support to Ad hoc Data Warehouse team for ongoing maintenance/development.
- Provided support to the Management and Administrative Reporting (MAR) project team.
- Provided support to the MMIS development team, especially in relation to HIPAA compliance for Version 5010 and the financial subsystem.
- Provided support to the Technical Help Desk, especially in relation to HIPAA compliance and crossover claim processing.

Technical Supervisor

- Led the project analysis, development and implementation teams to implement a very large Ad hoc Data Warehouse Application as well as a SUR application.
- Led the project analysis and development team for a MAR application.
- Led the project analysis, development and implementation teams to implement federal regulations for compliant Version 4010 HIPAA Transaction and Code Sets; supported the Technical Help Desk following implementation on compliance issues.
- Main resource for compliance analysis related to Version 5010 HIPAA Transaction and Code Set transactions, while leading Ad hoc Data Warehouse/SUR and MAR projects.
- Advised up to 25 programmers and systems analysts in technical and analytical issues concerning ongoing MMIS modifications, development and on-call issues.
- Provided technical guidance and support for a team of nine systems analysts on a successful claim conversion project with a very tight deadline requiring implementation in less than four months for Non-Emergency Medical Transportation (NEMT) encounter processing.
- Led the project analysis, development and implementation teams for a TPL Policy Automation Project.

Lead Ad hoc Programmer

- Worked with the Missouri Medicaid agency finance unit to determine necessary logic to balance the Ad hoc Data Warehouse data to the Claims Payment Summary.
- Worked with Medicaid agency Cognos programmer to parallel reporting between World Programming System (WPS) ad hoc reports and Cognos run ad hoc reports, including reporting used for 1115 waiver reporting.

- Provided data to and worked directly with the Payment Error Rate Measurement (PERM) vendor, which resulted in my identification of errors in their method for loading data resulting in incorrect reporting.
- Trained two new ad hoc programmers with the intent for them to take over the lead role.
- Created standard logic to reuse after conversion of MMIS system from VSAM to DB2.

4.2.3.24 FEDERAL REPORTING LEAD ANALYST (OTHER STATE AND FEDERAL REPORTING) (OPTION C)



Federal Reporting Lead Analyst (Other State and Federal Reporting) (Option C) Sampath Manjunatha

Summary

Sampath has over 14 years' experience in IT as a developer and team lead, with an emphasis on data warehouse and analytical reporting. He has almost 10 years' of healthcare domain experience working directly in Medicaid and Medicare.

Skills

- | | |
|--|--|
| <ul style="list-style-type: none"> • CICS • COBOL • DB Visualizer • Cognos Analytics 11x • Cognos BI 10x • DB2 for Z/OS 10.1 • Flat File System | <ul style="list-style-type: none"> • Informatica Power Exchange • Informatica PowerCenter • JCL • Jira • Oracle 11g, DB2 BLU • SAS • VSAM |
|--|--|

Specialization

- | | |
|--|---|
| <ul style="list-style-type: none"> • Account Receivable/ Account payable • Cognos Reporting • Data Migration • Database Management | <ul style="list-style-type: none"> • Database Management • Medicaid Management Information Systems • User Acceptance Testing |
|--|---|

Education

Bachelor of Engineering, KLE Society's College of Engineering and Technology, Belgaum, Karnataka, India.

Certifications

- Cognos Level 1 certification from Wipro
- Informatica Level 2 certification from Wipro
- Lean certificate from Wipro
- Quality Assurance process certification from Wipro

Training

- | | |
|---|--|
| <ul style="list-style-type: none"> • Compuware Workbench • File-aid Training from Compuware • Hadoop Big Data Base Training from Wipro | <ul style="list-style-type: none"> • Oracle 11g • Requirement Gathering • Teradata Developer Training |
|---|--|

- Informatica PowerCenter

Experience

Techno Functional Consultant

- Gathering business requirements and translating them into user stories/technical requirements.
- Data analysis for resolving queries from development team.
- Leading development team with daily stand-up calls, prioritizing requirements, code review, functional testing of the application.
- Data analytics using Jasper BI and integrating Jasper with web application.
- Performance tuning and innovation in service offering.
- Real-time data replication using IIR.

Team Lead

- Worked extensively in financial system in provider payments, provider recoupments, cash control and transmittals.
- Worked on enhancement projects related to drug rebate, claim systems, which involves requirement gathering, preparation of detailed design document, coding, unit testing, system testing support, and production support.
- Analyzed the system to eliminate old claim layout and to convert it to access DB2 data instead of VSAM files. Performed requirement gathering, detailed technical design, coding, unit testing, allocation and review of the code and test results.
- Worked on migration of VSAM data into DB2 tables using the interface tool Power Exchange and Extract Transform and Load (ETL) tool Informatica PowerCenter and Informatica PowerExchange.
- Prepared high-level design and low level design documents.
- Defined source system in Informatica PowerExchange.
- Developed mapping using various transformations in Informatica PowerCenter for cleansing, transforming and final target load stages.
- Analyzed system issues and assigned tickets to team.
- Provided team lead review of code and unit test deliverables, system test preparation, and customer walkthrough of results.
- Worked as primary support for various web services used by providers, Interactive Voice Response (IVR) system.
- Prepared extensively for new Medicaid Enterprise Management System (MEMS) to gear up for new age technology and business in Medicaid domain.

Senior Software Engineer

- Prepared technical specifications, coded/reviewed new components, interacted with customer for clarifications.
- Provided Unit Testing and User Acceptance Testing (UAT) of the components, prepared implementation plan and provided post-implementation support.
- Provided overall support for the project as technical lead.

4.2.3.25 FEDERAL REPORTING MANAGER (OPTION C – O&M PHASE)



Federal Reporting Manager (Option C – O&M Phase) Sharon Crocker

Summary

Sharon has over 32 years of experience working as a Medicaid Management Information System (MMIS) Information Technology (IT) resource, where her primary responsibilities have included Medicaid Information Technology Architecture (MITA), Third Party Liability (TPL) redesign, ad hoc reporting, Data Warehouse, Surveillance Utilization and Review (SUR), Management and Administrative Reporting (MAR), Health Insurance Portability and Accountability Act (HIPAA) Transaction and Code Set transactions, and Committee on Operating Rules for Information Exchange (CORE), making her the ideal candidate for Federal Reporting Manager.

Skills

- | | |
|--|---|
| <ul style="list-style-type: none"> • ACF2 • CICS • CMM • COBOL • Cognos • DB2 Application • DB2/SQL • Dumpmaster | <ul style="list-style-type: none"> • Endeavor • FileAid • Insync • SAS • Tracemaster • Visual Basic • VSAM • Xpediter |
|--|---|

Specialization

- | | |
|---|--|
| <ul style="list-style-type: none"> • Ad hoc Data Warehouse Subject Matter Expert (SME) • Data Architecture • Enhancement and System Modification Design, Development and Programming • HIPAA Transaction and Code Set SME • Migration Management | <ul style="list-style-type: none"> • Proposal Writing/Technical Writing and Editing • Quality Assurance • Request for Proposal Analysis • Surveillance Utilization and Review (SUR) System Subject Matter Expert (SME) |
|---|--|

Education

Associate's Degree in Computer Science, Columbia College, Columbia, MO

Training

Attended NAMPI Conference, 2011

Attended National NCPDP Forum, 1999

Attended WEDI SNIP HIPAA Implementation Summit, 2003

Attended WEDI National Conference, 2005, 2006 and 2009

Attended National MMIS Conferences, 2000 and 2004

Experience

Medicaid Subject Matter Expert

- Provided compliance support to the Committee on Operating Rules for Information Exchange (CORE) Phase I and II project team.
- Provided initial analysis of the CORE Phase III regulation impact to the Missouri MMIS.
- Monitored ongoing regulations in relation to the HIPAA and Patient Protection and Affordable Care Act providing high-level impact analysis for the MMIS.
- Provided support to Ad hoc Data Warehouse team for ongoing maintenance/development.
- Provided support to the Management and Administrative Reporting (MAR) project team.
- Provided support to the MMIS development team, especially in relation to HIPAA compliance for Version 5010 and the financial subsystem.
- Provided support to the Technical Help Desk, especially in relation to HIPAA compliance and crossover claim processing.

Technical Supervisor

- Led the project analysis, development and implementation teams to implement a very large Ad hoc Data Warehouse Application as well as a SUR application.
- Led the project analysis and development team for a MAR application.
- Led the project analysis, development and implementation teams to implement federal regulations for compliant Version 4010 HIPAA Transaction and Code Sets; supported the Technical Help Desk following implementation on compliance issues.
- Main resource for compliance analysis related to Version 5010 HIPAA Transaction and Code Set transactions, while leading Ad hoc Data Warehouse/SUR and MAR projects.
- Advised up to 25 programmers and systems analysts in technical and analytical issues concerning ongoing MMIS modifications, development and on-call issues.
- Provided technical guidance and support for a team of nine systems analysts on a successful claim conversion project with a very tight deadline requiring implementation in less than four months for Non-Emergency Medical Transportation (NEMT) encounter processing.
- Led the project analysis, development and implementation teams for a TPL Policy Automation Project.

Lead Ad hoc Programmer

- Worked with the Missouri Medicaid agency finance unit to determine necessary logic to balance the Ad hoc Data Warehouse data to the Claims Payment Summary.
- Worked with Medicaid agency Cognos programmer to parallel reporting between World Programming System (WPS) ad hoc reports and Cognos run ad hoc reports, including reporting used for 1115 waiver reporting.
- Provided data to and worked directly with the Payment Error Rate Measurement (PERM) vendor, which resulted in my identification of errors in their method for loading data resulting in incorrect reporting.

- Trained two new ad hoc programmers with the intent for them to take over the lead role.
- Created standard logic to reuse after conversion of MMIS system from VSAM to DB2.

4.2.3.26 BUSINESS ANALYST (OPTION C)



Business Analyst (Option C) Jolina Lovette

Summary

Jolina has over 10 years' experience in Medicaid Management Information Systems, integrating procedures and subsystems developed at the general design level to meet principle objectives. She has extensive, nationwide experience with systems design, development, and implementation. Jolina has managed multi-layered projects for global organizations in healthcare and technology services. She has developed and implemented large-scale integrated eligibility systems (COTS and Transfer) in addition to training personnel for local, county, and state governments.

Skills

- | | |
|---|--|
| <ul style="list-style-type: none"> • Excellent organizational skills • Excellent written and verbal communication • Ability to execute multiple tasks • Agile Methodology • Software Development Life Cycle (SDLC) • RTM Experience • Requirements Gathering • Medical Terminology • Medicaid Federal Certification • Change Management | <ul style="list-style-type: none"> • Analytics • Medicaid Policy • Project Life Cycle • Technical Requirement Documentation • Lessons Learned • Union Negotiation • Single System Migration • ALM/PPM • Legacy System and Conversion • ICD-9/ICD-10 Claims Knowledge • CalHEERS/Accenture |
|---|--|

Specialization

- Medicaid Managed Care Enrollment
- Claims Processing
- Function Assessments and Testing
- Long Term Care
- Change Management
- Pharmacy Program
- Reimbursement
- Healthcare Information Exchange
- Fiscal Management
- IV&V Testing Experience

Education

Master's in Human Resources, Chapman University, Orange, CA

Bachelor of Science, Social Services, Chapman University, Orange, CA
 Certificate in Organizational Leadership, Chapman University, Orange, CA
 Associate of Arts in Liberal Studies, Human Services, Solano Community College, Fairfield, CA

Certifications

- | | |
|--|---|
| <ul style="list-style-type: none"> • CalWIN Trainer • C-IV Trainer | <ul style="list-style-type: none"> • WIC Trainer |
|--|---|

Experience

Medicaid Business Analyst

- Researched, planned, implemented, and monitored a broad portfolio and initiatives to enable compliance with Federal, state, and local regulations/laws.
- Worked with developers, business analysts, testers, and architects resolving defects/bugs.
- Integrated Eligibility System/Welfare Client Data Systems experience.
- Supported technical and design team in the development of user-friendly solutions that promote program integrity within the Consumer Portal.
- Validated completion of functional, non-functional, and business requirements ensuring expectations and deliverables are appropriately met within scope.
- Participated as a domain expert in customer-facing meetings to facilitate discussions.
- Interviewed and interfaced with value streams to obtain needed business requirements.
- Provided additional support and guidance to clients during the implementation phase to include development of training resources.
- Participated in scrum team as a subject matter expert.
- Worked independently and interacted regularly with government and non-government stakeholders at multiple levels of authority.
- Directed the analysis of enterprise-wide/very complex client needs in project areas such as new/existing business operating models, innovate approaches to solutions support, market research of emerging/available product functionality/operational readiness assessment.
- Interpreted, evaluated, and interrelated research data and developed integrated business analyses and projections for incorporation into strategic decision-making.
- Created informative, actionable and repeatable reporting that highlighted relevant business trends and opportunities for improvement.
- Ensured bi-directional traceability of all requirements.

Business Systems Analyst

- Managed technical releases of all interfaces.
- Maintained application design documents including detailed design, interface design and Legacy and COTS design.
- Developed project documentation including technical specifications, help, and user guides.
- Coordinated, facilitated, and executed testing of code configuration changes (regression testing).

Business Analyst

- Effectively communicated user and functional requirements to development team.

- Led multiple JAD requirement gathering sessions.
- Led business stakeholder engagement meetings, strove to understand client processes and establish trust among team/business groups.
- Wrote test plans and/or perform User Acceptance Testing (UAT) and functional testing of new solutions.
- Identified root cause(s) analysis of issues to help determine optimal solution(s).
- Performed business needs analysis/design workflows, including 'as is' and 'to be' process mapping.

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.

Team Wipro has thoroughly read and understands the Offeror Financial Stability section. Our proof of financial stability applies to each service category (Core, Option A, Option B, and Option C).

Wipro, a publicly traded company (NYSE: WIT, BSE: 507685, NSE: WIPRO), is a leading global information technology, consulting and business process services company. Infocrossing LLC, a subsidiary of Wipro LLC, is an Information Technology (IT) services and solutions company. We harness the power of cognitive computing, hyper-automation, robotics, cloud, analytics, and emerging technologies to help our clients adapt to the digital world and make them successful.

Wipro is recognized globally for our comprehensive portfolio of services, strong commitment to sustainability and good corporate citizenship. Wipro has have over 175,000 dedicated employees serving clients across six continents.

Team Wipro will fully demonstrate our financial stability to supply, install, and/or support all services in the RFP. Due to the size of the financial information being provided, Appendix A – Financial Statements has been added to the end of this document for your review. Please reference Appendix A on page 4-91 for Wipro Limited and Infocrossing LLC's annual reports for fiscal years 2017, 2018 and 2019 as requested. These reports include Balance Sheets, Statement of Profit and Loss, and Cash Flow Statements.

4.2.5 DISCLOSURE OF DARK MONEY SPENDING

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.

Team Wipro has thoroughly read and understands the Disclosure of Dark Money Spending section. We understand marking "yes" on Question 2.2 eMACS requires us to submit a disclosure form. The declaration form for dark money spending disclosure requirements is applicable to each service category (Core, Option A, Option B, and Option C). As instructed, we have completed the form

marking “No”, signed, and uploaded the declaration form in eMACS under Question 2 Dark Money.

4.2.6 ORAL PRESENTATION/PRODUCT DEMONSTRATION/INTERVIEW

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

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

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

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

Option A – Financial

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

Option B – Call Center

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

Option C – Federal Reporting

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

Team Wipro has thoroughly read and understands the Oral Presentation/Product Demonstration/Interview section. We are confident the State will find our technical proposal satisfactory awarding us an 80% or higher score. Team Wipro is looking forward to meeting with the State to provide an oral presentation, product demonstration, and interview. We understand a

demonstration and interview enables the State to view and understand our best of breed Wipro EMaaS solution. Team Wipro will address your specific product and service related questions, and provide a first-hand look at what makes us the best solution. Team Wipro will ensure our informative demonstration meets all items outlined in the agenda to be provided by the State.

Our highly skilled key personnel will bring the necessary knowledge and experience to the demonstration to answer all your questions regarding our proposed solution. At a minimum, the following key personnel will attend the demonstration and interview:

- ✓ Project Manager
- ✓ Operations Manager
- ✓ Claims Manager
- ✓ Technical Manager
- ✓ Contract Manager
- ✓ Testing Lead
- ✓ Integration Lead
- ✓ Certification Lead

Team Wipro is pleased to not only respond to the request for Core Claims Processing and Management Services but also each of the three optional services included in the RFP. We are excited to exhibit our industry leading tools and vast experience in Healthcare. At a minimum, the following key personnel will attend the demonstration and interview for the optional services:

- ✓ Financial Services Project Manager
- ✓ Financial Services Lead Analyst
- ✓ Call Center Implementation Project Manager
- ✓ Call Center Lead Analyst
- ✓ Federal Reporting Implementation Project Manager
- ✓ Federal Reporting Lead Analyst (T-MSIS)
- ✓ Federal Reporting Lead Analyst (CMS-64, CMS-21, CMS-37)
- ✓ Federal Reporting Lead Analyst (Other state and Federal reporting)

4.2.7 EQUAL PAY FOR MONTANA WOMEN

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

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

☐ No, I do not agree.

Company Name (Clearly Printed): _____

Authorized Signature: _____

Date: _____

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

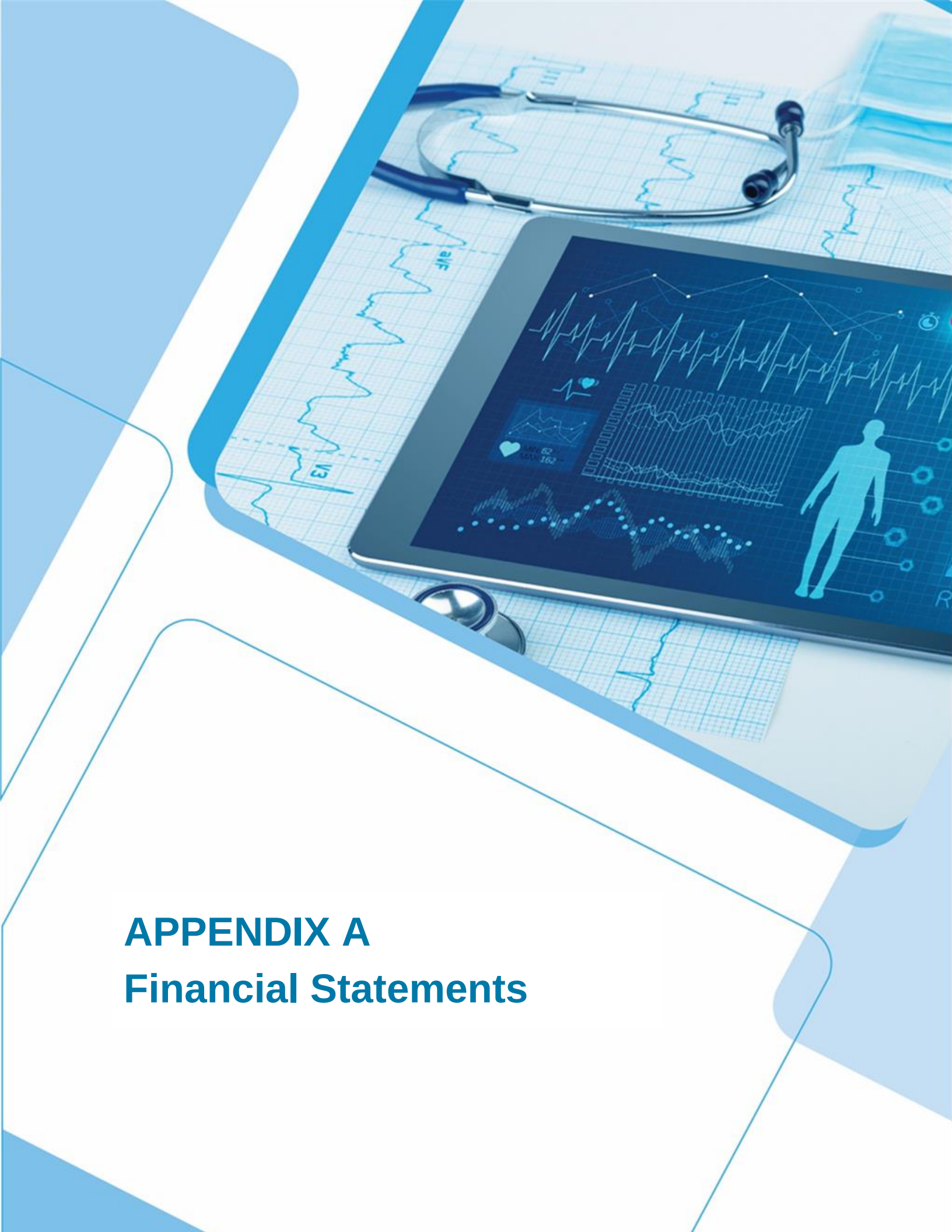
☐ Yes, I agree and will comply with the best practices to promote wage transparency outlined in Executive Order No. 12-2016.

Company Name (Clearly Printed): _____

Authorized Signature: _____

Date: _____

Team Wipro has thoroughly read and understands the Equal Pay for Montana Women section. We acknowledge indication to comply with Executive Order No. 12-2016 will result in receiving 5% of the total points available while those who do not comply will not receive available points. The compliance with the Equal Pay for Montana Women applies to each service category (Core, Option A, Option B, and Option C). As instructed, we have completed the form marking "Yes", signed, and uploaded the Certificate of Compliance in eMACS under Question 3 Equal Pay for Montana Women.

The background of the page is a collage of medical and technological elements. It features a blue stethoscope resting on a white ECG (heart rate) graph. A tablet computer is positioned in the center, displaying a dark blue screen with various health-related data visualizations, including a heart rate monitor, a bar chart, and a silhouette of a human figure. The overall color scheme is predominantly blue and white, with abstract geometric shapes in the corners.

APPENDIX A

Financial Statements

APPENDIX A – FINANCIAL STATEMENTS

WIPRO LIMITED INDEPENDENT AUDITOR'S REPORT FOR FISCAL YEAR 2017

Please reference the following pages for the Wipro Limited Independent Auditor's Report for Fiscal Year 2017.

WIPRO LIMITED INDEPENDENT AUDITOR'S REPORT FOR FISCAL YEAR 2018

Please reference the following pages for the Wipro Limited Independent Auditor's Report for Fiscal Year 2018.

WIPRO LIMITED INDEPENDENT AUDITOR'S REPORT FOR FISCAL YEAR 2019

Please reference the following pages for the Wipro Limited Independent Auditor's Report for Fiscal Year 2019.

INFOCROSSING LLC INDEPENDENT AUDITOR'S REPORT FOR FISCAL YEAR 2017 AND 2018

Please reference the following pages for the Infocrossing LLC Independent Auditor's Report for Fiscal Year 2017 and 2018, which have been combined into one document.

INFOCROSSING LLC INDEPENDENT AUDITOR'S REPORT FOR FISCAL YEAR 2019

Please reference the following pages for the Infocrossing LLC Independent Auditor's Report for Fiscal Year 2019.