

2. Executive Summary

MAXIMUS offers the Montana Department of Public Health and Human Services (DPHHS) and the National Association of State Procurement Officers (NASPO) ValuePoint members a comprehensive technology-enabled Provider Services module that enables enhanced application automation and data sharing across all trading partners. Our solution will integrate seamlessly with the modular approach being undertaken as part of Montana's Program for Automating and Transforming Healthcare (MPATH) or as part of any modular implementation used by other participating states. We offer an integrated solution that is production-proven in multiple states; including those services requested in Options A and B.

We are the first vendor to have implemented a modular Provider Services solution for Medicaid and the only vendor to have successfully implemented a modular solution for multiple states. We are currently operating our solution in Tennessee, Nebraska, and the District of Columbia. In Tennessee, we implemented our system in a standalone fashion where the State operates the provider management services. This implementation includes the provider self-service functions in Option A through our provider portal. We also deliver the services included in Option B in both Nebraska and the District of Columbia as an integrated solution with our system solution.

MAXIMUS also brings current experience in the new modular certification process. We are supporting modular certification reviews in Nebraska and the District of Columbia. Nebraska is in the final stages of the certification process and expects certification before the end of the year. In the District of Columbia, we recently began the certification effort and expect to achieve certification in mid-2018. No other vendors have the depth of experience in both implementation and modular certification. We used this real world experience to develop our plan for Montana and the NASPO ValuePoint members.

Our intuitive, easy-to-use, and fully web-based solution enables providers to complete a paperless Medicaid enrollment application, offers online updates and revalidation, and includes integrated data quality processes that increase the speed of provider related functions and services. We have the ability to couple our technology solution with a full slate of customer service options as well as additional provider self-service alternatives all within an integrated solution that is fully aligned with the Medicaid Information Technology Architecture (MITA), and meets the Seven Standards and Conditions for enhanced Federal Funding Participation.

1.6.1 Organization of Proposal

- Executive Summary stating the Offeror's understanding of the project. Include a list of anticipated risks and proposed mitigation strategies.

MAXIMUS has been operating large-scale, effective solutions for government health services clients since 1992, and has delivered Medicaid and customer service solutions since 1995. The passage of the Patient Protection and Affordable Care Act (ACA) in 2010 and the subsequent shift to modularity supported by MITA presented States with new challenges and a new paradigm for the modernization of their MMIS systems. Since the enactment of the ACA, MAXIMUS has been involved in the realization of the Medicaid provisions by working with Medicaid programs to implement Provider management systems and provide all aspects of customer support, including Provider services, outreach, and education. MAXIMUS stays involved in the evolution of healthcare policy, and provides purpose-driven systems that support the end-to-end processing of our customer information and needs.



Customer
Service

MAXIMUS designed our Provider Services solution with the provider community in mind. With a record of excellence in serving our government clients, MAXIMUS became the first company to develop and implement an independent Provider Services solution that moved key aspects of the enrollment and management business functions out of the traditional Medicaid Management Information System (MMIS) environment and into standalone business services components governed by service level agreements (SLAs) and technology requirements. Since

our initial implementation for Tennessee in 2011, MAXIMUS has continued to lead the provider services modular solutions market extending our solution to include the full slate of operational services in Nebraska and the District of Columbia. These three projects are the first modular provider services implementations in the country, and have helped us fine-tune our solutions to work within the larger Medicaid Enterprise.



Experience

Exhibit 2-1: Significant Relevant Experience

Experience shows the extensive Provider-focused projects we have nationwide. The number and longevity of our projects are a testament to our commitment to our customer's goals, strong past performance and overall customer satisfaction. Our experience spans an array of projects including those based on system-only implementations, service-only projects where legacy systems are used, and projects where MAXIMUS brings both system tools and services to support our customers. We are one of the only vendors that offers our customers the ability to "pick and choose" the services that are right for their State and the Program initiatives that are being undertaken. In addition, MAXIMUS has been successfully implementing modular solutions before CMS mandated the approach. By choosing MAXIMUS as your provider services vendor, you will receive a team of experienced staff and a proven solution for realizing a modularized provider services system.



did you know MAXIMUS

- Has been serving Medicaid Providers for 19 years, validating their information and enrolling them in State Medicaid Programs
- Was the first vendor in the country to implement a modular Medicaid Provider Management System outside of the traditional MMIS
- Has developed a fully CMS-compliant Provider Management and Enrollment System that is operating successfully in Tennessee, Nebraska and the District of Columbia
- Is currently supporting modular CMS certification in Nebraska and the District of Columbia

Relevant MAXIMUS Experience	Number of Years in Operation	Provider Screening and Enrollment	Provider Data Management System	Web Portal Development and/or Operation	Data Collection and Validation	Data Integration
Tennessee Provider Data Management System and Portal	6	✓	✓	✓	✓	✓
Nebraska Provider Enrollment and Screening	3	✓	✓	✓	✓	✓
District of Columbia Provider Data Management System and Provider Services	2	✓	✓	✓	✓	✓
Iowa Medicaid Enterprise Provider Services	12	✓			✓	
Massachusetts MassHealth Customer Services	19	✓			✓	✓
New York State Physician Profile	15		✓	✓	✓	✓
New Jersey Health Care Provider Profile	13		✓	✓	✓	✓

Exhibit 2-1: Significant Relevant Experience. MAXIMUS has a successful history and significant experience relevant to this project through our operation of numerous similar contracts. Our project experience is current and our project staff brings hands on experience to the Project Services Solution project.

The modular implementation approach envisioned by Montana for the MPATH benefits DPHHS by allowing the incremental modernization of key systems to improve the quality of services delivered, offering new support channels for members and providers all while enabling DPHHS to control how and

when new services and supporting technology are delivered. Most importantly, this approach benefits the Provider communities by establishing a customer-centric, Provider-focused solution that offers Providers a variety of avenues to reach and interact with the program. MAXIMUS understands the goals of the MPATH project and we will be a committed partner throughout the effort.

2.1 The MAXIMUS Team: Proven Expertise in Provider Management Solutions

MAXIMUS surrounds our system and project management approach with a team of highly skilled staff with the variety of functional and technical skill sets needed to support this broad project. We selected the project team for this engagement specifically for the skills and abilities they possess. We are veterans of working alongside government agencies in highly dynamic and political environments. We offer Montana and NASPO members valuable, real-world understanding of how modernization efforts improve healthcare availability and outcomes. We also bring an important understanding of the provider community, the functionality of the Medicaid support systems (including the MMIS) and federal policy regarding the Medicaid program.



To make the Provider Services solution project a success, MAXIMUS will bring experienced and qualified staff for each major component of the solution. We are pleased to be able to offer local resources with experience in the Montana technical environment as well as experience with our Provider Services Solution. Our Helena-based Project Manager, Juli Mattfeldt, is currently managing a provider module implementation in D.C. and our Senior Business Analyst, Christy Hughes, also based in Helena, has previously worked on the Nebraska Provider Enrollment and Screening Project. We are also assigning Jon Puckett, our Solution Architect to support the project. Mr. Puckett lives in Helena and his support will help align this project with our other installations. In addition to our local staff, each staff member we have assigned to the project has the requisite skills and is a veteran of our modular Provider Service projects. No other vendor can accurately claim the number of staff who have implemented a modular Medicaid provider solution and we are proud of the team we have assembled for Montana.

Beyond the system capabilities and staff members we offer Montana, MAXIMUS is also a leader in providing business process outsourcing services to the Medicaid market. We are currently providing full provider management services in four states. In Nebraska and the District of Columbia, our operations team uses the MAXIMUS Provider Services module to support their provider screening and enrollment work. In Iowa and Massachusetts, our teams use the legacy MMIS coupled with support tools we bring to support provider enrollment and full service provider management. These diverse operations position MAXIMUS to provide Option B services to all NASPO members with the assurance that we can implement our solution to match state needs and requirements.

Our project team brings broad skills in project management, requirements definition, business process analysis, and operations, giving us a strong foundation that will help the MPATH project to be successful. We have named all seven required key personnel along with other key personnel in important roles. Each of our base module staff members has worked on one or more of our existing modular provider implementation projects.

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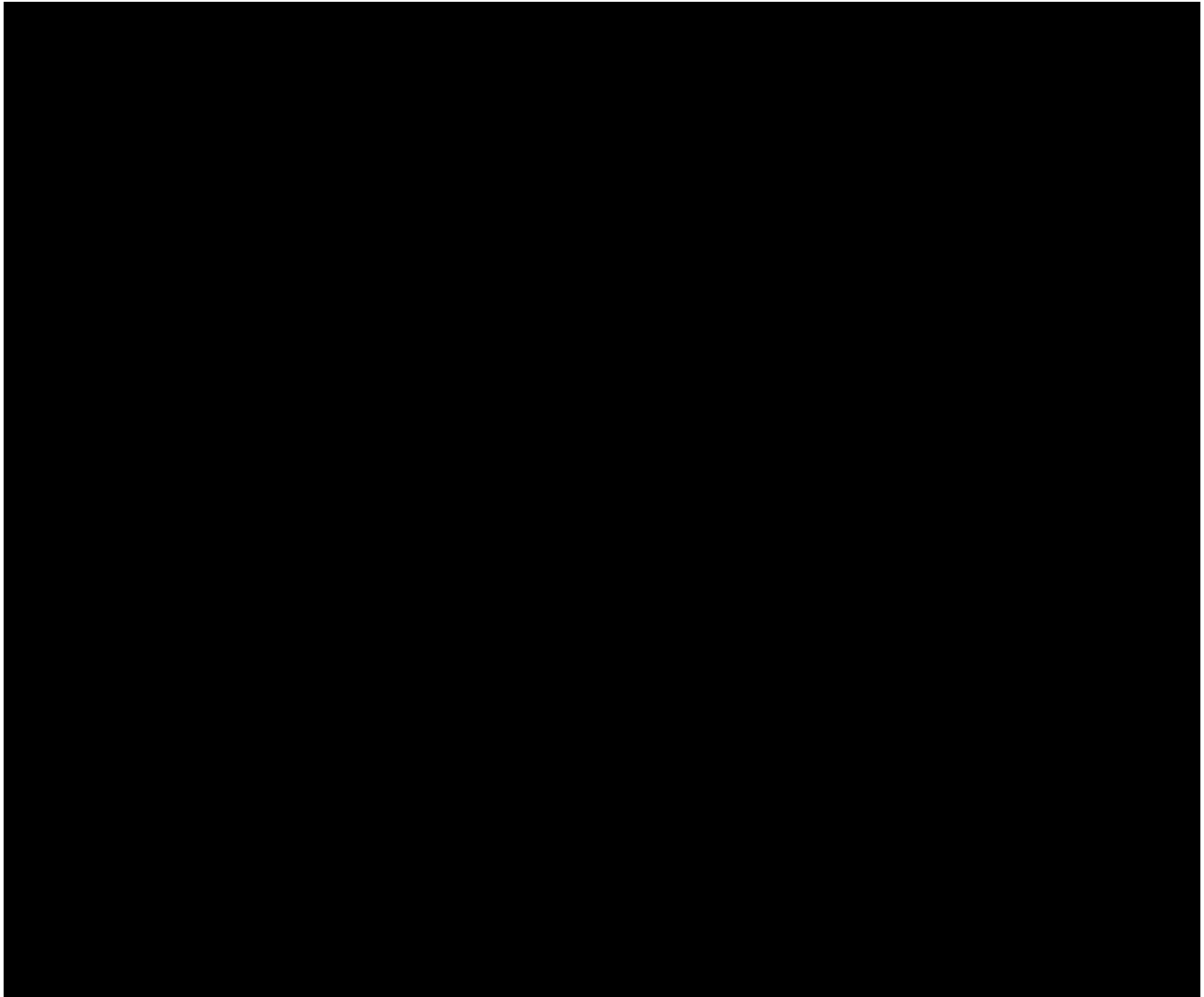


A host of experienced managers and delivery staff will support our leadership team to complete the MAXIMUS scope of work. To provide the services required for Option B under the procurement, our flexible staffing model and our integrated implementation approach allows us to add, seamlessly, the operational support team into our organization. As part of our modular experience, we have worked through the dependencies between the system and operational teams and have vetted the roles, responsibilities, and coordination activities across the project and teams. Regardless of which options are selected by the State, MAXIMUS will provide a single organization that will work together to successfully meet the requirements of the options selected. The combined MAXIMUS technical and operational teams are aware of the issues and impacts associated with modular implementations and will bring proven skills, lessons learned and best practices to Montana.

Our experienced project team and unique organizational structure gives the State the level of staff necessary to continue to deliver excellent services to Montana providers while enabling new technology and advanced business processes to increase productivity, speed, and accuracy for key provider functions.

Exhibit 2.1-1 shows the MAXIMUS Montana Provider Services Module Project Organization Chart.

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2.2 The MAXIMUS Solution: A Plan Built on Proven Experience



States trust MAXIMUS because of our commitment to performance outcomes and not just simple compliance to policy mandates. Our approach is to provide our customers with plans and solutions that are realistic and attainable. Our expertise in implementing modular solutions in the Medicaid market began with understanding the intention of policy and pragmatically reflecting that policy within program operations. We looked closely at the bigger picture, taking into account all the moving pieces and then developed a solution we can confidently present to our customers.

The RFP clearly articulates the MPATH the modularity objectives. Also clear is the State's desire to obtain enhanced functionality and technology that will enable a flexible enterprise system that is able to quickly adapt to the dynamic, evolving needs of existing programs and support new regulations, policies, and innovations. While the enhanced functionality for the Provider Services module will help make

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certain that only those Providers free of fraud and financial misconduct may serve Montana's Medicaid beneficiaries, we also recognize that additional business rules must be incorporated as the multitude of modular components are implemented. These changes include payment reforms, administrative simplification, Managed Care, and the support of other initiatives across the MPATH enterprise. MAXIMUS offers a comprehensive solution for the Provider Services module that meets these project goals.

In the answers to vendor questions, the State reflected a business need to implement the provider services module as expeditiously as possible but they expected vendors to submit, as a part of their proposal, a plan and approach that supports a successful implementation of the Provider Services module. After a detailed review of the RFP requirements, and taking into account lessons learned from our past implementations and anticipated risks for this project, MAXIMUS determined that a twelve (12) month implementation effort provides an adequate timeline to ensure the successful completion of the project and compliance with all RFP requirements. We understand that by proposing this timeline, we may create some concern. However, our prior experience implementing modular Provider Service solutions affords us an acute understanding of the areas of most risk; we understand where additional time for project tasks is essential. Our proposed project schedule is sensitive to the integration requirements that are necessary with the other new components and modules that will become part of the State's Medicaid enterprise. While our focus will be on the successful implementation of the Provider Services module, we also recognize the reality that we will need to work in parallel with unidentified partners and with newly implemented integration platform services. Given these factors, and considering the numerous failed and severely delayed MMIS procurements within the larger Medicaid market in the recent past, we believe the risk is too great to attempt an accelerated implementation of the Provider Services module.

2.2.1 Project Risks: Mitigation Plans to Enable Project Success



Best Practice

While modular implementation projects are generally smaller and less time consuming than monolithic MMIS procurements, they have their own challenges that require a carefully planned implementation and adequate time to define and configure new business functions. The use of a shared technology infrastructure, multiple modular vendors and a system integrator that may not have worked with the vendors before, presents a complex environment that is different from what states and vendors face in monolithic MMIS implementation projects. In addition, states have not really had to focus on the intricacies of implementing business components of the larger enterprise solution model outside of the current environment. While modularity offers up a variety of options for business processes and customer support, adequate time is necessary for the entire project team to understand how best to implement the selected options to support current and future project goals.



Risk Profiling

MAXIMUS has closely reviewed the technical and business requirements of the RFP. While our Provider Services module closely matches the RFP requirements, we quickly understood that Montana and the sourcing team have some specific technology, integration and interoperability needs that are different from our past projects. In addition, the structure of the RFP as a Master Services Agreement (MSA), available to multiple states, adds variability risk to the project. We have found that modularity necessitates more time to clarify requirements, and more time to define and implement the MMIS interface to make sure that it can operate in both under the current legacy platform and future platform. These factors also contribute to the need to perform additional testing. We believe

that the seven-month schedule described in the RFP does not provide adequate time to address the risks of meeting the project schedule given the heavy emphasis on performance requirements, new technology, undefined integration points, and the schedule for the other modules. While the additional time would seemingly delay the implementation of new functionality, it may actually be a benefit because it will enable more time for the system integrator to implement a production-ready integration platform.

Based on our assessment of the RFP, project goals, MPATH implementation plans and our modular experience we developed the following list of risks and mitigation strategies. This assessment also informed our proposed schedule for implementing the Provider Services solution.

- **Concurrent implementation of the System Integration module** – under the MPATH schedule, the System Integration vendor will implement the Integration module concurrently with the Provider Services module. A longer implementation schedule enables additional coordination to occur and will allow more immediate use of the System Integration module functions.
- **MMIS interface coordination** – the design, development and testing for the MMIS interface requires regular meetings, extensive coordination, and constant focus. Due to the constraints on the MMIS vendor, our experience indicates that extending the available timeframe is necessary to verify the interfaces can operate without issue.
- **Deliverable review and comment** – there are a large number of deliverables that will continuously be developed and submitted for review and approval. We have found that large documents require review meetings and walkthroughs that consume valuable schedule time. Extending the overall timeline allows adequate review and approval to occur.
- **Conversion clean up and testing** – we have found in every modular implementation that the legacy MMIS data contains anomalies that must be resolved. Providing sufficient testing cycles using conversion data is the best method for identifying anomalies and allowing time to correct the issues prior to production conversion.
- **Integration testing** – there never seems to be enough time for testing. We have found that a reliable schedule usually requires a minimum of six weeks of UAT and, for operational readiness, an additional period for the State to approve production. This realistic timeframe for testing exceeds what a seven-month schedule would accommodate. By extending the schedule, additional testing cycles can be conducted which reduces risk, improves quality, and benefits the overall implementation effort.
- **System integration requirements** – the Provider Services module will be the first business application to use the MPATH SOA infrastructure. Since the System Integration vendor will define the integration requirements during the implementation effort, additional time will allow processes to be properly defined, vetted, and adequately tested. An additional concern is the potential that a large amount of functionality will have to be developed to cater to the legacy environment and then redone when the infrastructure and governance is completed. The more complete the System Integration Platform is, the less rework that will be necessary.
- **Modular Implementation Plan** – the introduction of modular system components also introduces multiple partners, multiple projects, and the multitude of deliverables and meetings that all create substantial demands on State staff time and availability. Additionally, analysis is often required to identify module boundaries and to clarify the roles and responsibilities across the various teams. The

additional time added to the schedule reduces risk by providing sufficient time for all parties to design, build, and test the integration components envisioned by the MPATH project.

- **Experience** – it is important to note that no modular Provider Services implementation has been completed in seven months. While some modules, such as the Pharmacy Benefit Management module, might be implemented in seven months, the requirement review effort and SOA integration items would make it difficult, if not impossible, to implement the Provider Services module within this accelerated timeframe.

MAXIMUS believes our 12-month plan allows adequate time for requirements analysis, design, and testing, and allows all stakeholders sufficient time to focus on the overall system configuration that will be required for the State. Our proposed schedule also provides some schedule slack for tasks that are typically problematic, most notably data conversion and the MMIS interface. MAXIMUS believes that any vendor will require at least 12 months to implement, successfully, the Provider Services module, taking into account the full slate of business and technical requirements. Lack of experience in modular implementations may lead other vendors to propose an accelerated schedule; however, the State should carefully review these approaches to be sure they are realistic given the considerations we have expressed here.

2.2.2 Our Approach: A Proven Methodology for Modular Implementations

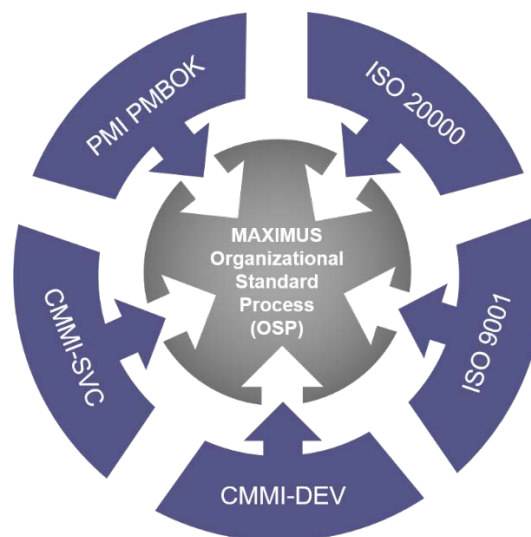


Best Practice

A strong driver of MAXIMUS implementation success is our ability to apply a consistent project management methodology to each project. MAXIMUS organizational standard process (OSP) incorporates the best practices found in the CMMI-DEV, CMMI-SVC, ISO 20000, and ISO 9001 standards. MAXIMUS uses a project management-based methodology based on the Project Management Institute's (PMI) Project Management Body of Knowledge (PMBOK) to govern how we will design, develop, and implement our Provider Services module. We understand the importance of utilizing the right approach to complete the project requirements in a timeframe that:

1. Is acceptable as well as achievable
2. Provides the advanced technology and system interoperability needed in a modular installation
3. Is flexible enough to add business operations if required by the state

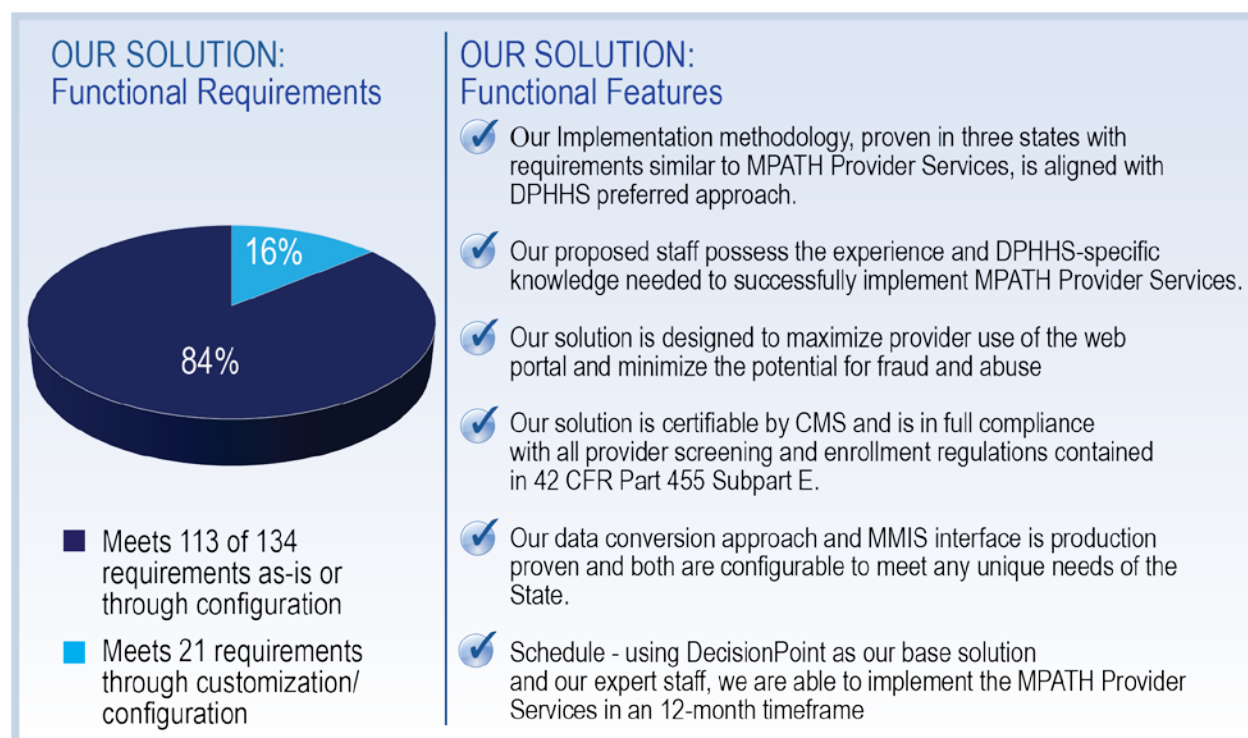
We have developed a proven implementation model accompanied by a process-based project approach that accounts for these items and includes risk mitigation and lessons learned. This gives us the ability to deliver quality on-time work products that meet project standards and the contract requirements.



In building our project solution and associated project plan, we focus on understanding the match between our module and the RFP requirements at both a functional and technical level. This analysis enables us to determine how to approach the project, where to place focus and to identify potential risks that could affect the project. To assess our baseline solution's ability to meet the State's **functional** requirements, we factored the following categories of requirements into our requirements match assessment:

- Provider Enrollment (discussed in *Section 3-10-10, Enrollment*)
- Maintenance (discussed in *Section 3-10-11, Maintenance*)
- Self-Service Portal (discussed in *Section 3-10-12, Self Service Portal*)
- Data Conversion, Cleansing and Migration (discussed in *Section 3-10-02-5, Data Management*)
- Reporting (discussed in *Section 3.10.15, Reporting*)

This resulted in a match for 134 functional requirements for the SaaS implementation model. In our assessment, providing the system functions necessary to meet the requirements in these categories will provide the majority of the business functionality needed to support all Provider enrollment, screening, and data update functions required by federal regulations (42 CFR 455 Subpart E) and the State-specific functional requirements in the RFP. The system's capability to meet these functional requirements also leads to the ability to satisfy the functional requirements of the MECT checklist and to receive CMS certification for the Provider Services module. As shown in *Exhibit 2.2.2-1: MAXIMUS Provider Services Solution*, our solution meets 84 percent of the functional requirements as-is or by making configuration changes to our base solution.



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Exhibit 2.2.2-1: MAXIMUS Provider Services Solution. MAXIMUS brings DPHHS a proven, feature-rich solution with existing capabilities that meet the majority of the RFP functional requirements.

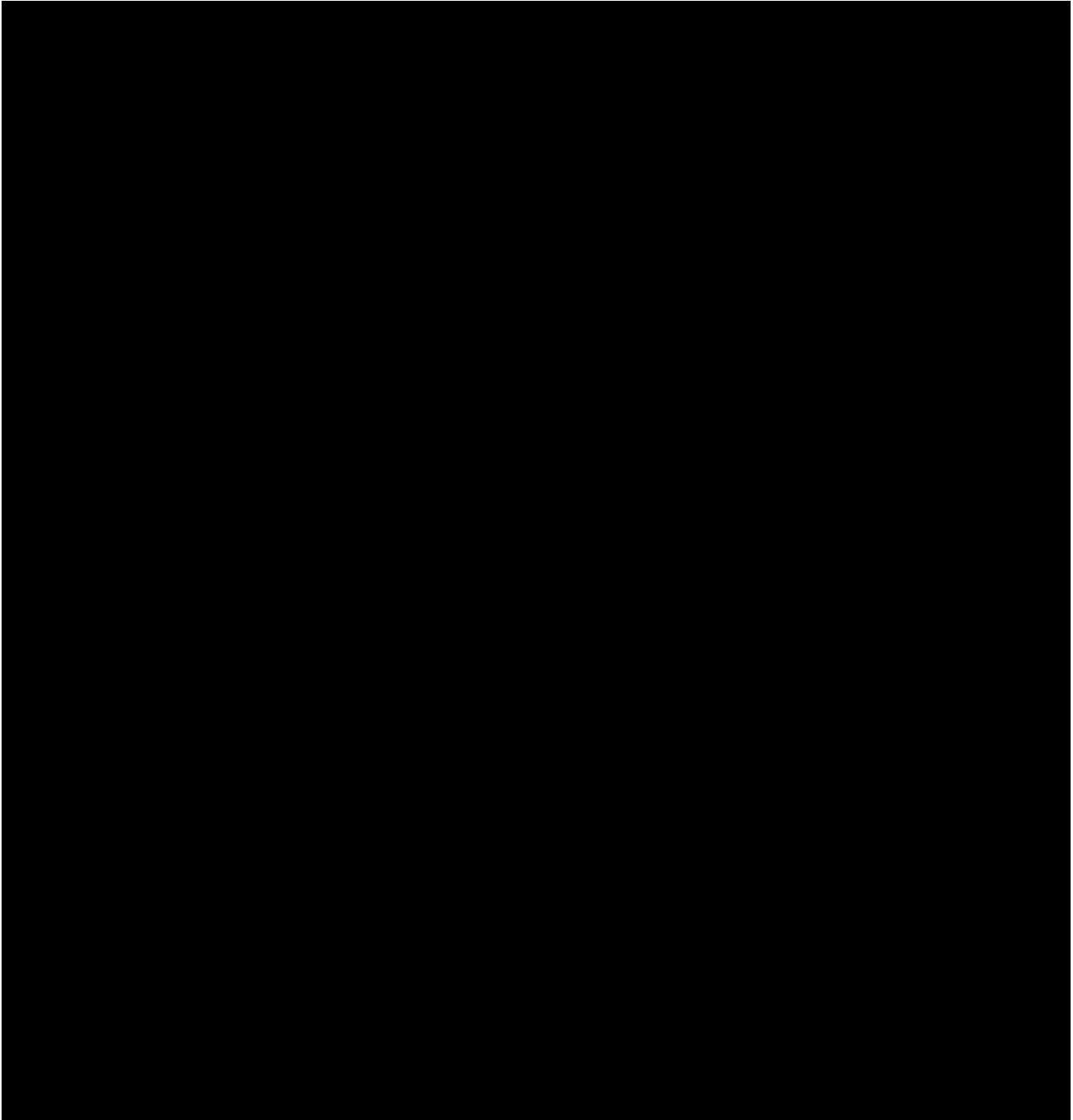
MAXIMUS will implement the remaining 16 percent (21 functional requirements) through a combination of system customization and/or configuration updates. We anticipate the majority of the customization involves implementation of the MMIS interface, customization of the data conversion routines to load data from the MMIS, and the requirements related to providing Trading Partner enrollment functions as part of the core Provider Service implementation. We examined each of the State's requirements closely, and we have been transparent in our assessment of how we meet each of the RFP requirements. In some cases, we have had to make assumptions regarding the intent of the requirement and it is possible that during Requirements Validation some of the requirements that we assumed require customization will no longer require customization.

We also examined the **technical** requirements from Attachment F very closely. Using existing system capabilities and through the integration and configuration of COTS products, our solution has the capability to meet the majority of the technical requirements in the RFP. Meeting some of the technical requirements will however, require customization of the base system or the addition of new COTS products for functions currently included in our base system. Both Nebraska and the District of Columbia focused their procurements on low cost solutions where the Provider Service module met all CMS certification requirements but did not require integration with a large number of external systems using a system integration module as contemplated in this procurement. In addition, several functions such as Correspondence Management were handled within the system as a configuration management item without the workflow and approval requirements included in this RFP. While security planning was also a key component of these implementation efforts, those states did not require the same level of auditing and annual testing as in this procurement. MAXIMUS has closely analyzed the impact of each of these areas and has added new system components, COTS products and integration, and additional time to our schedule to meet the RFP requirements.

For **non-functional** requirements (i.e., Project Management, Deliverables, Service Level Agreements), we anticipate a great deal of reuse of artifacts, deliverables and processes from previous projects. We will leverage all of our existing product design documentation for the required deliverables, make any modifications necessary based on unique Department requirements, and deliver these documents for review and approval as required. We will confirm our understanding of how we meet the non-functional/non-technical requirements and demonstrate the capabilities existing within our overall solution during the requirements validation sessions.

Our detailed analysis of the functional, non-functional, technical, and integration requirements led to the development of an overall project schedule and approach that enables us to meet all RFP requirements, ensure the quality of the deliverables, and meet all project service level agreements (SLAs). Our highly skilled technical team will work closely with DPHHS and the system integrator to understand how we will integrate our module into the MPATH infrastructure, the methods of data exchange with the State's legacy systems and how our advanced technology products can be best utilized within the enterprise. Based on this common understanding, we define system configurations, new functions, and system integration processes that enable the implementation of a solution that provides a greater degree of provider engagement and improves member access to quality care. *Exhibit 2.2.2-2: MAXIMUS Provider Services Implementation Plan* depicts our high-level schedule for implementing the MAXIMUS Provider Services Solution.

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We have designed our implementation plan around the requirements for the base Provider Services module. However, we have also carefully planned how we would integrate the system changes required for Option A and B and the additional tasks related to implementing a call center and associated infrastructure. MAXIMUS is proposing a base implementation plan that can occur with or without Options A or B. For states that desire one or both of the options, we propose to implement them in conjunction with the base module so that we can maximize the project infrastructure, make best use of State staff time, and reduce the impact on providers as the new functions are implemented.

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From a system perspective, our approach is to use the functions within a completed track to build upon for the additional functions required for Options A and B. As can be seen, we begin designing the enhancements necessary for the additional provider self-service functions included in Option A after we have completed the provider facing components of the base. Similarly, we begin design work to integrate the CRM functions for Option B after we have configured the enrollment and screening requirements. Aligning the work in this fashion enables us to maximize the policy and business staff support already present for the base solution as well as extending the testing infrastructure and staff to complete a full system review. Our plan is designed to allow a state to choose the base system only, either option or both options with the same overall schedule.

2.2.3 Our System: Modern, Configurable, and User Friendly



The MAXIMUS Provider Services Solution for the DPHHS and NASPO ValuePoint members will be realized by integrating, configuring, and deploying our DecisionPoint™ for Provider Management system solution (referred to as the Provider Services solution in our proposal). Part of this effort includes integrating a variety of COTS products and utilizing the System Integration module. The MAXIMUS Provider Services solution supports all Provider enrollment, screening, and data update functions required by federal regulations (42 CFR 455 Subpart E) and the RFP. It offers Providers an intuitive, easy-to-use web portal for all of the interactions with Medicaid including electronic submission of new applications, re-enrollments, and revalidations. It allows providers to update their data directly without the need to call a support center or complete a paper update request. Our solution provides a sophisticated screening module that prevents ineligible Providers from enrolling and/or remaining enrolled in the State's Medicaid program. If required, we can include additional self-service functions that will bring electronic data interchange (EDI) transactions directly to the web portal (Option A). MAXIMUS also has a proven approach for bringing the business operations functions included in Option B in an integrated approach with our technical system implementation. Our system provides a set of review and screening workflows along with data update and review features that enable our call center staff to provide the wide array of Provider Services support required by the RFP.

We designed our Provider Services solution to be offered in a Software as a Service (SaaS) model and serve as a fully functional Provider module that works alongside a legacy MMIS or with a full slate of other Medicaid modules. We are able to couple our system with the full slate of customer service and provider management services to provide states with a single integrated solution for all aspects of the Provider Services module. We also designed the intuitive web portal with Provider behavior in mind

MAXIMUS
Provider Enrollment Solution

Functional Differentiating Criteria

- Our solution is user friendly and intuitive
- Our solution provides efficiency in Provider enrollment, update and data sharing.
- The learning curve for Providers is substantially lower than traditional systems
- Our SaaS model unifies business processes, web-based functions and cloud-based hosting into a single solution

Technical Differentiating Criteria

- Our solution is designed to require low maintenance
- Rules Engine allows for configuration versus code change
- Flexible Workflow engine adapts to change in business process
- Architecture is based on a modular Provider model versus built on a legacy MMIS model

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to offer convenient enrollment, screening and update processes. The web portal is production-proven in three states for the purpose of full Provider enrollment, screening, communication, and grievance and appeal tracking. Our system specifically addresses all current CMS mandates and increases the efficiency and effectiveness of the screening and enrollment functions.

The configurable business processes built into our solution ensures our ability to perform the full range of provider management functions and maximizes efficiencies for Providers as well as State staff users. In Tennessee, our system contains the functionality included in the base system as well as Option A. In Nebraska and the District of Columbia, we have integrated the full suite of business operations services included in Option B. All three states have chosen our solution as their preferred system for modernizing their Provider management business processes and the differences in implementation requirements are a testament to our ability to tailor our solution based on customer specific requirements.

With our solution, the ongoing cost of health care delivery to the Montana Medicaid population will be managed more effectively. Using the self-service web portal, our solution also benefits the State's member community by allowing members to easily find qualified service providers. Providers benefit from a service delivery system that emphasizes efficiencies such as web self-service, electronic document submission, online payment options, and well-trained staff. Members will benefit by knowing exactly where qualified and approved providers practice. MAXIMUS brings a complete technical and business solution that implements all the new requirements in an efficient and convenient manner for Providers.

2.2.4 MAXIMUS Provider Service: A Proven National Model

To provide the full slate of business operational services required by Option B, we draw upon our national experience in operating provider service projects, with varied needs, demographics, and statewide infrastructure, extracting best practices and assessing their feasibility for Medicaid provider operations. MAXIMUS has been expanding its knowledge and expertise on the provider-facing side of Medicaid over the past 19 years. As demonstrated in *Exhibit 2.2.4-1: MAXIMUS Approach to Provider Services Operations* we provide an integrated approach to offer Provider enrollment and screening services through a combination of outreach, self-service, and call center/mail room functions, as well as our ACA-compliant, custom-designed DecisionPoint for Provider Services system.



Exhibit 2.2.4-1: MAXIMUS Approach to Provider Services Operations. *Our two-pronged approach focuses on quality customer service and a streamlined system so that Providers are able to enroll and re-validate their Medicaid credentials with ease.*

MAXIMUS currently supports Enrollment Broker and Member Management modules in 21 states and Provider services in an additional seven states. Each of these contracts requires MAXIMUS to implement standalone solutions that operate within the Medicaid Enterprise. By leveraging our operational experience from more than 100 call centers nation-wide, MAXIMUS offers the NASPO members a Provider-focused, multi-channel support solution that provides timely and courteous assistance and allows Providers to easily engage and enroll. In addition, our dedicated and knowledgeable management team possesses the ideal combination of project-specific experience, skills, and understanding to implement and operate the MAXIMUS Provider Services Project.

2.2.5 MMIS Modularity: A MAXIMUS Core Competency



Modularity

Modularity has become the buzzword within Medicaid as CMS has moved forward in realizing the need to break up the monolithic systems that currently support Medicaid. The new model calls for a set of loosely coupled systems that support specific business functions connected together through real-time data exchanges. Many vendors will claim the ability to take components of their Medicaid systems and integrate them in modular fashion. Other vendors will claim their package software can be configured to support a state's modular needs. While modularity opens up the market to vendors old and new, proven experience implementing a module is important because the approach is so different from the current legacy approaches used in most states and the data integration dependencies on other systems is significant. MAXIMUS offers the State our industry-leading Provider Services solution, which is implemented as a standalone system outside of the traditional MMIS as a loosely coupled module of a larger initiative such as MPATH.



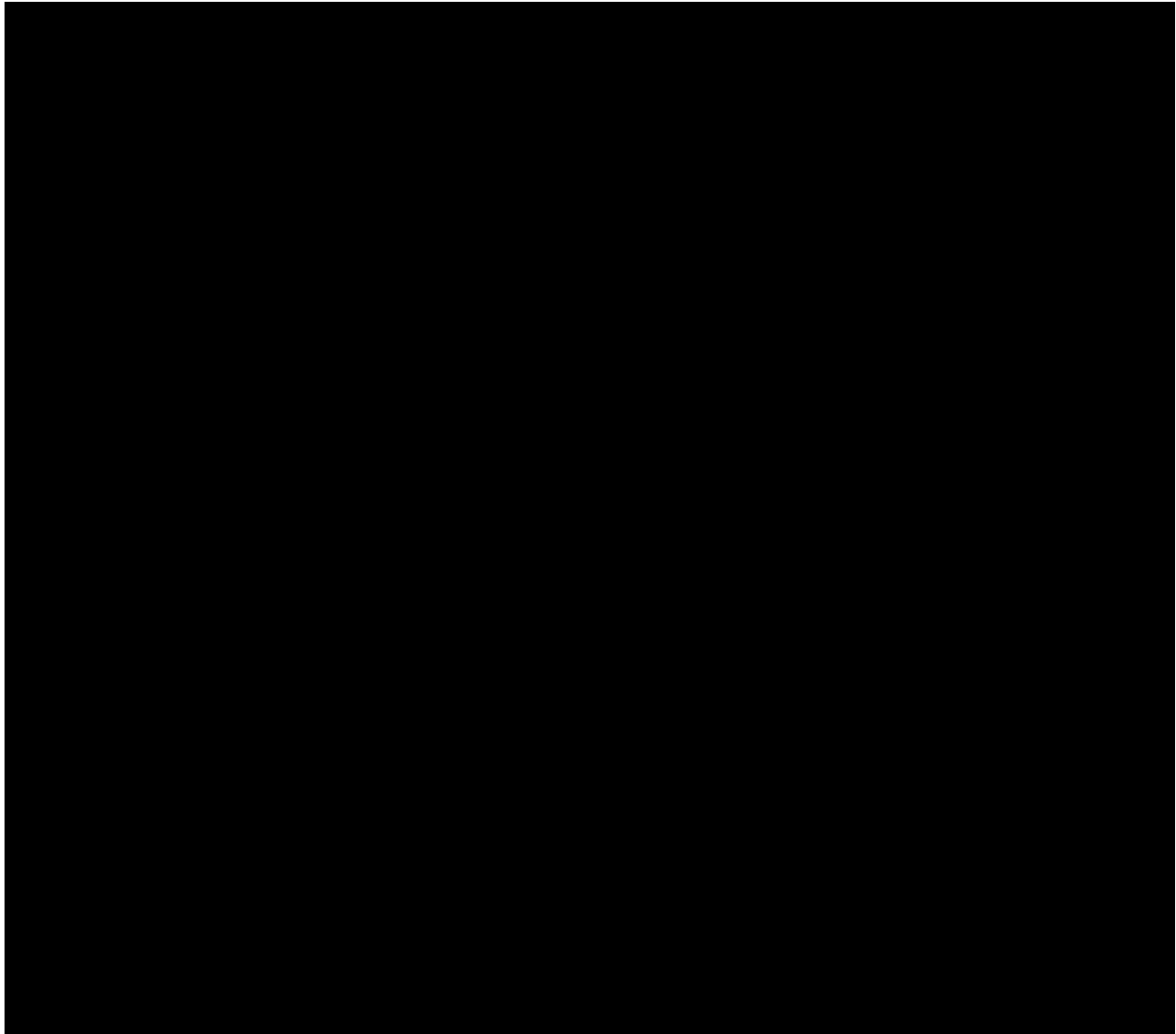
The MAXIMUS Provider Services solution was purposely built to support provider service functions outside of the traditional MMIS. We started with data integration as the core component, deployed the web portal self-service functions to eliminate all paper, and added functions for electronic communications, automated workflow, and screening. We designed our solution to support the goals of the Seven Standards and Conditions for Enhanced Funding by fostering better data sharing and integration, reducing unnecessary paperwork, opening new communication channels and focusing attention on the key elements of success for modern systems development and deployment.

Since we host our system on a different infrastructure from the State's MMIS, we took steps to ensure seamless integration using web-services. We also built a data-sharing interface with the State's Credentialing Verification Organization (CVO). In Tennessee, this interface is with CAQH, so that individual Providers could use existing registrations with Managed Care Organizations (MCOs) to facilitate enrollment into the Medicaid Program. In our Tennessee implementation, we also share data with the MCOs about registered Providers, eliminating the need for providers to submit additional application documents once they are enrolled in Medicaid.

The ability to receive and transfer information with trading partners is a key requirement for the Provider Services module and a major CMS certification requirement. Our solution provides the ability to continuously move data and perform data updates to support the requirements related to screening and ensure data used by other systems is updated and correct for functions such as claims processing and customer service. A technical solution with proven data exchange capabilities will enable outside communication with the various Provider verification databases and allow for a two-way communication with the legacy MMIS and ultimately the System Integration Platform.

Using this framework of system functions and modern day technologies, we support data integration and interoperability, and our system development methodology uses agile principles based on industry standards. The combination of our flexible technical architecture and rapid product implementation methodology will bring Montana a fully compliant Provider Services solution with enhanced functionality designed to increase efficiency and decrease costs. *Exhibit 2.2.5-1: MAXIMUS Provider Management and Enrollment Solution* presents an overarching illustration of our proposed solution for the Provider Service module.

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MAXIMUS is able to provide our solution as a standalone technology module with support for State staff or contractors or as an integrated service as a service model where the State received the platform and business process operations as a single implemented solution.

2.2.6 Modular Certification: Demonstrated Certification Experience

MAXIMUS has extensive experience with the new standards through certification experience. In March 2016, CMS released the Medicaid Enterprise Certification Toolkit (MECT) that includes the Medicaid Enterprise Certification Life Cycle (MECL). A year later, CMS released a major. The MECL implements the modularity standard as required by the seven standards and conditions for Medicaid information technology (IT), as well as critical success factors. While we implemented our project in Nebraska before CMS released these new requirements, the state tasked MAXIMUS with analyzing the new requirements, assessing the effort, and developing a plan that would allow Nebraska to be certified under the new requirements. MAXIMUS undertook the modular certification effort in conjunction with the State and the

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IV&V vendor. Nebraska is in the final stages of certification and expects certification before the end of 2017.

In the District of Columbia, MAXIMUS began the implementation effort well before CMS released the new requirements. In the District, we agreed to modify the certification process to move to the new checklists utilizing version 2.2 of the MECT. The District expects certification in early to mid-2018.



MAXIMUS has been integral to these certification efforts by drafting certification plans and checklist responses, and preparing the evidence and artifacts required for the CMS Certification Final Review (R3). MAXIMUS has a comprehensive understanding of the certification requirements and the supporting documentation that is desirable to support the responses, as well as the artifacts required in MECT Appendix B. MAXIMUS will perform the same service for the State of Montana, applying lessons learned from previous certification efforts.

MAXIMUS understands the flexible approach to certification CMS has adopted. The MAXIMUS approach to certification is thorough, established, and verified. Our certification will prove invaluable for the Montana goal of achieving CMS certification within 12 months of the operational start date.



Assembling a complete list of Certification Tasks requires a thorough understanding of the CMS Certification Process and integration of those requirements into the larger System Implementation plan. To validate and finalize the list of certification tasks, MAXIMUS will review the certification plan with the State to confirm the approach and modify the process based on lessons learned from State and MAXIMUS experience with CMS.

We plan to work closely with the State to understand how CMS will certify the overall solution and we will have staff available to assist the State in readying for the certification meetings with CMS. Our knowledgeable staff will verify the certification checklists are completed, identify and assemble the applicable evidence and artifacts, and ensure system demonstrations are thorough and polished.

2.3 MAXIMUS: The Right Choice for Montana

The State of Montana has a complicated decision to make – who will become its choice to implement the Provider Services module and deploy the technology platform for the future? We believe the choice is clear. MAXIMUS combines the right solution with the right approach and the right team to provide a low-risk implementation of the Provider Services module. We have established a strong base of professionals within the Helena area to support DPHHS and the MPATH initiative. We are committed to unqualified success.

As you review our proposal, keep in mind the combination of experience and production-proven solutions that MAXIMUS offers and compare this experience with the experience with other firms. We believe you will find that MAXIMUS delivers on its commitments, stands behind its services, and provides you with a system in which the State can take great pride. We look forward to working with you on the MPATH project.