State of Nebraska,
Administrative Services (AS), Materiel Division,
State Purchasing Bureau

Technical Proposal

Independent Verification and Validation (IV&V) Services
RFP # 5252 Z1

Submitted By:

QUALIS HEALTH
advancing healthcare • improving health

10700 Meridian Ave N, Suite 100
Seattle, Washington 98133-9075

Proposal Deadline:
May 18, 2016, 2:00 p.m. Central Time

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Section 1—Request for Proposal (RFP) Forms

Qualis Health has included a signed copy of the "Request for Proposal for Contractual Services" form. We understand that by signing this form we guarantee compliance with the provisions stated in RFP # 5252 Z1. Qualis Health agrees to the terms and conditions stated in RFP # 5252 Z1 unless otherwise agreed to, and we certify that Qualis Health maintains a drug free work place environment.

The following forms are included in our proposal as specified in the RFP.

- Request for Proposal for Contractual Services Form
- Form A—Bidder Contact Sheet
- Form B—Notification of Intent to Attend Optional Pre-Proposal Tele-Conference
- RFP Section III—Terms and Conditions

We acknowledge receipt of the following amendments to RFP # 5252 Z1.

- Addendum 1
- Addendum 2
- Addendum 3
- Addendum 4
- Addendum 5

1.1 Request for Proposal for Contractual Services Form

State of Nebraska (State Purchasing Bureau)
REQUEST FOR PROPOSAL FOR CONTRACTUAL SERVICES FORM

RETURN TO:
State Purchasing Bureau
1526 K Street, Suite 130
Lincoln, Nebraska 68508
Phone: 402-471-6500
Fax: 402-471-2089

SOLICITATION NUMBER	RELEASE DATE
RFP 5252 Z1	**March 29, 2016**
OPENING DATE AND TIME	PROCUREMENT CONTACT
May 4, 2016 2:00 p.m. Central Time	**Jennifer Crouse/Robert Thompson**

This form is part of the specification package and must be signed in ink and returned, along with proposal documents, by the opening date and time specified.

PLEASE READ CAREFULLY!

SCOPE OF SERVICE

The State of Nebraska, Administrative Services (AS), Materiel Division, State Purchasing Bureau, is issuing this Request for Proposal, RFP Number 5252 Z1 for the purpose of selecting a qualified contractor to provide Independent Verification and Validation (IV&V) Services.

Written questions are due no later than April, 13, 2016, and should be submitted via e-mail to as.materielpurchasing@nebraska.gov Written questions may also be sent by facsimile to (402) 471-2089.

A Pre-Proposal Conference Tele-Conference will be held on Tuesday, April 12, 2016 at the State Purchasing Bureau, 1526 K Street, Suite 130 Lincoln, NE 68508. See Schedule of Events for call in information.

Bidder should submit one (1) original of the entire proposal. Proposals must be submitted by the proposal due date and time.

PROPOSALS MUST MEET THE REQUIREMENTS OUTLINED IN THIS REQUEST FOR PROPOSAL TO BE CONSIDERED VALID. PROPOSALS WILL BE REJECTED IF NOT IN COMPLIANCE WITH THESE REQUIREMENTS.

1. Sealed proposals must be received in State Purchasing Bureau by the date and time of proposal opening per the schedule of events. No late proposals will be accepted. No electronic, e-mail, fax, voice, or telephone proposals will be accepted.
2. This form "REQUEST FOR PROPOSAL FOR CONTRACTUAL SERVICES" MUST be manually signed, in ink, and returned by the proposal opening date and time along with bidder's proposal and any other requirements as specified in the Request for Proposal in order for a bidder's proposal to be evaluated.
3. It is the responsibility of the bidder to check the website for all information relevant to this solicitation to include addenda and/or amendments issued prior to the opening date. Website address is as follows: http://das.nebraska.gov/materiel/purchasing.html

IMPORTANT NOTICE: Pursuant to Neb. Rev. Stat. § 84-602.02, all State contracts in effect as of January 1, 2014, and all contracts entered into thereafter, will be posted to a public website. Beginning July 1, 2014, all contracts will be posted to a public website managed by the Department of Administrative Services.

In addition, all responses to Requests for Proposals will be posted to the Department of Administrative Services public website. The public posting will include figures, illustrations, photographs, charts, or other supplementary material. Proprietary information identified and marked according to state law is exempt from posting. To exempt proprietary information you must submit a written showing that the release of the information would give an advantage to named business competitor(s) and show that the named business competitor(s) will gain a demonstrated advantage by disclosure of information. The mere assertion that information is proprietary is not sufficient. (Attorney General Opinion No. 92068, April 27, 1992) The agency will then determine if the interests served by nondisclosure outweigh any public purpose served by disclosure. Cost proposals will not be considered propriety.

To facilitate such public postings, the State of Nebraska reserves a royalty-free, nonexclusive, and irrevocable right to copy, reproduce, publish, post to a website, or otherwise use any contract or response to this RFP for any purpose, and to authorize others to use the documents. Any individual or entity awarded a contract, or who submits a response to this RFP, specifically waives any copyright or other protection the contract or response to the RFP may have; and, acknowledge that they have the ability and authority to enter into such waiver. This reservation and waiver is a prerequisite for submitting a response to this RFP and award of the contract. Failure to agree to the reservation and waiver of protection will result in the response to the RFP being non-conforming and rejected.

Any entity awarded a contract or submitting a RFP agrees not to sue, file a claim, or make a demand of any kind, and will indemnify, hold, and save harmless the State and its employees, volunteers, agents, and its elected and appointed officials from and against any and all claims, liens, demands, damages, liability, actions, causes of action, losses, judgments, costs, and expenses of every nature, including investigation costs and expenses, settlement costs, and attorney fees and expenses ("the claims"), sustained or asserted against the State, arising out of, resulting from, or attributable to the posting of contracts, RFPs and related documents.

BIDDER MUST COMPLETE THE FOLLOWING

By signing this Request for Proposal for Contractual Services form, the bidder guarantees compliance with the provisions stated in this Request for Proposal, agrees to the terms and conditions unless otherwise agreed to (see Section III) and certifies that bidder maintains a drug free work place environment.

Per Nebraska's Transparency in Government Procurement Act, Neb. Rev Stat § 73-603 DAS is required to collect statistical information regarding the number of contracts awarded to Nebraska Contractors. This information is for statistical purposes only and will not be considered for contract award purposes.

_____ **NEBRASKA CONTRACTOR AFFIDAVIT**: Bidder hereby attests that bidder is a Nebraska Contractor. "Nebraska Contractor" shall mean any bidder who has maintained a bona fide place of business and at least one employee within this state for at least the six (6) months immediately preceding the posting date of this RFP.

_____ I hereby certify that I am a **Resident disabled veteran or business located in a designated enterprise zone** in accordance with Neb. Rev. Stat. § 73-107 and wish to have preference, if applicable, considered in the award of this contract.

FIRM: Qualis Health

COMPLETE ADDRESS: 10700 Meridian Avenue North, Suite 100, Seattle, WA 98133

TELEPHONE NUMBER: (800) 949-7536 FAX NUMBER: (206) 368-2419

SIGNATURE: _____ DATE: 2 May 2016

TYPED NAME & TITLE OF SIGNER: Margaret Griffiths, Chief Financial Officer

1.2—Form A—Bidder Contact Sheet

1.2 Form A—Bidder Contact Sheet

Form A
Bidder Contact Sheet
Request for Proposal Number 5252 Z1

Form A should be completed and submitted with each response to this Request for Proposal. This is intended to provide the State with information on the bidder's name and address, and the specific person(s) who are responsible for preparation of the bidder's response.

Preparation of Response Contact Information	
Bidder Name:	Qualis Health
Bidder Address:	10700 Meridian Avenue North, Suite 100 Seattle, WA 98133
Contact Person & Title:	Foster C "Bud" Beall, Jr. – Vice President, Consulting Services
E-mail Address:	bbeall@qualishealth.org
Telephone Number (Office):	(888) 432-0261 x2041
Telephone Number (Cellular):	(714) 401-3366
Fax Number:	(206) 368-2419

Each bidder shall also designate a specific contact person who will be responsible for responding to the State if any clarifications of the bidder's response should become necessary. This will also be the person who the State contacts to set up a presentation/demonstration, if required.

Communication with the State Contact Information	
Bidder Name:	Qualis Health
Bidder Address:	10700 Meridian Avenue North, Suite 100 Seattle, WA 98133
Contact Person & Title:	Foster C "Bud" Beall, Jr. – Vice President, Consulting Services
E-mail Address:	bbeall@qualishealth.org
Telephone Number (Office):	(888) 432-0261 x2041
Telephone Number (Cellular):	(714) 401-3366
Fax Number:	(206) 368-2419

1.3 Form B—Notification of Intent to Attend Pre-Proposal Tele-Conference

Form B
Notification of Intent to Attend
Optional Pre-Proposal Tele-Conference

Request for Proposal Number 5252 Z1

Bidder Name:	Qualis Health
Bidder Address:	10700 Meridian Avenue North, Suite 100 Seattle, WA 98133
Contact Person:	Foster C "Bud" Beall, Jr.
E-mail Address:	bbeall@qualishealth.org
Telephone Number:	(888) 432-0261 x2041
Fax Number:	(206) 368-2419
Number of Attendees by Telephone:	2
Number of Attendees in Person:	0

The "Notification of Intent to Attend Pre-Proposal Conference" form should be submitted to the State Purchasing Bureau via e-mail (as.materielpurchasing@nebraska.gov), facsimile (402-471-2089), hand delivered or US Mail by the date shown in the Schedule of Events.

1.4 RFP Section III—Terms and Conditions

Qualis Health understands that by signing the "Request for Proposal for Contractual Services" form, the we guarantee compliance with the provisions stated in this Request for Proposal, agree to the Terms and Conditions unless otherwise agreed to, and certify that Qualis Health maintains a drug free work place environment.

We have closely read the Terms and Conditions and have provided a binding signature of intent to comply with the Terms and Conditions.

We understand that rejection in whole or in part of the Terms and Conditions may be cause for the State to reject our proposal.

We understand that the State of Nebraska will not consider a proposal that proposes the substitution of Qualis Health contract, agreements, or terms for those of the State of Nebraska's. We understand that any License, Service Agreement, Customer Agreement, User Agreement, Bidder Terms and Conditions, Document, or Clause purported or offered to be included as a part of this RFP must be submitted as individual clauses, as either a counter-offer or additional language, and each clause must be acknowledged and accepted in writing by the State. If our clause is later found to be in conflict with the RFP or a resulting contract our clause shall be subordinate to the RFP or resulting contract.

We have completed Section III of the RFP and included it in our proposal response as follows:

A. GENERAL

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
MB			

The contract resulting from this Request for Proposal shall incorporate the following documents:

1. Amendment to Contract Award with the most recent dated amendment having the highest priority;
2. Contract Award and any attached Addenda;
3. The Request for Proposal form and the Contractor's Proposal, signed in ink
4. Amendments to RFP and any Questions and Answers; and
5. The original RFP document and any Addenda.

These documents constitute the entirety of the contract.

Unless otherwise specifically stated in a contract amendment, in case of any conflict between the incorporated documents, the documents shall govern in the following order of preference with number one (1) receiving preference over all other documents and with each lower numbered document having preference over any higher numbered document: 1) Amendment to Contract Award with the most recent dated amendment having the highest priority, 2) Contract Award and any attached Addenda, 3) the signed Request for Proposal form and the Contractor's Proposal, 4) Amendments to RFP and any Questions and Answers, 5) the original RFP document and any Addenda.
Any ambiguity in any provision of this contract which shall be discovered after its execution shall be resolved in accordance with the rules of contract interpretation as established in the State of Nebraska.

Once proposals are opened they become the property of the State of Nebraska and will not be returned.

B. AWARD

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
MB			

All purchases, leases, or contracts which are based on competitive proposals will be awarded according to the provisions in the Request for Proposal. The State reserves the right to reject any or all proposals, in whole or in part, or to award to multiple bidders in whole or in part, and at its discretion, may withdraw or amend the Request for Proposal at any time. The State reserves the right to waive any deviations or errors that are not material, do not invalidate the legitimacy of the proposal, and do not improve the bidder's competitive position. All awards will be made in a manner deemed in the best interest of the State. The Request for Proposal does not commit the State to award a contract. If, in the opinion of the State, revisions or amendments will require substantive changes in proposals, the due date may be extended.

By submitting a proposal in response to this Request for Proposal, the bidder grants to the State the right to contact or arrange a visit in person with any or all of the bidder's clients.

Once intent to award decision has been determined, it will be posted to the Internet at: http://das.nebraska.gov/materiel/purchasing.html

Grievance and protest procedure is available on the Internet at:
http://das.nebraska.gov/materiel/purchase_bureau/docs/vendors/protest/ProtestGrievanceProcedureForVendors.pdf
Any protests must be filed by a vendor within ten (10) business days after the intent to award decision is posted to the Internet.

C. COMPLIANCE WITH CIVIL RIGHTS LAWS AND EQUAL OPPORTUNITY EMPLOYMENT/NONDISCRIMINATION

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
MB			

The Contractor shall comply with all applicable local, state, and federal statutes and regulations regarding civil rights laws and equal opportunity employment. The Nebraska Fair Employment Practice Act prohibits Contractors of the State of Nebraska, and their Subcontractors, from discriminating against any employee or applicant for employment, with respect to hire, tenure, terms, conditions, compensation, or privileges of employment because of race, color, religion, sex, disability, marital status, or national origin (Neb. Rev. Stat. §§ 48-1101 to 48-1125). The Contractor guarantees compliance with the Nebraska Fair Employment Practice Act, and breach of this provision shall be regarded as a material breach of contract. The Contractor shall insert a similar provision in all Subcontracts for services to be covered by any contract resulting from this Request for Proposal.

D. PERMITS, REGULATIONS, LAWS

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
MB			

The Contractor shall procure and pay for all permits, licenses, and approvals necessary for the execution of the contract. The Contractor shall comply with all applicable local, state, and federal laws, ordinances, rules, orders, and regulations.

E. OWNERSHIP OF INFORMATION AND DATA

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
MB			

The State of Nebraska shall have the unlimited right to publish, duplicate, use, and disclose all information and data developed or derived by the Contractor pursuant to this contract.

The Contractor must guarantee that it has the full legal right to the materials, supplies, equipment, and other rights or titles (e.g., rights to licenses transfer or assign deliverables) necessary to execute this contract. The contract price shall, without exception, include compensation for all royalties and costs arising from patents, trademarks, and copyrights that are in any way involved in the contract. It shall be the responsibility of the Contractor to pay for all royalties and costs, and the State must be held harmless from any such claims.

F. INSURANCE REQUIREMENTS

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
MB			

The Contractor shall not commence work under this contract until all the insurance required hereunder has been obtained and such insurance has been approved by the State. The Contractor shall maintain all required insurance for the life of this contract and shall ensure that the State Purchasing Bureau has the most current certificate of insurance throughout the life of this contract. If Contractor will be utilizing any Subcontractors, the Contractor is responsible for obtaining the certificate(s) of insurance required herein under from any and all Subcontractor(s). The Contractor is also responsible for ensuring Subcontractor(s) maintain the insurance required until completion of the contract requirements. The Contractor shall not allow any Subcontractor to commence work on any Subcontract until all similar insurance required of the Subcontractor has been obtained and approved by the Contractor. Approval of the insurance by the State shall not limit, relieve, or decrease the liability of the Contractor hereunder.

If by the terms of any insurance a mandatory deductible is required, or if the Contractor elects to increase the mandatory deductible amount, the Contractor shall be responsible for payment of the amount of the deductible in the event of a paid claim.

Insurance coverages shall function independent of all other clauses in the contract, and in no instance shall the limits of recovery from the insurance be reduced below the limits required by this section.

1. WORKERS' COMPENSATION INSURANCE

The Contractor shall take out and maintain during the life of this contract the statutory Workers' Compensation and Employer's Liability Insurance for all of the contactors' employees to be engaged in work on the project under this contract and, in case any such work is sublet, the Contractor shall require the Subcontractor similarly to provide Worker's Compensation and Employer's Liability Insurance for all of the Subcontractor's employees to be engaged in such work. This policy shall be written to meet the statutory requirements for the state in which the work is to be performed, including Occupational Disease. This policy shall include a waiver of subrogation in favor of the State. The amounts of such insurance shall not be less than the limits stated hereinafter.

2. COMMERCIAL GENERAL LIABILITY INSURANCE AND COMMERCIAL AUTOMOBILE LIABILITY INSURANCE

The Contractor shall take out and maintain during the life of this contract such Commercial General Liability Insurance and Commercial Automobile Liability Insurance as shall protect Contractor and any Subcontractor performing work covered by this contract from claims for damages for bodily injury, including death, as well as from claims for property damage, which may arise from operations under this contract, whether such operation be by the Contractor or by any Subcontractor or by anyone directly or indirectly employed by either of them, and the amounts of such insurance shall not be less than limits stated hereinafter.

The Commercial General Liability Insurance shall be written on an occurrence basis, and provide Premises/Operations, Products/Completed Operations, Independent Contractors, Personal Injury, and Contractual Liability coverage. The policy shall include the State, and others as required by the contract documents, as Additional Insured(s). This policy shall be primary, and any insurance or self-insurance carried by the State shall be considered excess and non-contributory. The Commercial Automobile Liability Insurance shall be written to cover all Owned, Non-owned, and Hired vehicles.

3. INSURANCE COVERAGE AMOUNTS REQUIRED

COMMERCIAL GENERAL LIABILITY	
General Aggregate	$2,000,000
Products/Completed Operations Aggregate	$2,000,000
Personal/Advertising Injury	$1,000,000 per occurrence
Bodily Injury/Property Damage	$1,000,000 per occurrence
Fire Damage	$50,000 any one fire
Medical Payments	$10,000 any one person
Damage to Rented Premises	$300,000 each occurrence
Contractual	Included
XCU Liability (Explosion, Collapse, and Underground Damage)	Included
Independent Contractors	Included
Abuse & Molestation	Included
WORKER'S COMPENSATION	
Employers Liability Limits	$500K/$500K/$500K
Statutory Limits- All States	Statutory - State of Nebraska
USL&H Endorsement	Statutory
Voluntary Compensation	Statutory
COMMERCIAL AUTOMOBILE LIABILITY	
Bodily Injury/Property Damage	$1,000,000 combined single limit
Include All Owned, Hired & Non-Owned Automobile liability	Included
Motor Carrier Act Endorsement	Where Applicable
UMBRELLA/EXCESS LIABILITY	
Over Primary Insurance	$5,000,000
SUBROGATION WAIVER	
"Workers' Compensation policy shall include a waiver of subrogation in favor of the State of Nebraska."	
LIABILITY WAIVER	
"Commercial General Liability & Commercial Automobile Liability policies shall be primary and any insurance or self-insurance carried by the State shall be considered excess and non-contributory."	

4. EVIDENCE OF COVERAGE

The Contractor should furnish the State, with their proposal response, a certificate of insurance coverage complying with the above requirements to the attention of the Buyer at 402-471-2089 (fax)

Administrative Services
State Purchasing Bureau
1526 K Street, Suite 130
Lincoln, NE 68508

These certificates or the cover sheet shall reference the RFP number, and the certificates shall include the name of the company, policy numbers, effective dates, dates of expiration, and amounts and types of coverage afforded. If the State is damaged by the failure of the Contractor to maintain such insurance, then the Contractor shall be responsible for all reasonable costs properly attributable thereto.

Notice of cancellation of any required insurance policy must be submitted to Administrative Services State Purchasing Bureau when issued and a new coverage binder shall be submitted immediately to ensure no break in coverage.

G. COOPERATION WITH OTHER CONTRACTORS

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
MWG			

The State may already have in place or choose to award supplemental contracts for work related to this Request for Proposal, or any portion thereof.

1. The State reserves the right to award the contract jointly between two or more potential Contractors, if such an arrangement is in the best interest of the State.
2. The Contractor shall agree to cooperate with such other Contractors, and shall not commit or permit any act which may interfere with the performance of work by any other Contractor.

H. INDEPENDENT CONTRACTOR

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
MS			

It is agreed that nothing contained herein is intended or should be construed in any manner as creating or establishing the relationship of partners between the parties hereto. The Contractor represents that it has, or will secure at its own expense, all personnel required to perform the services under the contract. The Contractor's employees and other persons engaged in work or services required by the contractor under the contract shall have no contractual relationship with the State; they shall not be considered employees of the State.

All claims on behalf of any person arising out of employment or alleged employment (including without limit claims of discrimination against the Contractor, its officers, or its agents) shall in no way be the responsibility of the State. The Contractor will hold the State harmless from any and all such claims. Such personnel or other persons shall not require nor be entitled to any compensation, rights, or benefits from the State including without limit, tenure rights, medical and hospital care, sick and vacation leave, severance pay, or retirement benefits.

I. CONTRACTOR RESPONSIBILITY

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
MS			

The Contractor is solely responsible for fulfilling the contract, with responsibility for all services offered and products to be delivered as stated in the Request for Proposal, the Contractor's proposal, and the resulting contract. The Contractor shall be the sole point of contact regarding all contractual matters.

If the Contractor intends to utilize any Subcontractor's services, the Subcontractor's level of effort, tasks, and time allocation must be clearly defined in the Contractor's proposal. The Contractor shall agree that it will not utilize any Subcontractors not specifically included in its proposal in the performance of the contract without the prior written

authorization of the State. Following execution of the contract, the Contractor shall proceed diligently with all services and shall perform such services with qualified personnel in accordance with the contract.

J. CONTRACTOR PERSONNEL

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:

The Contractor warrants that all persons assigned to the project shall be employees of the Contractor or specified Subcontractors, and shall be fully qualified to perform the work required herein. Personnel employed by the Contractor to fulfill the terms of the contract shall remain under the sole direction and control of the Contractor. The Contractor shall include a similar provision in any contract with any Subcontractor selected to perform work on the project.

Personnel commitments made in the Contractor's proposal shall not be changed without the prior written approval of the State. Replacement of key personnel, if approved by the State, shall be with personnel of equal or greater ability and qualifications.

The State reserves the right to require the Contractor to reassign or remove from the project any Contractor or Subcontractor employee.

In respect to its employees, the Contractor agrees to be responsible for the following:

1. any and all employment taxes and/or other payroll withholding;
2. any and all vehicles used by the Contractor's employees, including all insurance required by state law;
3. damages incurred by Contractor's employees within the scope of their duties under the contract;
4. maintaining workers' compensation and health insurance and submitting any reports on such insurance to the extent required by governing State law; and
5. determining the hours to be worked and the duties to be performed by the Contractor's employees.

K. CONTRACT CONFLICTS

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
MB			

Contractor shall insure that contracts or agreements with sub-contractors and agents, and the performance of services in relation to this contract by sub-contractors and agents, does not conflict with this contract.

L. STATE OF NEBRASKA PERSONNEL RECRUITMENT PROHIBITION

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
MB			

By submitting a proposal, bidder certifies that there does not now exist any relationship between the bidder and any person or entity which is or gives the appearance of a conflict of interest related to this Request for Proposal or project.

The bidder certifies that it shall not take any action or acquire any interest, either directly or indirectly, which will conflict in any manner or degree with the performance of its services hereunder or which creates an actual or appearance of conflict of interest.

The bidder certifies that it will not employ any individual known by bidder to have a conflict of interest.

Any contractor (and its subcontractors) serving in the role of independent validation and verification (IV&V) service contractor to the State is prohibited from soliciting, proposing, or being awarded any project management, quality assurance, software design, development, or other manner of planning, design, development, or implementation phase activity on the projects for which these IV&V services are being procured.

This exclusion likewise extends to any other project within the State that may interact with or otherwise provide services to the projects or to the State during the full term of this contract. This exclusion is executed in accordance with federal regulations at 45 CFR

95.626, which require that this IV&V effort, "... be conducted by an entity that is independent from the State".

IV&V is the set of verification and validation activities performed by an agency not under the control of the organization developing the software. IV&V services must be provided and managed by an organization that is technically and managerially independent of the subject software development project. This independence takes two mandatory forms.

First, technical independence requires that the IV&V services provider organization, its personnel, and subcontractors are not and have not been involved in the software development or implementation effort or in the project's initial planning and/or subsequent design. Technical independence helps ensure that IV&V review reports are free of personal or professional bias, posturing, or gold plating.

Second, managerial independence is required to make certain that the IV&V effort is provided by an organization that is departmentally and hierarchically separate from the software development and program management organizations. Managerial independence helps ensure that the IV&V service provider can deliver findings and recommendations to state and federal executive leadership and management without restriction, fear of retaliation, or coercion (e.g., reports being subject to prior review or approval from the development group before release to outside entities, such as the federal government).

M. CONFLICT OF INTEREST

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
MLG			

By submitting a proposal, bidder certifies that there does not now exist any relationship between the bidder and any person or entity which is or gives the appearance of a conflict of interest related to this Request for Proposal or project.
The bidder certifies that it shall not take any action or acquire any interest, either directly or indirectly, which will conflict in any manner or degree with the performance of its services hereunder or which creates an actual or appearance of conflict of interest.

The bidder certifies that it will not employ any individual known by bidder to have a conflict of interest.

Any contractor (and its subcontractors) serving in the role of (IV&V) service contractor to the State is prohibited from soliciting, proposing, or being awarded any project management, QA, software design, development, or other manner of planning, design, development, or implementation phase activity on the projects for which these IV&V services are being procured.

This exclusion likewise extends to any other project within the State that may interact with or otherwise provide services to the projects or to the State during the full term of this contract. This exclusion is executed in accordance with federal regulations at 45 CFR 95.626, which require that this IV&V effort, "... be conducted by an entity that is independent from the State".

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N. PROPOSAL PREPARATION COSTS

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
[illegible]			

The State shall not incur any liability for any costs incurred by bidders in replying to this Request for Proposal, in the demonstrations and/or oral presentations, or in any other activity related to bidding on this Request for Proposal.

O. ERRORS AND OMISSIONS

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
MB			

The bidder shall not take advantage of any errors and/or omissions in this Request for Proposal or resulting contract. The bidder must promptly notify the State of any errors and/or omissions that are discovered.

P. BEGINNING OF WORK

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
MB			

The bidder shall not commence any billable work until a valid contract has been fully executed by the State and the successful Contractor. The Contractor will be notified in writing when work may begin.

Q. ASSIGNMENT BY THE STATE

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
MB			

The State shall have the right to assign or transfer the contract or any of its interests herein to any agency, board, commission, or political subdivision of the State of Nebraska. There shall be no charge to the State for any assignment hereunder.

R. ASSIGNMENT BY THE CONTRACTOR

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
MB			

The Contractor may not assign, voluntarily or involuntarily, the contract or any of its rights or obligations hereunder (including without limitation rights and duties of performance) to any third party, without the prior written consent of the State, which will not be unreasonably withheld.

S. DEVIATIONS FROM THE REQUEST FOR PROPOSAL

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
MB			

The requirements contained in the Request for Proposal become a part of the terms and conditions of the contract resulting from this Request for Proposal. Any deviations from the Request for Proposal must be clearly defined by the bidder in its proposal and, if accepted by the State, will become part of the contract. Any specifically defined deviations must not be in conflict with the basic nature of the Request for Proposal, mandatory requirements, or applicable state or federal laws or statutes. "Deviation", for the purposes of this RFP, means any proposed changes or alterations to either the contractual language or deliverables within the scope of this RFP. The State discourages deviations and reserves the right to reject proposed deviations.

T. GOVERNING LAW

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
MB			

The contract shall be governed in all respects by the laws and statutes of the State of Nebraska. Any legal proceedings against the State of Nebraska regarding this Request for

Proposal or any resultant contract shall be brought in the State of Nebraska administrative or judicial forums as defined by State law. The Contractor must be in compliance with all Nebraska statutory and regulatory law.

U. ATTORNEY'S FEES

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
MWS			

In the event of any litigation, appeal, or other legal action to enforce any provision of the contract, the Contractor agrees to pay all expenses of such action, as permitted by law, including attorney's fees and costs, if the State is the prevailing party.

V. ADVERTISING

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
MWS			

The Contractor agrees not to refer to the contract award in advertising in such a manner as to state or imply that the company or its services are endorsed or preferred by the State. News releases pertaining to the project shall not be issued without prior written approval from the State.

W. STATE PROPERTY

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
MWS			

The Contractor shall be responsible for the proper care and custody of any State-owned property which is furnished for the Contractor's use during the performance of the

contract. The Contractor shall reimburse the State for any loss or damage of such property; normal wear and tear is expected.

X. SITE RULES AND REGULATIONS

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
MB			

The Contractor shall use its best efforts to ensure that its employees, agents, and Subcontractors comply with site rules and regulations while on State premises. If the Contractor must perform on-site work outside of the daily operational hours set forth by the State, it must make arrangements with the State to ensure access to the facility and the equipment has been arranged. No additional payment will be made by the State on the basis of lack of access, unless the State fails to provide access as agreed to between the State and the Contractor.

Y. NOTIFICATION

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
MB			

During the bid process, all communication between the State and a bidder shall be between the bidder's representative clearly noted in its proposal and the buyer noted in Section II.A. Procuring Office and Contact Person, of this RFP. After the award of the contract, all notices under the contract shall be deemed duly given upon delivery to the staff designated as the point of contact for this Request for Proposal, in person, or upon delivery by U.S. Mail, facsimile, or e-mail. Each bidder should provide in its proposal the name, title, and complete address of its designee to receive notices.

1. Except as otherwise expressly specified herein, all notices, requests, or other communications shall be in writing and shall be deemed to have been given if delivered personally or mailed, by U.S. Mail, postage prepaid, return receipt requested, to the parties at their respective addresses set forth above, or at such other addresses as may be specified in writing by either of the parties. All notices,

requests, or communications shall be deemed effective upon personal delivery or three (3) calendar days following deposit in the mail.

2. Whenever the Contractor encounters any difficulty which is delaying or threatens to delay its timely performance under the contract, the Contractor shall immediately give notice thereof in writing to the State reciting all relevant information with respect thereto. Such notice shall not in any way constitute a basis for an extension of the delivery schedule or be construed as a waiver by the State of any of its rights or remedies to which it is entitled by law or equity or pursuant to the provisions of the contract. Failure to give such notice, however, may be grounds for denial of any request for an extension of the delivery schedule because of such delay.

Either party may change its address for notification purposes by giving notice of the change, and setting forth the new address and an effective date.

For the duration of the contract, all communication between Contractor and the State regarding the contract shall take place between the Contractor and individuals specified by the State in writing. Communication about the contract between Contractor and individuals not designated as points of contact by the State is strictly forbidden.

Z. EARLY TERMINATION

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
MB			

The contract may be terminated as follows:

1. The State and the Contractor, by mutual written agreement, may terminate the contract at any time.

2. The State, in its sole discretion, may terminate the contract for any reason upon thirty (30) calendar day's written notice to the Contractor. Such termination shall not relieve the Contractor of warranty or other service obligations incurred under the terms of the contract. In the event of termination the Contractor shall be entitled to payment, determined on a pro rata basis, for products or services satisfactorily performed or provided.

3. The State may terminate the contract immediately for the following reasons:

a. if directed to do so by statute;

b. Contractor has made an assignment for the benefit of creditors, has admitted in writing its inability to pay debts as they mature, or has ceased operating in the normal course of business;

c. a trustee or receiver of the Contractor or of any substantial part of the Contractor's assets has been appointed by a court;

d. fraud, misappropriation, embezzlement, malfeasance, misfeasance, or illegal conduct pertaining to performance under the contract by its Contractor, its employees, officers, directors, or shareholders;

e. an involuntary proceeding has been commenced by any party against the Contractor under any one of the chapters of Title 11 of the United States Code and (i) the proceeding has been pending for at least sixty (60) calendar days; or (ii) the Contractor has consented, either expressly or by operation of law, to the entry of an order for relief; or (iii) the Contractor has been decreed or adjudged a debtor;

f. a voluntary petition has been filed by the Contractor under any of the chapters of Title 11 of the United States Code;

g. Contractor intentionally discloses confidential information;

h. Contractor has or announces it will discontinue support of the deliverable;

i. second or subsequent documented "vendor performance report" form deemed acceptable by the State Purchasing Bureau; or

j. Contractor engaged in collusion or actions which could have provided Contractor an unfair advantage in obtaining this contract.

AA. FUNDING OUT CLAUSE OR LOSS OF APPROPRIATIONS

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
MB			

The State may terminate the contract, in whole or in part, in the event funding is no longer available. The State's obligation to pay amounts due for fiscal years following the current fiscal year is contingent upon legislative appropriation of funds for the contract. Should said funds not be appropriated, the State may terminate the contract with respect to those payments for the fiscal years for which such funds are not appropriated. The State will give the Contractor written notice thirty (30) calendar days prior to the effective date of any termination, and advise the Contractor of the location (address and room number) of any related equipment. All obligations of the State to make payments after the termination date will cease and all interest of the State in any related equipment

will terminate. The Contractor shall be entitled to receive just and equitable compensation for any authorized work which has been satisfactorily completed as of the termination date. In no event shall the Contractor be paid for a loss of anticipated profit.

BB. BREACH BY CONTRACTOR

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
MB			

The State may terminate the contract, in whole or in part, if the Contractor fails to perform its obligations under the contract in a timely and proper manner. The State may, by providing a written notice of default to the Contractor, allow the Contractor to cure a failure or breach of contract within a period of thirty (30) calendar days (or longer at State's discretion considering the gravity and nature of the default). Said notice shall be delivered by Certified Mail, Return Receipt Requested, or in person with proof of delivery. Allowing the Contractor time to cure a failure or breach of contract does not waive the State's right to immediately terminate the contract for the same or different contract breach which may occur at a different time. In case of default of the Contractor, the State may contract the service from other sources and hold the Contractor responsible for any excess cost occasioned thereby.

CC. ASSURANCES BEFORE BREACH

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
MB			

If any document or deliverable required pursuant to the contract does not fulfill the requirements of the Request for Proposal/resulting contract, upon written notice from the State, the Contractor shall deliver assurances in the form of additional Contractor resources at no additional cost to the project in order to complete the deliverable, and to ensure that other project schedules will not be adversely affected.

DD. ADMINISTRATION – CONTRACT TERMINATION

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
MB			

1. Contractor must provide confirmation that upon contract termination all deliverables prepared in accordance with this agreement shall become the property of the State of Nebraska; subject to the ownership provision (section E) contained herein, and is provided to the State of Nebraska at no additional cost to the State.

2. Contractor must provide confirmation that in the event of contract termination, all records that are the property of the State will be returned to the State within thirty (30) calendar days. Notwithstanding the above, Contractor may retain one copy of any information as required to comply with applicable work product documentation standards or as are automatically retained in the course of Contractor's routine back up procedures.

EE. PENALTY

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
MB			

In the event that the Contractor fails to perform any substantial obligation under the contract, the State may withhold all monies due and payable to the Contractor, without penalty, until such failure is cured or otherwise adjudicated. Failure to meet the dates for the deliverables as agreed upon by the parties may result in an assessment of penalty due the State of $500.00 dollars per day, until the deliverables are approved. Contractor will be notified in writing when penalty will commence.

FF. FORCE MAJEURE

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
MB			

Neither party shall be liable for any costs or damages resulting from its inability to perform any of its obligations under the contract due to a natural disaster, or other similar event outside the control and not the fault of the affected party ("Force Majeure Event"). A Force Majeure Event shall not constitute a breach of the contract. The party so affected shall immediately give notice to the other party of the Force Majeure Event. The State may grant relief from performance of the contract if the Contractor is prevented from performance by a Force Majeure Event. The burden of proof for the need for such relief shall rest upon the Contractor. To obtain release based on a Force Majeure Event, the Contractor shall file a written request for such relief with the State Purchasing Bureau. Labor disputes with the impacted party's own employees will not be considered a Force Majeure Event and will not suspend performance requirements under the contract.

GG. PROHIBITION AGAINST ADVANCE PAYMENT

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
MB			

Payments shall not be made until contractual deliverable(s) are received and accepted by the State.

HH. PAYMENT

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
MB			

State will render payment to Contractor when the terms and conditions of the contract and specifications have been satisfactorily completed on the part of the Contractor as

solely determined by the State. Payment will be made by the responsible agency in compliance with the State of Nebraska Prompt Payment Act (See Neb. Rev. Stat. §§ 81-2401 through 81-2408). The State may require the Contractor to accept payment by electronic means such as ACH deposit. In no event shall the State be responsible or liable to pay for any services provided by the Contractor prior to the Effective Date, and the Contractor hereby waives any claim or cause of action for any such services.

II. INVOICES

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
MB			

Invoices for payments must be submitted by the Contractor to the agency requesting the services with sufficient detail to support payment. The terms and conditions included in the Contractor's invoice shall be deemed to be solely for the convenience of the parties. No terms or conditions of any such invoice shall be binding upon the State, and no action by the State, including without limitation the payment of any such invoice in whole or in part, shall be construed as binding or estopping the State with respect to any such term or condition, unless the invoice term or condition has been previously agreed to by the State as an amendment to the contract.

JJ. RIGHT TO AUDIT

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
MB			

Contractor shall establish and maintain a reasonable accounting system that enables the State to readily audit contract. The State and its authorized representatives shall have the right to audit, to examine, and to make copies of or extracts from all financial and related records (in whatever form they may be kept, whether written, electronic, or other) relating to or pertaining to this contract kept by or under the control of the Contractor, including, but not limited to those kept by the Contractor, its employees, agents, assigns, successors, and Subcontractors. Such records shall include, but not be limited to, accounting records, written policies and procedures; all paid vouchers including those for out-of-pocket expenses; other reimbursement supported by invoices; ledgers; cancelled

checks; deposit slips; bank statements; journals; original estimates; estimating work sheets; contract amendments and change order files; back charge logs and supporting documentation; insurance documents; payroll documents; timesheets; memoranda; and correspondence.

Contractor shall, at all times during the term of this contract and for a period of five (5) years after the completion of this contract, maintain such records, together with such supporting or underlying documents and materials. The Contractor shall at any time requested by the State, whether during or after completion of this contract and at Contractor's own expense make such records available for inspection and audit (including copies and extracts of records as required) by the State. Such records shall be made available to the State during normal business hours at the Contractor's office or place of business. In the event that no such location is available, then the financial records, together with the supporting or underlying documents and records, shall be made available for audit at a time and location that is convenient for the State. Contractor shall ensure the State has these rights with Contractor's assigns, successors, and Subcontractors, and the obligations of these rights shall be explicitly included in any subcontracts or agreements formed between the Contractor and any Subcontractors to the extent that those Subcontracts or agreements relate to fulfillment of the Contractor's obligations to the State.

Costs of any audits conducted under the authority of this right to audit and not addressed elsewhere will be borne by the State unless certain exemption criteria are met. If the audit identifies overpricing or overcharges (of any nature) by the Contractor to the State in excess of one-half of one percent (.5%) of the total contract billings, the Contractor shall reimburse the State for the total costs of the audit. If the audit discovers substantive findings related to fraud, misrepresentation, or non-performance, the Contractor shall reimburse the State for total costs of audit. Any adjustments and/or payments that must be made as a result of any such audit or inspection of the Contractor's invoices and/or records shall be made within a reasonable amount of time (not to exceed 90 days) from presentation of the State's findings to Contractor.

KK. TAXES

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
MK			

The State is not required to pay taxes of any kind and assumes no such liability as a result of this solicitation. Any property tax payable on the Contractor's equipment which may be installed in a state-owned facility is the responsibility of the Contractor.

LL. INSPECTION AND APPROVAL

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
MB			

Final inspection and approval of all work required under the contract shall be performed by the designated State officials. The State and/or its authorized representatives shall have the right to enter any premises where the Contractor or Subcontractor duties under the contract are being performed, and to inspect, monitor or otherwise evaluate the work being performed. All inspections and evaluations shall be at reasonable times and in a manner that will not unreasonably delay work.

MM. CHANGES IN SCOPE/CHANGE ORDERS

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
MB			

The State may, upon the written agreement of Contractor, make changes to the contract within the general scope of the RFP. The State may, at any time work is in progress, by written agreement, make alterations in the terms of work as shown in the specifications, require the Contractor to make corrections, decrease the quantity of work, or make such other changes as the State may find necessary or desirable. The Contractor shall not claim forfeiture of contract by reasons of such changes by the State. Changes in work and the amount of compensation to be paid to the Contractor shall be determined in accordance with applicable unit prices if any, or a pro-rated value.

Corrections of any deliverable, service or performance of work required pursuant to the contract shall not be deemed a modification. Changes or additions to the contract beyond the scope of the RFP are not permitted.

NN. SEVERABILITY

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
MB			

If any term or condition of the contract is declared by a court of competent jurisdiction to be illegal or in conflict with any law, the validity of the remaining terms and conditions shall not be affected, and the rights and obligations of the parties shall be construed and enforced as if the contract did not contain the particular provision held to be invalid.

OO. CONFIDENTIALITY

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
MB			

All materials and information provided by the State or acquired by the Contractor on behalf of the State shall be regarded as confidential information. All materials and information provided by the State or acquired by the Contractor on behalf of the State shall be handled in accordance with federal and state law, and ethical standards. The Contractor must ensure the confidentiality of such materials or information. Should said confidentiality be breached by a Contractor; Contractor shall notify the State immediately of said breach and take immediate corrective action.

It is incumbent upon the Contractor to inform its officers and employees of the penalties for improper disclosure imposed by the Privacy Act of 1974, 5 U.S.C. 552a. Specifically, 5 U.S.C. 552a (i)(1), which is made applicable to Contractors by 5 U.S.C. 552a (m)(1), provides that any officer or employee of a Contractor, who by virtue of his/her employment or official position has possession of or access to agency records which contain individually identifiable information, the disclosure of which is prohibited by the Privacy Act or regulations established thereunder, and who knowing that disclosure of the specific material is prohibited, willfully discloses the material in any manner to any person or agency not entitled to receive it, shall be guilty of a misdemeanor and fined not more than $5,000.

PP. PROPRIETARY INFORMATION

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
MB			

Data contained in the proposal and all documentation provided therein, become the property of the State of Nebraska and the data becomes public information upon opening the proposal. If the bidder wishes to have any information withheld from the public, such information must fall within the definition of proprietary information contained within Nebraska's public record statutes. All proprietary information the bidder wishes the State to withhold must be submitted in a sealed package, which is separate from the remainder of the proposal, and provide supporting documents showing why such documents should be marked proprietary. The separate package must be clearly marked PROPRIETARY on the outside of the package. Bidders may not mark their entire Request for Proposal as proprietary. Bidder's cost proposals may not be marked as proprietary information. Failure of the bidder to follow the instructions for submitting proprietary and copyrighted information may result in the information being viewed by other bidders and the public. Proprietary information is defined as trade secrets, academic and scientific research work which is in progress and unpublished, and other information which if released would give advantage to business competitors and serve no public purpose (see Neb. Rev. Stat. § 84-712.05(3)). In accordance with Attorney General Opinions 92068 and 97033, bidders submitting information as proprietary may be required to prove specific, named competitor(s) who would be advantaged by release of the information and the specific advantage the competitor(s) would receive. Although every effort will be made to withhold information that is properly submitted as proprietary and meets the State's definition of proprietary information, the State is under no obligation to maintain the confidentiality of proprietary information and accepts no liability for the release of such information.

QQ. CERTIFICATION OF INDEPENDENT PRICE DETERMINATION/COLLUSIVE BIDDING

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
MB			

By submission of this proposal, the bidder certifies that it is the party making the foregoing proposal and that the proposal is not made in the interest of, or on behalf of, any undisclosed person, partnership, company, association, organization, or corporation; that the proposal is genuine and not collusive or sham; that the bidder has not directly or indirectly induced or solicited any other bidder to put in a false or sham proposal, and has not directly or indirectly colluded, conspired, connived, or agreed with any bidder or anyone else to put in a sham proposal, or that anyone shall refrain from bidding; that the bidder has not in any manner, directly or indirectly, sought by agreement, communication, or conference with anyone to fix the proposal price of the bidder or any other bidder, or to fix any overhead, profit, or cost element of the proposal price, or of that of any other bidder, or to secure any advantage against the public body awarding the contract of anyone interested in the proposed contract; that all statements contained in the proposal are true; and further that the bidder has not, directly or indirectly, submitted the proposal price or any breakdown thereof, or the contents thereof, or divulged information or data relative thereto, or paid, and will not pay, any fee to any corporation, partnership, company association, organization, proposal depository, or to any member or agent thereof to effectuate a collusive or sham proposal.

RR. STATEMENT OF NON-COLLUSION

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
MB			

The proposal shall be arrived at by the bidder independently and be submitted without collusion with, and without any direct or indirect agreement, understanding or planned common course of action with, any person; firm; corporation; bidder; Contractor of materials, supplies, equipment or services described in this RFP. Bidder shall not collude with, or attempt to collude with, any state officials, employees or agents; or evaluators or any person involved in this RFP. The bidder shall not take any action in the restraint of

free competition or designed to limit independent bidding or to create an unfair advantage.

Should it be determined that collusion occurred, the State reserves the right to reject a bid or terminate the contract and impose further administrative sanctions.

SS. PRICES

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
MG			

All prices, costs, and terms and conditions outlined in the proposal shall remain fixed and valid commencing on the opening date of the proposal until an award is made or the Request for Proposal is cancelled.

Prices quoted on the Cost Proposal form shall remain fixed for the first year of the contract period. Any request for a price increase must be submitted in writing to the State Purchasing Bureau a minimum of 120 days prior to the price increase effective date, and be accompanied by documentation justifying the price increase. Further documentation may be required by the State to justify the increase. The State reserves the right to deny any requested price increase. No price increases are to be billed to any State Agencies prior to written amendment of the contract by the parties.

The State will be given full proportionate benefit of any price decrease during the term of the contract.

Contractor represents and warrants that all prices for services, now or subsequently specified, are as low as and no higher than prices which the Contractor has charged or intends to charge customers other than the State for the same or similar products and services of the same or equivalent quantity and quality for delivery or performance during the same periods of time. If, during the term of the contract, the Contractor shall reduce any and/or all prices charged to any customers other than the State for the same or similar products or services specified herein, the Contractor shall make an equal or equivalent reduction in corresponding prices for said specified products or services.

Contractor also represents and warrants that all prices set forth in the contract and all prices in addition, which the Contractor may charge under the terms of the contract, do not and will not violate any existing federal, state, or municipal law or regulations concerning price discrimination and/or price fixing. Contractor agrees to hold the State

harmless from any such violation. Prices quoted shall not be subject to increase throughout the contract period unless specifically allowed by these specifications.

TT. BEST AND FINAL OFFER

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
MG			

The State will compile the final scores for all parts of each proposal. The award may be granted to the highest scoring responsive and responsible bidder. Alternatively, the highest scoring bidder or bidders may be requested to submit best and final offers. If best and final offers are requested by the State and submitted by the bidder, they will be evaluated (using the stated criteria), scored, and ranked by the Evaluation Committee. The award will then be granted to the highest scoring bidder. However, a bidder should provide its best offer in its original proposal. Bidders should not expect that the State will request a best and final offer.

UU. ETHICS IN PUBLIC CONTRACTING

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
MG			

No bidder shall pay or offer to pay, either directly or indirectly, any fee, commission compensation, gift, gratuity, or anything of value to any State officer, legislator, employee or evaluator based on the understanding that the receiving person's vote, actions, or judgment will be influenced thereby. No bidder shall give any item of value to any employee of the State Purchasing Bureau or any evaluator.

Bidders shall be prohibited from utilizing the services of lobbyists, attorneys, political activists, or consultants to secure the contract. It is the intent of this provision to assure that the prohibition of state contact during the procurement process is not subverted through the use of lobbyists, attorneys, political activists, or consultants. It is the intent of the State that the process of evaluation of proposals and award of the contract be completed without external influence. It is not the intent of this section to prohibit bidders

from seeking professional advice, for example consulting legal counsel, regarding terms and conditions of this Request for Proposal or the format or content of their proposal.

If the bidder is found to be in non-compliance with this section of the Request for Proposal, they may forfeit the contract if awarded to them or be disqualified from the selection process.

VV. INDEMNIFICATION

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
MLB			

1. GENERAL

The Contractor agrees to defend, indemnify, hold, and save harmless the State and its employees, volunteers, agents, and its elected and appointed officials ("the indemnified parties") from and against any and all claims, liens, demands, damages, liability, actions, causes of action, losses, judgments, costs, and expenses of every nature, including investigation costs and expenses, settlement costs, and attorney fees and expenses ("the claims"), sustained or asserted against the State, arising out of, resulting from, or attributable to the willful misconduct, negligence, error, or omission of the Contractor, its employees, Subcontractors, consultants, representatives, and agents, except to the extent such Contractor liability is attenuated by any action of the State which directly and proximately contributed to the claims.

2. INTELLECTUAL PROPERTY

The Contractor agrees it will, at its sole cost and expense, defend, indemnify, and hold harmless the indemnified parties from and against any and all claims, to the extent such claims arise out of, result from, or are attributable to, the actual or alleged infringement or misappropriation of any patent, copyright, trade secret, trademark, or confidential information of any third party by the Contractor or its employees, Subcontractors, consultants, representatives, and agents; provided, however, the State gives the Contractor prompt notice in writing of the claim. The Contractor may not settle any infringement claim that will affect the State's use of the Licensed Software without the State's prior written consent, which consent may be withheld for any reason.

If a judgment or settlement is obtained or reasonably anticipated against the State's use of any intellectual property for which the Contractor has indemnified

the State, the Contractor shall, at the Contractor's sole cost and expense, promptly modify the item or items which were determined to be infringing, acquire a license or licenses on the State's behalf to provide the necessary rights to the State to eliminate the infringement, or provide the State with a non-infringing substitute that provides the State the same functionality. At the State's election, the actual or anticipated judgment may be treated as a breach of warranty by the Contractor, and the State may receive the remedies provided under this RFP.

3. PERSONNEL

The Contractor shall, at its expense, indemnify and hold harmless the indemnified parties from and against any claim with respect to withholding taxes, worker's compensation, employee benefits, or any other claim, demand, liability, damage, or loss of any nature relating to any of the personnel provided by the Contractor.

4. SELF-INSURANCE

The State of Nebraska is self-insured for any loss and purchases excess insurance coverage pursuant to Neb. Rev. Stat. § 81-8,239.01 (Reissue 2008). If there is a presumed loss under the provisions of this agreement, Contractor may file a claim with the Office of Risk Management pursuant to Neb. Rev. Stat. §§ 81-8,829 – 81-8,306 for review by the State Claims Board. The State retains all rights and immunities under the State Miscellaneous (Section 81-8,294), Tort (Section 81-8,209), and Contract Claim Acts (Section 81-8,302), as outlined in Neb. Rev. Stat. § 81-8,209 et seq. and under any other provisions of law and accepts liability under this agreement to the extent provided by law.

5. ALL REMEDIES AT LAW

Nothing in this agreement shall be construed as an indemnification by one party of the other for liabilities of a party or third parties for property loss or damage or death or personal injury arising out of and during the performance of this lease. Any liabilities or claims for property loss or damages or for death or personal injury by a party or its agents, employees, contractors or assigns or by third persons, arising out of and during the performance of this lease shall be determined according to applicable law.

WW. NEBRASKA TECHNOLOGY ACCESS STANDARDS

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
MK			

Contractor shall review the Nebraska Technology Access Standards, found at http://nitc.nebraska.gov/standards/2-201.html and ensure that products and/or services provided under the contract are in compliance or will comply with the applicable standards to the greatest degree possible. In the event such standards change during the Contractor's performance, the State may create an amendment to the contract to request the contract comply with the changed standard at a cost mutually acceptable to the parties.

XX. ANTITRUST

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
MK			

The Contractor hereby assigns to the State any and all claims for overcharges as to goods and/or services provided in connection with this contract resulting from antitrust violations which arise under antitrust laws of the United States and the antitrust laws of the State.

YY. DISASTER RECOVERY/BACK UP PLAN

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
MK			

The Contractor shall have a disaster recovery and back-up plan, of which a copy should be provided to the State, which includes, but is not limited to equipment, personnel,

facilities, and transportation, in order to continue services as specified under the specifications in the contract in the event of a disaster.

ZZ. TIME IS OF THE ESSENCE

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
MB			

Time is of the essence in this contract. The acceptance of late performance with or without objection or reservation by the State shall not waive any rights of the State nor constitute a waiver of the requirement of timely performance of any obligations on the part of the Contractor remaining to be performed.

AAA. RECYCLING

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
MB			

Preference will be given to items which are manufactured or produced from recycled material or which can be readily reused or recycled after their normal use as per Neb. Rev. Stat. § 81-15,159.

BBB. DRUG POLICY

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
MB			

Contractor certifies it maintains a drug free work place environment to ensure worker safety and workplace integrity. Contractor agrees to provide a copy of its drug free workplace policy at any time upon request by the State.

CCC. EMPLOYEE WORK ELIGIBILITY STATUS

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
MB			

The Contractor is required and hereby agrees to use a federal immigration verification system to determine the work eligibility status of employees physically performing services within the State of Nebraska. A federal immigration verification system means the electronic verification of the work authorization program authorized by the Illegal Immigration Reform and Immigrant Responsibility Act of 1996, 8 U.S.C. 1324a, known as the E-Verify Program, or an equivalent federal program designated by the United States Department of Homeland Security or other federal agency authorized to verify the work eligibility status of an employee.

If the Contractor is an individual or sole proprietorship, the following applies:

1. The Contractor must complete the United States Citizenship Attestation Form, available on the Department of Administrative Services website at http://das.nebraska.gov/materiel/purchasing.html

   The completed United States Attestation Form should be submitted with the Request for Proposal response.

2. If the Contractor indicates on such attestation form that he or she is a qualified alien, the Contractor agrees to provide the US Citizenship and Immigration Services documentation required to verify the Contractor's lawful presence in the United States using the Systematic Alien Verification for Entitlements (SAVE) Program.

3. The Contractor understands and agrees that lawful presence in the United States is required and the Contractor may be disqualified or the contract terminated if such lawful presence cannot be verified as required by Neb. Rev. Stat. § 4-108.

DDD. CERTIFICATION REGARDING DEBARMENT, SUSPENSION AND INELIGIBILITY

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
MB			

The Contractor, by signature to this RFP, certifies that the Contractor is not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded by any federal department or agency from participating in transactions (debarred). The Contractor also agrees to include the above requirements in any and all Subcontracts into which it enters. The Contractor shall immediately notify the Department if, during the term of this contract, Contractor becomes debarred. The Department may immediately terminate this contract by providing Contractor written notice if Contractor becomes debarred during the term of this contract.

Contractor, by signature to this RFP, certifies that Contractor has not had a contract with the State of Nebraska terminated early by the State of Nebraska. If Contractor has had a contract terminated early by the State of Nebraska, Contractor must provide the contract number, along with an explanation of why the contract was terminated early. Prior early termination may be cause for rejecting the proposal.

EEE. POLITICAL SUB-DIVISIONS

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
MB			

The Contractor may extend the contract to political sub-divisions conditioned upon the honoring of the prices charged to the State. Terms and conditions of the Contract must be met by political sub-divisions. Under no circumstances shall the State be contractually obligated or liable for any purchases by political sub-divisions or other public entities not authorized by Neb. Rev. Stat. § 81-145, listed as "all officers of the state, departments, bureaus, boards, commissions, councils, and institutions receiving legislative appropriations." A listing of Nebraska political subdivisions may be found at the website of the Nebraska Auditor of Public Accounts.

FFF. OFFICE OF PUBLIC COUNSEL

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
mb			

If it provides, under the terms of this contract and on behalf of the State of Nebraska, health and human services to individuals; service delivery; service coordination; or case management, Contractor shall submit to the jurisdiction of the Office of Public Counsel, pursuant to Neb. Rev. Stat. §§ 81-8,240 et seq. This section shall survive the termination of this contract and shall not apply if Contractor is a long-term care facility subject to the Long-Term Care Ombudsman Act, Neb. Rev. Stat. §§ 81-2237 et seq.

GGG. LONG-TERM CARE OMBUDSMAN

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
mb			

If it is a long-term care facility subject to the Long-Term Care Ombudsman Act, Neb. Rev. Stat. §§ 81-2237 et seq., Contractor shall comply with the Act. This section shall survive the termination of this contract.

Section 2—Corporate Overview

Qualis Health is pleased to respond to the State of Nebraska, Administrative Services (AS), Material Division, State Purchasing Bureau (aka State Purchasing Bureau) Request for Proposal, RFP Number 5252 Z1 for the purpose of selecting a qualified Contractor to provide Independent Verification and Validation (IV&V) services for the Eligibility and Enrollment Solution (EES) project, the Data Management and Analytics (DMA) project as well as other optional projects to support the Division of Medicaid and Long Term Care (MLTC) within the Nebraska Department of Health and Human Services (DHHS). We understand the significance of this project, as the EES and DMA are essential elements in the management of the State's Medicaid Program. We applaud MLTC in its efforts to reengineer EES to provide easier access for its customers and to modernize the DMA to provide readily available analysis of critical data to better align provider payments with outcomes and to identify appropriate interventions to improve the health of Medicaid clients.

WSQA

Winner, Achievement Level Award from the Washington State Quality Award, based on the National Malcolm Baldrige Criteria for Performance Excellence

Qualis Health is a leading national population health management and healthcare consulting organization. Since our founding in 1974, we have partnered with clients throughout the public and private sectors in an effort to improve the quality, efficiency, and value of healthcare. Through our core service offerings in health IT, quality improvement, practice transformation, and care management, our work helps improve the full range of clinical, administrative, technology, financial, and operational performance for our clients. As a trusted advisor, we assist our clients and partners in succeeding in a rapidly evolving healthcare system.

We are a 501(c)(3), nonprofit organization. As such, Qualis Health is organized to serve the public and advance healthcare delivery, often to the most vulnerable populations. We do not operate the company to maximize net earnings to benefit private shareholders. Rather, we are mission-driven to generate, apply, and disseminate knowledge to improve the quality of healthcare delivery and health outcomes.

> ***"Qualis Health has assisted DMH with several health information technology and operational improvement projects. They have contributed substantially to DMH's efforts to use cost-effective technology to improve mental health service delivery to our clients. Qualis Health has consistently provided quality and timely consulting services in support of our goals."***
>
> ***Robert Greenless, PhD, CIO***
> ***Los Angeles County, Department of Mental Health***

In 2005, Qualis Health acquired Outlook Associates as a wholly-owned subsidiary to further bolster our health IT offerings. We have a proven track record in helping clients improve their clinical, financial, and operational performance by automating and integrating technology, systems, and business practices. We do not market other vendor's products. The Nebraska MLTC within the Nebraska DHHS can be assured that we will

provide an unbiased and objective perspective on this project. As confirmation of our exceptional health IT service at a national level, Qualis Health was recognized as one of CIO Review's 20 most promising healthcare consulting providers.

We currently employ approximately 290 employees who are located across the nation. Our public sector client base includes the federal government, state Department of Labor & Industries, state Medicaid agencies, and other state, county, and municipal governmental entities. This includes current and past Medicaid Management Information System (MMIS), State Medicaid HIT Plan (SMHP), and other IT technical assistance contracts with Alaska, Arkansas, Connecticut, Guam, Oklahoma, Oregon, Vermont, Washington, and a number of county and municipal clients. Our private sector background includes work with Medicaid managed care organizations, safety net providers, foundations, employers, insurance carriers, and self-funded health plans.

IV&V & QA-related projects account for nearly 75% of our health IT consulting business and 10% of our overall company revenue

Qualis Health strives to establish supportive relationships and long-term goodwill with our clients. In fact, we are regularly praised for our technical expertise, project management skills, and our ability to produce timely and quality deliverables. We are committed to sustaining mutually beneficial relationships with our clients and key stakeholders, and believe that our proposed approach will bring major benefits to MLTC, as is described in the following table:

Figure 1—Strengths and Key Features of Qualis Health's Approach

Qualis Health Strengths	Benefit to MLTC
Mission oriented, 501(c)(3) nonprofit organization	▪ Responsible stewards of resources to maximize value on behalf of the State rather than maximize revenues and profit.
Experience with large projects: ▪ State and federal government agencies ▪ Other government agencies ▪ Health plans ▪ Private sector clients	▪ Large breadth of knowledge of industry best practices across public and private sector IT projects. ▪ A trusted advisor to a number of state and county health agencies on major operations and health IT projects.
Through multidisciplinary teams that possess backgrounds in areas such as health IT, operations, healthcare services, and new care delivery models we provide: ▪ IV&V ▪ Quality Assurance (QA)	▪ The depth of our services, when coupled with the breadth of experience possessed by our staff, will assist the State in understanding overall project progress. ▪ Offers assurances that we will be prepared to deploy timely risk mitigation strategies for any potential

Qualis Health Strengths	Benefit to MLTC
▪ Project management services	issues that might arise.
▪ Effective project management expertise ▪ Timely risk mitigation strategies for any potential issues that might arise ▪ Proactive evaluation and monitoring of project progress and performance ▪ Proven track record of completing contract deliverables on time and within budget against aggressive schedules	▪ Our track record of success provides assurances to MLTC that we are capable of providing effective IV&V services and meeting project objectives within the timeframes prescribed for this project.
A multidisciplinary team for this contract that possess a collective 200-plus years of applicable experience in their areas of expertise	▪ Collective experience of our proposed project team provides assurance to MLTC that we possess an abundance of expertise to successfully complete this work on its behalf.
Excellence in process improvement	▪ Strong background in changing internal processes to help MLTC innovate and improve new business models. ▪ Quality improvement is one of our guiding principles.
Limited number of consulting activities	▪ Provides MLTC with personal attention throughout the project. ▪ Dedicated staff and committed staff. ▪ MLTC leadership has direct access to our executives to ensure they are not "lost in the shuffle."

To achieve true value for MLTC, Qualis Health realizes that we must go beyond fulfillment of the RFP requirements, and employ an innovative approach to meet the dual challenges of the EES and DMA projects. Our approach will be to bolster our strategic and collaborative alliance with MLTC and key stakeholders to develop a common vision for both the EES and DMA projects. We are fully prepared to partner with MLTC to meet the needs of those you serve.

2.1 Bidder Identification and Information

Qualis Health is incorporated in the State of Washington as a private, 501(c)(3) non-profit organization. We were established in 1974 under the name "Washington State Professional Standards Review Organization." There have been no changes to Qualis Health's form of organization since our inception, but there have been a number of name changes. In 1979, the organization's name was shortened to "Professional Review Organization for Washington (PRO/W)." In 1993, the name "PRO-West, A Professional Review Organization" was implemented. That name was changed to "PRO-West, Quality Health Care Solutions" in 2001. In 2002, the organization became Qualis Health.

Qualis Health has one fully-owned subsidiary, Outlook Associates, which we acquired in 2005. Outlook Associates is a health IT consulting firm that focuses its healthcare services in the areas of information systems and technology, operations improvement, quality and compliance, and research planning and development. Our relationship with Outlook Associates results in an expansion of Qualis Health's capabilities to improve the full range of clinical, administrative, technology, financial, and operational performance for our clients.

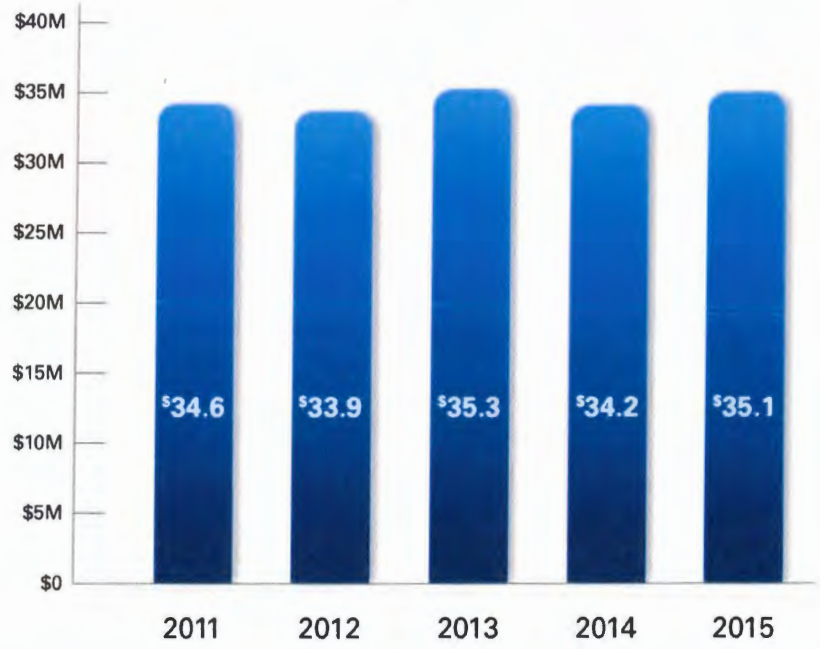
Qualis Health's Federal Employer Identification Number is 91-1072875. Our corporate office is located at 10700 Meridian Avenue North, Suite 100, Seattle, Washington 98133. We have operated an additional office in Lincoln, Nebraska, since 2007, and we also operate other offices in Anchorage, Alaska; Irvine, California; Birmingham, Alabama; and Boise, Idaho.

2.2 Financial Statements

Qualis Health has maintained a strong financial foundation since our inception. The services that we offer the Department are backed by strong fiscal resources that can sustain expansion and growth as well as weather economic downturns or adverse financial events. This offers assurances to Nebraska DHHS, MLTC that we will be capable of performing our obligations under any agreement between Qualis Health and the Department.

The vast majority of our revenues are derived from long-term contracts with government agencies. In recent years, Qualis Health's revenue sources have become more diversified, providing us with greater stability and operational efficiency. The following graphic shows the stability of our revenue over the last five years.

Figure 2—Recent Revenue Totals



Qualis Health's financial results remained healthy in our 2015 fiscal year. Figure 3 presents several of our key financial results, and is reflective of an organization that possesses a more than adequate level of financial reserves to carry out work under this contract.

Figure 3—Key 2015 Financial Results

Further proof of Qualis Health's financial stability is our current Dun & Bradstreet rating of 3A2. This credit appraisal was assigned by Dun & Bradstreet based on the satisfactory retiring of our financial obligations as well as our overall financial strength. There are no existing or pending judgments, litigation, or other financial reversals that would adversely affect Qualis Health's financial stability.

As a 501(c)(3) nonprofit corporation, Qualis Health files an annual IRS Form 990. Because Qualis Health performs a significant amount of work for federal and state government agencies, we undergo an annual A-133 audit that is conducted by an independent external auditing firm. In addition, since Qualis Health is a federal government contractor, we undergo financial audits by the Defense Contracting Audit Agency (DCAA) as well. The findings of the DCAA also verify that Qualis Health conducts financial data collection and reporting in compliance with government standards, including Federal Acquisition Regulations and Cost Accounting Standards. The DCAA has never found material changes and has approved our accounting systems and procedures.

Qualis Health has annual independent audits conducted, and the auditors consistently render an unqualified opinion that indicates our financial statements comply with generally accepted accounting procedures. These results are reported by our auditors to the Qualis Health Board of Directors' Finance and Audit Committee.

Qualis Health Financial Statements are provided in Attachment A—Financial Statements.

Banking Reference

KeyBank
Jill Scheuermann
Mailcode: WA-31-13-2474
1301 Fifth Avenue, 24th Floor
Seattle, WA 98101
(206) 684-6203
Jill_A_Scheuermann@Keybank.com

2.3 Change of Ownership

Qualis Health does not anticipate, nor currently have any plans, to change control of the company during the twelve (12) months following the proposal due date.

2.4 Office Location

If awarded this contract, we understand that the State will provide full-equipped office space for our staff assigned to this contract.

Our IV&V project team will be supported by a strong senior leadership team based in our corporate headquarters in Seattle, Washington, as well as our Outlook Associates regional office in Irvine, California. These offices will provide additional management, technical, and administrative support as needed.

Primary responsibility for the performance of this contract will be through Qualis Health's health IT division located in Irvine, California.

Foster C. "Bud" Beall, Jr.
Vice President, Consulting Services
Qualis Health
18022 Cowan, Suite 255
Irvine, CA 92614

2.5 Relationships with the State

Neither Qualis Health, nor our subcontractor(s), has contracted with the State of Nebraska in the past two years.

2.6 Bidder's Employee Relations to State

Qualis Health has not named any current or former State of Nebraska employee (i.e., within the past 24 months) in our proposal response. We also do not directly employ or subcontract to employ any current employee of any agency of the State of Nebraska.

Neither Qualis Health, nor our subcontractor(s), has any current or prior State of Nebraska employees included in our response.

2.7 Contract Performance

Neither Qualis Health, nor any of our subcontractors have, at any time during the past five (5) years, had a contract terminated for convenience, non-performance, non-allocation of funds, or any other reason.

2.8 Summary of Bidder's Corporate Experience

In this section, we present an overview of our corporate experience, IV&V experience and other related health care experience.

2.8.1 Overview of Corporate Experience

Qualis Health has an unwavering commitment to improve the quality of healthcare delivery and health outcomes for our clients. We offer a distinctive perspective in the arena of health IT due to the breadth of our healthcare IT consulting, healthcare quality improvement consulting, and care management experience. Through our IT consulting division, Outlook Associates, we have worked over 20 years assisting government agencies and private sector organizations with their health information system and technology needs. Our work includes planning, assessments, requirements development, implementation management, QA oversight, and IV&V services for numerous large health IT implementations that include eligibility determination systems, MMIS, electronic health record systems and other health and human services (HHS) management systems. This breadth of experience, along with our established and proven methods, assures MLTC that we will provide practical and effective advice and guidance based on sound industry standards and best practices.

We will draw valuable lessons from our long-time contract experience working with state and other public sector agencies to fulfill the work of this project. This collective experience offers assurances to MLTC that we have the organizational experience and core competencies to complete this engagement work that we have successfully delivered on other projects of this nature for a number of other clients. The following table presents a sampling of health IT consulting engagements that we have successfully completed in recent years or are currently completing.

Figure 4—Recent Active Health IT Projects

Client	Summary of Services
State of Alaska, Department of Health and Social Services (DHHS), Division of Public Assistance (DPA)	Qualis Health provides technical assistance services related to the implementation of the State's new Eligibility Information System (EIS). Our project team is providing IV&V, QA, and technical assistance services assisting the State in monitoring and evaluating the design, development, testing, and implementation phases for the state's EIS replacement project.
State of Alaska, DHSS, Division of Health Care Services (DHCS)	Qualis Health provides technical assistance services related to the implementation and certification of the State's new MMIS. Our project team is providing IV&V, QA, and technical assistance services assisting the State in monitoring and evaluating the design, development, testing, and implementation phases for the state's MMIS replacement project.

Figure 4—Recent Active Health IT Projects

Client	Summary of Services
State of Alaska, DHSS, Division of Senior and Disability Services (DSDS)	The goal of this project is to implement a fully functional Automated Service Plan (ASP) System with a Provider Web Portal and an optional Member Web Portal for managing member service plans for Alaska's DSDS. Qualis Health provides IV&V, QA, and other project support services for the implementation.
Office of the National Coordinator (ONC)	Our work as the Regional Extension Center for the states of Washington and Idaho provides vendor-neutral technical assistance related to the selection, implementation, and use of electronic health records (EHRs). The purpose of this program is to accelerate healthcare providers' efforts to achieve the *meaningful use* of EHRs. We offer services tailored to the needs of each participant that include selection, implementation, health IT workflow redesign, exchange of health information, and creation and implementation of privacy and security solutions.
Washington State Department of Social and Health Services (DSHS)	Qualis Health assisted the State with SMHP development efforts. This work included providing leadership, development, and coordination activities for creation of the State's current As-Is assessment, future vision for health information technology, plan for the implementation and administration of the EHR incentive program, health IT road map, and Implementation-Advance Planning Document.
Island of Guam, Department of Public Health and Social Services (DPHSS)	Qualis Health assisted Guam with its SMHP development efforts. This work included providing leadership, development, and coordination activities for finalization of the current As-Is assessment as well as the creation of the future vision for health information technology, a plan for the implementation and administration of the EHR incentive program, a health IT road map, and advanced planning documents for CMS.
Oklahoma Health Care Authority (OHCA)	Qualis Health is currently working on behalf of OHCA as its Medicaid systems IV&V partner. In this role, we are providing analysis and advice regarding whether the Medicaid-related systems and services are performing efficiently and according to specification.
Vermont Department of Vermont Health Access (DVHA)	Qualis Health provided technical planning and consulting services related to Vermont's MMIS procurement and replacement project. These services included facilitation of strategic visioning and planning activities with State and other key stakeholders; development of an RFP and an Enterprise Architecture, and preparation of functional, technical, and system requirement.
Los Angeles County Department of Mental Health (DMH)	Our Outlook Associates division assisted the Los Angeles County DMH with several closely linked scopes of work including: ▪ Led planning, requirements analysis, and evaluation processes to

Figure 4—Recent Active Health IT Projects

Client	Summary of Services
	replace administration and clinical support systems; ▪ Led efforts to redesign the County's call center operations including new processes and systems; and ▪ Designed a new electronic data interchange (EDI) and health information exchange (HIE) technology model and support structure, and developed plans for implementing the new model.
Tuba City Regional Health Care Corporation (TCRHCC)	Qualis Health provided project management, consultation and technical assistance to this Arizona health care center to improve health IT management, develop strategies and plans for improved clinical systems, procure new EHR and enterprise resource planning (ERP) systems, and implement the new EHR system.
Arkansas Department of Human Services (DHS)	Qualis Health conducted an independent evaluation of the technical offerings submitted by solution vendors in response to Arkansas' RFP for a new Medicaid Enterprise Core System.
Tulare County Department of Mental Health (DMH)	Our Outlook Associates division assisted Tulare County, CA with the optimization of its EHR system implementation, as well as the Department of Behavioral Health (DBH) to assist them with the implementation of a new EHR system.
San Diego County Department of Behavioral Health (DBH)	Our Outlook Associates division worked with the County to provide independent project oversight (IV&V) consultation for implementation of its mental health management information system.

Qualis Health's population health offerings include health IT consulting, quality improvement, and practice transformation consulting, and care management services. We differentiate ourselves from our competitors by providing an in-depth understanding of both the operational, clinical and systems challenges facing state agencies. We leverage our expertise and experience in each of our core service domains to support this engagement:

- **Health IT Consulting**—We provide our consulting services to a range of state and federal agencies, health systems, providers, healthcare payers, and community-based organizations to help optimize their use of health IT. Our approach is to partner with our clients to improve care delivery, comply with regulatory requirements, improve the accuracy of data collection and reporting, and increase the efficiencies of business and clinical operations. We have led procurement initiatives for a number of large public agencies and have provided project oversight and QA support for large system implementations. In addition, our comprehensive consulting services line includes systems planning, systems and technology integration, research and development of health IT solutions, and business process analysis and improvement.
- **Quality Improvement and Practice Transformation**—We focus on clinical quality assessment and planning, which includes activities such as process improvement projects,

care transitions consulting, and special studies. Our team provides sustainable practice transformation support and technical assistance services, including NCQA Patient-Centered Medical Home (PCMH) recognition support. Using a train-the-trainer approach, we endeavor to build capacity within an organization and facilitate learning events.

- **Care Management**—Our care management services include, but are not limited to, utilization reviews, case management, care coordination, and chronic care management for disease-specific conditions. Our team has a strong clinical background and state government experience which ensures the appropriate level of state funds are used to provide quality care and improved outcomes for many of the state's most vulnerable populations.

Qualis Health differentiates itself from other competitors by providing senior consultants who understand what critical elements are necessary to guide a project from procurement to full operation. We provide leadership and guidance to help our clients realize the greatest value possible from the use of technology services and software solutions.

The following describes Qualis Health's relevant IV&V experience with large, complex technology and business process outsourcing projects.

2.8.1.1 IV&V Experience

Qualis Health has extensive experience working with Medicaid agencies and providing services in support of their business objectives. We have partnered with several agencies to provide services for projects similar in scope and complexity to the EES and DMA projects. This experience ranges from providing MMIS procurement support for Vermont to developing SMHPs for the State of Washington and the Territory of Guam to the IV&V and technical assistance services we provide to the states of Alaska, Connecticut and Oklahoma. In addition, our extensive experience providing care management for Medicaid agencies adds significantly to our capacity to work with Medicaid agencies, Centers for Medicare and Medicaid Services (CMS), and the many other stakeholders involved in ensuring access to quality healthcare for underserved populations.

Our IV&V services background and our extensive background working with Medicaid agencies to provide health IT consultation, care management, and other services makes Qualis Health an ideal partner for MLTC. We are currently providing IV&V services similar in scope and complexity to those required for MLTC. The following provides an overview of recent IV&V projects. Each is a unique scope of work with a separate contract and funding mechanism.

- **Alaska Division of Health Care Services (DHCS)**—We serve as the MMIS technical assistance contractor (TAC) for the Alaska DHSS, DHCS. DHCS administers Alaska's Medicaid program. In this role we provide a variety of advisory, Project Management Office (PMO) support, and other technical assistance services in support of the implementation and certification of the State's new MMIS. Our project team provides IV&V, QA, user acceptance testing (UAT), subject matters expertise and other technical assistance services

that assist DHCS in monitoring and evaluating the design, development, testing, and implementation phases of the MMIS project. In our role as TAC, we evaluate, monitor, and recommend improvements in all aspects of the project including project planning and leadership, software development and testing, operational readiness, and certification. In addition, we have provided technical assistance and management oversight support for HIPAA 5010 implementation, ICD-10 conversion, and decision support system implementation.

- **Alaska DPA**—One of the most applicable projects to this RFP is the work we are currently completing on behalf of the State of Alaska, DHSS, DPA as its IV&V partner for its EIS Replacement Project. In this role, we are monitoring and evaluating the State's EIS implementation vendor during the design, development, testing, and implementation phases of the project. Our scope of work includes providing IV&V, QA services, operational support, and user-acceptance testing support. Specific IV&V and QA services being provided include: project work plan development, verification preparation and performance, and identification of corrective action, with validation encompassing testing and analysis. These tasks allow us to clearly determine if the state's EIS contractor's deliverables are being prepared properly and accurately.

- **Alaska DSDS**—Qualis Health provides IV&V, QA services, operational support, and user-acceptance testing support to the Alaska DHSS, DSDS in support of the ASP and Provider Portal system implementation project. Our efforts support DSDS's objectives to implement a new system to manage member eligibility, service authorizations, provider services, and expenditures; and to track care plan goals, objectives, and outcomes. The new system will support DSDS programs that include Adult Protective Services, Intellectual and Developmental Disabilities (IDD), Adults with Physical and Developmental Disabilities (APDD), and Children with Complex Medical Conditions (CCMC), among others.

- **Connecticut Criminal Justice Information System (CJIS) Governing Board**—The CJIS Board oversees the administration of criminal justice within the state, and is responsible for the Connecticut Information Sharing System (CISS), a state-wide system to facilitate the sharing of information between all criminal justice agencies. Qualis Health assists the CISS PMO with:

  - Assessing the CISS project methodologies, planning, and execution;
  - Assessing the quality of the implementation activities; and
  - Evaluating quality and compliance of deliverables.

  We provide consultation and IV&V services in support of the CISS implementation, and advise the CJIS Board with monitoring the progress and effectiveness of the CISS implementation project.

- **Oklahoma Health Care Authority**—Qualis Health is currently working on behalf of the OHCA, as its Medicaid systems IV&V contractor. Since 2013, we have worked in collaboration with OHCA and its two PMO contractors to provide analysis and advice in determining if the MMIS-related systems and services are performing efficiently and according to specification. This includes establishing an IV&V framework of standard objectives and methods and verifying successful data exchange between OHCA's eligibility system and the federal hub. As OHCA's IV&V vendor, we also support other Medicaid system projects as needed including providing IV&V support for OHCA's procurement of a new care management system.

Our diverse and wide-ranging healthcare background makes Qualis Health an excellent choice for this engagement. Not only do we have IV&V experience that correlates well with MLTC's current EES and DMA project needs, but we also have extensive experience providing comprehensive health IT services to health care organizations including CMS, other state Medicaid agencies, and several provider organizations. We will be MLTC's committed partner throughout this project to meet your project monitoring, QA, and project management objectives. We describe our health IT background and expertise more fully in the following section.

2.8.1.2 Other Related Experience

We believe that MLTC will be best served by an IV&V vendor possessing diverse experience in the health IT field, having worked with a variety of health care organizations throughout the health care industry. Qualis Health has experience offering a broad range of health IT project oversight and technical assistance services to a range of different government and private sector clients including:

- State and county health agencies
- Managed care organizations
- Community health centers
- Hospitals
- Physician practices
- Health plans
- Community-based non-profit health organizations

Our IT consulting services help many organizations optimize their use of health IT by focusing on achieving their business goals and improving health outcomes including improved care delivery, compliance with regulatory requirements, improved data collection accuracy and reporting, and increased business and clinical operations efficiencies. We have led procurement initiatives for many large public agencies and have provided project oversight, IV&V, and QA support for large system implementations.

Our comprehensive health IT consulting services include:

- **Planning**—IT strategic planning, systems planning and readiness assessments;
- **Procurement Assistance**—Procurement management and requirements gathering and analysis;
- **Implementation Assistance**—Project management, systems and technology integration, business process analysis and improvement, and configuration optimization; and
- **IV&V and QA Support**—Project oversight and monitoring, system test planning and execution.

Our experience and expertise with complex stakeholder and technology environments includes support and coordination with project management teams, defining and developing technical and functional requirements, guiding system procurements, managing implementation projects, leading technical designs, and guiding system training and testing efforts.

The following provides a sampling of our experience in several key service areas.

Figure 5—Relevant Experience Provided in Key Service Areas

Service Area	Experience
Project management and PMO support for major projects	▪ ***Alaska Department of Health and Human Services.*** Worked closely with DHHS PMO to implement new MMIS solution. Provide QA, IV&V and other technical assistance to the PMO. ▪ ***Connecticut CJIS.*** Provided IV&V services with particular emphasis on advising the CJIS PMO on implementing project management and leadership improvements. ▪ ***Tuba City Regional Health Care Corporation.*** Provided project management and other technical services to assist with the implementation of new clinical systems.
Performing requirements analysis, acquisition support, or other planning activities	▪ ***Arkansas Department of Human Services.*** Assisted Arkansas DHS with the evaluation of vendor proposals for a new MMIS solution. ▪ ***Los Angeles County, DMH.*** Led and directed the procurement of DMH's new clinical and administrative system. ▪ ***Vermont, Dept. of Vermont Health Access.*** Led MMIS procurement planning and evaluation efforts for DVHA including requirements and RFP development. ▪ ***Washington and Guam.*** Led the development of SMHP for Washington State and the Territory of Guam.

Figure 5—Relevant Experience Provided in Key Service Areas

Service Area	Experience
Performing system design, development and implementation	▪ ***Vermont, Dept. of Health Access.*** Developed MITA-aligned enterprise architecture (EA) and service oriented architecture (SOA) in support of a new MMIS solution. ▪ Los Angeles County, DMH. Developed new EDI model.
Providing training or testing support to major projects	▪ ***Alaska DHSS.*** Assisted DHHS with testing of the new MMIS and eligibility systems. Developed test plans, conducted testing, and coordinated UAT. ▪ ***Oklahoma Health Care Authority.*** Assisted OHCA with federal hub testing including verification of account transfer between state exchange and federal hub.

Our background providing Medicaid-related professional services also contributes significantly to our ability to effectively support this project. We have unparalleled Medicaid operational expertise as demonstrated by our experience providing care management services to several Medicaid agencies. Qualis Health currently provides care management services for Medicaid agencies in Alabama, Alaska, Idaho, New Mexico, Washington, and the District of Columbia. We have also provided care management as a Medicaid care management contractor for state Medicaid agencies in Nebraska, South Carolina, and Wyoming.

2.8.2 References

Qualis Health's corporate background as it relates to IV&V services is very similar in scope and complexity to the project described in this request for proposal (RFP). This experience ranges from providing MMIS procurement support for Vermont to developing State Medicaid Health Information Technology Plans (SMHPs) for the State of Washington and the Territory of Guam to the current IV&V/QA work we are doing for the states of Alaska and Oklahoma. In addition, our extensive experience providing care management for Medicaid agencies adds significantly to our capacity to work with Medicaid agencies, CMS, primary care providers, and the many other stakeholders involved in improving healthcare through enhanced use of available technology. Thus, our response to this section provides overviews of both our IV&V services background and our extensive background working with Medicaid agencies to provide health IT consultation, care management, and other services.

2.8.2.1 Reference #1—State of Alaska, DHSS, Division of Public Assistance

Client Name	State of Alaska Department of Health and Social Services (DHSS) Division of Public Assistance (DPA)		
Client Contact	Nick Faulkner, Project Manager		
Phone Number	(907) 375-8260	Fax Number	(907) 334-0868

E-mail	nick.faulkner@alaska.gov		
Qualis Health Responsibilities	As the prime contractor, Qualis Health provides technical assistance services related to the implementation of the State's new eligibility information system (EIS). We are assisting the State in monitoring and evaluating the design, development, testing, and implementation project phases. This contract includes IV&V, QA, and testing support. ▪ Independent testing and validation of configuration and data conversion; ▪ Requirements traceability matrix management—monitoring of business and technical requirements traceability and compliance with contractual and design specifications; ▪ Weekly and monthly status reports to document project health, risks and recommendations for improvement; ▪ Special assessments related to project issues and risks; ▪ Advice and guidance to PMO/project manager; ▪ User acceptance testing (UAT) and training plans and methods; and ▪ Validation of testing and training results.		
Prime/Subcontractor	Prime		
Time Period of Project	March 2013 to present		
Schedule Completion Date	September 2015	**Actual Completion Date**	June 2017
Planned Budget	$2,841,195	**Actual Budget**	$5,415,795

2.8.2.2 Reference #2—Oklahoma Health Care Authority

Client Name	State of Oklahoma Health Care Authority (OHCA)		
Client Contact	Kimberely Helton, Sr. Contract Coordinator		
Phone Number	(405) 522-7465	**Fax Number**	(405) 530-3206
E-mail	Kimberely.Helton@okhca.org		
Qualis Health Responsibilities	Qualis Health was initially tasked with developing formal "recommendations for IV&V processes" and "recommendations for dissemination of communication" in the form of an IV&V framework. The framework serves as a guideline for deploying IV&V and other project oversight services, and describes how those services would enhance the potential for project success. The framework developed was based on current industry best practices and participation in project status briefings, and included high-level cursory reviews of existing projects and project documentation for the OHCA Member Portal Project and the Provider Portal Project.		

	As the OHCA's Medicaid systems IV&V partner, we are providing analysis and advice regarding whether the MMIS-related systems and services are performing efficiently and according to specification. This includes ensuring that the newly implemented systems conform to CMS' Seven Conditions and Standards, industry best practices, and established quality control principles. We have also assisted OHCA with Federal Hub Testing including verification of Account Transfer State to Hub and Account Transfer Hub to State testing. The IV&V services involved researching the testing requirements and exit criteria, participating in live testing of the exchanges, reviewing and validating the results, reporting and retesting defects, compiling supporting testing documentation, and posting the results in the form of an attestation letter to CMS.		
Prime/Subcontractor	Prime		
Time Period of Project	October 2013 to present		
Schedule Completion Date	June 2019 (final renewal year)	**Actual Completion Date**	June 2019 (final renewal year)
Planned Budget	$3,500,000 over seven years (~$500,000 allotted annually for IV&V task orders)	**Actual Budget**	$3,500,000 over seven years

2.8.2.3 Reference #3—State of Alaska, DHSS, Division of Health Care Services

Client Name	State of Alaska Department of Health and Social Services (DHSS) Division of Health Care Services (DHCS)		
Client Contact	Margaret Brodie, Director Health Care Services		
Phone Number	(907) 334-2520	**Fax Number**	(907) 561-1684
E-mail	margaret.brodie@alaska.gov		
Qualis Health Responsibilities	As the prime contractor, Qualis Health provides IV&V and technical assistance services related to the implementation of the State's new MMIS solution. These services are assisting the State in monitoring and evaluating the design, development, testing, and implementation phases for the MMIS replacement projects. These contracts also include QA services and operational and user acceptance testing (UAT) support. Qualis Health is evaluating, monitoring, and recommending improvements in all aspects of the project including: ▪ Project plans, schedules, leadership structures, and budgets; ▪ Vendor and State project management and implementation processes; ▪ Software design, development, requirements, configuration		

	management, change management, testing, security, system performance, process redesign, and training processes and documentation; ▪ Data conversion and integration; ▪ Business and technical requirements traceability and compliance with contractual and design specifications; ▪ Testing and user acceptance plans and processes; and ▪ CMS certification support		
Prime/Subcontractor	Prime		
Time Period of Project	November 2007 to present		
Schedule Completion Date	April 2010	**Actual Completion Date**	March 2017
Planned Budget	$3,200,000	**Actual Budget**	$13,779,239

2.8.2.4 Reference #4—State of Connecticut

Client Name	State of Connecticut, Criminal Justice Information System (CJIS)		
Client Contact	Mark Tezaris, CJIS Program Manager		
Phone Number	(860) 622-2140	**Fax Number**	N/A
E-mail	mark.tezaris@ct.gov		
Qualis Health Responsibilities	The CJIS was created by Public Act 99-14 in 1999 to oversee the administration of criminal justice within the State. CJIS was charged with designing and implementing a comprehensive, statewide system to facilitate the sharing of information between all criminal justice agencies in the state. This system is called the Criminal Information Sharing System (CISS). As the prime contractor, Qualis Health was engaged to assist the CISS Project Management team with the following: ▪ Assessing the CISS Project methodologies, planning, and execution; ▪ Assessing implementation quality; and ▪ Evaluating quality and compliance of deliverables. Qualis Health has been providing consultation and IV&V services in support of the CISS implementation. We have assisted the CJIS Board with monitoring the progress and effectiveness of the CISS implementation project. Our efforts are helping the state to effectively exchange and manage electronic offender information within its criminal justice community. Qualis Health has conducted ongoing project health assessments to evaluate the effectiveness of project management methods and CISS organization. Through a series of interviews, participation in key meetings, and other interactions, Qualis Health has identified		

	opportunities for improvement and developed formal, detailed recommendations to meet project objectives. Qualis Health performs quarterly reviews, project risk analysis and assessments in each of the following areas of this system implementation: project scope, project development, user involvement, organization, oversight, project management, project controls, project implementation, CISS vendor performance, technology, alignment to vision, measurement, stakeholder preparedness, and validation of user acceptance testing (UAT). We also provide assistance with the development and implementation of project specific monitoring procedures for all phases of the project.		
Prime/Subcontractor	Prime		
Time Period of Project	September 2014 to present		
Schedule Completion Date	September 2015	**Actual Completion Date**	September 2016 (Anticipate another option year extension to September 2017)
Planned Budget	$99,935	**Actual Budget**	$199,870

2.9 Summary of Bidder's Proposed Personnel/Management Approach

This section of our proposal provides an overview of our proposed staffing plan and personnel management approach to the project. We identify the IV&V project teams and specific IV&V consultants we propose to support MLTC's EES and DMA projects. The following is described in this section of our proposal:

- The names and titles of the Qualis Health team proposed for assignment to the EES and DMA projects;
- A description of our team leadership including reporting and communication lines between our IV&V project teams and MLTC;
- Support functions for our teams; and
- Primary work assignments for proposed IV&V staff.

Additional details related to our approach to project personnel is provided in proposal Section 3.2—Organizational Staffing. We present our staff qualifications in Section 3.2.2.2—IV&V Staff Bios, References and Resumes. A complete resume for each proposed IV&V project team member can be found in Attachment B—Staff Resumes.

2.9.1 Proposed IV&V Project Team

Our proposed IV&V project team consists of 11 senior-level professionals with experience in Medicaid operations, Medicaid systems, other large, complex government information systems,

project management, IV&V, and QA. The following table provides a roster for our proposed team members.

Figure 6—Proposed IV&V Project Team

Role	Name	Title
Senior Project Director	Bill Streur	Consulting Director
Senior Technical Analyst/Architect	Simon Hoare	Managing Consultant
Project Controller	Mison Bowden	Managing Consultant
EES IV&V Project Manager**	Bev Quick	Managing Consultant
EES Business/Test Analyst (Lead) **	Diane Goldberg	Managing Consultant
EES Business/Test Analyst**	Lynda Bangham	Senior Consultant
EES Technical Analyst/Architect**	John Warsinske	Managing Consultant
DMA IV&V Project Manager**	Everett Irving	Managing Consultant
DMA Business/Test Analyst (Lead)**	Todd Priest	Senior Consultant
DMA Business/Test Analyst**	Karen Barnett	Senior Consultant
DMA Technical Analyst/Architect**	Robert Cline	Managing Consultant

***** Key Position***

Senior Project Director—General oversight and coordination of our IV&V project teams will be provided by our senior project director, Bill Streur. He will oversee the work of our IV&V project teams, advise our teams and offer his expertise with Medicaid, state HSS operations, and state health systems to address specific issues and needs that arise. He will share his expertise, and as needed, advise MLTC to complement and enhance the services provided by our IV&V project team consultants.

Senior Technical Analyst/Architect—Simon Hoare will fill the role of senior technical analyst/architect for the engagement. He will support the work of the technical analysts/architects assigned to the EES and DMA IV&V project teams. He will advise our teams on issues related to technical architecture, design and development of the EES and DMA solutions. He will also participate as needed with our IV&V project teams to provide technical expertise and advice to MLTC.

Project Controller—In addition, we will assign a team member, Ms. Mison Bowden, to act as a project controller. In this capacity, our project controller will assist the IV&V project managers with several project management tasks and activities. These activities will include developing and updating the IV&V project management plans, work plans, communication plans, and status reports. The project controller will monitor IV&V project schedules and budget, and help to ensure compliance with all project standards and applicable regulations. Our project controller will report directly to Mr. Streur, senior project director.

EES and DMA IV&V Project Teams—Our proposed IV&V project teams offer MLTC deep experience and subject matter expertise with Medicaid and other government health programs and systems, IV&V, QA, system implementation, operation process and system validation, and other related areas. Each IV&V project team for the EES and DMA projects will include three roles or key positions: IV&V project manager, business/test analyst, and technical analyst/architect. These roles will be supported by four or five IV&V consultants (four full-time equivalents). A summary of the responsibilities for each role is listed below.

Project Manager

A full-time IV&V project manager will be assigned to each team for the EES and DMA projects. Our IV&V project managers, Ms. Bev Quick and Mr. Everett Irving, will work to forge a strong collaborative working relationship with MLTC project leadership and staff, and the solution vendors, as well as other project stakeholders. Our project team members will work with MLTC to ensure mutual agreement on the approach to our work, alignment of expectations for deliverables, and a high-level of collaboration in managing the project. Building a high-level of trust between our organizations is important and will facilitate quick resolutions of disagreements and/or differences of opinion.

Our IV&V project managers will work with the MLTC EES and DMA project managers to establish a process that will allow us to address any disagreements in a systematic manner and ensure that our perceptions, findings, and recommended mitigation strategies are accurate, appropriate, and practical. Our approach will focus on achieving successful project outcomes, and assisting MLTC in meeting its objectives, milestones, and go-live dates. We will work with MLTC project leadership to develop plans and strategies to meet these objectives and address difficult problems without compromising quality.

Our IV&V project managers will report directly to Mr. Streur, senior project director.

Business/Test Analyst

Each IV&V project team will be assigned two business/test analysts (BA) including a lead business/test analyst. Each BA will provide subject matter expertise related to MITA, and Medicaid and other HSS operations and systems.

Our lead BAs will coordinate efforts to evaluate EES and DMA vendor performance and software solutions. This will include validating requirements, designs, system and operational readiness, training plans and methods, service arrangements, and documentation to ensure compliance with MITA 3.0, CMS Seven Conditions and Standards, and CMS certification.

BAs will support IV&V activities with emphasis on:

- Business requirements and system functional requirements and designs;
- Operations, procedures and policy;
- Data conversion plans and execution, interfaces, data structure/management;
- Business intelligence and reporting;
- Training strategies and methods; and
- Contingency and go-live planning.

Our BAs will review and validate test plans, methods, test cases and expected test results for each system. This will include identifying the target test items to be evaluated by the test effort; defining the appropriate tests required and any associated test data; gathering and managing the test data; and evaluating the outcome of each test cycle.

Ms. Diane Goldberg and Mr. Todd Priest will fill the role of lead business/test analyst to help coordinate business and test analyst work activities and ensure the quality of their deliverables. Ms. Goldberg, Mr. Priest, and our other two BAs, Ms. Lynda Bangham and Ms. Karen Barnett, will report to their respective IV&V project managers.

Technical Analyst/Architect

A technical analyst/architect will be assigned to each IV&V project team. The technical analysts/architects, Mr. John Warsinske and Mr. Robert Cline, will provide subject matter expertise in support of activities related to system solutions, technology infrastructure, interconnectivity, and other technical content areas to support the implementation of the EES and DMA projects. They will lead all technical aspects of the project and coordinate project technical resource activities including participation in technical meetings and discussions, assessment of technical artifacts, and guidance on technical recommendations.

They will lead efforts to ensure compliance with MITA, CMS Seven Conditions and Standards, adherence to the designated system development life cycle (SDLC), and other standards. They will also ensure that each solution aligns with SOA needs, and provides for configurable and interoperable systems. Each technical analyst/architect will support IV&V activities with emphasis on:

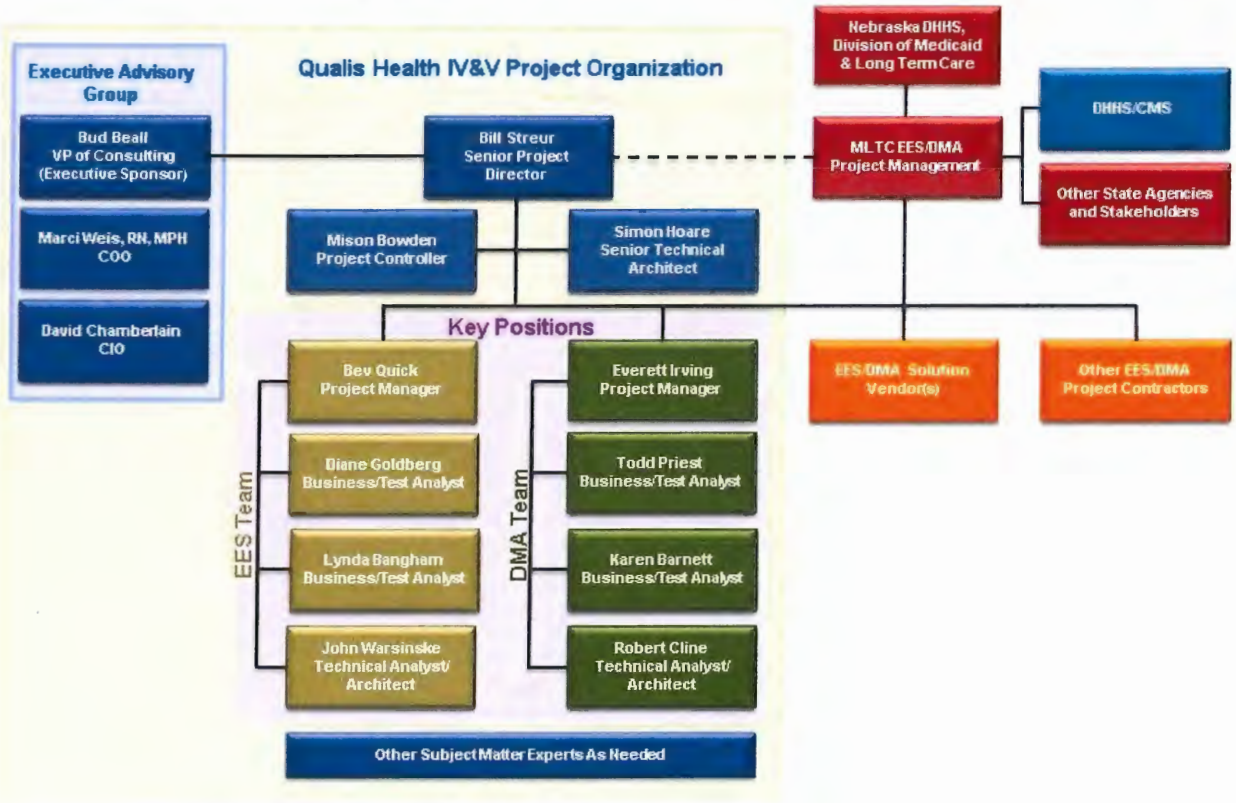
- Technical requirements
- Interface design
- Operating environments

- Software and system development
- System QA
- System architecture design
- System security
- Development environment
- Database design and data management

The technical analysts/architects will report directly to their respective IV&V project manager. Our senior technical analyst/architect, Simon Hoare, will help to coordinate and support the work of the technical analyst/architects.

In addition, our IV&V project team will be supported by an executive advisory group that will provide executive-level expertise in Medicaid operations and IT knowledge, and other subject matter experts (SMEs) throughout Qualis Health as needed. The figure 7 below presents the structure of our proposed IV&V project team illustrating reporting relationships, as well as lines of communication.

Figure 7—Proposed Project Organizational



We have recommended an IV&V project team structure that reports directly to the EES and DMA projects managers, but we expect this reporting detail may be refined and finalized during the EES and DMA projects initiation activities.

The above project organization chart demonstrates key relationship working relationship for our IV&V project team including:

- We expect to report to MLTC project management;
- We will work directly with the EES and DMA solution vendors, other contractors and other project stakeholders;
- We will interact as required with CMS, other State agencies and project stakeholders;
- Our senior project director will work with our IV&V project managers to coordinate our IV&V activities;
- Our senior project director will interact directly with MLTC project leadership to ensure effective delivery of our IV&V services and address any issues that may be escalated; and
- Our executive sponsor, a lead member of our executive advisory group for this engagement, will work directly with our senior project director to advise our IV&V project team.

We also anticipate having direct interaction with MLTC executive leadership, project sponsor and/or a governing board to further promote transparency of IV&V findings and recommendations.

We will maintain an onsite rotation that ensures at least two of our proposed IV&V key personnel will be onsite a minimum of 90% of the time. We will ensure that our proposed IV&V key personnel will be onsite to actively participate in EES and DMA project activities to observe, monitor and evaluate project activities. Our proposed staffing plan ensures that our key IV&V personnel will be allocated to the project and actively participate onsite with MLTC at levels that meet or exceed RFP specifications. For this engagement:

- IV&V project managers will be 100% allocated to their projects and onsite with MLTC staff 90% of their time;
- IV&V BAs will be 90% allocated to their projects and onsite at least 50% of their time to participate in requirements and design meetings, system readiness activities, and other IV&V activities and;
- IV&V technical analysts/architects will be 90% allocated to their projects and onsite for at least 50% of their time to participate in technical requirements and design meetings, and other IV&V activities.

The table below presents our project staffing allocation and estimates for onsite time for all proposed personnel including our IV&V key personnel.

Figure 8—Proposed IV&V Project Team

Name and Role	Reports to	Allocated to Project	Onsite Estimate
Bill Streur, Senior Project Director	Bud Beall, Vice President, Consulting Services	25%	10%
Simon Hoare, Senior Technical Analyst/Architect	Bill Streur, Senior Project Director	15%	10%
Bev Quick**, IV&V Project Manager	Bill Streur, Senior Project Director	100%	90%
Diane Goldberg**, Business/Test Analyst (Lead)	Bev Quick, IV&V Project Manager	90%	50%
Lynda Bangham**, Business/Test Analyst	Bev Quick, IV&V Project Manager	90%	50%
John Warsinske**, Technical Analyst/Architect	Bev Quick, IV&V Project Manager	100%	50%
Everett Irving**, IV&V Project Manager	Bill Streur, Senior Project Director	100%	90%
Todd Priest**, Business/Test Analyst (Lead)	Everett Irving, IV&V Project Manager	90%	50%
Karen Barnett**, Business/Test Analyst	Everett Irving, IV&V Project Manager	100%	50%
Robert Cline**, Technical Analyst/Architect	Everett Irving, IV&V Project Manager	100%	50%
Mison Bowden, Project Controller	Bill Streur, Senior Project Director	15%	0%

***** Key Personnel***

Staffing plans will be maintained as part of our IV&V project management plan for the EES and DMA projects.

2.9.2 Personnel Management of the Project

Our IV&V services will be provided by our health IT services division, located in Irvine, California and led by Bud Beall, our Vice President of Consulting Services. Mr. Beall will work closely with our senior project director and IV&V project managers to help guide and monitor

our work on this engagement. Mr. Beall has considerable experience overseeing several Medicaid systems related IV&V and QA contracts. He will also participate as a key member of our IV&V executive advisory group that will provide guidance to the project teams.

Mr. Beall reports directly to our President and CEO, Jonathan R. Sugarman, MD, MPH.

Qualis Health Executive Leadership—The Qualis Health executive leadership team is led by Dr. Sugarman.

Figure 8—Qualis Health Organizational Chart

Under Dr. Sugarman's leadership, Qualis Health has become a national leader in improving the quality, safety, and efficiency of healthcare delivery. Dr. Sugarman regularly serves as an advisor for government and private sector quality measurement and improvement initiatives. He reports to Qualis Health's Board of Directors and is responsible for the operational,

administrative, and financial business of the corporation. He oversees the senior management group, which consists of the Officers and Vice Presidents who direct Qualis Health's divisions.

Members of our executive team lead other Qualis Health divisions that will provide support and subject matter expertise to our IV&V project teams throughout our work with MLTC. Divisions such as Finance, Human Resources and IT will provide assistance, guidance and tools in addressing day-to-day operational needs and challenges.

Engagement Leadership—We propose to deploy an engagement leadership team comprised of a senior project director, Bill Streur, and senior technical analyst/architect, Simon Hoare. They will oversee and coordinate the work of our IV&V project teams, advise our teams, and offer their expertise in addressing specific issues and needs that arise, and will be available to provide their expertise and advice to MLTC as needed to complement the services provided by our IV&V project team consultants. Additionally, we will provide executive-level expertise in Medicaid operations and IT knowledge through our executive advisory group.

This group will include participation of our Vice President of Consulting Services, COO, and CIO. They will advise our project team leaders and provide input into key project decisions as necessary. Bud Beall, Vice President of Consulting Services, will be responsible for working with our senior project director and IV&V project managers to ensure full compliance with contract requirements. Mr. Beall will serve as an additional contact for MLTC should there be any problems that must be escalated beyond our senior project director and IV&V project managers.

Project Management—A dedicated project manager will be assigned to each IV&V project team for the EES and DMA projects. Each of our proposed IV&V project managers has 30 years' experience managing and supporting large health IT operations and projects for state Medicaid agencies. Their understanding of Medicaid operations and systems, experience with formal project management methods including PMBOK®, and hands-on experience providing IV&V and QA services will be critical in their efforts to coordinate our IV&V project teams and activities. Our IV&V project managers, supported by our engagement leadership team, will utilize our methods and tools that conform with PMI standards to manage the IV&V services for the EES and DMA projects

2.9.3 IV&V Project Staff Performance Management

Our approach to ensuring effective management of staff performance on this engagement is founded on aspects of the PMBOK® project time management and human resource management standards. We will rely on these principles to provide IV&V support for MLTC and will apply these standards to ensure effective management of IV&V project team performance.

Qualis Health IV&V Contract Performance—Our IV&V project managers will ensure that our IV&V project management methods are in place for managing IV&V staff resources. They will coordinate with various Qualis Health support departments to establish and maintain plans,

procedures and controls to manage our IV&V staff resources as planned to meet project objectives, fulfill contract specifications, and comply with regulatory requirements.

Our management methods will comply with the following staff management standards:

- Project Time Management
  - Clearly define project tasks and activities;
  - Tasks and activities logically sequenced based on known dependencies;
  - Staff resources assigned to tasks and activities with reasonable estimates;
  - Task and activity durations defined;
  - Project schedule with tasks, activities, durations, dependencies and milestones developed and consistently maintained/updated; and
  - Project scheduled utilized to assign and manage work activity.

- Project Human Resource Management
  - Human resource plan for acquiring, developing and managing project team is fully developed and in use;
  - Steps for identifying and acquiring qualified project team members;
  - Qualified project team in place; and
  - Project team effectively directed, guided, supervised, monitored, and evaluated for performance based on project plans.

Our staff performance management approach follows these PMBOK® principles and utilizes Qualis Health management tools. The following describes key elements of our approach:

- **Defined Roles**—As part of the development of the IV&V project plan, we will document clearly defined IV&V project team roles and responsibilities. Our plans and schedules will also document IV&V team member project task and activity assignments. In addition, staff responsibilities will be documented in our deliverables tracking tool and communication plan.
- **Staff Acquisition**—Qualis Health has internal policies that define standards and procedures for recruitment, performance management, and training. Our IV&V project managers will work with our senior project director and human resources department to initiate processes to acquire and replace IV&V project team members, if necessary. They will coordinate with MLTC leadership to confirm acceptability for any replacement staff.
- **Staff Development**—We will assign experienced, highly-knowledgeable, senior-level consultants to our IV&V project team. Little to no competency or knowledge development should be necessary; however, in the event that are our IV&V team is faced with a topic or issue that is new to them, we have a community of subject matter expertise (SMEs) available to assist our team members. Our IV&V consultants are also very capable of conducting various forms of research to increase their knowledge and expertise.

- **Cooperation**—Throughout our proposal we discuss, at length, our designs for establishing a collaborative relationship among IV&V team members and system project stakeholders. Our specific IV&V strategy, methods and tools, as well as our high-level of interaction in ongoing project meetings, will promote the desired level of cooperation with MLTC, the vendor(s) and key stakeholders.
- **Communication**—Our IV&V communications plan will describe our distribution methods and criteria for our IV&V artifacts and deliverables containing our IV&V findings and recommendations.
- **Performance Monitoring**—We will measure and track IV&V project team member performance against defined objectives and standards using a series of management systems and reporting tools.

We determine our IV&V staffing needs and schedules according to overall system project plans and schedules. Our method for estimating needed IV&V resources and scheduling of project tasks and corresponding timelines is based on a number of factors including: the scope of each task; the dependencies of the tasks; project constraints including staff availability and capability; and key project assumptions. The following table describes the types of inputs, methods, and outputs associated with our manpower and time estimation methods.

Figure 9—Manpower and Time Estimation Methods

Estimation Inputs	Estimation Methods	Estimation Outputs
▪ Project scope requirements, goals and constraints ▪ Activity: task lists, dependencies, constraints, and resource requirements ▪ Resource constraints (capabilities and availability) ▪ Project performance requirements ▪ Identified risks ▪ Process requirements (policies & procedures) ▪ Other current and historical environmental factors	▪ Qualis Health staff professional judgment based on experience and expertise ▪ Leveraging of estimates from other similar projects ▪ Quantitative analysis based on known factors ▪ Contingency planning to account for schedule uncertainty ▪ Options analysis ▪ Available published data ▪ Project management software (MS Project) calculations	▪ Activity time/duration estimates ▪ Resource/staffing level estimates/requirements ▪ Assumption/estimate basis ▪ Work breakdown structure (WBS) ▪ Critical path network ▪ Required changes to activity/task lists and/or other key inputs

In our IV&V project management plans and schedules, we will estimate project tasks, sequencing and dependencies, and assign resources using management tools such as Microsoft Project and our project forecasting tools. This information is utilized in the development and maintenance of our IV&V project plan and work schedules.

Our senior project director, project controller, and IV&V project managers will monitor and evaluate the performance of our IV&V project team. Qualis Health utilizes an automated time keeping and expense system to collect time and expense information for each IV&V team member. This information is distributed to our financial system and our performance management tools such as our utilization/productivity report and our project dashboard. These tools compare actual time, costs, completion of project deliverables, and achievement of project milestones against budgets and project schedules.

Utilization	Target			Actual						
	Direct			Direct w/ Travel		Direct		Other		Total
	Avg Hours per Week	Hours to Date	%	Hours	%	Hours	%	Hours	%	
Qualis Health										
Consultant 1	38.0	145.7	95%	185.0	121%	152.5	99%	2.0	1%	196.5
Consultant 2	36.0	138.0	90%	131.3	86%	120.8	79%	9.7	6%	194.0
Consultant 3	38.0	145.7	95%	195.5	128%	195.5	128%	-	-	197.9
Consultant 4	36.0	138.0	90%	144.5	94%	129.0	84%	-	-	167.5
Consultant 5	38.0	145.7	95%	176.5	115%	121.0	79%	-	-	212.3
Consultant 6	38.0	145.7	95%	210.5	137%	167.0	109%	-	-	219.8
Consultant 7	38.0	145.7	95%	156.7	102%	140.7	92%	13.5	9%	174.5
Total Staff	**262.0**	**1,004.3**	**94%**	**1,200.0**	**112%**	**1,026.5**	**96%**	**25.2**	**2.3%**	**1,362.5**
Total Subcontractors	**190.0**	**529.7**	**95%**	**720.5**	**129%**	**664.5**	**119%**	**-**	**0.0%**	**746.0**
Total Staff & Subs	**452.0**	**1,534.0**	**94%**	**1,920.5**	**118%**	**1,691.0**	**104%**	**25.2**	**1.5%**	**2,108.5**

Our IV&V project managers will use this information to update our IV&V project management plan, adjust our work schedules, and report progress, issues and risks in our weekly IV&V status reports and monthly IV&V reports. In addition, our IV&V project managers, our project controller, our senior project director and our division vice president will monitor this information to ensure compliance with contractual requirements and established budgets.

2.9.4 Resumes for IV&V Project Staff

We present our proposed IV&V project team member qualifications in Section 3.2.2—IV&V Project Staff Qualifications. We provide a brief summary of their relevant professional qualifications and three references for each proposed team member. Resumes for our proposed IV&V project team members are included in Attachment B—Staff Resumes.

2.9.5 Changing Key Project Staff

We agree that our proposed key project personnel will not be removed or assigned new or additional contract assignments outside of this engagement without the prior written consent of MLTC. If Qualis Health proposed key personnel are removed from this engagement, we will replace them with individuals with comparable experience and qualifications that meet the requirements of the key positions as those submitted by us in this proposal. Additionally, we will provide an interim resource within five business days for any key personnel vacancies regardless of the reason for the vacancy.

2.10 Subcontractors

Qualis Health has long established successful working relationships with independent contractors and other business partners to serve clients such as MLTC. Staff members provided by our business partners are highly integrated into our team. For this project, we are proposing to staff our team with two resources from the Maxis Group. The Maxis Group has five offices nationwide, but is headquartered in Scottsdale, Arizona.

The Maxis Group
8167 E. Del Camino, Suite 100
Scottsdale, Arizona 85258

The Maxis Group is a national leader with 20 years of experience in HHS. They have provided professional services to federal, state and county government agencies since their inception, and provide senior consultants with the diversity and experience to address all areas of the HHS sector including Medicaid. Their experience spans over 36 State Medicaid agencies, 10 State Child Support and Welfare agencies, managed care organizations and health related technology companies. The Maxis Group has worked directly with states and, as a subcontractor, with multiple major systems vendors, providing critical support as they recognize the benefits of implementing advance technologies.

Throughout their history, the Maxis Group has been a significant partner in numerous HHS information systems projects throughout the country. They have successfully delivered services helping clients revamp their technical and business systems as well as operational policies, procedures, and practices. Approximately 80% of their work has focused on state government systems and, particularly, Medicaid systems projects. Their consultants have been involved in all phases of development, implementation and management of large system projects. Relevant work experience includes:

- **State of Washington**—As a subcontractor CGI, Maxis provides team leads and business analysts to CGI's federally mandated, State Administered Child Welfare Information System (SACWIS) project for the State of Washington. Maxis' resources are also working on a new case management system, called FamLink, which includes change management, design, development, and implementation tasks.
- **State of Washington**—Maxis, as a subcontractor to CNSI, supports the State of Washington MMIS implementation. Maxis is providing SMEs to assist in the design and development of the managed care and recipient sub-systems.
- **Government & Related Agencies**—Working as contractor for Daon, a biometric identity management company, Maxis is currently placing .Net and Java developers with security clearance to Doan to provide identity assurance solutions to government and related agencies.
- **Other State Contracts**—As a subcontractor, Maxis has supplied project managers, SMEs and business analysts in support of several state government projects including the TennCare

Encounter BRR project, the Wisconsin NPI project, and the State of South Carolina DHHS NPI project.

The Maxis Group has a proven track record of success assisting Fortune 500 companies and state agencies to revamp their technical and business systems, operational policies, procedures, and practices and/or create new innovative applications compliant to the latest regulations.

Subcontractor Utilization—The Maxis Group will provide two of the eleven consultants assigned to our IV&V project team. We anticipate that approximately 20% of the overall IV&V work effort for this project will be performed by the team members from the Maxis Group. The two Maxis Group personnel included in our staffing model:

- Karen Barnett, Proposed Business/Test Analyst
- Robert Cline, Proposed Technical Analyst/Architect

Ms. Barnett and Mr. Cline will report to our proposed IV&V project manager for the DMA project, Everett Irving. Greater detail related to their specific tasks is presented in Section 3.2.3—Staffing Plan for EES and DMA Projects.

Subcontractor Management Approach—As a standard practice, Qualis Health utilizes a blend of managing and senior consulting resources consisting of regular payroll employees and consultants (i.e., 1099 personnel). Reliance on this blended approach allows Qualis Health to provide our clients with the most capable and skilled professionals, while providing the flexibility to maintain a stable of consultants to meet a wide variety of specialized client needs. Most of our 1099 personnel work for Qualis Health on a regular basis, which provides the consistency of regular staff and allows for these individuals to be an integrated part of the Qualis Health team.

When new staff members are introduced, they are provided with an "onboarding" orientation to educate them on the standard practices and approaches employed by Qualis Health on our projects. Our 1099 personnel are required to follow procedures and comply with the same policies as regular payroll personnel. All team members are held to the same high standards of integrity, professionalism, collaboration, and stewardship represented in our corporate values. They are managed and directed by our assigned project manager for the scope of work. Qualis Health always acts as the single point of contact for our project teams regardless of the make-up of the staffing model.

Our 1099 personnel are managed just as other staff. They participate as active members of our project team, including mandatory participation in project status meetings, completion of time and expense reports, preparation of deliverables expectation documents (DED), development of project deliverables, and participation in deliverables QA processes. By formal agreement, all consultants must comply with appropriate client contract, insurance, regulatory, conflict of interest, policy, confidentiality, and non-disclosure requirements.

We make every attempt to ensure that each and every member of our team represents our client and Qualis Health in a consistent manner and approaches each engagement with a clearly defined mission and consistent objectives. We strive to establish a seamless approach so that our clients cannot discern any difference in the approach, values, and quality of our individual team members. Each proposed team member, employee and contractor alike, must utilize Qualis Health's project management and administrative tools such as time and expense reporting systems, and are directly accountable to the Qualis Health chain of command.

When engaging a subcontractor, we ensure that they possess the requisite qualifications and experience to successfully fulfill the requirements of this project. Subcontractors are required to follow the same procedures for reporting and accountability as other project team members. Qualis Health has established long-term relationships with other consulting firms and independent consultants. These partnerships are controlled by "flow down" language in contracts and performance requirements to ensure their compliance with client expectations and contractual requirements. Subcontracted consultants are integrated into our team, and are expected to conduct themselves with the same level of competence and professionalism as Qualis Health employees.

Our senior project director and IV&V project managers monitor subcontractor performance closely, address any issues directly with the subcontracted consultant, and escalate unresolved issues to their management as appropriate.

Section 3—Technical Approach

Qualis Health has a broad and detailed understanding of IV&V, QA, and other project oversight services. We have refined our methods and tools through our work on similar projects completed on behalf of state, and other public and private sector healthcare clients. Our diverse experience with large system implementations such as MMIS, eligibility systems, and other health information systems will enable us to quickly identify the warning signs of potential problems and to alert and suggest appropriate remediation. Our IV&V team will notify MLTC of any issues or concerns, and will offer suggested strategies and tactics to mitigate these problems. We will bring the issue to the attention of the right people at MLTC, along with various options on how to handle the situation. This will facilitate timely decision-making for addressing project issues, and help MLTC to meet its Medicaid program and system objectives.

Understanding Nebraska's Modernization of the Medicaid Program—Over the past three years, DHHS has embarked on a major initiative to modernize its Medicaid solutions, systems, and organization to better serve its individuals. In 2013, DHHS reorganized and the Medicaid/CHIP responsibilities moved from the Division of Children and Family Services to the MLTC. To comply with the Affordable Care Act, DHHS released a request for a proposal to replace its eligibility system and awarded two contracts in 2014: one to WIPRO as the systems integrator to implement the Enrollment and Eligibility Solution; and the second to First Data as the IV&V contractor for the EES.

Managed Care has steadily evolved over the past 20+ years and in 2017 the Heritage Health project, a risk-based physical and behavioral health managed care program, will be implemented for the majority of Nebraska's 230,000 eligibles. Under Heritage Health, Medicaid and CHIP enrollees will choose one health plan that will be responsible for this full array of services. Nebraska's move from fee-for-service to a managed care approach seeks to achieve the following g outcomes: improved health outcomes; enhanced integration of services and quality of care; person-centered care emphasis with a preventive and care management focus; reduced rate of costly and avoidable care; and an improved financially sustainable Medicaid system. On April 15, MLTC announced the three contracted Heritage Health plans:

- Nebraska Total Care (Centene)
- United Healthcare Community Plan
- Wellcare of Nebraska

In the coming three to four years, DHHS will continue its mission to modernize its program with the implementation of:

- Enrollment broker (EB) services. On March 31, 2016, the Department of AS announced the intent to award this contract to Automated Health Systems (AHS), pending final contact negotiation;

- Nebraska Timely, Responsive, Accurate, Customer Service (NTRAC) module for eligibility and benefit plan determination to implement the EES in 2017;
- A risk-managed dental benefit program in 2017,
- The data management and application (DMA) module in 2018; and
- Claims broker services (CBS).

Understanding the EES and DMA Project—Qualis Health is mindful that the current Nebraska eligibility system was developed over twenty years ago with client/server technology. Like so many other states, Nebraska's Eligibility and EES is seeking to streamline and upgrade the Medicaid eligibility system to assure a simple and seamless enrollment experience for individuals who qualify for Medicaid and CHIP. We understand the current project is underway and scheduled to enter maintenance and operation by March 31, 2017. While the current IV&V contract with First Data is set to expire on June 30, 2016, you have issued this RFP for IV&V services for the EES and the DMA project.

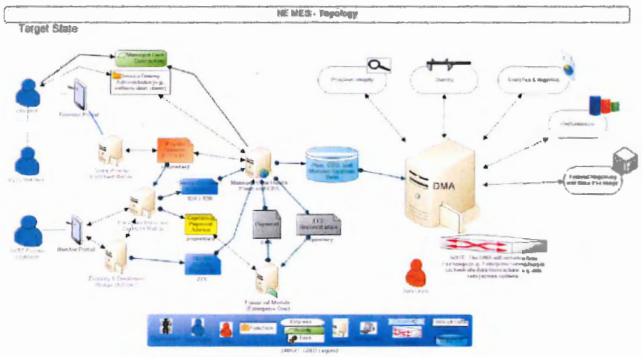


Figure 1 - Nebraska Medicaid Enterprise System (MES) Vision

For the Data Management Analytics (DMA), DHHS is seeking to replace its 25+ year old decision support solution (DSS)/surveillance and utilization review solution (SURS) with a robust, state-of-the-art solution that encompasses a Medicaid enterprise data warehouse, has Medicaid administrative reporting (MAR), ad-hoc queries and reporting, federal reporting, managed care encounter data and quality measure reporting, program integrity, SURS, fraud and abuse detection and care/case management, along with staff augmentation. DHHS released a draft DMA RFP on February 11, 2016 with a final RFP release date anticipated for May 2016.

Key Nebraska IV&V Needs—For each of these two projects, Nebraska requests an independent, highly qualified and experienced, contractor to perform project management and modular development IV&V services.

The degree to which MLTC leadership embraces the IV&V role and function will be a critical contributing factor to the effectiveness of IV&V in the EES and DMA projects. If the IV&V function is merely viewed as a regulatory necessity to comply with CMS or state oversight requirements, IV&V findings and recommendations will not be sufficiently valued, and important opportunities for improvement may be missed. Findings may be explained away or minimized, and will provide little to no benefit for the project.

For the IV&V function to be most successful and meaningful, it will be essential that the IV&V team be an integral part of the project leadership structure. An organizational structure that maintains IV&V independence from the project management function and establishes a reporting

relationship to a governing board or executive team outside of the project management structure must be established. In this way, the value of IV&V is reinforced and IV&V team expertise is most effectively utilized.

There are a number of other key success factors that we believe are essential for effective IV&V services:

- Maintaining a strategic focus to ensure achievement of key project objectives and a clear understanding of major project dependencies;
- Establishing a team of senior-level, highly experienced IV&V professionals to provide proactive guidance and advice in support of MLTC project management efforts;
- Ensuring high levels of collaboration between MLTC and Qualis Health IV&V team;
- Maintaining independence from the solution vendor(s) and MLTC project resources;
- Promoting transparency and accountability through an objective analysis and forthright reporting of project issues and risks;
- Maintaining continual and close communication with MLTC project leadership to adjust our approach to meet evolving project needs and objectives;
- Ensuring that the IV&V role is authorized and expected to:
  - Facilitate issue resolution between the solution vendor(s) and MLTC;
  - Mitigate risks through recommended remediation strategies and steps; and
  - Provide subject matter expertise to assist with risk mitigation and issue resolution.
- Conducting consistent, periodic IV&V assessments focused on the key activities most relevant to the project phases and milestones;
- Ensuring involvement as early as possible in the implementation project to identify high-risk areas, mitigate risks and prepare for contingencies; and
- Focusing IV&V activities to promote visibility, accountability, and fact-based decision making.

Our IV&V project team will work closely with the EES and DMA solution vendors and MLTC to monitor all aspects of the EES and DMA system projects, including requirements specification, system configuration, testing, training, operational readiness preparation, go-live planning, certification and post go-live activities. Our focus will be to ensure adherence to project timelines and achievement of milestone objectives to achieve project objectives and Medicaid program goals.

3.1 IV&V Responsibilities

We will perform IV&V monitoring, evaluation and reporting activities that will maintain a focus on MLTC objectives, pre-defined project success criteria, and critical dependencies between each system module implementation tasks and requirements. MLTC leadership and other stakeholders will be enabled to make informed decisions regarding the system project that do not

have adverse effects on the success of the project. Our IV&V approach will provide substantive evidence for analysis, recommendation, and decision making based on a series of assessments that are focused on project processes, tools, and artifacts within a given implementation phase. Assessment results will provide objective insights into the status of the project health and allow MLTC to make informed go/no-go decisions as you transition through key stages of the system project, and will support CMS certification requirements. Qualis Health's objectives for this IV&V contract are to:

- Provide a framework for ensuring that the system project is proactively managed based on industry standards and best practices;
- Identify system project risks and issues, alert MLTC for remediation, and monitor associated resolutions and outcomes; and
- Provide proactive advice and guidance to MLTC project leadership to help ensure a timely and effective implementation, and to meet the evolving demands of MLTC's Medicaid program.

The approach that we intend to take with this work includes:

- Providing senior-level, highly experienced consultants to provide proactive guidance and advice in support of MLTC staff efforts;
- Ensuring high levels of collaboration between system solutions vendor(s), MLTC staff, and our IV&V team;
- Identifying and helping to mitigate risks through recommended remediation strategies and steps;
- Maintaining independence from the solution vendor(s) and MLTC project resources;
- Helping to facilitate issue resolution between solution vendor(s) and MLTC staff;
- Providing subject matter expertise to assist with risk mitigation and issue resolution;
- Ensuring that IV&V assessments focus on the key artifacts and activities most relevant to the project phases and milestones; and
- Conducting a consistent and thorough multi-assessment IV&V approach.

We will deploy an IV&V framework that is focused on achieving MLTC's strategic objectives and provides for a systematic approach to achieving CMS certification.

- **Focus on Objectives**. Our approach to IV&V will provide an effective vehicle for assisting MLTC to maintain an organizational and project focus on its strategic objectives, as well as its system critical success factors (CSFs). Working closely with MLTC leadership, we will recommend project success criteria and performance metrics that reinforce, support and promote achievement of the objectives. We will monitor system project activities, deliverables and stakeholder performance in light of the agreed upon success criteria and performance metrics. This will keep MLTC's objectives in the forefront of the project.

- **Real-Time Improvements.** Our IV&V assessment methodology that includes continuous interaction with project stakeholders, project artifact reviews, and periodic, targeted assessments will be a catalyst for continual, real-time project improvements, corrections, and adjustments.
- **CMS Certification.** CMS certification will be at the forefront of all of our IV&V assessment activities. Our project team will utilize the recently updated Medicaid Enterprise Certification Life Cycle (MELC) and use the most current Medicaid Enterprise Certification Toolkit (MECT) to provide certification reviews throughout the MMIS lifecycle so that MLTC and solution vendor(s) receive early feedback about issues that may impede certification. We will ensure that our certification methods conform with the CMS Seven Conditions and Standards to support modularity, comply with MITA, align with industry standards, promote leveraging of solutions, meet business operation's needs, produce meaningful information, and allow interoperability.

As MLTC's IV&V vendor, we will ensure that our communication methods and reporting tools continue to emphasize MLTC's strategic objectives and highlight the dependencies and relationships between critical project activities. We will assist MLTC to drive toward success as defined by MLTC's commitment to providing access to high-quality care for its Medicaid and CHIP individuals.

Role of IV&V—We believe that the role of IV&V is to provide proactive guidance toward achieving project objectives. As your IV&V vendor, we will help MLTC to achieve its Medicaid program and system project related goals by serving in a role that augments and strengthens MLTC's program and project management capabilities. We will share expertise and provide guidance that will help MLTC achieve the following objectives:

- Meet current Medicaid program objectives;
- Ensure compliance with CMS funding requirements;
- Mitigate project risks and manage the system project to successful conclusion;
- Ensure collaboration, cooperation, and overall integration of various Medicaid projects; and
- Promote project success through applied standards, best practices, and experience gained from other similar projects.

The following summarizes the key aspects of our approach to the IV&V role.

- ***Strategic Framework.*** A key component of our IV&V approach will be to ensure that the systems and/or services being deployed align with MLTC goals and strategies, including Nebraska's Medicaid Enterprise System (MES) vision. We will help MLTC to align project stakeholders and manage project tasks toward your ultimate objectives.
- ***Working Relationship.*** Our proposed IV&V project manager and other IV&V team members will work with MLTC project leadership and staff to ensure mutual agreement on the approach to the IV&V work, alignment of expectations for deliverables, and a high level of collaboration in managing the EES and DMA projects. Our IV&V project manager and supporting team members will endeavor to forge a collaborative working relationship with solution vendors, and MLTC project leadership and staff.
- ***Disagreements with IV&V Results.*** We recognize there will be occasional disagreements with our IV&V teams' findings and recommendations. To address disagreements and differences of opinion, we will work to develop a collaborative relationship with solution vendors and MLTC that builds a high level of trust between our organizations. Additionally, our IV&V project manager will work with MLTC project leadership to establish a process that will allow us to address any disagreements in a systematic manner, and to ensure our perceptions, findings, and recommended mitigation strategies are accurate, appropriate, and practical.
- ***Focus on Project Success.*** IV&V approaches that fixate on risk avoidance and do not offer mitigation strategies tend to promote a lack of accountability and bottle necks that can contribute to project failure. The goal of our IV&V approach will be to help MLTC achieve successful project outcomes and implementation objectives. We will work with the solution vendors, MLTC staff, and other stakeholders to develop plans and strategies to meet project objectives and address difficult problems without compromising quality.
- ***Standards Based.*** Our approach for this project will be founded on industry standards and best practices. Our IV&V methods and tools will incorporate standards and requirements from various sources including PMBOK®, IEEE, federal regulation 45 CFR Part 95.626, and any State-specific IV&V guidelines, as well as CMS MITA, MELC, and Seven Conditions and Standards requirements.
- ***Senior Level Consultants.*** Qualis Health is committed to providing MLTC with highly experienced and capable IV&V consultants. By ensuring that IV&V functions are led and performed by seasoned health IT professionals, we can help MLTC to resolve conflicts between project stakeholders, break down barriers between divisions, and achieve the most effective levels of operational and system integration.
- ***Flexible Approach.*** We understand that projects of this nature are rarely linear in nature and require iterative processes. We will tailor our approach, methods, and tools to meet the needs of MLTC and will align our processes with those of the state and other project stakeholders.

To be most of effective, our IV&V project team will align our project objectives with those of MLTC. Our proposed IV&V project managers will work closely with MLTC project leadership

to ensure alignment of our processes with those of MLTC and other stakeholders. Our IV&V project team will work with MLTC to clearly define mutually agreed upon success factors, and establish an overarching project management culture that drives the EES and DMA projects forward while keeping Medicaid program and project goals in mind.

IV&V Independence—Our IV&V services will prove a valuable asset that will inform and support MLTC leadership throughout the system project. The primary function of our IV&V team will be to promote visibility, accountability, and fact-based decision making to enhance the likelihood of a successful system solution implementation. Our IV&V team will require technical, financial and managerial independence from MLTC project leadership. This is not to isolate the IV&V function, but to promote objective and transparent performance feedback by ensuring that IV&V findings and recommendations are readily known and available to MLTC senior leadership. This independence is described in the IEEE Standard 1012 – 2004 and required by DHHS/CMS.

IV&V Transparency—We have found that key benefits of the IV&V function can be lost when senior leadership is not given direct access to IV&V findings and recommendations. This structure increases the risks that key IV&V assessment results will be filtered, sanitized, or ignored by project leadership. As a result, senior leadership may not be aware of important issues and potential risks. To mitigate this risk in the EES and DMA projects, we recommend that:

- Our IV&V project managers, and when appropriate, key IV&V team members, meet regularly with MLTC senior leadership including the system project sponsor or any governing boards to review our IV&V findings and recommendations;
- Our monthly IV&V reports be submitted to MLTC senior leadership; and
- Our senior project director prepares a quarterly executive dashboard report summarizing key elements of the monthly IV&V report and reviews the information with MLTC senior leadership.

These steps will enable our IV&V team leadership to have ongoing communication and access to MLTC leadership without concerns for filtering of our findings and recommendations.

Overview of our IV&V Approach—Our IV&V approach provides for an engagement framework that supports continuous monitoring of project processes, artifacts, and progress, which thus provides substantive evidence for analysis, recommendation, and decision making. The framework relies on a variety of incremental assessments that are focused on project processes, tools, and artifacts within a given project phase. Assessment results will provide objective insights into the status of project health, and allow MLTC to make informed go/no-go decisions as it transition through key stages of the system project.

The following table outlines the key tenets of our approach to IV&V that we will deploy to support MLTC's system project(s).

Figure 10—Summary of IV&V Approach

Tenet	Approach
Project Management	We rely on the use of the PMBOK® and IEEE standards, as the foundation for our project management methodologies. Our project management efforts are greatly aided by strong approaches to issue, change, and quality management.
Reliance on Standards and Performance Metrics	We rely on industry standards, best practices, and performance metrics as the basis for our IV&V approach and associated decision making.
Risk Management Approach	We track issues, assess the impact or risk of those issues within each major project phase, and prioritize risk based on dimensions of criticality and probability in order to plan practical and cost effective strategies and tactics to deal with the risk. We provide recommendations and counsel for mitigating each of the potential risks that we identify, with significant issues, risks, and mitigation strategies to be addressed in real time.
Targeted Assessments of Progress at Key Project Milestones	We conduct targeted IV&V assessments at key times, milestones, or ad-hoc requests. These milestones may include project initiation, the completion of requirements definition, system configuration and UAT, and post implementation or go-live. These targeted assessments serve as "check points" or "phase gates," which are readiness checkpoints that provide project leadership with a complete picture of project status.
Participation in Key Project Meetings	We actively participate in all standing functional project meetings as well as ad-hoc meetings. To maximize efficiency and value, we assign project team members with relevant subject matter expertise to each meeting, as appropriate, to ensure coverage is provided by knowledgeable staff. Our participation in meetings allows us to observe, gather evidence, and determine if there are any issues, problems, and/or risks that impact project schedules, staffing, quality, certification process, requirements, and/or environment.
Deliverable-Based Assessments	We assess key project components that may include project management plans, active project schedules, test plans, business cases, QA plans, facility plans, training plans, communication plans, staffing plans, certification reviews, requirements documents, software development plans, software development, configuration management, and testing tools. This helps to ensure an in-depth understanding of management, planning, development, and implementation methods; to ascertain the status of project activities, tasks, and deliverables; and to assess

Figure 10—Summary of IV&V Approach

Tenet	Approach
	their quality.
Project Status Reports	We prepare and submit periodic status reports documenting the results of our IV&V monitoring and evaluation activities. We document our assessment of the effectiveness of the solution vendor and project staff, and provide recommendations for improvement and risk mitigation if any issues should arise.
Certification	Our IV&V approach is designed to support system certification requirements. We ensure that we understand the most current CMS certification processes and incorporate these processes into our IV&V methods and tools to guide the system implementation activities toward certification.

Qualis Health will assume the leadership role in developing and administering the IV&V approach for the system project, and we will work collaboratively with MLTC to develop a work plan for a successful IV&V execution.

3.1.1 Project Management

Poor project management is cited as the major cause of project failures by most surveys that were completed in the last decade. A study[1] of IT projects between 2004 and 2012, found that less than 40% of all IT projects are completed on time, on budget, and in scope, and large IT projects are ten times more likely to fail than smaller IT projects. Larger IT projects are twice as likely to be late, over budget, and missing critical features at go-live. Government agencies are increasingly recognizing the value of independent oversight of project management to help ensure quality project planning, execution, and performance within appropriate costs and schedule. Periodic independent assessments provide leadership with the information necessary to ensure project efforts are being conducted according to agency policies, and are meeting program goals and objectives.

By engaging Qualis Health as its IV&V contractor, MLTC will help to mitigate the impact of risks and obstacles on the EES and DMA projects, and will:

- Improve management visibility into project conditions through ongoing objective assessments;
- Promote accountability and evidence-based decision making;

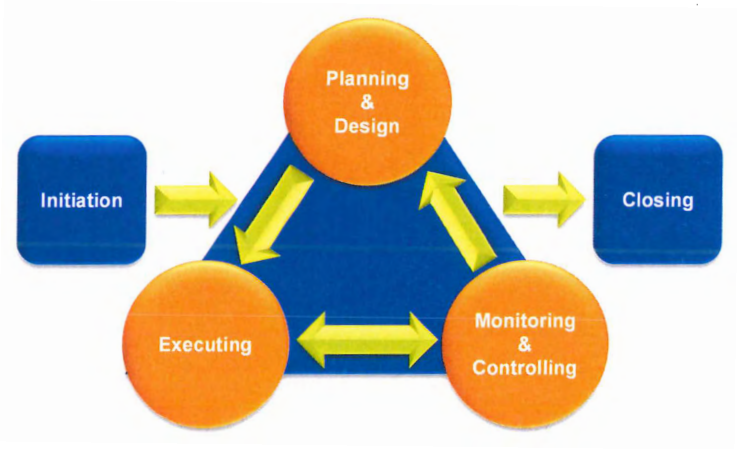
[1] The Standish Group. *CHAOS Manifesto 2013.* Boston, MA: The Standish Group International, Incorporated, 2013.

- Alert business project management and leadership to any risks and issues that could impact the project schedule, quality, and/or budget; and
- Provide business leadership with sufficient notice and information to mitigate risks and prepare contingency plans when appropriate.

Our proposed project manager will coordinate with MLTC project leadership to manage activities, align tasks, schedule work, and submit deliverables. The following provides an overview of our specific tasks and activities Qualis Health expects to perform on the system project.

3.1.1.1 Project Management Methodology and Approach

Our IV&V project manager will ensure conformance with industry standards and best practices, and will be accountable to MLTC leadership. This accountability will include frequent, consistent, and transparent communication of project status, issues, risks, and mitigation strategies through reports, dashboards, and meetings.

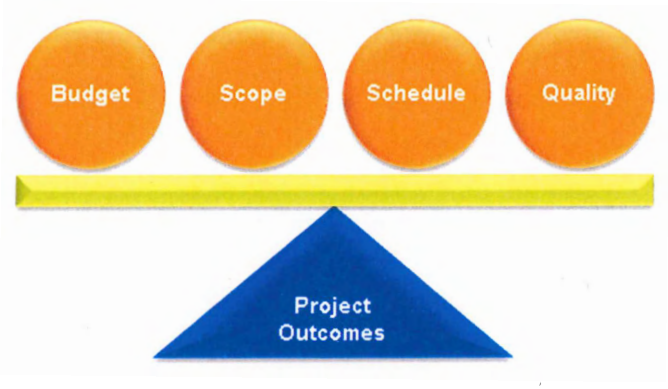


Our project management approach for this project will be founded on industry standards and best practices as established by PMBOK® and IEEE. Additionally, we will ensure to align with any MLTC or state-wide project management standards.

Our project management approach is consistent with the five basic project life cycle groups recognized by PMBOK®:

- ***Initiating:*** Defining and authorizing the project.
- ***Planning:*** Defining and refining objectives while planning the course of action required to attain the objectives and scope that the project was undertaken to address.
- ***Executing:*** Integrating people and other resources to carry out the project management plan.
- ***Monitoring and Controlling:*** Regularly measuring and monitoring progress to identify variances from the plan so that corrective plans and actions can be taken to meet project objectives.
- ***Closing:*** Formal acceptance of the product, service, or result that brings the project to an orderly completion.

As with any scope of work of this nature, processes overlap and interact throughout a project or phase.



Through our project management methodology, we intend to deliver the agreed-upon services and deliverables with a high-level of quality, on time, and on budget. To meet this goal, our IV&V project manager, and our IV&V team will work to maintain a balance between scope, budget, and schedule, while consistently maintaining a high quality of services and deliverables. The key to this balance will be to effectively set and maintain expectations through continuous, formal, and informal communications with MLTC.

We will also work to minimize the complexity and maximize the efficiency of our project management process in order to best utilize staff time and resources. To meet this goal, we will assure the project methodology and process is clear, concise, and flexible enough to effectively address the different issues and risks that may be encountered.

Tools—Qualis Health utilizes standard project management tools to plan and monitor IV&V activities, resource utilization, and conformance to planned schedules. The following provides a quick summary of the tools that our IV&V project team will utilize to manage our IV&V services.

- ***Microsoft Project***. IV&V project schedules will be established and maintained using Microsoft Project.
- ***Project Performance Dashboard.*** Our senior project director and IV&V project manager will monitor completion of activities and deliverables, staff utilization, and financial performance against plans, budgets and forecasts in the Qualis Health performance dashboard.
- ***Time Keeping.*** Our IV&V project team will log hours, document activities, and record expenses in the Deltek system. Deltek is linked to other tools to ensure flow of information into our financial system, performance dashboard, labor utilization report, and other tools and reports.
- ***Project Library.*** We have an established electronic repository for all project related documentation including project plans, project deliverables, IV&V tools/templates, correspondence, research materials, contracts, etc. We will coordinate with MLTC staff to determine how best to establish and system project library (via SharePoint or other tool).

IV&V Contract/Project Initiation—Effective project initiation or start-up activities are critical to ensuring that a project is effectively planned and organized. They set a solid foundation for "kicking-off" the project and set the direction for the IV&V services. To establish a common understanding of IV&V service goals and expectations for IV&V performance, an IV&V "kick-off" meeting of key project stakeholders will be conducted to initiate our IV&V project

activities. During the meeting our IV&V project manager will lead discussions to review IV&V goals, activities, schedules, roles and responsibilities. The objective of the meeting will be to clarify scope and roles expectations of all parties, and gain commitment to a collaborative IV&V approach. Participants will include all members of our IV&V project team, as well as MLTC's project team and solution vendor(s) representation. Prior to the kick-off meeting, our IV&V project manager will prepare and distribute materials such as:

- A meeting agenda;
- Contact list that includes the name, responsibility, telephone numbers, and e-mail address for each member of the IV&V project team and key MLTC and solution vendor staff;
- Draft IV&V project plan outline and performance metrics to establish firm baselines that will ensure the project will be completed on time and within budget;
- Review of IV&V goals and deliverables as identified in the scope of services;
- Identification of the IV&V tools and techniques to be used in the project including forms, training materials, and other documents, information and procedures; and
- Discussion regarding the expected working relationship between MLTC and solution vendors.

Comprehensive meeting notes will be distributed after the kick-off meeting to confirm a mutual understanding of expectations and agreements.

IV&V Project Planning—Our IV&V project team will work collaboratively with MLTC project leadership to develop and publish an IV&V project management plan and schedule. Our IV&V project schedule will align our IV&V assessment activities with the implementation plans prepared and maintained by the EES and DMA solution vendors, and MLTC's project schedule(s). Our plan will address overall activities and schedule, standards, processes and procedures to be used.

Prior to developing our plans, our IV&V project manager will review the system project IAPD and any associated updates that MLTC has submitted to CMS, to gain sufficient understanding of the project assumptions and timelines. Understanding overall implementation assumptions such as vendor implementation plans, and MLTC project goals, constraints, plans, and expectations will be critical inputs into the preparation of the IV&V project management plan.

We recognize that our work plan must be an active document that is flexible enough to accommodate changes in MLTC's needs and objectives, yet adequately designed and structured so as to provide a framework for guiding project activities toward a well-defined goal and for mitigating inherent risks that can result in project delays and undesired outcomes. Throughout the EES and DMA projects we will review and update our IV&V plans to address any changes impacting our work. We will ensure that our plans consistently align with MLTC and vendor implementation plans and schedules.

Our IV&V project manager will develop and maintain an up-to-date IV&V project management plan that will provide this framework, and will ensure that it is continually monitored and updated as appropriate. This plan will contain several key components, including:

- Methodology for performing IV&V assessments and achieving project objectives including IV&V approach, activities, standards, criteria, and performance metrics;
- Deliverable production and acceptance approach;
- WBS providing a schedule for IV&V activities including frequency of IV&V assessments, timelines, milestones, and dependencies;
- IV&V staffing plan, organizational chart, and assigned responsibilities;
- Communication strategy and approach;
- Reporting requirements; and
- Issue and risk management approach.

We will prepare a draft IV&V project management plan within approximately twenty (20) days of project start for discussion and review with MLTC project leadership. This will provide us an opportunity to collaboratively review key assumptions, dependencies and timelines with MLTC project leadership prior to submitting the final IV&V project management plan and schedule.

A final IV&V project management plan incorporating MLTC approved changes will be completed within thirty (30) days of project start. Our IV&V project manager will work with MLTC project leadership to secure approval for our IV&V project plan.

We will work with MLTC to adopt an effective IV&V communications strategy that is consistent with the project-wide communication plan. Our communication plan will ensure proper collaboration and coordination with all project stakeholders. A key component of our communication plan will describe methods and criteria for distributing our IV&V artifacts and deliverables containing our IV&V findings and recommendations to the appropriate project stakeholders. Our communication processes will also ensure that we respond promptly to all telephone calls, voicemails, and e-mails from MLTC.

We understand the need for schedule and approach adjustments on large, complex systems implementation projects. As such, our IV&V project management plan will reflect changing project constraints and environmental factors. We will coordinate updates to our plan and schedule as necessary resulting from periodic reviews of our plan and any MLTC required modifications.

IV&V Services Execution—Each of our IV&V project managers assigned to the EES and DMA projects will direct the work of our IV&V project teams. Our IV&V project managers will work closely with solution vendor and MLTC project leadership to coordinate our team resources and ensure effective participation in project meetings. We will utilize our IV&V

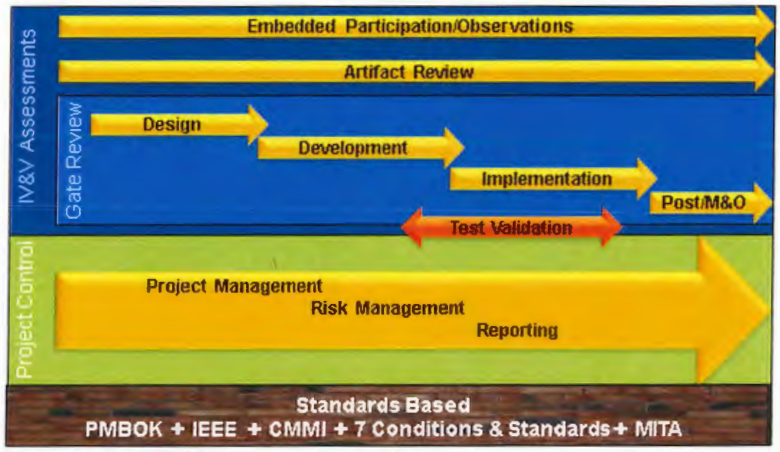
project plans and other project management tools to ensure timely completion of IV&V tasks. We will deliver our services in a manner that is proactive and collaborative.

- ***Proactive IV&V Services.*** Our approach to IV&V will ensure that the status and health of the system project is evaluated in a proactive manner, thus alerting MLTC leadership about critical risks and issues and providing remediation recommendations in real-time. Our approach includes a "three-pronged" IV&V assessment method that includes:

  - Observations from participation in project meetings;
  - Reviews of project artifacts and deliverables; and
  - Targeted assessments at key project phases or gates.

  We will conduct these assessment methods throughout the system project. We recognize the modular nature of these types of implementation projects, and anticipate that our IV&V assessments may often be performed concurrently across various system module implementations. This will necessitate a high level of ongoing participation in key project meetings and conference calls.

  We will "embed" our IV&V consultants into the system project so as to position them as valuable resources to alert and inform MLTC on issues of a critical nature. We will assign seasoned consultants that not only understand IV&V disciplines, but who are also technically proficient in areas such as project management, Medicaid operations and systems implementation. This will better position our IV&V consultants to proactively address issues and risks in real-time, and in many cases, prevent issues from becoming more significant problems later in the project.



  All findings and recommendations identified in the course of all of our IV&V evaluation activities will be documented in our IV&V reports. This will support our formal reporting and documentation process.

  Our IV&V organizational structure will also contribute to proactive problem resolution. Our senior project director will advise and assist our IV&V project manager throughout the project. They will communicate critical issues and risk to MLTC leadership as they are identified, and will not wait for regularly schedule meetings or reporting cycles to address

issues. We will also build strong working relationships between our IV&V team leadership and MLTC leadership to facilitate communication, cooperation and collaboration. Additionally, we will maintain a continual onsite presence that will allow for consistent, in-person participation and interaction of our staff to further promote collaboration and communication.

- ***Collaborative IV&V Service Approach.*** IV&V vendors adopt different styles and approaches to IV&V activities. These approaches may vary in their level of collaboration and the expertise of their staff. In our experience, IV&V is most effective and of greatest value when the IV&V function is independent, yet is structured so that the IV&V team:

  - Works closely with the project management team to promote a high level of collaboration, cooperation, and coordination with IV&V activities, while maintaining a distinct level of independence;
  - Is knowledgeable and experienced in IV&V standards and best practices; and
  - Possesses considerable practical knowledge and experience managing and operating the system project.

As a result, our IV&V project team will consist of senior-level consultants with many years of experience managing and supporting the implementation of large-scale systems, including healthcare claims processing, data management, and eligibility systems. Our IV&V project team will also have access to other company resources steeped in Medicaid and other healthcare operations.

While we recognize that established toolsets that include check lists, document templates, and other pre-defined tools are important to achieving efficiencies and standardization, we believe that it is critical that the IV&V services be tailored to MLTC's specific needs. It is also essential that our IV&V project team establish a strong partnership with the MLTC project leadership and other staff. This partnership will enhance MLTC's capability and capacity to maintain effective project management controls, ensure effective performance for each solution vendor engaged in the project, and to address changes that could adversely impact project schedules and expected outcomes.

To that end, we will ensure that our IV&V approach establishes a highly collaborative environment. We will avoid a "check the box" approach to ensure that we provide MLTC with the right services at the right time. We will provide the necessary project oversight and guidance using our established methodologies, while supplementing those methodologies

with valuable business and technical subject matter expertise. We will enforce an effective IV&V discipline with a team that is experienced, technically savvy, flexible, and responsive to MLTC's unique needs.

Monitoring and Controlling IV&V Services—Each of our IV&V project managers assigned to the EES and DMA projects will utilize our IV&V project plans and other project management tools to monitor the performance of our IV&V project teams and the effective delivery of our IV&V services. Each IV&V project manager will utilize a series of management tools to track staff hours, productivity, and costs, as well as other project related costs such as out of pocket expenses. We deploy these methods and tools in support of all projects. They include our Cost Point financial system, Deltek timekeeping system, and several reporting tools including our project performance dashboard.

The project performance dashboard maintains a real-time report of key project metrics comparing budgeted and actual performance related to staff hours, deliverable completion, project % completion, and expenditures. It also incorporates forecasting data to provide our project teams with a comparison of budgeted, forecasted, and actual performance.

It compares actual and projected work hours and costs against the budget to help us monitor utilization and assess overall performance. We will provide a high-level analysis of our budget status in our monthly IV&V reports.

IV&V Contract/Project Closure—Qualis Health will manage and conduct various closure activities to facilitate the transfer of project artifacts and other information at the conclusion of our contract. The purpose of project closure is to assess the project and derive any lessons learned and best practices to be applied to future projects, and conduct final steps to ensure that all project artifacts and related information are organized and archived for future reference. We will conduct project closure activities in accordance with PMBOK® closeout guidelines to ensure an appropriate transfer of knowledge and project artifacts. These closure activities will be conducted during the final weeks of our contract with MLTC.

- ***Closure Plan.*** Several weeks prior to the conclusion of the project and/or contract, we will prepare a project closure plan that identifies the steps, timelines, and milestones necessary to transition our services to MLTC. A project closure checklist will be developed as part of the plan. Qualis Health will execute the closure plan and perform the following closure activities:
  - Designate a closure coordinator (expected to be our project manager) to manage closure activities and ensure achievement of closeout activities;
  - Conduct exit interviews with key MLTC staff to document any potential outstanding areas of concern or risk associated with the project;
  - Prepare a closure report documenting lessons learned, any outstanding or unresolved issues, and recommendations to mitigate any identified concerns and risks and address opportunities for improvement;

- Facilitate the transfer of any paper or electronic project documents not already in MLTC's possession and review project libraries with designated MLTC personnel;
- Coordinate transition procedures with designated MLTC personnel to ensure that security badges and any other MLTC materials are returned to MLTC;
- Provide documented contact information to ensure that MLTC may follow up with our staff as may be necessary regarding project questions or administrative issues; and
- Conduct a closure meeting with MLTC to review and discuss the closure report and confirm completion of closure activities.

Our IV&V project manager will be responsible for working collaboratively with MLTC to ensure that all appropriate steps are taken to ensure a successful transition. We understand that it may be necessary to perform closure activities after termination of our contract in the event we have been unable to complete all required tasks prior to the termination date.

- ***Closure Report.*** Qualis Health will prepare and submit a project closure report to document project status, outcomes, and lessons learned. The project closure report will be the final document that the Qualis Health team produces for the system project. It will provide MLTC with important information necessary to understand the project successes, best practices for future projects, and any unresolved project issues. The project closure report will contain the following information:
  - Project summary;
  - Assessment of project management effectiveness including final results of project metrics;
  - Lessons learned;
  - Description of any outstanding activities or deliverables;
  - Administrative closure actions including steps for handing over deliverables and other project documentation to MLTC;
  - Contract closure activities; and
  - Description of project library content and structure.

Our IV&V project manager and project team will review a draft of the closure report with MLTC leadership, update as needed, and submit for final approval. At the conclusion of the closure period our project manager will conduct and facilitate a closure meeting with MLTC leadership to review lessons learned, any outstanding or unresolved issues, and recommendations to mitigate any identified concerns and address opportunities for improvement.

- ***Closure Check-list.*** Qualis Health's project manager will execute a project closure check-list to ensure that final project closure activities are defined and completed as designed. As previously discussed, Qualis Health will prepare a closure plan in accordance with the PMBOK® closure guidelines several weeks prior to the conclusion of the project. The project closure plan will identify the steps, timelines, and milestones necessary to transition ownership of project responsibility and materials to MLTC. We will comply with the items contained in the checklist developed and approved by MLTC. We will document actions taken to complete the closure checklist and any issue or deviations from the closure plan in the project closure report.

3.1.1.2 Example of IV&V Project Schedule

An example of an IV&V project schedule prepared by Qualis Health is included in Attachment C—IV&V Project Schedule. This sample IV&V project schedule was prepared during the initial stages of a previous IV&V engagement.

3.1.1.3 Adapting to Varying State Governance Models

The scope, scale, and duration of a large implementation project such as this one creates a level complexity that is characteristically challenging to manage. MLTC's new system solution will serve a diverse population of users, process large volumes of data, and integrate with a number of external systems. Out of the gate, the EES and DMA projects run the significant risk of not meeting project goals and objectives. The level of complexity and risk for these projects is further magnified by the need to coordinate a number of solutions vendors, competing state-wide projects, disparate governance structures, phased implementations of eleven new service and system initiatives, and diverse stakeholder community.

We understand that the EES and DMA projects are just two of the eleven interdependent service and system initiatives that DHHS has or plans to implement in order to achieve its Medicaid enterprise vision. A unified, coordinated governance structure will be necessary for overseeing and managing this portfolio of service and system projects.

As MLTC's IV&V contractor, our IV&V project team will need to coordinate our activities with the plans and schedules for the EES and DMA projects, as well as other various service and system initiative projects. Our IV&V project management approach will need to be flexible and responsive in adapting our approach, activities and staffing resources to evolving project requirements and changes in the project environment.

Varying Governance Structures—MLTC is just one of six divisions within DHHS involved in the eleven service and system initiatives. We would expect that there may be a variety of governance structures in place to oversee various projects and programs. As MLTC moves forward with the EES and DMA projects it will be important that MLTC project leadership coordinate and communicate with other major implementation projects. A lack of coordination

and communication can lead to conflicts in objectives and diverse project teams working at cross purposes.

We further understand that we must adapt our IV&V project management approach to diverse needs of the State's project and IT governance structures. Our IV&V project team will play an important role in the EES and DMA projects. The results of our IV&V assessments will provide important information to State leadership about the performance of the EES and DMA projects. Our IV&V project management approach and reporting methods will need to conform to State requirements.

Adapting our IV&V Project Management Approach—Our IV&V project management methodology provides for a collaborative and flexible approach that can be easily adapted to the State's enterprise project management methods. Throughout the engagement, our IV&V project manager will coordinate with MLTC project leadership to align our management and reporting methods with the State's requirements, and will advise MLTC project leadership on methods to help coordinate management methods across diverse stakeholder groups, multiple vendors, and diverse State governance structures.

Our project director and IV&V project managers will work closely with MLTC project leadership to understand the landscape of the State's governance models, and to establish methods and procedures to align our IV&V project management and reporting methods with the State's. Because our IV&V project management methods are built on industry standards such as PMBOK® and IEEE, there should little difficulty in aligning our methods.

Additionally, our IV&V project management plan and schedule will be coordinated with MLTC and solution vendor project plans and schedules to ensure proper staging and execution of IV&V activities, and coordination and deployment of vendor, State and IV&V resources. We will ensure that we align our IV&V activities with vendor deliverable schedules and milestones. Our IV&V project team will maintain an awareness of State requirements and environmental constraints that must taken into account when planning and executing our IV&V services.

Elements of Effective Governance Structures—In our work on other Medicaid and government system implementations, we have provided our services and aligned our project management methods with a number of different governance model. We have found the following to be key components of an effective project governance structure approach. They are effective in providing better coordination and cooperation among diverse project stakeholders including multiple state agencies and solution vendors.

- ***Project Governance Board.*** A project governance board with representatives of each solution vendor, state project leadership, other key state leadership, and other state department governance boards and project management teams that:
  - Handles conflicts based on a clearly defined, often articulated, and well managed problem escalation process; and

  - Ensures broad participation of representatives across state departments and divisions to enhance the state's ability to coordinate state resources, resolve cross-departmental conflicts, set priorities, and more effectively plan project activity.
- ***Project Management Structure.*** A project management structure that includes all solution vendor project managers as subordinate to the state project leadership team, and establishes standardized project management methods and tools approved by the state.
- ***Project Planning and Scheduling.*** Harmonization of dates, dependencies, milestones, and resource assignments in all project planning documents (e.g., project charters, communications plans, development plans, implementation plans, IV&V plans, training plans, testing plans, and go-live plans, etc.), and monitoring of a high-level strategic timeline showing critical path milestones and dependencies.
- ***Change Control.*** Project methods that include:
  - A vendor change control process that allows solution vendors the opportunity to comment on schedule or solution changes and ensures key project scheduling and design decisions are made in a unified and coordinated fashion.
  - A formal Change Control Board consisting of key project leadership team members should be formed to authorize and prioritize project modifications.
- ***Collaborative Approach.*** To the extent possible, an overarching project management and IV&V strategy that includes:
  - An approach that emphasizes "collaboration" and seeks to remove barriers and mitigate adversarial relationships between project stakeholders.
  - A project management and IV&V focus on achieving project objectives through collaborative interactions and seeking "win-win" options when addressing conflicts.
  - Frequent, regularly scheduled team meetings with project leadership, including key vendors, IV&V, other contractors, and other state resources, should be held to promote collaboration.
- ***Vendor Alignment.*** Project planning and communication that aligns solution vendor performance requirements, establishes shared project objectives, and monitors common success metrics to better coordinate vendor activities, promote vendor cooperation, and achieve desired project results.

Through our IV&V services and consultation, we will assist MLTC to establish and maintain an effective project governance structure, and will adapt our IV&V project management approach to work effectively within that structure.

3.1.1.4 Project Management Requirements

The following table contains the project management requirements as specified in the RFP, and a brief narrative describing Qualis Health's approach to meeting each requirement.

MLTC Requirements	Qualis Health Approach
1. Must develop and submit comprehensive IV&V Project Management Plan(s) work product for Department approval a maximum of 30 days after the project start, and must manage and perform the IV&V services in accordance with the IV&V Project Management Plan(s).	Qualis Health will prepare and deliver a MLTC approved IV&V Project Management Plan within thirty (30) days of the start of the project. Upon project initiation, Our IV&V project manager will coordinate meetings with solution vendor(s) and MLTC project management to review existing project plans and schedules. Using our IV&V planning tools as the foundation for the IV&V Project Management Plan, our IV&V project team will develop a plan specifically for the EES and DMA projects. The IV&V Project Management Plan(s) will contain several key components: ▪ Methodology for achieving project objectives including approach, standards, metrics, and activities; ▪ A schedule for IV&V project activities and tasks including timelines, milestones, resource assignments, and dependencies; ▪ Staffing plan and assigned responsibilities; ▪ Communication strategy/reporting requirements; and ▪ Issue and risk management approach. We will ensure that each plan component harmonizes with all other project planning documents. For example, our proposed IV&V communication strategy and risk management approach will integrate with the approach deployed by the solution vendor(s) and MLTC project management. IV&V activities and tasks will be scheduled in the WBS so as to align with the project implementation schedule. Our IV&V project manager will deliver a draft IV&V Project Management Plan to MLTC within fifteen (15) days of project start. We will review the plan with MLTC to determine any changes or additions that may be required. A final plan incorporating MLTC approved changes will be completed within thirty (30) days of project start. Our IV&V project manager will coordinate updates to the IV&V Project Management Plan as necessary including periodic reviews of the plan and any required modifications.
2. Must develop IV&V project schedule(s) work products a maximum of 30 days after the projects' start and update	Qualis Health will prepare an IV&V project schedule as a component within the IV&V Project Management Plan. Using Microsoft Project, the IV&V project schedule will include a WBS providing a schedule for project activities. The IV&V project

MLTC Requirements	Qualis Health Approach
weekly IV&V schedules that coordinates IV&V activities with project schedules.	schedule will include IV&V activities, tasks, timelines, milestones, dependencies, and resource assignments. The IV&V project schedule will be aligned with solution vendor(s) and/or MLTC project management plans and schedules. IV&V activities and tasks such as gate reviews and vendor deliverable reviews will be scheduled to coincide with solution vendor delivery schedules and appropriate project milestones. As described above, a draft IV&V project schedule will be submitted within in fifteen (15) days of project start for MLTC review and approval. We will revise the schedule based on discussions with MLTC project management as necessary, and submit a final draft within thirty (30) days of project start. Our IV&V project manager will maintain an up-to-date IV&V project schedule, and ensure that it is continually monitored and updated as appropriate. Our weekly IV&V status reports and monthly IV&V reports will reflect the status of our IV&V activities and achievement of IV&V objectives.
3. Must develop clear lines of communication and collaborative working relationships with project teams, project leadership, and CMS.	We will assign seasoned consultants with proficiency in a variety of technical disciplines to proactively address issues and risks in real-time. Our IV&V consultants will be highly involved in the project. Our IV&V project team members will continually interact with EES and DMA vendor staff and MLTC project staff in meetings and conference calls. This will help them to forge effective working relationships, and keep MLTC project leadership informed on critical findings. All IV&V findings and recommendations identified in the course of all of our IV&V evaluation activities will be documented in our IV&V reports. Our IV&V organizational structure will also contribute to proactive problem resolution. Our senior project director will advise and assist our IV&V project manager throughout the project. They will communicate critical issues and risk to MLTC leadership as they are identified. Our IV&V project manager and team will establish a working partnership with MLTC staff to maintain project management controls and address issues that could adversely impact project schedules and outcomes. A strong working relationship between our IV&V team leadership and MLTC leadership will promote a high level of collaboration, cooperation, and coordination, while maintaining a distinct level of independence. We understand the importance of maintaining a level of project independence, and establishing an effective communication and

MLTC Requirements	Qualis Health Approach
	working relationship with CMS as well. We will submit IV&V reports to CMS as required, and will interact with CMS representatives as appropriate to address issues and risks identified during our IV&V assessments. Our IV&V project manager will inform MLTC of our interactions with CMS, while keeping in mind the need for IV&V independence and transparency with CMS. Our IV&V project team will be prepared to MLTC in its dealings with CMS, providing expertise, advise, and support. In preparing our IV&V Project Management Plan, we will work with MLTC to implement an IV&V communications strategy that is consistent and coordinated with the established project communication plan. Our communication approach will ensure proper collaboration and coordination with all project stakeholders. We will establish and follow defined methods and criteria for distributing our IV&V artifacts and deliverables, and ensuring prompt response to all telephone calls, voicemails, and e-mails from MLTC, solution vendors and other stakeholders.

3.1.2 Independent Assessment and Quality Assurance

Qualis Health will apply our standard approach to complete the IV&V contractor responsibilities described in the RFP. Our IV&V approach includes the following key activities:

- Project Initiation and Planning
- Initial IV&V Assessments
- Periodic IV&V Assessments
- Risk Management
- Reporting
- Project Closure

Qualis Health's IV&V assessment methodology and services are aligned with the software development life cycle (SDLC). The timing of our IV&V activities are adjusted to the specific SDLC model (e.g., "waterfall", Agile) associated with each unique project. Each of these phases contains review gates at critical milestones with defined entrance and exit criteria that we review with project leadership to make go/no-go decisions related to transitioning to a new project phase.

The following table provides a phase-by-phase explanation of our IV&V tasks and assessments by key project phases.

Figure 11—Summary of Qualis Health's IV&V Methodology

Phase	Phase Assessment Description
Design	We monitor the work towards establishing effective technical designs, defining data conversion specifications, preparing data structure designs, documenting functional requirements, and establishing designs for systems integration and interoperability. We evaluate the progress and quality of design specifications from preliminary draft designs through completion of final detail designs by completing iterative reviews of planning and design documents. We develop recommendations from our findings from this phase review. Our detailed design review for this phase of the project will evaluate the following: ▪ Business/functional and performance requirements ▪ Interface design ▪ System technical design ▪ Database design ▪ Data management plan ▪ Physical data model ▪ Process design mapping ▪ Data conversion plan ▪ Potential risks and issues
Development	We review preliminary project artifacts to provide assurances that effective user training methods will be deployed; that system validation (test) results are captured and reported in a meaningful fashion; and that planning for maintenance and operation is underway. Significant progress against these deliverables will be a strong indication that a state of "operational readiness" will be achieved in time for go-live. Our work in this phase will include: ▪ Prepare IV&V test plan evaluation strategy, and advise on test approaches, use cases, and scenarios; ▪ Monitor system build, configuration, and development; ▪ Monitor preliminary data conversion validation and test results; ▪ Monitor integration development; ▪ Monitor functional and regression testing validation; ▪ Identify specific issues and risks indicating potential delays in this phase of the project, and recommend improvements and mitigation strategies; and ▪ Ensure that the system has been configured as designed; that interfaces and data conversion tools have been developed as planned; and that effective plans are in place for testing and user training.

Figure 11—Summary of Qualis Health's IV&V Methodology

Phase	Phase Assessment Description
Implementation	The Implementation Phase of the project include activities to verify the system meets requirements via test coverage analysis, UAT trend analysis, and operational readiness testing to implement the system. The Operational Readiness Review is the final major Implementation milestone prior to go-live. The results of the review assist MLTC in determining whether it is sufficiently prepared to utilize the new system in a production environment. Prior to "go-live," assurances must be made that all testing criteria for system functionality, integration, and data conversion has been met; that business continuity plans are in place; that users have been effectively trained; and a go-live or cutover plan is in place. The focus of our evaluation in this project phase will be to confirm criteria and assess the operational readiness of the system. Our review will include, but not be limited to, the following: ▪ User manuals; ▪ Policies and procedures; ▪ Operations and maintenance manuals; ▪ Data use and exchange agreements; ▪ Validation of test results; ▪ Training, including training strategies, plans, materials, and results; ▪ Data conversion, validation and final results; ▪ Contingency and business continuity plans; ▪ Implementation and go-live plans; ▪ Monitoring progress of MLTC's business process reengineering; ▪ Tracking and validation of system performance testing prior to "go-live;" ▪ Monitoring and evaluation of the overall focus on operational readiness planning; and ▪ Preparation production system performance measures to monitor system performance in a production environment after implementation.
Post Implementation	During the Post Implementation Phase, we will complete all activities necessary to monitor post go-live defect correction activity and to monitor the operation of the new system. Our assessment will include, but not be limited to, the following: ▪ Evaluate the new software, systems, and support mechanisms (processes) and monitor the system's performance in a production environment; ▪ Monitor and track post implementation support for deferred defects and change requests; ▪ Assess general system responsiveness and reliability, as well as the level of performance of project staff with the new system; ▪ Evaluate whether the system is being used effectively by the users in support of business functions; ▪ Evaluate the support mechanisms, structures, and processes for the new system to determine their effectiveness; and

Figure 11—Summary of Qualis Health's IV&V Methodology

Phase	Phase Assessment Description
	▪ Document our findings and recommendations related to the systems performance against previously defined and approved system performance metrics.

3.1.2.1 Independent Assessment and Quality Assurance Requirements

The following table contains the project management requirements as specified in the RFP, and a brief narrative describing Qualis Health's approach to meeting each requirement.

MLTC Requirements	Qualis Health Approach
1. Must actively participate in the projects and provide ongoing assessments of the projects to proactively identify risks, issues, and opportunities along with associated recommendations for the project team.	Utilizing our IV&V assessment method that includes observations from participation in project meetings, reviews of project artifacts and deliverables, and targeted assessments at key project phases/gates, we will assess the effectiveness of each system project in a proactive manner. Our IV&V project team will alert MLTC leadership to critical risks and issues and provide remediation recommendations in real-time. Our approach to IV&V will ensure that the status and health of the system project is evaluated in a proactive manner, thus alerting MLTC leadership about critical risks and issues and providing remediation recommendations in real-time. Our approach includes a "three-pronged" IV&V assessment method that includes: ▪ Observations from participation in project meetings; ▪ Reviews of project artifacts and deliverables; and ▪ "Targeted" assessments at key project phases or gates. We will conduct these assessment methods throughout the system project. Our IV&V consultants will observe project staff and activities through their participation in meetings and conference calls. They will alert MLTC project leadership of potential risks and identified issues. In order for this to be effective, we will assign seasoned consultants that not only understand IV&V disciplines, but who are also technically proficient in areas such as project management, Medicaid operations and systems implementation. In this way they can proactively address issues and risks in real-time, and in many cases, prevent issues from becoming more significant problems later in the project. Targeted IV&V assessments will be performed to support CMS required gate reviews and various phase transitions. Additionally, targeted IV&V assessments will be scheduled and/or conducted on an ad-hoc basis to evaluate a specific aspect of the project or

MLTC Requirements	Qualis Health Approach
	address an identified issue or concern All findings and recommendations identified in the course of all of our IV&V evaluation activities will be documented in our IV&V reports. This will support our formal reporting and documentation process.
2. Must assess the progress of the projects against the planned schedules, budgets, and resource utilizations.	Effective performance on a project or contract is directly correlated to the quality of work plans, and the efficiency and effectiveness of the staff working to support the project or contract. Our IV&V project manager and team will be responsible for monitoring project budget planning and management process, and monitoring the EES and DMA project schedules and performance. Our project management methodology incorporates performance criteria to monitor and evaluate project effectiveness. These metrics include Cost Performance Index (CPI), Cost Variance (CV), and Earned Value (EV). In support of the system project we expect to track, at a minimum, results associated with the following performance metrics: ▪ Percent of schedule adherence or schedule variance (SV); ▪ Percent of planned tasks completed on time; ▪ EV to monitor value of completed work (% of completed work/total project budget); ▪ CPI to measure cost efficiency (i.e., EV/actual cost); ▪ CV budgeted cost less actual cost; and ▪ Schedule performance index (SPI) to monitor schedule efficiency (i.e., EV/planned value). Tracking of these metrics will help MLTC to assess performance against project budget objectives. Performance metric results will be documented in our monthly IV&V reports.
3. Must assess the projects' resources, managerial responsibilities, and governance structure to identify gaps and provide recommendations.	Our IV&V project team will evaluate MLTC's and each solution vendor's project management structure, deployed resources, budget, schedules, planning and solution deployment. We will participate in ongoing project management meetings that include EES and DMA vendors, and MLTC resources. We will review project planning and tracking documents. Our IV&V project team will evaluate: ▪ Project management organization and governance structures to ensure appropriate lines of authority and reporting, adequate technical and managerial oversight, efficiencies and separation of duties, and appropriate project oversight and accountability of project costs and schedules. ▪ Project management approach to support training, process

MLTC Requirements	Qualis Health Approach
	definition, independent QA, configuration management, and product evaluation. ▪ Project management plans and reporting to ensure that appropriate plans are in place, management procedures defined and deployed to plan, measure, monitor, and track project status, issues, risks, and corrective actions. ▪ Project schedules to confirm appropriate WBS, critical path, key dependencies, milestones, data, budget, resource utilization, and completion. ▪ Project tracking tools to identify, monitor, and manage issues, risks, mitigation strategies, resolutions, and stakeholder concerns. ▪ Project life-cycle methodologies to address requirements development, architectural design, development, configuration management, business process reengineering, change management, testing, training, operational readiness, and go-live. ▪ Communication plans to ensure proper collaboration and coordination of project stakeholders. ▪ Project staffing plans to maintain adequate staffing levels and skills mix. Over the duration of the project, we will monitor each solution vendor's and MLTC's approach and performance, and where appropriate, recommend process improvements, risk mitigation strategies, and corrective actions. We will work closely with MLTC to ensure that recommendations are practical, add value, and aligned with your overarching project management strategy or approach.
4. Must participate in all project meetings unless otherwise directed by MLTC.	The Qualis Health IV&V team will actively participate in all standing functional project meetings as well as ad-hoc meetings. To maximize efficiency and value, we will assign project team members with the most relevant subject matter expertise to each meeting as appropriate to ensure coverage is provided by knowledgeable staff. Our participation in meetings will allow us to observe, gather evidence, and determine if there are any issues, problems, risks that impact project schedules, staffing, quality, requirements, and/or environment. Our IV&V project team's ongoing participation in key project meetings and conference calls throughout the system projects will allow us to quickly identify, respond, and escalate issues and risks appropriately in order to contain or mitigate the impact of risks. Our IV&V project manager will work with MLTC project leadership to confirm meeting schedules and participation levels.

MLTC Requirements	Qualis Health Approach
	During the course of our IV&V assessments and ongoing participation in system project meetings and activities, our IV&V team will identify and quantify potential risks that could negatively impact the success of system projects. Our IV&V team will document risks in the risk register, weekly status IV&V report, monthly IV&V report, and other status documents as necessary. Our IV&V project manager and team members will be available to meet with MLTC project leadership on a regular basis to review assessment findings, discuss system project status, and advise on any aspect of the project. We will recommend course corrections to keep the project on schedule and aligned with project objectives. Our IV&V project team will participate in weekly project status meetings with MLTC leadership. We will work closely with MLTC project leadership and the solution vendors to alert them of issues and risks in real-time so as to mitigate potential risks before they escalate into critical issues.
5. Must perform an independent assessment of issues where the implementation contractors and MLTC' project management organization disagree and provide the results of the assessment and recommendation to MLTC leadership.	IV&V is most effective and objective when conducted independently from the other project stakeholder teams. This independence offers IV&V autonomy to provide candid and objective feedback and observations. We will make use of this independence to help address disagreements between solution vendors and MLTC, as well as between other stakeholders. Our senior-level IV&V consultants have the industry expertise, experience, and skills to facilitate resolution of issues and disagreements between solution vendors and MLTC. Our IV&V project team will perform targeted assessments as necessary to investigate and evaluate specific conflicts and disagreements. We will develop recommendations for improvement and corrective action. Our evaluations will be based on objective criteria such as contractual requirements, established project metrics, and information gathered during our investigation. We will work closely with all parties to work toward a fair and balanced resolution to all conflicts, and to recommend practical resolution and mitigation actions. We recognize there will be occasional disagreements with our IV&V teams' findings and recommendations. To address disagreements and differences of opinion, we will work to develop a collaborative relationship with solution vendors and MLTC that builds a high level of trust between our organizations. Additionally, our IV&V project manager will work with MLTC project leadership to establish a process that will allow us to address any disagreements in a systematic manner, and to ensure our perceptions, findings, and recommended mitigation strategies are accurate, appropriate, and practical.

MLTC Requirements	Qualis Health Approach
6. Must perform one or more reviews of project deliverables and work products including but not limited to infrastructure, system documentation, design, working code, test scenarios, test cases, test results, plans, etc. and provide a detailed assessment of the quality of the deliverables and work products along with recommended changes. Assessment must include a recommendation on whether MLTC should approve the work product or deliverable. Review must address at minimum the following attributes: ○ Traceability and adherence to requirements ○ Clarity ○ Completeness ○ Consistency ○ Quality ○ Adherence to applicable laws, rules, and guidelines	Qualis Health will review system project vendor(s) work plans and coordinate with vendor and MLTC to establish a schedule for reviewing all work products/deliverables to be prepared by each solution vendor. We will develop a deliverable review and assessment schedule for each identified deliverable to the extent possible during each phase of the system project. The review schedule will be incorporated into our work plan, which will be reconciled to both the solution vendor and MLTC work plans to ensure coordination through sequencing of tasks and the availability of resources. We will be prepared throughout the project to respond to any ad-hoc requests for deliverables reviews and assessments as necessary. We will work directly with MLTC in the development of acceptance criteria for each deliverable. The acceptance criteria will be based on MLTC's RFP and the vendor proposal requirements. We will evaluate vendor deliverables to ensure: ▪ Clarity; ▪ Completeness; ▪ Consistency; ▪ Quality; ▪ Alignment and compliance with specifications and requirements; and ▪ Adherence to applicable laws, rules, and guidelines. We will prepare a deliverables assessment report to identify all acceptance criteria and demonstrate the progress toward and/or compliance to the required criteria. Our approach for conducting assessments will be an iterative process that includes collaboration with the solution vendor and MLTC staff. Our IV&V project team will evaluate solution vendor(s) documentation describing design expectations and requirements for the deliverable prior to initiation of work on any vendor deliverable. For major deliverables as appropriate, we recommend that each solution vendor conduct a presentation of the deliverable with MLTC and our IV&V consultant(s) assigned to the deliverable review. The solution vendor will provide a high-level walkthrough (summary) of the content and structure of the deliverable. We will then review the deliverable and document our findings. If necessary, we will facilitate a meeting with the solution vendor to initiate corrective actions for deliverables that are not accepted by MLTC. This will be an iterative process until the deliverable is

MLTC Requirements	Qualis Health Approach
	accepted. We will monitor each solution vendor's performance to ensure that requirements are properly defined and documented. We will assess vendor deliverables to confirm consistency of requirements throughout the design, development, and implementation activities to ensure compliance with RFP, contract, and various design documents specifications. Our IV&V project team will collaborate with MLTC to establish an appropriate platform for tracking business and technical requirements. This could include our own requirements traceability matrix tool or another tool specified by MLTC. Our findings and recommendations will be documented to help ensure the final deliverable will meet requirements and MLTC expectations. Our deliverable assessment reports are designed and formatted for ease of use and highlight predefined evaluation criteria or metrics. Each assessment report will also contain a recommendation for MLTC approval or rejection of the deliverable. We will incorporate the results of each deliverable assessment in our IV&V deliverables including monthly IV&V reports and our vendor deliverable tracking log.
7. Must assess project plans, processes and procedures to identify improvements and whether they are being followed.	Our IV&V project team will review current project management objectives, plans, policies and procedures to validate that they are: ▪ Aligned with industry standards and best practices; ▪ Consistent with State and CMS requirements (e.g., Seven Conditions and Standards); ▪ Complete, comprehensive, logical, and applicable to the scope of the project; and ▪ Consistently deployed, followed, monitored, and updated as necessary. We will assess the appropriateness of the project work plan, staffing plan, and schedule, and evaluate dependencies and potential priority conflicts that could result in resource shortages or redundancy, task bottle necks, and schedule slippage. Our IV&V project team will review a number of project artifacts, deliverables, plans, procedures, and other documents that may include: ▪ IAPDs ▪ Project charter documenting purpose, goals and scope ▪ Project work plans, staffing plans and schedules ▪ Change management processes

MLTC Requirements	Qualis Health Approach
	▪ High-level and detail design approach documents ▪ Requirements management and traceability methods ▪ QA approach ▪ Software development plan (i.e., development and configuration methodology) ▪ System testing approach ▪ Code release management processes ▪ Defects management processes and results ▪ Interface planning and development ▪ Data conversion planning and activities ▪ Systems security approach ▪ Testing strategy and plans ▪ Certification strategies and plans We will analyze our findings, develop recommendations for improvement, and document them in an assessment report. We will conduct an initial assessment and periodic reviews to track improvements and adherence to plans.
8. Must assess project change orders for the following: o The change order is following the approved change management plan and processes. o The change order is within the scope of the existing contract. o Cost and resource estimates for the change order are reasonable. o Recommendations for alternate approaches to achieving the outcome of the change order.	Our IV&V project team will monitor and track project change orders to monitor potential project "scope creep." While changes in project scope are inevitable, "scope creep" is a common cause of project failure. Issues with "scope creep" may be introduced by the solution vendors or MLTC, and may results from poorly defined contracts terms and requirements, ineffective project management actions, or changes in the business or political environment. These factors may contribute to unanticipated requirements that negatively impact project budgets and schedules. We understand and appreciate the balance that must be maintained between meeting project goals and schedules, and ensuring that needs and goals of various project stakeholders are adequately addressed. To help manage project scope and avoid the negative impact of change orders, Qualis Health will complete periodic formal scope assessments. We will also: ▪ Ensure that project activities, as well as solution vendor deliverables and plans, align with the requirements in the contract. ▪ We will help to ensure that project goals and priorities are clearly articulated to all project stakeholders, and serve as a strategic framework for project decisions. ▪ We will review project activities to ensure that the proper project stakeholders are included in appropriate project activities (e.g., too little stakeholder participation is a risk, while over involvement of too many stakeholders in project

MLTC Requirements	Qualis Health Approach
	activities leads to unnecessary expansion in scope). ▪ We will evaluate, monitor and recommend change management techniques to ensure changes to requirements are controlled, clearly communicated, and justified. ▪ Scope changes will be addressed as a project risk, and will be assessed, documented, and mitigated. We will work with MLTC to establish a scope management methodology that is incorporated into the overall project management and QA approach. We will recommend change control processes to address environmental influencers and other factors that may result in an unplanned project change during the project life-cycle. Our scope management approach will include these change control processes that address: ▪ Definition of scope change requirements; ▪ Establishment of change request inventory and metrics for tracking purposes; ▪ Verification that the change request varies from contract defined requirements; ▪ Identification of change request risks and alternative approaches to the change requests; ▪ Approval and validation of change request; ▪ Planning of scope change activities and incorporation into overall project plans; and ▪ Communication of scope changes and scheduling implications to project stakeholders. Our weekly IV&V status reports, monthly IV&V reports, issues logs, and risk registers will reflect the details and implications of the scope changes.

9. Must comply with IV&V regulatory requirements detailed in 45 CFR 95.626.	Our IV&V methodology is founded on industry standards and best practices as established by PMBOK® and IEEE. Our IV&V methods and tools comply with 45 CFR Part 95.626 as follows:
	▪ ***Project Work Plan.*** We will prepare and submit a draft MLTC IV&V Project Management Plan and Schedule within twenty (20) days of the start of the project. The IV&V Project Management Plan will contain several key components including:
	  ○ Methodology for achieving project objectives including approach, standards, metrics, and activities;
	  ○ A schedule for IV&V project activities and tasks including timelines, milestones, resource assignments, and dependencies;

MLTC Requirements	Qualis Health Approach
	○ Staffing plan and assigned responsibilities; ○ Communication strategy/reporting requirements; and ○ Issue and risk management approach. A final plan incorporating MLTC approved changes will be completed within thirty (30) days of project start. In coordination with MLTC, we will deliver the IV&V Project Management Plan and Schedule directly to CMS at the same time it is submitted to MLTC. ▪ ***Project Assessments.*** Through our various IV&V assessment processes including participation in meetings, deliverable reviews, and periodic assessments (e.g., initial review, project gate reviews), we will evaluate vendor(s) and MLTC project management and technical performance. We will document our findings and recommendations in IV&V reports and coordinate with MLTC to ensure that our IV&V reports are submitted to CMS at the same time they are delivered to MLTC, as appropriate. ▪ ***Stakeholder Assessments.*** We will work with MLTC to adopt an effective IV&V communications strategy that will ensure effective coordination with all project stakeholders. Our IV&V assessments will be conducted with key project stakeholders. Our IV&V project manager will coordinate with MLTC project leadership to identify and collect specific project documents, and identify key stakeholders to participate in the interviews to assess stakeholder involvement and acceptance of system functionality and project objectives. Our IV&V approach will maintain a focus on MLTC objectives, pre-defined project success criteria, and critical dependencies between each system module implementation tasks and requirements. We will help MLTC to align project stakeholder expectations and manage project tasks toward the ultimate objectives of achieving Medicaid program business objectives for quality and efficiency. ▪ ***Past Performance Assessment.*** Our IV&V project team will conduct an initial IV&V assessment to evaluate project progress to date, results, and status against performance metrics. We will document our findings, analysis, and recommendations in the Initial QA/IV&V Report. We expect the project management approach, planning, and design related issues to be our primary points of focus during the initial assessment; however, we will evaluate all relevant activity to date to gain a clear understanding of past performance on the project and the most current status. The initial review will establish a baseline for project performance

MLTC Requirements	Qualis Health Approach
	metrics to be used to compare performance in later phases of the project. ▪ ***Risk Management***. Our IV&V team will identify risks, track issues, assess the impact of risk and issues within each major project phase, and prioritize risk based on dimensions of criticality and probability. Our team will develop and document practical strategies and tactics for addressing issues, and offer recommendations and counsel for mitigating each of the potential risks that we identify. We will address significant issues, risks, and mitigation strategies to be addressed in real time. ▪ ***Performance Metrics***. We rely on industry standards, best practices, and performance metrics as the basis for our IV&V approach and associated decision making. Our approach incorporates performance criteria to monitor and evaluate project effectiveness. These metrics can include, at a minimum, CPI, CV, and EV. We will recommend project success criteria and performance metrics that promote achievement of MLTC project objectives, and will monitor project performance against agreed upon success criteria and performance metrics.
10. Must identify areas of un-necessary duplication and overlap between roles on the projects.	Our IV&V project team will review project staffing and resource plans, and conduct interviews with key project staff to determine whether project roles and responsibilities are clearly defined and understood. Any EES or DMA project team confusion over roles and responsibilities could result in a number of issues including: ▪ Duplication of work on tasks and project deliverables; ▪ Unnecessary down or idle time; ▪ Incomplete or forgotten tasks; ▪ Lack of ownership and accountability for tasks and deliverables; ▪ Unnecessary "hand offs" for approval and authorization; ▪ Extra work process steps that do not add value; ▪ Creation of "busy work" on non-essential tasks; and ▪ Work stoppages to gain clarification and direction. In general, these issues could lead to cost overruns, schedule delays, and poor system quality. We will review the EES and DMA project management plans and IAPDs, evaluate any project responsibility charts (e.g., RACI chart), and observe EES and DMA project activities to identify any inefficiencies and unnecessary duplication work. We will work closely with MLTC project leadership to resolve issues as they are identified and will document our findings and recommendations for

MLTC Requirements	Qualis Health Approach
	improvement in our IV&V reports. We will advise MLTC project leadership to help plan and deploy project teams possessing the appropriate mix of skills, and to achieve an effective level of project team productivity through proper planning, communication, coordination, and expectation management.
11. Must assess and verify requirement traceability throughout the project and system development lifecycle of the projects.	We will evaluate the methodology for maintaining requirements traceability throughout the EES and DMA projects. We will evaluate each solution vendor's plan for managing requirements to ensure that effective processes and tools are in place to identify, confirm, and manage adherence with business and technical specifications for each system component or module. In addition to evaluating the requirements management approach, our IV&V project team will monitor each solution vendor's performance to ensure that requirements are properly defined and documented. We will review and assess vendor materials to confirm consistency of requirements throughout the design, development, and implementation activities to ensure the systems are implemented as specified in the RFP, contract, and various design documents. We will utilize and maintain a requirements traceability matrix (RTM) to monitor solution vendor adherence with contractual, design, certification, and regulatory requirements. The RTM will provide a tool to evaluate gaps in compliance with requirements, and track recommendations and/or actions for addressing gaps. We will monitor the RTM and review results with MLTC project leadership to assess each solution vendor's performance in meeting their obligations. We will collaborate with MLTC to establish an appropriate platform for tracking business and technical requirements. This could include our own requirements traceability matrix tool or another tool specified by MLTC.
12. Must develop and monitor project performance metrics which allow tracking project completion against milestones.	Industry standards and best practices, and performance metrics are foundational to our IV&V approach. Our methods and tools support analytical and objective evaluation of project performance and status. For the EES and DMA projects, we anticipate utilizing and analyzing a number of key metrics in order to track project completion against milestones including: ▪ SV (% of schedule adherence); ▪ Percent of Planned Tasks Completed On Time; ▪ EV (value of completed work);

MLTC Requirements	Qualis Health Approach
	▪ CPI (cost efficiency); ▪ CV (budgeted cost less actual cost); and ▪ SPI (schedule efficiency). Throughout various phases of the project, specific metrics will be monitored to track vendor performance, system quality, and accomplishment of specific project tasks activities. These metrics might include: ▪ Percent of Deliverables Rejected; ▪ Percent of Deliverables Delivered On Time; ▪ Percent of Actual Work Completed Versus Planned; ▪ Percent of Planned Tasks Completed On Time; ▪ Stakeholder Satisfaction Survey (e.g., measures stakeholder engagement, experience, support, and so forth); ▪ Volume of Change Requests; ▪ Percent Tests Executed; ▪ Percent Tests Completed; ▪ Percent of Passing Tests; ▪ Percent of Severity 1 & 2 Defect; ▪ Percent of Defects Resolved; ▪ Average Age of Defects; ▪ Average Defect Resolution Time; and ▪ Percent Adherence to Requirements (e.g., RFP, contract, design, test case, MITA, CMS certification). In addition, our IV&V project team will monitor, evaluate, and document the status of project success criteria that promote achievement of MLTC project objectives. These may be defined in the project charter or developed separately to help maintain a strategic view of the aims of the EES and DMA projects. The CMS certification requirements, milestone review criteria, and MITA standards also represent metrics that may be tracked to measure project success. Our IV&V project manager will advise and coordinate with MLTC project leadership to define these metrics and determine how best to monitor and report on them.
13. Must submit criteria for approval for defining a Critical Incident which could adversely affect the outcome of the projects.	We understand that we must file a report for each critical incident that we identify during the course of our IV&V activities. The report will describe the nature and impact of the incident, and mitigation recommendations for resolving the incident or mitigating its impact on the project. To prepare for a potential critical incident, our IV&V project team will recommend procedures for identifying, reporting, and

MLTC Requirements	Qualis Health Approach
	addressing critical incidents in relation to the EES and DMA projects. Critical incidents may include: ▪ Unanticipated loss of key project staff; ▪ Significant performance issue with key project staff; ▪ System environment downtime that impedes the ability of project staff to perform required duties; ▪ A key project metric in critical status representing current and continued impacts to project progress; ▪ Inability of a key project stakeholder (e.g., solution vendor, MLTC) to deliver or perform critical path task as planned; ▪ Identification of business critical functionality not ready for release or production; ▪ Occurrence of an untenable number of high severity system defects identified in testing; ▪ Unforeseen and unpredictable policy changes resulting from federal and state mandated legislation; and ▪ Unanticipated loss of project funding. Our IV&V project team will develop recommendations for severity level designations and "triggers" to determine protocols for remediation, mitigation, and communication actions. Our IV&V project manager will submit recommendations for critical incident reporting criteria, and will coordinate with MLTC project leadership to confirm agreement on criteria, critical incident report formats, submission procedures, and communication protocols.
14. Must notify the Department immediately when the IV&V Contractor discovers any Critical Incident. Provide a Contractor Critical Incident Report for each Critical Incident that summarizes the incident, how it may affect the project, notes any discrepancies found by the IV&V Contractor and provides a proposed action plan to resolve the incident and mitigate its impact.	The EES and DMA projects may experience events or environmental factors that seriously threaten successful achievement of project objectives or timelines, and/or impact the required functionality or quality of the systems. The occurrence of these events and environmental factors represent a critical incident impacting desired project outcomes. They may have an immediate impact on the project; or pose a clear, highly probable and severe risk that will cause a critical impact later in the project. If we discover a critical incident during our review of project deliverables or as a result of any of our IV&V activities, we will notify MLTC immediately, and provide a critical incident report no later than five (5) business days following the discovery of a critical incident. Upon discovery of an event, circumstance, or issue that is perceived or determined to have a critical impact on the project progress, task, schedule, success or quality, our IV&V project team will take appropriate steps to:

MLTC Requirements	Qualis Health Approach
	▪ Immediately notify MLTC project leadership of a potential critical issue verbally and via e-mail; ▪ Document the nature, specifics, and timing of the event or issue; ▪ Assess the impact of the critical incident; ▪ Develop a recommendation for remediation and mitigation; ▪ Document our critical incident analysis and recommendation in a critical incident report, and submit the report to the pre-designated MLTC representative; ▪ Enter the critical incident into a tracking log and include the incident in our IV&V report for tracking purposes; and ▪ Follow-up on remediation and mitigation activities, and monitor, track and document resolution. We will include a summary of any critical incidents discovered during the reporting period and any other unresolved incident in our weekly IV&V status report and monthly IV&V report.
15. Must interview and observe project management staff and developer staff and observe project meetings and activities to understand the process, procedures, and tools used.	A key responsibility for our IV&V project team will be to assess the methods and tools used to design, develop, implement and manage the EES and DMA solutions. Through general ongoing observations, and our review of project approach and plan documents, we will evaluate the effectiveness of methods, processes, procedures, and tools used to support key project activities including system design, configuration management, development, testing, training, and project management. As needed, we will conduct interviews with solution vendor and MLTC staff to ensure our understanding of prescribed project methods and the effectiveness of their deployment. Additionally, an important function of our IV&V team will be to monitor and assess project staff effectiveness, capabilities, and capacity. This includes EES and DMA solution vendor project management, development, and implementation staff, as well as MLTC project management staff. Through participation in project meetings and other ongoing interactions with vendor and MLTC project staff, we will monitor staff performance, and identify any issues related to staff capability and capacity. Project staffing deficiencies are a common problem with these MES-related projects, often the result of vendors redeploying key personnel or understaffing of Medicaid personnel. We will document our findings and recommendations for improvement in our IV&V reports, but will notify MLTC project leadership immediately if we identify a critical deficiency in process or staffing.

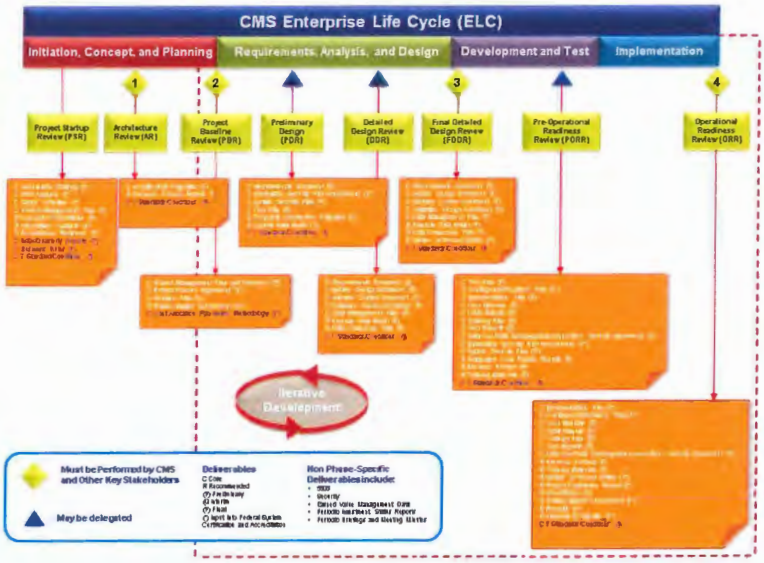
MLTC Requirements	Qualis Health Approach
16. Must review and analyze all applicable and available documentation for adherence to accepted, contractually-defined industry standards.	Our IV&V project team will review and evaluate project artifacts and documentation produced by the EES and DMA vendors, MLTC, and other project stakeholders. ▪ ***Deliverable Review Planning and Preparation***. Our IV&V project team will review EES and DMA solution vendor(s) work plans and coordinate with vendors and MLTC to establish a schedule for reviewing all project deliverables and artifacts during each phase of the system project. The review schedule will be incorporated into our work plan. Our IV&V project manager will reconcile the EES and DMA vendor and MLTC work plans to ensure sequencing of tasks and the availability of resources are coordinated. We will also conduct ad-hoc deliverable and artifact assessments as necessary throughout the project. Our IV&V project team will document the planned review date and status of vendor deliverable assessments in our vendor deliverable management tool. This will help us to prepare for upcoming reviews and track the disposition of complete vendor deliverable assessments. We will establish acceptance criteria for each deliverable based on contractual, regulatory, and certification requirements, as well industry standards and best practices. Our deliverable assessment report templates are designed and formatted for ease of use, and highlight critical evaluation criteria including quality, accuracy, and compliance with requirements. Our IV&V project team will evaluate solution vendor(s) documentation describing design expectations and requirements for the deliverable prior to initiation of work on that deliverable. For major vendor deliverables, we recommend that the solution vendor conduct a presentation of the deliverable with MLTC and our IV&V project team member(s) assigned to the deliverable review prior to our review. The solution vendor will provide a high-level walkthrough (summary) of the content and structure of the deliverable. ▪ ***Deliverable Review Process***. We will review and evaluate all applicable and available documentation for adherence to accepted, contractually-defined industry standards. Our IV&V project team will document our findings and recommendations for improvement to help ensure the final deliverable meets all requirements and MLTC expectations. We will ensure that our evaluation findings are supported with evidence; and that recommendations are practical, implementable and consistent with industry standards. Each deliverable assessment will include an IV&V recommendation to MLTC regarding

MLTC Requirements	Qualis Health Approach
	acceptance or rejection of the deliverable. Preparation and submission of the deliverable assessment reports will contribute to our IV&V responsibility to provide continuous project performance feedback to MLTC. Our reports will help to identify project deficiencies, define opportunities for improvements, and uncover potential project-related risks. In addition, these reports will provide important data to the solution vendors and MLTC project leadership regarding EES and DMA operational and system readiness. If necessary, we will facilitate a meeting with the solution vendor to initiate corrective actions for deliverables that are not accepted by MLTC. This will be an iterative process until the deliverable is accepted. We will incorporate the results of each deliverable assessment in our IV&V deliverables including monthly IV&V reports and our vendor deliverable tracking tool.

3.1.2.2 Approach to IV&V Services

Our IV&V project team will utilize an IV&V approach, methods and tools documented in our IV&V methodology manual for delivering our IV&V services to MLTC. Our standard IV&V approach is founded on industry standards and best practices, as well as methods that our consultants have developed and refined in other projects.

Qualis Health's approach to IV&V services includes conducting periodic reviews to evaluate the health of the system project, the quality of solution vendor deliverables, and the effectiveness of ongoing project planning and management activities. This includes verifying and validating the:



- Effectiveness of the system project approach;
- Quality of solution vendor activities and solutions;
- Effectiveness of planning and management for that phase of the project or vendor activity;

- Alignment of solutions to stated system requirements; and
- Sufficiency of the system solution modules to meet CMS certification requirements.
- These assessments are instrumental in identifying project risks and determining readiness to advance through major project phases. Our periodic reviews build on an initial IV&V assessment and incorporate all requirements for IV&V in the RFP.

Our assessment methodology is designed to align with major implementation phases including those defined in the DHHS Enterprise Performance Life-Cycle (EPLC), CMS Expedited Life Cycle (XLC), and CMS IT Enterprise Life-Cycle (ELC) models. The assessment tools (e.g., interview forms, document review forms, and checklists) used during the assessment process will be tailored to meet the specific needs and focus areas associated with the major phases of each project and the specific criteria established for each deliverable.

Throughout each project we ensure that our IV&V methods and deliverables comply with CMS and any state standards and guidelines for IV&V contractors that address evaluation of project conditions that include:

- Risk management
- Cost and schedule review
- Technical quality
- Performance measurement
- Product development requirements (scope)
- Project management

Our periodic system project IV&V assessments include reviews of completed solution vendor deliverables and "targeted" assessments at key milestones throughout the system project.

We will deploy our IV&V methodology in the delivery of our IV&V services for MLTC's EES and DMA projects, as well as with any additional projects that we may support. While our standard methodology provides a framework for our IV&V approach, we recognize that we must be flexible in our approach in order to address MLTC's specific requirements for the EES and DMA projects. Our IV&V project manager will coordinate MLTC project leadership to align our approach with the needs of the projects.

The following provides an overview of the key IV&V activities that we will be included in our approach to IV&V services with the EES and DMA projects.

IV&V Project Initiation and Planning—During this start-up period for our IV&V services, our IV&V project team will establish our IV&V "rules for engagement" through the preparation of IV&V procedures and an IV&V plan that will guide our team's efforts and help to ensure compliance with contract requirements and achieve EES and DMA project objectives.
During this start-up period, we will:

- Prepare and refine IV&V tools including all forms, training materials, and other documents, information and procedures that may require MLTC approval;

- Develop an IV&V project management plan and schedule; and
- Conduct an IV&V kick-off meeting.

Our IV&V project initiation and planning activities are presented in greater detail in Section 3.1.1—Project Management of this proposal.

Initial IV&V Assessment—During the initial phase of the system project our project team will conduct a series of baseline evaluations to understand and document the current status of key project conditions. At the outset of our IV&V activities, our team of IV&V consultants will perform and document the following:

- ***Risk Assessment.*** Evaluation of system project risks as they relate to technical, procurement-related, project management and other project dimensions.
- ***Project Management Assessment.*** Evaluation of the system project management approach including performance by vendor(s), MLTC, other DHHS divisions, and other State agencies engaged in the project.
- ***Project Schedule Review.*** Evaluation of the system project schedule and work plan.
- ***Requirements Assessment.*** Evaluation of system solution and project requirements.
- ***Procurement Approach Assessment.*** Evaluation of the procurement strategy and approach for any active or planned solution procurements (if appropriate to the project).
- ***Compliance Review.*** Evaluation of system project status in relation to federal, state and other requirements with focus on CMS certification requirements.

These IV&V assessments will be conducted by reviewing available and relevant documentation and conducting a series of individual and group interviews with key project stakeholders. Our IV&V project manager will coordinate with MLTC project leadership to identify and collect specific project documents, and identify key stakeholders to participate in the interviews and schedule meeting and conference call appointments.

Upon completion of each of the assessment areas listed above, our team will conduct "playback" sessions to review our findings, conclusions, and preliminary mitigation recommendations. We will facilitate these sessions providing informal documentation for review, discussion, and clarification. Once we have completed "playback" sessions for each of the assessment areas, our team will prepare an initial system project IV&V assessment report that documents our IV&V findings, relative risks, recommended mitigation strategies and improvements, and recommended priorities.

These initial IV&V reviews will establish a baseline for project performance metrics that will be used to compare performance in later phases of the project.

Vendor Deliverable Assessments—Qualis Health will review system project vendor(s) work plans and coordinate with vendor and MLTC to establish a schedule for reviewing all

deliverables to be prepared by each solution vendor. We will be prepared throughout the project to respond to any ad-hoc requests for deliverables reviews and assessments as necessary.

We will work directly with MLTC in the development of acceptance criteria for each deliverable. The acceptance criteria will be based on project deliverables that meet the MLTC's RFP, vendor proposals, and contractual requirements. Active participation during requirements analysis meetings with MLTC and the implementation team will allow for a complete understanding of the requirements decisions. To capture our findings and recommendations for each deliverable evaluation, we will prepare a deliverables assessment report so as to identify all acceptance criteria and demonstrate the progress toward and/or compliance to the required criteria.

Phase	Deliv ID	Deliverable Name	Type	Primary IV&V Reviewer	Secondary IV&V Reviewer	Initial Deliv Due Date	Initial QA Review Due Date	DSDS Acceptance Due Date	Initial Receipt Date	Initial QA Review Response Date
1	6.26.1	Pilot Plan - APS	DED	Diane	Everett	9/11/2014	9/17/2014	9/18/2014	9/11/2014	9/16/20
1	2.10.1	Training Report - APS	DED	Diane	Everett	1/12/2015	1/16/2015	1/20/2015	1/13/2015	1/15/20
2	3.13.2	System Documentation - Joint Application Mapping Session Documentation - Case/Prov	Deliv	Diane	Lynda	3/12/2015	9/23/2015	2/22/2016	4/13/2015	
2	4.18.2	Data Cleansing Plan - Case/Prov	DED	Diane	Todd	10/26/2015	11/6/2015	11/9/2015	10/26/2015	10/30/20

Our approach for conducting assessments will be an iterative process that includes collaboration with vendor and MLTC staff. We will maintain a suite of assessment tools that will be utilized, as needed, but we will also develop or modify tools to align with specific MLTC needs. We will develop a deliverable review and assessment schedule for each identified deliverable to the extent possible during each phase of the system project. The review schedule will be incorporated into our work plan, which will be reconciled to both the solution vendor and MLTC work plans to ensure sequencing of tasks and the availability of resources are coordinated.

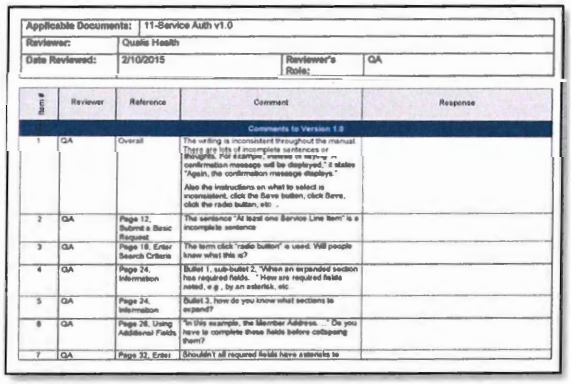
We will document and monitor the status of vendor deliverable assessments in our vendor deliverable management tool. This tool helps our team to schedule and track the disposition of vendor deliverable assessments.

Our deliverable assessment reports, which are based on predefined evaluation criteria or metrics, are designed and formatted for ease of use and highlight critical evaluation criteria including:

- Quality and accuracy;
- Alignment with project objectives;
- Compliance with CMS certification criteria;
- Adherence to the project plan and strategy;
- Adherence with specified requirements including state and federal requirements;
- Identification of issues, deficiencies, and risks, including corresponding recommendations for improvement;

- Deliverable acceptability recommendations, including conditions required for acceptance; and
- Compliance with deliverable design specifications including MLTC agreed-upon format and content.

For major deliverables as appropriate, we recommend that each solution vendor conduct a presentation of the deliverable with MLTC and our IV&V consultant(s) assigned to the deliverable review. The solution vendor will provide a high-level walkthrough (summary) of the content and structure of the deliverable. We will then review the deliverable and document our findings.



Applicable Documents:	11-Service Auth v1.0		
Reviewer:	Qualis Health		
Date Reviewed:	2/10/2015	Reviewer's Role:	QA

Item #	Reviewer	Reference	Comment	Response
			Comments to Version 1.0	
1	QA	Overall	The writing is inconsistent throughout the manual. There are lots of incomplete sentences or thoughts. For example, "review or review ... confirmation message will be displayed," it states "Again, the confirmation message displays." Also the instructions on what to select is inconsistent, click the Save button, click Save, click the radio button, etc. .	
2	QA	Page 12, Submit a Basic Request	The sentence "At least one Service Line Item" is a incomplete sentence	
3	QA	Page 18, Enter Search Criteria	The term click "radio button" is used. Will people knew what this is?	
4	QA	Page 24, Information	Bullet 1, sub-bullet 2, "When an expanded section has required fields. " How are required fields noted, e.g., by an asterisk, etc	
5	QA	Page 24, Information	Bullet 3, how do you know what sections to expand?	
6	QA	Page 26, Using Additional Fields	"In this example, the Member Address. ..." Do you have to complete these fields before collapsing them?	
7	QA	Page 32, Enter	Shouldn't all required fields have asterisks to	

Our IV&V project team will evaluate solution vendor(s) documentation describing design expectations and requirements for the deliverable prior to initiation of work on that deliverable. We will document our findings and recommendations to help ensure the final deliverable will meet requirements and MLTC expectations.

We will ensure that findings are supported with evidence and that recommendations are implementable. Preparation of the deliverable assessment reports will facilitate our efforts to provide continuous feedback to you to help identify project deficiencies, define opportunities for improvements, and uncover potential project-related risks. In addition, these reports will provide important data to the solution vendor and your project leaders in making decisions about transitioning to new phases within the project.

If necessary, we will facilitate a meeting with the solution vendor to initiate corrective actions for deliverables that are not accepted by MLTC. This will be an iterative process until the deliverable is accepted.

We will incorporate the results of each deliverable assessment in our IV&V deliverables including monthly IV&V reports and our vendor deliverable tracking log.

Targeted Assessments—Our project team will observe and evaluate project management and implementation activities throughout all system project phases through ongoing participation in project meetings and conference calls. Qualis Health will conduct targeted IV&V assessments during each phase of the project. This will include:

- Check-point assessment to provide for an evaluation of project health status at a point in time;
- Gate or milestone assessment to support certification reviews and determine phase transitions; and

- Ad-hoc assessments to evaluate a particular dimension of the project or system.

In general, these IV&V assessments address:

- Architecture reviews
- Procurement-related reviews
- Project management reviews
- Communications and change management reviews
- Test plans and results
- Software development related reviews
- Conversion plans, processes and results
- Training-related reviews
- Data management reviews
- Performance management-related reviews
- Compliance-related reviews
- Security and privacy reviews
- Readiness reviews
- Operational effectiveness reviews

We understand that the implementation life cycle may not follow a traditional waterfall methodology. The "modularity approach" and the likelihood of Agile development methods will require that our IV&V assessments be structured around diverse implementation schedules and methods. Our IV&V project manager and team will work with MLTC project leadership to establish an IV&V assessment schedule that most effectively aligns with these implementation schedule requirements.

These targeted assessments will incorporate the results of deliverables assessments that have been conducted during the assessment period, other content (e.g., issues, risks, mitigation strategies) from the monthly IV&V reports prepared during the assessment period, and the results of the specific assessment conducted for each milestone and/or project phase. An assessment tool will be prepared for each targeted assessment that addresses the specific project content and performance/acceptance criteria for each assessment period. These targeted assessments will serve as milestone check points, which are readiness check points that provide project leadership a complete picture of project status, based on quantitative and qualitative data, to assist and support decision making.

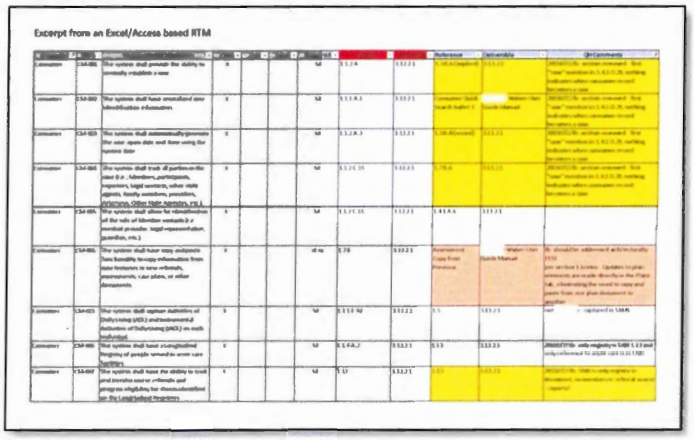
At the end of each major project phase, the targeted assessment will represent a "phase gate" or "stage gate" check point. This will include a go/no-go decision as to whether the project is ready to close the one phase and move on to the next. Our review will be triggered when the majority of work within a phase is complete, based on the pre-defined exit and entrance criteria that were identified during the early stages of each phase. The assessments will offer an objective, incremental view that provides you with critical data necessary for moving to the next major phase of the project.

In these targeted phase assessments, our project team will survey the solution vendor and MLTC staff to assess the approach, quality, progress, and results of the key project tasks. Our IV&V project manager will review the results with MLTC and advise you as to whether we believe the project is ready to proceed to the next phase.

Additionally, our IV&V team may conduct ad-hoc IV&V assessments to address a specific area of concern or risk that is identified during the course of the project. We will be prepared throughout the project to respond to any ad-hoc assessments needs as necessary.

We will incorporate the findings and recommendations associated with targeted assessment activities into our IV&V deliverables including our monthly IV&V reports.

Prepare Requirements Traceability Matrix (RTM) and track requirements—Our IV&V project team will evaluate the methodology for maintaining requirements traceability throughout the EES and DMA projects. We will evaluate each solution vendor's plan for managing requirements to ensure that effective processes and tools are in place to identify, confirm, and manage adherence with business and technical specifications for each system component or module.


Excerpt from an Excel/Access based RTM

In addition to evaluating the requirements management approach, we will monitor each solution vendor's performance to ensure that requirements are properly defined and documented. We will review and assess vendor materials to confirm consistency of requirements throughout the design, development, implementation, and certification activities to ensure the systems are implemented as specified in the RFP, contract, and various design documents.

The RTM provides a gap analysis between design and requirements, and identified recommendations and/or actions for the gaps. The results of the RTM is reviewed by project management to review the solution vendor's deliverables and determine corrective actions to address the identified gaps.

We will collaborate with MLTC to establish an appropriate platform for tracking business and technical requirements. This could include our own requirements traceability matrix tool or another tool specified by MLTC.

IV&V Industry Standards Used—Our IV&V approach is founded on best practices as defined by industry standards including PMBOK® and IEEE. We will ensure that the IV&V methods and tools deployed on the system project will incorporate these standards, as well as the CMS Seven Conditions and Standards, MITA, CMS certification criteria, federal guidance (e.g., 45 CFR Part 95.626), and other State standards as appropriate. Our assessment tools, methods, and reporting tools will incorporate all appropriate standards.

- ***45 CFR Part 95.626.*** Our IV&V approach is consistent with the Federal Register specifications as required for APD projects that meet any of eight defined criteria. Our IV&V methodology includes:
  - Preparation and maintenance of an IV&V project work plan;
  - Assessing project management methods and capabilities, and technical environment project assessments. Review and make recommendations on both the management of the project, both State and vendor, and the technical aspects of the project;
  - Assessing stakeholder and the user involvement the design, validation and acceptance of system functionality;
  - Assessing project performance against defined objectives and metrics;
  - Assessing, mitigating, monitoring, and managing project risk; and
  - Developing and tracking performance metrics against state-defined requirements and objectives.

  We will submit our EES and DMA project IV&V reports containing our findings and recommendations to CMS when they are submitted to MLTC.

- ***PMBOK®.*** To preempt any delays with this project, Qualis Health's project team will utilize PMBOK® as the foundation for our evaluation of both the project management methodology as well as the management of our own work. PMBOK® is a collection of processes and knowledge areas generally accepted as best practice within the project management discipline. PMBOK® has also been adopted by the Institute of Electrical and Electronics Engineers as an international standard for project management (IEEE Std. 1490-2003). PMBOK® provides fundamentals of project management irrespective of the type of project whether it is, software, engineering, or other industry product/service.

- ***IEEE Standards.*** Qualis Health will employ the IEEE standards related to the systems development lifecycle as a foundation for the assessment tools and techniques for IV&V of the upgrade contractor's and the State's project planning approach and performance. The following table provides an overview of the IEEE standards that will be used to support IV&V activities.

Component	Source	Description
IV&V Project Management	IEEE Std. 1012-2012 System and Software Verification and Validation	Under this standard, verification and validation (V&V) processes are utilized in determining whether the development products for a given activity conform to applicable requirements. This standard also determines whether the product meets the use and user needs that it was intended to satisfy.

Component	Source	Description
Project Management	IEEE Std. 1490-2011 Adoption of the Project Management Institute (PMI®)	This IEEE standard adopts the PMBOK® Fourth Edition global standard.
	IEEE Std. 1058-1998 Standard for Software Project Management Plans	This standard describes the format and contents of software project management plans, applicable to any type or size of software project. The elements that should appear in all software project management plans are identified.
	IEEE Std. 16326-2009 Systems and Software Engineering - Life Cycle Processes - Project Management	The standard provides normative content specifications for project management plans covering software projects, and software-intensive system projects. It also provides detailed discussion and advice on applying a set of project processes that are common to both the software and system life cycle.
	IEEE Std. 1540-2001 - IEEE Standard for Software Life Cycle Processes - Risk Management	This standard describes a process for the management of risk in the life cycle of software.
Quality Management	IEEE Std. 1061-1998 Software Quality Metrics Methodology	The standard presents a methodology to establish quality requirements, and to identify, implement, analyze, and validate software quality metrics.
	IEEE Std. 730-2002 Software Quality Assurance Plans	This standard details the appropriate format and content for software QA plans.
	IEEE Std. 1028 - 2008 Standard for Software Reviews and Audits	This standard describes five types of software reviews and audits, together with procedures required for the execution of management reviews, technical reviews, inspections, walk-throughs, and audits.
Training	IEEE Std. 29148-2011 Systems and software engineering - Life cycle processes - Requirements engineering	This standard contains provisions for the processes and products related to the requirements for systems and software products and services throughout the life cycle.
	IEEE Std. 1063-2001 Standard for Software User Documentation	This standard provides the minimum requirements for the structure, information content, and format of user documentation, including both printed and electronic documents used in the work environment by users of systems containing software.

Component	Source	Description
Requirements Management	IEEE Std. 29148-2011 Systems and software engineering - Life cycle processes - Requirements engineering	This standard contains provisions for the processes and products related to the requirements for systems and software products and services throughout the life cycle.
Software Development	IEEE Std. 1074-2006 Developing a Software Project Life Cycle Process	This standard, which is directed primarily at the process architect, supplies a process for creating a software project life cycle process.
	IEEE Std. 12207 - 2008 Software Life Cycle Process – Systems and Software Engineering	This standard establishes a common framework for software life cycle processes. It applies to the acquisition of systems and software products and services, to the supply, development, operation, maintenance, and disposal of software products.
	IEEE Std. 14764-2006 Standard for Software Maintenance	This standard describes the process for managing and executing software maintenance activities.
	IEEE Std. 828-2012 Standard for Software Configuration Management Plans	This standard establishes the minimum requirements for processes for Configuration Management (CM) in systems and software engineering.
	IEEE Std. 828-2005 Guide for Software Configuration Management	The guide provides guidance for required contents of a Software Configuration Management (SCM) Plan
System and Acceptance Testing	IEEE Std. 829 - 2008 Standard for Software Test Documentation	This standard describes a set of basic software test documents and specifies the form and content of individual test documents.
	IEEE Std. 1008 - 1987 Standard for Software Unit Testing	The standard provides a standard approach to software unit testing, describes the software testing assumptions on which the standard is based, and provides guidance to assist with the implementation and usage of the standard unit testing approach.

- ***CMS Seven Conditions and Standards.*** In order to help MLTC achieve its objectives for this project, our approach will included assessing the EES and DMA solutions for compliance with CMS MITA 3.0 and Seven Conditions and Standards that address:
  - Modularity Standard
  - MITA Condition
  - Industry Standards Condition
  - Leverage Condition
  - Business Results Condition
  - Reporting Condition

- Interoperability Condition

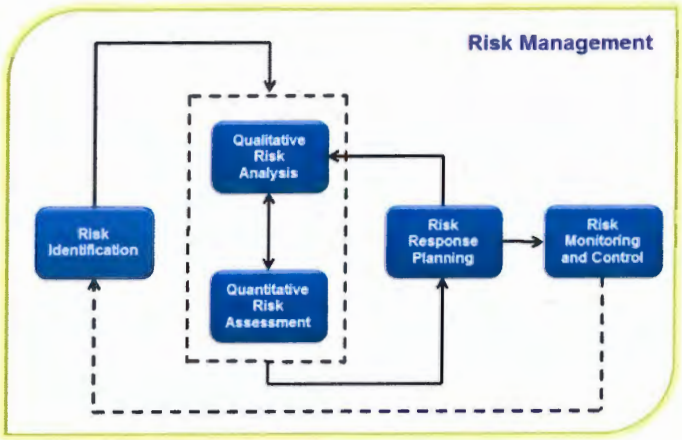
Risk Management—A project of this size and complexity is certain to experience issues that could impact the timeliness, cost effectiveness, and quality of the upgrade implementation. Leveraging our team's experience with large-scale implementations, and specifically with projects of this nature, our IV&V project team will provide recommendations and counsel for mitigating each of the potential risks that we identify. We will also identify possible outcomes or consequences associated with near-term actions and/or "inaction", and other vulnerabilities that could affect EES and DMA project success. Significant issues, risks, and mitigation strategies will be addressed in real time with MLTC staff and system project vendor(s), and will be documented in our monthly progress reports.

To monitor and mitigate these potential risk areas, our IV&V project team will employ a structured approach to the management of risks. Our approach is sensitive to risks at every stage of a project—initiation, planning and design, execution, monitoring and controlling, and closing. It focuses on identifying risk in inputs, activities, and outputs. Our risk management approach is closely aligned with our project management approach and builds upon the project plan, scope, and project charter.

Our approach will identify and evaluate potential risks in each phase of the project. Our risk management approach is closely aligned with our project management approach and builds upon the project plan and scope, and is aligned with PMBOK® and IEEE standards including IEEE Standard 1540-2001 - IEEE Standard for Software Life Cycle Processes—Risk Management.

Our approach consists of six key activities:

- ***Risk Management Planning***. Approach, plan, and execution.
- ***Risk Identification.*** Determine risks and identify characteristics in risk register.
- ***Qualitative Risk*** Analysis. Prioritizing based on probability of occurrence and impact in risk register.
- ***Quantitative*** Risk Analysis. Analyzing effect of risks in risk register.
- ***Risk Response Planning.*** Options and actions to minimize risks and their effects.
- ***Risk Monitoring and Control.*** Tracking risks, monitoring residual risks, identifying new risks, executing risk response plans, and evaluating effects.



We will utilize risk registers and issues logs to document and manage mitigation and resolution.

- ***Risk Identification and Mitigation.*** During the course of our IV&V assessments and ongoing participation in system project meetings and activities, our IV&V team will identify and quantify potential risks that could negatively impact the success of system project. Our IV&V team will document risks in the risk register, weekly IV&V status report, monthly IV&V report, and other status documents as necessary. However, our team will not delay in reporting critical risks to MLTC. We will promptly raise concerns and risks to MLTC's attention and will coordinate with MLTC and other project stakeholders to develop mitigations strategies and contingency recommendations.

  Our project team will review the risk register on a regular basis and adjust risk information where appropriate. The register contains relevant information pertaining to each risk, including: a description of the risk; the date identified; the probability and severity rankings; the planned action to resolve the risk; the individual responsible to resolve the risk; and the status of management of the risk. We will evaluate each risk and assess a severity associated with the following:

  - Criticality/impact
  - Likelihood/frequency
  - Overall risk score

  We believe that a collaborative IV&V approach is essential to anticipating and remediating risks throughout the project. Our IV&V project team's ongoing participation in key project meetings and conference calls throughout the system project will allow us to quickly identify, respond, and escalate issues and risks appropriately in order to contain or mitigate the impact of risks. To reiterate, our senior-level IV&V consultants assigned to this project are technically proficient in disciplines such as project management, Medicaid operations and systems implementation. Their technical expertise will allow them to proactively address issues and risks in real-time and prevent issues from becoming more significant problems later in the project.

Issue Log

Issue Description	Date Added	Action/Status
2. [illegible] results	1/5/15	2/12/15: No significance progress; however, meeting with the vendor has been scheduled to resolve issue.

Risk Register

Risk Level	Risk Description	Date Added	Action/Status
High	Vendor and BPR contractors did not demonstrate strong capability to provide adequate Medicaid business / operations subject matter expertise during evaluation process.	9/9/14	Monitor planning and requirements gathering sessions closely to assess vendor understanding of business environment. Establish a contingency staffing approach.

- ***Issue Identification and Resolution.*** Issues will arise during the course of the system project. Our IV&V project team will deploy our project management methodology to proactively anticipate and plan for

issues in order to minimize their occurrence and impact on the project. Issues are the result of unmitigated risks and therefore, our IV&V will invest considerable effort into our IV&V risk management activities to minimize their occurrence and impact.

While it may be true that project issues are inevitable, it also true that not all issues are equal in severity or impact. As we conduct IV&V activities including various IV&V assessments and ongoing participation in project meetings and other activities, we will document issues in an issues log and in our IV&V reports. We will assess the impact of the issue and make recommendations for corrective actions and track issue resolution taking into account the severity of the issue. Issues having a more critical impact on the system project, including those affecting project tasks with numerous dependencies, will be escalated quickly and will be the primary focus of our IV&V advisory and monitoring activities.

We will work with the solution vendor(s) and MLTC staff to assist in developing resolutions to issues. Our IV&V consultants will utilize their expertise and experience with Medicaid operations and complex system implementations to offer practical solutions to resolving issues, and can assist in researching problems to develop solutions.

Our IV&V team will also advise MLTC on issue resolution planning and establishing a project framework for managing issue resolution. We will provide advice and guidance on who should be assigned responsibility for issue resolution, and will progress against planned resolution activities and dates.

We will apply these methods to resolving issues that arise within our IV&V contract. Our IV&V project team will document issues, develop resolutions and assign responsibility for corrective actions. Our IV&V project manager will work with our senior project director and IV&V project team to correct issues quickly so as to minimize the impact on system project stakeholders. Issues associated with our IV&V services will be documented in our monthly IV&V reports, and reviewed with MLTC as appropriate.

Our IV&V project manager will work closely with MLTC project leadership and the solution vendor(s) to alert them of issues and risks in real-time so as to mitigate potential risks before they escalate into critical issues.

IV&V Reporting—Our IV&V project team will prepare and submit periodic reports documenting IV&V assessment findings, issues, risks, and mitigation recommendations identified during the course of our IV&V assessment activities. Specifically, we will deliver weekly IV&V status reports and monthly IV&V reports, and conduct follow-up status meetings to present and expand upon our findings, recommendations, and conclusions documented in the reports. We provide greater detail related to our reporting in Section 3.1.3—IV&V Status Meetings and Reporting.

Project Closure—Our IV&V project team will prepare for project closure and the transfer of project IV&V documentation at the conclusion or termination of our contract. We will conduct a

project closure assessment to retrospectively evaluate project performance and condition to identify opportunities for improvement and best practices for future application, ensure that all project artifacts and IV&V documents are organized and archived for future reference, and facilitate the transfer of IV&V documentation and project artifacts. Our IV&V project closure activities are presented in greater detail in Section 3.1.1—Project Management of this proposal.

3.1.2.3 Past Challenges and Issues

IT projects of the size and complexity of the EES and DMA projects are certain to experience issues that could impact the timeliness, cost effectiveness, and quality of the system. The modular approach to the MES implementations increases the severity and probability for several risk areas. Significant challenges are likely to be generated by the potentially greater number of vendors and system solutions associated with the modular approach to MES solution implementation. Specifically, this will place greater emphasis on establishing effective risk management, project communication, and requirements tracking methods.

- ***Risk Management.*** Our IV&V project teams will deploy our IV&V methodology and tools so as to help better coordinate the tracking and reporting of project risks. The modular approach to this project will result in a multi-vendor implementation environment with potentially diverse development and implementation methods being deployed simultaneously by different vendors. Accordingly, our EES and DMA IV&V teams will coordinate our issues and risk management approach across each separate module implementation taking into account differences in vendor implementation methodologies.
- ***Project Communication and Coordination.*** Our IV&V approach will evaluate MLTC project communication and coordination methods to help ensure that a project communication strategy and necessary reporting tools are in place early in the EES and DMA projects. This will help to facilitate information sharing among all key stakeholders and to help reinforce project goals and criteria for success. Effective coordination methods also help MLTC program and project leadership to maintain common objectives and achieve the vision for the future enterprise solution.
- ***Requirements Tracking.*** To facilitate a successful requirements definition process, we will utilize a requirements traceability matrix (RTM) to clearly organize the requirements for the EES and DMA projects. The RTM itemizing design specifications will provide a clear view of the numerous items that must be validated, can serve as a foundation for building the MLTC enterprise test plans, and can be used to align with other requirements (e.g., MITA and CMS certification).

The table bellows outlines some general challenges that Qualis Health has identified in other projects of this nature. Based on our teams' experience with these large scale health and human service systems implementations, we have identified several systemic issues prevalent in today's environment.

Figure 12—Common Challenges and Risks

Challenge	Description
Unproven Solutions	The push toward service-oriented architecture (SOA) and modular system solutions, and the need for systems to address the technology requirements of the Affordable Care Act (ACA), has spawned considerable new development of systems. This has resulted in the proliferation of unproven system solutions in the market place. The risks associated with the implementation of these newly developed systems are much higher than those associated with systems that have a proven track record of success. Over the past 10 years, a number of states have experienced implementation delays, measured in years, cost overruns, project cancellations, and poor performance associated with adopting these types of unproven systems.
Evolving Solutions	Healthcare is changing rapidly due to advances in technology and the impact of health care reform. Health IT vendors are moving quickly to keep pace with, among others, HIPAA, ACO, ACA, and Meaningful Use requirements. Technology architectural advances such as SOA are having an impact on the evolution of health IT solutions. To meet market needs and maintain a competitive position in the market, vendors often sell software products that are not fully developed, placing an inordinate burden on their own resources, as well as state resources, as they attempt to implement these systems. This has increased the risk of failed system implementations in recent years.
Multiple Vendor Environment	While pursuing a multiple vendor approach increases the opportunity to implement best of breed technology and spreads resource risks, it introduces additional complexity in project management, communications, coordination, and technology integration.
State Staffing Limitations	The most successful implementations require the collaboration of vendor and state staff. Many states are in the process of re-platforming and upgrading their EA to align with SOA and support health IT initiatives under healthcare reform, thus drawing down limited state resources. Additionally, implementing other new systems, while ensuring compliance of existing systems, further increases the staffing risk. This flurry of activity is creating significant strain on funding and human capital for many states.

Our IV&V project team will help MLTC to identify, monitor, and mitigate risks and issues. We will utilize our risk management methods and tools to advise MLTC and recommend solutions to help MLTC minimize the impact of these risks, and where feasible, avoid them altogether. The following describes key risk mitigations that our team will consider as we provide our IV&V services for the EES, DMA, and potentially other system implementations:

- ***Procurement Management.*** Multiple procurements for system solutions that will ultimately operate together within the enterprise solution will require a great deal of coordination between the procurements including harmonization of requirements, goals, standards, and evaluation criteria. It will be important to ensure that the timing, content, and approach to the procurement process are well orchestrated and managed.

- ***Implementation Management.*** Modular implementation will involve a greater number of vendors than traditional MMIS projects, as well as numerous state stakeholders. As a result, effective project management and communication methods will be even more critical to ensure alignment of goals, timelines, and effort across the project.
  - *Requirements Management.* Because functional and technical requirements will be fulfilled by multiple system solutions and vendors, the process of tracking requirements and ensuring adherence with system specifications will be more complicated and will take on even greater importance for MLTC and our IV&V project team.
  - *Business Process Change Management.* New operational work flows will be designed and implemented that rely on diverse system solutions. It will be essential to coordinate workflows and system usage in order to "harmonize" business processes within the new enterprise solution.
  - *Testing.* System integration testing and UAT planning and activity may be more complex and difficult with a modular approach. Testing efforts will require considerable collaboration and cooperation among project stakeholders.
  - *Go-live Planning.* Go-live coordination will be more complicated. System and operational assessments, comprehensive go-live plans, and post-implementation monitoring will be critical to the success of the system. While these activities are always necessary, their importance is magnified with this modular approach.

The following describes examples of specific challenges, issues, and mitigation recommendations from other Qualis Health IV&V engagements.

State Resources Overly Invested in Completing "Vendor Deliverables"—The system vendor consistently submitted deliverables that did not meet contractual and/or quality requirements. State resources and other stakeholders spent an inordinate amount of time correcting and completing vendor deliverables.

Challenge

In order to expedite completion of vendor deliverables that contained significant grammatical, formatting and organization quality issues, the state assigned its staff and other contractors to conduct significant editing and often revise major content. State staff was often so distracted with correcting form-related quality problems that substance-related feedback was delayed. Critical state input and feedback related to important content was significantly delayed impacting other tasks, deliverables and schedules.

The state's reworking of vendor deliverables effectively transferred ownership" of the vendor deliverable to the state. The vendor became less motivated to submit deliverables of the required quality and accuracy, assuming the state would correct and accept deliverables.

This also began to create issues of accountability for vendor performance and delivery issues later in the project. The vendor began deflecting

responsibility for a number of issues because of the state's involvement in the reworking of the vendor deliverables. For example, the vendor would claim that a system design flaw was the result of the state modifying the vendor's design documents.

Recommendation To address the vendor quality issue, our IV&V team assessed the vendor's internal quality controls, and requested the vendor provide documented evidence that these controls were in place and being followed. We reviewed deliverable tracking tools and the project plan for adequacy of deliverable development and review durations. We recommended adjustments to quality plans as appropriate.

We recommended that the vendor conduct a walk-through of critical vendor deliverables before submission in order to provide the state a preview of the deliverable and opportunities to identify any deficiencies that would risk rejection of the deliverable. This would help state resources to focus on deliverable content and provide more timely and critical feedback related to design and development without being distracted by form-related quality issues.

Additionally, we recommended changes to deliverable acceptance criteria and guidelines for state's level of involvement in the review and acceptance of vendor deliverables. We counseled the state project manager to ensure that these new "rules of engagement" were clearly articulated, followed and monitored.

Unrealistic Vendor Project Planning—The solution vendor consistently prepared, updated and submitted implementation plans that did not account for key task dependencies and allow sufficient time for state and other project stakeholders to complete their tasks.

Challenge The system vendor consistently submitted implementation plans that did not reflect realistic task durations and relationship dependencies between key project activities and tasks. To make up for schedule slippage due to vendor deliverable quality issues and delays in development, the vendor consistently removed key dependencies from the schedule, and abbreviated or outright eliminated time for state and other project stakeholders to completed important tasks such as quality reviews and testing. The vendor often moved forward with key activities such as requirements definition, design and development without sufficient state review and agreement.

The vendor frequently ignored state and IV&V feedback and recommendations for realistic timeframes and effective task dependencies. Consequently, the vendor was unable to sufficiently determine the project

critical path and did not allow for any "slack" in the project schedule. As a result, any delay had significant impact on future tasks, and caused future task to be unreasonably compressed.

The vendor's management of the project plan was not approved by the State. For example, when a vendor delivered a deliverable or completed a task, they would change the status in the plan to COMPLETE before receiving the State's approval. The purpose behind this was so that the vendor could show in the plan "On Time" delivery of their deliverables despite the fact that the deliverable may not have met State approved criteria for delivery

Recommendation To mitigate this issue, our IV&V team worked with the state to instill greater discipline and increase the rigor in the vendor's planning and scheduling activities, and strengthen state and IV&V planning oversight activities. Meetings were conducted with the vendor to scrutinize the vendors planning assumptions, identify project dependencies, and establish mutually agreed upon metrics and assumptions for state and other project stakeholder tasks.

More frequent and detail project schedule reviews were established with the vendor, state and IV&V in order to identify issues and discrepancies, and enforce schedule adjustments. This helped to ensure that project schedules incorporated state approved criteria (e.g., assumptions, metrics) for the sequencing and duration of key tasks and activities. Additionally, project schedule baselining methods were established to ensure that the project schedule updates were properly documented and the reasons and implications of schedule changes clearly understood.

Required Unplanned Level of New Development—The state intended to procure a commercial off the shelf (COTS) product in order to minimize the amount of development required for implementation, however, the "core system" functionality was not as established as portrayed by the vendor and required significantly more "customized" development than expected.

Challenge It quickly became apparent that the vendor's core software product was not stable and lacked considerable expected functionality. The system configuration capabilities were not sufficiently robust and flexible to accommodate most state requirements. This resulted in many challenges that impacted the project schedule and resource needs including:

- State staff were required to spend more time in design sessions than planned
- Design and development activities were much more extensive than planned

- Expected system documentation had to developed for new functionality that should have already existed within the core system
- Timelines for UAT activities was compressed due to accommodate elongate design and development activities

Additionally numerous major change orders were required to provide functionality that was purported to exist in the core system. As a result, there was confusion over which change orders were associated with development to modify the core system to meet minimum functionality requirements and change orders associated with customization.

Recommendation As part of our standard IV&V process, our IV&V team reviewed the procurement RFP, proposal documents, vendor contract and various vendor deliverables to clarify which change orders were established for custom functionality or were established to fulfill missing core functionality. We utilized our requirements traceability matrix tool to track requirements through the design, development and testing activities, and identify gaps and mitigation strategies for missing functionality.

We recommended and participated in visits to the vendor's office of to evaluate development status, jointly develop strategies to improve the vendor performance, and develop strategies for collaboratively monitoring development and functional of new functionality.

We encouraged the state to coordinate with the vendor's customers who were working through similar issues. This included ongoing conference calls and an onsite visit to share common problems, issues, and mitigation strategies.

3.1.2.4 Example of Opportunities or Positive Risks from Past Projects

During the course of our IV&V work, we have assisted Medicaid and other healthcare agencies to identify and mitigate risks related to their implementation project. Typically, these risks are associated with environmental factors or some failure to achieve an objective as planned that threaten the success of the project. In other cases, risks can be associated with unplanned and undesirable outcomes resulting from achieving project objectives. The following narratives describe "positive" risks reported and addresses in past projects. Each narrative includes a description of issue or risk, and the opportunity for improvement they represented.

MMIS Service Authorization—To implement a higher degree of accuracy of claims adjudication and payment the state's new MMIS system included comprehensive service authorization (SA) edits and rules that required detailed service authorization information from providers.

Risk/Issue

Providers who had been accustomed to a mature service authorization request procedure were now required to adjust their internal processes to provide information that was not previously required. The new information increased the time commitment required of the providers prior to the service authorization request, as well as the time required for entry of the added data by the fiscal agent staff. A relatively simple activity became a complex and time consuming process.

The increased time to process a new service authorization request resulted in lengthy telephone calls by providers, increased backlogs in service authorization approval, and delays in authorizing providers to perform needed services for the member population. The benefits of more accurate claims adjudication, due to a higher degree of service authorization accuracy, now resulted in service delays for Medicaid members. The ensuing provider frustration and confusion grew to the point where the authorization process became one of the highest profile issues facing the state.

Opportunity

The Fiscal Agent Operations increased staffing to handle provider calls and service authorization backlog. The State implemented a different provider outreach approach to educate and orient providers on SA requirements and understand how to complete a SA successfully. Ultimately, the new SA process improved, allowing for a more timely authorization request approval and entry process followed by more accurate claims adjudication and payment.

Medicaid Expansion High Enrollment—Expanding Medicaid coverage to the gap population, who have no medical coverage, is generally recognized as providing many benefits to the health of the target population and to the overall community. Not only does the quality of life and general health of the population improve, an overall healthier workforce is available. The economy experiences a stimulus of increased medical related jobs and support jobs. Planning and budgeting for Medicaid expansion requires extensive research to determine the estimated number of lives that will be expected to participate. Although predictable to a degree, there remain numerous factors that can influence the level of participation. As enrollment activities continued, it became apparent that more individuals were taking advantage of the expanded coverage than initially planned.

Risk/Issue

The benefits of expanding the enrollment base were partially offset by risks associated with the sudden growth of the program. The higher than anticipated enrollment resulted in enrollment delays and a backlog of applications that required increased effort and staffing to accommodate. The demands on the existing medical professionals also increased, although not to the extent where services were delayed or could not be provided.

Opportunity Through anticipation of the possibility of higher than expected enrollment, measures were quickly put into place to increase the size of the enrollment staff to accept and process the enrollment requests. Although initial delays in fulfilling enrollment applications were experienced, the additional members were accommodated and began receiving medical services.

Stringent MMIS Edits and Audits—The implementation of a new MMIS provided a more flexible claim edit and audit capability. Having the ability to examine claims in a more granular manner allowed for the ability to screen claims for services that, prior to implementation, would have been automatically approved for payment. This improved capability promoted a higher level of claims adjudication accuracy and prevented payments that should not be allowed.

Risk/Issue The introduction of more specific edits and audits increased the number of claims that were denied, and also increased the number of claims that required to be suspended for review. The rise in suspended claims placed a greater burden on state and fiscal agent claim reviewers. The claims requiring review increased the backlog of suspended claims and required increases in both state and fiscal agent staff to perform the reviews. The reviews resulted in some claims being approved for payment, but considerably later in time than under the old methodology.

Opportunity While the Medicaid program experienced the financial benefit of enhanced claims adjudication, an increase in pend resolution staff and enhanced resolution procedures were required to review and resolve greater volumes of suspended claims and reduce pended claims backlogs.

Advance Provider Payments—The state identified providers who would be vulnerable (nursing homes, small medical practices, specialized fields of service, etc.) to sustain their business continuity to provide services to the Medicaid community if their Medicaid claims were not processed and payment made in a timely manner. The state recognized there would be disruption to timely claims payment with their new system and decided that these vulnerable providers would be allowed advance payment on their estimated claims payment amount before their claims had been adjudicated. This allowed the vulnerable providers a continued revenue stream to support their services to the state's Medicaid population.

Risk/Issue Once the system was implemented and the advance payments reconciled, the anticipated outcome was a "pay and chase" situation When claims were processed, the state reconciled the advance payment against the actual payment owed and notified the providers of the final payment disposition (debit or credit). The challenge with advanced payments was that the system had defects in generating accurate remittance advice (RA) sent to providers. Providers were not able to discern their advance payments received from their current payment amounts, and made it difficult for providers to trust the accounting

amounts contained in the RA's.

Before providers would agree to pay back their advance payments, they demanded more accurate RA's. The state could not recover on provider owed advance payments until the defects to produce accurate RA's had been fixed.

Opportunity The state improved their provider outreach communication processes on the project. They took steps to provide greater transparency into the work that was occurring to resolve the RA problems including:

- Facilitating provider meetings for question and answer sessions;
- Including notices and status updates in the provider payments; and
- Providing one-on-one assistance working with individual providers to review and analyze their claims and payments.

Data Warehouse Query Tool—The new data warehouse solution provided the user community with greater access to automated tool for queries and reporting. Once available, the user community realized the potential for generating complex and comprehensive reporting with general ease, which led to increased excitement and a higher utilization of the tool.

Risk/Issue The user community did not realize the demands that would be placed on the reporting system when queries of large amounts of data were submitted for processing. Consequently, the reporting system experienced system timeouts, system outages, and various forms of latency. This negatively impacted the user experience and resulted in heightened frustration.

Opportunity After extensive research, the DDI vendor made adjustments to improve the efficiency of the data base structure and related appropriate query building criteria to the users. Additional user training was also initiated to improve the user experience.

3.1.2.5 Example of Deliverable Findings and Issue Assessments

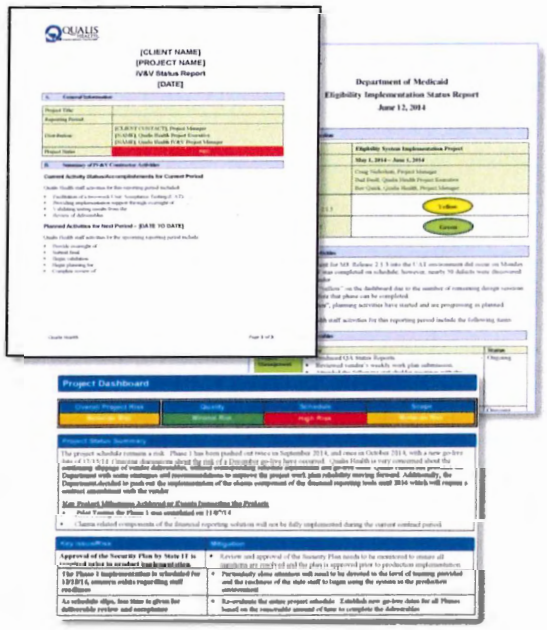
An example of an IV&V deliverable review document containing our findings, issues assessments, and recommendations is presented in Attachment D—IV&V Deliverable Review Document.

3.1.3 IV&V Status Meetings and Reporting

Qualis Health will prepare and submit weekly IV&V status reports and monthly IV&V reports documenting assessment findings, issues, risks, and mitigation recommendations identified

during the course of our IV&V assessment activities.

Our IV&V reports are designed to be easily read and provide a clear and concise representation of the material it contains. In collaboration with MLTC, we intend to design a dashboard-like report highlighting progress and issues with graphs, charts, and dials.



Our reports are designed to provide critical information at the right level and urgency without having to navigate through non-priority issues. Reports will also document project conditions that provide an audit trail, if needed. The reports will include a project dashboard detailing the status of the project in several project dimensions, which is color-coded according to the following criteria to allow our project manager to target areas of concern.

We understand that the level of detail in the status reporting must be catered to the audience for the reporting. We will coordinate with MLTC to design report formats that contain information relevant to the accomplishments, progress, and issues related to the project.

Upon submission of our IV&V reports, our IV&V project manager will facilitate meetings to communicate and expand on the findings, recommendations and conclusions presented in the IV&V reports.

3.1.3.1 IV&V Status Meetings and Reporting Requirements

The following table contains the project management requirements as specified in the RFP, and a brief narrative describing Qualis Health's approach to meeting each requirement.

MLTC Requirements	Qualis Health Approach
1. Must prepare and submit a weekly status report including activities for the previous week and upcoming activities for the next two weeks that includes the following information: o Project meeting participation including an assessment of completed meetings and any recommendations for	Our IV&V project manager will prepare weekly IV&V status reports documenting work completed during the reporting period, planned work for the upcoming period and any issues or risks that would negatively impact completion of planned IV&V tasks. We will work collaboratively with MLTC at the time of contract initiation to design the IV&V status reports in a format that contains information relevant to the accomplishments, progress, and issues related to the project. While the final format of the status report will be determined after conferring with MLTC, we anticipate that the weekly status reports

MLTC Requirements	Qualis Health Approach
improvement. ○ Planned project meetings for IV&V participation. ○ Project deliverable review activities. ○ Risks, issues, and opportunities which are new or have been updated since the previous submission. ○ Updated IV&V schedule ○ Critical incidents summarizing the incident, impact to the project, and a proposed action plan to address the incident. ○ Other IV&V activities as defined by MLTC.	will contain the following types of information: ▪ ***IV&V Activities in the Reporting Period.*** We will provide an overview of key IV&V activities in the reporting period. It will report a description of tasks, activities, meeting participation, and deliverables that were completed during this period (planned or otherwise), as well as any completion variance and estimated time to completion for "inflight" IV&V activities. This section will, as necessary, provide details regarding the impact of any delays that were encountered or schedules that were not met as related to our IV&V activities. This section will also include a discussion of any unplanned events affecting task completion, resources, work effort, and progress of our work. Any necessary updates to the IV&V project plan and schedule will also be noted. ▪ ***New and Planned Activities (Next Two Weeks).*** This section will provide a description of tasks, activities, deliverables, and milestones that are to begin in upcoming reporting period, followed by activities that are in the planning and development stages (e.g., task clarification, resource identification, and assignment). ▪ ***Participation in Project Meetings.*** Coordinating with MLTC leadership, we will identify key project meetings in which members of our IV&V project team are scheduled to participate. ▪ ***Work Breakdown Structure.*** This section will provide any updates to our IV&V project schedule developed during the prior period. In addition to IV&V activity status, our IV&V status reports will provide status information related to the implementation project(s) including: ▪ ***Project Deliverable Reviews.*** This section will describe the results of our project deliverable reviews including metrics for reviews completed and planned to complete. We will provide a summary of key findings, issues and recommended improvements for deliverable reviews completed during the reporting period. ▪ ***Critical Incidents.*** If we discover a critical incident during our review of project deliverables or as a result of any of our IV&V activities, we will notify MLTC immediately, but no later than five business days following the discovery of a critical incident. We will file a report for each critical incident that describes the nature and impact of the incident, and provides a mitigation recommendation for resolving the incident. This section will summarize any critical incidents discovered during the

MLTC Requirements	Qualis Health Approach
	reporting period and any other unresolved incident. ▪ ***Issues.*** Any issues that arose and that were resolved in the reporting period will be documented. This is a summary of the items or issues that most directly affect our implementation activities, schedule and budget including potential solutions and our recommendations for resolution. ▪ ***Risks.*** This section will note the major risks that potentially threaten the project, or have arisen since the last monthly status report. This section also provides potential solutions and mitigation recommendations for any problems that are unresolved.
2. Must submit each weekly status report by the MLTC established day and time. MLTC will allow a minimum of one business day from the end of the weekly reporting period for submission.	Our IV&V project manager will meet with MLTC project leadership to determine the most effective means and schedule for delivering our weekly IV&V status report. Typically, we submit weekly reports by the end of business on the Tuesday following the completed reporting week; however, we will work with MLTC to confirm a submission schedule that is most appropriate. We generally submit the status report electronically via e-mail; or by loading the report onto a shared platform such as SharePoint and providing an e-mail notification that the report has been submitted.
3. Must facilitate a weekly IV&V status meeting with MLTC identified project leadership.	The IV&V status reports will serve as the basis for weekly status meetings to be held with MLTC project leadership and other stakeholders, as necessary. Our IV&V project manager will facilitate the meeting, reviewing the most critical elements of the report and addressing any MLTC questions or concerns. We recommend that a weekly IV&V status meeting be established with a set time and schedule. The meeting should be scheduled to allow adequate time for MLTC to review the IV&V status report in advance of the meeting, should MLTC wish to do so.
4. Must prepare and submit a maximum of five business days after month end a monthly IV&V report that includes the following: ○ Summary of IV&V activities for the past month. ○ Summary of IV&V activities planned for the next month. ○ IV&V assessment of the overall project, schedule,	Our IV&V project manager will prepare monthly IV&V reports documenting work completed during the past month and planned IV&V work for the upcoming month. The report will document the results of our analysis conducted in the course of our IV&V observations (meeting participation), deliverable reviews, phased assessments and any ad-hoc, targeted assessments in the past month. IV&V reports will include any issues or risks that would negatively impact the project. As with all of our IV&V tools, we will coordinate with MLTC to design the reports in an arrangement that presents the information in a format that is relevant and meaningful to MLTC. Our monthly IV&V reports will contain the following types of information: ▪ ***IV&V Activities.*** This section will provide an overview of key

MLTC Requirements	Qualis Health Approach
budget, scope, and quality status in comparison to the project teams' reported status clearly identifying any differences along with the reasoning. ○ Additions or updates to executive level risks, issues, and opportunities along with further recommended actions. ○ Summary assessment of project deliverables and work products reviewed in the last reporting period. ○ Other IV&V activities as defined by MLTC.	IV&V activities in the reporting period. It will aggregate and summarize the information provided in the weekly IV&V status reports for the month. This includes a description of tasks, activities, meeting participation, and deliverables that were completed during the past month (planned or otherwise). This section will also provide an overview of any delays in IV&V activities and the impact of any delays that were encountered or schedules that were not met as related to our IV&V activities. We will provide updates to the IV&V project plan and schedule. ▪ ***Planned Activities.*** This section will describe IV&V tasks, activities, deliverables, and milestones that will begin and/or be completed in the next month. It will also describe work that will continue through the month on inflight IV&V tasks. ▪ ***Work Breakdown Structure.*** This section will provide any updates to our IV&V project plan and schedule developed during the past month. In addition to IV&V activity status, our IV&V reports will provide status information related to the implementation project(s) including: ▪ ***Project Deliverable Reviews.*** This section will describe our project deliverable reviews completed including metrics used and those deliverable reviews planned to be completed in the coming month. For deliverable reviews completed during the reporting period, the section will provide a summary of key findings, issues and recommended improvements. ▪ ***Issues.*** This section will note the action items or issues that arose and that were resolved in the reporting period. This is a summary of the items or issues that most directly affect the schedule and budget for the project, including potential solutions and our recommendations for resolution. ▪ ***Risks.*** This section will note the major risk that potentially threaten the project, or have arisen since the last status report. It provides potential solutions and mitigation recommendations for any problems that are unresolved. ▪ ***Budget.*** This section will provide a high-level analysis of the project budget status. It will compare actual and projected work hours and costs against the budget to monitor utilization and assess overall performance. ▪ ***Escalation Items.*** This section will describe issues that require escalation in order to maintain the project schedule and timely work execution. Reporting will include a description of efforts that have been or will be taken to remediate the effects of slippage (variance) from the baseline.

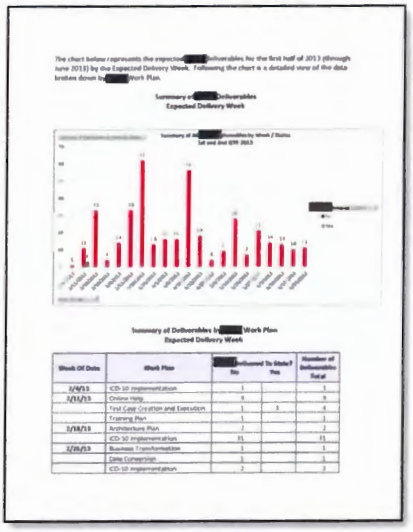
MLTC Requirements	Qualis Health Approach
	▪ ***Solution Vendor(s) Performance.*** This section will provide our assessment of MLTC's vendor(s) performance in key domains such as: ○ *Project Control.* Project management plan, work plan updates, staff resource allocation and usage, and reporting. ○ *Solution Vendor Staffing.* Vendor staff availability or performance issues, and any staffing changes or potential concerns, including possible mitigation strategies. ○ *Deliverables.* Key deliverables provided by vendor(s) during the time period. ○ *Change Orders.* Significant vendor(s) change orders including a description of the change; the anticipated impact on project resources, the project schedule, and project budget; the status of the change; the date on which the change was established; and the process owner for the change. ○ *Quality Control.* Solution vendor(s) internal QA process to ensure final deliverables meet MLTC's quality standards. Our reports are designed to provide critical information at the right level and urgency without having to navigate through non-priority issues. Our reports also document project conditions that provide an audit trail if needed. Our reports will include a project dashboard detailing the status of the project in several project dimensions, which is color-coded according to the following criteria to allow our project manager to target areas of concern: ▪ **Green**—project progressing per plan. ▪ **Yellow**—project will be impacted if issue(s) not resolved. ▪ **Red**—critical issue(s); project impacted with potential to impact implementation. Our IV&V project manager will work closely with MLTC project leadership alert you of issues and risks early on in the project along with recommendations on how to address those issues. We will submit the IV&V report within five (5) business days after the end for the reporting period (month). We will also submit the monthly IV&V report to CMS as directed by MLTC. Our IV&V project manager will meet with MLTC project leadership to determine the most effective means for delivering our monthly IV&V report. As with the weekly IV&V status report, we expect to submit the report electronically via e-mail; or by loading the report onto a shared platform such as SharePoint and providing an e-mail notification that the report has been submitted.

MLTC Requirements	Qualis Health Approach
5. Must facilitate a monthly IV&V report meeting with MLTC identified leadership.	An integral part of our project management approach is providing open communication and collaboration detailing IV&V activities with MLTC. As such, our monthly IV&V reports will serve as the foundation for scheduled monthly meetings to be held with MLTC project leadership and other stakeholders, as necessary. With a planned agenda reviewed by MLTC and other stakeholders prior to the meeting, our IV&V project manager will facilitate the meeting, reviewing the most critical elements of the report and addressing any questions or concerns that MLTC or others may have. As needed, our senior project director will also be available to meet with MLTC on an ad-hoc basis to discuss our work and the status of IV&V activities. We typically like to conduct these ad-hoc status meetings with our senior project director less than quarterly, if possible.
6. Must create the agenda and take the minutes for any IV&V meetings.	In cooperation with MLTC project leadership, our IV&V project manager will establish an agenda framework for all standing IV&V-related meetings. Specific agenda will be prepared for all IV&V meetings including standing and ad-hoc meetings. No less than three days prior to any IV&V-related meeting, we will submit a draft agenda for MLTC review and comment. Our IV&V team will capture and document minutes for all IV&V-related meetings. Minutes will be submitted to MLTC for review and comment within two days of the meeting. We will review any MLTC requested changes with MLTC to address concerns and clarifications. We will make necessary changes to the minutes as appropriate and submit to MLTC for final review.

3.1.3.2 Process for Capturing Status

Our approach to IV&V establishes a framework for continuous monitoring of project processes, artifacts, and progress that provides for the ongoing collection of important project data to be used for the assessment of project performance and status. Throughout our IV&V activities we will deploy our methods and tools to provide MLTC with objective insights into the status of project health that will assist you to make informed decisions as you transition through key project stages. Our process for capturing project status indicators includes:

- ***Project Deliverable Assessments.*** Evaluating project artifacts or deliverables against established contractual and regulatory criteria and requirements and documenting the results in deliverable assessment reports.
- ***Various Periodic Assessments.*** Preparing periodic assessment reports that document project health status and progress data collected during IV&V gate reviews, targeted assessments, and project readiness check point assessments.



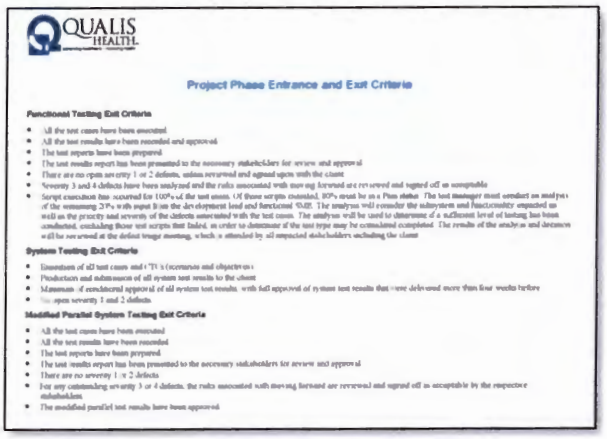
- ***Requirements Traceability Matrix (RTM) Tool.*** Maintaining an up-to-date RTM that tracks compliance with contractual and regulatory compliance.
- ***Deliverable Tracking Tool.*** Documenting project deliverable status in our project deliverable tracking tool.
- ***Test Result Documentation.*** Collecting test results in testing and scoring templates.
- ***Risk Registers and Issues Logs.*** Documenting and tracking system project risks and issues in order to alert MLTC for remediation, and monitor associated resolutions and outcomes.
- ***Meetings Minutes and Notes.*** Documenting minutes and key action items identified during IV&V facilitated meetings.
- ***IV&V Project Library.*** Maintaining an organized repository of all IV&V project artifacts and assessments.

The information collected in these various IV&V reports and tools provide the basis for defining and reporting project status.

3.1.3.3 Methods for Determining and Reporting Project Status

Our IV&V approach will ensure that we base our IV&V assessments on industry standards, best practices, and performance metrics. We will work with MLTC leadership to determine effective and appropriate project success criteria and performance metrics for the purpose of monitoring progress towards achieving MLTC program goals and project objectives. We will assess project activities, deliverables and established performance indicators, and evaluate our findings against defined criteria. These criteria may include the following:

- Project charter goals and objectives
- Contractual requirements
- Regulatory requirements
- Pre-defined project phase entrance and exit criteria
- Industry process standards for project management and software development, implementation, and support
- CMS certification requirements (MECT)
- Project budgets and schedules
- System design and functionality requirements



- Deliverable definition requirements

Our approach will incorporate standard project management performance metrics as well. These metrics can include, at a minimum, CPI, CV, and EV.

Our proposed IV&V project manager and other IV&V team members will work with MLTC project leadership and staff to maintain a high level of communication, interaction, coordination and collaboration on a daily basis. Our IV&V team will provide continual feedback, advice and direction to ensure that MLTC project leadership is informed and aware of the status of the project. Throughout the project, the status of specific project activities and deliverables will be documented and communicated to MLTC through our various assessment report deliverables. Our primary means of formally communicating project status will be through:

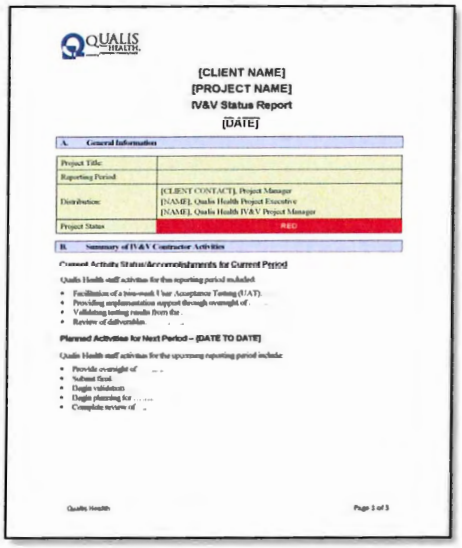
- ***Weekly IV&V Status Reports and Meetings.*** Our IV&V project manager will prepare weekly IV&V status reports documenting work completed during the reporting period, planned work for the upcoming period and any issues or risks that would negatively impact completion of planned IV&V tasks. Our IV&V project manager will facilitate weekly IV&V status meetings with key MLTC project leadership to review critical elements of the report and address any questions or concerns that MLTC may have.
- ***Monthly IV&V Reports and Meetings.*** Our IV&V project manager will prepare monthly IV&V reports documenting work completed during the past month and planned IV&V work for the upcoming month. The report will document the results of our IV&V assessments conducted in the course of our IV&V activities in the past month. Our IV&V reports will also include any issues or risks that would negatively impact the project. Our IV&V project manager will facilitate a monthly IV&V status meeting to review our findings and recommendations, and to address any MLTC questions or concerns.
- ***Quarterly Executive Summary Reports and Meetings.*** Our approach to IV&V status reporting typically includes providing senior leadership with a quarterly executive report. This report is a dashboard-style report that provides a high-level summary of our monthly IV&V report. Our senior project director is prepared to meet with MLTC senior leadership to review the report and discuss any issues or concerns regarding the project.

3.1.3.4 Status Report Templates and Preparation Procedures

Qualis Health maintains standard tools and templates for all work products and deliverables including our weekly IV&V status reports, monthly IV&V reports, and quarterly IV&V executive summary reports. The following describes the process our IV&V team will follow to prepare and submit each report.

Weekly IV&V Status Report—During the course of the reporting period, our IV&V project team will conduct IV&V-related tasks including participation in meetings and various IV&V assessments. Results of our IV&V activities will be collected in a number of IV&V work products including:

- Project Deliverable Assessments
- Various Periodic Assessments
- RTM Tool
- Deliverable Tracking Tool
- Test Result Documentation
- Risk Registers and Issues Logs
- Meetings Minutes and Notes
- IV&V Project Plan and Schedule



[CLIENT NAME]
[PROJECT NAME]
IV&V Status Report
[DATE]

A. General Information	
Project Title:	
Reporting Period:	
Distribution:	[CLIENT CONTACT], Project Manager [NAME], Qualis Health Project Executive [NAME], Qualis Health IV&V Project Manager
Project Status	RED

B. Summary of IV&V Contractor Activities

Current Activity Status/Accomplishments for Current Period

Qualis Health staff activities for this reporting period included:

- Facilitation of a two-week User Acceptance Testing (UAT).
- Providing implementation support through oversight of .
- Validating testing results from the .
- Review of deliverables.

Planned Activities for Next Period – [DATE TO DATE]

Qualis Health staff activities for the upcoming reporting period include:

- Provide oversight of .
- Submit final .
- Begin validation .
- Begin planning for .
- Complete review of .

Qualis Health Page 1 of 3

Our IV&V project manager will convene IV&V team meetings and discussions, and review IV&V artifacts to identify information that will be included in the weekly status report. IV&V team members will contribute material for inclusion in the report. Our IV&V project manager will aggregate the information, prepare a draft weekly IV&V status report, and distribute it to our IV&V for review and feedback. Modifications to the report will be made based on this team input process. In addition, our IV&V may need to clarify with MLTC staff specific issues and concerns raised during our IV&V activities.

The weekly IV&V status report will then undergo an internal QA process to address any formatting, typos or other errors.

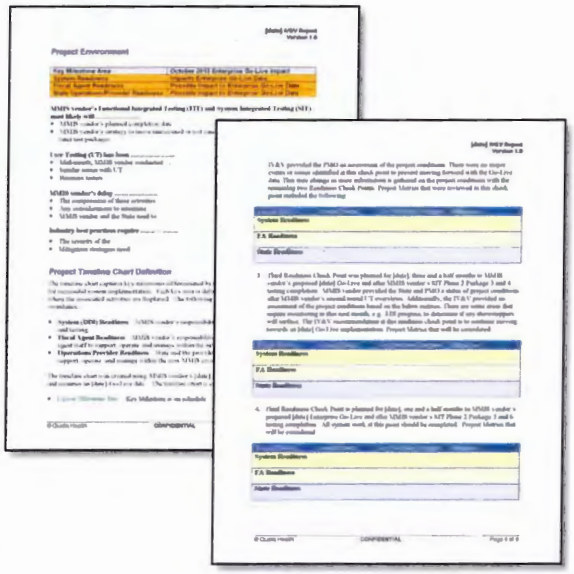
Our IV&V project manager will submit the weekly IV&V report to MLTC project leadership through e-mail or submission on a shared site as agreed upon. We suggest the weekly IV&V status report be delivered by the end of business on the Tuesday following the completed reporting week.

Upon completing our weekly IV&V status meeting with MLTC project leadership, occasionally, we may find it necessary to make minor modifications to the report as a result of our discussions with MLTC. If necessary, our IV&V project manager will adjust the report and re-submit within one (1) business day.

Monthly IV&V Report—The monthly IV&V report will provide a comprehensive summary of MLTC overall project conditions and progress, as well as a status of our IV&V activities. The monthly IV&V report will include a summary of the information contained in the weekly IV&V status reports, but will provide a more comprehensive assessment of status for project conditions and progress.

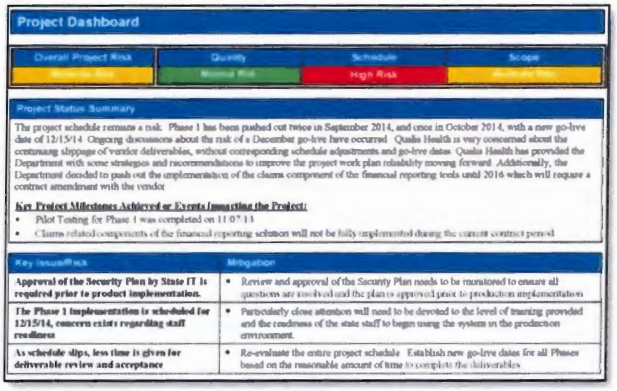
Our team will follow similar process steps in preparing the monthly IV&V report as they will in preparing the weekly IV&V status reports including:

- Reviewing of MLTC project conditions and IV&V activity status in IV&V team meetings and discussions;
- Reviewing of results from IV&V artifacts produced during the month including the weekly IV&V status reports;
- Participation of IV&V team members to contribute material for inclusion in the report;
- Obtaining clarifications and additional information as necessary from MLTC staff;
- Preparation of a draft monthly IV&V report for IV&V team review and QA;
- Submission of the monthly IV&V report to MLTC leadership via electronic means (e-mail or shared site) within five (5) business days of conclusion of the reporting month; and
- Facilitating a review meeting with MLTC project leadership and making any material and necessary changes to the monthly IV&V report.



We understand that submission of the monthly IV&V report to CMS is also required. We recommend, that the final monthly IV&V report be submitted to CMS after convening our monthly IV&V review meeting. This will ensure that CMS receives the final version of the report. We expect that changes to the monthly IV&V report will be required very infrequently, but we allow for the possibility.

Quarterly Executive Summary Report—In addition to the monthly IV&V report, we suggest, although not a requirement from MLTC, that our senior project director prepare an IV&V quarterly executive summary report that is a brief (one page) summary of monthly IV&V reports for executive leadership, with a focus on critical information that would be, or has been deemed by executive leadership, as important with regard to making high level project policy decisions.



Our senior project director will work with our IV&V project manager to identify information to be included in the report and will present the information to MLTC senior leadership in a meeting format to be determined with MLTC project leadership.

3.1.3.5 Example of IV&V Status Report

An example of our IV&V status report is provided in Attachment E—IV&V Status Report.

3.1.3.6 Example of IV&V Report

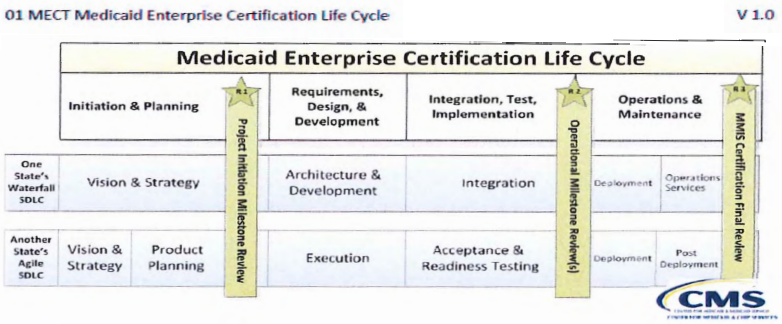
Examples of our IV&V report are provided in Attachment F—IV&V Report.

3.1.4 CMS and MITA Compliance

Through our IV&V services, Qualis Health will assist MLTC to address recent CMS policy and certification process changes impacting the EES and DMA projects. These changes will require that IV&V contribute to system gate reviews and evaluation of CSFs.

Federal Funding for EES—Final Rule (CMS 2392-F) revised a 2011 regulation that provided an enhanced federal matching rate for the design, development, installation, or enhancement of Medicaid eligibility and enrollment systems through December 31, 2015. The updated regulation authorized the enhanced match on an ongoing basis to support states in modernizing their eligibility systems. The final rule continued the 90% federal support for new eligibility and enrollment systems implementation projects, and the 75% federal matching rate for maintenance and operations of these systems, if the systems meet certain CSFs.

DMA Certification—CMS has recently piloted a new iterative certification process, the Medicaid Enterprise Certification Lifecycle (MECL), for the certification of MES. The new process utilizes a revised CMS Medicaid Enterprise Checklist Toolkit (MECT). New certification checklists have been developed to support certification activities at key implementation milestones or "gates" such as the Planning and Startup, Design, Final Design and Test, Deploy/Operational Readiness milestones defined in the CMS ELC and XLC models. This approach monitors compliance with system specifications and standards (e.g., MITA, CMS Seven Conditions and Standards) through the evaluation of relevant project artifacts against a certification checklist.



Our IV&V project team will provide IV&V services in support of MLTC's efforts to demonstrate achievement of CSFs and compliance with CMS certification requirements.

3.1.4.1 CMS and MITA Compliance Requirements

The following table contains the project management requirements as specified in the RFP, and a brief narrative describing Qualis Health's approach to meeting each requirement.

MLTC Requirements	Qualis Health Approach
1. Must provide IV&V services for CMS in support of the MECL in accordance with guidance to be released in the new MECT.	CMS requires an IV&V contractor, independent from the agency managing the EES and DMA projects, to monitor and evaluate the EES and DMA implementation activities and certification processes. As set forth in the MECL issued in March 2016 by the Division of State Systems, Data and Systems Group, Centers for Medicaid and CHIP Services, CMS. CMS requires that MLTC's IV&V contractor perform certification milestone assessments and submit periodic certification progress reports. As your IV&V contractor, Qualis Health's IV&V project team will: ▪ Conduct IV&V certification milestone assessments at the conclusion of three of the four project phases. The assessments include: o Project Initiation Milestone Review o Operational Milestone Review o MMIS Certification Final Review ▪ We will prepare certification progress reports for MLTC, and periodically submit progress data to the CMS dashboard. Our IV&V project team shall contribute to the management of the EES and DMA projects by providing oversight and monitoring support to MLTC. This will include evaluating processes and progress areas: ▪ Assessing project management methods, performance, issues, and risk in key domains such as performance against budget and schedule; ▪ Adherence to the adopted SDLC; ▪ Compliance with Medicaid IT standards and conditions; ▪ Incorporation of MLTC's objectives into design and development; ▪ Configuration and change management methods; ▪ Adherence to service level agreements (SLA); ▪ Assessing technical designs and modular development to ensure: o Modular system development; o Completeness and reasonability of MMIS concept of operations, architecture, and designs; o External systems accuracy of capture of interfaces and data sharing requirements to the MMIS; o Data transition plan ability and completeness; o Traceability of requirements through design, development, and testing; o Adequacy of system security and privacy policies, plans, technical designs, and implementations;

MLTC Requirements	Qualis Health Approach
	○ Coverage and integrity of all system testing, including stress testing and interface testing, ○ Capacity management; and ○ Disaster recovery planning. ▪ Evaluating MLTC and solution vendor project artifacts required for milestone reviews and recommending improvements.
2. Must periodically, as needed, produce exception based Certification Progress Reports in the format required by CMS. The report must utilize the MECT checklists and MMIS CSFs and must objectively illustrate the strengths and weaknesses of the project and provide recommendations for correcting any identified weakness.	At key milestones, and as requested by MLTC, our IV&V project team will prepare and submit certification progress reports using the CMS required formats set forth in the recently released MECT. We will utilize the MECT checklists and CSFs to prepare our reports. Our IV&V project manager will prepare the certification progress report after the appropriate MECT certification checklist activities are concluded. This includes: ▪ MLTC completing the appropriate sections of the certification checklist; ▪ Our IV&V project team reviewing MLTC's checklist entries, artifacts and documentary evidence; and ▪ The IV&V project team completing the reviewer notes in the certification checklist. We will prepare the certification progress report ensuring that it conforms to CMS requirements. In the IV&V review section of the progress report, we will summarize MLTC's status and progress towards certification. We will utilize tables as presented in CMS's report template to facilitate understanding and uploading of the data into the CMS tracking tool and dashboard. Our IV&V project team will prepare certification progress reports that contain the following: ▪ **Methodology & Scope of the Progress Report.** Describing the nature of project and certification approach and applicable certification checklists involved, how our IV&V project team has engaged with project stakeholders, and the tools used to monitor project activities and evaluate supporting evidentiary materials ▪ **Project Advancement Since Last Certification Progress Report.** We will summarize MLTC's progress since the last progress report documenting the status of corrective actions, dates and types of completed milestone reviews, and the dates and types of upcoming milestone reviews. ▪ **Risks.** Our report will document programmatic and technical risks describing severity, probability and impact (e.g., high, medium or low). We will address steps that MLTC has taken, or not taken, to mitigate risks and address identified issues.

MLTC Requirements	Qualis Health Approach
	▪ **Project Management Status and Report.** We will document the results of our project management assessments including a summary of budget and schedule performance indicators such as CV, CPI, SV, and SPI. We will describe corrective action results since the last report, and discuss status of CSFs. ▪ **CSF Progress.** Additionally, the status of the programmatic CSFs will be documented in an appendix to the report: *MMIS Programmatic Critical Success Factors Report*. We will identify whether CSFs are "met" or "not met," and will enter the status and appropriate comments for each critical success factor, as well as any recommendations related to meeting the CSFs. ▪ **MITA and Standards and Conditions for Medicaid IT Update.** We will provide a summary of MLTC's MITA goals, and standards and conditions for Medicaid IT progress in moving toward maturity including exceptions or areas of concern and how MLTC is progressing toward maturity as documented in the MLTC's SS-A. We will address progress to business, information and technical architecture (TA) goals, as well as Medicaid IT standards and conditions. ▪ **Recommendations.** We document our recommendations for improvement, if any, using the format provided by CMS. For milestone reviews, our IV&V project team will provide go/no-go recommendation for transition to the next implementation phase. We will include all required appendices and supporting documentation including certification checklists and the MITA SS-A scorecard. Our IV&V project manager will submit the report, including any drafts, in a zip file to MLTC and CMS simultaneously via e-mail. Our IV&V project team will address any questions or concerns that CMS may have in their review and response to the certification progress report.
3. Must submit the monthly IV&V report to CMS.	As discussed in Requirement #2 above and in Section 3.1.3 IV&V Status Meetings and Reporting Requirement #4, our IV&V project team will prepare and submit periodic certification progress reports and a monthly IV&V for MLTC and CMS. We will submit the IV&V report to MLTC within five (5) business days after the end for the reporting period (month). We will submit the monthly IV&V report to CMS as directed by MLTC. Our IV&V project manager will meet with MLTC project leadership to determine the most effective means for delivering our monthly IV&V report to CMS. Our IV&V project manager will submit the certification progress report, including any drafts, in a zip file to MLTC and CMS simultaneously via e-mail.

MLTC Requirements	Qualis Health Approach
4. Must participate in meetings with CMS as directed by CMS or MLTC.	As directed, the Qualis Health IV&V project team will participate in meetings with CMS as requested by CMS or directed by MLTC. As a preparation for these meetings, we will coordinate with MLTC and/or CMS to gather artifacts, prepare agendas, lists issues, resolutions, performance metrics and other relevant information for the meeting. We will provide appropriate, qualified Qualis Health consultants to attend the meetings as active participants. Our participation in these meetings will be documented in our weekly IV&V status reports and discussed in our status meetings. We will not participate in any meetings with CMS without notifying MLTC prior to the meeting. In the event that any IV&V project team is contacted by a CMS representative in an ad-hoc fashion, we will notify MLTC project leadership immediately.
5. As directed by DHHS, must coordinate and participate in the planning, preparation, and performance of CMS project reviews (Gate reviews, readiness reviews, certification reviews, etc.).	Ensuring that the EES and DMA solutions are compliant with CMS requirements will be a necessity to ensure continuation of federal funding. Our IV&V project team will participate in and help coordinate certification efforts. We will coordinate with MLTC and CMS to validate that the new system solutions comply with CMS requirements, sufficiently supports the efficient and effective management of the Medicaid program, and complies with federal requirements and regulations. The CMS certification process relies on the use of the checklists at key implementation milestones or "gates" defined in the MELC. This approach monitors compliance with system specifications and standards (e.g., MITA, CMS Seven Conditions and Standards) through the evaluation of relevant project artifacts against a certification checklist. Our IV&V approach will maintain a focus on the goal of meeting CMS certification requirement throughout each implementation step. We will ensure that our methods align with the MELC milestone review requirements. This process allows for ongoing coordination with CMS and the continual evaluation of the effectiveness and quality of implementation methods and activities. Additionally, our IV&V methodology aligns with major implementation phases including those defined in the DHHS EPLC; and the CMS XLC and CMS ELC models. Our methods and tools will support CMS project gate review requirements. We will make certain that our IV&V methods and tools conform with MITA standards and the CMS Seven Conditions and Standards to support modularity, align with industry standards, promote leveraging of solutions, meet business operation's needs, produce meaningful information, and allow interoperability. The following provides an overview of our approach to assisting MLTC with the CMS gate review process. Our IV&V project team will: ▪ Review and advise MLTC on gate review and/or certification

MLTC Requirements	Qualis Health Approach
	preparation and readiness steps based on the most current CMS requirements. ▪ Continuously monitor project artifacts to ensure compliance with CMS requirements. ▪ Evaluate the processes, procedures, and documents produced throughout the project against CMS requirements. ▪ Monitor and identify any issues that would impact certification or gate transition readiness, and recommend mitigation strategies and methods for reducing or eliminating the impact and/or risk. ▪ Develop a certification approach, document roles and responsibilities, required resources, deliverables, and expected timeline for gate review and/or certification activities, and prepare a formal plan and schedule for certification activities. ▪ Assist MLTC with the organization of project artifacts to demonstrate compliance with review checklists, and initiate the collection and organization steps as soon as is practical. ▪ To the extent allowable and practical, support MLTC during any CMS onsite and/or remote review activities.
6. In preparation for certification milestone reviews, must evaluate documents and evidence along with any working module/code applicable to that particular review, and complete the reviewer comments portion of the relevant Medicaid Enterprise Certification Checklists. The completed checklists are appended to the Certification Progress Report. Progress report must be delivered with the necessary lead time as required by CMS prior to the scheduled MMIS certification milestone review. The certification progress	Prior to preparing the certification progress report, our IV&V project team will monitor and support MLTC's certification efforts. We will work closely with MLTC SMEs solution vendor(s) to evaluate supporting documentation and recommend improvements to documentation, and document completion/status of reviews. Once MLTC has completed the appropriate sections of the certification checklist, we will: ▪ Review MLTC's checklist entries, artifacts and documentary evidence; and ▪ Complete the reviewer notes in the certification checklist. We will prepare the certification progress report ensuring that it conforms to CMS requirements. In the IV&V review section of the progress report, we will summarize MLTC's status and progress towards certification. We will utilize tables as presented in CMS's report template to facilitate understanding and uploading of the data into the CMS tracking tool and dashboard. We will include all required appendices and supporting documentation including certification checklists and the MITA SS-A scorecard. Several weeks prior to the scheduled milestone review, our IV&V project manager will submit the report with the appropriate completed MECT checklists to MLTC and CMS simultaneously via e-mail. This will allow CMS to upload the information contained in the report to its central repository. We will ensure that we have submitted the report no later than three weeks prior to the planned certification milestone review in order to provide adequate time for MLTC and CMS to conduct pre-certification calls to plan the logistics and agenda of the review meetings and hold an

MLTC Requirements	Qualis Health Approach
reports must be provided to CMS at the same time they are presented to the state.	introductory kickoff meeting. CMS will complete their portion of the certification progress report after the milestone review meetings have concluded, and will send copies to MLTC and our IV&V project team.
7. Must periodically submit project progress data to the CMS dashboard on a schedule required by CMS.	CMS will track certification project progress in a dashboard. Below is an example of a tracking dashboard for North Carolina included in the MECT. **Gate Review Assessment Summary (North Carolina)** **Final Phase** **MECT Checklist** | Checklist Name	Criteria Count	Meets	%	Partially Meet	%	Doesn't Meet	%	Not Assessed	%	Blanks	%	MITA	Meets	%	CFR	Meets	%	State-Specific	Meets	%
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---
01 EA Business Relationship Management	1	1	100%	0	0%	0	0%	0	0%	0	0%	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
02 EA Care Management	[illegible]	25	31%	2	3%	2	3%	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	0	0	0%
03 EA Contractor Management	16	15	94%	0	0%	0	0%	1	6%	0	0%	[illegible]	1	[illegible]	[illegible]	5	5	[illegible]	0	0	0%
04 EA Eligibility and Enrollment Management	53	49	92%	2	4%	0	0%	[illegible]	[illegible]	0	0%	9	0	0%	[illegible]	25	[illegible]	[illegible]	[illegible]	[illegible]
05 EA Financial Management	[illegible]	158	89%	5	2%	8	3%	11	6%	6	0%	22	2	9%	30	30	[illegible]	1	1	[illegible]
06 EA Member Management	33	26	84%	1	3%	0	0%	4	[illegible]	0	0%	5	0	0%	8	[illegible]	[illegible]	[illegible]	0	0%
07 EA Operations Management	[illegible]	147	82%	14	8%	7	4%	[illegible]	[illegible]	6	[illegible]	[illegible]	[illegible]	0%	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
08 EA Performance Management	[illegible]	44	86%	7	14%	0	0%	0	0%	0	0%	[illegible]	0	0%	[illegible]	10	[illegible]	[illegible]	[illegible]	[illegible]
09 EA Plan Management	49	29	59%	1	2%	2	4%	[illegible]	[illegible]	5	0%	10	0	0%	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
10 EA Provider Management	[illegible]	50	94%	1	2%	0	0%	2	[illegible]	0	0%	[illegible]	1	17%	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
11 EA Quality Improvement	[illegible]	9	43%	2	10%	1	5%	9	[illegible]	0	0%	[illegible]	[illegible]	0%	[illegible]	[illegible]	0%	0	0	[illegible]
12 TA Access And Delivery	[illegible]	324	87%	8	6%	2	1%	[illegible]	[illegible]	6	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	27	[illegible]	[illegible]	[illegible]	[illegible]
13 TA Information and Infrastructure	31	17	55%	8	26%	6	19%	0	0%	[illegible]	[illegible]	22	[illegible]	[illegible]	5	5	100%	0	0	0%
14 TA Integration and Utility	[illegible]	19	54%	13	37%	3	9%	0	0%	0	0%	[illegible]	[illegible]	[illegible]	1	1	[illegible]	0	0	0%
15 General Standards and Conditions	67	33	40%	9	11%	40	48%	1	[illegible]	0	0%	67	21	31%	1	1	[illegible]	0	0	0%
Total	1085	746	74.2%	71	7.1%	69	6.9%	112	11.1%	7	0.7%	257	93	34.8%	170	154	90.6%	49	25	65.8%	 We will submit periodic certification project progress information to CMS for entry into their tracking dashboard. We will collect that data through our milestone assessments and other IV&V activities, and will document this information in monthly IV&V reports, certification progress reports, and other IV&V artifacts. Our IV&V project manager will provide this information through prescribed methods including: ▪ Monthly submission of the IV&V report ▪ Periodic submission of the certification progress reports ▪ Ad-hoc submissions by CMS Our IV&V project manager will ensure that CMS receives the information in a timely manner, and will coordinate with MTLC project leadership to ensure that MLTC is aware of any ad-hoc requests from CMS prior to our submission of data to CMS.
8. Must assess impacts of projects to MITA business, informational, and TA maturity.	The implementation of the EES and DMA solutions should enhance MLTC's MITA maturity levels as it allows MLTC to achieve planned operational and system enhancements. Our IV&V project team will review the new capabilities presented by the new systems and assess the impact of the successful implementations of the EES and DMA systems on MLTC's As-Is (current) operations and progress toward the To-Be (future) MITA maturity levels. For both the EES and DMA projects, our IV&V project team will assess the impact on business architecture (BA), information architecture (IA) and

MLTC Requirements	Qualis Health Approach
	TA MITA maturity. We will review the current SS-A, the Business Capability Matrix (BCM), the Information Capability Matrix (ICM), and the Technical Capability Matrix (TCM) to assess impact of these system capabilities on the MLTC MITA maturity level. For the BA, we will review processes, tools and artifacts for each defined business capability process to determine the level of maturity including timeliness of business process; data accuracy and accessibility; performance effort and efficiency of business process; cost effectiveness; accuracy of business process results; and value to stakeholders. For the IA, using artifacts, tools and other resources, our team will review each project's data management strategy (DMS), conceptual data model (CDM) and logical data model (LDM) to determine the level of progress in maturity (Level 1 through Level 5). With the TA, our team will carefully review artifacts, resources and tools to determine the impact of each project in areas such as business intelligence and reporting; system security; interoperability: SOA; system extensibility; configuration management; and data access and management. Utilizing the State's MECT certification checklist for the EES and DMA systems to map system capabilities to specific MITA requirements, our IV&V project team will document the MITA maturity level enhancements represented by the EES and DMA solutions. We will compare the MECT certification checklist findings and documentation against the SS-A As-Is and To-Be assessment documentation. We will assess and identify any new system capabilities that would modify the MITA maturity level contained in the SS-A. Our IV&V project team will prepare a MITA maturity impact assessment report for each system documenting our findings and recommended modifications to the MITA SS-A maturity levels.
9. Must track traceability of project activities and requirements through the entire project to CMS CSFs and certification checklist criteria as applicable to the project to secure ongoing enhanced funding.	We understand the importance of critical success factors in the certification process, and their relation to securing ongoing enhanced funding. Achievement of both types of CSFs—programmatic (activities MLTC project leadership will need to perform in managing its EES and DMA projects) and MMIS (identification of system capabilities required to support Medicaid agency functions)—will be monitored throughout the EES and DMA projects. We will carefully track the traceability of project activities and requirements through our entire engagement through the following: ▪ Program CSFs will be tracked in certification progress reports that are prepared regularly by our IV&V project team; and ▪ MMIS CSFs are included in the MECT checklists. Compliance to MMIS CSFs will be tracked by our IV&V project team using the checklists, which contain built-in mapping between the MMIS CSFs and certification criteria.

MLTC Requirements	Qualis Health Approach
	We understand that the certification checklists we submit with our certification reports will be loaded into a CMS tracking database. CMS will maintain a record of MLTC's certification progress throughout the certification process, and will monitor which CSFs have not been met by MLTC. Our IV&V project team will ensure the CSFs are incorporated into the EES and DMA project RTMs, and will monitor and evaluate whether the systems are meeting design specifications, functional requirements, and CSFs as specified in the RFP, contract, design documents, and project artifacts documenting system criteria performance, acceptance and success criteria.

10. Must perform all functions required by CMS for all CMS reviews.	Our project team will carefully review all required CMS steps, processes, reports, and other functions required for all CMS reviews relative to this engagement. We understand that CMS will require our IV&V project team to perform the following functions in support of the CMS reviews:
	
	▪ Evaluate MLTC's progress using the certification checklists;
	▪ Complete the reviewer portion of MLTC's certification checklists, including the CSFs;
	▪ Fill out the progress report template and attach completed checklists;
	▪ Submit the progress report simultaneously to MLTC and CMS;
	▪ Conduct SLDC requirement and design review(s) of project artifacts such as:
	  o System Design Document or, if the state is purchasing a COTS system, an interface design document
	  o System Security Plan
	  o Information System Security Assessment
	  o Test Plan
	  o Interface Control Document
	  o Database Design
	  o Data Conversion/Data Management Plan
	  o Implementation Plan
	  o Contingency/Recovery Plan
	  o Data Use/Exchange Interconnection Security Agreement
	▪ Assess MLTC's requirements, design, and test plans for completeness, accuracy, and consistency; and
	▪ Identify gaps, issues and risks, and recommend mitigation steps for MLTC.

11. Must coordinate certification activities for the project	Effective coordination of certification activities between the MLTC, the DMA vendor(s) and our IV&V project team will be crucial to the success of certification milestone reviews. Our IV&V project manager will work

MLTC Requirements	Qualis Health Approach
including review of certification packet materials from the DMA implementation contractor. Must evaluate and make recommendations about the state artifacts that are required for MMIS certification milestone reviews. A list of required artifacts is included in the CMS Medicaid Enterprise Certification Toolkit.	diligently with your project leadership and the DMA vendor to coordinate certification activities including: meetings and agendas; project artifact gathering and reviews, training, and dry runs in anticipation of the certification reviews. Our project team will also: ▪ Advise MLTC on gate review and/or certification preparation and readiness steps based on the most current CMS requirements. ▪ Assist MLTC to formulate its certification approach addressing roles and responsibilities, required resources, deliverables, and expected timelines for gate reviews and/or certification activities, and prepare a formal plan and schedule for certification activities. ▪ Continuously monitor project artifacts to ensure compliance with CMS requirements. ▪ Evaluate the processes, procedures, and documents produced by MLTC and solution vendors throughout the project against CMS requirements. ▪ Monitor and identify any issues that would impact certification or gate transition readiness, and recommend mitigation strategies and methods for reducing or eliminating the impact and/or risk. ▪ Assist MLTC with the organization of project artifacts to demonstrate compliance with review checklists ensuring that the minimum required content is provided with each artifact or other evidentiary document, and initiate the collection and organization steps as soon as is practical for: o Review 1: Project Initiation Milestone Review o Review 2: Operational Milestone Review(s) o Review 3: MMIS Certification Final Review(s) ▪ To the extent allowable and practical, support MLTC during any CMS onsite and/or remote review activities. Our team will review all MLTC artifacts gathered, review each against the required artifacts listed in the CMS MECT and provide both MLTC and the DMA vendor with written recommendations for improvements, additions, changes or other steps required prior to the scheduled or anticipated certification milestone review(s).
12. Must review all new or updated documentation, guidance, and rules promulgated by CMS applicable to the project and provide summary impacts to the project along with any recommendations.	Qualis Health continually monitors any CMS information related to the Medicaid and Medicare programs including draft and final rule and/or regulations, including responses and CMS comments; guidelines, toolkits, correspondence, bulletins, meetings, presentations or other communication methods. It is our practice to provide our customers with a carefully crafted summary of the issue(s), impact of the customer's project(s) and any recommendations. Through our work as a QIO and through our services supporting state Medicaid agencies across the country, we have developed a keen understanding and familiarity with CMS and other government regulatory

MLTC Requirements	Qualis Health Approach
	requirements, as well as with system standards and performance criteria. Through this work, we have gained considerable knowledge of MITA and MES certification requirements. This expertise and experience will be of great benefit to MLTC in its efforts to implement MITA-aligned solutions and to achieve certification. Our executives and senior-level consultants work closely with representatives from various government agencies, including CMS, to stay abreast of new regulations, directives, and/or orders that would impact our work and our clients. As is appropriate, this information is shared with our project teams to assess the implications and impact on current projects. Our IV&V project team will monitor information that may impact the EES and DMA projects such as: ▪ MITA updates; ▪ Refinements of the CMS certification process, methods and tools; and ▪ New or modified regulations. We will evaluate the impact of any new relevant CMS documentation, guidance, or rules; and advise MLTC as appropriate. Our IV&V project managers ensure that our IV&V services, methods, and tools appropriate reflect any changes.
13. Must perform any IV&V services and roles required by CMS or MLTC necessary to secure the enhanced funding.	We will perform our IV&V activities and fulfill the IV&V role as required by CMS and MLTC necessary to secure the enhanced funding for this project. We understand CMS expectations and requirements for IV&V services, and will make certain that we comply with CMS requirements for IV&V independence and successfully fulfill our project oversight responsibilities in order to assist MLTC in its efforts to secure enhance funding. Additionally, our IV&V project team will comply with all IV&V performance and reporting requirements specified in the MELC. We will monitor all new or updated CMS documentation, guidance, and rules to ensure that we understand the most current requirements and potential changes to requirements to that we can most effectively support and advise MLTC.

3.1.4.2 CMS Expectations for IV&V

CMS has provided guidelines and requirements for IV&V services in Federal Regulation 45 CFR 95.626 and in the MECL.

45 CFR Part 95.626 Requirements—Federal regulation 45 CFR 95.626 requires that IV&V efforts be conducted by an entity that is independent from the State of Nebraska, unless the State receives an exception from CMS. The primary purpose of this exclusion is to ensure the IV&V service provider avoids any real or perceived conflicts of interest.

IV&V is the set of verification and validation activities performed by an agency not under the control of the organization developing the software. IV&V services must be provided and managed by an organization that is technically (e.g., subcontractors are not and have not been involved in the software development or implementation effort or in the project's initial planning and/or subsequent design) and managerially (e.g., departmentally and hierarchically separate from the software development and program management organizations) independent of the subject software development project (per the MELC, the IV&V contractor must not report to the same agency or department that oversees the Medicaid program.).

For federal purposes, the scope of IV&V includes planning, management, and other programmatic activities in conformance with the term's usage in federal regulations at 45 CFR 95.626. Specifically, CMS expects our IV&V team to:

- Develop a project work plan that should be submitted MLTC and CMS at the same time;
- Conduct ongoing assessments of the solution vendor's and MLTC's project management performance and the technical aspects of the project, and should submit reports of assessment findings and recommendations to MLTC and CMS at the same time;
- Consult with project stakeholders and assess the user involvement and buy-in regarding system functionality and the system's ability to support program business needs;
- Conduct an analysis of past project performance sufficient to identify and make recommendations for improvement;
- Assess project risks and capacity planning, recommend mitigation steps, and monitor the management of risks; and
- Establish performance metrics for tracking project completion against MLTC defined project milestones.

Our IV&V project manager and team will implement our IV&V methods and tools to assist MLTC to meet federal requirements for IV&V.

MECL IV&V Requirements—CMS expects that MLTC's IV&V contractor will participate in system implementation gate reviews and will inform CMS of significant risks or issues throughout the EES and DMA system implementations. As discussed above, the IV&V must be independent, cannot report to MLTC, and must not be involved in the testing of the EES and DMA systems. As defined in the MECL model, CMS requires the IV&V contractor to perform specific duties and functions.

- **Certification Progress Reports**—As the IV&V contractor we will produce exception-based Certification Progress Reports that objectively illustrate the strengths and weaknesses of the project and provide recommendations for correcting any identified weaknesses. In advance of MMIS certification milestone reviews with CMS, reports will be prepared using a report template from the State along with the Medicaid Enterprise Certification Checklists, and the MMIS CSFs.

#	Status From Last Report	Critical Success Factor	Status Met/Not Met	IV&V Comments	IV&V Recommendations	CMS Comments
1	*Not Met (Example Only)*	The system being developed conforms to the technical plans and maturity targets documented in the state's MITA documents (SS-A, roadmap, technical management strategy, data management strategy, etc.).	*Not Met*	At the last report, the state had [illegible] processes, nor had made the processes available in the central library. At the time of this report, all processes are in the library but are not yet being followed by all team members.	Training on and use of the [illegible] encouraged for team members, so that there is consistent adherence to the system development approach.	Demonstrating conformance to MITA based technical plans, processes and approach is required for state's achieving this critical success factor.
2		Activities listed in the states MITA roadmap can be traced to the activities contained within APDs.				
3		The state PMO regularly reports project variance and performance indices against schedule, resource, and budget baselines, as well as changes in scope and requirements. (These metrics require effective earned value management).				

We will interview and observe the project management staff, project meetings and activities to understand the project processes, procedures, and tools used to design, develop, implement and manage the EES and DMA solutions. We will review and analyze all applicable and available documentation for adherence to accepted, contractually-defined industry standards. Lastly, we will fill out the reviewer comment portion of the Medicaid Enterprise Certification Checklists and append them to the progress report.

In preparation for the MMIS certification milestone reviews, as the IV&V contractor, we will evaluate state documents and evidence along with any working modules/codes applicable to that particular review, and complete the reviewer comments portion of the Medicaid Enterprise Certification Checklists. The completed checklists will be appended to the Certification Progress Report. The progress report will be delivered prior to the scheduled MMIS certification milestone review. All certification progress reports will be submitted to CMS at the same time they are presented to MLTC, and will contain the following:

- Methodology and Scope of the Progress Report
- Project Advancement Since Last Certification Progress Report
- Risks
- Project Management Status and Report
- MMIS CSF Progress
- MITA and Standards and Conditions for Medicaid IT Update
- Recommendations

We understand that information contained in the certification project report packets we produce will be loaded into the CMS database and dashboard used for tracking MLTC's progress and success toward meeting certification requirements.

- **Oversight**—CMS requires that the IV&V contractor participate in the oversight of system implementation projects. We understand that our IV&V project team will be part of MLTC's project structure providing independent oversight and evaluation of day-to-day operations

and management of the EES and DMA projects. It will be necessary for our IV&V project team be highly involved in the project at all times, be present at MLTC facilities, and work closely with MLTC project staff and other stakeholders throughout the projects.

CMS will require our IV&V project team to participate as observers in project-related meetings and conduct necessary interviews to collect important information related to project health and status. We must be given unlimited access to project reports, planning documents, designs, test results, solution vendor deliverables, and other documents, and deliverables prepared by the solution vendors and MLTC project staff in order to review and evaluate these artifacts. This high level of involvement and access to project document will promote transparency and ensure integrity in our IV&V services, and more effectively provide MLTC leadership with a thorough and objective assessment of the quality and progress of the EES and DMA projects.

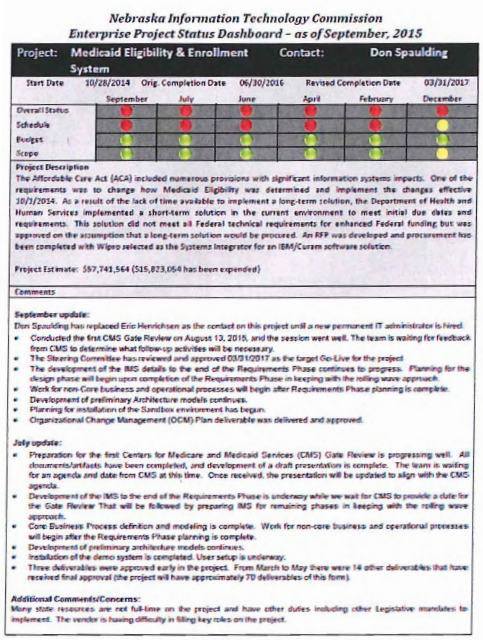
CMS requires that our IV&V project team review project management processes and effectiveness, as well as the quality and progress of the EES and DMA systems development and implementation. We must also develop an IV&V project work plan that must be submitted to CMS at the same time it is delivered to MLTC. The following table summarizes key areas that CMS expects to be monitored and evaluated by our IV&V project team.

Figure 13—CMS IV&V Review Requirements

Project Management Reviews	Modular Development Reviews
▪ Project progress against budget and schedule; ▪ Risk management; ▪ Adherence to SDLC; ▪ Adherence of system design and development to CMS Seven Conditions and Standards; ▪ Review for thoroughness and quality of state self-assessment (SS-A), COO, IA, and data architecture DA); ▪ Review of system design and development against state's MITA goals and plans; ▪ Configuration management; ▪ Change management; and ▪ Adherence to SLAs.	▪ Completeness and reasonability of MES COO, architecture, and designs; ▪ Accuracy of capture of interfaces and data sharing requirements with systems external to the MES; ▪ Viability and completeness of the data transition plan; ▪ Traceability of requirements through design, development, and testing; ▪ Adequacy of system security and privacy policies, plans, technical designs, and implementations; ▪ Coverage and integrity of all system testing, including stress testing and testing of interfaces between modules and with external partner systems; ▪ Capacity management, including consideration of future vendors' support and release plans for underlying databases, software, and hardware; and ▪ Adequacy of disaster recovery planning.

3.1.4.3 EES Gate Review Process

As previously discussed, our IV&V assessment methodology is designed to align with the gate reviews defined in the DHHS EPLC, CMS ELC, and CMS ELC models. Our methods and tools will support CMS project gate review requirements for the EES project.



Nebraska Information Technology Commission
Enterprise Project Status Dashboard – as of September, 2015

Project:	Medicaid Eligibility & Enrollment System			Contact:	Don Spaulding	
Start Date	10/28/2014	Orig. Completion Date	06/30/2016	Revised Completion Date		03/31/2017

	September	July	June	April	February	December
Overall Status						
Schedule						
Budget						
Scope						

Project Description
The Affordable Care Act (ACA) included numerous provisions with significant information systems impacts. One of the requirements was to change how Medicaid Eligibility was determined and implement the changes effective 10/1/2014. As a result of the lack of time available to implement a long-term solution, the Department of Health and Human Services implemented a short-term solution in the current environment to meet initial due dates and requirements. This solution did not meet all Federal technical requirements for enhanced Federal funding but was approved on the assumption that a long-term solution would be procured. An RFP was developed and procurement has been completed with Wipro selected as the Systems Integrator for an IBM/Curam software solution.

Project Estimate: $67,741,564 ($15,873,054 has been expended)

Comments

September update:
Don Spaulding has replaced Eric Henrichsen as the contact on this project until a new permanent IT administrator is hired.
- Conducted the first CMS Gate Review on August 13, 2015, and the session went well. The team is waiting for feedback from CMS to determine what follow-up activities will be necessary.
- The Steering Committee has reviewed and approved 03/31/2017 as the target Go-Live for the project
- The development of the IMS details to the end of the Requirements Phase continues to progress. Planning for the design phase will begin upon completion of the Requirements Phase in keeping with the rolling wave approach.
- Work for non-Core business and operational processes will begin after Requirements Phase planning is complete.
- Development of preliminary Architecture models continues.
- Planning for installation of the Sandbox environment has begun.
- Organizational Change Management (OCM) Plan deliverable was delivered and approved.

July update:
- Preparation for the first Centers for Medicare and Medicaid Services (CMS) Gate Review is progressing well. All documents/artifacts have been completed, and development of a draft presentation is complete. The team is waiting for an agenda and date from CMS at this time. Once received, the presentation will be updated to align with the CMS agenda.
- Development of the IMS to the end of the Requirements Phase is underway while we wait for CMS to provide a date for the Gate Review That will be followed by preparing IMS for remaining phases in keeping with the rolling wave approach.
- Core Business Process definition and modeling is complete. Work for non-core business and operational processes will begin after the Requirements Phase planning is complete.
- Development of preliminary architecture models continues.
- Installation of the demo system is completed. User setup is underway.
- Three deliverables were approved early in the project. From March to May there were 14 other deliverables that have received final approval (the project will have approximately 70 deliverables of this form).

Additional Comments/Concerns:
Many state resources are not full-time on the project and have other duties including other Legislative mandates to implement. The vendor is having difficulty in filling key roles on the project.

We understand that MLTC has already initiated work on the replacement of its 20-year old, outdated Medicaid EES solution, and that CMS gate reviews have already been conducted with the assistance of an IV&V contractor. The replacement EES is scheduled to enter into production by March 31, 2017.

As MLTC's new IV&V contractor, we will assume the duties and responsibilities of the current IV&V contractor. We expect that the current IV&V contractor has produced various IV&V deliverables and certification-related materials required by CMS. Our IV&V project team will coordinate with MLTC project leadership and CMS to ensure continuity of communication and work product.

We understand the importance of ensuring that the new EES solution complies with CMS requirements and is eligible for continued enhanced federal funding. Our IV&V project team will conduct IV&V assessments at key milestones or gates, and will coordinate with MLTC and CMS to validate that the new EES solution complies with CMS requirements. We will assist MLTC to ensure that it sufficiently supports the efficient and effective management of the Medicaid program and complies with federal requirements and regulations.

Our IV&V activities will monitor and assess compliance with system specifications and standards including the CMS certification requirements, MITA, and CMS Seven Conditions and Standards. We will ensure that our IV&V methods and tools align with gate specific functionality and performance requirements, as well as with any CMS defined CSFs. We will work with MLTC and CMS to ensure our understanding of the specific certification process requirements for the EES solution including an understanding of completed and planned milestone reviews.

For each gate review, the Qualis Health team will:

- Review and advise MLTC on gate review preparation and readiness steps based on the most current CMS requirements.
- Evaluate project artifacts to ensure compliance with CMS requirements.

- Evaluate the processes, procedures, and documents produced throughout the project against CMS requirements.
- Monitor and identify any issues that would impact gate transition readiness, and recommend mitigation strategies and methods for reducing or eliminating the impact and/or risk.
- Develop an approach, document roles and responsibilities, required resources, deliverables, and expected timeline for gate review activities, and prepare a formal plan and schedule.
- Assist MLTC with the organization of project artifacts to demonstrate compliance with review checklists, and initiate the collection and organization steps as soon as is practical.
- To the extent allowable and practical, support MLTC during any CMS onsite and/or remote review activities.
- Validate effective exchange of EES data with federal HUB by reviewing and verifying test cases and expected transaction results.

To reiterate, the transition between two IV&V contractors will require effective coordination. Continuity of IV&V process and work product will provide for a smooth transition and provide CMS and MLTC with more meaningful IV&V information and results across the project. We will coordinate with MLTC to develop a transition plan to minimize disruptions in process and mitigate risks associated with the change in IV&V organizations.

3.1.4.4 Coordination of DMA Certification

MLTC has developed a strategic design and vision for its new DMA solution that consists of:

- Various reporting capabilities
- An enterprise business rules engine
- Enterprise data model
- Enterprise data warehouse
- An extract-transform-load (ETL) solution

The DMA solution implementation is expected to begin in early 2017 and conclude in June of 2019. The DMA is a key component or module of MLTC's MES solution and must be certified. It is anticipated that the certification process will conform to CMS's recently established MECL process and requirements.

Qualis Health will assist MLTC to fulfill its role and responsibilities to achieve certification of the DMA project. We will work with assigned DMA certification staff to ensure that certification preparation tasks are performed effectively and efficiently. We will provide industry expertise to analyze the supporting certification materials, documentation, artifacts, and presentations; assist with coordination activities; and advise MLTC in its efforts to demonstrate that all components of the DMA project meet federal standards for certification.

Our IV&V project team will conduct IV&V assessments at key milestones or gates. We will coordinate with MLTC and CMS to validate that the DMA solution complies with CMS certification requirements, effectively supports the Medicaid program, and complies with federal requirements and regulations. We will coordinate certification milestone reviews as discussed in Section 3.1.4.3—EES Gate Review Process.

Our coordination with MLTC to support the DMA certification efforts in DMA certification will assist MLTC to ensure continuity of the certification process; provide a level of comfort with certification checklist material and artifacts; and play an important role as a consultant and evaluator for the CMS certification process. Our IV&V project team will:

- Assist in developing a standard format for documentation that MLTC SMEs will provide to CMS.
- Monitor and review MLTC SMEs and DMA solution vendor supporting documentation to help resolve issues and/or recommend necessary changes to documentation, and document completion/status of reviews:
  - Review certification artifacts for quality and effectiveness, and recommend necessary improvements to support certification checklist items; and
  - Assist in reviewing certification documentation to address issues or clarifications where necessary.
- Monitor and review any DMA project system change requests and defects to determine potential certification impacts and recommend resolution options.
- Work closely with DMA solution vendor to establish and maintain systems documentation version controls and validate that systems documentation reflects the most recent version.
- Assist MLTC to prepare for the CMS certification process including:
  - Assisting MLTC to identify staff to demonstrate DMA solution and lead discussion with CMS during site visit(s);
  - Conduct orientation session(s) to educate MLTC staff on certification processes, checklist reviews, goals and procedures;
  - Provide guidance and assistance in presentation materials and approach to CMS onsite visit(s) including dry runs and rehearsals; and
  - Review MLTC staff and DMA solution vendor presentations/material and recommend changes to ensure alignment with consistent conventions and changes.
- Prepare certification progress reports for MLTC and CMS documenting our IV&V findings and recommendations from certification milestone reviews, and incorporate into weekly IV&V status reports and monthly IV&V reports.
- Conduct certification status meetings with MLTC to review certification progress, issues, risks, concerns, findings critical to the certification, and provide realistic mitigation recommendations.

3.1.4.5 Assessing Impact on MITA Maturity

Assessing the impact of the EES and the DMA projects on MITA maturity is an important element in determining the success of MLTC's goals of improving health outcomes; enhancing integration of services and quality of care; person-centric care with preventive and care management services; reduced rate of costly and avoidable care; and an improved financially sustainable system. The implementation of the EES and DMA solutions will help MLTC to recognize operational and system improvements that will enhance MLTC's MITA maturity levels.

As the IV&V contractor, Qualis Health will review the current SS-A, and the business, information, and technical capability matrices to measure the maturity level of its state Medicaid enterprise and to indicate how all three will mature along a predictable path. Our IV&V project team will review the new capabilities presented by the new systems and assess the impact of the successful implementations of the EES and DMA systems on MLTC's As-Is operations to the To-Be MITA maturity levels.

The MITA Maturity Model (MMM) defines five (5) levels of maturity that show how the Medicaid enterprise should evolve over time. The levels of maturity show progress from the As-Is (current) operations to the To-Be (future) environment and reflect the vision for the Medicaid Enterprise. Each higher level of capability brings more operational effectiveness to the Medicaid Enterprise than the prior level.

The BCM provides descriptions of expected functionality as the Medicaid enterprise matures from one level to the next. Business capability qualities represent aspects of capabilities that are objective and measurable, such as the following:

- Timeliness of business process;
- Data accuracy and accessibility;
- Effort to perform business process and the efficiency of business process;
- Cost effectiveness;
- Accuracy of business process results; and
- Utility or value to stakeholders.

The ICM defines the information capabilities used in a business process and informs the identification of technical capabilities. The ICM includes four (4) primary components: DMS, CDM, LDM, and Data Standards. The ICM describes how the components change at different points in advancement toward maturity, e.g., movement from local code sets (Level 1) to national code sets within the Medicaid agency (Level 2) to national code sets within all state agencies (Level 3) to the use of clinical data (Level 4) to the use of nationally adopted standards (Level 5).

Technical capabilities affect multiple business processes in order to provide benefits to stakeholders and maps TA capabilities to technical services. The TCM consists of technical capabilities allocated to five (5) maturity levels for all technical functions. Each technical capability corresponds to technical functionality providing the technologies for one or more of the following:

- Enabling one or more business capability (e.g., forms management and workflow for automating provider enrollment).
- Realizing one or more MITA goal or objective. For example, the technical capabilities that are part of a SOA enable the goal "promote reusable components – modularity", such as the use of an Enterprise Service Bus (ESB).
- Enabling the transition of a legacy system or process to the MITA Framework.
- Alignment with the Enhanced Funding Requirements: CMS Seven Conditions and Standards.

The MITA technical capabilities support the MITA goals and objectives and align with the CMS Seven Standards and Conditions.

For the TCM, Qualis Health will review each business process and assess the impact of the EES and DMA project on the maturity of the following:

- Client Support;
- Business Intelligence;
- Forms and Reporting;
- Performance Measurement;
- Security and Privacy;
- Business Process Management;
- Relationship Management;
- Data Connectivity;
- SOA;
- System Extensibility;
- Configuration Management;
- Data Access and Management;
- Decision Management;
- Logging; and
- Utility

With each milestone review and gate review, particularly during the operational readiness review milestone, our IV&V project team will evaluate the MITA capabilities represented by the EES and DMA solutions. We will utilize the MECT certification checklist for the EES and DMA systems to assess which certification requirements have a relationship to specific MITA requirements. Each MECT checklist includes a MITA crosswalk for the requirements contained in the checklist. Using the information captured in the MECT certification checklist, and the MITA crosswalk, we will compare the MECT certification checklist findings and documentation against the SS-A As-Is and To-Be assessment documentation. We will assess and identify any "variance" between the MECT and SS-A. A variance would indicate that "certified capability" would impact the MITA maturity level contained in the SS-A.

In addition, throughout the EES and DMA projects our IV&V project team will participate in requirements and design meetings, review design documents, track requirements, evaluate testing and training materials and methods, conduct milestone reviews and other project assessments, and continually interact with MLTC staff. Through all of these activities, we will gain insights into the EES and DMA system capabilities and MLTC's plans for implementing these capabilities. These insights will help our team to understand the impact of new system capabilities on MLTC's current and future MITA capabilities.

CMS	Standards and Conditions for Medicaid IT Checklist (MITA Module)							
Select Milestone Review(s) →	☑ Project Initiation ☐ Fail ☐ Operational	Check Spelling	Project Initiation Milestone Review					
Ref # (MITA State-specific)	System Review Criteria	Source	Yes/No	Project Initiation Milestone Evidence	Review Date	Reviewer Name	Reviewer Assessment	Reviewer Comments
SBC: Business Results Condition								
SBC.BRC.1	SMA supports accurate and timely processing of claims (including claims of eligibility), adjudications, and effective communications with providers, members, and the public.	MITA level 2						
SBC.BRC.2	The SMA communicates effectively with providers, members, and the public.	MITA level 2						
SBC.BRC.3	The SMA demonstrates highly automated systematic processing of healthcare and eligibility claims.	MITA level 3						

3.1.4.6 Monitoring CMS Guidance and Regulations

Continually monitoring CMS information related to the Medicaid and Medicare Programs is a key task our Qualis Health staff performs. We routinely check for updates on regulations, draft and final rules, responses to draft rules and CMS comments; guidelines, toolkits, correspondence, bulletins, meetings, presentations or other communication methods. For our current customers, we provide a summary of the issue(s), project impact and any recommendations.

As a company who has performed consulting services to a number of State Medicaid Agencies over the past years, Qualis Health a great deal of understanding and experience with CMS and its regulatory requirements especially in the area of MITA and MMIS/MES certification processes and requirements. MLTC will greatly benefit from this experience as they implement the EES and DMA solutions.

Throughout the project, our project team will monitor information made available by CMS regarding updates to MITA, continued evolution of the CMS certification process, guidance related to gate review processes and modularity, and any other program, initiative, or legislation that may impact the EES and DMA projects. Our project team will evaluate the impact of any new documentation, guidance, or rules, and provide appropriate advice and recommendations to MLTC as appropriate.

We will ensure that all guidance and directives impacting the role, function and processes for IV&V are incorporated into our methods and tools. Our IV&V project manager will review material changes with MLTC project leadership to confirm our mutual understanding of new requirements and changes to the IV&V processes.

3.1.5 Operational and System Readiness

We will support MLTC's operational and system readiness efforts with our IV&V services throughout the project. Our IV&V project team will provide technical assistance, subject matter expertise, and general advisory support. Our project team will be augmented with other Qualis Health resources possessing specific knowledge, skills, and subject matter expertise to provide continuous leadership on IV&V activities and address specific content issues as may be required in the course of each system project life cycle.

3.1.5.1 Operational and System Requirements

The following table contains the project management requirements as specified in the RFP, and a brief narrative describing Qualis Health's approach to meeting each requirement.

MLTC Requirements	Qualis Health Approach
1. Must assess project testing activities including test scenarios, cases, and results including traceability of testing to project requirements. Assessment must include whether additional test scenarios or cases are needed to sufficiently test the project requirements.	To ensure that the implemented solution meets functional and performance requirements, our IV&V project team will evaluate the solution vendor and MLTC test strategies and plans. We will also assess the results of testing activities such as functional testing, system integration testing, and UAT. We will assist MLTC to develop or refine its test strategy, plans, and processes through our IV&V assessment activities. ▪ ***Test Strategy Assessment.*** Working closely with vendor and MLTC project leadership, we will evaluate project test strategies to understand the nature and sequencing of the planned test approach. We will compare this strategy to industry standards and best practices to determine whether an effective strategy has been established. ▪ ***Test Plan Assessment.*** Our IV&V project team is prepared to help MLTC manage testing activities in order to assure the quality and efficacy of each system solution. We will review test plans prepared by solution vendors and MLTC. We will: ○ Assess whether the inventory of test cases defined by functional area appropriately represents the functionality. ○ Assess the testing schedule and determine if the sequence and staging of the testing aligns to the critical business areas and whether the testing duration can support the volume of tests.

MLTC Requirements	Qualis Health Approach
	○ Evaluate test sampling size based on importance of the business use case and prioritize the test cases by the importance of functionality to the primary system function and impact to the day-to-day operations. ○ Recommend improvements to test plans including suggestions for additional test scenarios or use cases. ▪ ***Test Results Assessment.*** We will evaluate the results of system and integration testing. Information contained in the solution vendor test plans and results documentation can be leveraged to assist MLTC in the development of UAT, as well as test plans to support independent testing. Our IV&V project team will: ○ Review and validate the testing documentation against the test scenarios, scripts, and cases. ○ Evaluate any relevant artifacts to ensure the test and documentation align and identify any gaps. ○ Review test cases with the testing documentation after defect resolution and validate or invalidate results. ▪ ***Testing Traceability.*** We will assess the appropriate use of traceability tools such as the RTM and testing tracking tools that match required functionality, "user stories," test scenarios, test cases, and expected test results. We will evaluate the quality and effectiveness of the tools themselves, as well as how these tools are being deployed by the solution vendor and MLTC. As the IV&V contractor, we cannot actively participate in testing activities, however, we are prepared to advise MLTC with its administration of test plans, processes, and activities. The following is our typical approach to supporting testing efforts: ▪ ***Prepare Test Plan and Criteria.*** Assist MLTC with the development of a UAT validation strategy including helping MLTC to define and establish exit criteria for system and integration testing, as well as entrance and exit criteria for UAT. ▪ ***Administration of UAT.*** Provide advice and guidance with the administration of UAT. The completion of effective UAT will require involvement by MLTC resources that are knowledgeable of the business processes and operation of day-to-day business activities. ▪ ***UAT Advisory Support.*** Provide technical and relevant subject matter expertise guidance to enhance UAT processes. ▪ ***Independent Testing.*** Conduct targeted independent testing activities in order to verify the accuracy of solution vendor and

MLTC Requirements	Qualis Health Approach
	MLTC UAT results; and validate compliance with test plans and accurate documentation of test results.
2. Must assess defect resolution and retesting activities to validate defect was appropriately resolved	We will assist MLTC to ensure that system defects are properly managed and documented so that they can be effectively resolved. Assessing and monitoring defects requires having access to all vendor testing artifacts, including vendor-prepared testing metrics. Using our standards tools, we will deploy a traceability tracking process that will ensure that system defects are identified and tracked through testing, retesting and resolution. We will thoroughly analyze all available information to derive patterns and trends that will enable MLTC to readily monitor the progress of numerous aspects of system testing. Easy to understand graphs and tables will clearly demonstrate the actual status of all vendor testing and defect resolution activities. We will routinely report testing metrics in our weekly IV&V status reports and monthly IV&V reports that will provide MLTC insights into the system problem areas that can most readily jeopardize the project and implementation schedule. Areas that receive specific attention during our testing monitoring activities include: ▪ Test Case Execution Rate ▪ Test Case Completion Rate ▪ Number of High Severity Defects (defects that negatively impact critical functionality) ▪ Defect Resolution Rate ▪ Volume of Change Requests ▪ Projected Completion Date These metrics will be updated and maintained on a weekly basis to enable rapid detection of testing issues that will impact the project. We would expect that the solution vendor will have conducted thorough system testing in order to deliver MLTC core system functionality with relatively few defects. Unfortunately, this tends not to be the case, and tracking identified defect disposition and resolution will be critical throughout the implementation process. We will evaluate whether appropriate defect severity levels are defined and assigned to identified defects. We will track all defects identified during testing and ensure that the processes for defect reporting and resolution by the solution vendors are properly performed.
3. Must develop and submit a comprehensive System and Business Operations Readiness	System testing and other related validation activities will conclude when the system solution is determined to have been successfully tested with no high severity defects remaining. At that time, we will

MLTC Requirements	Qualis Health Approach
Review Plan work product for each project for Department approval a minimum of 90 days prior to the acceptance testing schedule date in the project work plan.	perform a business operations readiness assessment that will provide MLTC a formal go-live recommendation for the system. In preparation for the business operations readiness review, our IV&V project team will develop and submit a business operational readiness review plan. We will submit the plan to MLTC no later than 90 days prior to the start of UAT (i.e., acceptance testing schedule date). Our business operations readiness review plan will document our approach, methods, tools, planned assessment areas (as described in the following requirement, #4), and expected timelines for our business operational readiness review.
4. Must conduct a system and business operational readiness review and assessment and provide the results to DHHS.	The business operational readiness review is the final major implementation milestone prior to go-live. The results of our IV&V assessment will assist MLTC in determining whether it is sufficiently prepared to utilize the new system in a production environment. Prior to "go-live," MLTC must be assured that all testing criteria for system functionality, integration, and data conversion have been met; that business continuity plans are in place; that staff has been sufficiently trained; and a go-live or cutover plan is in place. The focus of our assessment will be to confirm criteria and evaluate the operational readiness of the system solution to be placed into production. At a minimum, our business operational readiness review will address the following: ▪ User manuals; ▪ Operations and maintenance manual; ▪ Data use and exchange agreements; ▪ Validation of test results; ▪ Training, including training strategies, plans, materials, and results; ▪ Data conversion validation and final results; ▪ System security and privacy policies; ▪ Contingency and business continuity plans; and ▪ Implementation and go-live plans. We will also evaluate: ▪ Progress of process reengineering or workflow redesign; ▪ System performance testing results prior to "go-live;" and ▪ Status of production system performance measures to monitor system performance in a production environment after implementation.

MLTC Requirements	Qualis Health Approach
	We will conduct the assessment several weeks prior to the scheduled go-live date. Based on the results of testing, as well as the findings from our operational readiness phased assessment, we will advise MLTC as to whether each system solution is ready to be released into production. We will provide a formal go-live recommendation that takes into account all system test results and operational readiness factors such as training outcomes and the status of business process transformation. Upon review of the business operations readiness review report with MLTC, in cooperation with MLTC, we will submit a copy to CMS.

3.1.5.2 Approach to Operational and System Readiness

A key milestone in the Medicaid enterprise MELC is the operational readiness review conducted for each system module prior to go-live. The primary function of these reviews is to ensure operational and system readiness for deploying a new system. This includes validating that effective planning and preparation in several key implementation areas such as:

- System functionality validation (testing);
- Technical performance validation (testing);
- System service and support capabilities;
- User training and documentation;
- Data security and privacy measures;
- System operations documentation; and
- Business continuity and disaster recovery plans.

Additionally, the MECL calls for operational milestone reviews prior to system go-live. This MECL milestone is an important activity in support of certification efforts.

We will support these "pre-implementation" reviews with a business operations readiness assessment; however, our approach to validating operational and system readiness will begin much earlier in the implementation process. Our approach to operational and system readiness entails continuous quality management throughout the project assuring that the system solution is implemented as envisioned and designed. Our QA and system validation (testing) methods will help MLTC to ensure that system functionality meets functional designs, regulatory mandates, and certification requirements. In addition, our approach includes post implementation support to monitor and assess system performance in a production environment. The following provides an overview of our QA, system validation, readiness assessment, and post implementation support approach.

Quality Assurance—The Qualis Health QA approach will ensure that proactive and systematic processes are in place to plan and execute the necessary steps to offer MLTC confidence that the newly implemented system solutions will meet expectations and requirements. Our IV&V project team will deploy an overarching QA approach for all aspects of the project from inception through completion. Our QA approach for this project will be founded on industry standards and best practices. The following table provides an overview of the standards that will be used to support QA activities and that form the basis for QA methodologies, tools, and deliverables.

Figure 14—Standards Supporting Proposed QA Activities

Standard	Description
IEEE Std 1061-1998 Software Quality Metrics Methodology	The standard presents a methodology to establish quality requirements, and to identify, implement, analyze, and validate software quality metrics.
IEEE Std 730-2002 Software Quality Assurance Plans	This standard details the appropriate format and content for software QA plans.
IEEE Std 1028 - 2008 Standard for Software Reviews and Audits	This standard describes five types of software reviews and audits, together with procedures required for the execution of management reviews, technical reviews, inspections, walk-throughs, and audits.

We will prepare a QA plan that will define quality control procedures for assuring quality through every implementation phase and activity. Our IV&V project team will implement the QA plan and monitor stakeholder compliance with this plan. Project stakeholders will be educated on the procedures and templates defined in the plan to facilitate compliance and consistency. We will evaluate solution vendor QA plans, and monitor whether each vendor has implemented effective quality controls to ensure the reliability of the implemented system solution and achieved defined project outcomes.

We will monitor and control the quality of the system project by applying this approach in conducting specific quality management tasks and activities. Throughout the course of the project our IV&V team will assess the status of project activities, issues, and risks. In support of QA, Qualis Health will:

- Evaluate QA plans and procedures of each solution vendor to ensure that QA functions and activities are sufficiently independent of project management structures and functions, and to ensure that each solution vendor complies with its contractual requirements to monitor and control quality;
- Review and evaluate quality management structures, resources, and plans;
- Confirm that meaningful quality control metrics are maintained throughout the project;
- Review and recommend improvements as necessary for defined processes and product standards associated with the system development;

- Verify that major development processes and standards are defined, approved, and followed;
- Verify that process definitions and standards are complete, clear, up-to-date, consistently formatted, and easily accessible to project personnel;
- Evaluate user training provided by each solution vendor;
- Evaluate each solution vendor's progress and procedures for managing requirements, and assess whether requirements are clearly defined, well documented, comprehensive, and traceable through design, code, and test phases;
- Evaluate each solution vendor's security plans, policies, and procedures to confirm that each system module is secure, privacy of data is protected, and data integrity is maintained;
- Confirm that an adequate requirements analysis has been performed for each solution vendor module;
- Verify that the solution vendors have defined all system interfaces for each system module with appropriate precision and level of detail;
- Verify that approved interface documents are available and that appropriate relationships are in place with all agencies and organizations supporting the interfaces;
- Verify that all system requirements have been allocated to a software or hardware subsystem, and that specifications have been developed in a sufficient level of detail; and
- Verify that there is a well-defined plan for transferring data from any legacy systems to the new system.

Our IV&V team will incorporate results from ongoing QA monitoring activities including project artifact reviews, observations from project participation, and any project "phase" reviews into our monthly IV&V reports. We will document our assessment of the effectiveness of the solution vendor(s), and provide recommendations for improvement and risk mitigation. Our IV&V project manager will work closely with MLTC, specifically the MLTC system project manager(s), to alert MLTC of issues and risks early on in the project along with recommendations on how to address those issues.

System Validation—Our project team will assist MLTC to develop or refine its testing validation strategy, evaluate test processes and results, and if desired, facilitate actual test activities. Our IV&V project team is prepared to help MLTC manage testing activities in order to assure the quality and efficacy of each system solution. We will review test plans prepared by solution vendors, as well as the results of their system and integration testing. Information contained in their test plans and results documentation will be leveraged to assist MLTC in the development of UAT and independent test plans, and subsequent testing.

The following is our typical approach to supporting testing efforts:

- ***Prepare Test Plan and Criteria.*** Qualis Health can assist MLTC with the development of a UAT validation strategy including assisting MLTC to define and establish exit criteria for system and integration testing, as well as entrance and exit criteria for UAT. This is a critical step to ensuring that the new system functionality meets business and technical requirements.

- ***Administration of UAT***. We are prepared to advise MLTC in its efforts to administer and execute UAT. The completion of effective UAT will require involvement by MLTC resources that are knowledgeable of the business processes and operation of day-to-day business activities.
- ***UAT Assistance.*** Our IV&V project team can also support the UAT effort by providing technical and relevant subject matter guidance to enhance testing processes during UAT.
- ***Independent Testing***. To verify the accuracy of solution vendor and MLTC UAT results, we will conduct targeted independent testing activities. We will verify that test plans and cases were executed as planned, and validate that test results were documented accurately.

Our traceability tracking processes will be an integral tool in ensuring that functional, technical, and security requirements are identified and tracked through testing to successful completion. Our approach for evaluation and validation of the solution vendor testing efforts, combined with our independent testing results reporting, will support confirmation of overall testing results.

Our IV&V project team will review all system test plans and monitor test activity for each system solution. Qualis Health will evaluate planned testing activities, results reporting, defect management, defect resolution effectiveness, change/version control mechanisms, and configuration management processes. We will confirm that test plans incorporate the use of scripts, scenarios, and business/use cases; conform to defined build strategies; reflect MLTC's priorities; address project risks; and include clearly defined schedules. Our IV&V project team will also:

- Assess test activities to validate compliance with test plans, strategies, and protocols, and validate that mission critical system components demonstrate sufficient functionality, are stable, and comply with MLTC requirements.
- Evaluate the plans, requirements, environment, tools, and procedures used for system testing including the level of automation and the availability of the system test environment.
- Confirm that an appropriate level of testing is performed to demonstrate required functionality, the correct code configuration has been tested, and test results are verified and appropriately documented.
- Assess whether appropriate controls are in place to maintain separation between testers and coders, and ensure a sufficient level of testing independence and authority.
- Confirm that a sufficient number and variety business/use case and test scenarios are prepared and utilized to demonstrate sufficient functionality, and to ensure that mission critical business functions are adequately tested.
- Review test environments and test data to ensure representation of MLTC's business functions and production environment.
- Verify that test scripts are complete, with step-by-step procedures, required pre-existing events or triggers and expected results.

- Verify that major development processes and standards are defined, approved, and followed;
- Verify that process definitions and standards are complete, clear, up-to-date, consistently formatted, and easily accessible to project personnel;
- Evaluate user training provided by each solution vendor;
- Evaluate each solution vendor's progress and procedures for managing requirements, and assess whether requirements are clearly defined, well documented, comprehensive, and traceable through design, code, and test phases;
- Evaluate each solution vendor's security plans, policies, and procedures to confirm that each system module is secure, privacy of data is protected, and data integrity is maintained;
- Confirm that an adequate requirements analysis has been performed for each solution vendor module;
- Verify that the solution vendors have defined all system interfaces for each system module with appropriate precision and level of detail;
- Verify that approved interface documents are available and that appropriate relationships are in place with all agencies and organizations supporting the interfaces;
- Verify that all system requirements have been allocated to a software or hardware subsystem, and that specifications have been developed in a sufficient level of detail; and
- Verify that there is a well-defined plan for transferring data from any legacy systems to the new system.

Our IV&V team will incorporate results from ongoing QA monitoring activities including project artifact reviews, observations from project participation, and any project "phase" reviews into our monthly IV&V reports. We will document our assessment of the effectiveness of the solution vendor(s), and provide recommendations for improvement and risk mitigation. Our IV&V project manager will work closely with MLTC, specifically the MLTC system project manager(s), to alert MLTC of issues and risks early on in the project along with recommendations on how to address those issues.

System Validation—Our project team will advise MLTC in its efforts to develop or refine its testing validation strategy and administer test activities. We will review test plans prepared by solution vendors, as well as the results of their system and integration testing. Information contained in their test plans and results documentation will be leveraged to assist MLTC in the development of UAT and independent test plans, and subsequent testing.

The following is our typical approach to supporting testing efforts:

- ***Prepare Test Plan and Criteria.*** Qualis Health can assist MLTC with the development of a UAT validation strategy including assisting MLTC to define and establish exit criteria for system and integration testing, as well as entrance and exit criteria for UAT. This is a critical step to ensuring that the new system functionality meets business and technical requirements.

Post implementation Monitoring—Qualis Health will conduct a final review of the project and prepare a final IV&V assessment report documenting any remaining issues, risks, recommended remediation actions, and lessons learned. This final IV&V assessment report will be completed at the conclusion of IV&V post implementation monitoring activities. We will complete all activities necessary to monitor post go-live defect correction activity and to monitor the operation of the new system. Our assessment will include, but not be limited to, the following:

- Evaluate the new software, systems, and support mechanisms (processes) and monitor the system's performance in a production environment;
- Monitor and track post implementation support for deferred defects and change requests;
- Assess general system responsiveness and reliability;
- Evaluate how effectively and efficiently MLTC staff completes responsibilities and tasks using the new system;
- Evaluate whether the system is being used effectively by the users in support of business functions;
- Evaluate the support mechanisms, structures, and processes for the new system to determine their effectiveness; and
- Document our findings and recommendations related to the systems performance against previously defined and approved system performance metrics.

Qualis Health will prepare a final IV&V assessment report documenting our findings and recommendations. We will provide MLTC with an assessment of post implementation systems operations that identifies any deficiencies and/or opportunities for improvement. We will also recommend specific methods for addressing our findings as appropriate.

3.1.5.3 Example of IV&V Readiness Review Plan

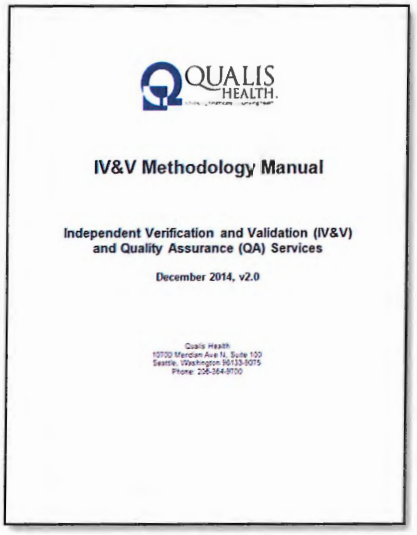
An example of an IV&V readiness review plan is provided in Attachment G—IV&V Readiness Review Plan.

3.1.5.4 Example of IV&V Readiness Report

We have provided examples of IV&V operations and system readiness reports prepared on other engagements in Attachment H—IV&V Readiness Report.

3.1.6 IV&V Deliverables and Work Products

Qualis Health has established a standard IV&V methodology and toolset for delivering our IV&V services built upon best practice methods, and tools that our consultants have developed and refined in other projects.


QUALIS HEALTH

IV&V Methodology Manual

Independent Verification and Validation (IV&V) and Quality Assurance (QA) Services

December 2014, v2.0

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These methods and tools are documented in our IV&V process manual. It provides a set of IV&V and QA standards to ensure that a consistent level of service and quality is provided to our clients, and provides recommended tools to support our IV&V and QA activities.

While this manual provides a framework for Qualis Health's IV&V and QA approach, adjustments are made to the processes and tools on a case-by-case basis to address the specific scope and work requirements for each of our clients.

Our IV&V methodology defines the objectives for IV&V and QA work; provides guidance on standard processes; describes standard deliverables to be used in a project; establishes guidelines for roles and responsibilities; recommends project performance metrics; defines risk management processes; and provides artifact templates and tools. The following table provides an overview of the IV&V artifact and IV&V deliverables that we typically prepare during the course of an IV&V engagement.

Figure 15—IV&V Methodology Templates and Tools

Template/Tools	Description
DED	Defines IV&V deliverable goals/purpose, format, and content.
IV&V Project Plan and Work Plan	Listing of tasks, deliverables, timelines, duration, dependencies, and resource assignment including: ▪ Methodology for performing IV&V assessments including approach, standards, metrics, and activities; ▪ IV&V WBS providing a schedule for performing IV&V assessments, including timelines, milestones, and dependencies; ▪ IV&V staffing plan and assigned responsibilities; ▪ Deliverable production and acceptance approach; ▪ Communication strategy/reporting requirements; and ▪ Issue and risk management approach.

Figure 15—IV&V Methodology Templates and Tools

Template/Tools	Description
Periodic IV&V Status Reports	Periodic report of IV&V activities and progress against IV&V objectives and tasks (can be combined with periodic IV&V report).
Periodic IV&V Reports	Periodic report providing a comprehensive overview of project conditions including findings, recommendations, readiness checkpoint metrics (decision gates), and a project timeline chart (graphical display of project conditions).
IV&V Quarterly Executive Summary Report	Quarterly summary of monthly IV&V reports for executive leadership. Includes critical information to assist in decisions.
Overall Implementation Project Timeline/Metrics Chart	Graphical display of key project milestones associated to areas of responsibilities (system, operational, staff, and provider readiness), milestone start/end dates, and project readiness checkpoints (decision points). The milestones are color coded using a stoplight approach to provide "at a glance" view of project conditions in the key areas required for go-live.
Project Phase Entrance and Exit Criteria	Specific conditions or metrics that must be met and considered for decision points to enter/exit project phases. Metrics are based on industry standards but adapted to state needs.
Project Readiness Check Point Assessments	Formal assessment of overall project conditions based on metrics contained in the Overall Implementation Project Timeline/Metrics Chart. This assessment provides project leadership objective evidence to assist in decision making.
Project Phase Assessments	Assessment of a specific "book" of work associated with a defined milestone or project phase "gate." Generally defined by a major project phase such as "design, development, and implementation" and with the CMS ELC review gates.
Project Artifacts Assessments	Review of project documentation required for operations support and maintenance.
Vendor Deliverable Tracking	Tracks vendor work plans producing reports and charts to monitor progress of vendor deliverables to assist in scheduling state and IV&V resources for deliverable review.

Figure 15—IV&V Methodology Templates and Tools

Template/Tools	Description
Risk Identification and Assessment	Template is pre-populated with commonly found risks and modified to address project specific risks.
Requirements Traceability Matrix	Requirements traceability from RFP to contract, requirements, design, development, testing
User Testing Templates	User test plan, user story/test scenario templates.
User Testing Scoring Tool	Methodology and tool to rank business processes by importance and apply a weighted score for evaluation of test results.

We will utilize our IV&V tools and standard templates as the basis for our IV&V deliverables and work products. Our IV&V project manager will coordinate with MLTC leadership to ensure that our tools and templates are customized as necessary to best serve MLTC in this project.

3.1.6.1 IV&V Deliverables and Work Products Requirements

The following table contains the project management requirements as specified in the RFP, and a brief narrative describing Qualis Health's approach to meeting each requirement.

MLTC Requirements	Qualis Health Approach
1. For each project, must fulfill all IV&V contractor responsibilities and submit a monthly deliverable including activities and work products completed within the month: o The monthly IV&V report o Weekly status report materials for the month o IV&V project work product and deliverable assessments completed within the month o Critical incident reports o Requirements traceability matrix updates o CMS and MITA compliance activities o IV&V work plan updates o IV&V work products	Qualis Health will deploy an IV&V approach built on an engagement framework that supports continuous monitoring of project processes, artifacts, and progress towards MLTC's project objectives. We have developed a standard methodology for our IV&V services built upon best practice methods and tools that our consultants have developed and refined in other projects. These methods and tools are documented in our IV&V process manual that provides Qualis Health employees a resource to understand our standard approach and methodology for IV&V services. It provides a set of IV&V and QA standards to ensure that a consistent level of service and quality is provided to our clients, and provides recommended tools to support our IV&V and QA activities. We will utilize our inventory of IV&V tools that include standard templates for data gathering, analysis, and reporting. Upon initiating work on the system project, our project manager will coordinate with MLTC leadership to ensure that the format and content requirements meet MLTC needs and our contractual requirements. We will modify our tools and templates as necessary to best serve MLTC in this project. These tools will serve as the basis for the IV&V deliverables and

MLTC Requirements	Qualis Health Approach
	work products that will be produced during the course of our work. We will modify and customize our tools to meet the specific requirements of the project. Our IV&V project manager will coordinate with MLTC project leadership to refine the format, frequency, and use of tools. Our IV&V project manager will submit a monthly deliverable including activities and work products completed within the month including, at a minimum, the following: ▪ The monthly IV&V report ▪ Weekly status report materials for the month ▪ IV&V project work product and deliverable assessments completed within the month ▪ Critical incident reports ▪ Requirements traceability matrix updates ▪ CMS and MITA compliance activities ▪ IV&V work plan updates ▪ IV&V work products
2. Must perform work and submit work products and deliverables for State review and approval in accordance with the approved IV&V work plan scheduled dates.	Our IV&V project management plan will include an IV&V work plan schedule reflecting planned dates for the provision of IV&V services and submission of our IV&V deliverables and work products. The schedule will be aligned with the solution vendor(s) and MLTC project schedules. Our IV&V project manager will coordinate our work effort and ensure that our IV&V work products are delivered on schedule and with high quality. Our IV&V project team conforms to the following IV&V deliverable QA and submission process: ▪ Submit each deliverable to MLTC for approval and acceptance. In the event MLTC rejects any portion of our deliverable or requires revisions, we will submit our changes within five (5) business days following receipt of MLTC's comments. ▪ Deploy a quality control process to ensure that all deliverables, documents, and calculations are complete, accurate, easy to understand, and of high quality. ▪ Execute QA processes to ensure that our deliverables are responsive, relevant, well organized, error free, and uniformly formatted. ▪ Maintain an IV&V deliverables version control and archival processes to track and retain draft versions of deliverables for reference through the duration of the project and project acceptance. ▪ Document and deliver our responses to MLTC's comments and

MLTC Requirements	Qualis Health Approach

	requests for revisions or clarification of deliverable contents.
	▪ Conduct a walk-through of deliverables, as appropriate, to facilitate MLTC's review and approval process.
	  o Provide an overview of the deliverable, explanation of the organization of the deliverable, presentation of critical issues related to the deliverable, and other information as requested by MLTC.
	  o Coordinate with MLTC to clearly identify deliverable due dates and ensure timely submission of deliverables.
	
	IV&V Deliverable and Work Product Tracking—Our IV&V project manager will maintain a deliverable tracking tool to ensure that all deliverables are completed and submitted in a timely fashion. The tracking tool will align with IV&V work plan schedule, and will document the disposition of each deliverable. A member of our IV&V project team will be assigned as the owner for each work product and deliverable, and will responsible for timely completion. Our IV&V project manager will report the status of relevant IV&V activities, work products, and deliverables in our weekly IV&V reports.
	
	IV&V Deliverables Expectations Document—We will use our Deliverable Expectation Document (DED) tool to clearly define key expectations around our IV&V deliverables. Our use of the DED will help to ensure alignment of expectations between MLTC and our team prior to commencement of work on any deliverable. The DED provides a concise narrative that outlines the objectives of the project deliverable, what the end product of the task will look like (both the form and outline of the content), who the audience is for the end product, and any variations from the original statement of work.
	
	The DED that we develop will provide an outline of the proposed deliverable and include detailed descriptions of the following:
	▪ Purpose
	▪ Scope
	▪ Schedule
	▪ Content
	▪ Structure
	▪ Acceptance criteria
	▪ Assumptions
	▪ Audience distribution
	▪ Draft review procedures
	
	We will develop each DED collaboratively with you, and we

MLTC Requirements	Qualis Health Approach
	anticipate that it will be an iterative process to ensure agreement prior to proceeding to development of the deliverable document. Use of the DED will reinforce and promote collaboration between MLTC and our IV&V project team members. It will provide an opportunity to proactively discuss the expected outcome of each deliverable to ensure alignment with your expectation and project scope. **Quality Control for IV&V Deliverables and Work Products**—Throughout the system project, our IV&V project team will ensure that all IV&V work products and deliverables meet MLTC-approved format and content requirements. Our IV&V project manager will assume overall responsibility for the quality and accuracy of the IV&V deliverables. Our IV&V project manager will coordinate and oversee the efforts of IV&V project team members to ensure their understanding of MLTC's goals and expectations for each deliverable. We will make certain that deliverables conform to MLTC's guidelines regarding the format, content, and distribution of IV&V deliverables. To maintain the quality of our deliverables, we will employee an ongoing QA process that includes: ▪ Preparation of a DED prior to deliverable creation; ▪ Use of templates where appropriate; ▪ Enforcement of document "style" standards; ▪ Internal peer review of key findings, recommendations, and other deliverable content; ▪ Version control procedures that include, for example, structured storage methods, and naming conventions; ▪ Defined processes for consultant collaboration; ▪ Administrative support for production and proof reading; ▪ Final internal review to compare to contract requirements and DED specifications; ▪ Iterative "draft" review with MLTC, as appropriate; and ▪ Final deliverable walk-through and presentation. **Deliverable Submission**—Qualis Health will adhere to all MLTC guidelines regarding the production and distribution of individual IV&V deliverables and work products. All deliverables will be submitted electronically via e-mail or uploaded to the appropriate project site according to mutually agreed upon project plan and work schedules. Our IV&V project manager will create a transmittal letter that will accompany each of the formal deliverables.

MLTC Requirements	Qualis Health Approach
	Each month our IV&V project manager will submit a monthly deliverable packet that includes all IV&V deliverables completed within the month including: ▪ The monthly IV&V report; ▪ Weekly status report materials for the month; ▪ IV&V project work product and deliverable assessments completed within the month; ▪ Critical incident reports; ▪ Requirements traceability matrix updates; ▪ IV&V work plan updates; and ▪ IV&V work products.
3. Must provide a tracking capability for tracking of work product and deliverable submission and review status.	Our IV&V project manager will prepare and maintain our IV&V deliverable tracking matrix for managing and monitoring IV&V deliverables and work products, and ensuring timely submission and MLTC review and acceptance. **IV&V Deliverable and Work Product Tracking**—Our IV&V project manager will maintain a deliverable tracking tool to ensure that all deliverables are completed and submitted in a timely fashion. The tracking tool will align with the IV&V work plan schedule, and will document the disposition of each DED and deliverable. A member of our IV&V project team will be assigned as the owner for each work product and deliverable, and will be responsible for timely completion. Our IV&V project manager will report the status of relevant IV&V activities, work products, and deliverables in our weekly IV&V reports. Our deliverable tracking tool is designed to identify each DED and deliverable document that will be produced. For each document the scheduled dates for delivery, review, and MLTC approval are maintained. Also included are the actual dates that delivery, review, and MLTC acceptance take place. A tracking status is updated with a status value for each activity to support identifying the current activity and location of each deliverable. For example, the tracking status is updated when the deliverable is submitted, updated when the deliverable has been reviewed, and updated when the deliverable has been approved by MLTC. A dated narrative history is maintained for each deliverable document to provide a trail of activity that may be referenced at any time. The tracking tool contains numerous filters that allow for locating a specific deliverable or groups of deliverables. The tracking tool is highly flexible and may be structured in any manner that best serves the project. The tool may also be used to track vendor submitted deliverables. The tracking tool provides a

MLTC Requirements	Qualis Health Approach
	common register of all DED and deliverable documents and helps assure that proper submission, review, and approval processes are followed to completion. Our IV&V project manager will report on the progress and disposition of IV&V activities, deliverables and work products in our weekly IV&V status and monthly IV&V reports. **IV&V Library**—An effective artifact management and organization approach will be critical to the success of this project. In our work on other projects, we have maintained a library of IV&V documentation on various platforms. We have established shared document storage sites using tools such as Microsoft® SharePoint®. Our project team will coordinate with MLTC staff to determine the best platform and approach for establishing and maintaining an IV&V library of all pertinent project documents. Over the years we have developed a consistent methodology for storing electronic and hard copy project files that make these files readily available to our project team members, establishing a repository of important diagrams, notes, plans, reports, and other project artifacts. Our IV&V library often serves as a backup file system, allowing us to reproduce mission critical project documents that our clients may have lost, misplaced or inadvertently destroyed.
4. Must submit any changes to previously approved deliverables for approval through the review process.	We anticipate that approved IV&V deliverables and work products may need to be modified or updated from time to time. In the event MLTC requires any revisions to our deliverables, our IV&V project team will discuss any requested changes with MLTC or other involved project stakeholder to understand the reason and scope of the change request. Collaboratively, we will establish a due date for submission of the modified deliverable. Depending upon the complexity of the requested modification, formal documentation such as a revised DED may need to be prepared. Our IV&V project team will follow the QA and deliverable submission process as described in Requirement #2 above. All submissions of changed deliverables will be tracked in our deliverable tracking tool in the same manner as the tracking of original deliverable documents.

3.2 Organizational Staffing

Qualis Health's vision is to be recognized for leadership, innovation and excellence in improving the health of individuals and populations. Accordingly, we are committed to only providing MLTC with experienced and knowledgeable health IT professionals. Our proposed IV&V organizational structure and staffing approach will help to ensure that our IV&V:

- Activities are led and performed by seasoned health IT professionals;
- Deliverables are of the highest quality, and
- Services add value toward mitigating risk and achieving EES and DMA project objectives.

The following describes our proposed staffing approach and the qualifications of our proposed IV&V team.

3.2.1 Organizational Staffing Requirements

This section presents our approach to meeting organizational staffing requirements for this project.

MLTC Requirements	Qualis Health Approach
1. Must provide an organizational structure which reflects coordinated activities among DHHS, IV&V, EES, DMA and other contractors.	Qualis Health has provided a proposed organizational chart in Section 3.2.4—Organizational Chart for EES and DMA Projects. Our proposed organizational structure presents a Qualis Health team structure that includes the EES and DMA project teams and a Qualis Health leadership structure to oversee, assist and advise our dedicated IV&V teams. Key elements of our proposed organizational structure include: ▪ Two distinct and dedicated IV&V projects teams each for the EES and DMA projects with a dedicated IV&V project manager assigned to each team. ▪ A leadership structure to oversee both IV&V project teams to: ensure continuity of our approach and consistency in our quality; provide executive strategic and expert advice; and provide an avenue for escalation of issues. ▪ Communication and reporting lines that demonstrate proactive collaboration and coordination with MLTC project management and staff resources, EES and DMA solution vendors, other project contractors, other State agencies, and CMS. Our proposed IV&V organizational structure provides for economies of scale and synergies as additional IV&V project teams added to support any optional projects.

MLTC Requirements	Qualis Health Approach
2. Must provide criminal background investigations on all personnel and follow-up investigations every five years. Must report individuals who have criminal activity identified to DHHS.	As required by Qualis Health's human resource background check policy, all offers of employment are contingent upon completion of background investigations, including: ▪ ***Criminal Felony and Misdemeanor***. Seven-year search by counties of residence as verified through Social Security Number (SSN) trace. ▪ ***SSN Trace***. Validates candidate's Social Security Number, date of birth, and former addresses. ▪ ***Widescreen Plus© National Criminal Search***. Checks Federal district courts for any crimes committed in violation of Federal law in those districts where the candidate resided. Background checks are also conducted on active employees when a successful background check is either required by contract or when the employee is transferred or promoted into a position that involves financial/fiduciary or executive duties. The adjudication guidelines we apply to these investigations have been approved by federal auditors. For all personnel assigned to the EES and DMA projects, we will investigate their criminal backgrounds initially and every five years thereafter during their assignment to the contract, and to report to DHHS any individuals who have criminal activity identified.
3. Must provide all key positions identified IV.C.1.	Qualis Health understands that at a minimum each IV&V project team for the EES and DMA projects must include the following positions or roles: ▪ An IV&V project manager; ▪ Two BAs; and ▪ A technical analyst/architect. We will assign experienced, senior-level consultants to these roles. Our proposed IV&V project team members will not serve in any other position during their time on the project. Our project managers will be onsite 90% of the time in Lincoln, Nebraska. Our business analysts will be onsite for requirements and design meetings, and our test analysts will be onsite for all system readiness activities. Lastly, our technical analyst/architect will be onsite for the technical requirements and design meetings. As you will see in their bios and resumes included in this proposal, each of our proposed IV&V team members has considerable experience and expertise in a number of related content areas including IV&V, QA, Medicaid operations and systems, MITA, and development and implementation of large, complex systems. None of our proposed IV&V consultants has less than 10 years of

MLTC Requirements	Qualis Health Approach
	relevant industry experience, and most have well over 20 years of related experience. Qualis Health commits to using the personnel identified in this proposal for this scope of work. We will not reassign, replace, or add any of our proposed IV&V project team members during the project without prior written consent from MLTC. We will work to ensure that proposed IV&V project team members remain on the team until the conclusion of the project. However, if necessary, we will provide replacement team members possessing the equivalent necessary qualifications and relevant experience.
4. Must maintain an Organizational Chart and project contact list.	In Section 3.2.4—Organizational Chart for EES and DMA Projects, we have provided a chart of our proposed project organizational structure. The chart presents an organizational structure that includes a diagram for each project within an overarching organizational structure that provides for project oversight and coordination by a senior project director. The structure provides for distinct EES and DMA IV&V project teams, but promotes a common unified management structure to ensure: ▪ Consistency of service; ▪ Continuity of approach; and ▪ Coordination of resources. Key features of our proposed organizational structure include: ▪ Distinct and dedicated EES and DMA IV&V project teams; ▪ Comprehensive leadership structure to ensure high quality and effective IV&V services; ▪ Structured and managed team approach that promotes proactive interactions between project stakeholder groups; and ▪ Scalable and flexible IV&V service structure to support additional IV&V service needs for optional projects. Our IV&V organizational chart will be included in our IV&V project management plan. During IV&V project initiation activities, as described in Section 3.1.1.1—Project Management Methodology and Approach, we will prepare a contact list for our IV&V project activities that includes the names, addresses, key phone numbers, fax numbers, and e-mail addresses for each of our IV&V project team members. Throughout our engagement with MLTC, we will maintain a current and updated organizational chart and project contact list. We will make this information readily available on the project repository for access by project stakeholders.

MLTC Requirements	Qualis Health Approach
5. Must acquire DHHS approval for key staff and key staff replacements.	We agree that MLTC has the right to approve any proposed personnel changes that we may need to make during the term of any contract for this work. To aid in this effort, we will provide you with candidate resumes, and ensure that you have an opportunity to interview and approve potential replacements for our IV&V project team. Qualis Health understands and agrees that MLTC has the right to require us to change our IV&V project personnel at your discretion. We also understand that MLTC will not unreasonably exercise this option, and that you will work collaboratively with us to help resolve any potential issues in our personnel. In the unlikely event that a change in staffing should be required, we agree to allow MLTC to interview and approve potential replacements for the position in question.
6. Must not reassign or replace key personnel without the prior written approval of DHHS.	Qualis Health commits to using the personnel identified in this proposal for this scope of work. In addition, we agree that our proposed personnel may not be reassigned, replaced, or added during the project without prior written consent from MLTC. We also agree that our proposed key project personnel will not be assigned new or additional contract assignments outside of this engagement without MLTC's prior written consent.
7. Must provide monthly IV&V staff as proposed.	Qualis Health will provide highly qualified and Medicaid experienced personnel to support the EES and DMA projects, as required by the RFP. We will provide the key positions identified in the RFP including the IV&V project manager, BAs, and the technical analyst/architect. Will provide these key positions distinctly for the EES and DMA projects. These key positions will also be provided, as needed, for any optional project addressed in the RFP. Those IV&V project team members proposed to fill these key positions will be dedicated to the roles in their respective projects. Our project managers will be onsite 90% in Lincoln, Nebraska. The business/testing analysts will be onsite 50% of the time for requirements and design meetings, system readiness activities, and for other meetings and activities throughout the project. Lastly, our IV&V technical analyst/architect will be onsite 50% of the time for technical requirements and design meetings, as well as for other meetings and activities throughout the project. Our IV&V project managers will document our IV&V staffing plans in their IV&V project management plan and will update the staffing plans as necessary throughout the EES and DMA projects. We will utilize our management tools to ensure effective monthly

MLTC Requirements	Qualis Health Approach
	and ongoing performance toward our staffing plans. Each IV&V project manager will monitor the performance of our IV&V project teams and the effective delivery of our IV&V services, utilizing our management tools to track staff hours, productivity, and costs. Our weekly IV&V status reports and monthly IV&V reports will document the completed and planned activities for our IV&V team. In addition, our IV&V project managers will maintain staffing schedules to inform MLTC project management of our staffing plans and to alert them of any planned absences. In the event that we lose any of our IV&V project team members during the course of the project, we will comply with RFP and contractual requirements related to replacement of staff and credits for key personnel vacancies.

3.2.2 IV&V Project Staff Qualifications

We value integrity from ethical and professional perspectives. We adhere to the highest standard of conduct by carrying out our work in an objective and unbiased manner and by respecting those we work with, and we strive to ensure accuracy, high technical quality, competence of our staff and consultants, excellent customer service, and commitment to current science and standards. With this core value in mind, we propose a team of experienced, highly knowledgeable, senior-level consultants.

3.2.2.1 Overview IV&V Staff Expertise and Experience

The fundamental objective of today's Medicaid systems projects is to implement improved, modular enterprise system solutions to support Medicaid and other state programs with the long-term goals of reducing administrative costs and improving member health outcomes. This will require that new Medicaid systems be built on a combination of technology and service solutions that offer a modular, MITA-aligned framework that complies with the CMS Seven Conditions and Standards and other industry standards for information exchange and interoperability.

MLTC's approach for its new EES and DMA solutions is consistent with these objectives. The new EES and DMA solutions must meet federal certification requirements to ensure that MLTC continues to qualify for Federal Financial Participation (FFP) as specified by 42 CFR 433.112. The EES and DMA solutions must operate within a technological framework that is a service-oriented, enterprise-wide solution that is adaptable, sustainable, and maintainable.

In order to provide effective IV&V services in support of MLTC's projects, we will deploy an IV&V project team with experience and expertise in the following areas:

- Medicaid program and operations;

- Other HHS operations;
- MMIS procurement, implementation and operations;
- Interoperability and HIE;
- Business intelligence, decision support systems, data warehousing, and reporting;
- Service-oriented architecture;
- MITA;
- CMS certification requirements; and
- CMS Seven Conditions and Standards and other regulatory standards.

The following table maps these experience and expertise areas to our proposed team members.

Figure 16—Qualifications for Essential Requirements

Proposed IV&V Project Team	Medicaid/HHS Operations	Government Systems	MMIS	Other Major Systems	BI/DSS/Data Warehouse	Interoperability	SOA	MITA	CMS MMIS Certification	7 Conditions & Standards	PMP Certification
1. Bill Streur, Senior Project Director	X	X	X	X	X			X	X	X	
2. Simon Hoare, Senior Technical Analyst/Architect	X	X	X	X	X	X	X	X		X	
3. Bev Quick, IV&V Project Manager	X		X	X	X	X		X	X	X	X
4. Diane Goldberg, Business Analyst	X	X	X	X	X	X		X	X	X	
5. Lynda Bangham, Analyst/SME	X	X	X	X	X			X	X	X	
6. John Warsinske, Technical Analyst/Architect		X		X		X	X			X	X
7. Everett Irving, IV&V Project Manager	X	X	X	X	X	X		X	X	X	
8. Todd Priest, Business Analyst	X	X	X	X	X	X		X	X	X	
9. Karen Barnett, Business Analyst	X	X	X	X	X			X	X	X	
10. Robert Cline, Technical Analyst/Architect	X	X	X	X	X	X	X	X	X	X	
11. Mison Bowden, Project Controller	X	X	X	X				X	X	X	X

Qualis Health will provide an IV&V project team of senior-level consultants possessing extensive Medicaid operations and system experience. This experience and expertise will be critical in helping MLTC to address project issues that will arise. While we understand that our team will not be tasked with the actual implementation responsibilities, our IV&V function will help to ensure that MLTC and solution vendor staff address design and implementation concerns appropriately.

The table below summarizes our IV&V project team's expertise as it relates to fulfilling our duties on the EES and DMA projects.

Figure 17—IV&V Project Team's Expertise as it Relates to Key Factors

Key MES Factors	IV&V Project Team Experience/Expertise
▪ **Adaptability**—Flexible, rules-based, modular, and configurable solution built on a SOA platform. ▪ **Sustainability**—Cost effective solution capable of evolving while sustaining data quality and integrity of Medicaid operations. ▪ **Service Focus**—A maintainable, configuration driven solution comprised of establish and proven system components. ▪ **Reuse of Existing IT Solutions**—Ability to leverage, reuse and share existing technologies.	▪ Our proposed IV&V project team offers MLTC considerable experience and expertise procuring and implementing multiple and diverse information systems including traditional MMIS solutions and system solutions in other market sectors such as private health insurance, managed care, and provider systems. ▪ Members of our proposed team have supported the procurement and implementation of custom developed systems as well as COTS solutions, and understand the importance of implementation planning in the configuration of these systems. ▪ Our team is experienced with a variety of system support models including hosted, ASP and SaaS arrangements giving them a clear understanding of industry practices and standards for cost effectively sustaining IT system solutions. ▪ Team members have extensive experience with a variety of Medicaid systems having participated in various capacities in their implementation and ongoing support. This experience offers MLTC considerable expertise to ensure the EES and DMA solutions meet the functional requirements of MLTC's Medicaid program. ▪ Our proposed technical analysts/architects are knowledgeable and experienced with SOA-based solutions. As a group that have implemented SOA solutions and developed requirements for the procurement SOA-based system solutions, we understand the technical and operational benefits, capabilities, and challenges of acquiring a SOA-solution in a Medicaid environment.

Figure 17—IV&V Project Team's Expertise as it Relates to Key Factors

Key MES Factors	IV&V Project Team Experience/Expertise
▪ **Business Intelligence and Data Analytics**—Analysis and reporting capabilities to support decision making and management ▪ **Enterprise-wide Solution**—Automated, integrated solution that meets the business need of the entire enterprise ▪ **Interoperability with other State Systems**—Designed to enable interoperability with existing and future enterprise systems. ▪ **Accountability and Measurement**—Capabilities to monitor enterprise operations performance and adopt a population health management approach to Medicaid.	▪ Our proposed IV&V team has considerable Medicaid operations experience and expertise. They understand the information and reporting needs and challenges of the Medicaid program. Our proposed senior project director is a former Medicaid executive and commissioner of HHS with a keen understanding of the operational needs and challenges of the Medicaid enterprise. ▪ Members of our proposed IV&V project team have supported the implementation of other systems supporting the overall Medicaid enterprise. ▪ Members of our IV&V project team have managed and supported the implementation of business intelligence, decision support and data warehouse technologies including data analytical needs of Medicaid agencies. ▪ Our proposed IV&V team members have supported integration and interoperability projects including experience with health insurance exchange initiatives, and our team has experience testing the interfaces between state exchanges and the federal hub.
▪ **Enhanced Federal Funding**—CMS certified solution that ensures maximum and timely enhance federal funding ▪ **Compliance with Federal Standards**—A solution that meets federal requirements including MITA, CMS certification and Seven Conditions and Standards specifications.	▪ Our IV&V project team members are experienced with FFP funding and have assisted a number of Medicaid agencies with planning and implementation APDs, as well as other planning required for requesting federal funding. ▪ The team is knowledgeable and experienced with a number of regulatory standards including MITA, CMS Seven Conditions & Standards, and HIPAA. Team members have experience with other industry standards such as PMBOK®, IEEE, ISO, and ITIL. ▪ Our team members have worked with other states to develop MITA assessments for CMS. Other team members have also worked extensively with MITA to ensure MES procurements and implementations are aligned with MITA requirements. ▪ Our IV&V project team members have experience participating in and supporting the CMS MES certification process, and are knowledgeable of the most current certification methods and requirements of the MECL.

The following describes the professional experience and expertise of proposed IV&V project team members related to planning, designing, implementing, testing and operating solutions for the HHS sector including our specific experience with MMIS, CMS Seven Conditions and Standards and MITA.

The vast majority of our team has committed their careers to the implementation and support of Medicaid and other HHS systems. All members of our proposed IV&V project team have a minimum of 10 years of experience supporting systems related projects in the public sector. Our team has multiple years of experience in Medicaid program and HHS operations management, private healthcare, and other public sector organizations.

Experience with MES, CMS Seven Conditions and Standards and MITA—Our proposed IV&V project team possesses direct experience working with and/or supporting Medicaid system solutions. The vast majority of the systems support experience described in the previous section of this proposal involves MES related work. This experience includes significant support roles such as:

- Developing requirements for MES functionality;
- Leading MES procurement efforts;
- Providing IV&V and QA support for MES implementations;
- Managing various aspects of MES implementations;
- Leading and supporting CMS MES certification efforts;
- Providing business analysis and subject matter expertise in support of MES implementations;
- Managing and providing software support for MES solutions;
- Planning, facilitating, and assisting with UAT and other testing activities;
- Guiding and assessing compliance with MITA standards; and
- Assisting with planning and implementation MES related APDs.

Throughout these activities, our proposed IV&V team members have been required to understand and comply with a variety of standards including CMS certification requirements, MITA, and CMS Seven Conditions and Standards. Qualis Health IV&V team members maintain and understanding of these standards and requirements to ensure that our work meets federal certification requirements for FFP as specified by 42 CFR 433.112.

3.2.2.2 IV&V Staff Bios, References and Resumes

The following provides a professional bio for each of our proposed IV&V consultants. The bios include a summary of professional qualifications relevant to this engagement, and three references who can attest to the competence, skill level, reliability, and capability for each of our proposed team members.

Resumes for our proposed IV&V project team members are included in Attachment B—Staff Resumes.

Leadership and Support

Name	William J. "Bill" Streur	
Proposed Role	Senior Project Director, Management Team	
Qualification Summary	▪ Bill Streur, a 30+ year health care executive, has experience serving in top-level State positions in Alaska, including Commissioner of the Department of Health and Human Services (HSS) coordinating the day-to-day operations of all 8 divisions. ▪ As a past president and CEO of a health plan, he is knowledgeable on the delivery of high-quality, innovative, and cost-effective health care services to individuals. ▪ He has a strong background in Medicaid program policy, budget operations, business models, MMIS implementation, managed care; and case management. ▪ As the Deputy Commissioner for Alaska's Medicaid and Health Policy Division, Mr. Streur has participated in the implementation of federally mandated changes to programs, promulgated regulations and developed state plan amendments. ▪ Bill is very knowledgeable on MITA, HIPAA, Seven Conditions and Standards and CMS certification and other federal and state standards.	
Reference 1	Reference 2	Reference 3
Senator Peter Kelly c/o Heather Shadduck, Chief of Staff Alaska State Capitol Juneau, AK 99801 E-mail: heather.shadduck@akleg.gov Phone: (907) 465-2138 Cell: (570) 240-0727	**Eldon Mulder** Lobbyist in Alaska for a large number of healthcare and IT companies. E-mail: emulder@gci.net Cell: (907) 223-3262	**Heather Brakes** Former Legislative Director for Governor Sean Parnell E-mail: hkbrakes@gmail.com Cell: (907) 723-3920

Name	Simon Hoare, MS
Proposed Role	Senior Technical Architect, Management Team
Qualification Summary	▪ Simon Hoare has over 20 years of experience in enterprise architecture (EA) and software engineering. ▪ His technical specialties include service oriented architecture (SOA), "As-Is" and "To-Be" architecture relating to systems, interfaces and data; object-oriented analysis, business process management, and data modeling.

	▪ He has provided technical consulting on health care projects that include infrastructure, systems integration, design and support. ▪ Simon has participated as a subject matter expertise in system architecture projects in the several public sectors including the Washington State Department of Social and Health Services (DSHS) by defining the future enterprise SOA, and for the State of Colorado Child Support Agency creating architecture sketches depicting systems, interfaces and data. ▪ He recently completed an independent evaluation of the technical offerings for the State of Arkansas' Medicaid Enterprise Core System. ▪ Mr. Hoare possesses a depth of experience in data, security, data exchange, business rules, evaluation criteria and testing.

Reference 1	Reference 2	Reference 3
Mike Callahan Principal AgileLayer 21A Highland Circle Suite 200 Needham, MA 02494 (781) 235-0707 mike.callahan@agilelayer.com	**Randy Richey** Consulting Partners 21520 Yorba Linda Blvd. Suite G-481 Yorba Linda, CA 92887 (714) 743- 5453 rrichey@ConParLLC.com	**Dave McComb** Principal Semantic Arts 11 Old Town Square Suite 250 Fort Collins, CO 80524 (970) 490-2224 mccomb@semanticarts.com

Name	**Mison Bowden, PMP**
Proposed Role	IV&V Business/Test Analyst
Qualification Summary	▪ Mison Bowden, PMP, possesses 25 years of diverse work experience in project management and management consulting. ▪ Since 2006 she has served in technology and health IT-related work for MMIS and health and human service government clients in areas such as project management and business analysis. ▪ Ms. Bowden has a combined 10 years of experience working on two major MMIS implementation projects in the States of Washington and Alaska. ▪ She has in-depth knowledge and experience in Medicaid, health exchanges, project management, MITA self-assessments, requirements planning, requirements evaluation, facilitation, RFP evaluation, solution development, change management, test management and training. ▪ Ms. Bowden is a certified PMP. ▪ She has participated in requirements validation, testing, managing staff, CMS gate review presentations and demonstrations, and business process and technical design document production.

Reference 1	Reference 2	Reference 3
Diana Capps HIT Clinical Operations Manager Oklahoma Health Care Authority 4345 N. Lincoln Blvd. Oklahoma City, OK 73105 (405) 522-7300 Diana.Capps@okhca.org	**Steve Hatter** Deputy Commissioner Alaska Department of Transportation P.O. Box 112500 Juneau, AK 99811 (907) 465-3906 Steve.hatter@alaska.gov	**Susan Hettinger** Director UI Claims Washington State Employment Security Department 212 Maple Park Avenue SE Olympia WA 98501 (360) 902-9223 shettinger@esd.wa.gov

EES IV&V Team Bios

Name	**Bev Quick, PMP**
Proposed Role	Project Manager, EES Team
Qualification Summary	▪ Bev Quick, is a senior-level IT and project manager with 25 years' experience leading large, complex IT development and implementation projects. ▪ She is knowledgeable of PMBOK® project methodologies, is certified as a PMP by the PMI, and has relied on these methods to manage system implementations and IV&V/QA projects. ▪ She possesses 23 years of extensive experience working with MMIS and other Medicaid system solutions including providing MMIS services for a number of states in her roles with First Health. ▪ Ms. Quick has participated in IV&V and QA projects, and since 2012, has led two of our IV&V/QA teams that support projects for the Alaska, Department of Health and Social Services including the MMIS and EIS implementation projects. ▪ Ms. Quick is a certified PMP. ▪ She has considerable experience with MITA and MMIS certification having supported the Virginia MMIS certification and the Alaska MMIS certification.

Reference 1	Reference 2	Reference 3
Mukundan Srinivasan Chief Information Officer Department of Medical Assistance Services, Commonwealth of Virginia (804) 371-6369 (Office) (804) 495-6648 (Cellular) Mukundan.Srinivasan@dmas.virginia.gov	**Valerie Law** MMIS Product Market Manager Government Healthcare Solutions 11562 Balintore Drive Riverview, FL 33579 (813) 671-9999 (Office) (907) 317-2857 (Cellular) Valerie.Law@Xerox.com	**Umakanth Pandurangaiah** Senior Director Magellan Medicaid Administration 11013 W. Broad Street Glen Allen, VA 23060 (804) 937-8742 (Cellular) Umakanthp@icloud.com

Name	Diane Goldberg	
Proposed Role	IV&V Business/Test Analyst	
Qualification Summary	▪ Ms. Goldberg possess over 30 years of significant experience with MMIS, MITA, state-based health exchanges, electronic data interchange standards and other healthcare systems. ▪ Her experience and expertise includes extensive work in the areas of project management, MITA self-assessments, requirements planning, requirements evaluation, facilitation, RFP evaluation, solution development, change management, test management and training. ▪ Diane currently leads business analysis activities for the Alaska DHHS, Division of Senior and Disabilities Services' Automated Services Plan (ASP) IV&V/QA contract ensuring system designs, business requirements and testing results meet contractual and regulatory requirements. ▪ She also currently provides IV&V and QA business analysis support for Alaska MMIS and Eligibility Information System (EIS) replacement contracts ▪ Her vast knowledge and experience includes recent certification planning and preparation activities for Alaska MMIS.	
Reference 1	Reference 2	Reference 3
Ann Montonga Program Manager Hawai'i Health Connector Merchant Street Honolulu, HI 96813 (415) 425-2171 ann.montonga@gmail.com	**Bennett McEwan** Project Manager Hawai'i Health Connector (vendor CGI) 820 Milliani Street Honolulu, HI 96813 (703) 930-7138 bmcewan0712@gmail.com	**Richard Moore** Claims and Prior Authorization Manager North Carolina Department of Health and Human Services 634 Weathergreen Drive Raleigh, NC 27615 (919) 630-4322 richardfmoore2001@yahoo.com

Name	Lynda Bangham, CISA
Proposed Role	IV&V Business/Test Analyst
Qualification Summary	▪ Since 1992, Ms. Bangham has been working as a consultant to the Alaska Department of Health and Social Services (DHSS) and is knowledgeable of MMIS, claims processing, advanced planning document (APD) development, Medicare Part D, ▪ She currently is a technical consultant for Qualis Health's MMIS TAC project in Alaska, responsible for requirements preparation and system testing. ▪ As a business/test analyst Lynda has provided IV&V support to three major IT project for Alaska: MMIS, Eligibility Information System (EIS) and Automated Service Plan (ASP).

Reference 1	Reference 2	Reference 3
Linda Walsh Manager, Systems & Analysis Alaska Department of Health and Social Services, Division of Health Care Services 4501 Business Park Blvd. Bldg. L Anchorage, AK 99503 (907) 334-2441 Linda.walsh@alaska.gov	**Joana Wells** Senior Consultant CSG Government Solutions 13433 County Road 108 Carr, CO 80612 (303) 775-2081 Wells09@ezlink.com	**Tracy Mack** Deputy Project Manager/Business Manager State of Alaska, Health & Social Services 3601 C Street Suite 1250 Anchorage, AK 99503 (907) 334-0861 (Office) (907) 242-9190 (Cellular) Tracy.mack@alaska.gov

Name	**John Warsinske, PMP, HCISPP, CISSP**
Proposed Role	IV&V Technical Analyst/Architect
Qualification Summary	▪ John Warsinske, PMP, HCISPP, CISSP a Qualis Health senior consultant, is an information technology (IT) professional with more than 26 years of experience in the field of IT. ▪ He holds several professional IT certifications including: Health Care Information Security and Privacy Practitioner (HCISPP), ITIL V3 Foundations, and Certified Information Systems Security Professional, (CISSP). ▪ Mr. Warsinske is also a certified Project Management Professional (PMP). ▪ Mr. Warsinske has worked extensively with public agencies having provided IT services to state, county, and local municipal organizations. He provided QA and IV&V services for the State of Connecticut Division of Criminal Justice, and for the State of Oregon's ORPIN System. ▪ He has managed and supported several complex IT implementation projects, served as the director of IT operations for the U.S. Army Heritage and Education Center, and chief information officer (CIO) for Benton County, Oregon where he implemented a services-oriented architecture (SOA) infrastructure.

Reference 1	Reference 2	Reference 3
Dr. Conrad Crane Director USAMHI US Army 950 Soldier's Driver Carlisle, PA 17013 (717) 245-3972 Conrad.Crane.civ@mail.mil	**Avery Bredice** Training Coordinator ISC(2) 311 Park Place Boulevard Suite 400 Clearwater, FL 33759 (727) 287-6529 abredice@ISC2.org	**Kurt Prokarym** Lockheed Martin (254) 702-6432 Kurt.Prokarym@outlook.com

DMA IV&V Team Bios

Name	Everett Irving
Proposed Role	Data Management and Analytics (DMA) Project Manager
Qualification Summary	▪ Everett Irving is a seasoned information technology (IT) manager who possesses more than 30 years of experience in software development and management. ▪ As a result of his more than 28 years of employment with First Health Services Corporation, Mr. Irving has extensive MMIS experience in systems with responsibility for development and maintenance support of numerous MMIS and other healthcare related systems. ▪ His expertise includes management and direction of resources during all phases of the software development life cycle (SDLC) including design, development, testing, implementation, and maintenance. ▪ Mr. Irving has expertise in Project Management, of which PMBOK® based Methodologies are foundational. He has utilized the following project management tools: MS Project, MS Office, and Project InVision, which he used to manage project schedules and deliverables as well as resource management. ▪ He has acquired extensive knowledge of MMIS and CMS rules and regulations. ▪ Everett is currently assisting with IV&V, QA, interface development, and project management for Qualis Health's contract with Alaska Medicaid for MMIS technical assistance consulting (TAC) services.

Reference 1	Reference 2	Reference 3
Duane Mayes Division Director Alaska Department of Health and Social Services, Division of Senior and Disability Services 550 W 8th Avenue Anchorage, AK 99501 (907) 269-2083 duane.mayes@alaska.gov	**Ulf Petersen** Project Manager Alaska Department of Health and Social Services, Division of Senior and Disability Services 550 W 8th Avenue Anchorage, AK 99501 (907) 269-4999 ulf.petersen@alaska.gov	**Linda Walsh** Manager, Systems & Analysis Alaska Department of Health and Social Services, Division of Health Care Services 4501 Business Park Blvd. Bldg. L Anchorage, AK 99503 (907) 334-2441 Linda.walsh@alaska.gov

Name	Todd Priest, MSPPM	
Proposed Role	IV&V Business/Test Analyst	
Qualification Summary	▪ Todd Priest is an experienced business analyst who possesses nearly 10 years of professional experience in the areas of project and systems analysis. ▪ He is currently a Senior Consultant for Qualis Health, a role in which he provides IV&V and QA services for the organization's MMIS technical assistance contract with Alaska Medicaid. ▪ His previous experience includes working as a Business Analyst for the State of Alaska, and served as the lead project analyst in the areas of the decision support system, data conversion, interfaces, and performance monitoring for the State's MMIS replacement project. ▪ Mr. Priest has experience in project plans, milestones, documentation, system design, requirements, testing, interfaces monitoring and project reporting.	
Reference 1	Reference 2	Reference 3
Linda Walsh Manager, Systems & Analysis Alaska Department of Health and Social Services, Division of Health Care Services 4501 Business Park Blvd. Bldg. L Anchorage, AK 99503 (907) 334-2441 Linda.walsh@alaska.gov	**PK Wilson** MMIS Replacement Project Business Manager Alaska Department of Health and Social Services 4501 Business Park Boulevard Suite 24 Anchorage, AK 99503 (907) 334-2660 pk.wilson@alaska.gov	**Carol Downey** Business Manager Alaska Division of Senior and Disabilities Services 550 W 8th Avenue Anchorage, AK 99501 (907) 375-8265 carol.downey@alaska.gov

Name	Karen Barnett
Proposed Role	IV&V Business/Test Analyst
Qualification Summary	▪ With over 20 years of IT consulting experience, Karen Barnett is a seasoned business analyst focused on business process engineering. ▪ Primary areas of expertise include: IV&V, systems analysis, workflow business processes; facilitation; interface coordination; network management; testing; communications; measuring performance, balanced scorecard, and feasibility studies. ▪ Strong business and analysis skills in performing IV&V on system requirements; functional specifications; design specifications; test documentation including: strategy, test plans, and test scripts, test results; and general project documentation for Medicaid and Child Support Enforcement. ▪ Karen provided project documentation and oversight for MMIS

	systems enhancements and federal mandates for Missouri HealthNet Division. ▪ Her experience includes gathering system requirement enhancements for Alabama Medicaid; evaluating project documentation, creating workflow process and system interface diagrams, and implemented the balanced scorecard methodology for the Iowa Medicaid project; ▪ She has extensive experience in workflow analysis, including development of workflow process maps, workflow methods, operational procedures, and coordinating system interfaces for Medicaid.

Reference 1	Reference 2	Reference 3
Carol Oakes Medicaid Expert/Proposal Writer Magellan RX P.O. Box 470190 Aurora, CO 80047 (303) 306-7301 Coakes42@live.ocm	**Tisha McGowan** Project Manager Missouri HealthNet 615 Howerton Court Jefferson City, MO 65109 (573) 522-4294 Tisha.a.mcgowan@dss.mo.gov	**Carolyn G. Thompkins** Program Director Software Engineering Services 3304 Lemoyne Court Tallahassee, FL 32312 (850) 322-4420 (Cellular) cgthompkins@hotmail.com

Name	**Robert Cline**
Proposed Role	Technical Analyst/Architect
Qualification Summary	▪ Robert Cline is a results-oriented IT professional with over thirty years of industry experience. ▪ Currently Mr. Cline is engaged as a Sr. IV&V Technical Consultant for the South Carolina MMIS replacement project and is responsible for verification and validation (V&V) of project artifacts, technical, testing, and other quality management processes. ▪ Strong industry knowledge of managed care, ACA, HIX, MMIS, MITA, HIPAA, and 4010/5010 x12 transactions. ▪ Mr. Cline is adept at project schedules, SDLC artifacts, technical processes, quality management, test plans, use cases, and testing reports; project risk and making recommendations on managing and mitigating risks, and developing monthly CMS project status reports. ▪ His previous work included consulting work at CMS to develop the Business Architecture (BA) and Technical Architecture (TA) sections of MITA 3.0 and Modeling of 70 business processes using BPMN and Rational Software Architect. ▪ To support the State of Colorado MMIS processing, Robert was tasked with technical analysis and remediation efforts to implement CMS mandated 5010 x12 EDI transactions.

Reference 1	Reference 2	Reference 3
Wayne Kerby Development Manager CGI 820 Millilani Street Suite 711 Honolulu, HI 96813 (804) 393-2288 mwkerby@verizon.net	Michelle Kiedrowski Project Manager and Business Systems Analyst Five Point Solutions 905 Old Cherokee Road Lexington, SC 29072 (402) 730-7436 mkiedrowski5@yahoo.com	Brian O'Leary IT Consultant Clover Consulting LLC/Maxis Group 113 Rancho Del Sol Camino, CA 95709 (530) 409-7907 brian163@gmail.com

3.2.3 Staffing Plan for EES and DMA Projects

Qualis Health proposes a team of uniquely experienced and qualified consultants to provide MLTC with the requisite IV&V services in support of the EES and DMA projects. Each of our proposed IV&V project team members is a senior-level consultant or manager. Our proposed IV&V consultants have practical experience with Medicaid and other complex government systems, and possess leadership skills in health IT, project management, and healthcare operations. Our team also possesses extensive work experience with a variety of state Medicaid agencies and system implementation projects, as well as other state and county government clients.

3.2.3.1 Qualis Health Project Team Overview

MLTC has identified four key staff roles to provide IV&V services in support for the EES and DMA projects. These include an IV&V project manager, two IV&V business analysts, and a technical analyst/architect. We propose an engagement staffing structure or staffing plan that includes three major components including:

- An executive advisory group to provide additional senior-level advice, guidance and technical/subject matter expertise;
- An engagement leadership team that includes a senior project director and a senior technical analyst/architect to oversee, coordinate, advise and support the IV&V project teams; and
- The IV&V project teams consisting of senior-level consultants filling the four key staff roles required for each project.

Our proposed IV&V project team structure offers MLTC assurance that we will deploy a highly effective team of experienced and capable IV&V consultants. This structure will ensure that all IV&V activities are performed by seasoned health IT professionals; our deliverables are of the highest quality; and our IV&V services provide the most value to mitigate project risk and achieve MLTC objectives.

3.2.3.2 Qualis Health Executive Advisory Group

To contribute to the success of our team, Qualis Health will provide executive-level expertise in Medicaid operations and IT knowledge through our executive advisory group. This group comprises our senior leaders who have authority to assist the project in areas that require strategic focus at the executive level. They will advise our project to assist key project decisions as necessary.

Bud Beall, Vice President of Consulting Services, will participate as a member of the project advisory group, and will be responsible for working with our senior project director and IV&V project managers to ensure full compliance with contract requirements and conformity with established quality standards for deliverables. Mr. Beall will serve as MLTC's contact should there be any problems that cannot be resolved by our senior project director and IV&V project teams, and thus need to be escalated to the executive level.

3.2.3.3 Engagement Leadership Team

We propose to deploy an engagement leadership team comprised of a senior project director and senior technical analyst/architect. Together they will oversee the work of each of our IV&V project teams including the EES and DMA IV&V project teams, as well as any IV&V project teams deployed to support optional projects. In addition, we will assign a team member to act as a project controller.

The following provides a brief description of the role for each of our proposed engagement leadership personnel.

Senior Project Director—General oversight and coordination of our IV&V project teams will be provided by our senior project director, Bill Streur. He will oversee the work of our IV&V project teams, advise our teams and offer his expertise with Medicaid, state HHS operations, and state health systems to address specific issues and needs that arise. He will share his expertise and advise MLTC as needed to complement the services provided by our IV&V project team consultants.

Senior Technical Analyst/Architect—Simon Hoare will fill the role of senior technical analyst/architect for the engagement. He will support the work of the technical analysts/architects assigned to the EES and DMA IV&V project teams. He will advise our teams on issues related to technical architecture, design and development of the EES and DMA solutions. He will also participate as needed with our IV&V project teams to provide technical expertise and advice to MLTC.

Project Controller—Our project controller, Mison Bowden, will assist the IV&V project managers with several project management tasks and activities. These activities will include, but not be limited to, developing and updating the IV&V project management plans, work plans, communication plans, and status reports. The project controller will monitor IV&V project

schedules and budget; and help to ensure compliance with all project standards and applicable regulations. Our project controller will report directly to Mr. Streur, senior project director.

Figure 18—Engagement Leadership Responsibilities

Name/Role	Area(s) of Responsibility
Engagement Leadership Team	
Bill Streur, Senior Project Director	▪ Act as the Qualis Health senior-level project liaison with MLTC and other state leadership; ▪ Coordinate with MLTC project leadership and our IV&V project manager to ensure contract compliance and alignment to project goals and objectives; ▪ Provide subject matter expertise and support on Medicaid operations, procurement strategy and systems implementation throughout the project duration; ▪ Work with the IV&V project manager to ensure the effectiveness of Qualis Health's IV&V project team; and ▪ Serve as the escalation point for the MLTC should any issues arise that cannot be resolved by the project manager.
Simon Hoare, Senior Technical Analyst/Architect	▪ Act as the lead technical analyst architect for the EES and DMA projects; ▪ Provide guidance, support and advice on SOA; ▪ Coordinates with EES & DMA technical analyst/architects to evaluate, monitor, and recommend improvements on software design, development, requirements, configuration management, change management, testing, security, system performance, and process redesign; ▪ Oversees the adherence with technical specifications for each system component or module; and ▪ Coordinates with project managers on all technical aspects of each project including meeting participation, assessment and QA activities, recommendations, and artifact reviews.
Mison Bowden, Project Controller	▪ Assist the IV&V project managers with project management tasks and activities; ▪ Develop and update the IV&V project management plans, work plans, communication plans, and status reports; ▪ Monitor IV&V project schedules and budget; and ▪ Ensure compliance with all project standards and applicable regulations.

3.2.3.4 EES and DMA IV&V Project Team Staffing and Responsibilities

This proposed EES and DMA IV&V project teams represent a unique blend of experience and skills, allowing us to provide MLTC with a broad but balanced set of expert services. Our team brings deep experience and subject matter expertise with Medicaid and other government health programs and systems, IV&V, QA, system implementation, operation process and system validation, and other related areas. Each IV&V project team for the EES and DMA projects will include three roles: IV&V project manager, business analyst, and technical analyst/architect. These roles will be supported by four or five IV&V consultants (four full-time equivalents). A summary of the responsibilities for each role follows.

We anticipate that each team member will fulfill the responsibilities described in the following table throughout each phase of the project. The proposed roles and responsibilities for our project team are presented in the following table.

Figure 19—IV&V Project Team Responsibilities

Name/Role	Area(s) of Responsibility
EES IV&V Project Team	
Bev Quick, IV&V Project Manager	▪ Manage the day-to-day activities of Qualis Health's project team; ▪ Monitor, manage and ensure Qualis Health's work complies with contract requirements; ▪ Manage all IV&V project planning and assure deliverables adhere to Qualis Health's quality and delivery standards; ▪ Establish and maintain a collaborative relationship with MLTC project leadership to ensure IV&V roles and responsibilities support MLTC's goals and expectations; ▪ Ensure IV&V on-site and off-site coverage and presence provides comprehensive coverage in meetings, discussions, assessments, and reviews; and ▪ Provide subject matter expertise in the area of project management.
Diane Goldberg, Business Analyst	▪ Lead all functional aspects of the project and coordinate project business analyst and subject matter resource activities including participation in procurement, implementation, business operations meetings and discussions, assessment of artifacts, and guidance on related recommendations; ▪ Provide subject matter expertise related to MITA, MMIS, and other HHS operations and systems; and ▪ Ensure the MMIS solutions comply with MITA 3.0, CMS Seven Conditions & Standards, and other standards.

Name/Role	Area(s) of Responsibility
Lynda Bangham, Business Analyst	▪ Provide subject matter expertise related to requirements and functional testing, including alignment of requirements to business goals, alignment of test cases to business requirements and processes, and maintain our requirements traceability matrix; and ▪ Support the IV&V technical and functional leads in testing activities including, review, and assessment of the test plan, test cases and evaluation approach, and test results. Participate in relevant meetings and discussions.
John Warsinske, Technical Analyst/Architect	▪ Lead all technical aspects of the project and coordinate project technical resource activities including participation in technical meetings and discussions, assessment of technical artifacts, and guidance on technical recommendations; ▪ Provide subject matter expertise in the review and assessment of technical project artifacts, e.g., system solutions, technology infrastructure, interconnectivity, etc.; ▪ Ensure that technical solutions comply with MITA 3.0, CMS Seven Conditions & Standards, and other standards; and ▪ Assist the IV&V project manager with management activities, and coordination of quality and timely IV&V deliverables.
DMA IV&V Project Team	
Everett Irving, IV&V Project Manager	▪ Manage the day-to-day activities of Qualis Health's project team; ▪ Monitor, manage and ensure Qualis Health's work complies with contract requirements; ▪ Manage all IV&V project planning and assure deliverables adhere to Qualis Health's quality and delivery standards; ▪ Establish and maintain a collaborative relationship with MLTC project leadership to ensure that IV&V roles and responsibilities support MLTC's goals and expectations; ▪ Ensure IV&V on-site and off-site coverage and presence provides comprehensive coverage in meetings, discussions, assessments, and reviews; and ▪ Provide subject matter expertise in the area of project management.
Todd Priest, Business Analyst	▪ Lead all functional aspects of the project and coordinate project business analyst and subject matter resource activities including participation in procurement, implementation, business operations meetings and discussions, assessment of artifacts, and guidance on related recommendations; ▪ Provide subject matter expertise related to MITA, MMIS, and other HHS operations and systems; ▪ Ensure the MMIS solutions comply with MITA 3.0, CMS Seven Conditions & Standards, and other standards; and

Name/Role	Area(s) of Responsibility
	▪ Assist the IV&V project manager with management activities, and coordination of quality and timely IV&V deliverables.
Karen Barnett, Business Analyst	▪ Provide subject matter expertise related to requirements and functional testing, including alignment of requirements to business goals, alignment of test cases to business requirements and processes, and maintain the requirements traceability matrix; ▪ Support the IV&V technical and functional leads in testing activities including, review, and assessment of the test plan, test cases and evaluation approach, and test results; and ▪ Participate in relevant meetings and discussions.
Robert Cline, Technical Analyst/Architect	▪ Lead all technical aspects of the project and coordinate project technical resource activities including participation in technical meetings and discussions, assessment of technical artifacts, and guidance on technical recommendations; ▪ Provide subject matter expertise in the review and assessment of technical project artifacts, e.g., system solutions, technology infrastructure, interconnectivity, etc.; and ▪ Ensure that technical solutions comply with MITA 3.0, CMS Seven Conditions & Standards, and other standards.

3.2.3.5 Additional Expertise Available

Our IV&V project team will receive additional support as needed from Qualis Health SMEs from departments throughout our company. This includes healthcare and health IT professionals in our Care Management and Quality Safety and Improvement divisions. Our project team will be able to access the professionals who support care management services for several state HHS departments. Our IV&V project team will also have access to professionals within our corporate IT department who can provide expert consultation on IT infrastructure, data communications, and data center operations issues.

These professionals are collectively active in the healthcare marketplace, and bring a comprehensive understanding of trends, best practices, regulatory requirements, and advances in technology to our project team.

Our IV&V project managers will work with EES and DMA project leadership to identify additional subject matter expertise that may be needed. They will coordinate with our senior project director and Qualis Health's vice president of consulting services to gain access to these additional resources.

3.2.4 Organizational Chart for EES and DMA Projects

Qualis Health proposes an IV&V project structure built around multiple IV&V teams with a common unified management structure to ensure consistency of service, continuity of approach and coordination of resources. Our IV&V services will receive overall coordination from our senior project director, Bill Streur, while each individual IV&V project team will be led by an IV&V project manager. Each IV&V project manager will coordinate the activities for each IV&V project team dedicated to the EES and DMA projects. The EES and DMA IV&V project managers will report directly to the respective MLTC project managers for the EES and DMA projects.

Key features of our proposed organizational structure are presented in the following table.

Figure 20—Proposed Project Structure Features

Feature	Description
Distinct IV&V Teams	▪ Our proposed structure includes two distinct IV&V project teams for the EES and DMA projects. Each has four dedicated team members: the IV&V project managers who will be onsite 90% of the time, two business analysts who will be onsite for system readiness activities and a technical analyst/architect who will be onsite for technical requirements and design meetings. ▪ Each IV&V project manager reports to our IV&V project director. ▪ Each IV&V project manager also reports directly to their respective MLTC project manager for the EES and DMA projects, and acts as the primary point of contact for Qualis Health. ▪ Each IV&V project team has a designated back-up project manager to assist with various "project control" activities such as budget and schedule monitoring.
Leadership Structure	▪ Our senior project director oversees the work of all Qualis Health IV&V project teams to: o Ensure we provide a consistent level of service and approach to our work; o Coordinate our project resources over all IV&V project teams to meet MLTC project and contract needs; o Ensure fulfillment of all contractual commitments; and o Provide a senior level point of contact to MLTC leadership. ▪ Our senior technical analyst/architect supports all technical aspects of the project, providing expert advice and consultation to the IV&V project teams. ▪ Our executive advisory committee provides senior level insights, direction and advice in support of the project team and helps to ensure

Figure 20—Proposed Project Structure Features

Feature	Description
	that our services are of highest quality and value.
Coordination with Multiple Stakeholders	Our proposed IV&V project manager and IV&V project team members will work directly with the EES and DMA solution vendor staff, other project contractors, MLTC project staff, other State agencies, and CMS as needed to support the needs of the project. While our teams will take direction from the MLTC's EES and DMA project managers, our IV&V project team members will interact directly with all project stakeholders through participation in project meetings and conference calls, and in conducting project deliverables reviews and periodic IV&V assessments. Our approach to the project structure allows for proactive interactions between our IV&V project team and all other project stakeholders as appropriate.
Scalability	The project organization chart that we have prepared demonstrates how we would structure the engagement with two IV&V project teams for the EES and DMA projects. Adding other optional projects to the engagement would not materially change the proposed project leadership and overall organizational structure. As additional IV&V teams are added, economies of scale would be achieved. The leadership structure would be unchanged and provide the same level of oversight and coordination with only modest increases in the level of effort to support the project. Additionally, we believe that additional economies of scale and potentially sharing of IV&V resources over multiple MLTC projects will be attainable, thus providing potential cost savings to MLTC.

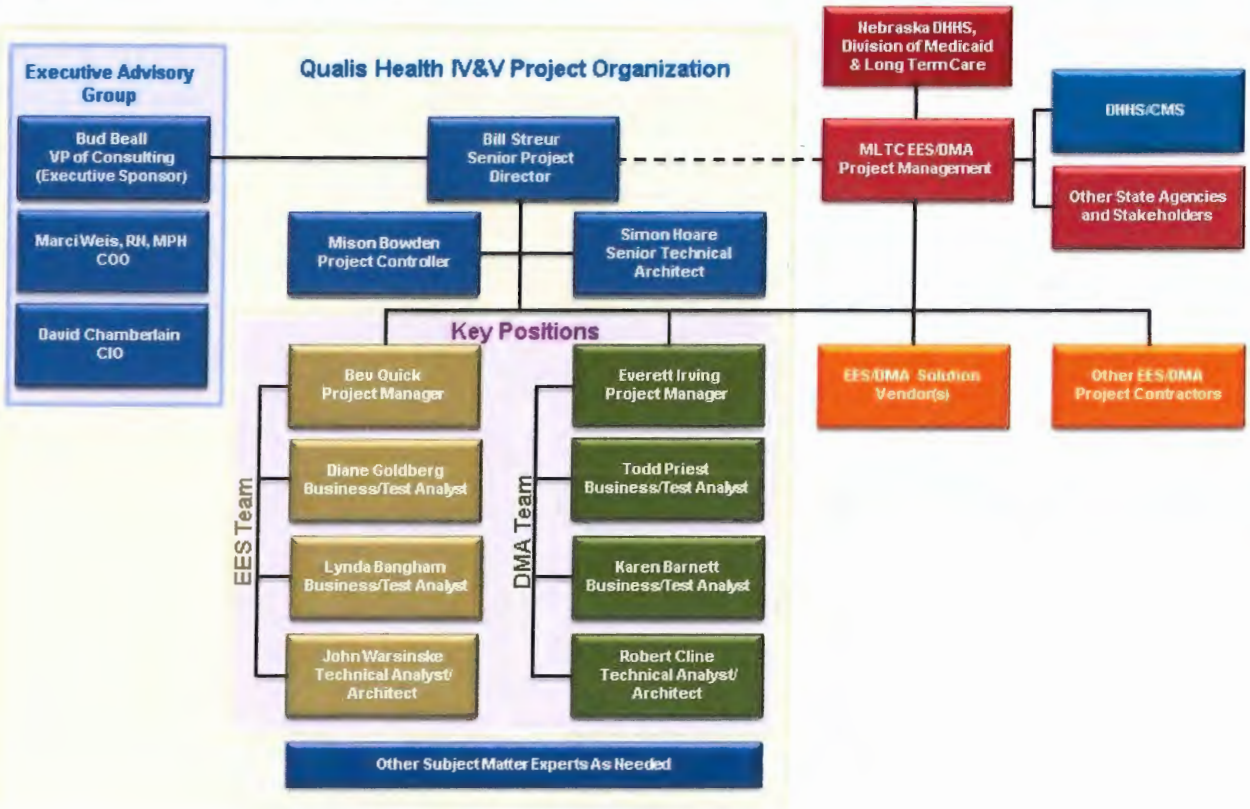
Figure 21—Proposed Project Organizational Chart presents our proposed IV&V organizational structure for the engagement that includes:

- The EES IV&V project team including the project manager, two business analysts and the technical analyst/architect;
- The DMA IV&V project team including the project manager, two business analysts and the technical analyst/architect;
- The Qualis Health leadership structure including the senior project director, senior technical analyst/architect, a project controller and the executive advisory group; and
- Intercompany SMEs that can be accessed on an as needed basis.

Our proposed organizational chart demonstrates the reporting relationship between our senior project director and our IV&V project managers, and MLTC's project managers for the EES and DMA projects. Our IV&V project managers, Bev Quick and Everett Irving, will be the primary

points of contact and report directly to their respective project managers on the EES and DMA projects. They will also coordinate closely with EES and DMA solution vendor project management and other contracts on the projects. Our senior project director, Bill Streur, will maintain ongoing communication with MLTC's EES and DMA project managers, but will not operate as the primary point of contact. His interactions with the EES and DMA project managers will include periodic meetings to ensure MLTC satisfaction with our services and team members, and to support any issues that need to be escalated.

Figure 21—Proposed Project Organizational Chart



3.2.5 Approach for Maintaining Key Staff

Qualis Health has been recognized as one of "Washington's 100 Best Companies to Work for" by *Seattle Business* magazine. We believe that our employees are our most important asset. Our commitment to employee satisfaction and engagement is reflected in the high satisfaction rate of our current Medicaid clients. We continue to implement new programs and strategies that will allow us to thrive as an organization and be a highly desirable workplace for our employees.

We also participate in multiple employee engagement surveys to assess overall staff satisfaction with such factors as corporate culture and communications, role satisfaction, work environment and relationships, training and development, and compensation and benefits. The results of these surveys are summarized and reported to leadership, who then identify and act upon areas for improvement. Year-over-year, our scores either match or exceed those of peer comparable employers.

In addition, Qualis Health has an excellent track record related to contract implementations, contract management, and the overall provision of services. As a result, we have achieved a reputation as an organization that is a leader in providing health IT services, which allows us to recruit talented and experienced people.

If additional staff are required to perform the functions of the contract, or in the event that a position turns over, we will leverage our company's reputation to recruit the needed additional personnel or a qualified replacement in as prompt a manner as possible. We will also have contingency plans in place regarding how to absorb a departing employee's workload until such a time as the position is filled. For example, possible interim solutions include the distribution and absorption of work by other staff on the contract, floating some of the work to employees assigned to our other contracts with a similar scope of work, or calling upon other consultants in our pool of health IT experts.

3.2.5.1 Planned Backup Personnel Assignments

Qualis Health's proposed team is made up of team members who have been identified for this project based on their qualifications and availability. As much as possible, we will work to ensure that these individuals are sustained to the project. In the unlikely event of a staffing change, we are prepared to provide additional resources that have equivalent qualifications to meet the project needs. We will ensure any staffing change transition is seamless to the project with little to no impact as a result of the change.

Qualis Health maintains a bench of health IT resources that can be deployed should a change in staffing be required. To mitigate the impact of any necessary changes, we have assigned a senior project director and senior technical analyst/architect to support our project teams. Their involvement and knowledge of the project will help to provide continuity and team depth to ensure a seamless transition of new team members, and each would be positioned to assume a broader role on the project if appropriate.

Our human resources team, which includes a full-time recruiter, develops and manages programs and processes that effectively attract talent and align with key strategic objectives. In addition, we have established relationships with several business partners that assist us in recruiting new team members and provide project-based consulting talent through short and long-tem subcontracting arrangements. These business partners have considerable experience and expertise with Medicaid operations and systems.

3.2.5.2 Commitment to Proposed Personnel

Qualis Health commits to using the personnel identified in this proposal for this scope of work. In addition, we agree that our proposed personnel may not be reassigned, replaced, or added during the project without prior written consent from MLTC.

We agree that MLTC has the right to approve any proposed personnel changes that we may need to make during the term of any contract for this work. To aid in this effort, we will provide you with candidate resumes, and ensure that you have an opportunity to interview and approve potential replacements for our IV&V project team.

3.2.5.3 Outside Assignments for Key Project Personnel

We agree that our proposed key project personnel will not be assigned new or additional contract assignments outside of this engagement without MLTC's prior written consent.

3.2.5.4 Required Change in Project Personnel

Qualis Health understands and agrees that MLTC has the right to require us to change our IV&V project personnel at your discretion. We also understand that MLTC will not unreasonably exercise this option, and that you will work collaboratively with us to help resolve any potential issues in our personnel. In the unlikely event that a change in staffing should be required, we agree to allow MLTC to interview and approve potential replacements for the position in question.

3.3 Logistics

We understand that MLTC will provide work space and access to desktop computers, printers and copiers for our IV&V project team while onsite in Lincoln. Our IV&V project manager will work closely with MLTC project leadership to coordinate working arrangements and logistics for our team.

3.3.1 Logistics Requirements

The following table contains the logistics requirements as specified in the RFP, and a brief narrative describing Qualis Health's approach to meeting each requirement.

MLTC Requirements	Qualis Health Approach
1. Must store all work products in DHHS designated repository and using designated folder structure.	Our IV&V project team will help MLTC to maintain a well-organized and managed project library that will provide a repository for all project documentation and artifacts including our IV&V materials. We will work closely with MLTC to establish a structure for the project library and will ensure that all of our IV&V work products are stored and maintained on the DHHS designated repository using an agreed upon folder structure. In our work on other projects, we have utilized various platforms for our IV&V library including shared document storage sites using tools such as Microsoft® SharePoint®. Our project team will coordinate with MLTC staff to determine the best approach for managing all pertinent project documents. In addition, we will maintain copies of IV&V materials on our own managed repository of important diagrams, notes, plans, reports, and other project artifacts. Our IV&V library often serves as a backup file system, allowing us to reproduce mission critical project documents that our clients may have lost or inadvertently destroyed.
2. Must have controlled access to all contractor facilities where any contract related work is performed in compliance with privacy and security requirements.	Our IV&V project team members may work in our Seattle office, Irvine regional office or home office. Home offices are considered an extension of the Qualis Health work space, and by policy, our staff is required to maintain a safe and secure home office environment. Staff members working from a home office must utilize computer systems, applications, and services in accordance with the Qualis Health IT security policies. Our team members are responsible for maintaining confidentiality of company and client information including protected health information (PHI). Through procedures and security mechanisms, they are required to prevent unauthorized access to any confidential system information, or documentation; and dispose of work related documents all in a manner consistent with Qualis Health policies and procedures relating to data confidentiality and security. In order to conduct work at a home office, our staff must designate a specific work space within for placement and installation of equipment to be used while working remotely from our corporate or regional office, and must maintain the work space in a safe condition, free from hazards and other dangers to the employee and equipment. Qualis Health must approve the site chosen as the

MLTC Requirements	Qualis Health Approach
	employee's alternate work space. Qualis Health has the right to make on-site visits (with 48 hours advanced notice) to the alternate work location for purposes of determining that the site is safe and free from hazards, and to maintain, repair, inspect, or retrieve Qualis Health-owned equipment, software, data, or supplies. Qualis Health materials should be kept in the designated work space in the home office and not be made accessible to others. Confidential information and PHI should be protected in accordance with the Qualis Health confidentiality policy. If it is necessary for our team members to transport documentation containing PHI to/from a Qualis Health office, PHI should be placed in a latching carrier out of sight. PHI should immediately be transferred to the employee's designated work space at their alternate work site or Qualis Health office and not left unattended in the employee's vehicle, and ePHI must be encrypted during transport.

3.3.2 Overview of Qualis Health Facilities

Qualis Health is headquartered in Seattle, Washington with regional offices in Irvine, California; Anchorage, Alaska; Boise, Idaho; Birmingham, Alabama; Santa Fe, New Mexico; and Washington, District of Columbia. Our IV&V project team will be supported by a strong senior leadership team based in our corporate headquarters in Seattle, Washington, as well as our regional office in Irvine, California. These offices will provide additional management, technical, and administrative support as needed.

Because of the nature their work, the majority of our consultants work from home offices when not working directly onsite with clients. Qualis Health staff that work from a home office must comply with Qualis Health policies and procedures including privacy and security policies.

If awarded this contract, we understand that MLTC will provide fully-equipped office space for our staff assigned to this contract. We have considerable experience with working arrangements on projects of this nature. We will establish an ongoing and consistent onsite presence in Lincoln in order to work directly with MLTC and solution vendor staff.

Our onsite resources will work within the spaces provided by MLTC. We will provide our IV&V team with all the necessary equipment to conduct their work onsite. This includes laptops, printers, telecommunications, and appropriate data communications equipment. Our IV&V consultants typically work from their home offices and at client sites and are accustomed to these arrangements. When working remotely our IV&V team members will utilize remote connectivity tools, telecommunications and web-conferencing tools. Our team members will continue to participate on a regular basis in system project meetings using these tools.

3.4 Privacy and Security

As MLTC's IV&V contractor and Business Associate (BA), Qualis Health will be committed to protecting MLTC's business data, safeguarding any PHI, and maintaining the privacy rights of Medicaid individuals in the State of Nebraska. We will rely on our established privacy and security program to prepare a plan specifically for our work with MLTC and to ensure ongoing protections of any data that we may collect during our IV&V activities.

3.4.1 Privacy and Security Requirements

The following table contains the privacy and security requirements as specified in the RFP, and a brief narrative describing Qualis Health's approach to meeting each requirement.

MLTC Requirements	Qualis Health Approach
1. Must develop and submit a Privacy and Security Plan work product that includes a description of how contractor safeguards all state information that is transmitted within contractor's systems (i.e., e-mail). The plan must be approved by DHHS prior to the contractor having access to project materials.	Our IV&V project manager will develop and submit a privacy and security plan documenting security measures for safeguarding any MLTC information that we may collect during course of our IV&V activities. In our role as an IV&V contractor, we do not anticipate handling large volumes of PHI, and the extent possible we will avoid loading any EES or DMA project documentation that contains PHI onto our systems or network. We understand that any information, whether classified as PHI or not, is proprietary and potentially confidential. Working with the Qualis Health IT department security team and our corporate Compliance Officer, our IV&V project manager will develop a plan that addresses key data safeguards such as: ▪ Access rights and privileges to systems and data; ▪ Security account management and termination; ▪ Remote access; ▪ Portable and mobile device security; ▪ Business continuity and disaster recovery; ▪ Physical access to facilities and systems; ▪ Media storage; ▪ Data retention and destruction; ▪ Management of personnel access controls; ▪ Secure messaging; ▪ Complying with Business Associate Agreement (BAA) provisions; and ▪ Disposal and destruction of MLTC confidential information and PHI in possession of Qualis Health. We will review a draft of our plan with MLTC to ensure mutual understanding and agreement as to our approach for maintaining privacy and data security on the EES and DMA projects, and will

MLTC Requirements	Qualis Health Approach
	make changes as necessary. We will review the plan with each IV&V project team member.
2. Must comply with all security and privacy laws, regulations, and policies, including Health Insurance Portability and Accountability Act of 1996 (HIPAA), and related breach notification laws and directives.	Qualis Health has well-established HIPAA Privacy and Security practices, policies, procedures, and training programs in place to ensure that we are in adherence with applicable federal and state regulations, including HIPAA requirements such as those pertaining to storage and protection of PHI. The Security Rule specifies a series of administrative, physical, and technical safeguards for covered entities to use to assure the confidentiality, integrity, and availability of electronic PHI. As a current Medicaid contractor in seven states plus the District of Columbia, Qualis Health receives and exchanges PHI with Medicaid agencies and is considered a "BA" of those Medicaid agencies as that term is defined in the HIPAA Privacy and Security Rules. In addition, we encounter PHI in our consulting work with other clients. In all cases, we enter into BAAs with our clients as required by law. We operate in full compliance with HIPAA and all related applicable federal and state regulations. Our compliance program provides for specific methods and steps for reporting a security breach or unauthorized disclosure of PHI. Our IV&V project team members receive our mandatory compliance training and are educated on the proper handling of PHI, mandatory security measures, and notification procedures for a breach or unauthorized disclosure.
3. Must provide initial and ongoing privacy and security and HIPAA compliance training to all employees and contract personnel assigned to the project prior to providing access to PHI.	Qualis Health provides a New Employee Corporate Orientation Program for all new employees. This program covers organization-wide topics, including HIPAA requirements pertaining to privacy, security, and confidentiality. Initial HIPAA training is to be completed on the first day of hire prior to any access to confidential information. We also provide mandated annual privacy and security training to all staff to ensure employees are kept updated on HIPAA requirements. We also have a designated HIPAA Compliance Officer who is responsible for the development, implementation, and monitoring adherence with HIPAA requirements. All Qualis Health offices operate in full compliance with HIPAA regulations protecting the privacy and security of PHI. Qualis Health has established workplace practices and guidelines for staff on the following topics: ▪ Disclosure of information ▪ Privacy safeguards

MLTC Requirements	Qualis Health Approach
	▪ Technology safeguards ▪ Physical safeguards ▪ Storage of information ▪ Disposal of confidential hard copy and electronic information All personnel including subcontractors receive ongoing privacy and security compliance training.
4. Must take all reasonable industry recognized methods to secure the system from un-authorized access.	**Privacy Safeguards**—Qualis Health has a general confidentiality policy that provides guiding principles to all staff members regarding the protection of confidential information. It includes policies on the use and disclosure of information, removal of information from Qualis Health suites, storing information, and shredding of confidential information. Staff members are required to sign a confidentiality statement annually that states their commitment to abide by these policies and procedures. Qualis Health also has established workplace practices that provide specific guidelines to staff when they perform general tasks such as e-mailing, faxing, and mailing. An example of a guideline is that staff members are to place medical records in locked areas (e.g., file room or file cabinet) when they leave for the day. Based on Qualis Health policies, our staff: will not use or disclose PHI except as permitted or required by federal and state laws; will only disclose confidential information to authorized persons/entities; and will make reasonable efforts to use or disclose the minimum information necessary to accomplish the intended purpose. We will take the appropriate reasonable steps to safeguard information transmitted by any means, including verbal, electronic, and hard copy. **Technology Safeguards**—Our computer systems have security measures in place such that staff members can only access information that they have permission to use for their work. Permission is provided by their manager at the time of hire, and modified or eliminated when there are changes to employment assignment or status. Access to our corporate network is established through user IDs, logons, and strong passwords. Passwords are masked as they are entered during login to our computer systems. Workstations require the use of password-protected screen savers with 10-minute timeouts. Qualis Health requires the use of strong passwords to gain network access. Qualis Health forbids the sharing of the logon or password assigned to an individual user. If any of our users have reason to believe that his or her logon or password has been compromised, they are instructed to contact Qualis Health's Information Technology

MLTC Requirements	Qualis Health Approach
	Services (ITS) department immediately. In addition, the Qualis Health network is protected by a firewall and Intrusion Detection System (IDS) that actively logs all external attempts to access Qualis Health's network. Our internal network is also protected from external access to data and systems by a de-militarized zone (DMZ), which provides the ability to allow limited information to external or remote parties without allowing access to the Qualis Health internal network. Access to data and information stored on Qualis Health's internal network is controlled through Active Directory or application-specific security. Permission to directories and applications is granted on a "need to know" basis and must be authorized by the department manager. The server room and data center at Qualis Health is secured by a proximity card with very limited access to only necessary ITS staff. Access must be authorized by David Chamberlain, our Chief Information Officer/Vice President of Information Technology. **Physical Safeguards**—Proximity cards and a corresponding security system are used to control access to each of the suites at Qualis Health's offices. Access to a specific suite is granted to staff by their manager at the time of hire. All guests and visitors must check-in at the front desk, sign a confidentiality statement, and receive a name badge before they are allowed in the suites. All members of the building's maintenance crew and all other vendors are required to sign an annual confidentiality statement and must also check-in at the front desk to receive a badge before doing any work in the suites. Suspected security incidents are entered into the confidentiality reporting database allowing for follow-up, tracking, and reporting of such incidents. Additionally, all Qualis Health employees are issued identity badges that can be worn while on a client site. Our IV&V project team members can be required to wear these badges while on the client site.
5. Must permanently destroy all confidential data and PHI entrusted to the contractor for the performance of the contract upon approval of DHHS.	Qualis Health will permanently destroy all MLTC confidential data and PHI in our possession at the request and approval of DHHS. Qualis Health policy provides for the proper disposal of paper and electronic records, and prescribes the appropriate method of destruction or disposal including: ▪ ***Paper Records***. Paper documents must be shredded by a certified vendor; ▪ ***Electronic Media***. Flash drives, diskettes, CDs, etc. must be sent to ITS for disposal, but should be reformatted if the media type allows it, or erased if formatting is not possible, before it is sent to ITS;

MLTC Requirements	Qualis Health Approach
	▪ ***E-mail Messages***. E-mail will be purged automatically after 120 days or as directed. Our privacy and security plan will incorporate measures for disposal and destruction of any MLTC confidential data and PHI in our possession. Additionally, our project closure plans and activities will also include transfer, disposal and destruction of this data as well.

3.4.2 Privacy and Security Approach

Our work is guided by a set of fundamental values that include a commitment to ethical and professional integrity, and responsible stewardship of our clients' resources. Qualis Health maintains a comprehensive strategy that promotes compliance with all laws and demonstrates our commitment to our clients, employees, and the communities they serve. We have established policies and programs with goals of:

- Complying with all federal, state and local laws and regulations which apply to our business and business activities;
- Conducting our affairs in a way that is both ethical and in accordance with applicable laws;
- Meeting high standards for organizational integrity and responsible governance; and

In support of these goals, Qualis Health has established a compliance program designed to:

- Inform, educate and direct staff;
- Track applicable laws and regulations applicable to the organization;
- Promote compliance with applicable laws and regulations;
- Respond to violations of the law; and
- Implement preventative, remediation and mitigation measures as needed.

We have dedicated organizational resources to implement and oversee our corporate compliance program. These resources are committed to the prevention, detection and correction of violations of federal, state or local law or regulations governing health care and human service programs by our employees, contractors or other agents.

In support of our compliance program, we have established a compliance governance structure comprised of:

- The Qualis Health Board Governance Committee to oversee and monitor the effectiveness of the program;

- A compliance committee, comprised of Qualis Health executives including our CIO and Vice President of Human Resources, responsible for the development and implementation of the program; and
- A compliance officer responsible for managing, monitoring, and continually enhancing the program, reporting results of compliance and ethics efforts to the Governance Committee, and implementing the Governance Committee's recommendations.

Our compliance program includes several key elements that will be regularly monitored to support the ongoing effectiveness of our compliance program:

- Explicit policies and procedures to establish required standards of conduct;
- Education and training to ensure staff understanding and compliance;
- Communication to promote awareness;
- Enforcement and discipline to correct and redirect behaviors inconsistent with policy;
- Monitoring and auditing to address changes in regulations and ensure continual compliance; and
- Response and prevention to assess, remediate and mitigate noncompliance.

The enforcement of privacy and security policies is a major component and focus of our compliance program. We are committed to the continuous improvement of our privacy and security program, and the fulfillment of our obligations to maintain the privacy of individuals, ensure the confidentiality of client information, and protect our data and information systems.

Qualis Health follows industry-leading security standards and best practices to ensure the integrity and confidentiality of client and company information in support of our services. These practices include extensive controls in the areas of personnel, systems, and facility security. Qualis Health maintains a hierarchy of policies and procedures, using the Federal Information Security Management Act (FISMA), HIPAA, and National Institute of Standards and Technology (NIST) as underlying guidance.

Information Security Organization—The following table describes our organization structure for managing our information security and privacy compliance program.

Title	Responsibilities
Chief Information Officer	The CIO serves as the Security Officer for Qualis Health, and is responsible for overall decisions regarding the development and implementation of security policies, procedures, and communications regarding IT security.
Director, IT Operations	The IT Operations director manages personnel and processes associated with day-to-day management and security of communications, operations and technology. Personnel include technical support analysts, system administrators and security analyst.

Title	Responsibilities
Director, Applications and Programs	Serves as the Security Point of Contact (SPOC) to CMS and is responsible for the IT security deliverables as part of our CMS QIN contract, 11th Scope of Work.
IT Security Analyst	Assesses and monitors the process controls to ensure effectiveness and compliance to FISMA and HIPAA requirements.
Director, Risk Management and Compliance	Maintains risk and compliance programs.
VP, Human Resources	Responsible for personnel related policies and security
Manager, Admin Services	Responsible for physical security to the corporate headquarters.

The following summarizes Qualis Health's approach to maintaining privacy and security standards.

HIPAA Regulations—The Standards for Privacy of Individually Identifiable Health Information ("Privacy Rule"), 45 CFR Part 160 and Subparts A and E of Part 164, establishes a set of national standards for the protection of certain health information. The U.S. Department of Health and Human Services ("HHS") issued the Privacy Rule to implement the requirement of the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"). The Privacy Rule standards address the use and disclosure of individuals' health information—called "PHI" by organizations subject to the Privacy Rule — called "covered entities," as well as standards for individuals' privacy rights to understand and control how their health information is used.

A major goal of the Privacy Rule is to assure that individuals' health information is properly protected while allowing the flow of health information needed to provide and promote high quality health care and to protect the public's health and well-being. The Rule strikes a balance that permits important uses of information, while protecting the privacy of people who seek care and healing.

The HIPAA Security Rule, 45 CFR Part 160 and Subparts A and C of Part 164, establishes national standards to protect individuals' electronic personal health information that is created, received, used, or maintained. The Security Rule requires appropriate administrative, physical and technical safeguards to ensure the confidentiality, integrity, and security of electronic PHI.

As a "Business Associate (BA)," a term defined in the HIPAA Privacy and Security Rules, Qualis Health receives and exchanges PHI with several Medicaid agencies as part of our IT and healthcare consulting services. As a BA, we enter into BAAs with our clients/customers as required by law. Qualis Health is in full compliance with HIPAA and all related applicable federal and state regulations. We have developed and implemented well-established privacy and security practices, policies, procedures, and training programs to ensure strict adherence with applicable federal and state regulations.

Compliance and Awareness Program—A HIPAA compliance and awareness program is one of the administrative safeguards that a BA must employ. The program is required in order to educate workforce members about security responsibilities and best practices.

Qualis Health is fully committed to ensuring full compliance with HIPAA. We have a HIPAA Compliance Officer who is responsible for the development, implementation, and monitoring adherence with HIPAA requirements. Our HIPAA Compliance Officer has created a comprehensive HIPAA Security and Privacy compliance and awareness program for Qualis Health that covers training and awareness both new employees and on-going annual reviews/training. With a new Qualis Health employee, our orientation program includes HIPAA requirements pertaining to privacy, security, and confidentiality. Initial HIPAA training is to be completed on the first day of hire prior to any access to confidential information. Annually, we assure our employees receive privacy and security training to ensure they are kept updated on HIPAA requirements.

All Qualis Health offices operate in full compliance with HIPAA regulations protecting the privacy and security of PHI. Qualis Health has established workplace practices and guidelines for staff on topics that include, but are not limited to: disclosure of information; privacy, physical and technology safeguards; information storage; and disposal of confidential information including digital and hard copy.

Disclosure of Information—The HIPAA Privacy Rule establishes a foundation of Federal protection for personal health information, carefully balanced to avoid creating unnecessary barriers to the delivery of quality health care. The Privacy Rule generally prohibits a covered entity from using or disclosing PHI unless authorized by patients, except where this prohibition would result in unnecessary interference with access to quality health care or with certain other important public benefits or national priorities. Certain health care operations—such as administrative (e.g., State Medicaid Agencies), financial, legal, and quality improvement activities (e.g., IV&V activities for EES and DMA projects)—conducted by or for health care providers and health plans, are essential to support treatment and payment. To avoid interfering with an individual's access to quality health care or the efficient payment for such health care, the Privacy Rule permits a covered entity to use and disclose PHI, with certain limits and protections, for treatment, payment, and health care operations activities.

It is Qualis Health's general policy that confidential information is not disclosed. However, there are times when required by a contract with a client, that we must release confidential information to authorized parties. When we receive any request for confidential information that is not stipulated in our contract, we immediately notify our client to request consent to release information prior to the actual releasing of such information.

Privacy Safeguards—Safeguard are rules and actions that fulfill the following three foundational properties of protecting an individual's healthcare data or information in electronic format:

- Availability: data or information is accessible and useable upon demand by an authorized person;
- Integrity: data or information has not been altered or destroyed in an unauthorized manner; and
- Confidentiality: data or information is not made available or disclosed to unauthorized persons or processes.

To achieve these properties, covered entities—healthcare providers, health plans, and healthcare clearinghouses—and their BAs must mitigate risks to electronic protected health information (ePHI) and the networks, systems, applications, devices, and media in which it resides (data at rest) and in transmissions (data in motion).

Privacy or Administrative Safeguards are policies and procedures that exist in a practice to protect the security, privacy, and confidentiality of you patients' PHI. There are administrative safeguards that are required by both the HIPAA Privacy Rule and the HIPAA Security Rule. The administrative safeguards required under the HIPAA Security Rule include:

- Identifying relevant information systems;
- Conducting a risk assessment;
- Implementing a risk management program;
- Acquiring IT systems and services;
- Creating and deploying policies and procedures; and
- Developing and implementing a sanctions policy.

Assessing the risk of unauthorized use or disclosure is an important step in an overall plan for maintaining security within a system.

Qualis Health has a detailed confidentiality policy that provides principles to all staff members regarding the protection of confidential information. It includes policies on:

- The uses and disclosure of information;
- Removal of information from Qualis Health suites;
- Storage of confidential information; and
- Shredding of confidential information.

All Qualis Health staff are required to sign a confidentiality statement annually that states their commitment to abide by these policies and procedures. We also have established workplace practices that provide specific guidelines to staff when they perform tasks such as e-mailing, faxing, and mailing. One example of a guideline is that staff must place medical records in locked areas (e.g., file room or file cabinet) when they leave the office for the day.

Based on Qualis Health policies, our staff will:

- Not use or disclose PHI except as permitted or required by federal and state laws;
- Must only disclose confidential information to authorized persons/entities; and
- Will make reasonable efforts to use or disclose the minimum information necessary to accomplish the intended purpose.

We will take the appropriate reasonable steps to safeguard information transmitted by any means, including verbal, electronic, and hard copy.

Technology Safeguards—Technical safeguards are safeguards that are built into the health IT system to protect health information and to control access to it. This includes measures to limit access to electronic information, to encrypt and decrypt electronic information, and to guard against unauthorized access to that information while it is being transmitted to others. Procedures and policies are required to address the following elements of technical safeguards:

- ***Access Controls***. Allowing only access to persons or software programs that have appropriate access rights to data or PHI by using, for example, unique user identification protocols, emergency access procedures, automatic logoff, and encryption and decryption mechanisms.
- ***Audit Controls***. Recording and examining activity in health IT systems that contain or use PHI.
- ***Integrity***. Protecting PHI from improper alteration or destruction, including implementation of mechanisms to authenticate PHI.
- ***Person or Entity Authentication***. Verifying that a person or entity seeking access to PHI is who or what they claim to be (proof of identity).
- ***Transmission Security***. Guarding against unauthorized access to PHI that is being transmitted over an electronic communications network.

Having technical safeguards in place can protect against various intended and unintended uses and disclosures of PHI. Furthermore, there is a need to conduct regular checks of your system so that you can see who accessed the PHI stored in your system and when it was accessed.

Our Qualis Health computer systems have security measures in place to limit access of information only for the use of their work. Permission is provided by their manager at the time of hire, and modified or eliminated when there are changes to employment assignment or status.

Access to our corporate network is established through user IDs, logons, and strong passwords. Passwords are masked as they are entered during login to our computer systems. Workstations require the use of password-protected screen savers with 10-minute timeouts.

Qualis Health requires the use of strong passwords the meet specific industry best practice standards for network and system access. This includes mandatory specifications for password length and construct, and mandatory password expiration every 90 days.

Qualis Health staff are forbidden to share logon and passwords assigned to an individual user. If any of our users have reason to believe that his or her logon or password has been compromised, they are instructed to contact Qualis Health's ITS department immediately.

Our Qualis Health network is protected by a firewall and IDS that actively logs all external attempts to access Qualis Health's network. The internal network is also protected from external access to data and systems by a DMZ, which provides the ability to allow limited information to external or remote parties without allowing access to the Qualis Health internal network.

Data access and storage information on Qualis Health's internal network is controlled through an Active Directory or application-specific security. Permission for access to directories and applications is granted on a "need to know" basis and must be authorized by the department manager.

Qualis Health's Data Center and server is secured by a proximity card with very limited access for necessary ITS staff. Access must be authorized by our Chief Information Officer.

Physical Safeguards—Physical safeguards for PHI and health IT refer to measures to protect the hardware and the facilities that store PHI. Physical threats, whether in electronic or paper formation, affect the security of health information. Some of the safeguards for electronic and paper-based systems are similar, but some safeguards are specific to health IT. Policies and procedures must be put in place to physically safeguard health IT. These elements include:

- Facility access controls—Limitations for physical access to the facilities where health IT is housed, while ensuring authorized personnel are allowed access.
- Workstation use—Specifications for the appropriate use of workstations and the characteristics of the physical environment of workstations that can access PHI.
- Workstation security—Restrictions on access to workstations with PHI.
- Device and media controls—Receipt and removal of hardware and electronic media that contain PHI into and out of the facility and the movement of these items within a covered entity, including disposal, reuse of media, accountability, and data backup and storage.

Access to each of the suites at Qualis Health's offices is controlled with proximity cards and a corresponding security system. Specific suite access is granted to staff by their manager at the time of hire. All Qualis Health guests and visitors must check-in at the front desk, sign a confidentiality statement, and receive a name badge before they are allowed in the suites. All

members of the building's maintenance crew and all other vendors are required to sign an annual confidentiality statement and must also check-in at the front desk to receive a badge before doing any work in the suites. Suspected security incidents are entered into the confidentiality reporting database allowing for follow-up, tracking, and reporting of such incidents.

For Qualis Health staff working from home, Qualis Health has policies and methods are in place to maintain data security. Home offices are considered an extension of the Qualis Health work environment staff are required to:

- Maintain a safe and secure home office environment;
- Must utilize computer systems, applications, and services in accordance with our IT security policies; and
- Through procedures and security mechanisms are required to prevent unauthorized access to any confidential system information, or documentation.

Storage of Hard Copy Information—Adherence to HIPAA requirements pertaining to storage and protection of PHI is an important element of the Privacy and Security Rule. Qualis Health has well-established practices, policies, procedures, and training programs in place to ensure that we are in compliance with storage and protection of hard copy PHI information. Hard copy confidential information is:

- Stored on-site for a determined length of time and is secured in a locked medical records room;
- Storage entry is strictly limited to those staff with a legitimate need to access the information;
- Entry is controlled by a proximity card security system;
- When information is no longer needed, it is sent to a secure offsite storage facility. This is an outsourced service with a reputable vendor that strictly abides by and upholds our confidentiality and security standards. As with our employees, this vendor is required to sign a Qualis Health Confidentiality Statement annually.

Disposal of Confidential Hard Copy Information—Qualis Health staff members are trained to place all unneeded hardcopy work information into shredding bins that are located throughout our suites. Qualis Health outsources the shredding services to a vendor who is certified by the National Association for Information Destruction (NAID). This vendor requires each of their employees to sign our annual confidentiality statements. Electronic media disposal is sent to our ITS department where it is stored in a locked bin and sent offsite for destruction. The vendor who destroys our electronic media provides Qualis Health with a certificate of destruction once the media has been destroyed.

3.4.3 Sample Privacy and Security Plan

In our work with other organizations, we have not been requested to provide a project specific privacy and security plan. We rely on our corporate privacy and security plan, BAAs, and our compliance program to provide the framework for ensuring the security of client confidential

information and PHI. Our IV&V teams also comply with the security policies and procedures established by our clients in their work on projects.

In order to provide MLTC with a sample privacy and security plan, we have mocked-up a sample plan that reflects the security plan, policies, and procedures that were deployed on a contract with the State of Alaska, DHSS. A sample IV&V privacy and security plan is provided in Attachment I—Privacy and Security Plan.

3.4.4 Privacy and Security Plan Template

A sample IV&V privacy and security plan template with instructions and procedures for completing the template is provided in Attachment J—Privacy and Security Plan Template.

3.4.5 Privacy and Security Awareness

To promote awareness and compliance with privacy and security requirements of the EES and DMA projects, we will ensure that each proposed IV&V team member receives orientation and training on the specific privacy and security process requirements for the EES and DMA projects. Our corporate compliance program will support this effort through training and communication mechanisms.

Training—All Qualis Health personnel including employees, subcontractors and other agents receive ongoing education on Qualis Health's privacy and security compliance requirements to ensure awareness of relevant polices, and enable them to perform their roles and duties in compliance with rules, regulations and other standards. Our training program consists of three important components:

- ***New Hire Training.*** All new personnel are provided orientation to the organization which consists of a review of organizational policies including those related to confidentiality, security awareness, computer usage, and our Code of Conduct. Personnel are required to sign attestations acknowledging review of the policies. They are provided a copy of the Qualis Health confidentiality training workbook which must be reviewed prior to being allowed access Qualis Health facilities computer systems, and materials.
- ***Annual Training.*** All Qualis Health employees must complete annual training courses related to confidentiality, conflict of interest, and fraud and abuse. They must attest to completion of these courses.
- ***Job Specific Security Training.*** As required by specific client contracts, our personnel must also complete specialized security training.

Communication—Our compliance officer regularly communicates with our personnel concerning compliance related news, regulations and tips to promote awareness of compliance requirements and sensitivity toward compliance related issues and concerns. Qualis Health encourages all personnel including employees, contractors and other agents to correspond with our Compliance Officer to seek answers regarding compliance questions and report potential compliance issues in a free and open manner without fear of retaliation.

We have designated an outside agency to respond to any personnel who are not comfortable reporting their concerns through normal channels. The agency may be contacted directly and on a confidential basis.

3.4.6 Monitoring Security Violations

Qualis Health's compliance program and data security approach will ensure proper monitoring of any attempted security violations of data related to our IV&V work on the EES and DMA projects. Our compliance program and data security approach will also ensure that appropriate remediation and mitigation steps are followed in the unlikely event of a security breach or when attempts are made to violate security measures.

Monitoring—We have processes and systems in place for auditing and monitoring compliance with applicable federal, state, and local laws and regulations as well as with corporate policies and standards. Our compliance officer maintains a system by which updates and changes in compliance laws and regulations are tracked to ensure our corporate policies are relevant and applicable to the current laws and regulations requirements. We conduct audit and monitoring procedures in accordance with audit work plans established by our compliance officer, compliance committee, Board governance committee, and legal counsel, as appropriate.

Qualis Health employs software, equipment and processes to detect and prevent unauthorized use of networks and systems.

- ***External Network Connections.*** External connections are permitted only through infrastructure firewalls.
- ***Wireless Network Monitoring.*** Facilities are regularly scanned for unauthorized wireless access points.
- ***Network Intrusion Detection.*** Intrusion detection is implemented on Internet firewalls.
- ***Web Filtering***. Internal web use is monitored and filtered.
- ***Firewall Log Monitoring.*** Firewall logs are monitored for suspicious activity.
- ***Log Event Monitoring and Correlation.*** Log and event data is collected at a central data store and monitored; real time alerts and scheduled reports are reviewed on a continuous basis.
- ***Anti-virus and anti-spyware.*** Anti-malware software is active on all systems commonly subject to malware attacks.

- ***Workstation Firewalls.*** Firewall software is enabled on all laptops.
- ***System Log Monitoring.*** Server logs are centrally collected and analyzed for appropriate uses. Alerts and reports are provided to appropriate administrators.
- ***File Integrity Management.*** All servers have file integrity management agents active for system, configuration, and critical application files.
- ***Spam Filter.*** All incoming e-mail is filtered for unsolicited senders and known malicious e-mail sources (blacklist).

Alerts and reports generated by our monitoring and detection methods are reported to the appropriate administrator for proper handling.

Detection and Response—Qualis Health staff who believe that PHI or confidential information been compromised must document the incident in the Corporate Confidentiality Reporting System (CCRS) and notify their manager immediately. Following the discovery of a potential breach or unauthorized disclosure, our Compliance Officer or Chief Information Officer performs an investigation, risk assessment, determines the notification needs, and initiates notification procedures and appropriate corrective actions.

In the event that a potential system security incident is detected, the details are logged; the scope and impact of the incident is determined; an Incident Response Plan identifying remediation and mitigation steps is prepared; and steps are taken to remediate and mitigate the security incident. All security incidents are documented in our CCRS. Any configuration changes are managed in accordance with the change management procedures and logged.