



November 19, 2021

Holly Glasgow and Jennifer Crouse
Procurement Contracts Officers
Department of Health and Human Services
301 Centennial Mall S
Lincoln, NE 68508

RE: RFP 109035 O3, DHHS Independent Verification and Validation Services

Ms. Glasgow and Ms. Crouse,

CSG Government Solutions, Inc. (CSG) is pleased to respond to RFP 109035 O3 to provide Independent Verification and Validation Services to Nebraska DHHS. Our prior experience and information technology expertise represent the best combination of resources and support for the State of Nebraska.

The following files are included in our bid:

- Original Technical Proposal
- Original Cost Proposal
- Proprietary information (marked "PROPRIETARY"). A separate sheet, on the following pages, has been provided that clearly states which sections have been submitted as proprietary or have copyrighted materials.

We acknowledge the following addenda:

- Addendum One, Questions and Answers
- Addendum Two, Revised RFP Sections

We appreciate the opportunity to respond to this RFP and look forward to working with the State of Nebraska and the Department of Health and Human Services on this project.

Sincerely,

A handwritten signature in blue ink, appearing to read 'Kirk Swanson', written over a horizontal line.

Kirk Swanson
Chief Financial Officer
CSG Government Solutions, Inc.

Enclosures:

- Explanation for Sections Submitted as Propriety

180 North Stetson Avenue
Suite 3200
Chicago, IL 60601
312.444.2760
Fax: 312.938.2191
www.csghdelivers.com



Explanation for Sections Submitted as Proprietary

CSG requests that the following sections of our proposal documents be withheld from the public pursuant to the Nebraska Revised Statutes §84-712.05. As instructed by RFP 109035 O3, this limited proprietary information has been submitted in a file, which is separate from the remainder of the proposal, and clearly labeled "PROPRIETARY INFORMATION" in the file name.

Following is our justification for these pages to be considered exempt from disclosure.

Document: *Proprietary Information*

Section: *Section 1.b, Financial Statements*

We invoke the trade secrets and proprietary commercial information disclosure exemption as referenced in Nebraska Revised Statutes §84-712.05(3).

As evidence of CSG's financial strength and stability to undertake the responsibilities required under the resulting contract – as required in RFP Section VI.A.1.b – we have included a summary of our financial position, our most recent audited financial statements, and a banking reference.

CSG Government Solutions, Inc. is a privately held company and does not publish financial information, except as required by law or by potential clients evaluating proposals. By protecting this information, CSG precludes competitors from using it to develop strategies in future direct competition with CSG. In addition, potential competitors can analyze our financial data to support their own decision-making about the profitability or other business advantages of entering or positioning themselves in our markets. Since we are not required to make this financial data public, disclosing it removes competitive advantages we rightfully possess as a privately held company by: (i) providing direct competitors with financial intelligence about CSG, and (ii) providing potential competitors with valuable market data, without benefit to CSG.

This information meets the basic criteria for protection as a trade secret: it is a compilation of information that (a) derives independent economic value, actual or potential, from not being known to, and not being ascertainable by proper means by, other persons who can obtain economic value from its disclosure of use; and (b) is subject of efforts that are reasonable under the circumstances to maintain its secrecy.



**State of Nebraska
Department of Health and Human
Services**

**Independent Verification and Validation Services
RFP #109035 O3**

Original Technical Proposal

November 19, 2021



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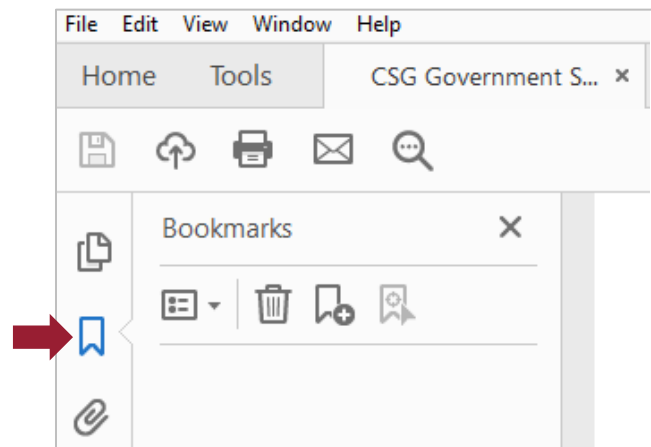
How CSG's Proposal is Organized and How to Access the Sections using PDF Bookmarks

CSG Government Solutions appreciates the opportunity to respond to RFP #109035 O3. Our response is organized in accordance with the seven submission requirements listed in Addendum Two, Revised RFP Sections – Section I.N Submission of Proposals. To ensure all requirements are addressed, we have included the RFP requirement at the beginning of each section in a gray box, followed by CSG's response. As requested, our cost proposal is included as a separate attachment. Our technical response is organized as follows:

- Signed Original Request for Proposal for Contractual Services Form
- Form A. Contractor Proposal Point of Contact Form
- Completed HIPAA Agreement
- Terms and Conditions (Section II)
- Contractor Duties (Section III)
- Payment (Section IV)
- 1. Corporate Overview (Section VI)
- 2. Technical Approach, including Attachment A: Business Requirements Traceability Matrix

To facilitate review, we have included bookmarks in our PDF response to easily navigate to specific sections of our response.

To access these bookmarks, click on the bookmark symbol () on the left side of the Adobe Acrobat window, as shown in the figure to the right.



REQUEST FOR PROPOSAL FOR CONTRACTUAL SERVICES FORM

CONTRACTOR MUST COMPLETE THE FOLLOWING

By signing this Request for Proposal for Contractual Services form, the contractor guarantees compliance with the procedures stated in this Solicitation, and agrees to the terms and conditions unless otherwise indicated in writing and certifies that contractor maintains a drug free work place.

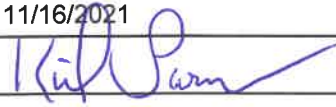
Per Nebraska's Transparency in Government Procurement Act, Neb. Rev Stat § 73-603 DAS is required to collect statistical information regarding the number of contracts awarded to Nebraska Contractors. This information is for statistical purposes only and will not be considered for contract award purposes.

_____ 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 Solicitation.

_____ 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.

_____ I hereby certify that I am a blind person licensed by the Commission for the Blind & Visually Impaired in accordance with Neb. Rev. Stat. §71-8611 and wish to have preference considered in the award of this contract.

FORM MUST BE SIGNED USING AN INDELIBLE METHOD (NOT ELECTRONICALLY)

FIRM:	CSG Government Solutions, Inc.
COMPLETE ADDRESS:	180 N. Stetson Ave, Suite 3200, Chicago IL, 60601
TELEPHONE NUMBER:	(312) 423-2103
FAX NUMBER:	(312) 938-2191
DATE:	11/16/2021
SIGNATURE:	
TYPED NAME & TITLE OF SIGNER:	Kirk Swanson, Chief Financial Officer

Form A
Contractor Proposal Point of Contact
Request for Proposal Number 109035 O3

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

Preparation of Response Contact Information	
Contractor Name:	CSG Government Solutions, Inc.
Contractor Address:	180 N. Stetson Ave, Suite 3200 Chicago IL, 60601
Contact Person & Title:	Kirk Swanson, Chief Financial Officer
E-mail Address:	kswanson@csgdelivers.com
Telephone Number (Office):	(312) 423-2103
Telephone Number (Cellular):	(847) 691-7506
Fax Number:	(312) 938-2191

Each Contractor should also designate a specific contact person who will be responsible for responding to the State if any clarifications of the contractor'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	
Contractor Name:	CSG Government Solutions, Inc.
Contractor Address:	180 N. Stetson Ave, Suite 3200 Chicago IL, 60601
Contact Person & Title:	Kirk Swanson, Chief Financial Officer
E-mail Address:	kswanson@csgdelivers.com
Telephone Number (Office):	(312) 423-2103
Telephone Number (Cellular):	(847) 691-7506
Fax Number:	(312) 938-2191

109035 O3

**DHHS HIPAA BUSINESS ASSOCIATE AGREEMENT PROVISIONS
SERVICES CONTRACTS**

1. **BUSINESS ASSOCIATE.** "Business Associate" shall generally have the same meaning as the term "business associate" at 45 CFR § 160.103, and in reference to the party in this Contract, shall mean Contractor.
2. **COVERED ENTITY.** "Covered Entity" shall generally have the same meaning as the term "covered entity" at 45 CFR § 160.103, and in reference to the party to this Contract, shall mean DHHS.
3. **HIPAA RULES.** "HIPAA Rules" shall mean the Privacy, Security, Breach Notification, and Enforcement Rules at 45 CFR Part 160 and Part 164.
4. **OTHER TERMS.** The following terms shall have the same meaning as those terms in the HIPAA Rules: Breach, Data Aggregation, Designated Record Set, Disclosure, Health Care Operations, Individual, Minimum Necessary, Notice of Privacy Practices, Protected Health Information, Required by Law, Secretary, Security Incident, Subcontractor, Unsecured Protected Health Information, and Use.
5. **THE CONTRACTOR** shall do the following:
 - 5.1. Not use or disclose Protected Health Information other than as permitted or required by this Contract or as required by law. Contractor may use Protected Health Information for the purposes of managing its internal business processes relating to its functions and performance under this Contract. Use or disclosure must be consistent with DHHS' minimum necessary policies and procedures.
 - 5.2. Implement and maintain appropriate administrative, physical, and technical safeguards to prevent access to and the unauthorized use and disclosure of Protected Health Information. Comply with Subpart C of 45 CFR Part 164 with respect to electronic Protected Health Information, to prevent use or disclosure of Protected Health Information other than as provided for in this Contract and assess potential risks and vulnerabilities to the individual health data in its care and custody and develop, implement, and maintain reasonable security measures.
 - 5.3. To the extent Contractor is to carry out one or more of the DHHS' obligations under Subpart E of 45 CFR Part 164, comply with the requirements of Subpart E that apply to DHHS in the performance of such obligations. Contractor may not use or disclosure Protected Health Information in a manner that would violate Subpart E of 45 CFR Part 164 if done by DHHS.
 - 5.4. In accordance with 45 CFR §§ 164.502(E)(1)(ii) and 164.308(b)(2), if applicable, ensure that any agents and subcontractors that create, receive, maintain, or transmit Protected Health Information received from DHHS, or created by or received from the Contractor on behalf of DHHS, agree in writing to the same restrictions, conditions, and requirements relating to the confidentiality, care, custody, and minimum use of Protected Health Information that apply to the Contractor with respect to such information.
 - 5.5. Obtain reasonable assurances from the person to whom the information is disclosed that the information will remain confidential and used or further disclosed only as required by law or for the purposes for which it was disclosed to the person, and the person notifies the Contractor of any instances of which it is aware that the confidentiality of the information has been breached.
 - 5.6. Within fifteen (15) days:
 - 5.6.1. Make available Protected Health Information to DHHS as necessary to satisfy DHHS' obligations under 45 CFR § 164.524;
 - 5.6.2. Make any amendment(s) to Protected Health Information as directed or agreed to by DHHS pursuant to 45 CFR § 164.526, or take other measures as necessary to satisfy DHHS' obligations under 45 CFR § 164.526;
 - 5.6.3. Maintain and make available the information required to provide an accounting of disclosures to DHHS as necessary to satisfy DHHS' obligations under 45 CFR § 164.528.

- 5.7. Make its internal practices, books, and records relating to the use and disclosure of Protected Health Information received from, or created or received by the Contractor on behalf of the DHHS available to the Secretary for purposes of determining compliance with the HIPAA rules. Contractor shall provide DHHS with copies of the information it has made available to the Secretary.
 - 5.8. Report to DHHS within fifteen (15) days, any unauthorized use or disclosure of Protected Health Information made in violation of this Contract, or the HIPAA rules, including any security incident that may put electronic Protected Health Information at risk. Contractor shall, as instructed by DHHS, take immediate steps to mitigate any harmful effect of such unauthorized disclosure of Protected Health Information pursuant to the conditions of this Contract through the preparation and completion of a written Corrective Action Plan subject to the review and approval by DHHS. The Contractor shall report any breach to the individuals affected and to the Secretary as required by the HIPAA rules.
6. TERMINATION.
- 6.1. DHHS may immediately terminate this Contract and any and all associated contracts if DHHS determines that the Contractor has violated a material term of this Contract.
 - 6.2. Within thirty (30) days of expiration or termination of this Contract, or as agreed, unless Contractor requests and DHHS authorizes a longer period of time, Contractor shall return or at the written direction of DHHS destroy all Protected Health Information received from DHHS (or created or received by Contractor on behalf of DHHS) that Contractor still maintains in any form and retain no copies of such Protected Health Information. Contractor shall provide a written certification to DHHS that all such Protected Health Information has been returned or destroyed (if so instructed), whichever is deemed appropriate. If such return or destruction is determined by the DHHS to be infeasible, Contractor shall use such Protected Health Information only for purposes that makes such return or destruction infeasible and the provisions of this Contract shall survive with respect to such Protected Health Information.
 - 6.3. The obligations of the Contractor under the Termination Section shall survive the termination of this Contract.

Signature: _____





TERMS AND CONDITIONS (SECTION II)

The following pages contain CSG's completed, initialed response to Section II. Terms and Conditions.

II. TERMS AND CONDITIONS

Contractors should complete Sections II through VI as part of their proposal. Contractor is expected to read the Terms and Conditions and should initial either accept, reject, or reject and provide alternative language for each clause. The Contractor should also provide an explanation of why the Contractor rejected the clause or rejected the clause and provided alternate language. By signing the solicitation, contractor is agreeing to be legally bound by all the accepted terms and conditions, and any proposed alternative terms and conditions submitted with the proposal. The State reserves the right to negotiate rejected or proposed alternative language. If the State and Contractor fail to agree on the final Terms and Conditions, the State reserves the right to reject the proposal. The State of Nebraska is soliciting proposals in response to this solicitation. The State reserves the right to reject proposals that attempt to substitute the Contractor's commercial contracts and/or documents for this solicitation.

The Contractors should submit with their proposal any license, user agreement, service level agreement, or similar documents that the Contractor wants incorporated in the Contract. The State will not consider incorporation of any document not submitted with the Contractor's proposal as the document will not have been included in the evaluation process. These documents shall be subject to negotiation and will be incorporated as addendums if agreed to by the Parties.

If a conflict or ambiguity arises after the Addendum to Contract Award have been negotiated and agreed to, the Addendum to Contract Award shall be interpreted as follows:

1. If only one Party has a particular clause then that clause shall control;
2. If both Parties have a similar clause, but the clauses do not conflict, the clauses shall be read together;
3. If both Parties have a similar clause, but the clauses conflict, the State's clause shall control.

A. GENERAL

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

The contract resulting from this solicitation shall incorporate the following documents:

1. Request for Proposal and Addenda;
2. Amendments to the solicitation;
3. Questions and Answers;
4. Contractor's proposal (Solicitation and properly submitted documents);
5. The executed Contract and Addendum One to Contract, if applicable; and,
6. Amendments/Addendums to the Contract.

These documents constitute the entirety of the contract.

Unless otherwise specifically stated in a future 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 the executed Contract with the most recent dated amendment having the highest priority, 2) executed Contract and any attached Addenda, 3) Amendments to solicitation and any Questions and Answers, 4) the original solicitation document and any Addenda, and 5) the Contractor's submitted Proposal.

Any ambiguity or conflict in the contract discovered after its execution, not otherwise addressed herein, shall be resolved in accordance with the rules of contract interpretation as established in the State of Nebraska.

B. NOTIFICATION

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

Contractor and State shall identify the contract manager who shall serve as the point of contact for the executed contract.

Communications regarding the executed contract 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 below, 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 five (5) calendar days following deposit in the mail.

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.

C. NOTICE (POC)

The State reserves the right to appoint a Buyer's Representative to manage [or assist the Buyer in managing] the contract on behalf of the State. The Buyer's Representative will be appointed in writing, and the appointment document will specify the extent of the Buyer's Representative authority and responsibilities. If a Buyer's Representative is appointed, the Contractor will be provided a copy of the appointment document, and is expected to cooperate accordingly with the Buyer's Representative. The Buyer's Representative has no authority to bind the State to a contract, amendment, addendum, or other change or addition to the contract.

D. GOVERNING LAW (Statutory)

Notwithstanding any other provision of this contract, or any amendment or addendum(s) entered into contemporaneously or at a later time, the parties understand and agree that, (1) the State of Nebraska is a sovereign state and its authority to contract is therefore subject to limitation by the State's Constitution, statutes, common law, and regulation; (2) this contract will be interpreted and enforced under the laws of the State of Nebraska; (3) any action to enforce the provisions of this agreement must be brought in the State of Nebraska per state law; (4) the person signing this contract on behalf of the State of Nebraska does not have the authority to waive the State's sovereign immunity, statutes, common law, or regulations; (5) the indemnity, limitation of liability, remedy, and other similar provisions of the final contract, if any, are entered into subject to the State's Constitution, statutes, common law, regulations, and sovereign immunity; and, (6) all terms and conditions of the final contract, including but not limited to the clauses concerning third party use, licenses, warranties, limitations of liability, governing law and venue, usage verification, indemnity, liability, remedy or other similar provisions of the final contract are entered into specifically subject to the State's Constitution, statutes, common law, regulations, and sovereign immunity.

The Parties must comply with all applicable local, state and federal laws, ordinances, rules, orders, and regulations.

E. BEGINNING OF WORK

The Contractor 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.

F. AMENDMENT

This Contract may be amended in writing, within scope, upon the agreement of both parties.

G. CHANGE ORDERS OR SUBSTITUTIONS

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

		Response (Initial)	
KS			

The State and the Contractor, upon the written agreement, may make changes to the contract within the general scope of the solicitation. Changes may involve specifications, the quantity of work, or such other items as the State may find necessary or desirable. Corrections of any deliverable, service, or work required pursuant to the contract shall not be deemed a change. The Contractor may not claim forfeiture of the contract by reasons of such changes.

The Contractor shall prepare a written description of the work required due to the change and an itemized cost proposal for the change. 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, a pro-rated value, or through negotiations. The State shall not incur a price increase for changes that should have been included in the Contractor's proposal, were foreseeable, or result from difficulties with or failure of the Contractor's proposal or performance.

No change shall be implemented by the Contractor until approved by the State, and the Contract is amended to reflect the change and associated costs, if any. If there is a dispute regarding the cost, but both parties agree that immediate implementation is necessary, the change may be implemented, and cost negotiations may continue with both Parties retaining all remedies under the contract and law.

*****Contractor will not substitute any item that has been awarded without prior written approval of SPB*****

H. VENDOR PERFORMANCE REPORT(S)

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

The State may document any instance(s) of products or services delivered or performed which exceed or fail to meet the terms of the purchase order, contract, and/or solicitation specifications. The State Purchasing Bureau may contact the Vendor regarding any such report. Vendor performance report(s) will become a part of the permanent record of the Vendor.

I. NOTICE OF POTENTIAL CONTRACTOR BREACH

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

If Contractor breaches the contract or anticipates breaching the contract, the Contractor shall immediately give written notice to the State. The notice shall explain the breach or potential breach, a proposed cure, and may include a request for a waiver of the breach if so desired. The State may, in its discretion, temporarily or permanently waive the breach. By granting a waiver, the State does not forfeit any rights or remedies to which the State is entitled by law or equity, or pursuant to the provisions of the contract. Failure to give immediate notice, however, may be grounds for denial of any request for a waiver of a breach.

J. BREACH

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

Either Party may terminate the contract, in whole or in part, if the other Party breaches its duty to perform its obligations under the contract in a timely and proper manner. Termination requires written notice of default and a thirty (30) calendar day (or longer at the non-breaching Party's discretion considering the gravity and nature of the default) cure period. Said notice shall be delivered by Certified Mail, Return Receipt Requested, or in person with proof of delivery. Allowing time to cure a failure or breach of contract does not waive the 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. OR In case of breach by the Contractor, the State may, without unreasonable delay, make a good faith effort to make a reasonable purchase or contract to purchased goods in substitution of those due from the contractor. The State may recover from the Contractor as damages the difference between the costs of covering the breach. Notwithstanding any clause to the contrary, the State may also recover the contract price together with any incidental or consequential damages defined in UCC Section 2-715, but less expenses saved in consequence of Contractor's breach.

The State's failure to make payment shall not be a breach, and the Contractor shall retain all available statutory remedies and protections.

K. NON-WAIVER OF BREACH

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

The acceptance of late performance with or without objection or reservation by a Party shall not waive any rights of the Party nor constitute a waiver of the requirement of timely performance of any obligations remaining to be performed.

L. SEVERABILITY

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

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 provision held to be invalid or illegal.

M. INDEMNIFICATION

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

		Response (Initial)	
KS			

1. GENERAL

The Contractor agrees to defend, indemnify, and hold harmless the State and its employees, volunteers, agents, and its elected and appointed officials (for the purposes of this section, "the Indemnified Parties") from and against any and all third party 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 (for the purposes of this section, "the Claims"), sustained or asserted against the State for personal injury, death, or property loss or damage, 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, resulting from this contract, 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 or any other deliverable under this solicitation 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 solicitation.

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, including subcontractors and their employees, 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. LEGAL REPRESENTATION

The Parties acknowledge that Attorney General for the State of Nebraska is required by statute to represent the legal interests of the State, and that any provision of this indemnity clause is subject to the statutory authority of the Attorney General.

N. ATTORNEY'S FEES

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

In the event of any litigation, appeal, or other legal action to enforce any provision of the contract, the Parties agree to pay all expenses of such action, as permitted by law and if ordered by the court, including attorney's fees and costs, if the other Party prevails.

O. ASSIGNMENT, SALE, OR MERGER

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

Either Party may assign the contract upon mutual written agreement of the other Party. Such agreement shall not be unreasonably withheld.

The Contractor retains the right to enter into a sale, merger, acquisition, internal reorganization, or similar transaction involving Contractor's business. Contractor agrees to cooperate with the State in executing amendments to the contract to allow for the transaction. If a third party is involved in the transaction, the Contractor will remain responsible for performance of the contract until such time as said third party involved in the transaction agrees in writing to be contractually bound by this contract and perform all obligations of the contract.

P. CONTRACTING WITH OTHER NEBRASKA POLITICAL SUB-DIVISIONS OF THE STATE OR ANOTHER STATE

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

The Contractor may, but shall not be required to, allow agencies, as defined in Neb. Rev. Stat. §81-145, to use this contract. The terms and conditions, including price, of the contract may not be amended. The State shall not be contractually obligated or liable for any contract entered into pursuant to this clause. A listing of Nebraska political subdivisions may be found at the website of the Nebraska Auditor of Public Accounts.

The Contractor may, but shall not be required to, allow other states, agencies or divisions of other states, or political subdivisions of other states to use this contract. The terms and conditions, including price, of this contract shall apply to any such contract, but may be amended upon mutual consent of the Parties. The State shall not be contractually or otherwise obligated or liable under any contract entered into pursuant to this clause. The State shall be notified if a contract is executed based upon this contract.

Q. FORCE MAJEURE

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

		Solicitation Response (Initial)	
KS			

Neither Party shall be liable for any costs or damages, or for default resulting from its inability to perform any of its obligations under the contract due to a natural or manmade event outside the control and not the fault of the affected Party ("Force Majeure Event"). The Party so affected shall immediately make a written request for relief to the other Party, and shall have the burden of proof to justify the request. The other Party may grant the relief requested; relief may not be unreasonably withheld. Labor disputes with the impacted Party's own employees will not be considered a Force Majeure Event.

R. CONFIDENTIALITY

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

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

It is incumbent upon the Parties to inform their 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 by 5 U.S.C. 552a (m)(1), provides that any officer or employee, 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.

S. OFFICE OF PUBLIC COUNSEL (Statutory)

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.

T. LONG-TERM CARE OMBUDSMAN (Statutory)

Contractor must comply with the Long-Term Care Ombudsman Act, per Neb. Rev. Stat. §§ 81-2237 et seq. This section shall survive the termination of this contract.

U. EARLY TERMINATION

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

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; and,
 - i. In the event funding is no longer available.

V. CONTRACT CLOSEOUT

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

Upon contract closeout for any reason the Contractor shall within 30 days, unless stated otherwise herein:

1. Transfer all completed or partially completed deliverables to the State;
2. Transfer ownership and title to all completed or partially completed deliverables to the State;
3. Return to the State all information and data, unless the Contractor is permitted to keep the information or data by contract or rule of law. Contractor may retain one copy of any information or data 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;
4. Cooperate with any successor Contractor, person or entity in the assumption of any or all of the obligations of this contract;
5. Cooperate with any successor Contractor, person or entity with the transfer of information or data related to this contract;
6. Return or vacate any state owned real or personal property; and,
7. Return all data in a mutually acceptable format and manner.

Nothing in this Section should be construed to require the Contractor to surrender intellectual property, real or personal property, or information or data owned by the Contractor for which the State has no legal claim.



CONTRACTOR DUTIES (SECTION III)

The following pages contain CSG's completed, initialed response to Section III. Contractor Duties.

III. CONTRACTOR DUTIES

A. INDEPENDENT CONTRACTOR / OBLIGATIONS

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

It is agreed that the Contractor is an independent contractor and that nothing contained herein is intended or should be construed as creating or establishing a relationship of employment, agency, or a partnership.

The Contractor is solely responsible for fulfilling the contract. The Contractor or the Contractor's representative shall be the sole point of contact regarding all contractual matters.

The Contractor shall secure, at its own expense, all personnel required to perform the services under the contract. The personnel the Contractor uses to fulfill the contract shall have no contractual or other legal relationship with the State; they shall not be considered employees of the State and shall not be entitled to any compensation, rights or benefits from the State, including but not limited to, tenure rights, medical and hospital care, sick and vacation leave, severance pay, or retirement benefits.

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

All personnel assigned by the Contractor to the contract shall be employees of the Contractor or a subcontractor, and shall be fully qualified to perform the work required herein. Personnel employed by the Contractor or a subcontractor to fulfill the terms of the contract shall remain under the sole direction and control of the Contractor or the subcontractor respectively.

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

1. Any and all pay, benefits, and 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 that complies with state and federal law and submitting any reports on such insurance to the extent required by governing law;
5. Determining the hours to be worked and the duties to be performed by the Contractor's employees; and,
6. All claims on behalf of any person arising out of employment or alleged employment (including without limit claims of discrimination alleged against the Contractor, its officers, agents, or subcontractors or subcontractor's employees)

If the Contractor intends to utilize any subcontractor, the subcontractor's level of effort, tasks, and time allocation should 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.

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

Contractor shall insure that the terms and conditions contained in any contract with a subcontractor does not conflict with the terms and conditions of this contract.

The Contractor shall include a similar provision, for the protection of the State, in the contract with any Subcontractor engaged to perform work on this contract.

B. EMPLOYEE WORK ELIGIBILITY STATUS

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

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>
2. The completed United States Attestation Form should be submitted with the solicitation response.
3. 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.
4. 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.

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

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 goods and services to be covered by any contract resulting from this solicitation.

D. COOPERATION WITH OTHER CONTRACTORS

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

Contractor may be required to work with or in close proximity to other contractors or individuals that may be working on same or different projects. The Contractor shall agree to cooperate with such other contractors or individuals, and shall not commit or permit any act which may interfere with the performance of work by

any other contractor or individual. Contractor is not required to compromise Contractor's intellectual property or proprietary information unless expressly required to do so by this contract.

E. DISCOUNTS

Prices quoted shall be inclusive of ALL trade discounts. Cash discount terms of less than thirty (30) days will not be considered as part of the proposal. Cash discount periods will be computed from the date of receipt of a properly executed claim voucher or the date of completion of delivery of all items in a satisfactory condition, whichever is later.

F. PRICES

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

Prices submitted on the cost proposal form shall remain fixed for the life of the contract.

G. COST CLARIFICATION

The State reserves the right to review all aspects of cost for reasonableness and to request clarification of any proposal where the cost component shows significant and unsupported deviation from industry standards or in areas where detailed pricing is required.

H. PERMITS, REGULATIONS, LAWS

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

The contract price shall include the cost of all royalties, licenses, permits, and approvals, whether arising from patents, trademarks, copyrights or otherwise, that are in any way involved in the contract. The Contractor shall obtain and pay for all royalties, licenses, and permits, and approvals necessary for the execution of the contract. The Contractor must guarantee that it has the full legal right to the materials, supplies, equipment, software, and other items used to execute this contract.

I. OWNERSHIP OF INFORMATION AND DATA / DELIVERABLES


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

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

The State shall own and hold exclusive title to any deliverable developed as a result of this contract. Contractor shall have no ownership interest or title, and shall not patent, license, or copyright, duplicate, transfer, sell, or exchange, the design, specifications, concept, or deliverable.

J. INSURANCE REQUIREMENTS

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

			CSG Government Solutions requests that the Cyber Liability Insurance Policy be reduced to \$5 Million aggregate based on the nature of services requested in the RFP. Our proposal is not contingent on the state's agreement to this exception.
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The Contractor shall throughout the term of the contract maintain insurance as specified herein and provide the State a current Certificate of Insurance/Agreement Form (COI) verifying the coverage. The Contractor shall not commence work on the contract until the insurance is in place. If Contractor subcontracts any portion of the Contract the Contractor must, throughout the term of the contract, either:

1. Provide equivalent insurance for each subcontractor and provide a COI verifying the coverage for the subcontractor;
2. Require each subcontractor to have equivalent insurance and provide written notice to the State that the Contractor has verified that each subcontractor has the required coverage; or,
3. Provide the State with copies of each subcontractor's Certificate of Insurance evidencing the required coverage.

The Contractor shall not allow any Subcontractor to commence work until the Subcontractor has equivalent insurance. The failure of the State to require a COI, or the failure of the Contractor to provide a COI or require subcontractor insurance shall not limit, relieve, or decrease the liability of the Contractor hereunder.

In the event that any policy written on a claims-made basis terminates or is canceled during the term of the contract or within two (2) years of termination or expiration of the contract, the contractor shall obtain an extended discovery or reporting period, or a new insurance policy, providing coverage required by this contract for the term of the contract and two (2) years following termination or expiration of the contract.

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.

Notwithstanding any other clause in this Contract, the State may recover up to the liability limits of the insurance policies required herein.

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 contractor's 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. **The policy shall include a waiver of subrogation in favor of the State. The COI shall contain the mandatory COI subrogation waiver language found hereinafter.** The amounts of such insurance shall not be less than the limits stated hereinafter. For employees working in the State of Nebraska, the policy must be written by an entity authorized by the State of Nebraska Department of Insurance to write Workers' Compensation and Employer's Liability Insurance for Nebraska employees.

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 secondary and non-**

contributory. The COI shall contain the mandatory COI liability waiver language found hereinafter. The Commercial Automobile Liability Insurance shall be written to cover all Owned, Non-owned, and Hired vehicles.

REQUIRED INSURANCE COVERAGE		
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
Medical Payments		\$10,000 any one person
Damage to Rented Premises (Fire)		\$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 per occurrence
COMMERCIAL CRIME		
Crime/Employee Dishonesty Including 3rd Party Fidelity		\$1,000,000
CYBER LIABILITY		
Breach of Privacy, Security Breach, Denial of Service, Remediation, Fines and Penalties		\$10,000,000
CONTRACTOR'S POLLUTION LIABILITY		
Each Occurrence/Aggregate Limit		\$2,000,000
Includes Non-Owned Disposal Sites		
MANDATORY COI SUBROGATION WAIVER LANGUAGE		
"Workers' Compensation policy shall include a waiver of subrogation in favor of the State of Nebraska."		
MANDATORY COI LIABILITY WAIVER LANGUAGE		
"Commercial General Liability & Commercial Automobile Liability policies shall name the State of Nebraska as an Additional Insured and the policies shall be primary and any insurance or self-insurance carried by the State shall be considered secondary and non-contributory as additionally insured."		

3. EVIDENCE OF COVERAGE

The Contractor shall furnish the Contract Manager, with a certificate of insurance coverage complying with the above requirements prior to beginning work at:

Department of Health and Human Services
 Attn: I&V Contract Manager
 301 Centennial Mall South, 5th Floor
 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.

Reasonable notice of cancellation of any required insurance policy must be submitted to the contract manager as listed above when issued and a new coverage binder shall be submitted immediately to ensure no break in coverage.

4. DEVIATIONS

The insurance requirements are subject to limited negotiation. Negotiation typically includes, but is not necessarily limited to, the correct type of coverage, necessity for Workers' Compensation, and the type of automobile coverage carried by the Contractor.

K. NOTICE OF POTENTIAL CONTRACTOR BREACH

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

If Contractor breaches the contract or anticipates breaching the contract the Contractor shall immediately give written notice to the State. The notice shall explain the breach or potential breach, and may include a request for a waiver of the breach if so desired. The State may, at its discretion, temporarily or permanently waive the breach. By granting a temporary waiver, the State does not forfeit any rights or remedies to which the State is entitled by law or equity, or pursuant to the provisions of the contract. Failure to give immediate notice, however, may be grounds for denial of any request for a waiver of a breach.

L. ANTITRUST

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

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.

M. CONFLICT OF INTEREST

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

By submitting a proposal, Bidder certifies that no relationship exists between the Bidder and any person or entity which either is, or gives the appearance of, a conflict of interest related to this Request for Proposal or project.

Bidder further certifies that Bidder will not employ any individual known by bidder to have a conflict of interest nor shall bidder take any action or acquire any interest, either directly or indirectly, which will conflict in any manner or degree with the performance of its contractual obligations hereunder or which creates an actual or appearance of conflict of interest.

If there is an actual or perceived conflict of interest, Bidder shall provide with its proposal a full disclosure of the facts describing such actual or perceived conflict of interest and a proposed mitigation plan for consideration. The State will then consider such disclosure and proposed mitigation plan and either approve or reject as part of the overall bid evaluation.

N. STATE PROPERTY

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

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.

O. SITE RULES AND REGULATIONS

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

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 in writing between the State and the Contractor.

P. ADVERTISING

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

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 goods or services are endorsed or preferred by the State. Any publicity releases pertaining to the project shall not be issued without prior written approval from the State.

Q. NEBRASKA TECHNOLOGY ACCESS STANDARDS (Statutory)
 Contractor shall review the Nebraska Technology Access Standards, found at <http://nitc.nebraska.gov/standards/2-201.htm> 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.

R. DISASTER RECOVERY/BACK UP PLAN

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

The Contractor shall have a disaster recovery and back-up plan, of which a copy should be provided upon request to the State, which includes, but is not limited to equipment, personnel, facilities, and transportation, in order to continue delivery of goods and services as specified under the specifications in the contract in the event of a disaster.

S. DRUG POLICY

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

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.

T. WARRANTY

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

Despite any clause to the contrary, the Contractor represents and warrants that its services hereunder shall be performed by competent personnel and shall be of professional quality consistent with generally accepted industry standards for the performance of such services and shall comply in all respects with the requirements of this Agreement. For any breach of this warranty, the Contractor shall, for a period of ninety (90) days from performance of the service, perform the services again, at no cost to Customer, or if Contractor is unable to perform the services as warranted, Contractor shall reimburse Customer the fees paid to Contractor for the unsatisfactory services. The rights and remedies of the parties under this warranty are in addition to any other rights and remedies of the parties provided by law or equity, including, without limitation actual damages, and, as applicable and awarded under the law, to a prevailing party, reasonable attorneys' fees and costs.



PAYMENT (SECTION IV)

The following pages contain CSG's completed, initialed response to Section IV. Payment.

IV. PAYMENT

A. PROHIBITION AGAINST ADVANCE PAYMENT (Statutory)

Neb. Rev. Stat. §§81-2403 states, “[n]o goods or services shall be deemed to be received by an agency until all such goods or services are completely delivered and finally accepted by the agency.”

B. TAXES (Statutory)

The State is not required to pay taxes and assumes no such liability as a result of this solicitation. The Contractor may request a copy of the Nebraska Department of Revenue, Nebraska Resale or Exempt Sale Certificate for Sales Tax Exemption, Form 13 for their records. Any property tax payable on the Contractor's equipment which may be installed in a state-owned facility is the responsibility of the Contractor.

C. INVOICES

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

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.

D. INSPECTION AND APPROVAL

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

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.

E. PAYMENT (Statutory)

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

Payment will be made by the responsible agency in compliance with the State of Nebraska Prompt Payment Act (See Neb. Rev. Stat. §81-2403). 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 goods and services provided by the Contractor prior to the Effective Date of the contract, and the Contractor hereby waives any claim or cause of action for any such services.

F. LATE PAYMENT (Statutory)

The Contractor may charge the responsible agency interest for late payment in compliance with the State of Nebraska Prompt Payment Act (See Neb. Rev. Stat. §81-2401 through 81-2408).

G. SUBJECT TO FUNDING / FUNDING OUT CLAUSE FOR LOSS OF APPROPRIATIONS (Statutory)

The State's obligation to pay amounts due on the Contract for a fiscal years following the current fiscal year is contingent upon legislative appropriation of funds. Should said funds not be appropriated, the State may terminate the contract with respect to those payments for the fiscal year(s) 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 termination. All obligations of the State to make payments after the termination date will cease. 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.

H. RIGHT TO AUDIT (First Paragraph is Statutory)

The State shall have the right to audit the Contractor's performance of this contract upon a thirty (30) days' written notice. Contractor shall utilize generally accepted accounting principles, and shall maintain the accounting records, and other records and information relevant to the contract (Information) to enable the State to audit the contract. (Neb. Rev. Stat. §84-304 et seq.) The State may audit and the Contractor shall maintain, the Information during the term of the contract and for a period of five (5) years after the completion of this contract or until all issues or litigation are resolved, whichever is later. The Contractor shall make the Information available to the State at Contractor's place of business or a location acceptable to both Parties during normal business hours. If this is not practical or the Contractor so elects, the Contractor may provide electronic or paper copies of the Information. The State reserves the right to examine, make copies of, and take notes on any Information relevant to this contract, regardless of the form or the Information, how it is stored, or who possesses the Information. Under no circumstance will the Contractor be required to create or maintain documents not kept in the ordinary course of contractor's business operations, nor will contractor be required to disclose any information, including but not limited to product cost data, which is confidential or proprietary to contractor.

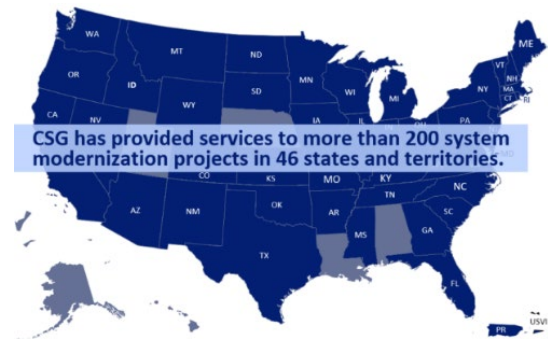
Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within Solicitation Response (Initial)	NOTES/COMMENTS:
KS			

The Parties shall pay their own costs of the audit unless the audit finds a previously undisclosed overpayment by the State. If a previously disclosed overpayment exceeds one-half of one percent (.5%) of the total contract billings, or if fraud, material misrepresentations, or non-performance is discovered on the part of the Contractor, the Contractor shall reimburse the State for the total costs of the audit. Overpayments and audit costs owed to the State shall be paid within ninety (90) days of written notice of the claim. The Contractor agrees to correct any material weaknesses or condition found as a result of the audit.



1. CORPORATE OVERVIEW (SECTION VI)

CSG is a national leader in providing government technology consulting with a focus on healthcare IT modernization. Since our inception in 1997, CSG has provided IV&V, strategy, planning and procurement, program and project management, and organizational change management services to our public sector clients in numerous environments, including Medicaid modernization, MITA, and various other HHS initiatives. CSG has provided services on more than 200 system replacement/modernization projects across 46 states and territories, including:



- 65+ Healthcare IT Projects
- 60 IV&V projects, including 16 active engagements
- 53 Medicaid Projects, including 14 Integrated Eligibility System (IES) implementations

The CSG Advantage for DHHS

CSG brings a fresh IV&V perspective for DHHS. We are experts at ensuring Medicaid systems projects align with and meet CMS' requirements and expectations. As trusted advisors to our clients, we are collaborative, while remaining objective. We also maintain complete independence from software and implementation vendors. We view the role of IV&V as one that is forward looking and supportive while not consuming an excess of valuable Department and vendor staff time or impeding the progress of the project. We, like you, are invested in the successful implementation of the systems, on time, with high quality, and within budget; all our IV&V observations and recommendations are completely focused on this outcome. CSG brings the following experience to support DHHS:

- 14 years of experience providing full life cycle IV&V for large scale MMIS modernization projects.
- CMS certification experience as the IV&V vendor for Medicaid Enterprise System projects in Georgia, Kentucky, New Mexico, Ohio, and Vermont. We have helped states navigate CMS requirements such as MECL/MECT and OBC/SMC to support successful project delivery and successful system certification. This experience demonstrates that we can and will perform the contract within specific timeframes.
- A proposed team with more than 100 years of combined hands-on experience supporting HHS modernization projects, including IV&V for the implementation of Medicaid and Integrated Systems across the nation. They have worked with all of the leading module vendors, including those currently engaged in Nebraska, such as Deloitte, Netsmart (formerly Tellus), Gainwell, Telligen, and Magellan.
- CSG deploys automated tools such as *TeamCSGSM Risk Assessment Model*, which has been utilized on 30+ state government modernization projects.



As evidence of our longstanding track record providing IV&V and other oversight services for successful state agency IT projects, CSG has been ranked four years in a row by Forbes as one of America's Best Management Consulting Firms serving the public sector in 2018, 2019, 2020, and 2021.



On the following pages CSG includes subdivisions for the Corporate Overview requirements a-j, followed by our response to each requirement.

a. Contractor Identification and Information

The Contractor should provide the full company or corporate name, address of the company's headquarters, entity organization (corporation, partnership, proprietorship), state in which the Contractor is incorporated or otherwise organized to do business, year in which the Contractor first organized to do business and whether the name and form of organization has changed since first organized.

Bidder Identification and Information	
Full company name or corporate name	CSG Government Solutions, Inc.
Address of CSG's headquarters	180 N. Stetson Avenue, Suite 3200 Chicago, Illinois, 60601
Entity organization (corporation, partnership, proprietorship)	CSG is an S Corporation.
State in which CSG is incorporated	CSG is incorporated in Illinois.
Year in which CSG was first organized to do business	CSG was first organized to do business in 1997.
Whether the name and form of organization has changed since first organized	Initially incorporated as Chicago Systems Group, we formally changed our name to CSG Government Solutions in 2010. The form of organization has not changed,

b. Financial Statements

The Contractor should provide financial statements applicable to the firm. If publicly held, the Contractor should provide a copy of the corporation's most recent audited financial reports and statements, and the name, address, and telephone number of the fiscally responsible representative of the contractor's financial or banking organization.

If the Contractor is not a publicly held corporation, either the reports and statements required of a publicly held corporation, or a description of the organization, including size, longevity, client base, areas of specialization and expertise, and any other pertinent information, should be submitted in such a manner that proposal evaluators may reasonably formulate a determination about the stability and financial strength of the organization. Additionally, a non-publicly held firm should provide a banking reference.

The Contractor must disclose any and all judgments, pending or expected litigation, or other real or potential financial reversals, which might materially affect the viability or stability of the organization, or state that no such condition is known to exist.

The State may elect to use a third party to conduct credit checks as part of the corporate overview evaluation.

As a privately held company, CSG has provided our audited financial statements from 2020 and a banking reference with our proposal. ***Per the RFP instructions, this confidential proprietary commercial information is provided in a separate document labeled "PROPRIETARY."***



c. Change of Ownership

If any change in ownership or control of the company is anticipated during the twelve (12) months following the proposal due date, the Contractor should describe the circumstances of such change and indicate when the change will likely occur. Any change of ownership to an awarded Contractor(s) will require notification to the State.

CSG does not anticipate any change in ownership or control of the company during the twelve (12) months following the proposal due date.

d. Office Location

The Contractor's office location responsible for performance pursuant to an award of a contract with the State of Nebraska should be identified.

CSG's office location responsible for performance pursuant to an award of a contract with the State of Nebraska is provided below:

CSG Government Solutions' Headquarters

180 N. Stetson Avenue, Suite 3200
Chicago, Illinois, 60601

e. Relationships with the State

The Contractor should describe any dealings with the State over the previous two (2) years. If the organization, its predecessor, or any Party named in the Contractor's proposal response has contracted with the State, the Contractor should identify the contract number(s) and/or any other information available to identify such contract(s). If no such contracts exist, Contractor shall so declare.

CSG has had no contracts with the State of Nebraska over the previous two (2) years.

f. Contractor's Employee Relations to State

If any Party named in the Contractor's proposal response is or was an employee of the State within the past twenty-four (24) months, Contractor shall identify the individual(s) by name, State agency with whom employed, job title or position held with the State, and separation date. If no such relationship exists or has existed, Contractor shall so declare.

If any employee of any agency of the State of Nebraska is employed by the Contractor or is a Subcontractor to the Contractor, as of the due date for proposal submission, Contractor shall identify all such persons by name, position held with the Contractor, and position held with the State (including job title and agency). Describe the responsibilities of such persons within the proposing organization. If, after review of this information by the State, it is determined that a conflict of interest exists or may exist, the Contractor may be disqualified from further consideration in this proposal. If no such relationship exists, Contractor shall so declare.

No party named in this response is or was an employee of the State within the past 24 months.



g. Contract Performance

If the Contractor or any proposed Subcontractor has had a contract terminated for default during the past five (5) years, all such instances must be described as required below. Termination for default is defined as a notice to stop performance delivery due to the Contractor's non-performance or poor performance, and the issue was either not litigated due to inaction on the part of the Contractor or litigated and such litigation determined the Contractor to be in default.

CSG provides information for customer contracts that have been terminated or canceled within the last five years below. **CSG has not had a contract terminated for default or non-performance during the past five years, nor at any time during our 24-year history.** The following contracts were canceled for convenience, as explained in the column on the right.

Contract	Reason for Termination
Iowa Department of Human Services - Medicaid Operations Technical Assistance and Support	CSG's PMO, Strategic Planning, and Procurement Support Services for Medicaid Operations Modernization contract with the Iowa Department of Human Services (Contract MED-16-011) was canceled for convenience on 7/3/2017. In a letter to CSG, DHS stated, "The Department simply terminated the CSG contract for convenience so that the Department can save financial resources while reevaluating future procurement needs."
Maryland Department of Labor, Licensing, and Regulation - Interstate Connection Network IV&V Services	The Maryland Department of Labor, Licensing, and Regulation terminated CSG's Task Order contract (#P00B7400007) for convenience on 7/31/2018 for Interstate Connection Network IV&V services because the US Department of Labor, the project sponsor, was no longer funding the project, so IV&V services were no longer needed.
North Carolina Department of Health and Human Services – Medicaid Enterprise System IV&V	The North Carolina Department of Health and Human Services terminated CSG's Medicaid Enterprise Services contract (executed February 27, 2019) for convenience on January 31, 2020. Due to a significant change in strategy regarding the MES Modernization project, and the uncertainty regarding the role of IV&V going forward, CSG's IV&V contract was terminated.
Oregon Department of Revenue - Property Valuation Quality Assurance	The Department of Revenue decided not to pursue a funding request for this project, and the contract was terminated for convenience. Termination notice was received January 30, 2018, with an effective date of February 28, 2018.



h. Summary of Contractor’s Corporate Experience

The Contractor should provide a summary matrix listing the Contractor’s previous projects similar to this solicitation in size, scope, and complexity.

CSG brings more than 20 years of experience providing public sector IV&V on similar engagements across multiple HHS projects with the leading systems vendors. The table below includes 10 sample projects most relevant to this solicitation. CSG is the prime vendor on all engagements listed. Following the table, CSG provides detailed descriptions of the projects denoted with an asterisk (*).

CSG brings experience from projects of similar size, scope, and complexity to Nebraska DHHS IV&V services.

	IV&V	Medicaid Enterprise	Multi-agency Governance	CMS Compliance	EVV	Interoperability	Integrated Eligibility	Pharmacy
 Vermont Agency of Human Services and Department of Vermont Health Access, MMIS, IES IV&V Services, 4/2015 – Ongoing*	✓	✓	✓	✓	✓	✓	✓	✓
 Kentucky Cabinet for Health and Family Services, Medicaid Enterprise Management and Eligibility System IV&V Services, 5/2015 – Ongoing*	✓	✓	✓	✓	✓	✓	✓	✓
 New Mexico Human Services Department, MMIS Enterprise and Child Welfare IV&V Services, 7/2016 – Ongoing*	✓	✓	✓	✓	✓	✓		
 Rhode Island Department of Administration, Unified Health Infrastructure (IES and HIX) IV&V Services, 2/2013 – Ongoing	✓		✓	✓		✓	✓	
 Massachusetts Executive Office of Health and Human Services, Health Insurance Exchange and IES IV&V Services, 11/2017 – Ongoing	✓		✓	✓		✓	✓	
 Georgia Department of Community Health, Medicaid Enterprise System Transformation IV&V Services, 7/2021 – Ongoing	✓	✓	✓	✓	✓	✓	✓	✓
 Illinois Department of Healthcare and Family Services, IES Performance Consulting Services, 1/2020 – Ongoing	✓		✓	✓		✓	✓	
 Maine Department of Health and Human Services, Automated Client Eligibility System and Integrated Online Portal IV&V, 3/2017 – Ongoing	✓		✓	✓		✓	✓	
 Ohio Department of Medicaid, MMIS IV&V Assessment Services, 2/2008 – 12/2011	✓	✓	✓	✓		✓	✓	✓
 Colorado Department of Health Care Policy and Financing, IES Modernization IV&V Services, 9/2013 – 6/2017	✓		✓	✓		✓	✓	



Narrative Project Descriptions


The State will use no more than three (3) narrative project descriptions submitted by the Contractor during its evaluation of the proposal.

Following are three project descriptions similar in size and scope to the IV&V for DHHS projects.


Vermont Agency of Humans Services, Department of Vermont Health Access – MMIS and IES IV&V Services		
Time Period:	Scheduled Completion Date:	Actual Completion Date:
4/2015 – Ongoing	5/15/2023	TBD
Scheduled Completion Budget: \$29,837,769.00		Actual Completion Budget: TBD
Customer Name: Vermont Agency of Human Services Contact: Joe Liscinsky Facsimile: (802) 879-5651 Number: (802) 233-6212 Email: joseph.liscinsky@vermont.gov		
<p>Project Description and Contractor Responsibilities: CSG is the prime contractor providing IV&V services for the design, development, and implementation of Vermont’s HHS technology infrastructure enterprise approach and use of a shared platform for Medicaid and IES components. CSG analyzes the processes and deliverables of the State’s MMIS, Care Management, Pharmacy Benefit Management (PBM), and IES, identifies risks and issues, and provides actionable recommendations to meet State and federal requirements. CSG supports the State with federal certification and reviews user acceptance testing, security assessments, testing, systems integration with the enterprise platform, deployment planning, and other business and technical components of the vendors’ SDLC efforts. We review system architectures, test plans, and project risk levels and determine if the security controls requirements are appropriate to the sensitivity level of the data. The CSG team also conducts quality assurance reviews of the system architecture; systems integration with the enterprise platform; requirements validation efforts; test plans, SDLC testing, and user acceptance testing; and deployment planning, training, security plans, and controls.</p> <p>CSG oversees the State’s more than 10 vendors throughout the SDLC to assure systems integration and workflow across the projects support the reuse of common components across the Enterprise. The CSG team monitors performance of recurring project assessments and reviews and evaluates vendor deliverables against the contract and legal agreements.</p> <p><u>Why this Matters to the DHHS</u></p> <ul style="list-style-type: none"> ➤ This is an enterprise-wide, multi-vendor engagement like the DHHS/MLTC Enterprise Improvement projects. CSG collaborates with multiple program stakeholders each with different governance structures, assures integration and interoperability of the components through IV&V reviews, and supports CMS compliance for enhanced federal funding. ➤ Vermont is taking an iterative, modular modernization approach. CSG’s flexible approach adapts to the module implementation vendors’ agile, waterfall, and hybrid methodologies. The project included implementation of PBM (Change HealthCare), EVV (DXC/Sandata), and IES (Gainwell). ➤ CSG supported certification of four modules in Vermont, including the PBM module, which was one of the first modules to be certified under MECT v2.0, the Care Management (EQHealth), and Provider Management (Gainwell) modules in 2019. In 2021, Vermont used OBC to certify the EVV module. To prepare for certification, CSG performed mock certification reviews with the State in advance of CMS reviews. This enabled the state to pass CMS Final Certification for all four modules with no follow-up required. 		





Kentucky Cabinet for Health and Family Services, Medicaid Enterprise Management and IES IV&V		
Time Period: 5/1/2014 – Ongoing	Scheduled Completion Date: 3/20/2023	Actual Completion Date: TBD
Scheduled Completion Budget: \$17,032,016		Actual Completion Budget: TBD
Customer Name: Kentucky Cabinet for Health and Family Services Contact: Karen Sayles Number: (502) 564-6479 x 2083 Email: karen.sayles@ky.gov		
<p>Project Description and Contractor Responsibilities: CSG is the prime contractor providing IV&V for Kentucky’s Medicaid Enterprise Management System project, helping the Commonwealth navigate the risks involved with moving its Medicaid operations from its DXC legacy system to a modular solution.</p> <p>Our team assesses procurement, governance, project management, schedule, budget, and quality, and makes recommendations for the procurement of modules, onboarding of contractors, and full SDLC activities. Modules procured to date include Core MMIS, Partner Portal, PBM, System Integrator, Data Warehouse, EVV, and Waiver Case Management. The Waiver Case Management and Partner Portal modules have achieved final federal certification.</p> <p>CSG also worked with the agency to update its MITA SS-A to align with the new RFPs and Concept of Operations. We validate that CMS certification requirements and artifacts are included in procurements and make recommendations for any gaps identified. We ensure adherence to CMS Standards and Conditions for Medicaid IT and make recommendations for meeting these. A Requirements Traceability Matrix (RTM) is then used to monitor adherence to requirements throughout the SDLC. We conduct technical assessments of the enterprise architecture and security framework, support IAPD development, and incorporate CMS standards into the design and development to ensure that the RFPs and resulting system(s) meet the Commonwealth’s goals and objectives.</p> <p>CSG also provides IV&V for the modification of the Deloitte eligibility and enrollment system. This project involved interdependent system development efforts spanning three cabinets, multiple system integrators, and other stakeholders. CSG’s recommendations resulted in improvements to stakeholder relations and communications management, including improved outcomes and stakeholder participation, cooperation, and overall buy-in across agencies.</p>		
<p>Why this Matters to DHHS</p> <ul style="list-style-type: none"> ➤ CSG is working with multiple vendors, agencies, and stakeholders across the enterprise project supporting IV&V for the procurement and implementation of modules similar to Nebraska including EVV (Netsmart/Tellus), PBM (Magellan), IES (Deloitte), and other modules. CSG reviews vendor deliverables using various implementation methodologies, infrastructure, and software solutions. ➤ CSG supports procurement activities, IAPD development, and updates to the Kentucky’s MITA 3.0 SS-A and provides oversight throughout the modernization of its legacy MMIS to a modular solution. ➤ CSG provides a thoughtful approach to risk identification, including end-to-end requirements traceability, to help manage risks before they become issues, and to identify and stay on the critical path to complete the Portfolio of projects on time, within budget and with the right functionality to realize the vision of improved outcomes. ➤ CSG helps the Commonwealth navigate the CMS certification processes, including achieving final certification of the Waiver Case Management and Partner Portal modules, and a recent transition to OBC. In 2020, Kentucky was approved to use OBC for all modules going forward. 		



New Mexico Human Services Department and Children, Youth, and Families Department, MMIS, Child Welfare IV&V Services		
Time Period: 7/1/2016 – Ongoing	Scheduled Completion Date: 6/30/2024	Actual Completion Date: TBD
Scheduled Completion Budget: \$26,112,251.00		Actual Completion Budget: TBD
Customer Name: New Mexico Human Services Department Contact: Mario Gonzalez Number: (505) 699-8905 Email Address: mario.gonzalez@state.nm.us		
<p>Project Description and Contractor Responsibilities: CSG is the prime contractor providing IV&V for the full life cycle of the MMIS replacement including procurements for Enterprise PMO, Systems Integrator, Data Services (Data Warehouse/Decision Support System), Financial Services, Quality Assurance, Provider Management, Consolidated Customer Service Center, and Unified Internal and External portals.</p> <p>For the procurement of module vendors, CSG’s IV&V team reviewed RFPs and provided technical assistance to the evaluation team by reviewing proposals, comparing proposed offerings, identifying questions for bidders, observing bidder orals, and identifying integration, application, infrastructure, and security considerations. For each implementation vendor we provide proactive IV&V assessments that identify risks and issues and make recommendations for improving contractor performance by monitoring Service Level Agreements (SLA), reviewing contractor deliverables, assessing progress against budget and schedule, and conducting targeted reviews to assess contractor performance. CSG also assisted the State with completion of its MITA 3.0 SS-A Update, including alignment with the Standards and Conditions for Medicaid IT.</p> <p>As a part of this enterprise project, CSG is also providing IV&V services for the Children, Youth and Families Department’s modernization of its Comprehensive Child Welfare Information System, a software as a service implementation with eight total modules planned. In coordination with the New Mexico Human Services Department, CYFD is also working to integrate functionality for children’s mental health program into the system.</p>		
<p>Why this Matters to DHHS</p> <ul style="list-style-type: none"> ➤ CSG is applying IV&V by CSGSM to assure the procurements and modular systems are being reviewed both individually, and from an enterprise approach. We are verifying each module meets the RFP system requirements, testing interoperability across modules and services, and guiding the State through the CMS certification process to assure compliance and achieve certification. ➤ New Mexico’s enterprise approach includes multiple state agencies as they procure up to seven system vendors for its MMIS replacement. CSG will leverage our experience and lessons learned from this multi-agency and vendor environment to support communication and governance across the DHHS/MLTC Enterprise Improvement projects. ➤ CSG has been engaged in procurement activities throughout this project. Our team’s thorough review of all vendor proposals and participation in the evaluation process, analyzing the strengths and weakness of each proposal, provided the State evaluators with the subject matter expertise to procure multiple modules. ➤ CSG has provided CMS certification support to New Mexico, guiding them through changes in federal requirements, as one of the first states to utilize MECT v2.0, and now as they move forward with OBC for multiple modules. 		



i. Personnel Management Approach

An organization is only as good as its people and CSG has some of the best in the industry. Our proven resource management approach delivers efficient and effective staffing, ensuring a continuity of personnel assigned to each of the DHHS projects. CSG has a rigorous approach for recruiting, hiring, training, and retaining highly qualified consultants who are experienced in project management and health and human services programs. For each DHHS project, we carefully considered the project requirements to determine which of our capable consultants is best suited to achieve the project’s goals. Project considerations include the requirement to be on-site when the project schedule dictates the need for an IV&V presence. The following pages include an overview of our Personnel Management Plan for the DHHS projects, built to serve as a baseline for performing Nebraska engagements. Additionally, we have provided the key personnel who will be working with MLTC.

Personnel Management

The Contractor should present a detailed description of its proposed approach to the management of the project.

At the start of each project, the Client Executive and IV&V Project Lead conduct an internal project orientation for project personnel, reviewing the project objectives and goals, the project schedule, and each IV&V team member’s roles and responsibilities, focusing in detail on the first 60-days of the engagement. Throughout the engagement, the IV&V Lead facilitates daily stand-up meetings to discuss progress of tasks, upcoming assignments, and activities, new or current observations, and project meeting schedule coverage. This creates clear, open, and timely communication amongst the team to ensure responsibilities are met and allows for escalation of any immediate risks or issues to enable swift resolution.

Key Personnel

The Contractor should identify the key personnel who will work on the State’s project if their company is awarded the contract resulting from this solicitation. The names and titles of the team proposed for assignment to the State project should be identified in full, with a description of the team leadership, interface, and support functions, and reporting relationships. The primary work assigned to each person should also be identified.

As part of our initial planning for each project, CSG identified the staffing needs for each project. This included identifying the skills and experience the teams will need to complete the project and the timeframes for which personnel will be needed. CSG’s internal Workforce Management Team conducts weekly operations meetings to address staffing needs for this Project. Staffing plans are forecasted and commitments are tracked to avoid conflicts and ensure individuals are available as proposed. The Workforce Management Team begins its involvement at the very beginning of our proposal process, ensuring that the candidates included in our bid are qualified, available, and well suited for the Project. These individuals are expressly suited for the work detailed in the Project Management Plan. The key personnel as identified by RFP are listed in the following section.

Why CSG

- CSG has carefully selected the right resources to bring the most qualified team to the DHHS projects.
- Our IV&V team is an active participant in the DHHS projects and provide advice, when appropriate, that is focused on project success.
- Our team is supported by an HHS Practice Lead and Project Advisors at no cost to DHHS.
- We have Subject Matter Experts who are readily available to provide any specific support needed outside of the original scope of the RFP.



Role	Responsibilities
IV&V Lead	<ul style="list-style-type: none"> ➤ Provides day to day oversight of CSG project managers. ➤ Oversees a Master Project Schedule to ensure all milestones for each of the five projects are met and all deliverables are submitted as scheduled. ➤ Oversees the full system development life cycle from initiation through post implementation for all five projects. ➤ Ensures CSG Project Managers adhere to standard CSG IV&V management methodology and all contractual requirements. ➤ Ensures CSG project management tools perform the functions needed for each individual project. ➤ Develops and manages the overall program plan incorporating each individual Project Management Plan. ➤ Identifies and manages program level risks and issues. ➤ Assess to determine if physical resources (e.g., facilities, equipment, WIFI, materials, etc.) are acquired, managed, and utilized across the project life cycle and if the physical resources are appropriate for the projects and available when needed. ➤ Facilitate weekly meetings with PMs to review project status and resource needs. ➤ Reviews, approves, and submits weekly, monthly, and other reports.
Project Manager	<ul style="list-style-type: none"> ➤ Provides day-to-day oversight and project management expertise for the CSG team. The Project Manager (PM) has the authority to revise processes and adjust resource utilization as necessary to ensure the CSG team is meeting expectations and producing all required deliverables. The CSG PM ensures DHHS that all work performed is within scope, consistent with requirements, and delivered on-time and on budget. ➤ Oversees all phases of the assigned project in accordance with work plans and timelines. ➤ Manages all work performed for the assigned project. ➤ Identifies project issues and risks and recommends possible issue and risk mitigation strategies associated with the assigned project. ➤ Acts as a facilitator between DHHS and IT contractor. ➤ Coordinates all assessment activities and ensures the CSG team meets MLTC expectations for quality and excellence. ➤ Supports and directs the CSG team and is ultimately responsible for all CSG project deliverables. ➤ Develops, updates, and maintains the Project Management Plan (PMP). ➤ Ensures the comprehensive PMP is utilized throughout project life cycle. ➤ Updates and maintains the Work Breakdown Structure. ➤ Leads the team in conducting timely and meaningful assessments.
IV&V Business/ Test analyst	<ul style="list-style-type: none"> ➤ Identifies business information processing risks. ➤ Evaluates controls and makes recommendations. ➤ Identifies problems and recommends solutions. ➤ Validates all activities of a project Vendors' contract are completed in accordance with the contract requirements and scope of work, including verifying compliance with defined performance metrics, SLAs, and Key Performance Indicators (KPI).



Role	Responsibilities
	<ul style="list-style-type: none"> ➤ Prepares and performs audit tests and evaluates results. Provides documentation of audit tests to facilitate efficient and effective reviews. ➤ Evaluates whether the vendor work plans, including tools and resource allocations, are appropriate and include reasonable timeframes ➤ Supports the Project Manager in conducting IV&V activities and producing all required deliverables. ➤ Conducts Quality Control Reviews of deliverables. ➤ Develops Quality Status Reports and Project Status Reports. ➤ Conducts Risk Assessments and creates Risk Notification Reports as necessary. ➤ Attends client and DDI vendor meetings, conducting interviews with key project and business stakeholders, and documenting detailed notes regarding project activities discussed and potential areas of risk.
IV&V Technical analyst/Architect	<ul style="list-style-type: none"> ➤ Reviews system design, application design, and development practices, ensuring the accuracy of design documentation. ➤ Validates existing IT infrastructure documentation and updates as needed. ➤ Provide technical expertise to analyze the structure and organization of solution infrastructure for compliance with State and Federal requirements. ➤ Gathers data and information to inform IV&V assessment activities, including: attending meetings, conducting interviews, analyzing project data, and reviewing documentation Identifies information technology risks. ➤ Provides expertise in the most current principles and practices of architecture data management systems. ➤ Provides experience in large IT system designs and data modeling ➤ Reviews the installation and security related controls for a wide variety of computing platforms, including operating systems, sub-systems, databases, and software products used to support the processing environment. ➤ Provides expertise in modeling and organizing information to facilitate support of projects or information architectures. ➤ Provides guidance on how and what to data/process model. ➤ Leads transition planning from legacy to modern systems by concentrating on information flows, data exchange, and data translation standardization services.
Subject Matter Experts	<ul style="list-style-type: none"> ➤ Provides expertise in a specific discipline required by MLTC and project requirements. ➤ Provides expertise in the formulation of specifications and in the execution of technical initiatives in vertical areas. ➤ Specifically assists with defining requirements, performing analyses, and developing plans and requirements for systems. ➤ Will be added to the projects as requested and approved by MLTC.
Additional Resources	<ul style="list-style-type: none"> ➤ With more than 200 employees across the country that possess the skills and experience required to provide IV&V services for DHHS, CSG has the capacity to provide additional resources to fill the roles specific to each project. ➤ CSG has a well-defined and proven resource management process for providing required staff for each project in the specified timeframe. The IV&V Lead works closely with our project managers to meet project staffing needs and ensures that CSG maintains the quality resources required to successfully serve each project.



Role	Responsibilities
Client Executive	<ul style="list-style-type: none"> Serves as liaison between CSG, DHHS and MLTC, and designated project staff for any contractual matters to ensure our services for the assigned project are running smoothly and we are meeting all expectations.
Practice Lead	<ul style="list-style-type: none"> Provides overall project leadership and serves as a direct point of escalation to CSG's Senior Management Team, ensuring the IV&V project meets your overall needs.
Project Advisor	<ul style="list-style-type: none"> Provides the CSG team with assistance on various project activities and deliverables based on extensive experience in complex evaluations and assessments of systems. Ensures our project teams are apprised of industry best practices and leverages lessons learned from other projects to deliver maximum value to our clients.

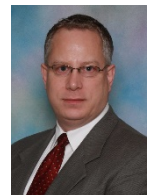
Based on MTLC staffing requirements the following key personnel have been selected to fulfil the scope of work for MLTC projects.

The CSG IV&V Team



Stacey Camp, IV&V Lead: Stacey is a Senior Project Manager with more than 20 years of experience managing and delivering large-scale information technology projects, specializing in Medicaid and Integrated Eligibility systems. She has in-depth experience executing all aspects of the system development lifecycle for complex systems, with an emphasis on project management, IV&V, quality management, and testing, and has extensive experience with both traditional SDLC and Agile methodologies. Stacey is experienced with PMBOK methodology and practices, CMS certification and compliance including OBC/SMC, has led Medicaid and IES modernization efforts in six states, and has managed teams of over 100 consultants. She is a PMI-certified Project Management Professional and an ITIL Certified Practitioner.

Steve Schulte, Project Manager: Steve is a PMI-certified Project Management Professional with more than 13 years of experience on healthcare IT projects, including experience on MMIS and IES modernization projects in seven states, and 20 years of overall experience in IT management. He is a Program Manager for the Ohio modular MMIS implementation, overseeing the PBM, Provider, and Claims/Financial modules. He also developed the State's Change Management Program and Governance Plan. Steve has led IV&V projects over Medicaid and IES integrations in Kentucky, North Carolina, Rhode Island, and Vermont. He also has experience providing CMS certification oversight, using both the MECT and OBC/SMC processes. He is skilled in applying industry standards and HIPAA, PII and PHI regulations, managing change on projects, using Agile methodologies, and using project management tools including Jira and MS Project.



Charles Berlin, IV&V Business Analyst: Charles has more than 20 years of experience working with government organizations to design and deliver high quality healthcare and human services programs. He has 10 years of experience leading large-scale IT modernization projects including Medicaid eligibility and enrollment, MMIS, PBM, State Medicaid Health IT Plans, health information exchange, health insurance marketplace, and ICD-10 transition. His expertise includes procurement support, CMS certification processes, APD development, strategic planning, business process design, and Program Integrity and internal audit controls. Charles spent five years serving as the lead funding strategist and coordinator of federal funding for the Kentucky Medicaid IT enterprise, where he managed the development of six Medicaid APDs. He is a PMI-certified Project Management Professional.



Hana Dunning, IV&V Business Analyst: Hana is a business analyst with eight years of experience in Medicaid systems and program policy, including supporting planning efforts for Medicaid IT systems in three states. Her expertise includes IV&V, Medicaid policy, requirements gathering and management, risk identification and management, CMS certification, and other federal regulations. Hana is currently a business analyst for Idaho's MMIS modernization project, and recently provided IV&V services over multiple Medicaid and IES modules in Kentucky. Hana previously worked at Nebraska MLTC for nearly six years, serving in various roles including Medicaid Enterprise Certification Lead, MITA Coordinator, and Medicaid Program Policy Specialist, bringing firsthand knowledge of MLTC processes and working with its teams and vendors. She is a PMI-certified Project Management Professional and currently resides in Lincoln, Nebraska.



Ross Gosnell, IV&V Technical Analyst: Ross is a technical IV&V analyst and Medicaid expert with more than 30 years' experience providing oversight to system development and implementation initiatives, of which over four years focused on providing IV&V services across multiple complex MES modernization initiatives in project environments using a combination of waterfall and agile methodologies. During his tenure, he has applied his technical, security, finance, and operations management background to enhance the quality and functionality of systems development, supporting organizational alignment with strategic initiatives including within an MCO as the CIO for Delta Dental of Illinois, and as a Technical IV&V Analyst in Kentucky as the State transitioned to a Managed Care model. Ross brings his demonstrated ability to anticipate business requirements and produce optimal solutions that build profitability to his IV&V approach.

Project Advisory Team

CSG's project oversight provides the structure to ensure all aspects of our IV&V work are completed on time and according to agreed upon standards. The Client Executive Practice Lead work directly with the IV&V Lead to provide guidance and support and act as liaisons between the IV&V Lead and CSG Senior Management team.



Bill Schuh, CSG Client Executive: Bill is a former manager of several Medicaid programs in the State of Illinois, bringing expertise in both the business and technology needs of public assistance programs. He currently serves as the Client Executive for CSG's Medicaid Enterprise and Integrated Eligibility IV&V projects in Kentucky, Maine, and Vermont. Bill's wide range of experience encompasses a diverse background involving technology, business programs, and state and federal legislative arenas.

Rob Guenther, Practice Lead: Rob brings more than 20 years of government IT experience, including more than 10 years of state and federal healthcare IT subject matter expertise to the project. During his tenure with CSG, Rob has served as the primary point of contact for all matters related to contracts and scopes of work across 17 projects, including 11 projects that involved the delivery of IV&V services on major HHS system implementations assuring compliance with CMS requirements. Formerly with CMS, Rob was the Technical Director for the Division of State Systems and the National Coordinator for MMIS certifications.



Tim Saar, Project Advisor, CSG IV&V Practice Director: Tim is Vice President of Technology and Director of CSG's IV&V Practice, advising our team on CSG's IV&V methodology, tools, and industry best practices. He has over 35 years of IT experience, including 13 years performing IV&V activities on large-scale projects for state government agencies. His technical expertise spans enterprise architecture, cloud/infrastructure, security assessments, and complex evaluations and assessments of technical software and hardware systems. During his 20 years with CSG, Tim has directly contributed to the success of over 60 projects.



Project Organization and Reporting Relationships

The diagram below is the project organization chart to be utilized on an DHHS project. This chart serves as a starting point, and we work closely with MLTC to customize and finalize organization early in the project. We develop our project organization charts using the following guiding principles:

- Define clear roles and responsibilities for our team
- Leverage national practice area experience and deep technology expertise
- Provide clear lines of reporting and authority for decision-making
- Create an effective project team oversight structure

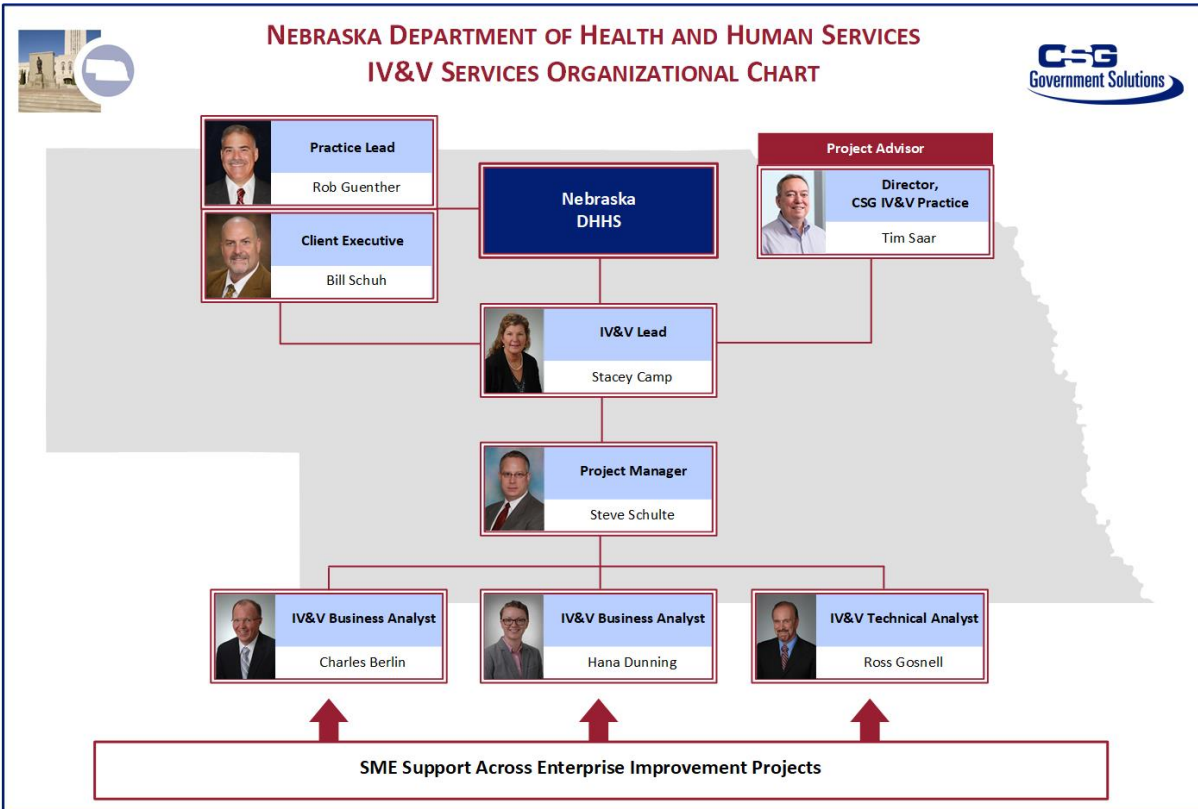


Figure 1: CSG IV&V Organizational Chart



Personnel Resumes

The Contractor should provide resumes for all personnel proposed by the Contractor to work on the project. The State will consider the resumes as a key indicator of the Contractor's understanding of the skill mixes required to carry out the requirements of the solicitation in addition to assessing the experience of specific individuals.

Resumes should not be longer than three (3) pages. Resumes should include, at a minimum, academic background and degrees, professional certifications, understanding of the process, and at least three (3) references (name, address, and telephone number) who can attest to the competence and skill level of the individual. Any changes in proposed personnel shall only be implemented after written approval from the State.

The following pages contain three-page resumes for key personnel.



Stacey Camp – IV&V Lead

Qualifications

Stacey is a Senior Project Manager with more than 20 years of experience managing and delivering large-scale information technology projects, specializing in Medicaid and Integrated Eligibility systems. She has in-depth experience executing all aspects of the system development lifecycle for complex systems, with an emphasis on project management, IV&V, quality management, and testing, and has extensive experience with both traditional SDLC and Agile methodologies. Stacey is experienced with PMBOK methodology and practices, CMS certification and compliance including OBC/SMC, has led Medicaid and IES modernization efforts in six states, and has managed teams of over 100 consultants. She is a PMI-certified Project Management Professional and an ITIL Certified Practitioner.



Experience

- 20+ years of project management
- 20+ years of focused consulting expertise assisting states with federal healthcare reform compliance
- 16 years managing and overseeing healthcare and human service projects

Professional Experience

CSG Government Solutions

01/2017 – Present

IV&V Project Manager, Massachusetts Executive Office of Health and Human Services – Health Insurance Exchange and Integrated Eligibility System IV&V Services (11/2019 – present)

- Provides oversight and project management expertise to the CSG team, managing all project and deliverable development activities and assuring the quality, accuracy, and timeliness of CSG's IV&V services
- Develops, reviews, and finalizes content for all IV&V deliverables and reports, including Monthly IV&V Assessment Reports, Monthly IV&V Status Reports, and focus area assessment deliverables
- Leads the IV&V team's activities to strategize, plan, develop, and execute focused IV&V assessments across defined project health indicators, including: integration management, infrastructure and environments, organizational readiness, project and operational oversight, quality, and project management
- Develops and delivers Monthly Executive Committee briefings, providing executive-level stakeholders across three agencies updates on our assessment activities performed during the previous month, insight into areas of risk and focus for our team, and facilitating feedback on our performance
- Manages our team's day-to-day assessment activities in the development of observations and actionable, program and project-focused improvement recommendations, including review of program documentation/artifacts, participation in program and project meetings, and performance of interviews.

CMS Certification Lead and QA Manager, New Mexico Human Services Department – IV&V for the MMIS Replacement Project (04/2018 – 11/2019)

- Performed CMS Medicaid Enterprise Certification Toolkit SRC checklist verification and artifact review
- Completed CMS Quarterly Certification MMIS IV&V Progress Reports and Certification Milestone Reviews
- Completed MMIS IV&V Monthly Assessment Reports, Monthly Status Reports, and Weekly Status Reports, and all IV&V activities needed to complete scope of services for the IV&V project
- Supported State project manager and project teams to assess quality across all aspects and phases of the MMISR system integrator (SI) services, roles and responsibilities and deliverables
- Performed detailed quality review of MMISR SI deliverable expectation documents and final deliverables
- Provided direct input and documented feedback to the State SI to improve quality review process and overall quality of their processes/deliverables/products to the State



Stacey Camp – IV&V Lead

Senior Project Manager, Rhode Island Department of Administration – Rhode Island Unified Health Infrastructure Project IV&V Services (04/2017 – 12/2017)

- Provided project management oversight, planning, and delivery assistance to fulfill IV&V services
- Assured methods, tools, and resources were available to support successful project execution for the recovery and system stabilization of the UHIP integrated eligibility system and health insurance exchange
- Performed IV&V, assuring the identification of risks, issues, and actionable mitigation/resolution strategies
- Oversaw UAT coordination and all monthly software enhancement, maintenance, and operations releases
- Managed monthly, quarterly, and annual security testing and assessments, including MARS-E 2.0 compliance, with a focus on identifying any potential vulnerabilities or system security risks
- Performed CMS Validation reporting and provided attestation for UHIP HIX testing, including preparation and briefing to testers, validation of results using CMS tool, and IV&V validation letter for submission to CMS

Project Manager, Healthcare and Human Services Practice (01/2017 – 4/2017)

- Oversaw modernization of client HHS programs, with a focus on Medicaid and IES, HIX, and MMIS systems
- Guided design for new methods to approach MMIS, and IES strategic planning and procurement
- Provided expertise in state Medicaid programs, MMIS, and IES design and implementation
- Supported CSG practice and project teams throughout the project and systems development lifecycle

HLN Consulting

07/2016 – 01/2017

Senior Project Manager, Rhode Island Executive Office of Health and Human Services – RIBridges Project

- Managed State and vendor teams for the new integrated eligibility system
- Applied both modified adjusted gross income and complex Medicaid rules to determine eligibility for the State based HIX coverage or human service program (e.g., Medicaid, RI Works, SNAP, TANF, etc.)
- Performed comprehensive quality and technical review of State's SI deliverables, plans, artifacts, and documents; provided detailed comments to State and SI for consideration
- Identified and documented gaps in requirements, design/system functionality, and worked to resolve issues
- Confirmed alignment with Medicaid policy and regulations, provided direction on areas of noncompliance
- Reviewed accounts, transaction files, nightly batches, notices, and reports for eligibility determination
- Prioritized operational and system issues and requests, worked with program units to perform validations

Deloitte Consulting

05/2009 – 03/2016

Senior Project Manager, Washington Health Benefit Exchange – Healthplanfinder (03/2015 – 03/2016)

- Managed system, integration, regression, performance, batch, carrier, and user acceptance testing
- Managed analysis, design, development, testing and implementation of data fixes to improve quality of data
- Developed and maintained performance metrics, dashboards, and reporting data anomalies across enrollment, eligibility, financial management, Small Business Health Operations Program, and security
- Performed quality review of documentation and deliverables produced by the team before submission

Senior Project Manager, Minnesota IES and Health Insurance Marketplace Project (06/2014 – 03/2015)

- Oversaw 100+ project team members, coordinating multiple vendors and State business/technology teams
- Performed requirements analysis and support, testing, and release/configuration management
- Managed daily activities of the project team; performed quality reviews of the outcomes and deliverables



Stacey Camp – IV&V Lead

- Identified and prioritized operational and system gaps between current business and technological capability and the requirements for open enrollment and renewal
- Developed detailed analysis and options for the top 25 issues impacting open enrollment

Deputy Project Manager, Indiana Family and Social Services Administration – Integrated Eligibility Determination and Services System Project (09/2013 – 06/2014)

- Oversaw 120-member team consisting of Deloitte consulting staff, project associates, and subcontractors for the replacement of the legacy IES and integration with the federal marketplace to support HHS programs
- Managed the Program Office and led the development and management of the master integrated project schedule for design, development, and implementation of the system

Program Management Office Lead, Rhode Island Department of Administration – Unified Health Infrastructure Project – State Based Marketplace – HIX and IES (12/2012 – 09/2013)

- Managed the PMO across both projects, tracking and reporting weekly and monthly client and CMS status
- Provided expertise in CMS milestones and requirements, and health exchange semi-automation of functionality to achieve completion threshold dates
- Worked with State to successfully manage CMS Detailed Design Review, Final Detailed Design Review, and Operational Readiness Review; Utilized Collaborative Application Lifecycle Tool for all required artifacts

BearingPoint Consulting

10/2002 – 05/2009

Technical Program Manager, American Red Cross – HIT Transformation Project (10/2005 – 05/2007)

- Managed technology work streams for database, testing, reports, interfaces, worked with implementation vendor, performed end user testing, and supported integration, system, regression, and stress testing
- Led the development of the integration architecture for all interfaces and information exchanges

Education and Certification

Master of Science, Computer Science, Northeastern University (1991)
Bachelor of Science, Math and Computer Science, Simmons College (1986)
Information Technology Infrastructure Library (ITIL) Foundations (2017)
Project Management Professional (PMP), Project Management Institute (2007)

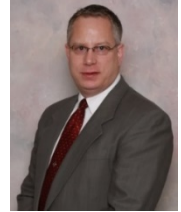
Reference #1
<p>Name: Thomas Laliberte Phone: (401) 486-9944 Address: 4 West Road Cranston, RI 02920</p>
Reference #2
<p>Name: Donna Guido Phone: (401) 447-6073 Address: 28 Sandpiper Dr West Warwick, RI 02893</p>
Reference #3
<p>Name: Kiernan Conn Phone: (484) 319-0195 Address: 2300 Rexwoods Dr Raleigh, NC 27607</p>



Steve Schulte, PMP – IV&V Project Manager

Qualifications

Steve is a PMI-certified Project Management Professional with more than 13 years of experience on healthcare IT projects, including experience on MMIS and IES modernization projects in seven states, and 20 years of overall experience in IT management. He is a Program Manager for the Ohio modular MMIS implementation, overseeing the PBM, Provider, and Claims/Financial modules. He also developed the State's Change Management Program and Governance Plan. Steve has led IV&V projects over Medicaid and IES integrations in Kentucky, North Carolina, Rhode Island, and Vermont. He also has experience providing CMS certification oversight, using both the MECT and OBC/SMC processes. He is skilled in applying industry standards and HIPAA, PII and PHI regulations, managing change on projects, using Agile methodologies, and using project management tools including Jira and MS Project.



Experience

- 20+ years of experience as a project manager
- 5+ years of IV&V experience
- 12 years of experience on HHS IT Projects, including modular MMIS modernizations in five states

Professional Experience

CSG Government Solutions

12/2011 – Present

Program and Project Manager, Ohio Department of Medicaid – Medicaid Enterprise Procurement Support and Project Management Services (11/2019 – present)

- Coordinates several active projects in various stages of the SDLC within the project, working with several different third party vendors, to implement a modular MMIS, including the PBM, Provider, and Claims/Financial modules
- Manages and oversees PMO processes and project managers to ensure project goals and objectives are achieved and industry standards (including PMBOK and IEEE) are met
- Works with stakeholders to align project priorities; Evaluates and assesses the program's strengths and weaknesses; Implements processes and procedures to enhance the overall program
- Communicates program information, including complex technical information, to stakeholders at all levels of the program up to the Medicaid Director
- Designed and implemented Change Management Program including all elements of scope, cost and schedule and developed Governance Plan and structure for the overall project
- Managed full life cycle procurement of the ODM Single Pharmacy Benefit Manager Procurement project, leading a project team comprised of 12 consultants and more than 27 key ODM stakeholders and SMEs
- Facilitated requirements sessions and coordinated development of the RFP and supporting documents
- Supported procurement under Outcomes Based Certification from inception through RFP release
- Transitioned project from on-site to a remote team concept, applying Agile principles to project management

CMS Certification Analyst, North Carolina Department of Health and Human Services – IV&V for the MES Project (05/2019 – 08/2019)

- Provided IV&V for the modular MMIS implementation, utilizing expertise on the CMS certification/approval process as detailed in the MECL Toolkits for the successful execution and monitoring of NC MES
- Coordinated the completion of the periodic and milestone review of CMS IV&V Progress Reports, evaluating the progress of the State and vendors on meeting the mandatory programmatic critical success factors

Project Manager, Oklahoma Healthcare Authority – Mobile Computing and Texting PMO Project (04/2018 – 07/2018; 10/2018 – 02/2019)

- Developed roadmap, implementation plan, As-Is hardware and software analysis, mobile computing and texting recommendations report, RFI, and RFP requirements detailing integration with the modular MMIS



Steve Schulte, PMP – IV&V Project Manager

Senior IV&V Consultant, Technical Analyst, and QA Manager, Kentucky Cabinet for Health and Family Services – IV&V for the Medicaid Enterprise Management System Modernization Project (07/2018 – 09/2018; 04/2014 – 06/2014)

- Provided IV&V for the modular MMIS implementation, including assessing requirements and supporting certification
- Conducted assessment of technical requirements and provided expertise in assessment of procurement strategies
- Performed project budget and schedule analysis and ensured project followed industry standards
- Prepared and reviewed Risk, Issue, Change and Quality Management Plans, and Procurement Integrity Plan

Senior Practice Advisor, Various IV&V Projects - CSG Project Performance Group (04/2017 – 07/2018)

- Supported several IV&V projects, including for the Arkansas Small Business Health Options Program, Pennsylvania Unemployment Compensation Modernization, and Michigan Driver and Motor Vehicle System Modernization
- Assisted in developing project management plans, schedules, and all other aspects of the project life cycle
- Conducted ongoing quality assessments and project performance enhancements to support all facets of projects

IV&V Project Manager, Vermont Agency of Human Services – IV&V Services for Medicaid Enterprise (05/2015 – 04/2017)

- Managed IV&V and QA services for the State's implementation of a modular MMIS, Pharmacy Benefits Management, Care Management, and Integrated Eligibility systems
- Developed risk mitigation strategies, alternative approaches, and actionable recommendations for improving project performance, and adjusted IV&V approach to the State's use of both Waterfall and Agile methodologies
- Closely monitored project scope, cost, schedule, and resources to ensure stakeholder success
- Completed status reports indicating vendors' progress towards contractual performance requirements
- Supported CMS certification for all primary systems, including PBM, one of the first to be certified under MECT
- Provided objective assessments of software products and processes throughout the development life cycle

Project Manager, Rhode Island Department of Administration – Unified Health Infrastructure Project IV&V Services (07/2014 – 04/2015)

- Worked closely with five agencies to manage IV&V and UAT services for the design, implementation, and operation of the UHIP technology platform; Documented relevant observations, risks, and issues
- Provided oversight of UAT for several major releases, in multiple phases, and oversaw code reviews

Project Manager and Technical Analyst, Iowa Department of Human Services – Health Benefit Exchange Strategic Planning and Implementation Technical Assistance and Support (01/2012 – 03/2014)

- Worked closely with the Iowa Medicaid integrated eligibility team and vendor to ensure compliance with the Affordable Care Act (ACA) and the single streamlined application

Project Manager and Technical Analyst, Iowa Department of Human Services – Health Benefit Exchange Strategic Planning and Implementation Technical Assistance and Support (01/2012 – 03/2014)

- Prepared for and led numerous CMS Consumer Information and Insurance Oversight Gate Reviews
- Led team in developing blueprint application materials and loading materials to CMS' Collaboration Application Lifecycle Tool platform
- Completed state-partnership exchange to state-based exchange transition planning
- Worked closely with the Iowa Medicaid integrated eligibility team and vendor (Accenture C4 solution) to ensure ACA and the single streamlined application
- Worked with the Iowa Insurance Division to develop and implement plan management processes for certification of Qualified Health Plans
- Managed development of the consumer education and outreach plan including the stakeholder log, and preparation of RFPs for media and stakeholder consultation



Steve Schulte, PMP – IV&V Project Manager

- Facilitated workgroup Joint Application Requirements sessions and developed comprehensive set of Health Benefit Exchange (HBE) requirements; Harmonized HBE requirements with Medicaid integrated eligibility requirements
- Provided technical expertise and leadership to analyze the structure and organization of assuring the solution was compliant with the ACA from an information and technical architecture perspective and that it met all federal requirements and Iowa’s goals and objectives
- Developed the IT systems and technical analysis documentation, concept of operations, software development life cycle, and business process and IT systems gap analysis
- Conducted joint application requirement sessions and completed detailed system requirements

Xerox Corporation

02/2008 – 11/2011

Project Leader – Program Integrity, Alaska Medicaid Management Information System Project

- Oversaw all aspects of design, development, implementation, testing, training, change control, and defect management efforts for program integrity team, which included document imaging, business intelligence and analytics, data warehouse, decision support systems, management and administrative reporting, electronic fraud and abuse detection and surveillance review, claims processing, claims financial, and contact management areas
- Led the implementation of the Provider Services module
- Managed vendor relations and subcontractor design and implementation efforts, reflecting million-dollar agreements

Education and Certifications

Bachelor of Individualized Studies, University of Minnesota (1988)

Project Management Professional (PMP), Project Management Institute (2019)

Agile Certified Practitioner (PMI-ACP), In progress

Reference #1
<p>Name: Joseph Liscinsky Phone: (802) 233-6212 Address: 289 Hurricane Lane Williston, VT 05495</p>
Reference #2
<p>Name: Derek Lieser Phone: (405) 522-7101 Address: 4345 N. Lincoln Blvd Oklahoma City, OK 73105</p>
Reference #3
<p>Name: Henry Huston Phone: (802) 825-1231 Address: 2975 Hinesburg Rd. Richmond, VT 05477</p>



Charles F. Berlin III – IV&V Business Analyst

Qualifications

Charles has over 20 years of experience working with government organizations to design and deliver high quality healthcare and human services programs. He has 10 years of experience leading large-scale IT modernization projects including Medicaid eligibility and enrollment, MMIS, PBM, State Medicaid Health IT Plans, health information exchange, health insurance marketplace, and ICD-10 transition. His expertise includes procurement support, CMS certification processes, APD development, strategic planning, business process design, and Program Integrity and internal audit controls. Charles spent five years serving as the lead funding strategist and coordinator of federal funding for the Kentucky Medicaid IT enterprise, where he managed the development of six Medicaid APDs. He is a PMI-certified Project Management Professional.



Experience

- 25 years of human services and child welfare program design knowledge
- 12 years of project management experience
- 10 years of experience in Medicaid

Professional Experience

CSG Government Solutions

04/2016 – Present

Business Lead, New Mexico Human Services Department – IV&V for the MMIS Replacement Project (03/2019 – Present)

- Attends daily project meetings, weekly status meetings, and monthly Touch Point meetings with the client and vendors to maintain current knowledge of all business areas of the project
- Leverages knowledge of Medicaid and other human services programs (public health, child welfare, SNAP, TANF, LIHEAP, etc.) to understand agency data sources and system design needs
- Assists teammates with writing monthly IV&V assessments that provide data driven project status updates, an outlook of overall project health, and a trend analysis of current IV&V observations
- Coordinates monthly Project Team Member and Stakeholder interviews to elicit input regarding project risks for the monthly IV&V Assessment from the unique perspective of individual team members performing work on the project and other stakeholders impacted by the outcome of it
- Records, monitors, analyzes, maintains interview documentation/data inputs for the monthly IV&V assessment
- Reviews project deliverables and procurement documents
- Serves as lead reviewer of project financial documentation, including project budget reports, advance planning documents, earned value metrics, DDI to M&O transition plans, and cost allocation plans

Project Manager/Subject Matter Expert, South Dakota Department of Social Services (DSS) – Payment Error Rate Measurement (PERM) and Program Integrity (PI) Review Project (01/2017 – 02/2019)

- Provided support for PI, PERM, and IV&V for DSS; Created observations and recommendations for the PERM audit; Tracked resolution of items to support PERM audit activities
- Provided project management services to support triennial CMS Medicaid PERM and PI reviews
- Provided strategy and guidance to DMS staff leading the 2017 CMS PERM review
- Coordinated and led state inter-agency team through the 2017 CMS Focused PI review from initiation to closeout (CMS approval of corrective action plan) over 18-month timeframe
- Guided teams to design sustainable projects that meet CMS requirements and align with agency goals



Charles F. Berlin III – IV&V Business Analyst

- Worked with agency leadership to use project goals to further strengthen key organizational relationships
- Researched and presented summaries of federal requirements to support program improvement projects
- Implemented Organizational Change Management approaches to improve performance levels of PI operations and procedures in the Surveillance and Utilization Review Systems (SURS) and Provider Enrollment units
- Coached five SURS unit members through an agency wide Business Process Reengineering (BPR) project
- Upgraded South Dakota Medicaid PI business processes and policies to ensure regulatory compliance and to support implementation of the South Dakota Medicaid strategic plan
- Achieved cost savings by facilitating PI case management module requirements gathering sessions, resulting in successful implementation of functional enhancements that deliver greater performance to legacy system
- Developed financial management tools and processes (claims processing analysis, overpayment recovery, and budget forecasting) for unit and executive level management teams
- Developed dashboard for evaluating effectiveness of interfacing HIE tools with the South Dakota MMIS to reduce payment errors
- Assisted DMS with monitoring Electronic Visit Verification (EVV) module implementation activities

Financial Analyst, Ohio Department of Medicaid – MMIS Modernization Planning and Procurement Support Services (04/2016 – 12/2016)

- Supported the development of a replacement strategy for the Ohio MMIS
- Designed cost benefit analysis models using quantitative and qualitative methodologies
- Worked on the Ohio Comprehensive Assessment and Case Management Procurement Services Project
- Supported the creation of a strategy for modernizing the Ohio Long Term Services and Supports (LTSS) case management module
- Worked with project team to document business processes for the LTSS case management module
- Participated in multi-agency Joint Application Requirement sessions to refine module requirements

NTT Data

04/2011 – 04/2016

Project Manager, Commonwealth of Kentucky, Cabinet for Health and Family Services, Office of Administrative and Technology Services

- Served as lead funding strategist and coordinator of federal funding for the Kentucky Medicaid IT enterprise
- Supported the development and management of six Medicaid APDs
- Developed and trained an in-house proposal writing team to update and manage the project-funding portfolio, achieving annual savings of \$1.5M and increasing submission efficiency
- Created and updated technical documents, including APDs, RFPs, grants, and Agency strategic plans
- Coordinated, documented, and organized DDI activities of large-scale Medicaid IT projects that included: eligibility and enrollment, Health Insurance Exchange, ICD-10, MMIS, Medicaid Enterprise Management System, Pharmacy Benefits Management, and State Medicaid Health IT Plan
- Provided enterprise level project management to the Commonwealth for IT activities as required

Comforce Health, Inc.

08/2010 – 04/2011

Project Manager, Georgia Division of Community Health, Department of Public Health Maternal and Child Health Program

- Managed two large-scale interagency initiatives focused on coordinating agency resources, collecting data, and improving child health outcomes among Statewide public health and child welfare programs



Charles F. Berlin III – IV&V Business Analyst

- Developed planning, workflow design, and presentation of proposal documents for the restructure of an \$8 million child health surveillance system and medical home visitation program
- Engaged internal and external stakeholders to collect data necessary for defining project activity requirements, establishing strategic project milestones, and developing key point indicators for measuring project outcomes
- Facilitated interagency work group collaboration sessions for Statewide district staff members and high-level State officials working in the fields of public health and child welfare
- Planned and conducted frequent presentations to report business model design decisions and project status to senior Agency staff members, community partners, and other project stakeholders
- Researched funding opportunities for supporting project deliverables and long-term sustainability models

Prevent Child Abuse Kentucky

01/2007 – 07/2010

Director of Fatherhood Programs and Data Analysis

- Managed the annual procurement process utilized for allocating \$450,000 to 21 – 25 subcontractors for the purpose of provisioning parent education services to 20,000 families throughout Kentucky
- Developed strategies to support fatherhood programs in local communities and prisons throughout State
- Provided technical assistance regarding RFP development, training, evaluation, and programmatic consulting

Education and Certifications

Master of Public Administration, Community Development, Eastern Kentucky University (2005)

Bachelor of Social Work, Eastern Kentucky University (1997)

Bachelor of Science, Recreation and Park Administration, Eastern Kentucky University (1992)

Project Management Professional (PMP), Project Management Institute (2019)

Reference #1
<p>Name: Jen Lewis Phone: (605) 222-3806 Address: 500 E Capitol Ave Pierre, SD 57501</p>
Reference #2
<p>Name: Jonathan Harris Phone: (651) 380-5011 Address: 228 Park Ave S Suite 87234 New York, NY 10003</p>
Reference #3
<p>Name: Carla Cooper Phone: (859) 285-4470 Address: 275 E Main St. Frankfort, KY 40621</p>



Hana Dunning – IV&V Business Analyst

Qualifications

Hana is a business analyst with eight years of experience in Medicaid systems and program policy, including supporting planning efforts for Medicaid IT systems in three states. Her expertise includes IV&V, Medicaid policy, requirements gathering and management, risk identification and management, CMS certification, and other federal regulations. Hana is currently a business analyst for Idaho’s MMIS modernization project, and recently provided IV&V services over multiple Medicaid and IES modules in Kentucky. Hana previously worked at Nebraska MLTC for nearly 6 years, serving in various roles including Medicaid Enterprise Certification Lead, MITA Coordinator, and Medicaid Program Policy Specialist, bringing firsthand knowledge of MLTC processes and working with its teams and vendors. She is a PMI-certified Project Management Professional and currently resides in Lincoln, Nebraska.



Experience

- 8 years of state Medicaid experience, focused on policy and federal regulations
- 7 years of business analysis experience
- 6 years of Medicaid system certification experience
- 6 years of MITA experience

Professional Experience

CSG Government Solutions

07/2019– present

Business Analyst, Idaho Department of Health and Welfare – Idaho MMIS Modernization PMO (11/2020 – present)

- Captures and assesses IDHW’s As-Is Medicaid business processes, evaluates and helps define To-Be business processes, and develops requirements from the As-Is and To-Be business processes and identification of gaps
- Facilitates business process review sessions with IDHW SMEs, and authors detailed business process analysis documentation
- Obtains information collected from client, analyzes and assesses information, and draft deliverables per SOW deliverable expectations
- Facilitates monthly risk meeting and review and updates current project risks, and documents meeting minutes and action items
- Conducts updates to IDHW’s Azure DevOps Master WIKI, when applicable

Business Analyst, Kentucky Cabinet for Health and Family Services – KY HEALTH 1115 Waiver Implementation IV&V Project (02/2020 – 11/2020)

- Conducted ongoing IV&V and risk assessments for Kentucky HEALTH portfolio of projects, which contains multiple, interdependent system development efforts spanning across three Commonwealth Cabinets
- Authored and provided input for the development of the bi-weekly and monthly status reports
- Observed meetings, reviewed deliverables, and conducted interviews
- Analyzed and independently reviewed SDLC activities, management processes, schedule and resource management, stakeholder communications, and adherence to requirements, regulations, and best practices
- Developed and documented observations and areas of interest based on meetings observed, deliverable reviews, and meetings conducted



Hana Dunning – IV&V Business Analyst

Business Analyst, Kentucky Cabinet for Health and Family Services – IV&V for the Partner Portal Modernization Project (08/2019 – 02/2020)

- Conducted IV&V for the project to implement a web-based Medicaid Partner Portal Application (MPPA) to streamline and automate Kentucky's the paper-based Medicaid program provider enrollment process
- Authored and provided input for the development of the weekly and monthly status reports
- Observed meetings, reviewed deliverables, and conducted interviews
- Documented observations and areas of concern based on meetings observed, deliverable reviews, and meetings conducted
- Completed peer review of documents and reports to be delivered to the client
- Reviewed and assessed checklists and artifacts for certification activities
- Developed and provided input for the final progress report for CMS certification, leading to successful certification of the MPPA module

TEKsystems

04/2019 – 07/2019

Certification Business Analyst, New Jersey Modernization Replacement MMIS

- Collaborated with project team, DDI vendor, QA vendor, and IV&V vendor to complete the certification process for the planning, development, testing, and implementation of systems
- Developed documentation in compliance with Federal guidelines to secure million-dollar funding model
- Provided certification subject matter expertise to support certification of the New Jersey Replacement MMIS
- Supported the planning and identification of certification-related tasks and activities
- Conducted detailed reviews and provided actionable feedback on vendor and state-owned evidence packets and checklists
- Assisted with the resolution of issues/conflicts impacting certification and/or the overall project
- Provided input into and participated in standing weekly certification planning

State of Nebraska Medicaid and Long-Term Care

07/2013 – 04/2019

Medicaid Enterprise Certification Lead, MITA Coordinator, and Business Systems Analyst

- Served as the Enterprise and Project Certification Lead, collaborating with project team, DDI vendor, and IV&V vendor to complete the certification process for the planning, development, testing, and implementation of systems
 - ✓ Responsible for producing documentation in compliance with Federal guidelines to secure \$60+ million funding model
 - ✓ Compiled and reviewed checklists, certification evidence, and other required artifacts
 - ✓ Prepared weekly certification status reports to accompany a status narrative sent to the Deputy Director
 - ✓ Participated in certification meetings with the CMS, IV&V vendor, and/or project team
- Served as the MITA Coordinator responsible for managing the MITA roadmap and toolkit for Nebraska's Medicaid and Long-Term Care (MLTC) to align IT with business needs
- Analyzed business process and system requirements and the creation of business process solutions for large-scale business system applications
- Created new datasets; produced analysis using Excel functions (e.g., Pivot Tables, VLOOKUP, etc.)
- Coordinated the process for MLTC's changing business needs by monitoring and assisting with the submission and prioritization of system change orders for the MMIS



Hana Dunning – IV&V Business Analyst

Medicaid Policy Program Specialist

- Researched, reviewed, analyzed, and interpreted federal regulations and laws, state laws, and their administrative requirements to formulate appropriate policies
- Composed reports, position papers, impact statements, and other documents to formulate policy material
- Developed communication strategy to align with system releases, documentation, and training material
- Presented informational Medicaid policy presentations to external stakeholders, providers, other state administrators, and cross-functional agency partners
- Provided subject matter expertise for the Eligibility and Enrollment System (IBM Solutions) during the projects Initiation and Planning phase and Requirements, Design, and Development phase
- Assisted in writing and analyzing business rules (formula and decision table rules) based upon Medicaid Eligibility federal and state policy to be programmed in the Eligibility and Enrollment System
- Analyzed business processes, system requirements, and the creation of business processes
- Evaluated business requirements and made recommendations for change when necessary

Medicaid Social Services Worker

- Determined Medicaid eligibility for adults, children, and families by gathering and reviewing financial and demographic information. Verified the information using a Legacy system, Medicaid Management Information system, and several interfaces
- Mentored Social Service Worker peers and provided support in understanding federal and state Medicaid regulations

Education and Certifications

- Bachelor of Arts, International Relations**, Wesleyan College (2012)
- Project Management Professional (PMP)**, Project Management Institute (2020)
- Lean Six Sigma Yellow Belt**, State of Nebraska (2018)

Reference #1
<p>Name: Crystal Georgiana Phone: (402) 471-9190 Address: 301 Centennial Mall S Lincoln, NE 68508</p>
Reference #2
<p>Name: Lesli Boudreaux Phone: (337) 344-7088 Address: AmeriHealth Caritas Louisiana, PO Box 83580 Baton Rouge, LA 70884</p>
Reference #3
<p>Name: Diane Twehous Phone: (573) 680-3715 Address: 301 Centennial Mall S Lincoln, NE 68508</p>



Ross Gosnell – IV&V Technical Analyst

Qualifications

Ross is a technical IV&V analyst and Medicaid expert with over 30 years' experience providing oversight to system development and implementation initiatives, of which over four years focused on providing IV&V services across multiple complex MES modernization initiatives in project environments using a combination of waterfall and agile methodologies. During his tenure he has applied his technical, security, finance, and operations management background to enhance the quality and functionality of systems development, supporting organizational alignment with strategic initiatives including within an MCO as the CIO for Delta Dental of Illinois, and as a Technical IV&V Analyst in Kentucky as the State transitioned to a Managed Care model. Ross brings his demonstrated ability to anticipate business requirements and produce optimal solutions that build profitability to his IV&V approach.



Experience

- 30 years providing oversight to system development and implementation initiatives
- 12 years facilitating performance and operational excellence methodologies
- 10 years providing innovative IT solutions to the healthcare public sector
- 8 years in IV&V

Professional Experience

CSG Government Solutions

07/2013 – Present

Technical Analyst, Kentucky Department of Medicaid Services – Cabinet for Health and Family Services – Eligibility System and HEALTH 1115 Waiver Implementation IV&V (10/2019 – Present)

- Provides Technical and Business Analyst IV&V expertise during the development and implementation of the Kentucky Health Resources project and Single Sign-on Portal project
- Develops and monitors observations when potential risk was determined
- Develops bi-weekly and monthly status reporting to the client and monthly reporting to CMS
- Reviews and evaluates deliverables for the RE and SSP projects throughout the system development life cycle, including general and detail design documents, test results, and the implementation guide
- Conducts interviews with the client, DDI implementation vendor staff, and attended weekly meetings

Technical Analyst, New Mexico Human Services Department, MITA 3.0 SS-A (06/2019 – 10/2019)

- Evaluated the previous MITA SS-A and identified enhancements from the past SS-A to present day
- Reviewed technical documents such as design, architectures, scorecards, process maps, technical capability and information capabilities documents to evaluate current maturity levels
- Issued questionnaires to subject matter experts to collect information about current technical characteristics
- Created a gap analysis and identified gaps for HHS enterprise which manages and delivers all services in the state and transitions from current operating models to an outcomes-based focus
- Updated 5-year Roadmap, Concept of Operations, and MITA Maturity Profiles to meet Center for Medicare and Medicaid Services (CMS) requirements

Technical Analyst, Vermont Agency of Human Services – IV&V for the Design, Development, and Implementation of a Medicaid Eligibility and Enrollment System (01/2018 – 05/2019)

- Provided technical IV&V expertise at the portfolio level as Vermont prepared to replace the existing integrated eligibility system and related systems
- Reviewed and assessed deliverables, monitored meetings, conducted interviews, and evaluated artifacts as part of the IV&V team portfolio assessment for integrated eligibility; evaluated and mitigated risks



Ross Gosnell – IV&V Technical Analyst

- Contributed to technical assessments for periodic status reporting to the client and CMS
- Evaluated the Medicaid Eligibility and Enrollment Toolkit and its application to the SoV certification

Technical Analyst, New Hampshire DHHS – MITA 3.0 SS-A (07/2017 – 01/2018)

- Reviewed and assessed client artifacts covering technical systems and components of the DHHS MMIS
- Prepared and Hosted MITA Information/Technical Architectures (IA/TA) workshops on the MITA Business Areas
- Assessed the IA/TA information for compliance with the MITA IA/TA capabilities matrix including reviewing strategic goals, objectives, and measuring the maturity of information and technical capabilities
- Developed scoring and justification of the alignment of the DHHS IA/TA assessment to the MITA standards
- Developed deliverable document with the results of the ancillary systems analysis

Project Manager, Colorado Governor’s Office of Information Technology – MARS-E 2.0 Independent Security Audit – Annual Security and Privacy Attestation (05/2017 – 06/2017)

- Reviewed/updated with new findings and Plan of Actions and Milestones for security controls assessment
- Reviewed and assessed client documents including the System Security Plan for security assessment compliance and risk determination
- Prepared interviews and monitored tests and demonstrations of MARS-E security controls
- Developed and delivered Security Assessment Report covering OIT, DHCPF, and COHBE

Security Analyst, Vermont Agency of Digital Services – Independent Security Audit of the Vermont Health Connect (03/2017 – 04/2017)

- Developed Security Assessment Plan for Vermont Health Connect; Reviewed and updated POA&M
- Reviewed and assessed client documents for security assessment compliance and risk determination
- Prepared supporting interviews and monitored tests and demonstrations of MARS-E security controls
- Prepared and developed IRS Data Center Internal Inspection Reports for compliance with IRS 1075 publication

Project Manager, Colorado Department of Health Care Policy and Financing – ACA Eligibility and Enrollment Colorado Benefit Management System (CBMS) IV&V Services Project (09/2016 – 11/2016)

- Developed and managed the IV&V plan and identified all related documentation, checklists, risk categories, and client personnel in support of the review of the eligibility and enrollment system
- Determined and published risk levels based on client and vendor interviews and review of client documents
- Provided status reporting to State senior management and weekly briefings to state teams
- Provided IV&V report covering current status of the project, evaluated risks, and risk mitigation strategies

Business Architect Analyst, Virginia Department of Medical Assistance Services – Medicaid Enterprise System Modernization Requirements Definition and Procurement Support Services (09/2015 – 08/2016)

- Prepared documents for Joint Application Requirement sessions and led session discussion to collect Medicaid Enterprise Solution (MES) RFP requirements; created Requirements Traceability Matrix (RTM) for RFPs
- Developed CMS certification plan based on Medicaid Enterprise Certification Lifecycle process
- Created activity checklist for DMAS to monitor the IV&V engagement, MES procurement, and certification

Technical Analyst, Kentucky Cabinet for Health and Family Services – IV&V for the Medicaid Waiver Management Application Modernization Project (04/2014 – 06/2015)

- Provided Technical and Business Analyst IV&V expertise during the development and implementation of the Kentucky Waiver Case Management system, providing status reporting to the client and CMS
- Reviewed and evaluated deliverables with IV&V services for the entire project system development life cycle, including general and detail design documents, test results, and the implementation guide



Ross Gosnell – IV&V Technical Analyst

Business Analyst and Subject Matter Expert, Colorado Department of Health Care Policy and Financing –ACA Eligibility and Enrollment Colorado Benefit Management System IV&V Services Project (09/2013 – 04/2014)

- Evaluated the implementation of the Colorado System Security Plan to confirm compliance with the Federal Data Services Hub transaction requirements for wave and end to end testing
- Developed IV&V checklists for the review of the project; developed weekly and monthly project status reports
- Determined and published risk levels based on Interviewed client and vendor personnel and reviewed client documents to develop informed observations based on the checklist requirements

Delta Dental of Illinois **07/1997 – 07/2009**

Chief Information Officer and Senior Vice President, Information Systems and Technology (01/2001 – 07/2009)

- Managed the development and implementation of systems in support of Medicaid and Children’s Health Insurance Plan (CHIP) for Georgia, Florida, Indiana, and Texas for Delta Dental
- Architected and implemented an innovative dental HMO system which saved \$1.3 million in annual service fees
- Architected and implemented a leading-edge technology platform and redesigned call flow processing that resulted in a significant efficiency improvement
- Managed full scale conversion and implementation of new claims system, covering 1.5 million members and representing over a billion dollars in revenue

Home Products International, Inc. **05/1982 – 07/1997**

Director of Information Systems and Services

- Internally architected and developed numerous key systems; Implemented an enterprise-wide corporate system for financial reporting to enable monthly financial and operating analysis

Education and Certifications

Master of Business Administration, Financial Management, Benedictine University (1992)

Bachelor of Science, Accounting, Roosevelt University (1975)

Reference #1
<p>Name: Michael Berger Phone: (847) 363-2854 Address: 7500 Security Blvd Baltimore, MD 21244</p>
Reference #2
<p>Name: Irene Vasquez Phone: (773) 345-8805 Address: 4101 W 51st St Chicago, IL 60632</p>
Reference #3
<p>Name: Victor Errichetti Phone: (949) 933-3150 Address: 3800 SW 27th Ct Cape Coral, FL 33914</p>



j. Subcontractors

If the Contractor intends to Subcontract any part of its performance hereunder, the Contractor should provide:

- i. name, address, and telephone number of the Subcontractor(s);
- ii. specific tasks for each Subcontractor(s);
- iii. percentage of performance hours intended for each Subcontract; and
- iv. total percentage of Subcontractor(s) performance hours.

CSG does not intend to utilize subcontractor resources for the performance of any work resulting from award under this RFP.



2. TECHNICAL APPROACH

The technical approach section of the Technical Proposal (Attachment A – Business Requirements Traceability Index) should consist of the following subsections: a. Understanding of the project requirements; b. Proposed development approach; c. Technical considerations; d. Detailed project work plan; and e. Deliverables and due dates.

On the following pages CSG includes subsections a – e as requested in RFP Section 2, Technical Approach, followed by our response to each requirement. Attachment A – Business Requirements Traceability Matrix is included as a part of our response to Subsection B, Proposed Development Approach.

a. Understanding of the Project Requirements

The State of Nebraska, DHHS is seeking a qualified vendor with IV&V expertise, project management expertise, and relevant past experience performing IV&V work for Medicaid systems, to support the MLTC in implementing enterprise improvements. MLTC has program goals to achieve the following:

- Improve service and health outcomes
- Enhance integration of services and quality of care
- Emphasize person-centered care, including enhanced preventative and care management services
- Reduce rate of costly and affordable care
- Improve financial sustainability

The DHHS/MLTC Enterprise Improvement projects support DHHS' advancement towards a modern, modular-based Medicaid business and technical environment and is a significant effort that includes both business and technical objectives with the goal of improving the health and wellness of Medicaid Members by increasing their access to comprehensive health services in a cost-effective manner.

CSG Government Solutions has the requisite experience in IV&V and Project Management, delivering extensive experience in both specialties, along with subject matter expertise in Medicaid, data management and utilization, fee-for-service and managed care, along with system implementations, which have achieved module system certification under CMS's Outcomes-Based Certification approach. CSG supports DHHS' leadership vision of implementing enterprise improvements that will drive process re-engineering with automated solutions, serving as the eyes and ears for MLTC to identify risks and potential circumstances that may negatively impact any of the projects and applying insight into the vendor landscape and CMS standards and conditions. CSG will focus on the implementation of five key projects:

- 1. Electronic Visit Verification:** Implement an EVV solution for Personal Assistance Services (PAS), Home and Community Based Services (HCBS) AD Waiver Chore Services, and other waiver programs. NE is currently in the initial planning for implementation of Home Health EVV. A review date has not been set for final certification of EVV for PAS and HCBS services.
- 2. Interoperability and Patient Access:** Achieve compliance with the CMS Interoperability and Patient Access Final Rule by implementing a secure, standards-based Patient Access API that allows patients to access claims and encounter information through third-party applications of their choice. This project is expected to start in March 2022 and be implemented in August 2022. Certification is not required for the Patient Access API.



3. **Integrated Eligibility & Enrollment / Benefits Management (IE&E/BM):** Acquire an Integrated Eligibility & Enrollment / Benefits Management (IE&E/BM) System based on a framework of shared components known as an IHHS Platform. The public portal is scheduled to go live in April 2022. Project dates have not been established for IBEEM. Certification plans for the portal have not been finalized.
4. **Point of Sale Drug Claim Processing (POS):** Procure a new Medicaid Drug Rebate processor and a Point-of-Sale pharmacy prescription drug claims processor to replace the current standalone system. An RFP is planned for June 2022. MLTC anticipates implementation will occur in January 2023.
5. **HITECH to MES Transition:** Transition projects currently funded under HITECH to MES funding sources, including OBC of HIE-related systems. This project is currently underway. MLTC anticipates final certification review will occur in May 2022.

These new initiatives will be done in conjunction with several interdependent service and system initiatives that are currently in progress, or which are planned as part of the effort to achieve the DHHS/MLTC Enterprise Improvement vision. Acquiring and implementing these new systems requires an additional effort of phasing implementation and integration of the new and planned modules into the existing framework of business and technology. This requires an added focus on limiting the amount of rework and “throw away” modifications where possible, while maintaining MLTC’s business functionality needs throughout the implementation and integration of the new modules and processes.

In support of these efforts in meeting the strategic goals of DHHS, CSG will implement its proven **IV&V by CSGSM** methodology. This combination of our experienced teams with our high-value methodology and tools provides our clients with first-class IV&V services. IV&V by CSGSM delivers:

- **An experienced IV&V team** with expertise that combines IV&V, with EVV, POS, IE&E, interoperability and MES transitions, while maintaining IV&V independence within a productive, coordinated effort with the five DHHS divisions, and DDI vendor teams.
- **Advanced IV&V methodology** that is flexible, proactive, and predictive with a disciplined focus on risk identification and mitigation, providing practical recommendations for actionable strategies and plans and supported by clear trend analysis and reporting.
- **Customized TeamCSGSM IV&V tools** that maximize the quality of our IV&V services and the productivity of our teams.
- **A Flexible IV&V Approach** to accommodate potential DHHS changes in the development and implementation of DHHS/MLTC enterprise improvement projects.

Critical Success Factors for the DHHS/MLTC Enterprise Improvement Projects

The following critical success factors have been refined based on lessons learned from our national experience and the direct experiences of our proposed team, who can provide guidance on successful IV&V practices and modernization strategies used in other states. We recognize there is no “one size fits all” approach for a project as complex as this enterprise initiative, so we use our collective experience to tailor an approach and methodology that meets the needs and accomplishes the desired outcomes of the DHHS/MLTC Enterprise Improvement projects.



Critical Success Factors for the DHHS/MLTC Enterprise Improvement Projects

- **Project Governance:** MES Modernization requires a structured program management approach, effective decision making, timely resolution of issues, and proactive risk management. The CSG IV&V Team brings years of practical experience with enterprise governance, large-scale systems, and operational replacements, implementations, enhancements, and oversight of complex solutions integrations. This collective experience provides our IV&V teams with first-hand knowledge and lessons learned not only from the perspective of providing IV&V services, but also from the perspective of being part of leadership and project teams that have conducted work on modernization efforts similar to Nebraska’s modernization efforts. When combined with our *IV&V by CSGSM* methodology and TeamCSGSM tools, this experience helps our IV&V teams make informed decisions about who to talk to, what to ask about, and where to look for potential concerns, as well as opportunities, and allows our IV&V teams to methodically identify and assess enterprise-level impacts while gathering and analyzing project-level information.
- **Critical Path to Defined Objectives:** A key factor element in delivering projects on time is to identify and manage the critical path to delivery. Management includes prioritization of resources, monitoring dependencies, timely resolution of issues and the ability to be flexible. The CSG IV&V Team assesses whether vendor project schedules properly document the resources, structure, and processes to provide a comprehensive view of critical path activities, cross-vendor dependencies, and the overall project status. This helps State staff and vendors to foster a unified team environment and promote the use of a “common language” across projects and among the project teams.
- **Identification and Management of Risk:** Early identification and mitigation of project risk minimizes the occurrence and impact of issues that can derail a project. The CSG IV&V Team is equipped with *TeamCSGSM Risk Assessment Model* to ensure our assessments provide consistent and thorough risk monitoring. The model contains a baseline set of more than 450 potential risks across 22 domain categories derived from our experience on past projects and aligned with industry standards and best practices. The CSG IV&V Team uses the model to focus prioritization and assessment of the impact of risks to the overall project and enterprise health.
- **Regulatory Compliance for Enhanced Funding:** Enhanced funding requires consistent transparent communication with federal partners to prevent project delays or rework. CSG delivers expertise in advanced planning, status reporting, gate reviews, and certification. Based on our experience, we see the federal participation as an opportunity. We focus on how compliance with CMS’ MITA 3.0 Framework, seven Standards and Conditions for Medicaid IT, and system certification requirements, as well as the effort that it takes to complete APDs, yields meaningful business value in addition to enhanced federal funding for the project.
- **Collaborative Environment:** A collaborative environment is essential to project coordination and problem solving. CSG focuses on the establishment and cultivation of mutually respectful relationships with our clients and their vendors. Our efforts to plan and implement IV&V services are directly tied to our IV&V mission, which is to bring value to all our engagements. This mission drives our perspective and approach to how we conduct ourselves and our IV&V services. We develop clear lines of communication and collaborative working relationships to help the DHHS/MLTC Enterprise Improvement projects move forward, using your desired project business outcomes, and establishing a partnership to support your project’s success. Based on our many years of experience in the field, what guides our IV&V work is that “our success is your success.”



The CSG Difference

Our IV&V approach is tailored to the needs of DHHS and MLTC. We bring the expertise needed to plan for and execute IV&V services that factor in the unique goals and circumstances for each project, including:

- **A fresh perspective:** It takes a fresh perspective to bring complex issues into focus and bring creativity and innovation to challenges that face large scale enterprise initiatives. Complex programs require a “fresh set of eyes” to bring the entire program into perspective and cut through the barriers and roadblocks so the Project can make significant gains and progress early in the SDLC. CSG has a proven roadmap for IV&V that is focused on heading off disruptions in the Project while maximizing project productivity by supporting DHHS with timely insights, observations, and actionable recommendations.
- **Independence:** CSG remains completely independent from solution vendors during each of your ongoing MES improvement projects and maintains technical, managerial, and financial independence from other stakeholders as required by Federal direction. We train our IV&V team members to balance mutually respectful working relationships with independent observations and conclusions. We use a methodical, transparent approach to gather information and deliver objective analysis and practical recommendations. Our independence also means that, as an IV&V agent who is new to DHHS projects, do not bring any historical influences or biases, preconceived notions, or affective judgements made without supporting research and facts.

CSG maintains our independence as follows:

- ✓ CSG does not sell products or DDI services. We do not compete with your solution vendors.
 - ✓ CSG does not contract or partner with solution vendors.
 - ✓ CSG teams are encouraged to engage vendors with professional respect and maintain the boundaries that allow for independent observations and conclusions.
 - ✓ CSG selects artifacts and documents to review and the interviews to conduct to gather observations and independently assess project performance and risk.
 - ✓ CSG provides analysis, observations, and recommendations, and defers to the State project team for decisions regarding implementation of recommendations.
- **Proven Methodology and Tools:** We leverage IV&V by CSGSM, our proactive, predictive approach to planning, managing, and executing IV&V engagements to meet or exceed all the DHHS requirements for the IV&V vendor. IV&V by CSGSM combines an experienced team with our proven methodology and tools, industry best practices and trends, lessons learned from similar engagements, and federal and State regulations and standards to offer first-class IV&V services that will assure the five DHHS projects are professionally managed, staffed with skilled people, and delivers on our commitments.
 - **Actionable Recommendations:** As the IV&V vendor for the DHHS projects, we provide specific, practical, actionable recommendations based on our industry experience and knowledge of the MLTC project environment. CSG provides objective information to support DHHS and verify that the projects continue to meet DHHS’ organization, functional, technical, and operational goals. CSG’s actionable recommendations are formulated to reduce the risks to the projects and are based on industry standards such as IEEE, ISO, ANSI, and NIST.



- **Leaders in Streamlined Modular Certification (SMC):** CSG is a leading provider of IV&V and certification oversight services to government agencies. We have been working with other states such as Idaho, Kentucky, Vermont, and Ohio to transition to OBC as part of CMS' pilot of the new approach. Our on-the-ground experience with OBC and SMC provides early insight for how to meet CMS' expectations. CSG's internal Center of Excellence HHS Certification Discussion Group meets monthly to share lessons learned from our 14 active Medicaid and Eligibility modernization projects. Our IV&V team will leverage CSG's knowledge base to share insights, potential obstacles, and best practices with DHHS and MLTC.
- **Focused on Effective Program Governance:** Effective project governance is vital to effective project management and the implementation of projects as diverse and complex as the DHHS/MLTC Enterprise Improvement projects. Given the complexity and transformative nature of these projects, and the associated scrutiny and oversight by internal and external stakeholders, CSG works with Agency sponsors to identify gaps in governance processes, roles, and responsibilities and ensures that our risk management approach and objective assessments inform your decision-making processes.
- **Experienced both in IV&V and Project Management:** Our success as an IV&V vendor comes from not only being extremely well versed in IV&V, but also from our experience and expertise in project management. Our multi-disciplinary teams include project management professionals, MES subject matter experts, systems development implementation experience, and "we know it, because we have seen it". CSG recognizes that to effectively perform our IV&V duties, it takes experience to properly understand requirements and assess project performance of MES projects.
- **Focused on meeting State and Federal Goals:** As the IV&V vendor, we balance the goals of Nebraska and DHHS and those of CMS. Our approach to IV&V focus in on each project meeting all identified goals, which benefits DHHS, CMS and all Nebraskans, and identifying and avoiding high-risk areas early in the project effort which allows DHHS and MLTC business units to either mitigate or prepare contingencies. It also provides DHHS leadership, stakeholders, and CMS, an objective analysis and improved visibility into the progress and quality of the project's development efforts.
- **Supportive of MLTC:** As the IV&V vendor we are not an audit firm, with findings to prove our worth. Instead, CSG strives to be a trusted advisor and a valued partner with the shared goal of successful project implementations.
- **Flexibility in Providing IV&V Services:** Scope and schedule changes are common with enterprise improvement projects. Our ability to adapt to these changes while maintaining our IV&V responsibilities assures DHHS that desired outcomes for each project are achieved.

In summary, our approach to IV&V focuses on adding value by minimizing the impact of risks and issues and maximizing on opportunities for improved results.



"CSG provided comprehensive IV&V services, high-quality tools, early risk detection, and timely reporting to cover all aspects of our MMIS modernization. They were focused on the overall success of the project and brought an independent, objective perspective which I valued."

Anthony Trotman, Former Deputy Chief of Staff
Ohio Department of Medicaid

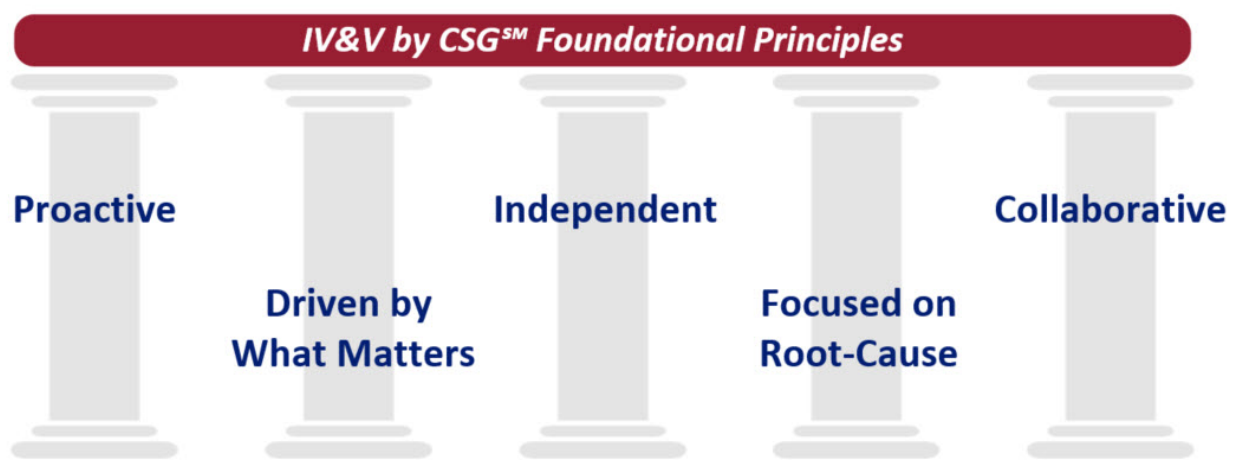


b. Proposed Development Approach

Using the information provided by DHHS and MLTC in your request for proposal, CSG has developed a detailed work plan and offers a highly qualified team to deliver IV&V services for the DHHS projects identified in V.A.3. *IV&V by CSGSM* combines CSG's IV&V Methodology, Project Management, and TeamCSGSM Tools to deliver scalable services that are tailored to each project defined in the scope of work. Here we provide an overview of CSG's IV&V Methodology and TeamCSGSM tools followed by our detailed response to the Business Requirements. Our scalable approach allows CSG to provide IV&V for several projects simultaneously using fewer project resources, while still maintaining our ability to provide early detection and correction of project risks.

CSG's IV&V Methodology

As a trusted IV&V partner, the focus of CSG's IV&V services is to bring valuable independent project oversight to DHHS/MLTC engagements. This desire to provide value drives our perspective and approach to how we conduct ourselves and our IV&V services. The foundational principles of *IV&V by CSGSM* is to help your project move forward, using targeted project business outcomes, and establishing a partnership to support project success. *IV&V by CSGSM* is built on the following Foundational Principles:

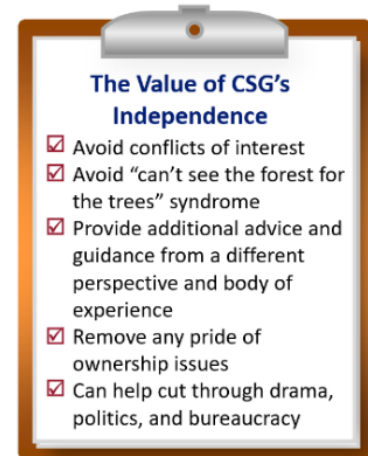


- 1. Proactive:** CSG's forward-looking perspective helps projects get ahead of problems instead of reacting to them. We look across all phases of each project to identify and report risks and barriers to the project as early as possible in the project life cycle. We provide realistic response plans that help keep the project on track and protect your valued resources. In this way, we are not auditors simply looking to find and report on something "wrong." Instead, we are focused on actionable recommendations that help keep the project on track.
- 2. Independent:** To protect agency project goals and objectives, we maintain an objective perspective on project activities. Maintaining our independence removes any pride of ownership



issues and ensures our IV&V services are insulated from politics and conflicts of interest. This means that we may bring messages about sensitive or high-risk areas. Our experience has taught us that our ability to bring you these messages in an open and transparent manner is critical to keeping you fully informed to make key decisions on behalf of the project.

3. **Driven by What Matters:** We prioritize our efforts and communications to focus on the highest impact risks or problem areas for the project. Our approach is not to overwhelm you with the “small stuff.” Rather, we focus on what will help drive the project successfully toward your goals, using best practices to provide avenues to address project threats. Our objective, fact-based observations describe “what” we see and “why” it matters, and our recommendations offer realistic and practical strategies to aid in deciding what to do next. We are committed to providing the best and most useful information to inform the project’s decision-making process.
4. **Focused on Root Cause Analysis:** CSG’s analysis goes beyond reporting surface “symptoms” into a focus on underlying causes for risk or problem areas. We use multiple sources of information and triangulate the information to drive beneath the surface to analyze and determine what is causing the symptoms.
5. **Collaborative:** We have found that transparency and collaboration is essential for successful IV&V engagements, not only with project stakeholders but also with your selected vendors. For example, we work with state staff and project vendors on areas you believe are a risk to the project so that we can assess, guide, and proactively counsel on these risk areas. We maintain open communication with the project team and vendors to fact check our observations and to inform you of project threats, risks, issues, and opportunities before you see it in an IV&V report. This ensures there are no surprises when reading a report.



Our IV&V methodology supplies the framework for delivering IV&V services that support the successful implementation of each project. Our IV&V methodology defines our process for verifying and validating that the project deliverables produced, and the processes used, effectively support each project throughout the system development life cycle. To do so, CSG focuses on key aspects of every IV&V effort:

- **Product:** Is the right product being built that will meet project objectives?
- **Process:** Are the proper processes and methods being used consistently and effectively?
- **Progress:** Is the forward motion of the effort moving as expected and appropriate given the complexity of the project?

Effective IV&V services require a thorough understanding of the full landscape of a project. In addition to focusing on IV&V industry best practices, CSG brings years of practical experience with large-scale system replacements, implementations, and enhancements and our approach to IV&V is solution-neutral and methodology driven. This means our IV&V services adapt to any solution vendor, and a variety of software development methodologies, including Waterfall, Agile, incremental, and hybrid.



Adhering to Industry Best Practices and Standards

IV&V by CSGSM incorporates Nebraska’s Technology Access standards, as well as the following industry standards into our methodology and tools to inform and operationalize the CSG IV&V Team’s verification and validation efforts.

Project Management Institute (PMI): CSG leverages the ANSI (American National Standards Institute) Standard for Project Management found in PMI’s *Project Management Body of Knowledge (PMBOK Guide)* for project management best practices when performing IV&V services.



IEEE Institute of Electrical and Electronics Engineers (IEEE): CSG’s IV&V methodology conforms to appropriate IEEE standards for systems and software engineering, and *TeamCSGSM Risk Assessment Model* incorporates standards such as 1012-2012 for verification and validation and 12207-2017 for software life cycle processes.

International Organization for Standardization (ISO): CSG’s IV&V methodology conforms to appropriate ISO standards, including ISO/IEC Standard 12207-2017 for software life cycle processes.



American National Standards Institute (ANSI) and American Society for Quality Control (ASQC): CSG’s approach to test sampling is based on the sampling methodology specified in ANSI/ASQC Z1.4, ISO 2859. This standard includes a methodology for selecting a suitable sample size and a representative part of the test case population for the purpose of determining the characteristics of the whole population.

National Institute of Standards and Technology (NIST): CSG’s cybersecurity methodology aligns with the NIST Cybersecurity Framework and is incorporated into the assessment checklists and assessment methodology.



Association of Change Management Professionals (ACMP): CSG’s IV&V methodology aligns with the ACMP Standard for Organizational Change Management.



TeamCSGSM Tools

CSG deploys automated TeamCSGSM tools to maximize the quality and consistency of CSG services and the productivity of our IV&V teams. TeamCSGSM tools are deployed on a SharePoint, web-based collaboration platform that is supported by our internal technology organization, CSG Tech. TeamCSGSM tools reflect our accumulated knowledge and experience on similar projects around the country, enhanced by our own research. Our project team will use the following tools to support the IV&V services and to jumpstart our work on the project. Our tools provide powerful reporting capabilities and support the ongoing work of our IV&V teams. The following table describes CSG Tools to be utilized on DHHS projects.



Figure 2: Sample TeamCSGSM IV&V Reports



TeamCSG SM Tool	Features and Functions
<i>TeamCSGSM Risk Assessment Model</i>	Provides a comprehensive list of nearly 450 potential risks across a project's life cycle. Provides proven, consistent guidance and a framework for risk identification and analysis. Can be configured to fit the project scope and characteristics of individual projects.
<i>TeamCSGSM Risk Tracking and Reporting</i>	Provides the ability to capture, track, and report on risks, observations, and recommendations across all assessment efforts and to determine increasing or decreasing risk levels and project health. Supports the traceability of risks from the point of first identification, through mitigation actions and closure.
<i>TeamCSGSM Artifact Reviews</i>	Facilitates tracking vendor and CSG deliverables, including key artifact attributes such as due date, delivery date, reviewing authority, review status, and final sign-off. Provides reporting features that identify past-due deliverables along with upcoming deliverables to support resource planning for reviews.
<i>TeamCSGSM Operational Readiness</i>	Provides tracking and reporting capabilities for monitoring and assessing the operational readiness of the organization, people, and system for implementation of a system. Includes powerful dashboard reporting capabilities to support decision-making as the transition to go live approaches.



2.b.1 Attachment A – Business Requirements Traceability Matrix Request for Proposal Number 109035 O3

Bidders are instructed to complete a Business Requirements Traceability Matrix for independent verification and validation (IV&V) services. Bidders are required to describe in detail how their proposed solution meets the conformance specification outlined within each Business Requirement.

The traceability matrix is used to document and track the business requirements from the proposal through testing to verify that the requirement has been completely fulfilled. The contractor will be responsible for maintaining the contract set of Baseline Requirements.

The traceability matrix should indicate how the bidder intends to comply with the requirement and the effort required to achieve that compliance. It is not sufficient for the bidder to simply state that it intends to meet the requirements of the RFP. DHHS will consider any such response to the requirements in this RFP to be non-responsive and the bid may be rejected. The narrative should provide DHHS with sufficient information to differentiate the bidder's business solution from other bidders' solutions.

The bidder must ensure that the original requirement identifier and requirement description are maintained in the traceability matrix as provided by DHHS. Failure to maintain these elements may render the bid non-responsive and result in for rejection of the bidder.

CSG has included our completed Attachment A – Business Requirements Traceability Matrix describing our proposed solution for conducting IV&V services. As required in the RFP, CSG has included the original requirement identifier and requirement description in the traceability matrix as provided by DHHS.



1. Project Management

Business Requirements	
Req #	Requirement
PM-1	Describe Bidder's proven methodology, approach, and process for Project Management of Medicaid IV&V activities,

Every CSG IV&V project is developed and managed to adhere to CSG's project management methodology, which aligns with PMBOK, and is flexible to be tailored to iterative agile, and agile/hybrid approaches. Upon the commencement of any project, we develop a comprehensive IV&V Project Management Plan that describes our approach and strategy for managing projects and delivering IV&V services to DHHS. The CSG IV&V Project Management Plan is the foundation for how CSG manages the project.

The following graphic provides an overview for how we will manage the DHHS IV&V projects, based on our proven IV&V methodology, approach, and processes, and our TeamCSGSM tools. This methodology will be used over the course of each project's SDLC and will be tailored to meet DHHS' specific needs.

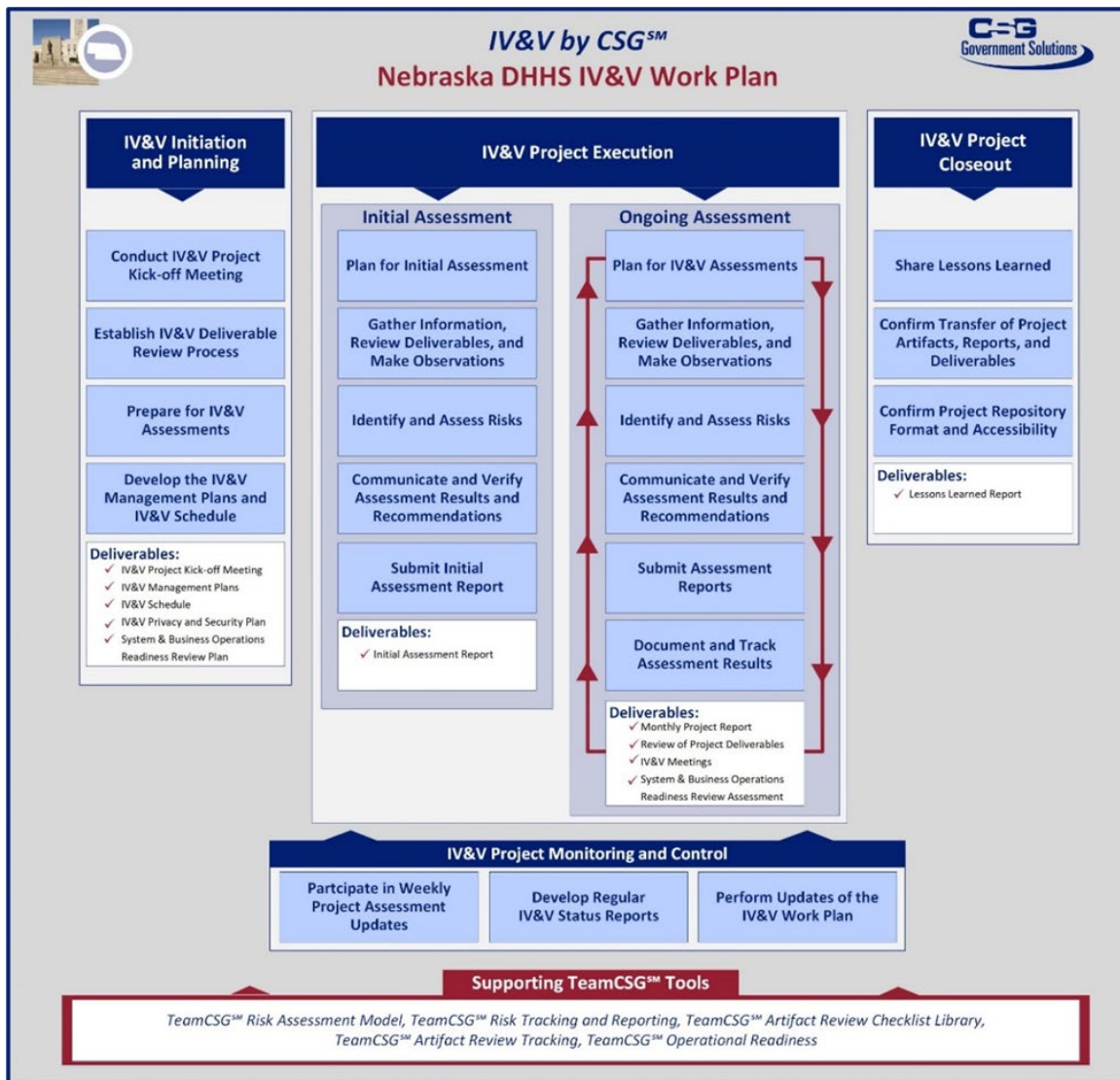


Figure 3: CSG's Work Plan for the Nebraska DHHS IV&V Projects



Throughout the phases of our IV&V engagement, CSG develops and actively manages to a comprehensive IV&V Project Management Plan that is customized to the DHHS/MLTC Enterprise Improvements projects. The IV&V Project Management Plan covers all the IV&V activities from the start of the project through implementation.

In addition to providing an overarching IV&V Project Management Plan for DHHS, CSG will also produce individual IV&V Management Plans customized for each of the project's unique needs. These plans are the foundation for how CSG conducts IV&V for each project, focusing on the tools, approach, principles and processes, the IV&V Team will use daily as they conduct their IV&V activities.

IV&V Initiation and Planning Phase

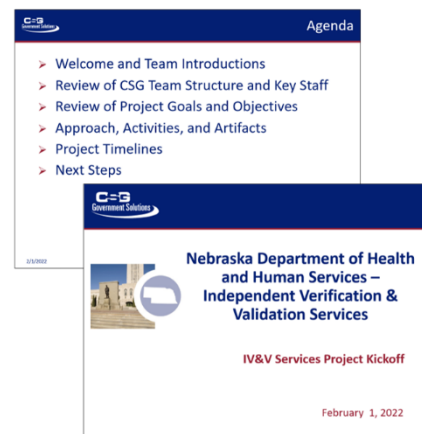
CSG's formal planning and preparation processes, along with our IV&V experience assures our IV&V teams are efficient and effective from day one. With focused interactions, interviews, and meetings, we minimize the time needed from MLTC, the project team, and other stakeholders while maximizing the information collected for our IV&V work.

Prior to launching an IV&V project, the CSG IV&V Team attends an IV&V Boot Camp, facilitated by CSG Senior Managers, the IV&V Lead, and the IV&V Project Manager for the engagement. This is an internal project launch to assure the CSG team understands the specific project goals, structure, and stakeholders, and the tailored IV&V approach that will be used. We also use this time to review the IV&V schedule, roles and responsibilities, and contract to ensure all required elements are planned for and implemented.

Conduct the IV&V Project Kick-off Meeting

An IV&V Project Kick-off Meeting is held at the beginning of each project to launch the IV&V effort with the project team members, vendors, and other stakeholders. The Kick-off Meeting achieves the following objectives:

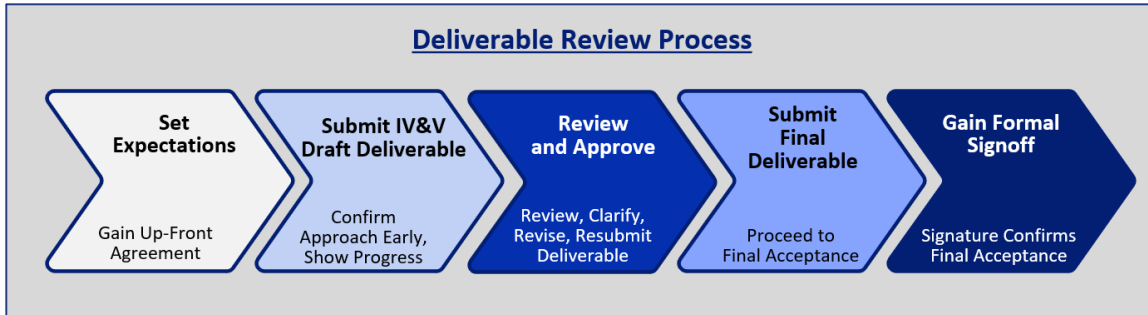
- Communicates the expectations for IV&V on the project as defined by MLTC.
- Describes the CSG IV&V Team's "no-surprises" approach to communication and shares the agreed upon lines of communication between the CSG team, the project team, and project leadership.
- Familiarizes project team members, vendors, and other stakeholders with IV&V activities and methods and how they contribute to the overall success of the project.
- Explains CSG's use of observations to convey project obstacles and risks and our commitment to providing actionable recommendations to address each obstacle or risk.
- Ensures project team members' understanding of IV&V project organization, scope, schedule, roles and responsibilities, and deliverables.
- Establishes MLTC responsibilities, such as:
 - ✓ Providing input and clarification to CSG for developing the IV&V deliverables.
 - ✓ Making DHHS staff available for IV&V interviews and providing access to project meetings and documents.





Establish IV&V Deliverable Review Process

The CSG IV&V Lead works with the project leadership to refine and agree upon a standard deliverable review cycle that includes the following:



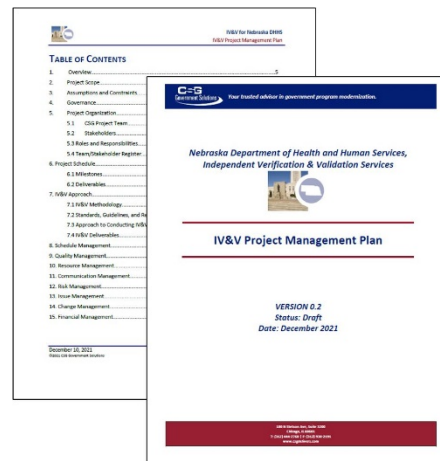
Prepare for IV&V Assessments

In preparation for IV&V project assessments, the CSG IV&V Team configures our tools to ensure our assessments target priority focus areas based on the current project phase and activities and areas DHHS identifies as important, risky, or wanting objective feedback. We coordinate with MLTC and vendors in advance of our assessments to provide adequate lead time to gather the information needed for the assessment such as:

- Project stakeholder roles and responsibilities
- Project team roles and responsibilities
- Approach to initial and ongoing assessments of the project
- Standing project meetings
- Project deliverable reviews
- Federal reporting and certification approach

Develop the IV&V Project Management Plan and Schedule

The IV&V Project Management Plan includes a project schedule and describes how the CSG IV&V Team will execute the assessment and reporting activities for the project. Based on our past project experience, we have found that investing time up front to complete a comprehensive Project Management Plan pays off when executing the IV&V project. Our efforts in this area are enhanced by our substantial library of materials that the CSG IV&V Team uses to develop the Project Management Plan. Further, we prioritize MLTC specific expectations for IV&V to ensure our execution of IV&V services is responsive to the requirements of MLTC and adapted to the needs of DHHS.



Align with selected SDLC Approaches

The CSG IV&V methodology aligns with and supports the most common and popular development approaches presently in use by leading Design, Development, and Implementation (DDI) partners, including linear and sequential models such as traditional waterfall, to incremental models such as



agile/hybrid approaches (e.g., Scrum, Kanban, SAFe). CSG customizes our approach to provide adherence to DHHS' SDLC. CSG's IV&V methods and tools ensure that DHHS has the requisite insights and controls in place to ensure that the selected SDLC approach for each Project, and for all project deliverables, achieves their stated goals and objectives.

Align with Selected Governance Approaches

The CSG IV&V methodology aligns with and supports the selected governance approach, or approaches, that are in use or planned to be in use for the DHHS/MLTC Enterprise Improvement projects. CSG tailors our IV&V approach dependent upon the selected means and methods DHHS chooses to fulfill its strategic goals and objectives, which are achieved through the implementation of the projects of the DHHS/MLTC Enterprise Improvement projects.

Project Execution Phase

The figure below provides a high-level depiction of the activities involved in the execution of the IV&V activities of a project. It also highlights the use of *TeamCSGSM Risk Assessment Model* to guide the CSG IV&V Team's assessments and *TeamCSGSM Risk Tracking and Reporting* used to document and track all observations along with their corresponding recommendations. Our assessment approach generally follows a five-step sequence:

- Plan for IV&V Assessments
- Gather Information
- Analyze and Develop Observations and Recommendations
- Verify and Document Observation and Recommendations
- Conduct Walkthroughs and Submit Reports

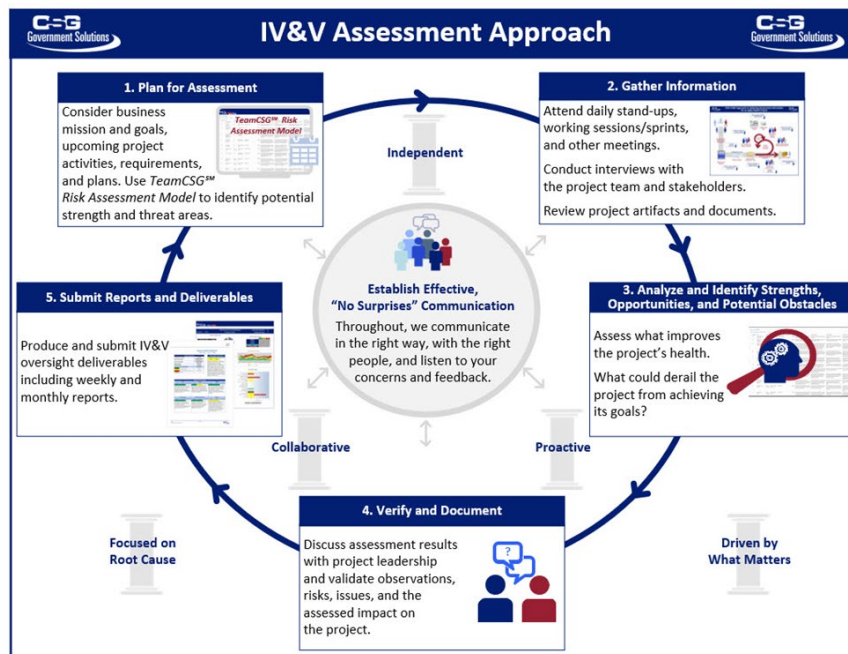


Figure 4: CSG IV&V Assessment Approach



IV&V Project Execution involves our IV&V team performing the project activities based on the *IV&V Management Plan* and IV&V Schedule. This includes activities such as conducting weekly IV&V assessments, reviewing documents and deliverables, attending meetings, conducting interviews and walkthroughs, conducting root cause analysis of potential risks and issues, development of the monthly report and focusing observations on what matters most to DHHS and the Project. We also perform quality reviews of project deliverables and support certification activities. All activities performed during Project Execution are thoroughly documented in our IV&V reports.

IV&V Monitoring and Control Phase

To monitor and manage the IV&V project, the CSG IV&V Team produces an IV&V Status Report every week, conducts weekly meetings with MLTC, updates the IV&V Project Management Plan, and revises assessment reports for each project to reflect current and upcoming project phases. These activities are communicated to MLTC in the IV&V Status Report and weekly meeting.

IV&V Closeout Phase

IV&V Project Closeout activities are initiated near the end of our IV&V engagements and generally serve two purposes; a structured wrap up of the project and an opportunity to share lessons learned with our clients. The wrap up includes ensuring IV&V project information, artifacts, reports, and deliverables are housed in a project repository that is accessible by MLTC.

PM-2 | PM-2 Include an example of an IV&V project schedule utilized on similar projects.

As depicted in the example IV&V project schedule below, we use the schedule to organize our work so that we can stay on track for completing our tasks while minimizing the impact to DHHS and contractor staff. Based on our experience, a well-constructed IV&V project schedule combined with timely, clear communication about expectations is an excellent foundation for ongoing collaboration between the CSG IV&V Team and DHHS and its other contractors. We construct and communicate about the IV&V project schedule to leverage our shared goal of a successful outcome for the MLTC projects.

The sample on the following pages is from a modular, multi-vendor MMIS implementation project spanning several years, demonstrating our approach, and understanding of the requirements for projects of similar size and complexity as the MLTC projects. Note that this project schedule has been abbreviated to exclude repetitive tasks and redacted to remove client and project-specific information.



Expertise in Action

NM IV&V for the MMIS Replacement

In New Mexico, CSG provides comprehensive IV&V services over the full life cycle of New Mexico’s MMIS replacement. New Mexico’s MMIS Replacement program includes procurements for seven modular system contractors and the design, development, implementation, and certification of the MMIS replacement modules. To effectively manage our IV&V activities, we ensure that our plans encompass all the required tasks, timeframes, dependencies, and resource allocations. We work closely with the State, system module contractors, and the systems integrator to promote an organized cadence for the whole project. When procurement issues created delays in the MMIS Replacement project schedule, we assessed the impacts for our IV&V work as well as the risks for the MMIS Replacement project. In addition to providing practical recommendations to the state for addressing their project risks, we adjusted our IV&V work plan to leverage new opportunities to help New Mexico’s MMIS Replacement project be successful.



ID	Task Name	Duration	Start	Finish
0	<State> MMIS IV&V Project	1010 days		
1	Contract Start	0 days		
2	MMIS Project Initiation and Planning	750 days		
3	Project Kick off Meeting	5 days		
4	Develop: Project Kick off Meeting Materials	4 days		
5	Conduct: Project Kick off Meeting	1 day		
6	Completed: Project Kick off Meeting Activities	0 days		
7	IV&V Project Management Plan	750 days		
8	IV&V Project Management Plan DED	6 days		
9	Develop: IV&V Project Management Plan DED	2 days		
10	CSG Quality Review: IV&V Project Management Plan DED	1 day		
11	Submitted: IV&V Project Management Plan DED	0 days		
12	<State> Review: IV&V Project Management Plan DED	3 days		
13	Finalize: IV&V Project Management Plan DED	1 day		
14	Completed: IV&V Project Management Plan DED	0 days		
15	IV&V Project Management Plan Contract Year 1	18 days		
22	Update IV&V Project Management Plan	528 days		
44	Privacy and Security Plan	20 days		
45	Privacy and Security Plan DED	6 days		
52	Privacy and Security Plan	18 days		
53	Develop: Privacy and Security Plan	8 days		
54	CSG Quality Review: Privacy and Security Plan	3 days		
55	Submitted: Privacy and Security Plan	0 days		
56	<State> Review: Privacy and Security Plan	10 days		
57	Finalize: Privacy and Security Plan	1 day		
58	Approved: Privacy and Security Plan	0 days		
59	Procurement Communication Integrity Plan	20 days		
60	Develop: Procurement Communication Integrity Plan	10 days		
61	CSG Quality Review: Procurement Communication Integrity Plan	3 days		
62	Submitted: Procurement Communication Integrity Plan	0 days		
63	<State> Review: Procurement Communication Integrity Plan	10 days		
64	Finalize: Procurement Communication Integrity Plan	1 day		
65	Approved: Procurement Communication Integrity Plan	0 days		
66	Solidify content and format of the Monthly IV&V Assessment Report	10 days		
67	Develop detailed Project Schedule	10 days		
68	MMIS Project Execution	1010 days		

Page 1



ID	Task Name	Duration	Start	Finish
69	IV&V Assessment Tasks	241 days		
70	Project Management Oversight	241 days		
71	Contract Year 1	241 days		
72	Month #1	11 days		
73	Project Management	11 days		
74	Change Management	11 days		
75	Quality Assurance	11 days		
76	Security Requirements	11 days		
77	Project Personnel and Organization	11 days		
78	Subcontractors and External Staff	11 days		
79	Management Assessment	11 days		
80	Month #2	22 days		
88	Month #3	22 days		
96	Month #4	20 days		
105	Month #5	22 days		
112	Month #6	22 days		
121	Month #7	20 days		
129	Month #8	23 days		
137	Month #9	19 days		
145	Month #10	19 days		
153	Month #11	21 days		
160	Month #12	20 days		
169	Implementation Oversight	241 days		
170	Contract Year 1	241 days		
171	Month #1	11 days		
172	Unit Testing	11 days		
173	System Integration Test	11 days		
174	Interface Testing	11 days		
175	Systems and Acceptance Test	11 days		
176	Database Software/Design	11 days		
177	Developer Training and Documentation	11 days		
178	Month #2	22 days		
183	Month #3	22 days		
190	Month #4	20 days		
195	Month #5	22 days		
202	Month #6	22 days		



ID	Task Name	Duration	Start	Finish
292	CSG Quality Review: Initial IV&V Assessment Report	3 days		
293	Submit to CMS and <State>: Initial IV&V Assessment Report	0 days		
294	Monthly IV&V Assessment Report #1	27 days		
298	Monthly IV&V Assessment Report #2	25 days		
302	Monthly IV&V Assessment Report #3	27 days		
306	Monthly IV&V Assessment Report #4	27 days		
310	Monthly IV&V Assessment Report #5	25 days		
314	Monthly IV&V Assessment Report #6	28 days		
318	Monthly IV&V Assessment Report #7	24 days		
322	Monthly IV&V Assessment Report #8	24 days		
326	Monthly IV&V Assessment Report #9	26 days		
330	Monthly IV&V Assessment Report #10	20 days		
334	Contract Year 2	250 days		
383	Contract Year 3	253 days		
432	Contract Year 4	256 days		
481	Quarterly IV&V Presentations	925 days		
566	MMIS IV&V Progress Reports and Milestone Reviews	252 days		
567	Quarterly MMIS IV&V Progress Reports	252 days		
568	Quarterly MMIS IV&V Progress Report Q2 <Year>	64 days		
569	Develop: Quarterly MMIS IV&V Progress Report Q2 <Year>	64 days		
570	CSG Quality Review: Quarterly MMIS IV&V Progress Report Q2 <Year>	3 days		
571	CMS Submitted: Quarterly MMIS IV&V Progress Report Q2 <Year>	0 days		
572	Quarterly MMIS IV&V Progress Report Q3 <Year>	64 days		
576	Quarterly MMIS IV&V Progress Report Q4 <Year>	61 days		
580	Quarterly MMIS IV&V Progress Report Q1 <Year>	63 days		
584	Certification Milestone Reviews	240 days		
585	Project Initiation Milestone Review (R1)	80 days		
586	Develop: MMIS IV&V Progress Report for Project Initiation Milestone Review (R1)	80 days		
587	CSG Quality Review: MMIS IV&V Progress Report for Project Initiation Milestone Review (R1)	3 days		
588	Submitted: MMIS IV&V Progress Report for Project Initiation Milestone Review (R1)	0 days		
589	Operational Milestone Review (R2)	80 days		
593	MMIS Certification Final Review (R3)	80 days		
597	Operational Readiness Assessments	120 days		
598	Perform Operational Readiness Assessment: Module 1	120 days		
599	Perform Operational Readiness Assessment: Module 2	120 days		
600	Perform Operational Readiness Assessment: Module 3	120 days		




ID	Task Name	Duration	Start	Finish
601	Perform Operational Readiness Assessment: Module 4	120 days		
602	Perform Operational Readiness Assessment: Module 5	120 days		
603	Ad Hoc Assessments	783 days		
624	MMIS Project Monitoring and Controlling	1010 days		
625	Provide: MMIS Project Oversight	1010 days		
626	Maintain: MMIS IV&V Schedule	1010 days		
627	Develop: Bi-Weekly Status Reports	1005 days		
628	Conduct: Monthly Status Meetings	991 days		
629	Capture and Track: Lessons Learned	957 days		
630	MMIS Project Closing	5 days		
631	Conduct: MMIS Project closing activities	5 days		
632	Completed: CSG IV&V Services for the MMIS Project	0 days		

Page 5



PM-3	Describe how the IV&V bidder's project management approach adapts to varying State governance models.
<p>CSG tailors its project management approach to provide oversight functions that are adapted and aligned with DHHS' governance model and encompasses the project life cycle. The CSG management approach to IV&V is solution-neutral and methodology driven and is agnostic to the selected governance model of the state. In providing oversight functions, CSG provides accountability and assurance that proper steps and protocols are taken throughout the project, and that the project will be conducted within the framework of the DHHS/MLTC Enterprise Improvement projects. CSG's management approach supports the governance function of the project by aligning objectives to ensure project governance is centered on steering, guiding, controlling, regulating, and influencing the outcome of the project. The adaptive governance approach that CSG delivers supports DHHS to evolve and adapt as the needs of program shifts with each project implemented, supporting project organization that is based on lessons learned and collective project intelligence. We also adapt our assessment activities and proactive communication approach to inform DHHS leadership of the recommendations resulting from our objective assessments, including risks facing the project, to inform agency decision-making processes.</p> <p>CSG's proven IV&V project management methodology is structured to adapt to various types of State governance models. The governance structure of State agencies, IT infrastructure organizations, contractors, vendors, etc. varies from state to state and often varies within individual state agencies. We have experience providing IV&V services under various governance models, including:</p> <ul style="list-style-type: none"> ➤ Reporting to management within the program for which we are providing IV&V services ➤ Reporting to management within the agency that oversees the program for which we are providing IV&V services ➤ Reporting to management that is outside the agency overseeing the program for which we are providing IV&V services; this arrangement maximizes the independence of our work and can enhance the impact of IV&V assessment information <p>During the IV&V planning and initiation phase CSG will work with DHHS and MLTC to understand the governance model for each project and the enterprise. The IV&V Management Plan for each project will document or reference the project governance model, IV&V's relationship to the governance model, and the key stakeholders involved in IV&V reporting, delivery, and status meetings. The IV&V Management Plan will also capture key project participant, along with roles, responsibilities, and contact information. This information is used to identify who to interview for initial and ongoing assessments. The approval of the IV&V Management plan and subsequent updates reflects a shared agreement CSG is following the appropriate lines of communication and escalation.</p>	



Expertise in Action
VT IV&V for the Medicaid Enterprise
 Vermont procured and awarded the MES IV&V and IE&E IV&V projects separately. When we were awarded both engagements, we worked with the involved Agencies DVHA and ADS as their governance of the projects evolved to take a broader governance view. We gained efficiencies by combining the IV&V teams and establishing Enterprise IV&V assessments, as well as maintaining assessments of each module as standalone sections of the Assessments. We maintained IV&V analysts with subject matter expertise for the modules as well as shared resources across both (PM, Certification Lead) to assess program/enterprise level risks and recommend mitigations.



PM-4	Address the bidder's approach to meeting each requirement in a table that contains the requirement and the contractor's approach to meeting the requirement.
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The following table describes CSG's approach to meeting each project management requirement as stated in section V.B.1 in the RFP.

RFP Requirements and CSG's Approach to Meeting Each Requirement

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).
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Prior to the development of the IV&V Project Management Plan, CSG develops and reviews with DHHS a deliverable expectation document to establish shared expectations. The IV&V Project Management Plan is then developed capturing our shared understanding of project scope, organization, stakeholders, processes, and management activities that will be followed throughout the life of the IV&V engagement. We will use the 30 days to share our project management methodology and understand DHHS preferences and approach to tailor the management of IV&V activities to fit the DHHS/MLTC Enterprise Improvement projects.

CSG created a library of management plan guides that establish the standards for what is included in our project management planning documentation to assure we are comprehensive in our approach, comply with industry best practices, and consistently meet our high-quality standards. Our guides support an efficient methodology for initially developing key documents followed by collaborative communication with the State to tailor each document to meet the State's needs.

CSG will submit the IV&V Project Management Plan for review and approval within 30 days of contract award. We will review and update the Plan when necessary, presenting changes as part of our overall communication strategy. The following outlines the key components in CSG's IV&V Project Management Plan.

- **Overview:** Provides an overview of the Project Management Plan, its content, and specific information about both the DHHS/MLTC Enterprise Improvement projects and the IV&V project. Describes how the IV&V project supports the DHHS/MLTC objectives and how the success of the IV&V project will be measured.
- **Project Scope:** Defines the project scope, both what is in scope and out of scope.
- **Governance:** Provides a governance chart depicting the IV&V project governance structure required for the project. The governance structure is designed to best support the specific type and size of each Enterprise Improvement Project as well as the specific requirements of DHHS and MLTC.
- **Project Organization:** Introduces the project team organization and describes the general roles and responsibilities of CSG and project stakeholders, lists the organizational groups (and corresponding stakeholders) for the project, and defines their roles and responsibilities.
- **Work Breakdown Structure:** Presents an overview of the high-level IV&V project tasks and identifies the hierarchical organization of tasks, including milestones and deliverables.

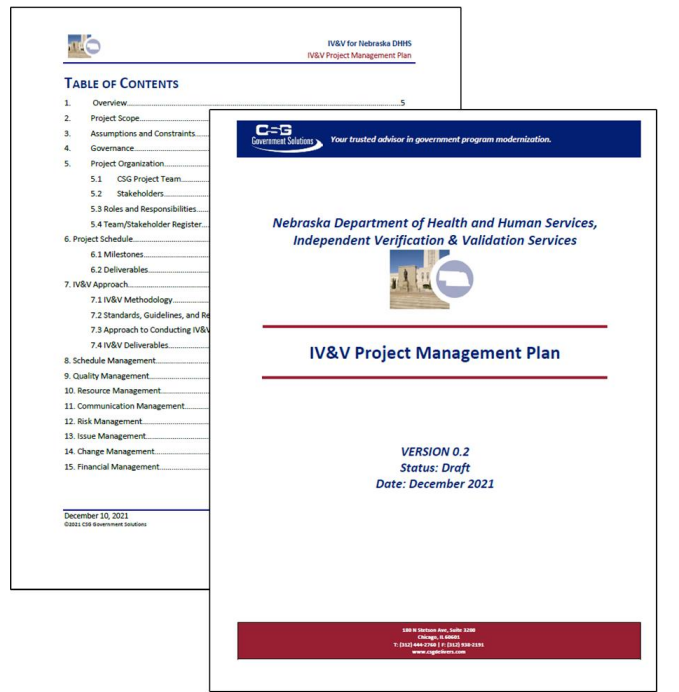


Expertise in Action
RI IV&V for the Unified Health Infrastructure Project

In Rhode Island, the IV&V is one source of identifying risks for the overall Unified Health Infrastructure portfolio of projects, a five-agency collaborative on their IES and Health Insurance Marketplace projects. During Project Initiation, we produced an IV&V Project Management Plan and a Risk Management Plan to establish how we identify and manage risks for the IV&V Project, as well as how we assess risks and project health for the overall portfolio. The Project Management Plan also contains details regarding our report format and submission methods.



- **IV&V Approach:** Provides a description of how CSG will accomplish the various IV&V work required by the contract, including a description of IV&V deliverables.
- **Schedule Management:** Provides a brief summary of CSG’s schedule management, including how the project schedule is developed, how the project schedule is reviewed and updated, influences on the project schedule, techniques for adjusting the schedule, and the process for addressing changes to the project schedule, including those related to scope changes.
- **Quality Management:** Describes CSG’s approach to managing the quality of IV&V work processes and deliverables, including the processes and standards for quality planning, quality assurance, and quality control.
- **Resource Management:** Provides a description of CSG’s resource management processes, including CSG’s approach to onboarding staff, staff continuity, and subcontractor management.
- **Communication Management:** Provides CSG’s approach to communication management, including a communication matrix, Project Team Directory, ongoing observation notification, tracking and closing observations, progress reporting, project meetings, project repository and distribution, and key decisions.
- **Risk/Issue Management:** Provides a brief description of CSG’s risk and issue management approach for the IV&V project, including a description of CSG’s approach for identifying and analyzing IV&V project risks and issues, identifying risk response strategies and issue resolution plans, and monitoring and escalating project risks and issues.
- **Issue Management:** Describes CSG’s general approach to issue management, including activities associated with identifying and analyzing issues, reviewing, and resolving issues impacting the IV&V project, and monitoring and escalating identified issues with impact to the IV&V project.
- **Change Control:** Describes CSG’s approach to change control, including activities associated with identifying and validating change orders, analyzing change orders, obtaining approval, and tracking approved change orders.
- **Financial Management:** Provides a description of CSG’s approach to financial management, including describing the beginning budget of the IV&V project, the process used to identify, review, and implement cost variance strategies if needed, and how costs will be reported to DHHS and in what timeframes.





2.	<p>Must develop IV&V project schedule(s) work products a maximum of 30 days after the projects' start and update weekly IV&V schedules that coordinates IV&V activities with project schedules.</p>
<p>CSG creates the original work breakdown structure and schedule based on IV&V project requirements and the schedules of each MLTC project. Once the work breakdown structure is developed, the project team sequences activities, defines durations and work effort, identifies dependencies, and ensures resources are assigned and balanced to be able to successfully perform the tasks identified in the WBS within the timelines of the project schedule. Each grouping of work has an associated milestone to help facilitate project performance tracking and status. Within 30 days of the start of the IV&V engagement, the IV&V Lead will submit the schedule to MLTC for approval. Once approved, the IV&V Lead creates a baseline schedule. The CSG project work breakdown structure will include:</p> <ul style="list-style-type: none"> ➤ IV&V Project Milestones ➤ IV&V Project Deliverables including status and federal reporting ➤ Initial Assessment for each project ➤ Ongoing Assessments for each project ➤ Project deliverable review schedule for each project ➤ IV&V close out activities <p>The IV&V project schedule is updated weekly and shared with DHHS project leadership as part of the IV&V weekly status report.</p>	
3.	<p>Must develop clear lines of communication and collaborative working relationships with project teams, project leadership, and CMS.</p>
<p>The CSG IV&V Team continuously communicates about our assessment activities, areas of focus, emerging concerns, and validated observations throughout our assessment cycles. CSG has found it highly successful to use the weekly IV&V meeting with project leadership to validate the information and facts being gathered and discuss any preliminary conclusions the team is forming about the assessment information. We also discuss potential recommendations to address observations based on the analysis of the project's strengths, constraints, and resources. This weekly meeting supports CSG's "no surprises" approach to communication, ensuring we have verified and validated all the facts before putting anything in a formal project report. This proactive communication process also provides an opportunity for DHHS to begin planning and executing appropriate risk response plans early.</p> <p>The CSG team also engages in regular project meetings where risks and issues are identified, evaluated, and managed as part of the project's risk/issue management process. This promotes discussion about perceived and real project obstacles, threats, and opportunities, and provides a forum for discussion of root cause analysis of risks/issues that are generating from the same original source. If an observation we identify poses an immediate threat to the project, the CSG IV&V Lead escalates it to project leadership using a process agreed to by DHHS/MLTC. The escalation process is documented as part of the communication plan in the IV&V Project Management Plan.</p> <p>We strive to maintain positive, collaborative relationships with all project stakeholders. Our objective is to reinforce what is working well and provide insight into areas that are problematic. We emphasize transparency and objectivity, while providing suggestions and alternatives for problem solving.</p> <div data-bbox="1144 997 1421 1281" style="border: 1px solid red; padding: 5px;"> <p>CSG's Communication Approach</p> <ul style="list-style-type: none"> ✓ Focused on what matters ✓ Collaborative ✓ Proactive ✓ Timely ✓ The right message ✓ Transparent ✓ Objective ✓ Actionable </div>	



2. Independent Assessment and Quality Assurance

Business Requirements							
Req #	Requirement						
IAQ-1	Address the bidder's approach to meeting each requirement in a table that contains the requirement and the bidder's approach to meeting the requirement.						
<p>The following table describes CSG's approach to meeting each independent assessment and quality assurance requirement as stated in section V.B.2 in the RFP.</p> <table border="1"> <thead> <tr> <th colspan="2">RFP Requirements and CSG's Approach to Meeting Each Requirement</th> </tr> </thead> <tbody> <tr> <td>1.</td> <td> <p>Must submit an IV&V Management Plan for each project assigned, which includes specific information on what the contractor will do, periodic reviews, timelines, anticipated resources, estimated hours, and estimated/actual budget information.</p> <p>For each project, CSG will submit an IV&V Management Plan, which will include all requirements as set forth by DHHS and contains specific information on what activities the CSG team will perform including, periodic reviews, timelines, anticipated resources, estimated hours, and estimated/actual budget information. 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- **Initiation phase:** CSG will conduct an initial assessment, gather information, analyze, and develop observations and recommendations, and verify and document the observations and recommendations, then present these to DHHS in a structured walkthrough of the observations. CSG will participate in all initiation phase meetings.
- **Planning Phase:** CSG will determine, in conjunction with DHHS staff, the appropriate level of IV&V activities that will be conducted, along with any additional tailoring of the IV&V approach to match the needs of the project. CSG will participate in all planning level meetings.
- **Execution Phase:** CSG will conduct ongoing IV&V assessments of project activities and present observations and recommendations to DHHS on a weekly basis. CSG will observe key project meetings, interview stakeholders, review documents, and analyze project data to ensure that the IV&V team has a complete 360-degree view of the projects, and then supplement this information with targeted interviews of key DHHS and DDI vendor staff who are fulfilling various roles on the project. This is done to gain broader insight into the current and planned states of the project and identify risks, issues, and opportunities gathered from the open discussion with the project team and through interviews. Further explanation of CSG's ongoing project assessment is described below.
- **Monitoring and Control:** CSG will create and submit status reports and dashboards with the sole purpose of submitting them to DHHS and CMS.
- **Closeout Phase:** CSG will create all final reports based on the successful transfer of the module to operations. CSG will document all risks, issues, and opportunities, and lessons learned from the project and hand over the entire portfolio of information gathered and escalated by CSG for both DHHS and CMS's benefit.



Expertise in Action

MA Pharmacy Benefit Management System IV&V

CSG provides comprehensive IV&V services for the cloud migration and upgrade of the Massachusetts legacy Pharmacy Benefit Management System with an adaptable, flexible, and interoperable solution. CSG is conducting ongoing assessments of project performance and progress, proactive analysis of project risks and issues, reviews of vendor deliverables, and evaluations of requirements traceability and defect tracking. The CSG team reviews all aspects of the DDI phase of the project, consults with EOHS project stakeholders, and makes recommendations to ensure the solution meets industry standards. Our team also assures that the solution achieves MITA compliance and supports CMS certification activities.

Ongoing Assessment

The CSG IV&V Team conducts the initial and ongoing assessments in a time-boxed period, focusing on collecting as much information as possible while minimizing the time we require from the project team. The following activities are used to gather information:

- **Review project artifacts and documents**, including the Project Charter, Project Management Plan, project schedules, statements of work, and deliverables, to verify the parameters of project work are in place and support the project. We analyze and assess the documented plans, processes, and procedures for effectiveness at supporting the project and adherence to accepted, contractually defined, or industry standards. The CSG IV&V Team also reviews project requirement documentation and assess whether requirements/user stories are prioritized based on the needs and objectives of the project.
- **Conduct interviews** with project leadership, team members, and other stakeholders to understand and evaluate the processes and procedures of the project. Individual interviews provide critical



information about the interviewees' multiple perspectives of the project's planning, progress, and potential risk areas. Interviews also offer an important method for CSG to validate the information being gathered to assess potential barriers, threats, issues, risks, and areas of opportunity for the project's planning, processes, and progress so the project successfully achieves and aligns with business needs.

- **Participate in Meetings** to develop an understanding of broader project risks, issues, obstacles, and opportunities. CSG prepares for meetings by reviewing agendas, previous meeting minutes, and related documents. This advance preparation ensures we are equipped to understand the meeting content as well as to identify gaps or risks in processes, team member interactions, and oversight structures.

In addition, the CSG IV&V Team tailors the approach to gathering assessment information based on the development methodology used by MLTC and the solution vendor. The following graphic provides an example of how the CSG IV&V Team, shown in dark blue (IV&V), integrates into an Agile development environment to maximize the efficiencies of our information gathering activities throughout the project life cycle. Our approach assures that the CSG IV&V Team has insight into the planning and development processes, release planning and sprint cycle/development timeframes, performance tracking, and team dynamics.

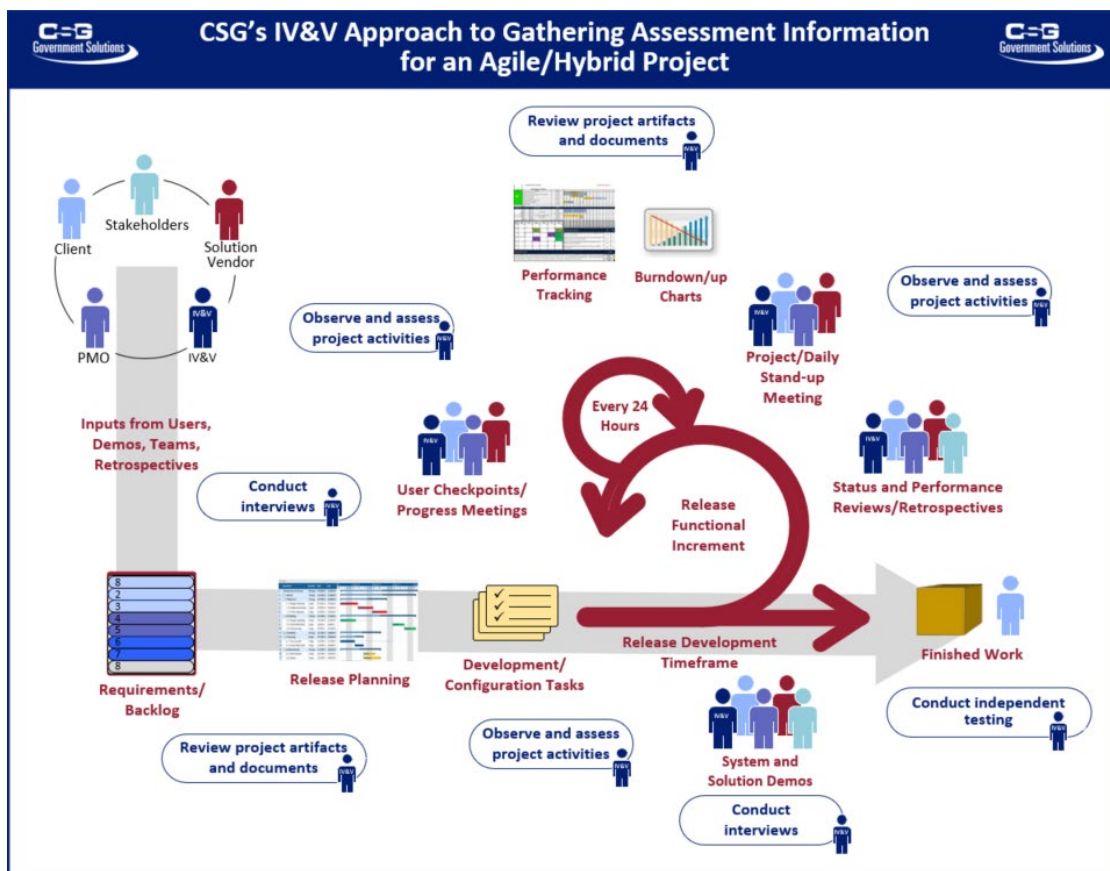


Figure 5: IV&V Approach to Gathering Information for an Agile/Hybrid Project



3. Must assess the progress of the projects against the planned schedules, budgets, and resource utilizations. This will include periodic assessment of the project plan/schedule on a monthly or quarterly basis (schedule will be determined based on what is appropriate for the project timeline)

The CSG IV&V Team will assess the progress of the projects against the planned schedules, budgets, and resource utilizations, and will conduct periodic assessment of the project plan and schedule on a weekly and monthly basis. These focus areas support the development of project progress and accomplishments during our periodic and ongoing reviews and identifies DHHS and DDI vendor’s activities that are advancing the project forward, and where there are identified barriers to success.

CSG reviews each project’s schedule and work breakdown structure (WBS) to assess whether it supports the project scope and effective project estimating occurred to determine the work hours to complete tasks so the needed project resources and budget could be planned. We also review the schedule and WBS to verify project deliverables and milestones are included and are broken down into manageable hierarchical tasks with dependencies with a critical path defined to determine how changes in tasks impact the project’s overall timeline. We also validate planning occurs for the tools to be used and how the project schedule will be managed and controlled (e.g., reporting types, frequency, and metrics).

The following table provides sample questions from *TeamCSGSM Risk Assessment Model* that supports the CSG IV&V Team’s assessment of schedules, budgets, and resource utilizations.

RAM ID#	Sample Question from <i>TeamCSGSM Risk Assessment Model</i>
#85	Does the project team agree the development schedule is realistic and contains the needed tasks? Does the project team believe the development schedule can be met?
#87	Is the Project Schedule realistic (i.e., resources are not overallocated, task work hours and durations appear reasonable, and there is some slack for adjustments when needed as the project progresses)?

4. Must assess the projects’ resources, managerial responsibilities, and governance structure to identify gaps and provide recommendations.

The CSG IV&V Team will assess the project’s resources, managerial responsibilities, and governance structure to identify gaps and provide recommendations. We will assess the framework for how project decisions are made, who is responsible for decisions, and who is responsible for carrying out the vision. We will also review the policies, regulations, functions, processes, procedures, and responsibilities to ensure that the overall framework is in place and functioning through the project lifecycle. CSG’s periodic and ongoing assessments consider the following three assessment types:

- **Structure:** Assessment of the organizational structure and environment in place to support the project. This includes validation that there is an underlying vision for the project team to carry forward and implement.
- **People:** Assessment of the resources dedicated to the project as compared to the current and planned activities so that individual goals and objectives can be established to achieve the project’s vision, and that these goals and objectives are clear, reachable, and sustainable.
- **Information:** Assessment of the processes, policies, functions, and procedures so that information sharing is clear and consistent. Regardless of goals and objectives set, or what the vision of the project is, without clear and consistent information sharing, projects run the risk of faltering if there does not remain a high-level of communication and information sharing over the duration of the project.



CSG assesses the project governance model to ensure that it is sufficient to the overall project and program and that it complements the organizational structures with the right balance of rigor needed based on the project’s scope, timeline, complexity, risk, and stakeholder involvement to ensure proper decision making at the right time and level to keep the project effectively moving forward to achieve success. The CSG IV&V Team attends all project and portfolio board and committee meetings, (e.g., Executive Steering Committee, Change Control Board, Project Leadership Team), to validate those decisions are being made by the right people, at the right time, to achieve the project’s goals and objectives. The CSG IV&V Team will provide observations and recommendations for gaps found in the process or where enhancements can be made to further advance DHHS’ goals and objectives.

The following table provides sample questions from *TeamCSGSM Risk Assessment Model* that supports the CSG IV&V Team’s ongoing evaluations of project organization and governance structure, including lines of reporting, responsibilities, and adherence to the escalation strategy documentation.

RAM ID#	Sample Question from <i>TeamCSGSM Risk Assessment Model</i>
#15	Does the Resource (or Project) Management Plan address how the project is organized and the lines of reporting?
#37	Are processes in place for unresolved issues and risks to be escalated? Are they being followed? Are they effective?
#116	Have the roles and responsibilities of the project team been documented and clearly communicated to the team, agency, and stakeholders?
#180	Do all team members understand their role and have assigned and prioritized tasks? Are team members communicating effectively with each other and work together to raise any problems or opportunities for improvement?

5. Must participate in all project meetings unless otherwise directed by DHHS.

The CSG IV&V Team will participate in all project meetings, unless otherwise directed by DHHS. The CSG IV&V Team maintains technical, managerial, and financial independence throughout the duration of the Medicaid Enhancement initiative. To achieve the balance needed to be fully informed on the state and status of the project, yet remain independent, relies on participation in all relevant project meetings. CSG participates in all project meetings, either virtually or on-site, such as weekly status and project planning meetings, team working meetings, system design and development sessions/sprint planning sessions, system demonstrations, and deliverable walkthroughs, along with all meetings where risks and issues are identified, evaluated, and managed. CSG works with DHHS to assess the meeting calendar to determine an upcoming schedule that prioritizes the highest value meetings to ensure there is IV&V coverage during the meeting. Information gathered during meetings is used in conjunction with assessments of documents, processes, and procedures. CSG will provide observations and recommendations related to any information obtained during meetings to ensure that the given activity conforms to requirements and that activity and outcomes of the meetings achieve their intended purpose.



Expertise in Action
**CO Integrated Eligibility System
 Modernization IV&V**

The CSG team participated in all projects meetings to identify project risks and issues, as well as identify opportunities and discuss the overall project health. Meetings attended included those related to schedule, project management, training, requirements management, operating environment, development environment, software development, and system and acceptance testing.



6.	Must perform an independent assessment of issues where the implementation contractors and DHHS' project management organization disagree and provide the results of the assessment and recommendation to DHHS leadership.
<p>The CSG IV&V Team will perform an independent assessment of issues where the implementation contractors and DHHS' project management organization disagree and provide the results of the assessment and recommendation to DHHS leadership. The CSG IV&V Team provides management with objective analysis of the project to allow for informed decision making, thus increasing the probability of success. CSG accomplishes this through ad hoc and targeted assessments to provide a neutral, third-party perspective for DHHS to use to inform its decision making. As in all cases, CSG will assess risks presented to determine viable options for moving forward but will also rely on the subject matter expertise of its IV&V project team to formulate "what if" scenarios that are risk based to present options that not only minimize risk for DHHS, but that also increases the probability for ongoing success.</p> <p>Per IEEE 1012, Standard and Software Verification and Validation, IV&V processes determine whether the development product or approach of a given activity conforms to the requirements of that activity and whether the product of the project satisfies its intended use and user needs. CSG will make an objective assessment, proactively and on request, on any matters where DHHS would like an independent perspective related to a potential risk or issue that may impact the project. CSG will provide observations with recommendations that DHHS may consider, in addition to any other factors, to allow for informed decision-making and enhance managerial insight into the project process or risk. Further, CSG provides early assessments to support the life cycle processes to ensure conformance to project performance, schedule, and budget, with the objective to proactively reduce or eliminate disagreements caused by lack of clear direction, approach, or practices.</p> <p>The CSG IV&V Team reviews and analyzes the information gathered from periodic or ad hoc assessments to identify potential risks, issues, project threats and barriers. We also identify successful areas of the project and document areas of project strengths to leverage or build upon. Our analysis approach includes identifying any additional information needed to ensure a thorough evaluation of the facts using multiple sources of data. This thoughtful, systematic feedback loop for conducting information analysis allows the team to identify viable options, focusing on what matters to the project's business and technical goals and objectives. In this way, we identify and create observations that have the highest value to the Project and which aid DHHS in its decision making. Our analysis process also allows us to strategize and make effective, realistic, and actionable recommendations based on the specific parameters and circumstances of the project.</p>	
7.	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 DHHS should approve the work product or deliverable. Review must address at minimum the following attributes: <ul style="list-style-type: none">• Traceability and adherence to requirements• Clarity• Completeness• Consistency• Quality• Adherence to applicable laws, rules, and guidelines
<p>The CSG IV&V Team will assess 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 provides a detailed assessment of the quality of the deliverables and work</p>	



products along with recommended changes. CSG accomplishes this by conducting a series of quality management reviews to assure the core goals and objectives of the DHHS/MLTC Enterprise Improvement projects are successfully met and completed to conform to industry standards and best practices, that they meet process and product quality standards, and that requirements are achieved, and traceability can be verified.



CSG validates that quality management, including Quality Assurance and Quality Control is completed by the DDI Vendor, including that roles and responsibilities are clearly defined and the plans are adequate to support the actual project size and complexity. CSG determines if the quality standards, plans, and processes are defined and complete, are clear and up to date, are easily accessible by the project team, and that the team is actually following them. The CSG IV&V Team will verify that quality plans, processes, and procedures are reviewed and revised as needed to improve effectiveness, performance, and reporting. CSG will also validate that the

DDI Vendor has an internal quality improvement check, to determine adequate levels of quality prior to submission of any deliverables.

CSG conducts independent, in-depth, and detailed reviews of project deliverables that are identified in the DDI Vendor’s deliverable table included in the Scope of Work (SOW). The CSG IV&V Team validates that the submitted deliverables are aligned with the initially submitted Deliverable Expectation Documents (DEDs), and that the deliverables are sufficient for their intended purpose. CSG conducts this review to ensure accuracy, completeness, timeliness, and that they are in alignment with overall Project needs. We also review for conformance with State, federal, DHHS, MLTC, and any other prevailing body, for adherence to applicable rules, contractual, and functional requirements. As we conduct the deliverable reviews, we consider the relationships among the deliverables to each other, and to the overall contract for how each deliverable contributes to the needs of the project and ultimately to project success.

To conduct deliverable reviews, the CSG IV&V Team uses our *TeamCSGSM Deliverable Review Checklist Library*, which provides over 80 deliverable review checklist templates, to draw upon to provide complete and consistent reviews of each submitted deliverable. These templates incorporate industry standards and best practices as well as any regulatory requirements, rules, or guidelines. Any anomalies or defects found during the deliverable review are assessed as observations and provided to DHHS, with recommendations on how to mitigate and remediate the deliverable.

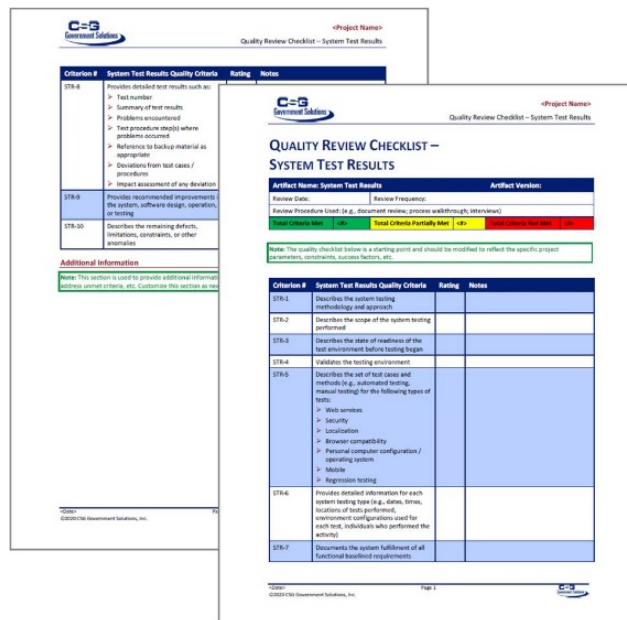


Figure 6: Sample Quality Review Checklist



8. Must assess project plans, processes, and procedures to identify improvements and whether they are being followed.

The CSG IV&V Team will assess project plans, processes, and procedures to identify improvements and whether they are being followed. The CSG IV&V Team provides rigorous independent reviews of plans and processes to evaluate the correctness and quality to the projects business products to ensure that they are being developed in accordance with DHHS requirements, and that they achieve the purposes for which they were intended. We assess the project plans and processes to evaluate if they are at a maturity level to support the project complexity (e.g., repeatable processes for decision making, change management, quality processes, reusable project documents, and automated reporting to increase efficiency and quality). We also determine if DHHS, and the DDI vendor, have continuous improvement goals and ways to achieve the maturity needed for the project. CSG will perform an initial assessment, along with periodic reviews, as outlined in the IV&V Project Management Plan. Assessment of plans, processes, and procedures is an ongoing activity in a process of constant improvement. These assessments identify potential improvements that may not be apparent to those working directly on the project, and which if left unaddressed, may present additional and avoidable risks to the success of the project. CSG’s goal is to identify any problems or deficiencies before they occur to avoid rework and delays, or any other required corrective action. If corrective actions are required by DHHS related to any recommendation provided by the CSG IV&V Team by the DDI vendor, CSG will monitor the resolution of those items through to completion to ensure that the recommendations have been decided upon and implemented.

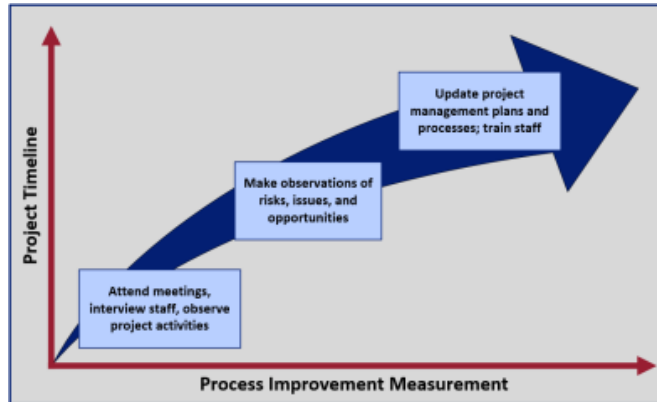


Figure 7: CSG IV&V activities are focused on continuous improvement for the DHHS IV&V projects.

9. Must assess project change orders for the following:

- The change order is following the approved Change Management Plan and processes.
- The change order is within the scope of the existing contract.
- Cost and resource estimates for the change order are reasonable.
- Recommendations for alternate approaches to achieving the outcome of the change order.

The CSG IV&V Team will conduct reviews of project change orders in conjunction with stakeholders who have an interest in the implementation of the change order. CSG provides an impartial and neutral assessment of the project change orders to validate that the change is following the prescribed plan and processes, in conducted within the scope of the project, that to the extent possible, is reasonable in terms of time, schedule and cost, and that alternative approaches have been considered. The following table provides sample questions from *TeamCSGSM Risk Assessment Model* that guide the CSG IV&V Team’s ongoing evaluations of change orders.

RAM ID#	Sample Question from <i>TeamCSGSM Risk Assessment Model</i>
#29	Is the Change Management Plan being followed (documentation, evaluation process, approval, implementation, and tracking)? Is it effective?
#80	Are cost controls in place and effective (e.g., a strong change order review and approval process that takes into account cost of a change)?



The CSG IV&V Team further evaluates that the change order templates support the processes and ensure that they capture the details of the proposed change and will verify that the requisite information is correct and detailed at a sufficient level to provide for proper impact analysis of both the project, program, and any other down-stream impacts assessed. CSG will provide observations and recommendations with regards to the submitted change orders with the aim to support the reviewers and approvers in fully understanding the scope and impact of the change that is requested so they may decide to agree to accept or reject the proposed changes. For example, during a DDI change order in Rhode Island, CSG's IV&V review identified an issue that would result in a future scope issue. The CSG IV&V Team's recommendations resulted in saving the State \$1 million.

In addition, The CSG IV&V Team verifies and validates the following throughout the life cycle of the project with each submitted change order:

- That there is a structured review process in place that ensures that all impacted parties can provide feedback on the change order.
- That any identified impacts are reviewed, considered, and mitigated before the change order is adopted.
- That any risks or issues that arise because of the change are identified, captured, and managed.

When all impacted parties have reviewed and provided feedback, the change order is ready to go for formal approval. CSG will then track the change order as a new or modified set of requirements and will ensure that they are tracked and implemented according to the requirements and that the Requirements Traceability Matrix (RTM) and test cases are updated accordingly to represent the agreed upon change.

10. Must comply with IV&V regulatory requirements detailed in 45 CFR 95.626.

The CSG IV&V Team will comply with IV&V regulatory requirements in 45 CFR 95.626. *IV&V by CSGSM* conforms to appropriate life cycle process standards, applies IV&V best practices, and complies with CMS' requirements and standards for IV&V services detailed in 45 CFR 95.626.

The CSG IV&V Team will provide an objective, neutral, third-party view of the project with the intent of protecting DHHS' interests, while further advancing the DHHS/MLTC Enterprise Improvement projects. CSG will evaluate and assess the project throughout the project life cycle. CSG will provide the professional and technical staff necessary to perform these IV&V functions as required under the US Code of Federal Regulations, and they will have sufficient skill and experience to perform in the roles assigned to them, while meeting the highest professional standards and quality.



11.	Must identify areas of un-necessary duplication and overlap between roles on the projects.
	<p>The CSG IV&V Team will identify areas of unnecessary duplication and overlap between roles on the projects. The CSG IV&V Team will validate that project roles work together to achieve the objectives of the Project Management Plan and the Work Breakdown Structure (WBS). CSG reviews each project deliverable to ensure that the processes and procedures contained within them have the requisite roles and responsibilities assigned to sufficiently achieve the goals and objectives of the plans and processes and that any apparent overlap is identified. CSG will also validate the roles defined to ensure that there are sufficient project roles assigned based on nature and complexity of the projects, (e.g., Project Manager, Project Team Members, Project Sponsor, Executive Sponsor, Business Analyst, Subject Matter Expert (SME)).</p> <p>Teams function most efficiently when team members have clear understanding of their roles and share a common understanding of each other’s roles and responsibilities. This awareness assists projects to become self-organizing teams that work most efficiently together. The CSG IV&V Team provides observations and recommendations with regards to clarity of roles and ensures that roles and responsibilities are clearly defined to reduce any duplication of effort and increase productivity. CSG will also validate the Responsible, Accountable, Consulted, Informed (RACI) charts to ensure that there is a reduction in duplication, but also to ensure that there is sufficient focus by required roles when and where needed.</p>
12.	Must assess and verify requirement traceability throughout the project and system development lifecycle of the projects. Assessment and verification will occur periodically as appropriate for the project timeline
	<p>CSG recognizes that effectively managing project requirements is a key factor for business and project success. CSG’s requirements management approach ensures that the final delivery of a project or initiative aligns with the initial strategic intent and that we deliver exactly what DHHS expects, and what the business needs. To achieve this, the CSG IV&V Team will verify that the approved processes and artifacts are guiding development during each lifecycle phase and validate that all requirements have been implemented at the end of the lifecycle. A Requirements Traceability Matrix (RTM) is a prerequisite to accomplish this goal of verification of traceability. The CSG IV&V Team initially validates that there are requirements to maintain an RTM over the entire project lifecycle by the DDI Vendor in the RFP, and their subsequent proposal, and contract. Further, CSG ensures that the DDI Vendor complies with these requirements at the earliest point in the project, capturing requirement traceability from the source of initial business need, through to the execution of each test case, with bi-directional tracing forward or backwards.</p>



Expertise in Action
GA Medicaid Enterprise System Transformation IV&V

CSG provides IV&V for the implementation and integration of the Provider Services, Claims and Financial Management, Pharmacy Benefits Management, and Third-Party Liability modules. CSG observes meetings, reviews deliverables, plans, and processes, and conducts interviews to inform monthly dashboard reports evaluating project health. Our team also performs deliverable reviews for artifacts at both the enterprise and modular levels.

CSG is assessing aspects of the project including project management, progress against budget and schedule, risk and issue management, configuration management, change management, and governance. We assess whether RFPs and contracts align with state objectives and federal requirements; whether the project adheres to Georgia policies, standards, and guidelines; and whether design and development incorporates CMS MITA standards and conditions for Medicaid IT. We review the state’s data transition plan and data sharing requirements; system security and privacy policies; technical designs; capacity management; disaster recovery planning; and operational readiness.



The CSG IV&V Team will continually monitor the status of the RTM to ensure that it is kept current and that it represents clear developer traceability of all requirements. If the DDI vendor fails to effectively manage and maintain a proper RTM or fails to keep it at a level that can be assessed by IV&V, CSG will escalate this as a high-priority observation. High priority observations must be addressed immediately as this has long term impacts that may negatively impact operational readiness, certification, and final project closeout activities. Ensuring that this is completed by the DDI vendor assists DHHS in mitigating the risk that DHHS, or another other entity, would have to build an RTM after the fact based on existing artifacts. This task would require an RTM being manually completed, which would be subject to error, be time and resource intensive, and provide little in the way of managerial value to DHHS, and thus avoided.



Figure 8: Sample Requirements Traceability Matrix

The CSG IV&V Team conducts an initial assessment of the Requirements Traceability Matrix (RTM) at the start of each project. This ensure that the RTM is developed with sufficient detail and rigor to maintain that the requirements are accounted for, but also to maintain its usefulness throughout the project’s duration, capturing requirements, bidirectionally, from initial business need through to actual test case execution. Throughout the duration of the project, the CSG IV&V Team will conduct periodic reviews of the RTM to ensure that it is being utilized consistently and properly for a project of similar size and duration. The RTM is a clear and objective account of the commitments, obligations, and requirements to be managed and maintained throughout the course of the engagement. CSG demonstrates a commitment to achieving these goals by conducting a final RTM review to verify that all obligations are met, or otherwise accounted for. If IV&V identifies a gap or weakness in the RTM tool or process, CSG proposes opportunities for improvement or alternative processes or tools to improve traceability.

13. Must develop and monitor project performance metrics which allow tracking project completion against milestones.

The CSG IV&V Team will develop and monitor project performance metrics which allow tracking project completion against milestones. The CSG IV&V Team monitors project performance for adherence to scope, cost, time, and quality expectations. We conduct in-depth assessments of DHHS and the DHHS/MLTC Enterprise Improvement projects, specifically on established project management oversight processes, and risk and issue management. CSG reviews the Project Management Plan documents for how project progress, scope, schedule, budget, resources, and workflow will be assessed and tracked. We also assess the project performance standards and tracking mechanisms to determine if they align with the project’s business objectives (e.g., improved processing time).

The CSG IV&V Team evaluates project reporting plans and assess whether they provide an accurate view of project status and progress. We verify project performance standards are used to continuously assess whether the project’s progress is aligned to achieve project business objectives.





We confirm an approved project baseline is being used to measure progress against, and that project tasks, milestone, and deliverable completion dates are being monitored and met.

The CSG IV&V Team reviews design documents and quality processes to evaluate if the combination of high-level design and analysis processes, methodology, standards, and integration of supporting tools result in high quality design products that are created in a timely manner and meet user requirements. We also assess whether high-level design products provide a design that is workable and efficient, satisfies system and interface requirements, and analysis occurs to verify the design will work. Testing metrics are defined and used to evaluate the health and productivity of the testing process (e.g., number of test scripts tested, passed, and failed; repair time per defect; number of cycles per defect to resolution; number and severity of software defects). Test exit criteria is defined (e.g., defect tolerance and management, test reporting requirements).

Graphical representations of project metrics are a powerful tool for communicating project progress, risk, and status. They also provide a means for trend analysis that may not be readily recognized looking at a snapshot of data. Our approach to gathering data and summarizing results provides consistent, reliable information for each project.

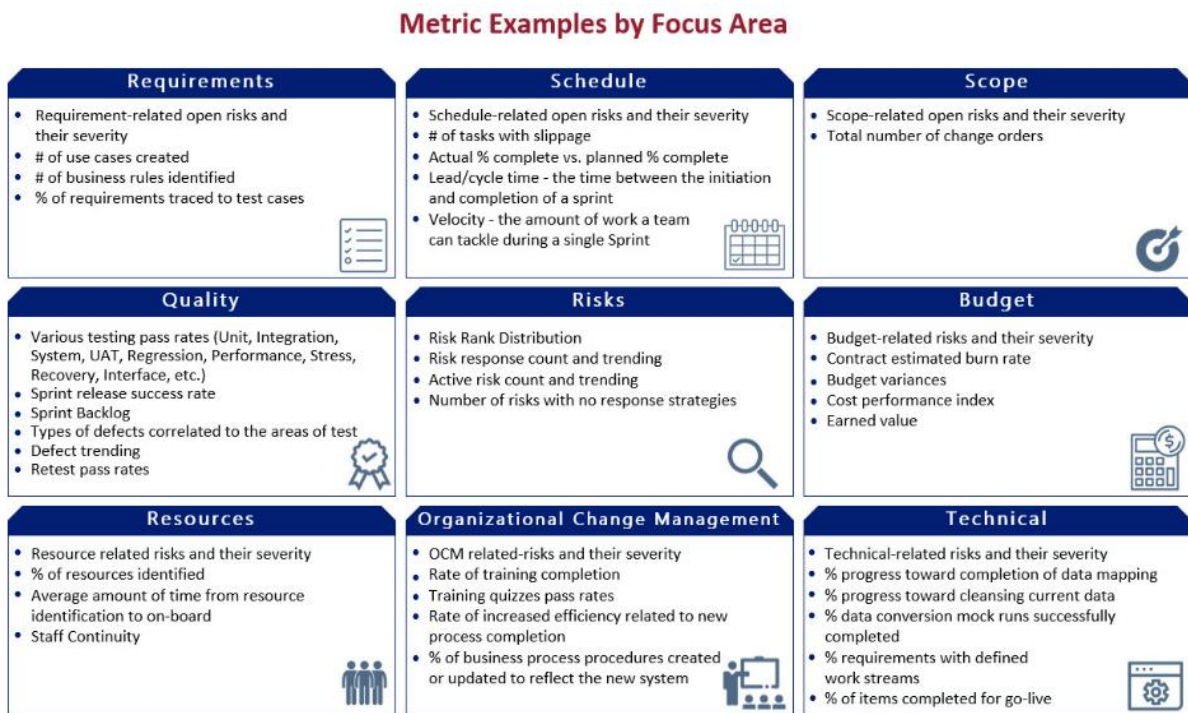


Figure 9: Metric Examples by Focus Area – CSG has experience providing a variety of metrics to our clients to help demonstrate project progress. We work with MLTC to identify meaningful metrics for each project.

14. Must submit criteria for approval for defining a Critical Incident which could adversely affect the outcome of the projects.

The CSG IV&V Team will submit criteria for approval for defining a Critical Incident which could adversely affect the outcome of the projects. Critical Incidences can include a wide range of topics that may have similar results, (e.g., loss of productivity, downtime, rework). Critical Incidents may range from a data breach involving Protected Health Information to natural disasters (e.g., fires,



floods, tornadoes). Critical Incidences may occur at any time and present several options for the proper handling of these events. CSG will work with DHHS to determine the criteria and response strategies for common incidents that may impact the DHHS/MLTC Enterprise Improvement projects.

Each incident may have multiple severities that can describe the incident. CSG helps assess:

- The type of situation the team is facing
- The severity of the exposure (e.g., Sev-5 to Sev-1)
- Vulnerability to exposure
- Level of preparedness
- Methods for addressing incidents

Typically, anything above a Sev-3 is considered a major event and becomes a Critical Incident requiring Critical Incident management. With each level of severity, there is a defined set of actions with a clear definition of the issue and the impacts it may have on service delivery. This is often called a “showstopper”, in which it becomes a circumstance where there are no apparent workarounds to mitigate the exposure. With each IV&V observation, CSG conducts an initial risk assessment to determine the probability and severity of the observations risk or issue level of either “Low (Sev-5)”, “Medium (Sev-4)”, or “High (Sev-3)”, for risks that have workarounds and mitigations available. CSG provides an indicator for “showstopper” (Sev-2 or Sev-1) which means the observations incident become a high-severity item that requires escalation based upon pre-defined guidelines as a major event. Sev-1 through Sev-3 are considered high-priority issues and require dedicated resources to work and resolve the issues, (e.g., internet is down, server is down, a partial loss of service).

15.	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.
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The CSG IV&V Team will notify DHHS immediately when and if CSG discovers any Critical Incident that may halt the project based on the defined critical incident definition. A critical incident is typically one that halts, either permanently or temporarily, the progress of the project and requires the expertise and availability of identified key project resources to focus on the resolution of the Critical Incident for the project to progress. CSG provides notification for all observations, critical or not, via an IV&V Observation form. In the event of identification of a Sev-1 through Sev-3 incident, CSG will notify immediately the DHHS/MLTC Enterprise Improvement Project Managers and Project Sponsors first by telephone and then will provide follow up notification in writing via the observation form documenting the observed incident. In addition, in the event of a HIPAA or security incident, CSG will provide notification to the DHHS HIPAA Privacy Official, and DHHS Privacy Officer. CSG will also provide recommendations for both administrative and physical safeguards to limit the impact of the incident and will monitor the implementation of the selected response plan by DHHS. CSG recognizes the importance of protecting the confidentiality, integrity, and availability of the systems and processes managed by DHHS and validates that there are operational procedures in place to provide administrative, physical, and technical safeguards which defines the roles and responsibilities of those who are charged with implementing incident response plans for DHHS.



16. Must interview and observe project management staff and developer staff and observe project meetings and activities to understand the process, procedures, and tools used.

The CSG IV&V Team will interview and observe project management staff and developer staff and observe project meetings and activities to understand the process, procedures, and tools used. Test Management Plans, Requirements Management Plans, Release Management Plans, Developer Quality Assurance Checklists, etc. are the types of documents we review to ensure the activities being carried out by the project team and align with the approved project documentation.

During the initiation phase of the project, CSG provides a detailed list of key project resource roles which will be included in project interviews for the initial project assessment. Thereafter, during the execution phase of the project, CSG will provide periodic lists of individuals to be interviewed for subsequent assessments to determine whether processes and procedures are consistently being followed and project performance maintained or improved. CSG provides detailed observations after interviews are completed and provides periodic assessment reports based on project assessment criteria maintained in the *TeamCSGSM Risk Assessment Model*.

From the understanding gained from conducting project interviews and assessing project meetings, CSG presents observations based on exploration of the following areas from interviews with key staff:

- **Business mission and goals:** Project and agency goals and standards alignment; common/conflicting agency needs; project sponsor vision; definition of project success and business benefits realization; project fit to agency organization; expectations and fit of project to external customer/organization; short-term approach; technology serving business need; system deployment approach; vendor proprietary tools
- **Project parameters:** Political influences; project definition and objectives; project budget size, constraints, reasonability, alignment with WBS and schedule; and schedule reasonability and achievability, delivery commitment dates, compatibility with project objectives, completion date; resource size; scope manageability; hardware constraints; reusable components
- **Leadership and governance:** Executive stakeholder buy-in and leadership commitment, visibility, and support; project organizational structure and stability; project sponsor involvement and agreement with project direction; agency oversight and responsibility for cost and schedule; stakeholder inclusion; project manager commitment, authority, and support; resource conflict management; decision management
- **Project resources:** Project team productivity; agency roles and responsibilities and oversight; project manager experience and skills; project team experience and skills; external vendors' experience and skills; resource availability; development approach understanding; experience with hardware and software; technical support; physical resources
- **User involvement:** User needs, experience, involvement, acceptance and approval, satisfaction
- **Organizational change management:** Readiness assessment; planning and processes; organizational change leadership and support; openness to business process or work changes; communication strategies and effectiveness; workflow change/business process reengineering planning and engagement; organizational change user training
- **Project management planning and processes:** Governance and project sponsorship; project organization and lines of reporting; scope definition; roles and responsibilities; scope management, project performance standards; project progress monitoring and reporting, and project management such as:
 - ✓ Schedule development, contents, and management planning, processes, deliverables, and milestones, WBS and detailed tasks for deliverables, task dependencies, task estimates,



resource estimates, project scope and baseline, infrastructure acquisition and deployment lead times, integrated master project schedule, and tracking

- ✓ Resource management planning, processes, roles and responsibilities, resource allocation, staff turnover, back-up, or succession strategies
- ✓ Change control planning, processes, timeliness, agency and team education, cost controls
- ✓ Communication management planning, processes, organizational cooperation, meetings, note taking, agency and team education, project manager communication
- ✓ Risk and issue management planning, processes, analysis, reviewing and tracking, escalation, timeliness, tasks in project schedule, education
- ✓ Cost management planning, processes, and effectiveness of cost tracking
- ✓ Stakeholder engagement planning, processes, and education
- ✓ Configuration management plans and processes and effectiveness

CSG will observe all meetings that inform on the overall health and progress of the project, (e.g., Status meetings, project planning meetings, risk and issue management meetings, executive steering committee, and other leadership meetings, change control meetings), and any reviews and structured walkthroughs of any Project Management Plans and project deliverables.

CSG will seek to conduct interviews with key project staff for both initial and periodic assessments. CSG is strategic in planning and scheduling meetings and does this to make interviews timelier and more productive, and not onerous on those who are required to participate in the process.

Interviews are done both formally and informally, in person, and by other electronic means, and typically includes key stakeholders (e.g., project sponsor, executive sponsor), project management team (e.g., PM, business leads, technical leads, SMEs), Project Management Office (PMO) , (e.g., risk manager, change manager, governance, procurement, account management, project team leads, and DDI vendor team personnel (e.g., project manager, technical leads, business leads), and may include any other personnel that may provide needed insight into aspects of the project that informs DHHS leadership on the status of the execution of the project.

17. Must review and analyze all applicable and available documentation for adherence to accepted, contractually defined industry standards.

The CSG IV&V Team will review and analyze all applicable and available documentation for adherence to accepted, contractually defined industry standards. The CSG IV&V Team conducts comprehensive reviews of key project documentation and provides observations related to their quality and sufficiency back to DHHS to assist in determinations of whether to accept or reject the deliverables, or to send them back for targeted updates based on the project timelines and schedules. Typical documents the CSG IV&V Team will review include, but are not limited to the following:

- Project standards
- Project schedule and work breakdown structure
- Plans for:
 - ✓ Project management and related plans
 - ✓ Business continuity
 - ✓ Change control
 - ✓ Disaster recovery
 - ✓ Organizational change management



- ✓ Security and privacy
- ✓ Requirements management
- ✓ Configuration management
- ✓ Other plans (i.e.: training, testing, implementation, etc.)
- Organizational charts
- Governance documentation
- Status and progress reports
- Deliverable approval processes (e.g., sign-off on documents)

In addition to these deliverables, documents, and processes, the CSG IV&V Team will conduct initial reviews when applicable of Deliverable Expectation Documents to provide input and describe up front the required content, and acceptance criteria, and ensure that the format is acceptable for each deliverable, improving communication and development time, while reducing rework.

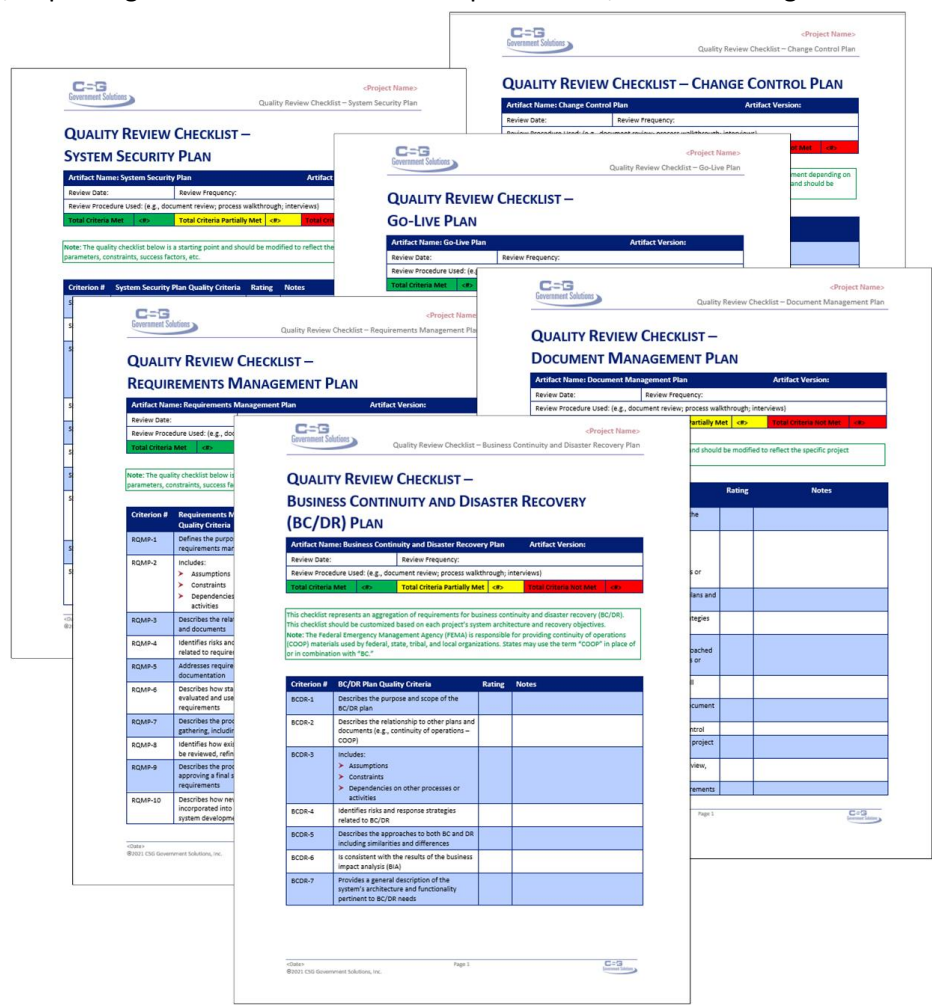


Figure 10: Sample Quality Review Checklists

IAQ-2	Describe the bidder’s approach in detail to IV&V including: a) project participation at the level of detail necessary to assess the project’s health; b) risk, issue, and opportunity management; c) deliverable review and reporting of deliverable findings
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a. Project Participation Necessary to Assess the Project's Health

During the initiation phase, the CSG IV&V Team will conduct an initial assessment, gather information, analyze, and develop observations and recommendations, and verify and document the observations and recommendations, then present these to DHHS in a structured walkthrough of the observations. Then, in the execution phase of the project, the CSG IV&V Team will conduct ongoing IV&V assessments of project activities and present observations and recommendations to DHHS on a weekly basis. During initial and periodic assessments, CSG will use information gathered to determine the adequacy and thoroughness of the project's processes and procedures and assess the quality of deliverables. The CSG IV&V Team will observe key project meetings to ensure that the CSG IV&V Team has a complete 360-degree view of the projects, and then supplement this information with targeted interviews of key DHHS and DDI vendor staff who are fulfilling various roles on the project. This is done to gain broader insight into the current and planned states of the project.

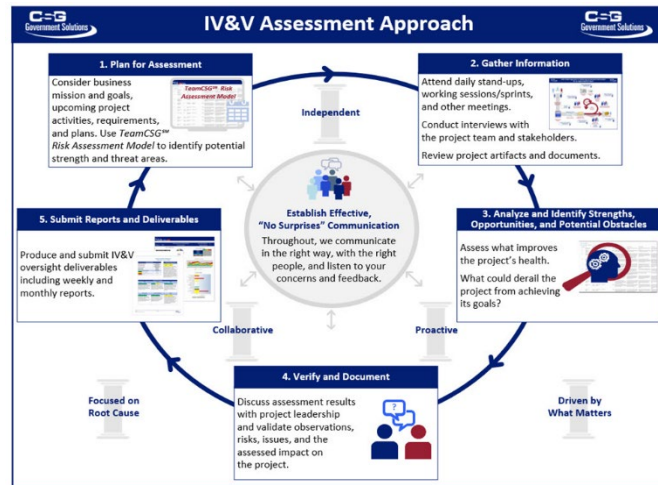


Figure 11: CSG IV&V Assessment Approach

The CSG IV&V Team conducts the initial and ongoing assessments in a time-boxed period, focusing on collecting as much information as possible while minimizing the time we require from the project team. The following activities are used to gather information during the assessment:

- **Review project artifacts and documents**, including the Project Charter, Project Management Plan, project schedules, statements of work, and deliverables to verify the parameters of project work are in place and support the project. We analyze and assess the documented plans, processes, and procedures for effectiveness at supporting the project and adherence to accepted, contractually defined, or industry standards. The CSG IV&V Team also reviews project requirement documentation and assess whether requirements/user stories are prioritized based on the needs and objectives of the project.
- **Conduct interviews** with project leadership, team members, and other stakeholders to understand and evaluate the processes and procedures of the project. Individual interviews provide critical information about the interviewees' multiple perspectives of the project's planning, progress, and potential risk areas. Interviews also offer an important method for CSG to validate the information being gathered to assess potential barriers, threats, issues, risks, and areas of opportunity for the project's planning, processes, and progress so the project successfully achieves and aligns with business needs.
- **Observe and assess project activities** during meetings to develop an understanding of project planning and processes; governance, risk, and issue, change control, and decision-making processes; and team member interactions and morale. Observing meetings also provides the CSG IV&V Team with additional insight into potential project risks or obstacles.



In addition, the CSG IV&V Team tailors the approach to gathering assessment information based on the development methodology used by MLTC and the solution vendor.

Initial IV&V Assessment

For the initial assessment, we focus on the sufficiency of the project scope and objectives and alignment to MLTC's goals and objectives, review of the *Project Management Plan* and schedule, resources, tools, processes, and procedures, the project's organizational, governance, and communication processes, and the impact of any procurement requirements and deadlines. To support our initial assessment, we use *TeamCSGSM Risk Assessment Model* to support the identifying risks, best practices, deficiencies, and issues related to activities and plans developed during the beginning project phases.

The IV&V initial assessment provides MLTC with an IV&V Initial Assessment Report that contains actionable recommendations to address or plan for any project risks, potential obstacles, or opportunities. For items where we can gain early insight, the IV&V team takes a conservative approach and raises any perceived risk or issue up front so it can be reviewed and addressed if needed. All subsequent reviews build on the initial assessment for progress made and traceability.

Ongoing IV&V Assessments

For ongoing assessments, the CSG IV&V Team adjusts our preparation by reviewing and aligning our assessment focus based on the project's goals and objectives, current and upcoming project activities, requirements, implemented plans, processes, procedures, and MLTC identified areas of concern or risk. We use *TeamCSGSM Risk Assessment Model* to focus our project assessments on key areas of potential project risk given the point in time of the project and the associated activities (e.g., assessing areas such as the development environment, organizational change management activities, involvement of users in the project activities, progress on defining and documenting requirements/user stories, etc.). Each identified area in *TeamCSGSM Risk Assessment Model* is assigned to an IV&V team member to be responsible for assuring it is evaluated across the project life cycle in alignment with the project activities. As part of our assessment planning process, we also proactively look to upcoming project phases and activities to identify potential barriers, risks, project threats, or opportunities so the project team can get ahead of them.

The following provide examples of project areas we might focus on during an ongoing assessment, depending on the project phase and activities:

TeamCSGSM Risk Assessments Standard Risk Categories	
1. Business Mission and Goals	12. Project Management Planning
2. Data Management	13. Project Management Processes
3. Design Specification and Management	14. Project Parameters
4. Development Environment	15. Project Resources
5. Leadership and Governance	16. Quality Management
6. Operating Environment	17. Requirements Management
7. Operational Readiness and Support	18. Security
8. Operations	19. Software Development
9. Organizational Change Management	20. System and Acceptance Testing
10. Planning Oversight	21. Training
11. Platform Components	22. User Involvement



Gather Information

The CSG IV&V Team conducts the initial and ongoing assessments in a time-boxed period, focusing on collecting as much information as possible while minimizing the time we require from the project team. The following activities are used to gather information during the assessment:

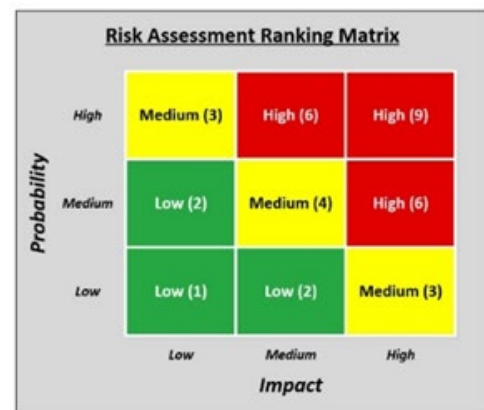
- Review project artifacts and documents
- Conduct interviews
- Observe and assess project activities

b. Risk, Issue, and Opportunity Management

The CSG IV&V Team will actively participate in the DHHS/MLTC Enterprise Improvement projects to identify risks, issues, and opportunities along with associated recommendations for the project team. CSG accomplishes this throughout the lifecycle of the projects, and in all project phases. The CSG IV&V Team reviews and analyzes the information gathered from its ongoing assessment to identify potential risks, issues, project threats and barriers. We also identify successful areas of the project and document areas of project strengths to leverage or build on to address any identified risks or areas of needed intervention. Our analysis approach includes identifying any additional information needed to ensure a thorough evaluation of the facts using multiple sources of data. This thoughtful, systematic feedback loop for conducting information analysis allows the team to identify the underlying root causes of project risks or issues, focusing on what matters to the project's business and technical goals and objectives. In this way, we identify and create observations that have the highest value to the project. Our data collection and analysis process also allow us to strategize and make effective, realistic recommendations that will address the observation based on the specific parameters and needs of the Project.

The CSG IV&V Team uses the following approach to evaluate the risk of each observation to the project:

- **Impact:** The possible impact on the project using a low (1), medium (2), and high (3) scale.
- **Probability:** The probability (i.e., likelihood) the observation will negatively impact the project using a low (1), medium (2), and high (3) scale.
- **Overall Risk Ranking:** TeamCSGSM Risk Tracking and Reporting automatically calculates the overall risk ranking based on the probability and impact rating on a scale of one to nine, with nine being the most severe.



c. Deliverable Review and Reporting of Deliverable Findings

To conduct deliverable reviews, the CSG IV&V Team uses our *TeamCSGSM Deliverable Review Checklist Library*, which provides over 80 deliverable review checklist templates. These templates are based on our more than 20 years of experience with complex system implementation projects and incorporate industry standards and best practices as well as any regulatory requirements.

We tailor each Deliverable Review Checklist to include the requirements and acceptance criteria specified in any statement of work for the deliverable being reviewed. Having this extensive library of templates



gives the CSG IV&V Team a jumpstart on tailoring each deliverable review checklist and providing comprehensive deliverable reviews.

Deliverable Review Checklists are shared with MLTC to confirm they contain the expected quality review content. Developing and proactively sharing our checklists with MLTC establishes quality expectations up front and provides the CSG IV&V Team the opportunity of working with the solution vendor and PMO prior to a deliverable’s development to ensure the required elements are included, reducing the need for re-work. This follows our “no surprises” approach to communication and boosts the effectiveness and efficiency of the project’s quality control process. Our strategy for using these checklists helps the solution vendor and project team produce deliverables and other work products that are complete, accurate, of high quality, and meet MLTC requirements.

Assess and Review Deliverables

The CSG IV&V Team uses multiple methods for reviewing project deliverables. In addition to using the Deliverable Review Checklist, we review the DED developed for each deliverable, if available, and attend walk-throughs and other meetings relevant to the development of the deliverable. The CSG IV&V Team members assessing each deliverable also apply their knowledge and experience gained from similar system modernization projects.

Report Results of the Assessment and Review of Deliverables

The CSG IV&V Team provides the completed Deliverable Review Checklist to MLTC and does a walkthrough of the checklist criteria that partially meet or do not meet the review criteria for discussion and needed clarification. Any deliverable reviews conducted during an assessment period are also included as an appendix to our Weekly IV&V Status Reports. In addition, deliverable quality and accuracy are factored into our assessment observations and recommendations.

Verify Deliverable Updates

Once MLTC determines which assessment recommendations the solution vendor will be required to make to the deliverable, the CSG IV&V Team performs a follow-up review to verify that agreed-upon changes or corrections are made, and to ensure that no extraneous information or content changes have been made either inadvertently or on purpose.



Figure 12: Sample Artifact Review Checklist

IAQ-3	Explain past challenges and common issues along with the recommendations provided to address the issues.
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Each project presents its own set of challenges and opportunities. Scope creep, schedule delays, cost overruns are common when implementing Medicaid Modernization modules. The addition of unplanned enhancements, underestimating development efforts, delayed milestone approvals are just a few of the common issues experienced by State agencies when implementing or enhancing MMIS modules. Eligibility and enrollment system development is often delayed as business requirements are at times incomplete or are changed during development. Implementation of Drug point of sale systems can be



delayed as benefit programs are constantly changing to add or eliminate coverage of certain drugs. As the IV&V vendor, it is our responsibility to monitor all aspects of a project to assist MLTC to keep the projects on track. The following table includes a sample of past challenges and recommendations.

Past Challenges	Recommendations
Incomplete Requirements	<ul style="list-style-type: none"> ➤ Clearly define To-Be business processes, including KPIs ➤ Ensure that all requirements are traceable to To-Be business processes ➤ Validate that all requirements are SMART (Specific, Measurable, Realistic, Time-bound) ➤ Validate all functional requirements with business users and all technical requirements with technical users
Lack of user involvement	<ul style="list-style-type: none"> ➤ Develop and execute an Organizational Change Management Plan ➤ Identify user "champions" who engage their peers and coworkers in project/business process/requirements decisions ➤ Provide champions with prominent project positions ➤ Validate functional requirements with users
Lack of resources	<ul style="list-style-type: none"> ➤ Develop a Resource Management Plan ➤ Develop a resource loading chart – identifying when all project (including business) resources are on boarded and off boarded from the project ➤ Communicate resource needs in APD/IAPDs and state budget requests ➤ Meet on a scheduled basis (e.g., weekly) to review resource needs, and changes in resources
Unrealistic expectations	<ul style="list-style-type: none"> ➤ Clearly define To-Be business processes ➤ Communicate business process models to all project stakeholders, as needed, to align expectations ➤ Develop a project Communications Management Plan ➤ Regularly communicate to business users (and others with expectations for the project) regarding project status
Lack of executive support	<ul style="list-style-type: none"> ➤ Identify the project governance model and communicate governance model to all stakeholders ➤ Create and validate roles and responsibilities matrix, including executive responsibilities ➤ Provide executives with monthly status reports to communicate progress ➤ Conduct a monthly executive steering committee meeting, include objective analysis of project risks and issues ➤ Elicit high-level project decisions from executives
Changing Requirements & Specifications	<ul style="list-style-type: none"> ➤ Document requirements in a requirements management tool ➤ Trace requirements to To-Be business process models and high-level business processes ➤ Validate functional and non-functional requirements with business and technical users ➤ Baseline requirements



	<ul style="list-style-type: none"> ➤ Create a Change Management Plan and require project changes to proceed through the change management process, based on thresholds defined in the Change Management Plan
Insufficient planning	<ul style="list-style-type: none"> ➤ Create project and systems development management plans, describing approach for project management and systems development processes ➤ Create an Integrated Master Schedule (IMS) ➤ Review and update the IMS weekly ➤ Use the schedule to review upcoming activities, making any updates, as indicated by the Change Management Plan
Insufficient IT management	<ul style="list-style-type: none"> ➤ Create project management plans, identifying IT management needs ➤ Perform skills assessment for IT staff, including IT management ➤ Identify and close any IT management resource and skill set gaps ➤ Clearly identify any requirements for IT management
New Technology Challenges	<ul style="list-style-type: none"> ➤ Develop project technical training plan ➤ Identify training needs ➤ Conduct training ➤ Reassess staff competencies periodically

IAQ-4	Provide examples of opportunities or positive risks reporting in past projects where the customer was able to capitalize.
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Given CSG’s HHS and Medicaid program and IT expertise, our staff see the “big picture” and are well positioned to help Nebraska fully utilize the functionality of the MLTC implementations to promote increased staff productivity, and ultimately, better outcomes for constituents. Some examples of opportunities or positive risks we have seen on other projects include:

- **Leveraging statewide financial system:** We recommended that the agency leverage the State’s financial system to perform some of the financial processes for the MMIS. This allowed the State to leverage 90/10 funding to invest in their statewide financial system, and at the same time, provide a financial management solution for the MMIS.
- **Provisioning document management as a shared service:** We recommended that the State consolidate enterprise document management systems across the HHS enterprise and include this functionality as a shared service in the Systems Integrator RFP. This approach allowed the State to leverage 90/10 funding, create efficiencies for State staff, and reduce overall cost for enterprise document management licensing, hosting, and maintenance and operations.
- **Using the Architecture Development Method to guide project processes:** We recommended that the State adopts an enterprise architecture approach so that the HHS vision is created, business processes are aligned to the vision, applications and infrastructure needs are aligned to the business needs, work packages created, and then RFPs developed that clearly align to business need. This approach helps the State to realize maximum return on investment, State program staff to “buy in” to the project (as they develop To-Be business process, and contractors to understand with more clarity (and less back and forth with requirements) what the State is requesting.



Each project has nuances and subtleties that need to be considered thoroughly to decrease project risk and realize project opportunities. We look at both negative and positive observations to assist MLTC with enhanced opportunities to capture, reuse, and benefit from prior knowledge, experiences, and lessons learned.

IAQ-5 Provide examples of the bidder’s deliverable review findings and issue assessments utilized on previous projects.

As the IV&V vendor for many projects across the country, CSG is constantly reviewing deliverables and assessing project risks and issues. While each project has its own set of deliverables our proven methodology to systematically review deliverables and provide corresponding comments ensures MLTC receives our IV&V input and recommendations.

Following are examples demonstrating how we have previously identified and reported our analysis of the inclusion of a state’s goals and objectives as well as all federal requirements in request for proposals and contracts. These samples are from other state agency projects and have been redacted to remove client and project-specific information.

- **Sample 1** provides an observation and ongoing monitoring of the state’s activities to assure their goals, objectives, and federal requirements are included in these documents.
- **Sample 2** provides an abridged checklist used to assess requirements to assure they addressed all client goals and objectives and federal requirements for inclusion in vendor RFPs and contracts.
- **Sample 3** provides an abridged presentation of how an enterprise vision supports a business perspective and the risks and issues for system modernization because of the vision misalignment to the state’s goals and objectives and federal requirements.
- **Sample 4** provides a final summary report of our IV&V assessment activities from a large-scale system implementation requiring CMS certification. The sample has been abridged due to space constraints but contains identified key challenges and recommendations that could also be potential risks.

In Process Observations		Sample 1					
#64: Incomplete State Self-Assessment		Current	High Risk Rank		Previous	High Risk Rank	
			Medium Probability	High Impact		High Probability	High Impact
<p>Observation: The State’s current Medicaid Information Technology Architecture (MITA) State Self-Assessment (SS-A) contains generic verbiage for the MITA Maturity Level (MML) 4 “To-Be” descriptions. As a result, RFPs may not communicate the business needs, resulting in:</p> <ul style="list-style-type: none"> ➤ Limited or incorrect functionality, as trade-offs are made between meeting implementation dates and providing key functionality. ➤ Impacts to the schedule as the State realizes later in the development process that what the vendor is delivering will not meet the needs of the business. ➤ Increases in project costs since the state’s specific “To-Be” requirements may be out of scope from the original published RFP requirement. 	<p>Recommendations:</p> <ul style="list-style-type: none"> ➤ For each business process, validate the “As-Is” and create and validate the “To-Be.” Update the State “To-Be” portion for the next MITA SS-A update with this new “To-Be” information. ➤ Involve the business specialists in the “As-Is” and “To-Be” process definition activities to ensure that these processes reflect the current environment and the needs of the business. ➤ For each “To-Be” business process, include the requirements for each technical shared service (e.g., Master Data Management, Enterprise Service Bus, and Electronic Document Management, etc.) in the vendor RFP. 	<p>Current Analysis: The State is actively pursuing alignment of “To-Be” business processes with the vendor RFP and contract (and to complete the MITA SS-A). The State’s business specialists are becoming more actively involved in the MITA SS-A process, with increased support of some of their managers and senior leadership for pursuing these activities as a high priority at this time.</p> <p>Previous Analysis: A plan to revise the current SS-A document has been discussed and is progressing. The OCM contractor is working with the State’s <Name> Council to continue the business process reengineering activities.</p>					



Sample 2

CSG Government Solutions <Project> IV&V Project
<System> RFP Requirements: Certification Artifact Review <Date>

Requirements Review Checklist: <System> RFP

Rating	Definition
Met	Document meets quality criterion
Partially Met	Document needs further development to meet quality criterion
Not Met	Document does not meet quality criterion
N/A	This criterion is not applicable at the time of this quality review

Criteria #	<System> RFP Requirements Quality Review Criteria	Rating	Notes
General Construction			
RqR-1	Identifies business/functional and technical/non-functional requirements, including: > Business > Data > Capacity/performance > Security/privacy/HIPAA compliance > Usability > Maintainability > Interface > SOB compliance > Disaster recovery	Partially Met	Capacity/Performance requirements, as per SIAs, are in the process of being defined Did not see much specificity about expectations for system usability and intuitiveness
RqR-2	Has a unique identifier for tracking through the SDLC	Not Met	The tables in Appendix <#> are in the process of being re-numbered in conjunction with ongoing drafting and finalization of the requirements. There are several items at the end of Appendix <#> that appear outside of the ID numbering system. In addition, Appendix <#>, SOW, also contains requirements and it does not have an ID numbering system for those requirements.

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CSG Government Solutions <Project> IV&V Project
<System> RFP Requirements: Certification Artifact Review <Date>

Criteria #	<System> RFP Requirements Quality Review Criteria	Rating	Notes
RqR-3	Clear, explicit, unambiguous, singular (i.e., represent only one thing)	Not Met	There are overlapping requirements. Some requirements contain vague language that can lead to differing interpretations about what the state needs, wants, and expects. In addition to this being confusing for Offerors, it may also cause confusion for monitoring after the Contractor is on-board.
RqR-4	Complete and fully stated in one place with no missing information	Not Met	The state is still working on drafting the requirements. The state has been working on eliminating duplicate requirements within Appendix <#>. Requirements that seem duplicative or overlapping still exist within Appendix <#>. By design, there are requirements in both Appendix <#> (Requirements) and Appendix <#> (SOW); thus, they are not in one place.

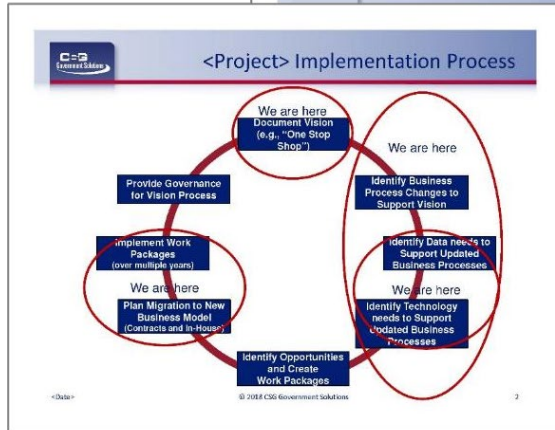
CSG Government Solutions <Project> IV&V Project
<System> RFP Requirements: Certification Artifact Review <Date>

Criteria #	<System> RFP Requirements Quality Review Criteria	Rating	Notes
RqR-9	Written plainly, no technical jargon, no acronyms (unless defined in an acronyms list)	Not Met	This needs to be cleaned-up as part of document finalization; use of acronyms is especially in need of attention
RqR-10	Terminology is defined and used consistently (e.g., may, should, must)	Partially Met	Progress has been made in this area as part of the state's drafting process, but additional clean-up is needed as part of document finalization. Also, it would be beneficial to indicate the location of information about the state's systems and processes as well as standards and other key documents to increase the likelihood that Offerors are looking at what the state wants them to look at when responding to an item.
RqR-11	Objectively written	Partially Met	Some of the requirements need specific metrics
RqR-12	Verifiable, testable, and traceable	Not Met	This will be a significant challenge given the large number of requirements and having them spread across Appendix <#> and Appendix <#>
RqR-13	Within scope of the project as defined in the project charter and business case	Not Met	Charter and Business Case are in the process of being updated to reflect current circumstances
RqR-14	Prioritized	Not Met	Did not see this aspect
RqR-15	Categorized (e.g. functional, non-functional) for reference	Met	The structure for categorizing requirements is clearer in Appendix <#> than Appendix <#>
Functional			
RqR-16	Defines requirements for transition from legacy system(s) to new system	Met	Appendix <#> <Sections> Appendix : <#> <Sections> Training: Many references throughout Appendices
RqR-17	Defines business reporting requirements	Partially Met	Reporting needs were placed in a separate table in Appendix <#> and may be moved to a separate Appendix. Some of the reports need additional clarification (e.g., metrics) to define the requirement
RqR-18	Defines security reporting requirements	Met	Appendix <#> <Sections> Offerors must describe its approach to meeting these requirements

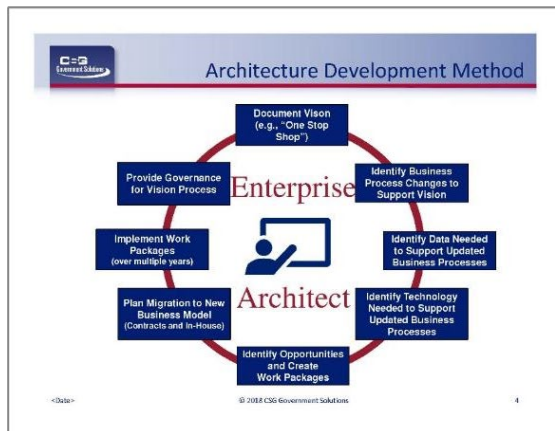




Sample 3



- ### Vision Misalignment: Risks and Issues
- Stakeholders may not be "bought in"
 - Vendor/Staff disagreements about priorities and what to do when
 - Progressive elaboration of requirements
 - Slow starts and multiple restarts
 - Budget impacts
 - Schedule delays
 - Future vendor change orders
 - Business impacts
-



- ### Alignment Recommendations
- Obtain stakeholder approval of and commitment to the Vision Lifecycle
 - Install and support an enterprise architect
 - Finalize and document vision
 - Support Vision by updating
 - ✓ Business Processes
 - ✓ Information Models
 - ✓ Technical Artifacts
 - Revisit Work Packages
 - Validate and update RFPs (where possible) and validate in-house strategies
 - Continue implementation process
-



Sample 4

<Project>
Final IV&V Assessment

1. EXECUTIVE SUMMARY

The <Agency> and the <Agency> selected CSG Government Solutions (CSG) to provide IV&V services for multiple Design, Development, and Implementation (DDI) projects related to the State's Medicaid Management Information System (MMIS), including an enhanced set of provider and member Contact Center capabilities. These projects, referred to collectively as the <Program>, include systems (and, in some instances, services) replacement for the <Module>, <Module>, and <Module>.

<Module> was the <Program>'s first major project in replacing components of the <System>. In conducting the <Module> final assessment, IV&V utilized previous IV&V observations and lessons learned reports provided to the <Program>. In addition, IV&V reviewed lessons learned collected by the <Program> regarding the <Module> project. Finally, IV&V interviewed <Module> business staff to obtain their perspective regarding the <Module> project and solution. This report provides key lessons learned during the <Module> project and recommendations for reducing risks for future projects.

A major challenge occurred early in the <Module> project with the previous <Module> vendor's departure, which required <State> and the new <Module> vendor to implement the new <System> component by <Date>. This stress on the schedule resulted in insufficient time for comprehensive Joint Application Design (JAD) sessions and reduced testing options. This pointed to the need for a plan to transition to new vendors, and the importance of planned joint application design (JAD) or configuration sessions, and comprehensive testing that includes user acceptance testing (UAT).

Although the <Module> project took longer than expected and faced several challenges over the system development life cycle (SDLC), the State project team increased its proficiency in managing the vendor and project, achieved successful federal certification of the new <Module> system, and provided valuable feedback to the other MMIS projects.

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3.1 Schedule

DDI Vendor Schedule

- Key Challenge: The <Module> vendor did not provide a comprehensive schedule that identified all project phases, releases, deliverables, tasks, resources, and dependencies needed to complete the project. Resources were not always identified for critical tasks and certain tasks were not accounted for in the schedule. The schedule did not present accurate estimates on the time and resources required to complete particular key tasks and project deliverables.
- Recommendation: The <State> should consider requiring vendors provide a comprehensive schedule during project initiation that includes all project phases, releases, deliverables, tasks, resources, and dependencies. The vendor should baseline the schedule once it is approved by <State> and then provide updates to the schedule at regular intervals throughout the project lifecycle.

Schedule and Resource Management

- Key Challenge: The <State> <Module> RFP anticipated that the <Module> design, development, and implementation (DDI) would take <#> months (from <Date> through <Date>). The <Module> DDI phase actually took longer than three years. There were several factors that contributed to this extended DDI, including an initial unrealistic estimation by <State>, insufficient vendor transition planning, and the need for stronger schedule, resource, and vendor management on the part of the <Module> vendor and <State>. During the project the PMB vendor did not complete the majority of identified project tasks by the scheduled due date. Project staff turnover was also a contributing factor. There were <#> different <State> project managers, <#> different vendor managers, and Business Analysts (BAs). This led to confusion, continuity issues, and lapses in project organization and documentation.
- Recommendations:
 - The <State> should consider developing more realistic estimates of project duration during the project planning phase.
 - The <State> should consider educating <State> contract managers on the importance of managing vendors to the project schedule.
 - The <State> should consider requiring project managers to review vendors' project schedules on a regular basis, identify risks and issues, and provide recommendations to the contract/vendor managers to get the vendors back on track. <State> Project managers should consider facilitating periodic schedule reviews that include determining the impacts of schedule variances, developing schedule change requests as needed, and reporting schedule status to the appropriate stakeholders. Schedule reviews allow the team to look at task completion and milestone dates to make decisions to go live or not and allows for time to implement contingency plans as needed.

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<Project>
Final IV&V Assessment

2. OVERVIEW

2.1 Purpose

This Final QA/IV&V <Module> Report represents the QA/IV&V team's final assessment of the <State> <Module> project. The assessment includes observations and recommendations and captures lessons learned throughout the <Module> system development lifecycle (SDLC). The final assessment leverages and builds on information from the <Module> initial (baseline) assessment and periodic assessments that were conducted on a monthly basis.

The QA/IV&V team is required to provide a copy of this report to the Centers for Medicare and Medicaid Services (CMS). The requirements of the report are to include QA/IV&V assessment for specific areas of the project:

- Project management of both the State and vendor
- Technical aspects the project
- User involvement
- Buy-in that the system will support the program business needs
- Review of project performance over the course of the system development life cycle (SDLC)
- Risk management process-identification and remediation

This report provides insight into past performance of each of the above bulleted list through the QA/IV&V observations and recommendations.

2.2 Background

The Pharmacy Benefits Management System (<Module>) was the first module of the <Program> to be implemented. The <Module> Point of Sale (POS) system was implemented on <Date>. Some functionality, such as <Module>, <Module>, and <Module>, were deferred and scheduled for implementation during a later DDI phase. <Module> and <Module> are being implemented with the final Phase, with targeted full implementation anticipated to occur at the end of <Date>. The QA/IV&V efforts associated with the <Module> final assessment was a retrospective review of the DDI Phase I, Phase II, and Phase III, and the preparation for transition for full maintenance and operation (M&O).

To prepare this final assessment, the QA/IV&V team members attended project meetings and reviewed formal meeting minutes produced from these meetings. In addition, the QA/IV&V team scheduled interviews with key personnel, using a predetermined questionnaire to provide a final assessment of the project. Formal deliverable reviews were a fundamental validation activity provided by the QA/IV&V team throughout the duration of the project. The QA/IV&V team utilized the TeamCSG™ Risk Assessment Model to assist with the analysis and tracking of risks the QA/IV&V team identified through its observations of project meetings, interviews with project personnel, and review of the various deliverable reviews. Finally, the QA/IV&V team collected and reviewed lessons learned throughout the <Module> project lifecycle.

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System Certification

- Key Challenge: Planning, roles, responsibilities, activities, and schedule surrounding <Module> system certification were not clearly defined and did not begin early enough in the project. While the Final Review with CMS ultimately went well, <State> and the vendor were pressured in completing all needed activities for certification in a short amount of time.
- Recommendations:
 - The <State> should consider starting certification planning and communication at the beginning of the project, and including certification activities in the project planning, scope, and schedule. This would include clearly defining roles and responsibilities for all <State> and vendor staff regarding certification activities.
 - The <State> should consider including certification checklists, requirements, and activities as part of vendor contractual requirements. The <State> has done this with the Provider Management Module (PMM) statement of work.
 - The <State> should consider requiring vendors to document within their responses to RFPs their approach to supporting the federal certification process of its products and to designate a project team member to be responsible for leading vendor certification activities.
 - The <State> should consider providing certification training early in the DDI phase of future projects to orient State and vendor staff to the CMS certification process.
 - Within each respective project, the <State> should consider conducting a joint evaluation with the DDI vendor of the amount of work required for certification. The outcome of the evaluation could then be utilized to develop and execute a plan to achieve CMS certification that is managed by the project team.

Requirements

- Key Challenge: Some of the requirements in the <Module> RFP were not sufficiently clear and required further clarification and definition as the project progressed. This contributed to delays in the project.
- Recommendations:
 - The <State> should consider conducting thorough business analysis during requirements gathering sessions prior to project initiation so that the Request for Proposal (RFP) document is clearly aligned to the program and business. These sessions should be attended by <State> business and technical subject matter experts who have been trained on how to write requirements that are S.M.A.R.T. (Specific, Measurable, Attainable, Realizable, Traceable). The requirements should focus on what the system will do for all stakeholders, provide software developers a clear understanding what is needed, and communicate the "what" of the solution, not the "how." The requirements gathering sessions should be well documented.

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3. IV&V Status Meetings and Reporting

Business Requirements	
Req #	Requirement
IVV-1	Address the bidder's approach to meeting each requirement in a table that contains the requirement and the bidder's approach to meeting the requirement.

The following section describes CSG's approach to meeting each IV&V status meetings and reporting as stated in section V.B.3 in the RFP.

RFP Requirements and CSG's Approach to Meeting Each Requirement

- 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:
 - Project meeting participation including an assessment of completed meetings and any recommendations for 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.
 - 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 DHHS.

To monitor and manage the IV&V project, the CSG IV&V Team produces the IV&V Status Report every week, conducts weekly meetings with DHHS, updates the IV&V Management Plan to ensure assessments reflect current and upcoming project phases, and updates the IV&V WBS and schedule.

During IV&V project initiation, CSG meets with DHHS to review the Weekly Status Report Deliverable Expectation Document to validate the content and format of the IV&V Weekly Project Status Report.

The CSG IV&V Team will produce a weekly IV&V Status Report with the following sections and meet weekly with DHHS and other oversight entities to review the status of our IV&V efforts:

- **Overall Project Health Indicator:** The provides an at-a-glance view of project status.
- **Key Project Activities:** Highlights key areas of project progress and accomplishments during the reporting period.
- **Key Observations and Recommendations:** Reports key observations and recommendations concerning the project and assures our "no surprises" approach helps DHHS/MLTC proactively focus on potential risks or areas of concern.
- **Critical Incidents:** Critical incidents demanding immediate leadership attention are escalated as they are identified. The weekly status report will include a summary of the critical incident, current status and proposed action plans.
- **New and Updated Observations and Recommendations:** Provides the detail for any new observations (risk, issue, or opportunity) and recommendations identified during the reporting period, along with the risk level ratings, and any previously reported observations whose ratings

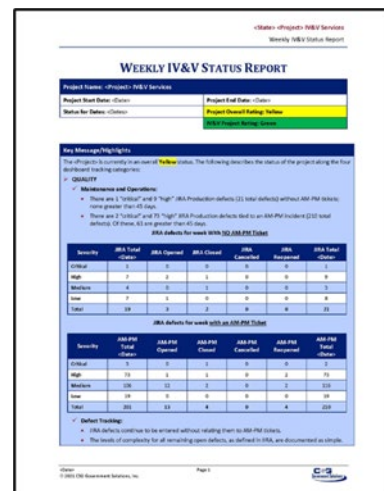


Figure 13: Sample Weekly IV&V Status Report



have changed, or the IV&V team has updated recommendations to offer. In addition to project risks, issues, and opportunities, CSG reports observations that capture what is working well to reinforce successful project processes.

- **Summary of IV&V Activities:** Describes work completed since the last status report and identifies upcoming IV&V activities for the next two weeks, including any key focus areas, based on what is happening on the project.
- **Project Deliverable Review Status:** Status of recently completed, in progress or planned project deliverable reviews.
- **Events Planning:** Identifies IV&V events that are planned, such as interviews or presentations, if applicable.
- **IV&V Deliverables Status:** Details the status of IV&V contract deliverables, delivery dates, and deliverables that are in progress at the time of the report.
- **IV&V Schedule:** The current IV&V schedule will be attached to the report, including when IV&V team members will be on-site.

2. Must submit each weekly status report by the DHHS established day and time. DHHS will allow a minimum of one business day from the end of the weekly reporting period for submission.

CSG will deliver weekly report no later than one business day following the weekly reporting period. We recognize the value of information currency to accommodate productive IV&V status meetings. IV&V Weekly Status reports will be distributed to the distribution list identified by DHHS.

3. Must facilitate a weekly IV&V status meeting with DHHS identified project leadership.

Our approach to IV&V oversight includes transparency and a goal of “no surprises”. The weekly IV&V status meeting provides an opportunity for CSG to share observations and listen to confirm validity and understand context before finalizing documentation of a project risk, issue, or recommendation. The CSG Project Manager will facilitate the weekly status meeting. Attendance will include the IV&V Lead as well as team members who are introducing new observations, new or updated risks, or new or updated issues.

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, 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 DHHS.



The CSG IV&V Team will submit a Monthly IV&V Assessment Report and brief MLTC on the contents of the assessment. The Monthly IV&V Assessment Report includes the following:

- **Executive Summary:** Provides a summary of the project context and a high-level analysis of key messages we want to convey about our conclusions from the assessment and observations. The Executive Summary includes:
 - ✓ **Project Health Dashboard** provides both at-a-glance and detailed insight into the evaluated project health and trends across several project health indicators.
 - ✓ **Highest risk observations** are those observations rated the highest risk to the project at the time of the report, including previously reported and new observations.
- **Project Progress and Accomplishments:** Describes key areas of project progress and accomplishments during the review period and identifies MLTC and project activities moving the project forward.
- **Observation and Recommendation Summary:** Provides a summary of the IV&V assessment and project analysis for the current assessment period. The purpose of this section is to help MLTC, and the project team members prioritize the efforts on the project based on the assessment information and active and new observations.
- **Observation Trends Between Reporting Periods:** Provides graphics and key highlights to direct attention and follow-up efforts on those areas that need the most focus depending on the risk trends between the previous and current reporting report. By compiling and comparing the results to previous reviews, we provide quantitative reports on the number of observations identified by the IV&V team as high, medium, and low risk by project category and whether the trend is positive or negative for the project. *TeamCSGSM Risk Tracking and Reporting* provides these graphics through comprehensive and configurable, on-demand reports, including:
 - ✓ **Risk Assessment Tracking Dashboard** reports statistics on IV&V observations and categorizes them based on their origin, potential risk impact for the project, and whether there are active risk response strategies or issue resolution plans underway to address them.
 - ✓ **Risk Trending by Category Report** provides the progress risk trends from one reporting period to the next. Increasing risk level trends suggest action is needed to address escalating project

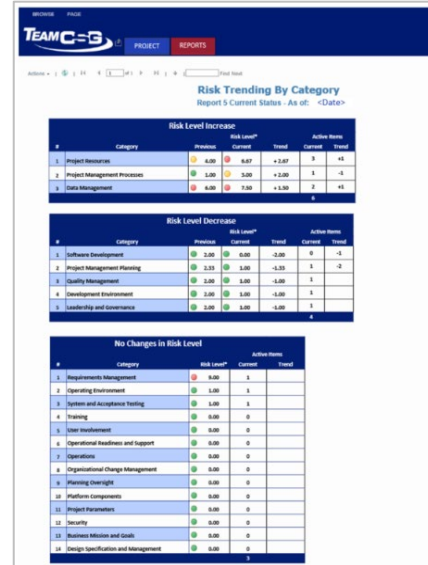


Figure 14: Risk Trending Report

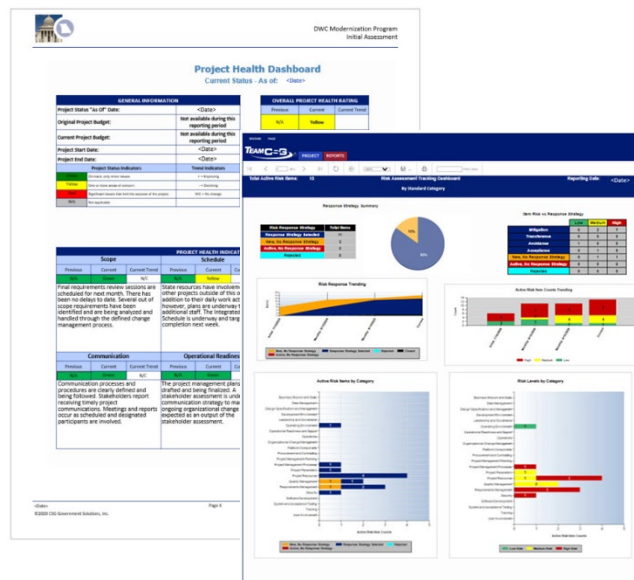


Figure 15: Sample Project Health Dashboard



risk, whereas decreasing risk level trends suggest actions to mitigate/ avoid risks and address issues are being successfully implemented.

- **Detailed Observations and Recommendations:** Includes the details for observations and recommendations, including:
 - ✓ Newly identified observations.
 - ✓ Previously reported observations with the CSG IV&V Team’s Current Analysis of the project’s progress in addressing them or any change in risk level.
 - ✓ Observations that have closed due to the project team’s activities to address or resolve the observation risk.
- **Purpose, Background, and Approach:** Describes CSG’s approach to conducting the IV&V Ongoing Assessment, including stakeholders interviewed, meetings observed, and documents reviewed.

New Observations			
#54: Hiring Freeze and Potential Furloughs		High Risk Rank	
		High Probability	High Impact
Observations: The governor has implemented a hiring freeze and is considering instituting mandatory furloughs. The duration for the hiring freeze and potential furlough parameters are not yet defined (e.g., nu	Recommendations: <ul style="list-style-type: none"> ➤ Create an end-to-end integrated Master Schedule with resources that are currently available, to determine what can be accomplished within the 		
In Process Observations			
#2: Internal Requirements Management and Traceability		High	
		Current	Previous
		High Probability	High Impact
		Medium	
		Medium Probability	Medium Probability
Observations: The RFP requirements development process is currently using a tool (MS Excel) that does n	Recommendations: <ul style="list-style-type: none"> ➤ Identify and implement a requirements management 	Current Analysis: <ul style="list-style-type: none"> ➤ Since last fall, Department has been assessing requirement management 	
Closed Observations			
#4: Integrations and Master Data Management		Low	
		Low Probability	Low Probability
Observation: <System> is key integration component that enables a loosely coupled solution composed of multiple modules to coordinate on the maintenance and validity of the key element that are shared amongst the modules. There is some overlap between the <Platform> and Data Services RFPs in terms of responsibilities for implementing <system>. Without clearing defined roles between the vendors for <system> responsibilities this important integration service may not be built in a way that successfully provides all the vendors with access to the key master data they need. This may lead to rework, delayed projects schedules, or a suboptimal solutions that does not meet the project.	Reason for Closure: <System> requirements have been updated in <platform> and Data Services RFPs.		

Figure 16: Sample IV&V Observations and Recommendations

5. Must facilitate a monthly IV&V report meeting with DHHS identified leadership.

CSG will schedule and facilitate a review of the monthly IV&V report with DHHS identified leadership. For this review meeting we produce an agenda that provides the upcoming assessment report’s project health dashboard, updated observations, and areas of IV&V concern for executive-level stakeholders. We also review the monthly report with project leadership to correct any errors of fact prior to publication as part of our “no surprises” approach. During this meeting, CSG will share observations and discussion recommendations to address any areas of concern. We encourage DHHS leadership to ask questions and share any areas of concern regarding project progress or status. The upcoming ongoing assessment focus areas will be reviewed and adjusted as needed.



6.	Must create the agenda and take the minutes for any IV&V meetings.
CSG will provide the agenda and supporting materials prior to IV&V meetings. Minutes will be distributed within two business days following the meeting. CSG minutes will capture attendance, key discussion topics, decisions, and action item assignments with due dates.	

IVV-2	Describe the bidder's process for capturing detailed status on project activities (i.e., scheduled tasks, risks, issues, staffing, communications, etc.) at a detailed level and reporting the information as needed based on the reporting audience.
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CSG's processes for capturing detailed status on project activities (i.e., scheduled tasks, risks, issues, staffing, communications, etc.) at a detailed level and reporting the information as needed based on the reporting audience begins with highly qualified professionals who have been involved in several facets of Medicaid system modernization projects, and who know the ins and outs of the Medicaid program, modular systems, processes, and policies. The CSG IV&V Team begins work immediately and is engaged with DHHS staff and DDI vendors early in the process. This maximizes the overall effectiveness of the IV&V program by conducting an early evaluation of the project, completely and objectively, to establish a project baseline and to conduct an initial risk assessment of the project.

Following the initial assessment, the CSG IV&V Team conducts ongoing assessments in a time-boxed period, focusing on collecting as much relevant information as possible within the period. Information is gathered through a mix of interviews, participation in meetings, review of project deliverables, and assessments of project activities, requirements, plans, processes, and procedures, and assessments of future planning progress, (e.g., organizational change management, requirements development and traceability, project management processes, software development, data conversion, testing, resource availability, etc.). We use Microsoft OneNote to capture meeting notes and interview results. Using OneNote, information can be immediately shared with all IV&V project team members. The raw notes from meetings are then discussed with our team internally across all project activities (not every team member can be in every meeting) to facilitate information sharing and collaboration among our team members.

Observation

- **What (be specific):** The RFP requirements development process is currently using a tool (Microsoft Excel) that does not easily support requirements being traced from stakeholder needs to requirement statements and to CMS Medicaid Enterprise Certification Toolkit (MECT) checklist items. The tool also does not support a robust change management capability.
- **So what (be specific):** Without a requirements traceability repository, process, and robust change management, requirements may be missed or not properly understood resulting in system functionality not meeting stakeholder needs. Additionally, the project team may not be able to validate that MECT checklist items have been implemented.

Recommendation

- **Now what and how:**
 - ✓ Identify and implement a requirements management tool that can support the current and future RFP requirements gathering through release efforts. Subsequent requirements management and traceability should be the responsibility of each vendor as they join the overall MMIS initiative.
 - ✓ Develop a communication process to inform stakeholders about the status of their requirements, ensuring visibility of their requirements to individual RFPs.
 - ✓ Create a decision log that is accessible to all stakeholders so decisions and related information (e.g., rationale, change date, responsible party) can be reviewed and used by all stakeholders.
 - ✓ Have stakeholders review their specific requirements and validate each one against any final requirement language.

Current Analysis (updated observations only)

Figure 17: Observation templates help IV&V analysts clearly communicate the risk, issue, or opportunity.





When an observation is made, the CSG IV&V Team member vets the observation with the IV&V Team to ensure that there is consensus that a risk or opportunity is present. This vetting of observations ensures that items that are raised have at a minimum two members of the IV&V Team assessing the matter before it is escalated to DHHS for consideration. This reduces and eliminates benign matters and other false positives that may present from time to time. CSG then logs the observation in the *TeamCSGSM Risk Tracking and Reporting tool* and assigns it to one of the *TeamCSGSM Risk Assessment Model* categories. These categories are based upon the Institute of Electrical Engineers (IEEE), Project Management Body of Knowledge (PMBOK®), and American National Standards Institute (ANSI), and other industry best practices. Each identified area in *TeamCSGSM Risk Assessment Model* is assigned to an IV&V team member to be responsible for assuring it is evaluated across the project life cycle in alignment with the project activities.

Observations require detailed information to be captured, including the nature of the observation (What), the impact to the project (So What), and recommendations to mitigate the observation (Now What), along with all relevant and supporting detail related to the observation. This ensures that all observations come with the requisite recommendation to DHHS to consider as available options. Observations are then updated periodically based on current analysis. The ability to enter a current analysis on previously reported observations allows for traceability from the point of first identification through to the assessment of its current status which demonstrates progress over time.

Each observation is evaluated to determine its potential risk to the project. The CSG IV&V Team will assess the following:

- **Impact:** The possible impact on the project using a low (1), medium (2), and high (3) scale.
- **Probability:** The probability (i.e., likelihood) the observation will negatively impact the project using a low (1), medium (2), and high (3) scale.
- **Overall Risk Ranking:** TeamCSGSM Risk Tracking and Reporting automatically calculates the overall risk ranking based on the probability and impact rating on a scale of one to nine, with nine being the most severe.

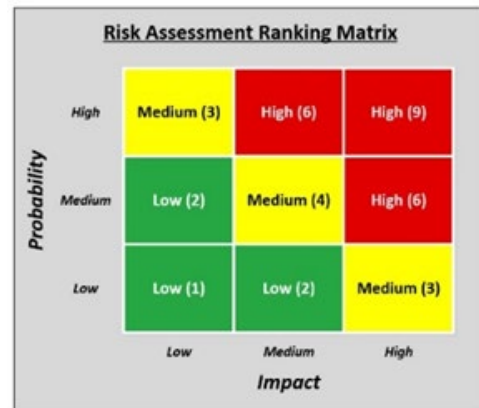


Figure 18: Risk Assessment Ranking Matrix

If during the assessment, an observation is determined to be a “Show Stopper”, exceeding the scale of the Risk Assessment Ranking Matrix, and thus having a critical severity level, CSG will notify the HHS Project Manager, Project Sponsor, and DHHS leadership immediately, as mutually agreed as part of the communication process outlined in the IV&V Project Management Plan.

Observations are aggregated into reporting categories with corresponding assessments to show trends and impacts across observations and to their impact on the project. These categories are trended over time with each submission of a project status report, called snapshots, done weekly, bi-weekly, monthly, or quarterly, which provides the project with historical trends.

Following the initial assessment and project baseline, the CSG IV&V Team develops the periodic status reports, with a frequency determined by DHHS, capturing detailed status on key project activities. At the onset of the Project, CSG jointly establishes project areas that serve as inputs to the overall project health, (i.e., scope, schedule, communications, governance, resources, testing, etc.), and this information is maintained in real-time and periodically conveyed to DHHS project leadership through two methods: 1) reports and 2) briefing meetings.



The detailed status information captured in the Initial IV&V Assessment Report, and in subsequent periodic IV&V Assessment Reports, (e.g., weekly, bi-weekly, monthly, or quarterly), is presented in a clear and concise manner, containing, and describing the IV&V assessment observations, conclusions, and recommendations, including tables and graphics that support the information, related to the overall project health, risk levels, and indicating trends over time.



Figure 19: Risk Trending by Category Dashboards

The CSG IV&V Team member assigned to the observations then monitors it over time and routinely collects status information throughout the duration of the observation, providing updated recommendation and gathering the current status to use as an input to the current risk profile and overall project status.

In addition to developing periodic reports and assessments, the CSG IV&V Team also conducts meetings with DHHS to discuss the contents of the reports and to determine if there are any additional mitigation steps available to the DDI Vendor team or DHHS to reduce the overall project risk. The CSG IV&V Team participates in discussions where viable work arounds are discussed to ensure that new risks are not introduced into the project inadvertently. All reports and key project information is presented to DHHS, and CMS simultaneously, as required.

IVV-3	Describe the bidder's methods for determining and reporting overall project, schedule, budget, scope and quality status (i.e. determining whether a project is red, yellow, or green, and providing defined criteria as to what constitutes each type of status)
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During the Initiation Phase of the IV&V Project, the CSG IV&V Team collaborates with DHHS to establish the project health categories that will be used as a basis for the initial and periodic project reporting. The CSG Team, in conjunction with DHHS, determine the criteria that if present would indicate the project is in either a green, yellow, or red status, like traffic lights. CSG further defines the color status beyond simply that green indicates "all is well", yellow indicates corrective action is warranted, and red indicates an important risk, issue, or several of either need to be addressed and resolved. CSG approach to determining color status takes a longer-term point of view, as we do not change color status from period to period unless a significant change has occurred, either beneficial or detrimental to the overall project "health" and any declining status will include the requisite reasons as to why the status has changed.

CSG provides additional definition behind the color-coding method to define the KPI framework. These color schemas, whether used as symbols in project dashboards, project health, project reporting, task status, provides sufficient meaning behind the color symbolism for DHHS to be able to effectively respond to it. Color status indicators are a visual equivalent to warning bells and represent that the project is on or off course. The longer a project proceeds off course, and to the degree is it off course, the harder it becomes to make effective course corrections to get the project back on track.



The CSG IV&V Team maintains a color-coding system that is independent from the DHHS PMO, or DDI Vendor teams. This provides for additional perspectives on the health and status of the project and serves as a check and balance to any other status reports. CSG evaluates project reporting plans and status reports submitted by other entities and assesses whether they provide an accurate view of the project status and progress. We verify project performance standards are used to continuously assess whether the project’s progress is aligned to achieve project business objectives. We also confirm that an approved project baseline for scope, schedule, and cost, is being used to measure progress against, and that project tasks, milestones, and deliverable completion dates are being monitored and met.

Where necessary, color status may also be applied at the task level, where green indicates the task is on track and OK, yellow indicates that the task is slightly behind schedule or the resources may need help, and red means the task is significantly behind schedule and will require substantial action or intervention (e.g., adding additional staff, or change in the way the team is conducting the task). Two additional colors are often used, where white indicates a task that has not started, and blue indicates a task that is complete. Additional color schemas may be implemented based on the needs of the project, but in all cases, will have clearly defined criteria for what each color represents and the overall impact there is on the project.

GENERAL INFORMATION						OVERALL PROJECT HEALTH RATING					
Project Status "As Of" Date:						Previous	Current	Current Trend			
Original Project Budget:						Green	Green	N/C			
Current Project Budget:						Requirements sessions are occurring as scheduled. Out of scope requirements are proceeding through the change management process. The Integrated Master Schedule is in process, and several state resources have involvement in other projects. Project costs are covered by the approved budget. Communication processes are being followed to keep stakeholders and project team members in formed. The stakeholder assessment is underway. Vendor document quality has required additional review cycles, but the vendor has reallocated a staff to provide additional quality review before					
Project Start Date:											
Project End Date:											
Project Status Indicators			Trend Indicators								
Green	On track, only minor issues.		+ = Improving								
Yellow	One or more areas of concern.		- = Declining								
Red	Significant issues that limit the success of the project.		N/C = No change								
NA	Not applicable										
PROJECT HEALTH INDICATORS											
Scope			Schedule			Budget					
Previous	Current	Current Trend	Previous	Current	Current Trend	Previous	Current	Current Trend	Previous	Current	Current Trend
Green	Green	N/C	Green	Yellow	+	Green	Green	N/C			
Final requirements review sessions are scheduled for next month (July). There have been no delays to date. Several out of scope requirements have been identified and are being analyzed and handled through the defined change management process.			State resources have involvement in other projects outside of this one in addition to their daily work activities; however, plans are underway to hire additional staff. The Integrated Master Schedule is underway and is targeted for completion next month.			The current project costs are covered by the project budget and funds have been allocated to cover the approved project budget. The change requests underway due to additional requirement scope may impact the budget, but the final analysis is not yet complete.					
Communication			Organizational Readiness			Quality					
Previous	Current	Current Trend	Previous	Current	Current Trend	Previous	Current	Current Trend	Previous	Current	Current Trend
Green	Green	N/C	Green	Green	N/C	Yellow	Yellow	+			
Communication processes and procedures are clearly defined and being followed. Stakeholders report receiving timely project communications. Meetings and reports occur as scheduled, and designated participants are involved.			The project management plans are drafted and being finalized. A stakeholder assessment is underway. A communication strategy to manage ongoing organizational change is expected as an output of the stakeholder assessment.			Review, finalization, and approval of system vendor documentation is requiring additional review cycles. The vendor has reallocated a resource to provide additional quality assurance review before each document is submitted. It is anticipated this review will improve the overall quality of submitted documents and result in fewer review cycles to keep approvals on					

Figure 20: Sample Project Health Indicators

The CSG IV&V Team is represented by skilled project team members who understand that projects by their very definition achieve something new, and that when achieving something new, it is not uncommon for projects to encounter challenges that impact that status and progress of the project. We work to assist DHHS to recognize and appropriately respond to the challenges the project will ultimately face. This framework of identification of observations, done in conjunction with viable recommendations, based on established KPI criteria, that is consistently applied across the projects of the DHHS/MLTC Enterprise Improvement, serves as an important factor in ensuring that the project stays on a viable course.

There is no one magic ratio to indicate a healthy project. CSG uses a mix of inputs and observations, based on established and defined criteria that considers DHHS’ level of tolerance for risk, and the size, duration, and complexity of the projects in our assessments. Our experience and judgement is applied at each individual color decision, as well as to any “roll-up” or overarching color indicators. CSG uses these inputs as the primary criteria for reporting on the project status. The CSG IV&V Team recognizes that it is important to be accurate on our assessment and that an assessment of yellow or red is not a flag and representation of the team’s performance but is focused on the accurate assessment of the reasons or cause and the progress made to mitigate the reasons that contributed to the change in status color.



IVV-4 Provide the bidder's status report templates, including instructions and procedures for completing the templates.

The CSG IV&V Team will start the project with a well-documented suite of guides, templates, and checklists to support project assessment and communication activities, including an IV&V Assessment Guide and the Documents, Meetings, and Interviews Guide are provided on the following pages.

Following is an abridged example of our IV&V Assessment Report Guide. This guide will be tailored to the needs of the MLTC/DHHS Enterprise Improvement projects during the IV&V Project Initiation Phase. This guide includes instructions for completion, approximate page counts for each section, and sample narrative, for each section, to be tailored by the project team. This sample is from another state agency project and has been redacted to remove client and project-specific information.

IV&V ASSESSMENT: <MONTH YYYY>
VERSION <X.X>
STATUS: <DRAFT, FINAL>
DATE: <DATE CREATED, UPDATED>
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 IV&V Assessment: <Month YYYY>

1. <PROJECT NAME> PROGRESS AND ACCOMPLISHMENTS SINCE <LAST REPORT>

Length: 1-2 pages

Description: This section provides a list of key areas of project progress and accomplishment during the review period. Identify client activities moving the project forward to set the context for the current review period and build good will by acknowledging client efforts.

As a team, discuss client project activities occurring throughout the assessment period and identify activities that acknowledge client efforts and progress. Write matter-of-fact, objective statements of activities.

The following reflect key areas of MMIS Project progress and accomplishments during the period:

- The MMIS team has taken steps to improve the existing collaboration s functionality including:
 - ✓ Moving collaboration from isolated user sites to a collaborative envi documents can be accessed, reviewed, and updated by users with appropria
 - ✓ Establishing one version of each document that will be used until final appro
 - ✓ Documenting collaboration site instructions to help users navigate the site.
 - ✓ Creating a Deliverable Matrix that allows document owners to view key mil dates in the document development cycle.
- The bidder's conference for the SI RFP took place on <Date>. Vendor questions w <Date> and responses were posted on <Date>. The evaluation team has been assembl is underway to prepare for proposal reviews to begin in <Month YYYY>.
- The DS RFP was sent for final review and signatures after finalizing the RFP docu <Department> comments. The RFP is targeted for release in early <Month YYYY>.
- The Quality Assurance (QA) RFP is under internal project review and is targeted fo in late <Month YYYY>.
- The MMIS team continues to develop project management documentation with the goal of finalizing several management plans in early <Month> (Staffing, and Security).
- An end-to-end integrated master project schedule is includes current and future activities, resource es phase.
- The MITA State Self-Assessment (SS-A) update was scheduled for submission to CMS in early <Month YY>.
- The first iteration of the Architecture Review Boar functioning - is complete and weekly ARB meetings
- Work is ongoing to coordinate and gather inform development of the Implementation Advance Pla <Month>.

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2. OBSERVATION AND RECOMMENDATION SUMMARY

Length: 1-2 pages

Description: This section provides a summary of the IV&V assessment and project analysis for the current assessment period. Review the detailed observations and recommendations and, as a team, discuss themes between observations and being seen across the project. Don't just focus on individual observations and recommendations—focus on high-level summary messages and identify what the "elevator speech" for the month would be. Consider high-probability and high-impact risks and compile similar and related observations into a higher level one. **The goal is to help the client prioritize their efforts on the project based on the information we provide to them. Make sure any summary messages are supported by the observations you have—if they aren't, you may need a new observation.**

For the <Month YYYY> assessment period, the following provides a summary of our IV&V assessment and MMIS Project analysis:

- **Matrixed Organizational Structure – <Department>** has chosen to use a matrixed organizational structure to govern the MMIS project, which increases complexity in the chain of command as employees report to functional and project managers. The organizational structure has not been fully defined, reinforced, or consistently utilized; therefore, the structure has caused bottlenecks in the decision-making process and instances where the chain of command has been bypassed, leading to miscommunication and inconsistent messaging, frustration, and conflicts throughout the project team. Suggested steps include:
 - ✓ Developing, implementing, and reinforcing the use of a RACI (Responsible, Accountable, Consulted, Informed) chart for the project that defines project roles, responsibilities, and decision-making authority for all project team members.
- **Collaboration and Defined Processes –** Collaboration and defined processes among and between stakeholders and team members (<Departments>) is sometimes lacking. RFPs and project documentation continue to be developed and reviewed in a vacuum, in some instances, causing delays. Lack of planning and inconsistent processes lead to miscommunications and rework, resulting in schedule delays, team member and stakeholder frustration, and morale impacts. Focus needs to be placed on:
 - ✓ Collaborating closely with stakeholders and team members during the planning and development phase for all RFPs and project documentation to get initial direction, confirm structure and intended content, and establish acceptance criteria required for approval.
- **Project Management Plans and Processes –** Project management plans and processes have not been finalized, making it difficult to establish and hold people accountable to using the protocols required to manage the project schedule, communications, changes, risks, issues, etc. The lack of effective management processes is causing project risks and issues to go unresolved. As a result, IV&V has placed several observations into an "Open" status, with some having an <Department> risk response strategy of "Rejected." It is critical that:
 - ✓ Finalize as soon as possible, educate project team members, and enforce the use of project management plans and processes.
 - ✓ Review and adjust the current risk management process to consistently identify, validate, assign, plan for, and review risks and issues.

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3. OBSERVATION TRENDS BETWEEN REPORTING PERIODS

Length: 2-4 pages
Description: This section provides a description of the Risk Assessment Tracking Dashboard key highlights and also a brief description of the Risk Trending by Category key highlights the IV&V team would want to immediately call attention to.

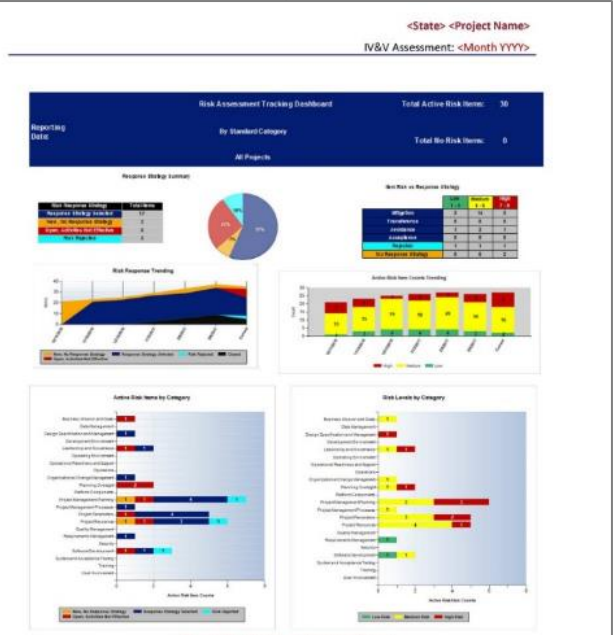
The MMS Risk Assessment Tracking Dashboard and the Observation Trends chart in the next two sections provide comparative analyses between the last reporting period and the current one.

3.1 Observation Tracking Dashboard

The graphic below reflects the number of active observations identified to date, whether Department has selected a response strategy to address the observation, the level of risk associated with the observations during this reporting period, and the distribution of observations across TeamCSG™ Risk Assessment Model Standard Category. This information should be used by the Department MMS team to determine the risk responses needed and the Standard Category areas that need the most attention. Key highlights include:

- Department has selected a risk response strategy for all previously reported observations (i.e., not "New").
- Three observations are classified by IV&V because there has been no Department action. Department does not agree that these observations are resolved.
- The observation category of Project Paran continues to be an area with the highest number of observations. The project schedule that include major phases leading project schedule is realistic. Clearly articulated levels, and performance measure requirements of needed focus. Developing vendor government processes is needed to address gaps in experience.
- The observation category of Project Mans below) includes a new observation rated as "High" related to approve project deliverables, including RFP and approval process reflected and communication impacting the schedule. Key project management etc.) are in process. Without these plans to execute the project successfully.
- The observation category of Project Resour a new observation rated as "High" related to Without sufficient resources, the project will

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4. OBSERVATION AND RECOMMENDATION DETAILS

Length: As needed, per assessment results.
Description: This section provides the detailed observations and recommendations exported as an MS Word document from a report from TeamCSG™ Risk Assessments. For Periodic IV&V Assessments, include the Current Analysis field in the report as well.

Note: The tables and data presented below have been truncated for space, and present examples to demonstrate the type/format of entries for each section.

4.1 New Observations

Observations identified as new during the reporting period.

New Observations	Probability	Impact	Risk Rank
ISA: Hiring Freeze and Potential Furloughs	High	High	High

Observation: The government has implemented a hiring freeze and is considering instituting mandatory furloughs. The duration for the hiring freeze and potential furlough parameters are not yet defined (e.g., number of furlough days/hours per month, if contractor positions are frozen, and if federally-matched positions are affected). As a result:

- The project team may not be able to hire candidates, backfill positions, and attract and retain the personnel required to implement a project of the scope and breadth of the MMS Project.
- The hiring freeze and any instituted furloughs will impact the support needed to manage the project, and work closely with vendors to clarify requirements, design, configure, test, and implement the MMS solutions.
- MMS scope and schedule is likely to be impacted if resources are not available to do the work.

Recommendations:

- Create an end-to-end MMS Integrated Master Schedule with resources that are currently available, to determine what can be accomplished within the current project parameters (i.e., scope, schedule, and budget).
- Develop contingency plans that could include shifting some of the state work to MMS vendor contracts, planning on more support from staff augmentation contractors, and creating separate contracts to support testing, project management, and requirements management so MMS vendor activities can proceed.



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APPENDIX A: PURPOSE, BACKGROUND, AND APPROACH

Note: The tables below have been truncated for space, and present examples to demonstrate the type/format of entries for each section.

Purpose

The purpose of this report is to provide an IV&V Project Assessment for the State MMIS. CSG's provides an independent perspective of project activities, plans, and processes, to identify risks and actionable recommendations on how to address, plan for, and manage those risks. The MMIS and management teams have primary responsibility for risk management activities and the IV&V assessments support the overall risk management functions by providing an independent, objective view of the project's risks and overall health.

To develop the assessment report, the CSG IV&V team analyzed governance practices, current processes, project documents, and other project artifacts. In addition, we conducted interviews with MMIS team members and stakeholders and observed project meetings. This assessment contains information collected from **Date** through **Date**.

Background

The MMIS is part of **State Department's Initiative** – an enterprise vision for transforming the services and programs are delivered to **State** citizens. **Initiative** encompasses a re-evaluation of and organization structures used to manage and deliver program services, efforts to re-organizational boundaries to more effectively manage and deliver all HIS services in the transition from current operating models to an outcomes-based focus. Through MMIS, **Department** implement the technology foundation for **Initiative**. The purpose of the MMIS is to replace the support the business needs of **Department** and **Department's** consumers.

The MMIS will help in this transformation, in part, by procuring flexible business-focused modules of one large **System**. Modules will be procured and implemented over time, and procure implementation must occur on a very tight timeline. Plans include separate procurements following MMIS modules: Systems Integrator, Data Services, Quality Assurance, Financial Services, and Population Health Management. In addition, the MMIS solution includes **Eligibility System** module to implement real-time eligibility determination for Medicaid applicants and move Medicaid care plan enrollment functionality from the legacy **System** to **System**. In addition, the MMIS part of the **Initiative**, which includes a customer service center and unified web portal.

Approach

The IV&V team's Monthly IV&V Assessment approach is to build on our understanding of the project objectives, and environment gained during the previous assessment periods. We include identified during this review period and track observations and recommendations from the assessment to this assessment period to determine increasing or decreasing risk levels and project health.

The assessment for this report begins **Date** and contains observations gathered through **Date**. In this period, the CSG IV&V team conducted formal interviews with key project team members and stakeholders, including project leadership. The IV&V team is also conducting "informal" interviews with team members. As more meetings are scheduled that allow for IV&V team observation, ad hoc (i.e., informal interviews) occurred as needed to gather additional or clarifying information.

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The CSG IV&V team also observed project meetings, either in person or by phone, and reviewed a number of project documents. These documents provided the IV&V team with an understanding of the degree of project planning and structure in place to guide the project.

Stakeholders Interviewed

For this monthly assessment, the IV&V team formally interviewed 18 MMIS team members and stakeholders. Interviews with individuals included **Initiative** Executive Steering Committee members, MMIS leadership, MMIS PMO team members, MMIS team members responsible for the procurement and planning work, and MMIS stakeholders from other departments and **Department** divisions.

Areas of focus are based on the TeamCSG™ Risk Assessment Model, current project activities, and the role and responsibilities of each individual interviewed. Prior to the interviews, the team developed an assessment checklist based on the requirements specified in the IV&V Statement of Work and the Risk Assessment Model. Interview questions are tailored to each interviewee's project role.

Stakeholders Interviewed	Project Role	Organization	Date of Interview
Name	Business Analyst	State Example Department	MM/DD/YYYY
Name	Committee Member	State Example Department	MM/DD/YYYY
Name	Project Director	State Example Department	MM/DD/YYYY
Name	Contract Manager	State Example Department	MM/DD/YYYY
Name	Organizational Change Management and Training Manager	State Example Department	MM/DD/YYYY
Name	Project Manager	State Example Department	MM/DD/YYYY
Name	Business Analyst	State Example Department - Division	MM/DD/YYYY
Name	System Systems Director	State Example Department	MM/DD/YYYY
Name	Financial Manager	State Example Department	MM/DD/YYYY

Meetings Observed

CSG gained perspective on the MMIS by observing a variety of meetings. The CSG Project Manager worked with the MMIS leaders and team members to identify and receive invitations and visibility on the project calendars to scheduled meetings. Meetings included regularly scheduled working and status meetings, financial planning discussions, and meetings related to requirements definition and procurement work underway. The IV&V team attended 50 project meetings during the assessment period.

Project Meetings Observed	Participants	Date
APD Update Meeting	MMIS Team (Division 1, Division 2)	Date
Architecture Review Board (2)	MMIS Team	Date, Date
Daily BA Meeting (3)	MMIS Team	Date, Date, Date

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Documents Reviewed

Throughout the assessment period, the CSG IV&V team reviewed 60 documents generated by both MMIS team members and stakeholders. These documents include a variety of requirements and procurement documents, materials developed for stakeholder communications, process documents, project artifacts, meeting agendas and minutes, action item logs, and other relevant information from the MMIS team.

Documents and Files Reviewed	
Cost and Budget Documents (Number of Documents)	
APD_Budget_Draft12a_Date.xlsx	Agenda - Interagency Funding Transfer Process.docx
FINAL Draft RFP Review Process.docx	OPR Calculation Template.xlsx
Procurement Documents (Number of Documents)	
1 - Initiative Roles and Responsibilities.pdf	Department Master Project Schedule Date v.JX (Procurement-Baseline).pdf
RFP # Question and Answer.pdf	Department Master Project Schedule Date v.JX (Procurement-Baseline).mpp
RFP # SI RFP Attendee Sheet.pdf	SI_Bidder_Conference.docx
RFP # SI RFP Call In Sheet.pdf	System Integration Division of Responsibilities.docx
Project Management Documents (Number of Documents)	
Process-Action Management Plan.docx	Draft-Project Management DeliverablesV.JX.mpp
SP Instructions for Collaboration.pdf	Integrated Initiative Master Project Schedule Date V.XX (Integrated).mpp
SP_Instructions_for_Collaboration.pdf	Module RFP Timeline Date.docx
Process-Issue Management Plan.docx	Initiative Steering Committee Governance - Proposal for Councils.pptx
Process-Risk Management Plan.docx	Initiative - Process View v.XX.vsd
System Bureau Org Chart with MMIS v.JX.pdf	Initiative Architecture - Technical Architecture Layer Diagram v.JX.vsd
Project Meeting Documents (Number of Documents)	
Meeting Summary - Interagency Funding Transfer Process.docx	SharePoint Enhancement Meeting Minutes Date.docx
MMIS-Weekly-Risks-Issues-IVV Observations Meeting Minutes- Date.docx	Weekly-MMIS Meeting Agenda - Date.docx
MMIS Weekly Thursday Status Meeting Minutes Date.docx	Weekly-MMIS Meeting Agenda - Date.docx
Weekly Status Report Date v.XX.pdf	Weekly-Risks-Issues-IVV Observations Meeting Agenda - Date.docx

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Project Meetings Observed	Participants	Date
Daily MMIS Standup (16)	MMIS Team	Date, Date, Date, Date, Date, Date, Date, Date, Date, Date, Date, Date, Date, Date, Date, Date
Communication Plan	MMIS Team	Date
Communication Plan Role/Title Review Meeting	MMIS Team (Division 1, Division 2)	Date
Department Data Services Comments Meeting (2)	MMIS Team (Division 1, Division 2)	Date, Date
Initiative SharePoint Development Plan	MMIS Team	Date
Department Activities and Outcomes Workshop Prep Meeting	MMIS Team (Division 1, Division 2)	Date
Initiative Module Interfaces and other details	MMIS Team (Division 1, Division 2)	Date
Interagency Transfer Process Meeting	Division 1, Division 2	Date
Department Project Schedule Update (2)	MMIS Team	Date, Date





Following is an example Documents, Meetings, and Interviews Guide. This document provides our IV&V analysts with guidelines for the types of documents, meetings, and interviews to be conducted for several types of project activities. The IV&V project team updates the list of documents, meetings, and interviewees in collaboration with the MLTC IV&V Project Manager and the project team over the life of the project and as appropriate for each project phase. This example is from another state agency project and has been redacted to remove client and project-specific information.

CSG Government Solutions IV&V Methodology
Documents, Meetings, Interviews

Description: To complete IV&V assessments, CSG uses information gathered to determine the adequacy and thoroughness of the project's processes. Each client defines IV&V activities and involvement according to their project needs, state requirements, and experiences. Also, the vendor's system development life cycle methodology (e.g., waterfall, iterative, or agile) will influence and guide the inputs to IV&V review activities.

When beginning the review and assessment process, we work with the client to identify the documents to review, meetings to observe, and individuals to interview. **The following table can be used to create a request to the client for access to identified documents, meetings, and interviews.** The items are categorized to assist with identifying the requested items, but items do overlap and should be unduplicated when submitting a request to the client.

Note: "Solution vendor" is used throughout and can be substituted with the appropriate vendor name.

Category	Documents to Review	Meetings to Observe	Anticipated Interviews (Roles)
Planning Oversight (Procurement)	<ul style="list-style-type: none"> Solution vendor RFP Solution vendor RFP response Solution vendor contract RFP evaluation criteria and process RFP evaluation results, notes, scoring Grant documents Planning Advance Planning Document (Update) [APAD(U)] and Implementation APDI(U) documents Project charter Project business case 	<ul style="list-style-type: none"> Status RFP planning RFP response reviews RFP evaluation Solution vendor contract review 	<ul style="list-style-type: none"> Executive stakeholders Project management Procurement management officer Procurement specialist Contract administration specialist

CSG Government Solutions IV&V Methodology
Documents, Meetings, Interviews

Category	Documents to Review	Meetings to Observe	Anticipated Interviews (Roles)
Project Management	<ul style="list-style-type: none"> Project standards Project schedule and work breakdown structure Plans for: <ul style="list-style-type: none"> Project management Change management Communication management Schedule management Risk management Issue management Cost management Resource management Quality management 	<ul style="list-style-type: none"> Status Project planning Risk/issue Executive steering committee and other leadership meetings (e.g. change control board) Review of the various project management plans 	<ul style="list-style-type: none"> State executive stakeholders Project management Project Management Office (PMO) specialist Account management

CSG Government Solutions IV&V Methodology
Documents, Meetings, Interviews

Category	Documents to Review	Meetings to Observe	Anticipated Interviews (Roles)
Requirements Management	<ul style="list-style-type: none"> Requirements specifications Interface specifications Reverse engineering requirements Plans for: <ul style="list-style-type: none"> Configuration management Change management Requirements management Testing Requirements traceability matrix Meeting minutes System design documentation Technical architecture documentation 	<ul style="list-style-type: none"> System and interface requirements definition System and interface requirements reviews System and interface requirements validation Joint application design Review of plans for: <ul style="list-style-type: none"> Configuration management Change management Required Testing Technical ar 	<ul style="list-style-type: none"> Project management team Lead business analysts Technical architect Development manager Lead technical analysts Testing manager Project sponsor Project business owner Subject matter experts
Security Requirements	<ul style="list-style-type: none"> System security plan Security risk analysis Security requirements and specifications System security policies and procedures Policies governing the privacy of client, employee, employer data System and data access restrictions 	<ul style="list-style-type: none"> Technical and System secur Security plan Joint applicat Requirement Security risk 	

CSG Government Solutions IV&V Methodology
Documents, Meetings, Interviews

Category	Documents to Review	Meetings to Observe	Anticipated Interviews (Roles)
System and Acceptance Testing	<ul style="list-style-type: none"> System integration, pilot, interface, and user acceptance: <ul style="list-style-type: none"> Test plan Environment plan Test procedures Test cases and scripts Test results Interface control documents Implementation plan Organizational readiness plan Organizational readiness results Technical training plan 	<ul style="list-style-type: none"> Test plan reviews Test procedure reviews Test results reviews Product turnover sessions 	<ul style="list-style-type: none"> System, pilot, interface, and user acceptance: Test manager Test leads Testers System users Project management team Information technology management QA management Subject matter experts Business analysts Development manager System production and operations leads Data conversion leads
Data Management	<ul style="list-style-type: none"> Plans for: <ul style="list-style-type: none"> Data conversion and validation Database design Disaster recovery Data back-up Data recovery Database design Performance analysis reports Data integrity reports Data element cross-reference Database relationship matrix Database architecture diagrams 	<ul style="list-style-type: none"> Reviews of plans for: <ul style="list-style-type: none"> Data conversion and validation Database design Data back-up Data recovery Data conversion process 	<ul style="list-style-type: none"> Database development manager Database developers Database analysts Data conversion manager Information technology manager System users Subject matter experts Database administration leads Data conversion leads QA management Project testing management Business analysts System development management





IVV-5 Provide examples of similar weekly status reports used in previous projects.

Following is an abridged example of a Weekly Status Report used to communicate IV&V activities and changes in individual observations. During the IV&V Project Initiation phase, we will tailor these reports to meet the needs of MLTC and the Enterprise Improvements project teams. This example is from another state agency project and has been redacted to remove client and project-specific information.

MMIS IV&V Project
CSG IV&V Weekly Status Report

CSG IV&V WEEKLY STATUS REPORT

Project Name: MMIS IV&V Project

Project Start Date: <Date>	Project End Date: <Date>
Reporting Period: <Date> – <Date>	MMIS Project Health Rating: Yellow
	IV&V Project Health Rating: Green

MMIS Project Progress and Accomplishments

MMIS Project Progress and Accomplishments are noted below:

- Procurements and Contracting
 - ✓ Quality Assurance (QA) – Currently negotiating Terms and Conditions and Statement of Work with vendor.
 - ✓ Benefit Management Services (BMS) RFP – Currently being reviewed and updated.
 - ✓ Financial Services (FS) RFP – Currently being reviewed and updated.
 - ✓ Consolidated Customer Service Center (CCSC) – Proposals received <Date>. Oral presentations conducted on <Date>. Evaluation team is preparing recommendation to executive management.
 - ✓ Testing Assistance Statement of Work (SOW) – Team will be using the statewide pricing agreement versus an RFP, to procure testing services. Onboarding of testing vendor is projected for <Date> timeframe.
- Project Execution
 - ✓ Organizational Change Management (OCM) – The OCM vendor is coordinating with <Division> and the SI vendor on business process redesigns through the <Council> launched on <Date>. <Council> Track kick-off meetings are in process.
 - ✓ Systems Integrator (SI) – Amendment #2 being created to reflect changes in scope (removal of Enterprise Project Management Office) and a revised schedule of deliverables. Multiple deliverables are in process. Hiring and onboarding is underway for additional and replacement SI project staff. Systems Migration Repository (SMR) Proof of Concept (POC) demo was conducted the week of <Date>.
 - ✓ Data Services (DS) – Multiple DS deliverables are in process. The project team is currently testing Release 1 functionality.
 - ✓ Enterprise Project Management Office (EPMO) – EPMO team started on <Date>, attending meetings to understand current project status, starting to build out schedule for completion of prioritized project management artifacts (e.g., plans, project schedules).
 - ✓ Internal Unified Portal - Working on a MITA business process (Trailblazer) prototype.
 - ✓ External portal – The 8-week prototype is now complete. Project team is examining vendor solutions to move forward with next steps.
- Governance Activities
 - ✓ CMS R1 certification milestone artifacts and checklists were submitted on <Date> and are currently being reviewed by CMS.
 - ✓ The project team is preparing for the <Committee> review to support Data Services (DS), Unified Public Interface (UPI), and Quality Assurance (QA) modules in <Date>.
 - ✓ <Committee> project review is being conducted with results expected to be delivered in <Date>.

MMIS IV&V Project
CSG IV&V Weekly Status Report

MMIS Project Health Explanation

The IV&V team assesses the current MMIS project health as Red given the following:

The SI vendor continues to miss key deliverable and corrective action dates.

Although under development (or completed), many project management plans are not yet being used to guide project activities, including schedule development, test management, requirements management, quality management and others.

The SI Design, Development and Implementation (DDI) schedule is not being used to manage project efforts and measure progress. Schedule-based project status reports have not yet been provided to the state. An end-to-end critical path has not yet been defined, communicated or monitored.

SI performance metrics dashboard reporting (as required in the SI Statement of Work) is not available and therefore not being used to manage the SI contract.

The project governance structure has recently been defined (at a high level) and needs to be further refined, communicated, and incorporated into management plans.

Defined roles and responsibilities, a RACI (Responsible, Accountable, Consulted, and Informed) chart, and a Staffing Management Plan (including an updated staff loading chart that supports the current project schedule) are needed to help manage resources and clarify project expectations.

Communication and collaboration among stakeholders are not well planned. In some cases resulting in miscommunications, rework, and ultimately, impacts to the project schedule.

Systems Integrator (SI) deliverable quality, while improving, is needed to reduce rework and meet schedule deadlines.

The SI vendor needs additional managerial, technical, and Medicaid technical experts to provide subject matter expertise for the SMR and Integration Platform activities.

To-be business requirements are not available and therefore not being used to configure Integration Platform (IP) or Data Services (DS) components. The state project team is determining how and when to incorporate <Council> business process redesigns into RFP modules including SI and DS.

IV&V Project Health Explanation

IV&V Project Health has a Green health rating due to:

IV&V assessment activities are progressing according to schedule

SPY <Year> CMS Certification IV&V Quarterly Progress Report: Work is proceeding as planned

SI Deliverable Reviews: IV&V SI deliverable reviews are in progress

Data Services and QA Deliverable Review: IV&V is conducting DS deliverable reviews

CCSC Source Selection: IV&V is assisting with vendor source selection

SMR Architecture Review: Provided report to state staff

Portal Architecture Review: Provided report to state staff

MMIS IV&V Project
CSG IV&V Weekly Status Report

Detailed Observations and Recommendations (New)

New Observation	Probability	Impact	Risk Rank
None			

Detailed Observations and Recommendations (Updated)

Updated Observation	Probability	Impact	Risk Rank
None			

Detailed Observations and Recommendations (Closed)

An observation is closed when the IV&V Team assesses the observation no longer presents a risk to

Closed Observation	Probability	Impact	Risk Rank
None			

MMIS IV&V Project
CSG IV&V Weekly Status Report

CSG IV&V Project Risks (New)

Risk Description	Prob. (H, M, L)	Cons. (H, M, L)	Risk Response Plan	Owner
None				

CSG IV&V Project Issues (New)

Issue Description	Severity (H, M, L)	Priority (H, M, L)	Issue Resolution Plan	Owner
None				

CSG IV&V Project Decisions (New)

Item #	Description	Made By	Follow-up Date
None			



IVV-6	Provide examples of the IV&V's previous monthly status reports from other projects.
-------	---

Following is an abridged example of a Monthly Assessment Report from a CSG IV&V project. This report has been tailored (from the guide above) to meet the needs of the client. During the IV&V Project Initiation phase, we will tailor these reports to meet the needs of MLTC and the Enterprise Improvements project teams. This example is from another state agency project and has been redacted to remove client and project-specific information.

<STATE>
<AGENCY>

MONTHLY QA/IV&V CONSOLIDATED ASSESSMENT

VERSION 0.3
STATUS: DRAFT

DATE: <DATE>

<State> <Project> Program QA/IV&V
 Monthly QA/IV&V Consolidated Assessment

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EXECUTIVE SUMMARY

This Quality Assurance/Independent Verification and Validation (QA/IV&V) report represents the consolidated monthly assessment of the <State> Medicaid Management Information System (MMIS) design, development, and implementation (DDI) projects. These projects, referred to collectively as the “<State> MMIS Program,” include systems and, in some instances, services. DDI projects in the Implementation phase include a Care Management module and a Provider Management module. An Electronic Visit Verification and Validation System project is completing the initiation phase. This monthly assessment reports on the following specific areas of the <State> MMIS Program and each active module or component that will make up the MMIS:

- > Project management by both the State and vendors
- > Technical aspects of the project
- > User Involvement
- > Buy-in that the system will support the program business needs
- > Review of past project performance
- > Risk management process – identification and remediation

A copy of this report and appendices will be simultaneously provided to the <State> and Centers for Medicare and Medicaid Services (CMS).

Background

CSG provides QA/IV&V services for multiple DDI projects related to the <State> <Agency> and the <Agency> Medicaid Management Information System (MMIS). These projects, referred to collectively as the “<State> MMIS Program,” include systems and, in some instances, services. DDI projects in the Implementation phase include replacement of the Provider Management system and service as well as the addition of a Care Management Module.

The first implementation project in the <State> MMIS Program was the PBM Point of Sale (POS) system, which was implemented on <Date> (Phase I). The system has received federal certification and the <State> MMIS Program closed the project in <Month>. The <State> MMIS Program continues to review various internal and external system integration tools.

The DDI phase of the Care Management (CM) project began on <Date> and was originally planned for 24 months. Release 1, which replaced the existing <State> <System>, was originally scheduled for implementation in <Month>. It was modified into two sub-releases: R1.01 was implemented in <Month> and R1 Final was implemented in <Month>. Release 2 was approved by <State> on <Month>. The CM project deployed Release 3 (R3), which is the final major release for the CM system, on <Date>. System acceptance remains targeted for <Month>. Documentation required for system acceptance is now scheduled (revised) for mid-<Month> delivery. Given delays in the delivery of required documents as well as system issues, still to be resolved, system acceptance in mid-<Month> seems unlikely unless requirements and expectation for system functionality and documentation continue to be lowered.

The Provider Management Module (PMM) project is in the execution phase and is anticipated to be in production by <Month>. <Vendor> is the vendor contracted for the PMM and EVV projects and are also engaged in multiple operational projects that include updating the EDI component, making file changes for <systems>, updating the reporting tool, and systems related to payment and delivery.

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acceptance is taking a higher priority than system functionality.

Highest Risk Observations

QA/IV&V reviews all observations with the <State> MMIS Program Team regularly and logs the observations with recommendations and current analysis in TeamCSG™ Tracker: Risk Assessment. Current analysis denotes the activities and effectiveness of the <State> MMIS Program team to mitigate the risk or issue.

Table with 4 columns: Observation, Recommendations, Current Analysis, Previous Analysis. Row 1: #316: Validation of Functional Requirements. Observation: QA/IV&V has a responsibility to verify and validate the Requirements Traceability Matrix (RTM) and test results for all projects.

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PROJECT HEALTH INDICATORS table with columns: Training, Schedule, Risk/Issue Management, Communication, Quality, System & Acceptance Testing. Each column has sub-columns for Previous, Current, and Current Trend.

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1. <STATE> MMIS PROGRAM PROGRESS ACCOMPLISHMENTS

The following subsections describe the progress and accomplishments during the reporting period.

1.1 The <State> MMIS Program

In the month of <Month>, the <State> MMIS Program is continuing to work on its five year plan and adding state resources to project teams. The MITA team has worked with CMS and agreed to pilot an AS-IS outcomes based experiment with <Company>.

1.2 The CM Project

The State received approval of state-specific criteria from CMS who is sending it back to <State> for the CM certification. Although there are concerns, the vendor is making progress on the checklist supporting evidence certification evidence packages (CEPs) with IV&V for initial review and has set up walkthrough sessions of the CM CEPs.

1.3 The PMM Project

In response to the updated go-live date (<Date>), the State and vendor Operational Milestone Review (R2). During this meeting, the Vendor preparation process. The State established deadlines for the vendor reports and reports for R2 milestone readiness. The vendor indicated that milestone review and will work with the state to ask CMS to forgive this.

- Deferment of PMM Go-Live date to <Date>
Leveraging User stories/Use cases for UAT

In the month of <Month>, the vendor gave the <State> MMIS Program walkthrough of PMM security roles, access privileges, and its correspond

1.4 The EVV System Project

The EVVS contract amendment is under review with CMS and is simultaneous approval with the project team and <State> leadership. Project delay in approving the amendment may push this date into <Month>. It is completed in 6 months, so the project remains able to meet the requirements. The development of current state model lessons learned re

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Table with 4 columns: Observation, Recommendations, Current Analysis, Previous Analysis. Row 1: #414: Enterprise Data Management Practice. Observation: The <State> MMIS Program currently has three major modules and other smaller projects involved in the modernization effort.

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team meetings with home health agencies has helped prepare the <State> MMIS program for an efficient implementation.

1.5 QA/IV&V Project

Quality Assurance/Independent Verification and Validation (QA/IV&V) is considered a project under the <State> MMIS Program. IV&V assessments of projects are guided by federal rule CFR-2011-title45-vol1-sec95-626 which requires QA/IV&V to consult with all stakeholders and assess user involvement and buy-in, conduct an assessment of past projects and make recommendations for improvement, provide risk management, capacity planning assessment and develop performance metrics. The Medicaid Enterprise Certification Toolkit (MECT) provides additional guidance regarding QA/IV&V responsibility to assist the State and CMS in preparing the State for Federal certification, including the development of a quarterly and milestone review progress report.

The <State> MMIS Program QA/IV&V project is currently in a **Green** status due to all task being on schedule. QA/IV&V observed State and vendor meetings, conducted interviews, and reviewed State and vendor deliverables throughout the month of <Month>.

Key project staff along with Subject Matter Experts (SMEs), with prior experience in the implementation and/or operation of similar systems and functions as those related to active projects, will provide expertise to support the QA/IV&V functions of the contract. The SME hours will increase as a result of the QA/IV&V contract amendment. QA/IV&V assigned a part-time certification SME in <Month> and a full-time provider SME in <Month>. Planned (Allocated) and used (Actual) SME hours are detailed below:

Table 1: SME Proposed and Budgeted Hours

Subject Matter Expert (SME)	Allocated Hours	Actual Hours (as of <Date>)	<Month> Forecast	<Month> Forecast	Net Hours Remaining (as of <Date>)
Pharmacy	2080.0	2080.0	0.0	0.0	0.0
Technical	190.0	190.0	0.0	0.0	0.0
Care Management	2382.5	2382.5	0.0	0.0	0.0
Privacy and Security	169.5	169.5	0.0	0.0	0.0
Functional	55.0	55.0	0.0	0.0	0.0
Certification	2598.0	1196.0	80.0	80.0	1242.0
MITA SME	40.0	40.0	0.0	0.0	0.0
PMM SME	1480.0	546.5	160.0	160.0	613.5
MMIS	3207.0	0.0	0.0	0.0	3207.0
Total	12202.0	6659.5	240.0	240.0	5062.5

2. OBSERVATION AND RECOMMENDATION SUMMARY

Each module project under the <State> MMIS Program will undergo an initial assessment by the QA/IV&V team. QA/IV&V observes planning and organization as well as project management and processes, and reviews deliverables for quality and adherence to contract requirements. The initial assessments provides a baseline to the QA/IV&V risk management process. QA/IV&V will assess each active project monthly using the health indicators in the key focus areas of training, schedule, risks and issues management, communication, quality, and system and acceptance testing. All observations with the status of new, open, in-process, closed-monitored, or closed-during this reporting period are provided in section 4 of this report.

2.1 Cross Enterprise Observations and Recommendations

Risks and dependencies that cross programs require attention at the executive level to assure the impacts are minimized and managed. These risks and dependencies can result from one or multiple projects and have an impact on the <State> and vendors providing products and services for the <State> MMIS Program. The CSG QA/IV&V teams for <State> MMIS Program and E&E review risks and dependencies that could have an impact on both projects. Identified risks and dependencies are reviewed with the <State> MMIS Program and E&E team leaders. Observations in this category currently include development of an enterprise concept of operations and data management.

2.2 MMIS Program Observations

The <State> MMIS Program overall status is **Red** due to the IV&V assessment of the active projects and program management. Additionally, QA/IV&V is currently monitoring **28 open, in-process and closed-monitored observations; seven high, 20 medium, and one low.** The <State> MMIS Program should consider aligning written deliverables to the Implementation development approach of a module. For example, waterfall documentation requirements are not compatible to agile implementation styles, so the suggestion is to replace these with documentation styles that are compatible to agile approaches, when appropriate to alleviate some of the risks and issues related to documentation. Many risks and issues may also be alleviated if the program considered implementing consistent processes, standardized deliverables, and consistent vendor management across all projects.

2.2.1 Care Management

The CM project is in a **Red** status due to the IV&V assessment and **eight open, in-process, and closed-monitored observations, three high and five medium.** As the CM project is nearing its end, the team should consider ensuring the library is complete with deliverables, final change request, and lessons learned to be used by future projects.

2.2.2 Provider Management Module

The PMM project remains in a **Yellow** status due to the IV&V assessment and **seven open, in-process and closed monitored observations, one high and six medium.** <State> MMIS Program should consider an assessment of the approach to vendor management over the <Vendor> contract to ensure they are being held accountable to the contract and providing <State> with a fully tested and functional provider management module.

3. OBSERVATION TRENDS BETWEEN REPORTING PERIODS

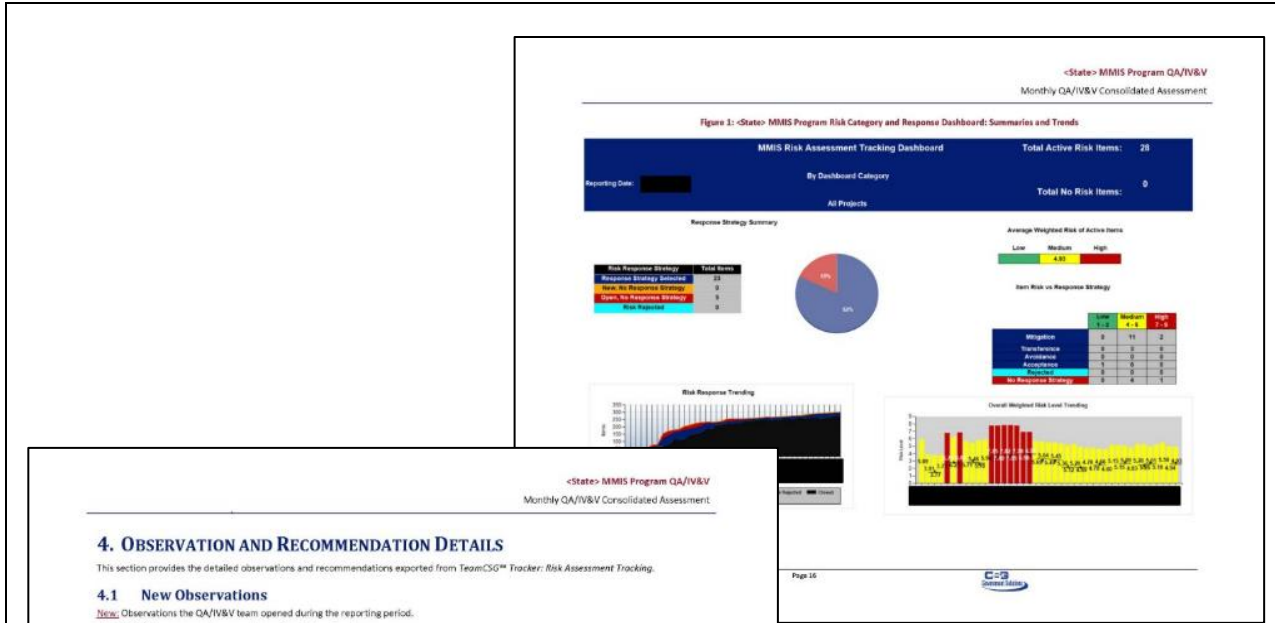
This section provides the Risk Assessment Tracking Dashboard and key highlights for the MMIS project.

3.1 Observation Tracking Dashboard

Figure 1 below reflects the number of active observations, the number of observations for which <State> MMIS Program has selected a response strategy, the level of risk associated with the observation during this reporting period, and the distribution of observations across TeamCSG Tracker™: *Risk Assessment Model* Standard Category. The purpose of this dashboard is to assist the <State> MMIS Program team in identifying the focus areas that require a mitigation plan and additional attention.

Active observations captured in this dashboard fall into one of four status categories:

- **NEW:** A newly opened observation in TeamCSG. The observation will stay in new status until the end of the month in which it was identified. The status of new observations change to open in the following month.
- **OPEN:** Open observations are reported to the client, with no formal response plan initiated by the client. Open observations will be reviewed with the client on a regular basis, and updates will be reflected in the observations' comment field.
- **IN-PROCESS:** These are observations in which the State has instituted a response strategy. The status acknowledges and monitors the State's activity. CSG continues to review these observations regularly with the State.
- **CLOSED – MONITORED:** These observations have been effectively mitigated or are ones in which the State has accepted the risk. CSG will continue to monitor such observations to ensure another risk does not arise and until they no longer represent a risk to the project.



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4. OBSERVATION AND RECOMMENDATION DETAILS

This section provides the detailed observations and recommendations exported from TeamCG™ Tracker: Risk Assessment Tracking.

4.1 New Observations

Note: Observations the QA/IV&V team opened during the reporting period.
The QA/IV&V team opened no new observations this period.

4.2 Previously Reported Observations: Current Analysis and Updates

Open: Observations the QA/IV&V team closely monitors due to concern that the activities the <State> MMIS Program is undertaking will not fully address them.

Open Observations	Current	High Probability	High Impact	Previous	High Probability	High Impact
#K32: PNM Testing in the Cloud Environment	Medium Risk Rank	High Probability	High Impact	Medium Risk Rank	High Probability	High Impact
Observation: <Vendor> does not plan to perform end-to-end testing of the PNM application when it is deployed to the Cloud.	Recommendation: <State> MMIS Program should consider requiring <Vendor> perform full end-to-end testing of the PNM application on the new environment.	Current Analysis: <State> The state met with <Vendor> on <Date> to review their testing process and discuss end to end testing. <Vendor> is planning to run full testing on the system where provider changes will affect claims. There are only 2 staff members with <State> that have access to the system to participate in testing. <Vendor> has stated that they will not run regression testing. The PNM module staff will be tested in the dev and is considered the only system. <Vendor> is certified so a not a QA/IV&V will control risk items.	Previous Analysis: <Vendor> does not application when it			

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Observations Closed During Reporting Period

An observation is closed when the QA/IV&V Team assesses the observation no longer presents a risk to the project.

Closed Observations	Current	High Probability	High Impact	Previous	High Probability	High Impact
#K00: JAD Sessions	Medium Risk Rank	High Probability	Medium Impact	Medium Risk Rank	High Probability	Medium Impact
Observation: During a walkthrough of the vendor SCN, the vendor stated they are not planning on Joint Application Design/Development (JAD) sessions for the PNM project due to the solution being a COTS product and the States expectation to use the solution.	Reason for Closure: <State> <State> MMIS Program accepted the vendor's decision to not hold JAD sessions. The vendor stated they would hold configuration sessions but these were not adequate sessions and has caused a delay in the schedule.					

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Open Observations	Current	Medium Risk Rank	High Probability	High Impact	Previous	Medium Risk Rank	High Probability	High Impact
#K28: Priority of Data Analytics and Data Warehousing	Medium Risk Rank	Medium Probability	High Impact	Medium Risk Rank	Medium Probability	High Impact		
Observation: Currently, <State> MMIS Program is planning a variety of modules to implement prior to scheduling the Data Analytics (DA) and Data Warehousing (DW) implementation in the MMIS lifecycle which poses a threat to project success. There is not defined plan and process in place or it is not effective for re-engineering a legacy system.	Recommendation: <State> MMIS Program should consider adding a data service vendor earlier in the current roadmap/5 year plan to implement the DSW/DW project and to make it a priority project. Having a vendor in place will give the <State> MMIS Program an additional tool to assist with and validate data migrations from the legacy system to the new MMIS Solution.	Current Analysis: <State> The <State> MMIS Program is evaluating their current data warehouses and other data tools to finalize a plan for improving data management.	Previous Analysis: Initiated in <Month>					
#K30: Duplicate Member Records	Medium Risk Rank	High Probability	Medium Impact	Medium Risk Rank	High Probability	Medium Impact		
Observation: Duplicate Member records are being identified in the CB system.	Recommendation: QA/IV&V recommends that the <State> MMIS Program consider implementing services that will address eligibility issues or other data issues for all modules. These may include implementing the MFI, pursuing an IS vendor, or a data services vendor.	Current Analysis: <State> The <State> MMIS Program agrees that this is an issue and has indicated that this is an issue with the current eligibility system and are not currently planning to take any steps to correct this issue.	Previous Analysis: Initiated in <Month>					
#K31: Product Owner	Medium Risk Rank	High Probability	Medium Impact	Medium Risk Rank	High Probability	Medium Impact		
Observation: MMIS module development and/or configuration processes are being executed by vendors using an agile approach without the key state agile project role of Product Owner being assigned or identified. In an agile or iterative development life cycle, a key role for the state is a Product Owner. This person is a business lead that is familiar with functional requirements and state policy. The product owner is empowered to work with the	Recommendation: The <State> MMIS Program should consider all of the roles and processes associated with their choice of SOLC processes to be used during module development. If the <State> MMIS Program chooses to continue with Agile or iterative process as offered by many vendors, QA/IV&V recommends that the <State> MMIS Program assign Product Owners and empower them with the authority to make decisions for the project on behalf of the state.	Current Analysis: <State> The CB project team is evaluating the use of a Product Owner in the MBO phase of the project.	Previous Analysis: N/A - Initiated in <Month>					

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Reason for Closure: <State> <State> MMIS Program accepted the vendor's decision to not hold JAD sessions. The vendor stated they would hold configuration sessions but these were not adequate sessions and has caused a delay in the schedule.

Reason for Closure: <State> This observation will be closed due to the MTA SS-A team pursuing training and material to improve their knowledge base of the process. The team has joined CMS MTA discussion group and is working on MTA.

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Following is an abridged example of a Monthly Status Report used for contract administration purposes. This example is from another state agency project and has been redacted to remove client and project-specific information.

MMIS IV&V Project
CSG IV&V Monthly Status Report: <Date>
CSG IV&V MONTHLY STATUS REPORT
Project Name: MMIS IV&V Project
Project Start Date: <Date> Project End Date: <Date>
Reporting Period: <Date> - <Date> IV&V Project Health Rating: Green
IV&V Cost Reporting: Fixed Price Deliverables - SFY<Year>
Table with columns: #, Deliverable Name, Cost Per Deliverable, Quantity, Total SFY Deliverable Cost, Total Invoiced to Date, Retain D.
Upcoming SOWs
Table with columns: SOW Name, Estimated SOW Start Date, Estimated Hours, Total Invoiced to Date, Total Retainage to Date, Total Worked to Date, Estimate to Complete Remaining Work, Total Estimate to Complete.
Assumptions
Table with columns: SOW ID, Description, Assumptions.
<Agency> Support Required for Next Month
Table with columns: <Agency> Support Required, Description, Details.
Table with columns: <Agency> Support Required, Description, Details.
Table with columns: <Agency> Support Required, Description, Details.
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MMIS IV&V Project
 CSG IV&V Monthly Status Report: <Date>

Anticipated FAA Resource Needs for Next 60 Days*

Focus Area Assessment (FAA)	Title/Role*	Begin Date	End Date	SOW Hours Allocation
IS/ SI Deliverables Review	IV&V Technical Lead IV&V SMEs	<Date>	<Date>	<Hours>
SPY <Year> CMS Quarterly Certification Progress Reports and Certification Milestone Reviews	IV&V Business Analysts, IV&V SME	<Date>	<Date>	<Hours>
Data Services Deliverable Review	IV&V Technical Lead IV&V SMEs	<Date>	<Date>	<Hours>

*Roles included in the table above are in addition to the Key Staff that are allocated 100% to the CSG IV&V project

CSG IV&V Project Issues (New/Updated)

Issue Description	Severity (H, M, L)	Priority (H, M, L)	Issue Resolution Plan	Owner
No new issues				

CSG IV&V Project Risks (New/Updated)

Risk Description	Prob. (H, M, L)	Cons. (H, M, L)	Risk Response Plan	Owner
None				

CSG IV&V Project Decisions (New)

#	Title	Decision	Date	Decision Maker
None				

MMIS IV&V
 CSG IV&V Monthly Status Report:

Events Planning

Planned Events	Owner
1. <Program> Daily MMIS Stand-Up (PMO and Tech teams)	<Name>
2. MMIS PMO Meetings	<Name>
3. SI Workstream (e.g., SMR, ESB, IAM, Infrastructure) DED and Deliverable Meetings	<Name> or designee
4. SI PMO Meetings	<Name>
5. DS PMO Meetings (e.g., Risks, Schedule, Change)	<Name>
6. DS DED and Deliverables Meetings	<Name>
7. IV&V Weekly Status Meeting	<Name>
8. <Division> Team Touch Base Weekly Meeting	<Name>
9. CMS Certification Meetings	<Name>
10. <System>/Data Services - <Vendor> Weekly Meeting	<Name>/<Name>
11. Unified Portal status meetings	<Name>
12. Weekly Architecture Review Board (ARB)	<Name>
13. Data Governance and Working Group Meetings	<Name>
14. CCSC Status/Procurement Meetings	<Name>
15. QA Vendor Negotiation Meetings	<Name>/<Name>
16. EPMO Status Meetings	<Name> or designee

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CSG IV&V Change Requests (New/Updated)

#	Change Request Description
None	

Project Schedule Updates

The current schedule is provided in the document attached below.

<Agency> MMIS
IVV <Date>.pdf

MMIS/IV&V Project
 CSG IV&V Monthly Status Report: <Date>

IV&V Activities for the Current Reporting Period

IV&V Activities Conducted Last Month	Status/Comments
Prepare for and conduct the <Month> Monthly IV&V Project Assessment	<ul style="list-style-type: none"> Developed target interview and meeting lists Developed monthly assessment working documents Conducted 12 interviews Attended 152 MMIS Project meetings and presentations Reviewed 238 MMIS Project documents
Continue using the established communication strategies for proactive IV&V support of the MMIS Project	<ul style="list-style-type: none"> Met with MMIS project leaders to review observations Distributed new and updated draft observations and recommendations as they were developed
Conduct FAA <tb>activity in support of CMS quarterly certification reports and contract reviews and deliver CMS Quarterly MMIS Certification Reports	Conducted FAA <tb>activity including: <ul style="list-style-type: none"> Continued weekly meetings with <Agency> and IV&V team to discuss progress on checklists and artifacts in preparation for milestone review Continued review of project documentation, including project plans and RFPs Assisted with contract and Scope of Work (SOW) reviews Attended weekly touchpoint meetings with <Agency> Certification Manager and SI Certification Lead/Team Attended MECT to Deliverable Mapping working sessions with <Agency> Certification Manager and SI Certification Lead/Team Delivered CMS MMIS Quarterly Progress Report on <Date>
Continue work on reviewing Systems Integrator (SI) deliverables	Reviewing vendor documents, as they are available, and providing feedback

IV&V Activities Planned for Next Month

- Prepare for and conduct the <Month> Monthly IV&V Project Assessment
- Continue using the established communication strategies for proactive IV&V support of the MMIS Project
- Conduct CMS quarterly certification reports and contract reviews
- Continue work on reviewing Systems Integrator (SI) deliverables
- Continue work on Data Services Deliverable Review activities, including testing reviews

<Date>
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MMIS IV&V Project
 CSG IV&V Monthly Status Report: <Date>

Deliverables Forecast

#	Deliverable Name	Planned Delivery Date	Actual Delivery Date	Signoff Date	Current Status	Status/Comments	
3	MMIS Monthly IV&V Assessments which include subtasks 3.1 – 3.9	<Date>	<Date>	<Date>	Approved		
		<Date>	<Date>		Awaiting Approval		
		<Date>			Submitted		
4	IV&V Project Close-out	4.1 – Lessons Learned	No Later Than <Date>				
		4.2 – Data Extracts and Documentation Turnover	No Later Than <Date>			Performed weekly	
5	IV&V Project Management	5.1 Monthly Project Status Reports	5th working day of each month	5th working day of each month	Within 10 days of submission date		
		5.2 Project Plan and Schedule Maintenance					
		5.3 Weekly Status Reports	Every Friday of each week	Every Friday of each week	No sign-off needed		
6	Performance Work Statement Deliverables	SPY <Year> CMS Quarterly Certification Progress Reports and Certification Milestone Reviews for MMIS IV&V	<Date>			In Process	
		SI Vendor Deliverables Review	<Date>			In Process	
		DS Deliverables Review	<Date>			In Process	



4. CMS and MITA Compliance

Business Requirements	
Req #	Requirement
CMC-1	Address the bidder's approach to meeting each requirement in a table that contains the requirement and the contractor's approach to meeting the requirement.

The following table describes CSG's approach to meeting each CMS and MITA compliance requirement as stated in section V.B.4 in the RFP.

RFP Requirements and CSG's Approach to Meeting Each Requirement

1.	Must provide IV&V services for CMS in support of the MECL in accordance with guidance released in the MECT and guidance from CMS regarding Outcomes-Based Certification (OBC).
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CSG's approach to providing IV&V services for CMS is in support of the MECL, and in accordance with guidance in the MECT v2.3, along with guidance released on Outcomes-Based Certification (OBC) in some cases known as Streamlined Modular Certification (SMC).

CMS has developed, and continues to refine, their streamlined outcomes-based approach to certification of modular systems. SMC focuses on achieving required State-Specific business outcomes for each module and is intended to reduce the burden on States while they continue to meet CMS funding requirements. CMS aims to ensure that any systems receiving Federal Financial Participation (FFP) at the 90/10 rate achieve certain outcomes based upon the module being implemented, to have the module certified by CMS. The CSG IV&V Team will help facilitate the process of gathering evidence and metrics defined by State SMEs on the Certification Intake Form.

In Kentucky the CSG IV&V Team is assisting the Commonwealth in working with CMS to develop OBC/SMC for a variety of MMIS modules. We are also working on OBC in the states of New Mexico, Rhode Island, and Vermont.

Furthermore, we ensure that our IV&V services align with industry standards and all regulatory requirements. Our IV&V practices are built on a foundation of a highly experienced team, utilizing our proven IV&V methodology and TeamCSGSM tools, remaining proactive in identifying emerging risks, while maintaining overall independence of the project.

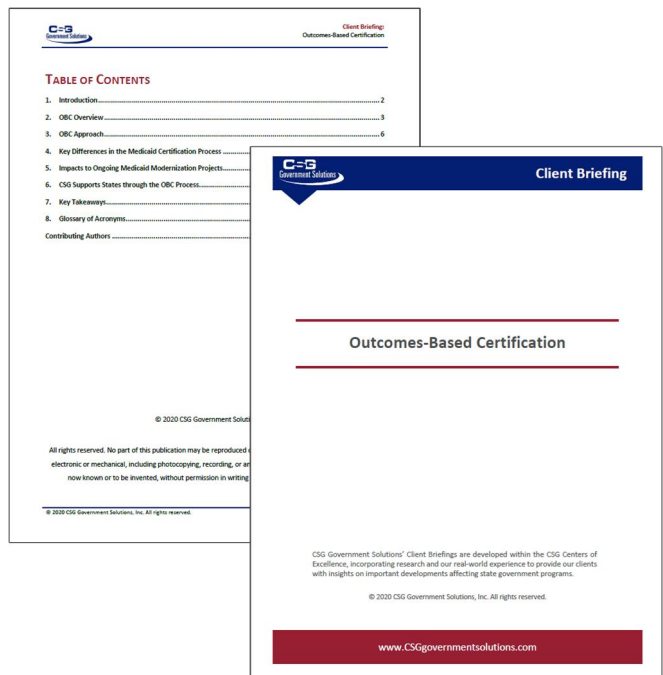


Figure 21: OBC Summary Analysis




CSG is currently conducting IV&V services for multiple MMIS projects in several states. Our primary focus in these engagements is aligned with MECT, MEELC, and OBC certification process models. CSG will tailor its IV&V services to support any combination of certification methods that are jointly agreed to between DHHS and CMS.

- | | |
|----|--|
| 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 Critical Success Factors (CSFs) and must objectively illustrate the strengths and weaknesses of the project and provide recommendations for correcting any identified weakness. |
|----|--|

Operational Readiness Reports now drive CMS certification preparedness related to OBC/SMC. The

use of CMS MECT checklists applies to States who choose to use the MECT method to seek certification for a specific module. However, CSG has found that MECT certification checklists can be a valuable IV&V tool is assessing the State’s preparedness for certification no matter method of certification. The use of the MECT certification checklist ensures the state addresses all components of a module’s readiness for implementation and certification. The CSG IV&V Team can track each certification item, reporting on those items that are Met, Not Met, or Partially Met, so remediation actions can be taken, as appropriate. Our analysis also provides comments and suggestions describing the discrepancy between the status of the module and what needs to be done to meet the MMIS CSFs. The use of the checklists and evidence collected by DHHS/MLTC and vendors gives the IV&V team the information to provide feedback to CMS that all aspects of a module have been objectively met.



Expertise in Action
NM IV&V for the MMIS Replacement
 In New Mexico, the CSG team prepares quarterly MMIS IV&V Progress Reports for certification in compliance with CMS’ MECT v2.3. We provide independent assessments of the MMIS project’s strengths and weaknesses along with practical recommendations for addressing weaknesses. CSG has been producing these quarterly MMIS IV&V Progress Reports according to CMS MECT guidance since December 2016. Our experience with CMS Progress Report submissions demonstrates our proficiency in using the CMS certification checklists and progress report template. We understand what works and what CMS wants to see in these Progress Reports.

- | | |
|----|---|
| 3. | Must submit the monthly IV&V report to CMS. |
|----|---|

In developing our schedule for the IV&V project, we account for the requirement to submit the monthly MMIS IV&V Progress Report to CMS within five business days of the close of each month. We use our established project management strategies for planning and scheduling to determine what needs to be completed within designated timeframes. We account for the level of effort and required resources to complete the work accurately and on time. We engage collaboratively with the State and its other contractors to be transparent and proactive about due dates, dependencies, constraints, and what we need them to do to meet due dates for CMS’ progress reports. We are true to our commitment of no surprises. The report provides the historical record, and no information is shared with the Federal partners that DHHS isn’t already informed of directly.

We conduct this type of planning and oversight of our IV&V activities on an ongoing basis, aligning our efforts with your efforts to achieve CMS certification for each MLTC module in a timely way. The CSG IV&V Team will submit all IV&V reports, regardless of the frequency, simultaneously to CMS and DHHS, and will be delivered on time.



4.	Must participate in meetings with CMS as directed by CMS or DHHS.
<p>During the course of our several engagements on Medicaid Enterprise enhancement projects, CSG has participated in many meetings with CMS. As part of MLTC project planning, and throughout the project life cycle, we will talk with you about your preferences for our role in meetings with CMS. For example, we have found that some states want us to be more active in these meetings than others. We stay within the agreed-upon boundaries established with MLTC. Based on our experience participating in a large number and wide range of meetings with CMS, we can help the State prepare for these meetings by providing mock certification preparation activities and gathering documentation or analyzing information that will be addressed in the meeting. Our IV&V team will collaborate with you to offer recommendations for how to maximize the productivity of your meetings with CMS. We also provide strategies to help you follow up on CMS' feedback. The CSG IV&V Team will participate in all meetings with CMS as directed by CMS or DHHS.</p>	
5.	As directed by DHHS, must coordinate and participate in the planning, preparation, and performance of CMS project reviews (readiness reviews, certification reviews, etc.).
<p>Should DHHS decide to pursue certification of one of the projects using the MECT method of certification, we are experienced in all aspects of the MECT. CSG has worked with several states to coordinate and participate in the planning, preparation, and performance of CMS project reviews using the MECT since its release in March 2016. In our IV&V role, CSG incorporates certification activities throughout the execution of the engagement. This includes tracking evidence for checklists and then tracking CMS comments, findings, and required corrective actions. We provide both at-a-glance and detailed insight into the certification status throughout the project through our status reports.</p> <p>CSG works with MLTC, DHHS, other contractors, and CMS to clarify up front the expectations for certification for each project. CSG works with the State to coordinate and schedule review meetings, distribute meeting materials in advance, and document the outcomes and action items. Integral to our approach for applying for certification, we provide ongoing tracking and follow-up to identify any gaps in adhering to the certification requirements. We provide recommendations for corrective actions to help DHHS achieve certification in a timely way.</p> <p>As we work with you to apply MECL or outcomes-based certification expectations to the MLTC projects, the CSG IV&V Team focuses on the following activities:</p> <ul style="list-style-type: none">➤ In collaboration with State certification staff, conduct certification training to ensure that DHHS/MLTC staff and other contractors are educated on the certification process; what to expect from reviews; and how IV&V will report on the progress of a module to prepare for certification.➤ Assist the State with its preparations for certification by:<ul style="list-style-type: none">✓ Encouraging an open dialog with the participants to facilitate a common understanding and agreement on the scope for each certification effort.✓ Working with the State and CMS to create an agenda for either a milestone review or an Operational Readiness review whichever is applicable.✓ Coordinating certification review preparations to align with the agenda including the review and verification of artifact and evidence traceability, preparation of presentation materials, and facilitation of a "mock run" of presentation and/or contractor demo(s).➤ Contribute to a lesson learned process where the experience from one certification review can be applied to prepare for subsequent milestone reviews, such as those that will occur later for different projects.	



- In preparation for certification milestone reviews, must evaluate documents and evidence along with any working modules / 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 reports must be provided to CMS at the same time they are presented to the state.

In preparation for an operational readiness review and ultimately a SMC review by CMS and MITRE, CSG provides an independent evaluation of project documents, test results, and evidence indicating the module is working in accordance with KPIs that support the outcomes targeted by the implementation of the module. Based on our evaluation, we complete the Operational Readiness Report (ORR) in collaboration with the MLTC project team and its other contractors. CSG leverages our lessons learned in states such as Georgia, Kentucky, Ohio, New Mexico, Rhode Island, and Vermont to develop a successful strategy for seamlessly managing CMS certification requirements in conjunction with our IV&V work. CSG's IV&V team includes a certification analyst to support the Medicaid projects' certification process.

To evaluate a project's readiness for OBC/SMC, CSG has developed a library of **OBC Checklist templates**, which incorporate the criteria needed to assess CMS' minimum expectations for each required artifact and include the CMS-recommended metrics for each CMS-required outcome per module. By using these templates as a base from which to customize any project specific checklists for CMS Required Artifacts, the CSG IV&V Team is more efficient and assures the MLTC projects benefit from the knowledge and experience gained from our other CMS compliance and certification engagements. We share the checklist templates with the MLTC project team in advance so that the project team is aware of the expectations while developing project documents and evidence. This, too, increases efficiencies and reduces the need for re-work.

The IV&V team conducts a walkthrough with the State and its other contractors to review our evaluation recommendations, providing



Expertise in Action

Outcomes-based Certification

At the Medicaid Enterprise Systems Conference the week of August 19, 2019, CMS announced a move to outcomes-based certification, fundamentally changing the way that they will measure systems implementation success. As CMS continues to refine and implement outcomes-based modular certification, states will need to adapt to this next step in order to continue to meet CMS funding requirements. CMS has identified key outcomes they expect from Medicaid Enterprise Systems modules and states will be expected to provide six months of data associated with those outcomes and then to annually attest to the same outcomes to measure continued compliance in Maintenance & Operations phases. CSG has been working with several states to transition to OBC/SMC as part of CMS' piloting of the new approach. Our on-the-ground experience with outcomes-based certification provides early insight for how to meet CMS' expectations.

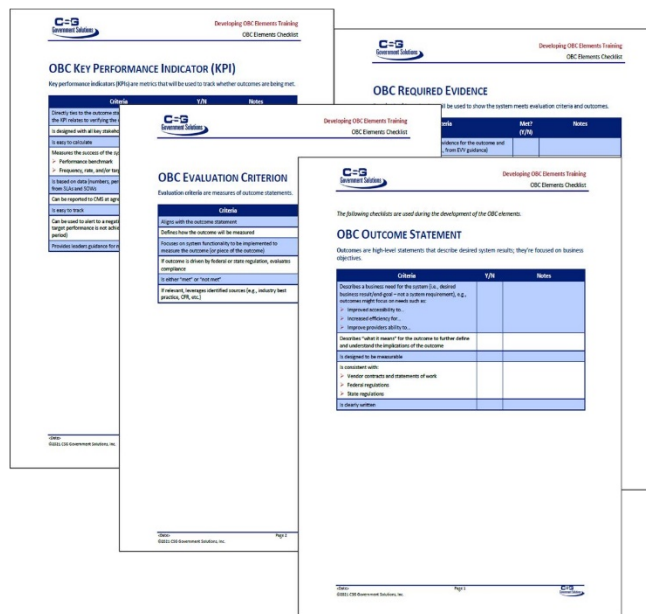


Figure 22: Sample OBC Checklists



an opportunity to ask questions to understand any observations and recommendations. None of the information in the progress reports or checklists will be new information for the State or its other contractors; these documents formally convey the progress of ongoing MLTC project activities and the results of IV&V reviews conducted throughout the duration of the project. The IV&V team regularly reports observations and recommendations in weekly and monthly reports and meets regularly with the State and its other contractors to review reporting requirements and verify information sources.

As part of the IV&V planning process, we develop our schedule of activities to account for the timing of completing and while CSG conducts careful planning to guide its activities, we maintain a flexible approach that allows us to quickly adjust to changes in circumstances. For example, we work collaboratively with the State and its other contractors to incorporate changes in timing and sequencing that commonly occur on a complex project with numerous modules involving multiple contractors and implemented over several years. In addition, as CMS rolls out its OBC/SMC certification process, we will discuss any resulting changes with DHHS, MLTC project leadership, and other contractors so that we can adjust our plans accordingly.

7. Must periodically submit project progress data to the CMS dashboard on a schedule required by CMS.

The CSG IV&V Team will submit project progress data to the CMS dashboard. We will use CMS' MMIS IV&V Progress Report template to report project progress and document top risks and issues, and Programmatic Critical Success Factors on a schedule required by CMS and MLTC. Key areas of the MMIS IV&V Progress Report will include:

- Summary of Project Progress and Status
- Governance activities
- Budget and Schedules Metrics
- Life Cycle Status and Schedule
- Risks and Recommendations
- Programmatic Critical Success Factors

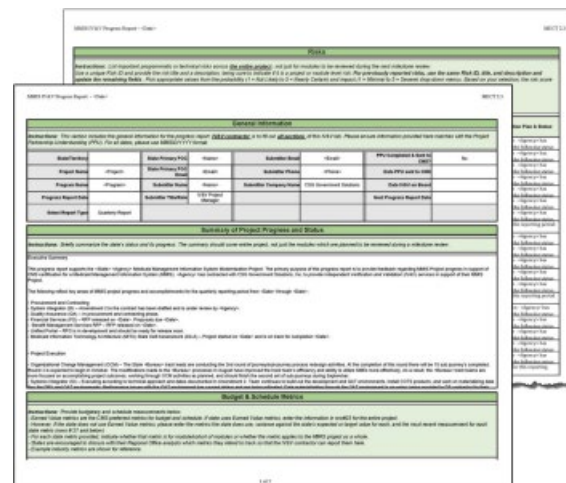


Figure 23: Sample MMIS IV&V Progress Report

8. Must assess impacts of projects to MITA business, informational, and technical architecture maturity.

In addition to completing 13 MITA SS-A projects, CSG partnered with CMS to create the MITA 3.0 Framework, and we currently have a voting member seat on the MITA Governance Board. Our IV&V activities are consistently focused on assessing progress toward compliance with CMS' Standards and Conditions for Medicaid IT, including progress toward achieving the maturity goals outlined in your MITA SS-A and the capabilities to reuse common components to introduce business and technological efficiencies and reduce costs. As the State plans for, procures, and implements procurement of modules, our review of these activities will include assessment of impacts on maturity levels for MITA business, information, and technical architectures.



Through our experience applying MITA scorecards across a wide range of system modernization projects, we have seen states seize the opportunity to use MITA processes to embed enterprise architecture into their system modernization strategy. Embracing the synergies among the three architectures yields practical opportunities to achieve better business outcomes. Our approach to IV&V and CMS certification reviews promotes the State obtaining maximum value from their work on MITA. An example MITA scorecard per CMS guidance is depicted in the figure to the right.

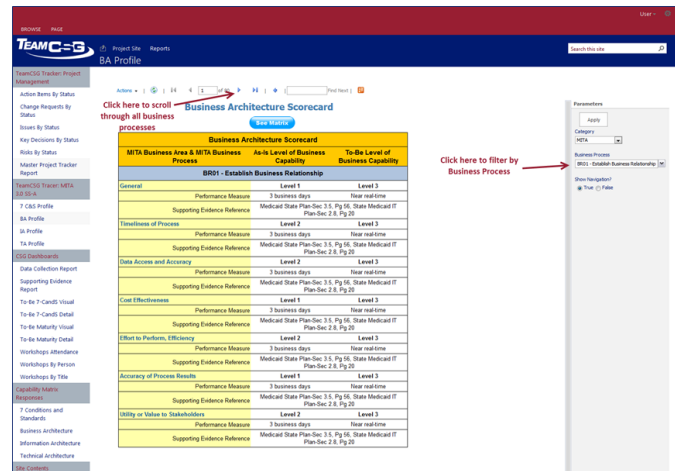



Figure 24: MITA Scorecard

- Must track traceability of project activities and requirements through the entire project to CMS critical success factors and certification checklist criteria as applicable to the project to secure ongoing enhanced funding.

Using our automated tools, the CSG IV&V Team can track traceability of project activities and requirements through the entire project to CMS critical success factors and certification checklist criteria. The robustness of our tools reflects the importance of this type of tracking for obtaining enhanced federal funding for MLTC.

TeamCSGSM Risk Tracking and Reporting provides the ability to capture, track, and report on risks, observations, and recommendations across all assessment efforts and to determine increasing or decreasing risk levels and project health. The CSG IV&V will use this tool to track traceability of project activities and requirements throughout the SDLC to CMS critical success factors and certification checklist criteria as applicable to the project to secure ongoing enhanced funding.



Expertise in Action
KY IV&V for the MES Modernization
In Kentucky, CSG provides IV&V services for multiple modules comprising the Medicaid Enterprise Management System as well as implementation of a web-based portal. Our TeamCSGSM tools have been particularly useful for helping Kentucky navigate the risks involved with moving Medicaid operations from their legacy environment to the new modular approach. CMS commented that CSG's involvement in the Kentucky project has been a significant factor in the project staying on-track. CSG also supported Kentucky's development of the IAPD to secure ongoing enhanced funding for the project.

- Must perform all functions required by CMS for all CMS reviews.

Our IV&V team brings substantial experience working with CMS' requirements and interacting with CMS staff during reviews. We have structures in place within our organization to quickly analyze and respond to changes in CMS requirements. We modify our practices and materials accordingly and work with the State and its other contractors to maintain a solid foundation for moving forward to meet CMS requirements.

We use our IV&V project planning and monitoring processes to ensure that all applicable CMS-required functions are accounted for in our IV&V schedule and our resource allocation. We are flexible in adapting to changes, working collaboratively with the State to ensure that all CMS-required functions are covered in an organized way. We communicate with the State and its other contractors to keep the



appropriate people informed about what is happening and what is needed to accomplish subsequent steps in the CMS review process.

The CSG IV&V Team will perform all functions required by CMS for all CMS reviews. Under regulation at 45 CFR 95.626, IV&V, CSG as the IV&V contractor represents DHHS and CMS interests throughout each project and, and as such, provides an independent and unbiased perspective on the progress of MMIS or E&E system development and the integrity and functionality of the system, and performs all IV&V responsibilities, in accordance with this request for proposal, and as detailed in the scope of IV&V responsibilities contained in the MECT, and all guidance provided under all State Medicaid Director (SMD) letters.

11.	Must coordinate certification activities for the project. Must evaluate and make recommendations about the state artifacts that are required for MMIS certification milestone reviews.
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CMS is transitioning its system certification process to one that evaluates how well Medicaid IT systems support desired business outcomes, while reducing the burden of obtaining certification on states. This streamlined, outcomes-based approach, known as Streamlined Modular Certification or Outcomes-Based Certification, is designed to ensure that systems receiving federal financial participation are meeting the business and technical needs of the State. As the IV&V contractor, CSG provides the necessary independent review to prepare for CMS certification.

Working with the State’s certification staff to coordinate the activities that are necessary to achieve certification, our IV&V team meets with the State certification team to establish a collaborative process for gathering information and assessing required CMS documentation. This collaboration assures there is a common understanding of the process, artifacts, and timelines. Our analyst in charge of certification, along with support from the rest of the IV&V team, offers expertise and practical recommendations for preparing the State’s artifacts that are required for MMIS certification reviews. From incorporating outcome statements into APDs, RFPs, and supporting vendor contracts to development of metrics and key KPIs, CSG will assist DHHS with coordination of certification activities as highlighted below.

Operational Readiness Review

The ORR must be conducted before a vendor system can go-live. DHHS will schedule the ORR in coordination with CMS. Once scheduled, DHHS completes the state columns of the certification intake form, example shown below. One to two weeks before the ORR, CMS will review the evidence, compile a list of questions, and send those to DHHS before the ORR to be addressed during the ORR session.



Electronic Visit Verification Evaluation Criteria									
Ref #	Evaluation Criterion	Source	State Assessment	State Comments	CMS Review Date	CMS Reviewer Name	CMS Reviewer Assessment	CMS Reviewer Comment	
The SMA has enhanced ability to detect fraud, waste, and abuse through increased visibility into its Home and Community-based Services programs.									
EVV1	The electronic visit verification (EVV) solution captures and verifies data with respect to personal care services or home healthcare services, including: <ul style="list-style-type: none"> Type of service performed; Individual receiving the service; Date of service; Location of service delivery; Individual providing the service; and Time the service begins and ends. 	Section 1903(j) of the Social Security Act, as added by the 21st Century Cures Act ("Cures Act," Pub. L. No. 114-255)							
EVV2	For states that mandate or offer the use of a state procured EVV solution, the EVV solution is able to save and transmit data regardless of the mode of communication (for example, network connectivity, telephony, cell coverage). The system is designed such that even if there is a break in communication service, the data is stored and can be transmitted when service is restored.	Medicaid Best Practice (MBP)							
EVV3	Each visit initiated is captured within the EVV system, whether or not the visit was verified.	MBP							
EVV4	For states that receive EVV data from various EVV platforms, the state standardizes EVV data elements. The state validates incoming data against its EVV data standards. (This could be through the EVV solution or through some other data aggregation function.)	MITA 3.0 IA ML3							
EVV5	The state Medicaid agency uses the EVV data to avoid paying for unauthorized or unapproved services. The state uses EVV data to check that for each claim/encounter, 1) the provider in the EVV visit record is approved for the beneficiary and matches the one in the claim / encounter submission, 2) the visit procedure codes match those in the EVV record, 3) the visit procedure codes in the record are approved for the beneficiary, and 4) the number of units charged for a beneficiary does not exceed the beneficiary's total number of approved units. These validations need not be part of the EVV system; they can be done as part of claims adjudication or another function. This criterion applies to benefits given under all relevant authorizations. Approval could be in the form of a physician's order, prior authorization, service plan, or other forms of approvals under relevant authorities.	MBP							

Certification Review

DHHS may request a Certification Review (CR) for a module that has been in operation for at least six months. Working with the CMS State Officer (SO) a CR review date is determined and a Certification Request Letter along with a copy of the system acceptance letter must be sent to the CMS SO. During the CR, a select number of the evaluation criteria will need to be demonstrated in the production environment, for the system that is being certified. The CR will also focus on the KPI report(s). Because of the six-month minimum wait between go-live and the CR, the state will need to report on the KPIs, in accordance with the CMS schedule.

Required Artifacts

CMS recommends with outcomes-based certification that states continue to produce and gather the list of Required Artifacts associated with the MECL following the MECL. These documents are not included for the ORR and CR but can be used by the state to ensure vendor accountability. Many artifacts build upon each other and are further developed through the OBC process. The table below lists documents that will need to be provided as part of the implementation and final review process. These documents will be stored to the appropriate module's SharePoint site.

Document/Artifact	Required at ORR, CR or Both
Official Certification Request Letter	Submitted prior to CR
System Acceptance Letter	Submitted prior to CR
Monthly Project Status Reports	Both
Master Test Plan and Testing Results	Both
Deployment Plan	ORR
Defect and Risk List	Both
Independent Security Audit	ORR



Working with the State's certification staff to coordinate the activities that are necessary to achieve certification in a timely way our IV&V team meets with the State certification team to define and coordinate the compliance and establish a collaborative process for obtaining certification. This collaboration assures there is a common understanding of the process, artifacts, and timeline. Our analyst in charge of certification, along with support from the rest of the IV&V team, offers expertise and practical recommendations for preparing the State's artifacts. This planning session defines:

- **Certification Strategy:** The IV&V and State certification team review the certification strategy for the modular implementations, including schedules, communications, and decisions regarding the process for developing required artifacts. Ensure the project teams adhere to established processes to mitigate risk to certification.
- **Evidence Strategy:** The IV&V and State certification team define the strategy for collecting and storing certification artifacts. CSG shares strategies that have proven to be successful in other states.
- **Roles, Responsibilities, and Schedule:** IV&V and State certification team develop the timeline and level of effort needed to complete certification activities and to identify actions needed to incorporate these activities into the project schedule. Documenting roles and responsibilities enables IV&V to support the State in meeting certification requirements while ensuring independence is maintained for IV&V review activities.

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.
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CSG has an established process for staying updated on developments occurring across the CMS landscape. Our broad and deep exposure to CMS-involved project work, as well as our participation in industry groups, enables our staff to be ahead of the curve in analyzing new and updated guidance, documentation, and rules promulgated by CMS. Using our well-placed position as a springboard for early intervention, we will provide MLTC timely and meaningful information about changes in the CMS regulatory landscape. In addition, we prepare Client Briefings on new and updated CMS rules to provide a summary of the changes and potential impacts for the types of projects that we provide services for.

When appropriate, we will modify our IV&V/certification materials to reflect the regulatory changes. We will discuss the changes with the State and other contractors to help them stay informed about the changes and the impacts on the MLTC projects, along with our recommendations for any needed changes in ongoing project activities. We are flexible in adapting to changes, working collaboratively with the State to ensure that all CMS requirements are addressed in an organized way.





13. Must perform any IV&V services and roles required by CMS or DHHS necessary to secure the enhanced funding.

Through our project experience and industry participation, CSG brings the expertise to perform any IV&V services and roles required by CMS or MLTC that are necessary to secure enhanced funding for the project. The IV&V team will work collaboratively with the State and its other contractors to help them comply fully with CMS' MITA 3.0 Framework, CMS' Standards and Conditions for Medicaid IT, and CMS' certification standards to secure enhanced funding. We will help develop APDs for MLTC whenever our assistance would fit within the boundaries of our IV&V role on the project.

The CSG IV&V Team will perform any IV&V services and roles required by CMS or DHHS necessary to secure the enhanced funding. To receive enhanced federal match funding for development, maintenance, and operations, the Medicaid E&E systems, and the MMIS must meet all applicable standards and conditions, including modularity, along with associated provisions for IV&V. CSG reviews the procurement strategy and documents to verify they are aligned and fully support the agency, state, and federal project objectives to receive enhanced federal matching funds, and we assess whether procurement policies, procedures, and standards are defined and carefully followed. CSG reviews and assesses all federal funding documents (e.g., APD) are complete and submitted when needed and with the required level of detail.




Expertise in Action
RI IV&V for the Unified Health Infrastructure Project

CSG analyzed monthly spending files to assure compliance with contractual commitments and cost allocation requirements. We provided input into financial documents, and fiscal analysis for documents prepared for the Governor, Budget Office, Legislature, CMS and other Federal Partners, and other stakeholders. Additionally, we facilitated bi-weekly Multi-Agency Finance Committee conference calls to review and discuss contracts and topics relative to the financial health of the project. The CSG IV&V Team delivered a Monthly Financial Status Report that addressed investment consumption and tracked the overall UHIP budget. CSG also supported efforts to maximize Federal funding by reviewing APDs and APDUs.



CMC-2	Describe the bidder’s understanding of CMS’ expectations for an IV&V contractor and approach to compliance with CMS expectations.
<p>Federal rule 45 CFR § 95.626 – IV&V sets forth the requirements for engagement of IV&V and defines the “triggers” that require IV&V, specifically for high-risk projects, and sets forth the scope of IV&V engagements when an entity independent of the State is required.</p> <p>CMS expectations are that state MMIS are designed to support the efficient and effective management of the program and satisfy the requirements set forth in Part 11 of the State Medicaid Manual, as well as subsequent laws, regulations directives, and SMD letters. CMS expects that modular Medicaid systems will be required, as authorized through the Medicaid Electronic Health Records Incentive Program, through the American Recovery and Reinvestment Act of 2009, and within the parameters set by SMD Letters #11-004, and #10-016, in order to receive FFP at the 90% match rate. Some HIE IT functionality may be eligible for HITECH administrative FFP, also at the 90% funding match for design and development costs, provided the HIE work using the MMIS, or E&E funding meets the Standards and Conditions for Medicaid IT.</p> <p>Under Federal Rule, State Systems APD Process, set by the Office of Child Support Enforcement, Administration for Children and Families, and Department of Health and Human Services, IV&V is defined to mean “a well-defined standard process for examining the organizational, management, and technical aspects of a project to determine the effort's adherence to industry standards and best practices, to identify risks, and make recommendations for remediation, where appropriate.” IV&V are procurements that may be acquired in the first year in addition to the software development acquisition.</p> <p>CSG is well versed and compliant with all requirements for IV&V as set forth in Section 95.626 IV&V and has applied our independent IV&V methodology in several states, in numerous engagements, achieving final certification of modular systems by CMS in both Kentucky and Vermont. CSG maintains a close relationship with the State program offices and regularly consult with the State representatives to ensure there is a common understanding of the project status, of reviews and recommendations on both the management of the project, for both the State and vendors, and the technical aspects of the project, reporting to CMS at the same time we report to the State.</p>	
CMC-3	Describe the bidder’s approach to assessing the impacts of a project on MITA maturity levels.



Expertise in Action
VT IV&V for the Medicaid Enterprise

In Vermont, CSG is providing IV&V services for Vermont’s HHS technology infrastructure enterprise approach. CSG assesses compliance with federal requirements and supports MECL compliance for the modular implementation. We assisted Vermont in achieving certification of its PBMS – one of the first modules under the MECT v2.0 to be certified.



CSG recognizes the need to align to and increasingly advance in MITA maturity through compliance and provides continuous review of progress of each implemented module on MITA maturity levels. CSG's approach supports Regulation at 42 CFR 433.112(b)(11), which requires alignment with MITA for DDI of MMIS and E&E systems that are funded with enhanced federal matching funds. MITA 3.0 compliance requires that systems be designed, developed, and maintained with up-to-date industry best practices, so that the resulting MMIS and E&E systems are modular and technically suitable for sharing and reuse with other states.

The business and technical transformation of the size and scope of the MITA is progressive and done in an evolutionary manner, involving collaboration with many stakeholders. MITA enables states to meet their strategic goals and to bring their business changes and IT enhancements into alignment with the MITA vision. This is not a rigid process, but rather one that is continuous and transformative and considers the progressive capability and technology employed by DHHS.

The CSG IV&V Team is a collaborative partner in this endeavor and recognizes that the MITA process can and will require a tailored approach to fit DHHS' vision and needs, while allowing flexibility for DHHS to make effective choices while keeping options open as collaborative trade-offs and choices are made. CSG brings a disciplined approach to assist DHHS in executing their vision for transitioning the State's business and technical architecture towards MITA. CSG will proactively monitor DHHS' transition planning efforts and collaboratively assess the impact of decisions and ensure there is strategic alignment with DHHS' defined vision and roadmap for their MITA vision.

In support of advancing MITA maturity levels, CSG actively monitors and reports on the following:

- **State's Self-Assessment (SS-A)** – The SS-A provides an assessment of the current capabilities, (e.g., business, and technical), and new and target capabilities are defined.
- **State's Medicaid Enterprise Architecture (EA) Development** – The EA provides a cohesive blueprint for aligning the state's business and technical architectures and ensures that IT investments are aligned with business needs.
- **Transition Plan Development** – The Transition Plan identifies specific transition projects that will deliver the target capabilities.
- **Transition Plan Execution and Iterative Updates** – Review of iterative updates and actual execution allows for periodic progress reviews of business outcomes and allows for recommendations and changes to be made to realign plans based on the amount of progress made during in any given period.

CSG will actively report observations in these areas to ensure DHHS is in alignment with, and advancing in, MITA maturity levels. This is an iterative process that is focused on delivery of value over time and are impacted by calendar time periods, new or changing goals or mandates, emerging new technologies, or collaborative opportunities. Changing business practices and implementation of new technology will naturally be an iterative process that will need to be monitored for effectiveness over the project's life cycle since the EA is constantly evolving and, in a sense, never complete. The following is an example of a MITA SS-A Gap Analysis report.



1. INTRODUCTION

1.1 Purpose

One of the planning tools to support <State>'s Medicaid Modernization Information System (MMIS) project is to update the MITA State Self-Assessment (MITA SS-A) documentation completed in <Date> and the Roadmap Update from <Date>. As a first step, <State> <Agency> requested an assessment of the existing MITA SS-A documentation and interviews with policy Subject Matter Experts (SMEs) to determine to what extent the MITA SS-A business process flows and supporting documentation can be reused to guide future MMIS project work.

This report presents and describes the gaps of the MITA SS-A documentation reviews based on analysis and SME interviews.

1.2 Methodology

The methodology for performing this gap analysis was approved by <Agency>. The approach contains the following four steps:

- Complete <Agency> Security and HIPAA Trainings
- Review All <Agency> MITA SS-A Information
- Validate As-Is and To-Be Process Flows
- Develop Gap Analysis Report

1.2.1 Complete <Agency> Security and HIPAA Trainings

CSG's team was identified and granted access to <Agency>'s systems and documentation as needed to perform the gap analysis. The team completed all required <Agency> security and HIPAA trainings.

1.2.2 Review All <Agency> MITA 3.0 SS-A Information

A thorough review of the <Agency> SharePoint site revealed multiple locations for existing MITA 3.0 SS-A documentation, including a password protected folder containing all of the business process work flows. All documents were reviewed for completeness and compliance with the Centers for Medicare & Medicaid Services (CMS) guidance materials that prescribe how to complete a MITA 3.0 SS-A, including a review of the following key components:

- MITA Roadmap
- Concept of Operations
- Business Process Models (BPM)
- Advance Planning Document (APD) Checklist, which includes the Seven Standards and Conditions
- Scorecard Templates

The list of documentation reviewed and the results of the review are described in Section 2 below.

- **Technical Architecture** – The Technical Architecture (TA) documentation needs to be updated to meet CMS requirements and reflect the details obtained by project related activities since the initial MITA 3.0 SS-A.
 - ✓ **Gap Recommendation:** Provide scope information as to what is included in the "Medicaid Enterprise". The term "Enterprise" is used loosely within the two primary SS-A documents. There is information in artifacts that were created after finishing the <Date> <State> MITA 3.0 SS-A, for instance the <Agency> document, that indicates the reach of the "Enterprise" and stakeholder solutions that will be impacted by the MMIS modernization effort. This information needs to make it into the <Date> <State> MITA 3.0 SS-A Annual Update.
 - ✓ **Gap Recommendation:** Define shared and unique services, within the three technical service classification areas (Access and Delivery, Intermediary and Interface, Integration and Utility), to be part of the SOA enablement duties of the SI vendor.
 - ✓ **Gap Recommendation:** Continue to enhance the initial <Date> <State> MITA 3.0 SS-A <Agency> documentation by including specific supporting documentation evidence details (i.e., page, section, and paragraph). Besides this being spelled out in the MITA 3.0 SS-A Companion Guide, this effort will help to solidify the referenced materials, assure that the appropriate supporting evidence is being referenced, and provide a means for reviewers to access the appropriate information in the shortest amount of time.
 - ✓ **Gap Recommendation:** Determine if there are currently or will expect to be unique business services or technical services that do not map to a MITA TA component and document these business and technical processes and services appropriately.
 - ✓ **Gap Recommendation:** Determine the status and relevance of the <Date> <State> <Plan> and use the <Date> <State> <Agency> Strategic Plan as reference materials for creating a cross-mapping of TA impacts to the three MITA technical service classification areas (Access and Delivery, Intermediary and Interface, Integration and Utility) and any known agreed upon technical services.
 - ✓ **Gap Recommendation:** Creation of a timeline of approved TA capability resolution items by analysis period (e.g., a "roadmap") would provide a general understanding of expectations and allow for tracking of status, with performance measurements reported for implemented technical services, over time.

1.3 Summary

In general, the <Date> MITA SS-A and its supporting documents reflect the current As-Is MMIS technical, business and information landscape and was developed using CMS Guidance materials. While all of the components of the <State> MITA SS-A and supporting documentation need to be updated to reflect the As-Is (current) status for <Date>, some will require more effort than others based on the changes that have occurred since <Date>. Additionally, the To-Be maturity level documentation was generic and should be updated to reflect changes that are needed for the State to reach MITA Maturity Level 4 (MML-4) for the MMIS and associated business processes, technical services and information capabilities.

The next MITA SS-A update should include more detailed logical representations of the business, technical and information architectures, so that vendors are able to produce the physical representations of these architectures.

It should be noted that the <Date> MITA SS-A Roadmap Update provides a more current snapshot of the MMIS activities from the roadmap perspective, but wasn't an all-inclusive update of the artifacts established in <Date>.

The following is a summary of the gap recommendations to be addressed during the <State> <Date> MITA SS-A Update process:

- **<Date> MITA SS-A** – All As-Is supporting documentation from the <Date> <State> MITA SS-A should be updated to reflect changes and present a more accurate As-Is status for <Date>.
 - ✓ **Gap Recommendation:** For the <Date> <State> MITA SS-A Update, a more thorough discussion of the To-Be activities and a detailed description of how to meet incremental steps would assist the state in showing how it will achieve the maturity level increases over time. Subsequent annual updates will be easier to monitor and update when the projections show which year a maturity level may increase.
 - ✓ **Gap Recommendation:** Establish a central repository to store all MITA related artifacts to provide easy access and linking options.

- ✓ **Gap Recommendation:** Continue to enhance the initial <Date> <State> MITA 3.0 SS-A capability matrix artifacts by including specific supporting documentation evidence details (i.e., page, section, and paragraph). Besides this being spelled out in the MITA SS-A Companion Guide, this effort will help to solidify the referenced materials, assure that the appropriate supporting evidence is being referenced, and provide a means for reviewers to access the appropriate information in the shortest amount of time.
- ✓ **Gap Recommendation:** Further define the Enterprise Architecture (EA) framework and methodology that would be used for the mentioned "enterprise approach that facilitates the State of <State>'s ability to leverage Medicaid systems and services across the broader <State> organization."
- **Concept of Operations (ConOps)** – There is no separate Concept of Operations document, however, the <Date> MITA Roadmap Update contains a section titled "Concept of Operations".
 - ✓ **Gap Recommendation:** To better reflect the <State> vision, establish an As-Is ConOps and add the next level of details to the To-Be ConOps Diagram that was introduced in the <Date> <State> MITA 3.0 SS-A. The diagram should include logical interaction representations for the identified primary stakeholders and indicate whether these stakeholders are primarily producers or consumers of Medicaid enterprise data.
- **Implementation Advance Planning Document Updates (IAPDUs)** – The <Date> SS-A Seven Standards and Conditions documentation does not adequately describe how the state is planning on meeting these Standards and Conditions since the initial writing in <Date>.
 - ✓ **Gap Recommendation:** Expand the CMS Standards and Conditions capabilities matrix, scorecard, and profile artifacts to include changes made since <Date>.
- **Business Architecture** – The <Date> Business Process Models (BPM) and the Business Capability Matrices (BCM) represent the current processes but need revisions to reflect changes since <Date>. Of the business processes reviewed with state SMEs, the following was determined:
 - ✓ BPMs required no change
 - ✓ BPMs required minor changes to reflect some additional automation
 - ✓ BPMs required major changes to reflect new automation that fully automates the process or to increase a maturity level based on SME recommendation
- ✓ **Gap Recommendation:** Use the existing BCMs to facilitate the Business Architecture portion of the <Date> MITA update.
- ✓ **Gap Recommendation:** Continue to enhance the initial <Date> <State> MITA 3.0 SS-A BCM documentation by including specific supporting documentation evidence details (i.e., page, section, and paragraph). Business processes and related gaps are further defined in Section below. Besides this being spelled out in the MITA SS-A Companion Guide, this effort will help to solidify the referenced materials, assure that the appropriate supporting evidence is being referenced, and provide a means for reviewers to access the appropriate information in the shortest amount of time.
- **Information Architecture** – The Information Architecture documentation needs to be updated to reflect activities through <Date> and to address the CMS Guidance requirements.
 - ✓ **Gap Recommendation:** Create a business area shared data inventory to better understand the dependencies and timing relationships of the Medicaid Enterprise data life-cycle.

In Process Observations

#395 MITA State Self-Assessment

Observation: The State has not updated their MITA State Self-Assessment, or created a Concept of Operations or MMIS Roadmap as required by CMS final rule 42 CFR Part 433 titled, Medicaid Program: Federal Funding for Medicaid Eligibility Determination and Enrollment Activities, Final Rule (Federal Register, Vol. 76, No. 75). Effective April 19, 2011. These three documents are also needed to meet MECT 2.2 Certification Checklist requirements and also put federal financial participation at risk for MMIS IT related projects

Recommendations: The State should consider updating the MITA SS-A and creating a Concept of Operations and MMIS Roadmap to align the State's vision for the future of the MMIS enterprise and to meet federal requirements for new MMIS IT systems. In addition, the State should consider using these documents for all future MMIS and ancillary system planning.

Current Analysis: The State has assigned an internal person to take the MITA SS-A and make some updates to it. There is no plan to develop a Concept of Operations and Roadmap at this time.
Previous Analysis: The State has not taken any action to address the outdated MITA SS-A and missing Concept of Operations and Roadmap.





CMC-4	Describe the bidder’s approach to monitoring for documentation, guidance, and regulations from CMS
<p>CSG is well connected to the broader HHS landscape, including experience with Medicaid and MMIS modernization, SMC, OBC, MECL and MEELC, eligibility systems modernization, health insurance exchanges, and MITA. In addition to delivering consulting services for projects in these areas, our industry participation provides our team members with the latest information regarding CMS guidance, enabling us to help maximize federal funding and to support the advancement of technology and the use of standards to improve overall administration and operations of Medicaid programs nationwide. For example, we assisted CMS in the development of MITA 3.0 and are at the forefront of the transition to CMS’ OBC/SMC.</p> <p>CSG is on the CMS mailing list, and we constantly and proactively monitor for any changes in the MMIS landscape to ensure that our IV&V teams are in front of any changes that are pending. We monitor and report on the impacts and opportunities for all published State Medicaid Director (SMD) letters and work with our state partners to develop plans for implementation of any new requirements outlined in the SMD letters.</p> <p>CSG actively reviews proposed rules and provides observations for the state to consider, and then monitors the progress of the rule making process to ensure that upon the implementation of the final rule, CSG has an actionable plan in place to comply with any new regulatory requirements, or changes, that are defined in the final rule. CSG participates in all cohort calls with CMS and actively participates in the annual Medicaid Enterprise Systems Conference (MESC) and actively exchange ideas related to Medicaid systems and health policy affected by those systems.</p>	

5. Operations and System Readiness

Business Requirements	
Req #	Requirement
OSR-1	Address the bidder’s approach to meeting each requirement in a table that contains the requirement and the bidder’s approach to meeting the requirement.
<p>The following table describes CSG’s approach to meeting each operation and system readiness requirement as stated in section V.B.5 in the RFP.</p>	



RFP Requirements and CSG's Approach to Meeting Each Requirement

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.

The CSG IV&V Team works closely with MLTC to fully understand the system and acceptance testing approach. We perform a detailed review of system and acceptance testing activities to ensure a full understanding and ongoing review of the status and expectation of the solution design, test scripts, data requirements, defect management, and regression testing to help the project team avoid later delays and risks.

➤ **Testing Planning:** We perform a detailed review of system and acceptance testing planning, requirements traceability, test execution and test results. During test planning our assessments determine if there is a detailed testing strategy for both the agency and the solution vendor that defines the testing scope, approach, level of work effort, resource expectations, roles and responsibilities, assumptions and constraints, and risks and issues. CSG reviews planning documents, observes meetings, and interviews team members to verify test planning occurs for all testing types (e.g., regression, integration, security). We verify the environments are defined, and the tools, materials, and procedures needed for testing are planned. We assess the level of automation and availability of the test environments are adequate to meet the requirements of testing.

For user acceptance testing, we review and evaluate the acceptance procedures to determine any gaps for how any software product that does not pass acceptance testing will be corrected. We verify system usability testing (e.g., user interface, reports, or other documents) is included in planned testing processes and tests include business scenarios to determine ease of use by users with limited knowledge of the system. We also confirm SMEs are involved with developing and reviewing business scenarios, test cases, test scripts, and user stories.

➤ **System and Capacity Testing:** The CSG IV&V Team evaluates that an appropriate level of test coverage is achieved by the test process, test results are documented and verified, the correct code configuration was tested, and the tests are appropriately documented including formal logging of errors found in testing. The IV&V team also verifies the testing team is independent of the developers. CSG assesses if SMEs review expected and actual results and if testing verifies system compliance with state and federal accessibility standards (e.g., ADA Section 508, WAI of the W3C). We verify performance/load testing occurs, and the system meets response time requirements under normal and peak loads, and system stress testing occurs that verifies system robustness. IV&V assessments also confirm testing demonstrates the system's ability to maintain availability and error handling under heavy load and unusual circumstance, such as component failure.

➤ **Interface Testing:** CSG evaluates the interface testing planning that defines the environment, requirements, tools, and procedures needed for testing the interfaces. We also review and evaluate if the testing process cover a broad range of operational scenarios that could impact interface performance, results are documented and verified, and the interface testers are independent from developers. CSG assesses if SMEs review expected, and actual results based on business need.



- **Pilot Testing:** CSG evaluates the plans, requirements, environment, tools, and procedures for pilot testing the system. We verify a sufficient number and type of case scenarios are used to ensure comprehensive but manageable testing. We verify tests are run in a realistic, real-time environment, test scenarios are complete with step-by-step procedures, required pre-existing events or triggers, and expected results, and that there are adequate test scenarios included in pilot testing for infrequent processes. We also verify test results, correct code configuration use, and test run documentation, including formal testing error logging. The CSG IV&V Team verifies the testing organization has an appropriate level of independence from the vendor. We also confirm the pilot sites (or teams) are available and interested in participating in the pilot and outreach to engage and plan with the pilot sites is planned and consistent with the testing approach.
- **User Acceptance Testing and Turnover:** CSG ensures acceptance procedures and criteria for each product are clearly defined, reviewed, and approved prior to test, and all parties have agreed with the criteria. We assess whether needed DHHS/MLTC UAT resources are being planned for their involvement across the project life cycle (e.g., for developing the testing strategy, overseeing UAT, setting up UAT workstations) and planning is occurring for SMEs to be involved in reviewing developed test cases. We also verify the results of the test are documented and acceptance procedures address the correction process if the software product does not pass acceptance testing. The IV&V team verifies acceptance testing is based on defined acceptance criteria and SMEs have reviewed the test cases and expected results before acceptance of software products. We also confirm testers performing the UAT are either the agency's business users or an independent third-party testing organization and are using tests they have created to ensure test results are not influenced by the development team.

2. Must assess defect resolution and retesting activities to validate defect was appropriately resolved.

Throughout testing, CSG evaluates whether defect tracking and reporting mechanisms are defined and in use, defects are monitored and tracked throughout the testing process, and defects are logged with enough detail to resolve effectively and efficiently. We assess the defined defect severity and priority levels and the processes for prioritizing and resolving defects to determine if they are effective and the agency and system vendor work together to prioritize defects. We also confirm that defects are consistently traced to requirements, test cases/user stories. Outstanding defects and tracked and reported in our System and Business Operations Readiness assessment along with defect severity and status.



3. Must develop and submit a comprehensive System and Business Operations Readiness 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.

CSG will develop and submit a comprehensive System and Business Operations Readiness Review Plan work product for each project as required by DHHS. Operational readiness validates that the project deliverables area ready to deploy, operation and maintain without significant issues. CSG conducts comprehensive assessments to ensure that the products of the project function as they are intended. CSG validates those operational goals are included within the project life cycle, and we validate there is enough planned time in the schedule to facilitate operational readiness throughout the phases of the project, through go-live. We start the readiness assessment during the initiation phase of the project, looking at initial organizational readiness, through the requirements and design phase to ensure that the proposed design fits the environment, then through testing and implementation to ensure that the system accomplishes its stated objectives. We do not consider operational readiness a task to do at the end of the project, but rather operational readiness is a concept to consider throughout the project life cycle.

In planning our IV&V assessments of operational readiness and support, we identify what information to gather to determine the adequacy and thoroughness of the project’s processes and procedures. The following table summarizes the typical documentation to review, and meetings to observe, to assess operational readiness and support. Additionally, we interview state and vendor staff fulfilling the roles noted below to gain insight into operational readiness and support.

Documents to Review	Meetings to Observe	Anticipated Interviews (Roles)
<ul style="list-style-type: none"> ➤ Plans for: <ul style="list-style-type: none"> ✓ Operational readiness ✓ Implementation ✓ Cutover/transition ✓ Corrective actions ✓ Business continuity/disaster recovery ✓ Security ➤ Manuals and procedures for: <ul style="list-style-type: none"> ✓ Operational procedures ✓ User/help ✓ System hardware support ➤ Defect tracking process ➤ Production and hardware support agreements ➤ Service level agreements ➤ Interface agreements ➤ Final interface documentation ➤ Change/future enhancements list ➤ Implementation cut-over process and checklists 	<ul style="list-style-type: none"> ➤ Reviews of plans for: <ul style="list-style-type: none"> ✓ Operational change tracking ✓ Disaster recovery ✓ Back-up ✓ Stabilization and maintenance ✓ Operations readiness ✓ Corrective action ➤ Change control boards ➤ Defect tracking and process reviews ➤ Operational readiness reviews ➤ User acceptance ➤ Knowledge transfer sessions ➤ Training ➤ Testing results reviews 	<ul style="list-style-type: none"> ➤ Project management team ➤ System users ➤ Information technology manager ➤ Information technology subject matter experts ➤ State executive stakeholders ➤ Quality management ➤ Project testing management ➤ State system production leads ➤ Account management ➤ System production and operations leads ➤ System capacity planning specialists ➤ System development management



Operational assessments take time, so it is vital that the project schedule include these operational readiness activities starting early in the planning phase of the project. During system go-live, the world is watching, so completing a readiness assessment is critical for any project. CSG uses a comprehensive approach to operational readiness, which ultimately answers five key questions before the system go-live, which includes:

- **Are your staff ready?** Considers whether DHHS staff is ready for the system launch, are the expected roles covered for launch, operations, and maintenance, and do they bring the rights skill sets, or will the team need to be augmented. Are training materials created and are communication channels in place to facilitate the team understanding of the standard operating procedures of the new system.
- **Is the environment ready?** Considers whether there has been an adequate level of testing and hands on review by users. It is important to ensure that end-to-end testing is not done just by developers who are vested in the product, but by others who can objectively test the system from real world perspective and ensure that the data related to the system is correct, and that load times, reading comprehension, and other design elements meet the operational targets.
- **Are the end users ready?** Considers first whether the end-users are even aware of the project and the new system by reviewing and validating the end user communication channels, and the communications related to the system prior to go-live. Do the end users have training resources available to them, including user guides, quick tip sheets, Frequently Asked Questions (FAQs), webinars and short how-to videos available.
- **Have project risks been planned for?** Considers what could go wrong with the launch and maintenance of the system and plans potential solutions should those events occur. Are there scenarios that may negatively impact the system, and have they been assessed to ensure they are viable work arounds should the risk event occur.
- **Do you have a maintenance plan?** Considers whether the project is ready for ongoing operations. Operational readiness goes beyond the project launch, it focuses on the scope of activities that will occur after system go-live. CSG considers what updates will be required, is there remaining functionality that was deferred, are there people assigned to manage this work after the system cutover.



4. Must conduct a system and business operational readiness review and assessment and provide the results to DHHS.

TeamCSGSM Operational Readiness provides a tool for assessing a project's business operational readiness for deployment of the new system or system releases. It provides insight into areas that need to be completed for organizational, people, and system readiness, including areas that may have been overlooked or need additional preparation within agency field operations, technology staff, or your stakeholder community. **TeamCSGSM Operational Readiness** is highly configurable and has been used effectively on multiple CSG IV&V engagements.



CSG configures the tool to include operational readiness criteria tailored to each project. It supports phased implementation and provides readiness dashboards for historical comparison, showing the trending of individual readiness criteria across reporting periods. The tool's features and capabilities include:

Figure 25: TeamCSGSM Operational Readiness: Sample Readiness Evaluation Dashboard

- **Readiness criteria** that are customized for the project and comprehensively cover the activities that must be completed for production implementation, including preparation of end users to adopt the new technology.
- **Roll-up categorization** that is fully configurable and provides the ability to group items into categories for reporting.
- **Snapshots of the data** from one review period to the next that enable comparison of task completion rates and risk levels of not completing operational readiness activities over time.
- **Reporting options** to support effective decision-making including progress, high risk uncompleted tasks, and detailed readiness criteria lists categorized as technical and non-technical items for tracking and follow-up.



OSR-2 Describe the bidder's approach to operational and systems readiness.

TeamCSGSM Operational Readiness tool also assesses a project's technical operational readiness for deployment of the new system or system releases. Release and operational readiness planning, assessments, and support are critical for a system to be successfully deployed, implemented, and used by the intended audience. CSG assesses the processes and tools used to prepare an organization and assure the readiness for the deployment of new and enhanced system automation, including ensuring support is in place for the system hardware and interfaces, assessing how the implementation is managed, and that planning occurs for how the new functionality or system will be accepted and turned over to the State.

- **System Hardware and Interface Support:** CSG assesses whether there is a support agreement in place with a vendor for the system hardware, the agency has plans for support when the contract ends, and the support agreement covers maintenance of existing hardware and acquisition of future hardware. We also assure agreements are in place with all agencies and organizations supporting system interfaces, and the agreements include service levels that meet the business needs.
- **Implementation Management:** To assure operational readiness is planned for and executed effectively, CSG assesses how system cutover strategy planning occurs to confirm operational readiness of the systems and supports needed at cutover, including verifying the correct hardware and software installation and configuration. We also evaluate the release management planning when sequencing releases, so they do not impact other functionality in place and that implementation considers the timing and impacts to operations (e.g., avoiding go live during peak processing times). We assess whether the vendor's system deployment approach is compatible with the agency's objectives, practices, and standards. We evaluate whether there is a strategy being used and daily implementation progress is effectively tracked and managed (e.g., a daily checklist of activities). CSG reviews the planning and activities for how the vendor and agency will transition the system for maintenance and operations support, including for hosted or cloud solutions, and that knowledge transfer occurs.
- **Acceptance and Turnover Planning:** The CSG IV&V Team assesses readiness for acceptance and turnover following implementation by assuring the acceptance and turnover planning that includes defining acceptance, monitoring, and tracking the turnover process, and planning for knowledge transfer.

TeamCSGSM Risk Assessment Model items examine:

- Implementation and cutover planning, processes, day-to-day strategy, and checklists
- Approach to system deployment
- Production set-up and system hardware support
- Acceptance and turnover planning and knowledge transfer
- Interface testing, agreements, and support
- Transition and release planning and management
- Testing results and planning for post-implementation enhancements and defect resolution
- Operational and cutover readiness check



OSR-3 Provide an example of a readiness plan utilized for other projects.

CSG’s approach to business, operational, and system readiness assurance begins by planning for operational readiness in the early phases of the project. This planning is documented in an Operational Readiness Review Plan that identifies the approach, resources, tools, and milestones that will be used to assess the readiness of the system.

Key components of an Operational Readiness Review Plan include:

- Readiness categories, criteria, and development
- Tools and reporting
- Assessment process and schedule
- Risks and response plans

The key to determining operational readiness is to define and agree on the readiness categories and detailed criteria that are used to determine when a system is ready to go live. The CSG IV&V Project Manager works with the DHHS project team to determine what criteria will be used, then tailors the IV&V plan based on this set of criteria.

Common readiness categories may include policy, business processes, systems, interfaces, systems support, contracts, organizational, provider, and communications. Readiness criteria include technical and business functions that are identified as critical, including testing output measures to determine the system and interface level of readiness.

CSG works with the DHHS IV&V Project Manager, subject matter experts, and the solution contractors, to define readiness criteria within each category. *TeamCSGSM Operational Readiness* contains powerful capabilities to assess operational readiness on an ongoing basis, track trends in meeting readiness criteria, and generate readiness dashboards and other reports. *TeamCSGSM Operational Readiness* contains a baseline checklist of over 130 common readiness criteria for system implementations.

CSG conducts Operational Readiness Reviews at defined time periods to provide a consistent review of all items needed for a successful transition. Using the established review process, CSG meets with the solution contractors to gather the information needed to evaluate the readiness status of each item and record the information in the operational readiness tool.

We provide reports that track:

- Completion and risk tracking to assign the impact and probability of an item not being completed in time for the transition date.
- Roll-up categorizations of items associated with specific categories.
- Trend analysis to compare completion rates and risk levels over time, a powerful indicator of the project’s progress towards completion and go-live.

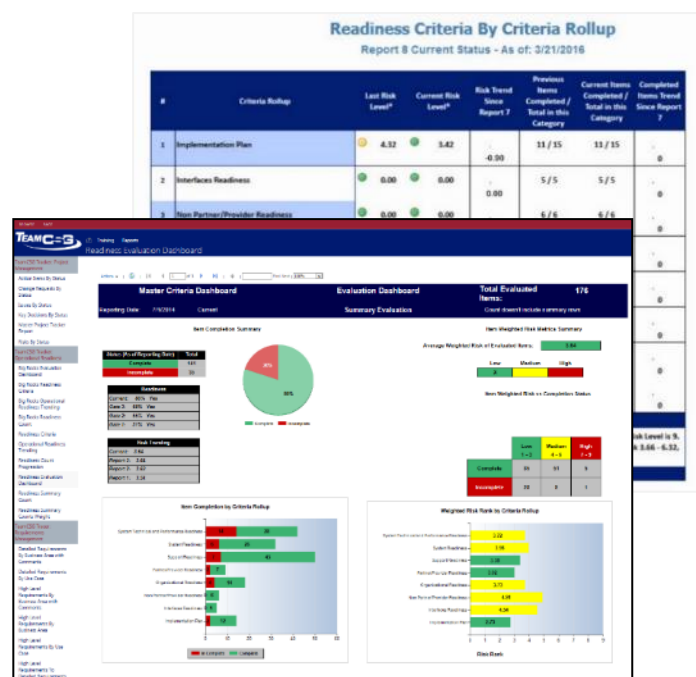


Figure 26: Sample TeamCSGSM Operational Readiness: Dashboard and Trending Report





CSG’s Operational Readiness Review Plans outline the readiness review process, including readiness criteria, standard assessment processes, reporting processes, implementation activities, assessment tools, CSG team and State roles and responsibilities, and a high-level schedule.

The purpose of this plan is to reduce risks by identifying risks or issues with operational readiness processes, activities, and results. CSG’s reviews ensure DHHS that the right people are in place at the right time, completing tasks according to the established procedures and controls to achieve an ongoing and sustainable operation.

Following is an abridged example of an Operational Readiness Assessment Process document from a project for which CSG performed operational readiness assessment activities. As CSG staff are responsible for operational readiness on many projects, we are well acquainted with the needed plans, processes, and methodology to conduct operational readiness activities. This example is from another state agency project and has been redacted to remove client and project-specific information.

<Project>
 Operational Readiness Assessment Process

<STATE>
 <PROJECT>

OPERATIONAL READINESS ASSESSMENT PROCESS

VERSION: 6.

STATUS: APPROVE

<DATE>

<Project>
 Operational Readiness Assessment Process

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Operational Readiness Assessment Process

2. OVERVIEW

The Operational Readiness Assessment (ORA) is an evaluation of the readiness of a release candidate for deployment. Multiple assessment reports may be generated prior to the release. These reports provide a complete and thorough assessment of the level of readiness for the <System> Project Team as the team progresses towards a deployment date. <System> Leadership utilizes these reports during Go-Live determinations.

As part of the <System> Operational Readiness Assessment Process, the PMO utilizes an operational readiness tool. This tool allows the PMO to facilitate an objective assessment of the readiness of the <System> Project, as well as the <Legacy System> and the components for implementation. The operational readiness tool incorporates the certification requirements from the <System> Compliance Roadmap (which is versioned by date), Centers for Medicare and Medicaid Services (CMS) requirements, as well as, the requirements necessary for Affordable Care Act (ACA) compliance. The <System> Compliance Roadmap is continually maintained as new or updated requirements are identified.

Operational Readiness Assessments apply to each scheduled release candidate (excluding emergency releases). The number of assessments and timeline to complete those assessments depends on the type (scale) of the release; see Section 4 for details.

Operational readiness acceptance criteria statuses are collected in order to determine release deployment readiness. The acceptance criteria for the <System> and the <Legacy System> systems as applicable to each release population generally considered essential for any large system release. The acceptance criteria are supplemented with criteria specific to an integrated eligibility system that are specific to the <System> Project. Additional items can be added to the acceptance criteria for a release candidate.

The acceptance criteria list is grouped into two main categories: Business/Operational and System/Technical acceptance criteria items. The criteria are organized into functional areas to capture operational readiness. The criteria are organized into functional areas to capture operational readiness.

Criteria Roll-Up Areas	
Implementation Plan	Partner/Provider
Interfaces Readiness	Support Readiness
Non-Partner/Provider Readiness	System Readiness
Organizational Readiness	System Technical

Each of these categories is further broken down into sub-categories based on <System> specifications, to facilitate deeper analysis. The sub-categories are:

Sub-Categories		
Defects	Business Verification	Configuration
Testing	Implementation Acceptance	Access
Business Validation	Communication	Configuration Management

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Operational Readiness Assessment Process

Sub-Categories			
Deployment Plan	Environments	Data Conversion	System Performance
Implementation Plan	Disaster Recovery	Hosting	Eligibility / Open Enrollment
Training	Release Management	Infrastructure	Interfaces
Security	Implementation Planning	Production Set up	
Operations	Ready for Implementation	Reporting	
State IT	Business Documentation and Procedures	Standards	

The ORA report will solicit responses for the Go-Live assessment criteria from a selection of On-Schedule, Behind Schedule, or Future Activity. Respondents will respond to acceptance criteria items based on whether their activities are on schedule or behind schedule. Any activities not scheduled to start until later will be reported as a Future Activity. This acceptance information is then used to calculate the risk of deployment as explained in section 3.1.

Table 1, below, lists as the fields on the Operational Readiness Assessment Checklist. Note: some fields are static (Category), some fields are populated based on SME feedback (Status), while other fields are dependent on the status (Risk Rank).

Table 1. Operational Readiness Checklist Elements

Field	Definition
ID	Number assigned to the Acceptance Criteria Item
Category	Functional, Technical, etc.
Acceptance Criteria	Description of readiness criteria.
Acceptance Criteria Probability	Likelihood of acceptance criteria being met. Acceptable values are high (3), medium (2), and low (1).
Acceptance Criteria Impact	Impact of criteria not being met. Acceptable values are high (3), medium (2), and low (1).
Ranking Status	Justification of the ranking.
Risk Rank	Calculated as Acceptance Criteria Probability x Acceptance Criteria Impact.
Weight Factor	Weight of readiness criteria item. Acceptable values range from low (1) to high (9).
Risk Rank Weight	Calculated as Risk Rank x Weight Factor; primarily used for weighted averaging.
SMT Assigned	The SMT Assigned is responsible for sign off on their responsible task(s).
Resource Assigned	Resource Assigned is responsible for reporting the Acceptance Criteria status.
Go-Live Status	On-Schedule, Behind Schedule, or Future Activity
Comments*	Any additional comments.

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<Project>
Operational Readiness Assessment Process

3. STANDARD ASSESSMENT PROCESS

The standard assessment process for the <System> project is detailed out in the following sections.

3.1 Initial Set-Up

The standard assessment process initial set-up includes the following steps:

- The <System> Implementation/Closure Transition Manager tailors the base criteria to specifically meet the structure of the <System> Project.
- The <System> Implementation/Closure Manager integrates additional criteria as appropriate related to:
 - ✓ Consult/Gate Review requirements
 - ✓ CMS Certification requirements
 - ✓ ACA requirements
 - ✓ Special requirements related to dual processing (utilizing <Legacy System> and <System> simultaneously)
- The <System> Implementation/Closure Manager develops acceptance criteria for each readiness criteria list item. The acceptance criteria are expressed as positive statements (e.g., "All unit test cases were successfully passed"). Expressing these as positive statements allows for an objective assessment of what is needed for the readiness acceptance criteria list item to be met for <Agency> acceptance of the components. This allows a readiness assessment view that identifies risks in the context of the acceptance criteria – that is, "Where is the System Integrator (SI) contractor relative to meeting the acceptance criteria and what risks exist to meeting the criteria?"
- Each acceptance criteria item is then assigned the following values:
 - ✓ **Weight Factor** (ranges from low [1] to high [9]), which represents the relative importance to readiness for Go-Live.
 - ✓ **Probability** (ranked Low [1], Medium [2], or High [3]), is the likelihood of the acceptance criteria **not** being met
 - ✓ **Impact** (ranked Low [1], Medium [2], or High [3]), based on the consequence of the acceptance criteria **not** being met
 - ✓ These Probability and Impact ratings are calculated (multiplied) to determine the **Risk Rank**. Examples:
 - Probability Low (1) x Impact Low (1) = Risk Rank 1 (low)
 - Probability High (3) x Impact Low (1) = Risk Rank 3 (low)
 - Probability Medium (2) x Impact High (3) = Risk Rank 6 (high)
 - Probability High (3) x Impact High (3) = Risk Rank 9 (high)
 - ✓ The **Risk Rank** is then multiplied by the **Weight Factor** to determine the final Risk Rank. The Risk Rank Weight is used to assess readiness; this is further detailed in Section 3.2.1.

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Operational Readiness Assessment Process

- ✓ **Resource Assigned:** A project resource, who is responsible for reporting status of the acceptance criteria, typically this is also the individuals who ensure the acceptance criteria conditions are completed.
- ✓ State Management Team (SMT): SMT is responsible for confirming the status of the acceptance criteria as reported by the Resource assigned.

Note: there may be instances where the SMT and Resources Assigned are the same individual.
- The <System> Implementation/Closure Manager utilizes the strength and knowledge of the <System> State Management Team and project team leads (Resources Assigned) to assist in identification of all appropriate criteria in their respective areas of expertise, and to validate the rating of each criteria as described in the previous step.
- At this time, the SMT or project team leads can notify <System> Implementation Manager to re-designate the criteria to a new owner if another SMT or project team lead is better equipped to make the assessment.
- Utilizing the SMT feedback, the acceptance criteria, rank, assignee, etc. are captured in the tool by the PMO.

3.2 Assessment Process

The standard assessment process includes the following steps:

- The acceptance criteria list is evaluated prior to each release to ensure the acceptance criteria is accurate and complete for the release candidate. If the acceptance criteria is not applicable to the release candidate the tool will be updated so that it will not be included as part of the evaluation. For example, there is a criterion that would only apply to the initial Go-Live of the system and would not be applicable going forward.
- ✓ If necessary, the <System> Implementation/Closure Manager solicits assistance in making this determination by discussing with the relevant individuals (e.g., SMT or Resource Assigned, project team leads, State IT, and SI).
- Once the acceptance criteria list is confirmed, the Implementation/Closure Manager solicits responses for Go-Live status by emailing the acceptance criteria to the designated SMT and resource assigned. The <System> Implementation Manager works directly with each person on an individual basis to collect and confirm the required information.
- Once all feedback is collected, the Go-Live status is captured in the Operation Readiness Assessment tool, see Section 3.2.1 for details on the tool.
- To create the ORA Report:
 - ✓ Generate the evaluation graphics, see Section 3.2.2.
 - ✓ Run release RTC queries to identify defects to be validated, open manual workarounds, open risks, and/or open issues that apply to the release candidate. RTC queries are:
 - Open Defects by Release
 - Open Risk & Issues by Release
 - Open Manual Workarounds by Release
 - ✓ Copy of the current criteria and Go-Live status is included in the report, see Section 3.2.1.

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Operational Readiness Assessment Process

- Once complete, the ORA report is forwarded to <System> Project Director for review and approval.
- The completed ORA report is referenced during the Go/Go-No ORC meetings for a Go-Live determination.

3.2.1 Operational Readiness Assessment Tool

The acceptance criteria items on the list are flexible, based on the needs of a particular release. Additional items can be integrated that are specific to each release. The number and content of acceptance criteria items can be expected to change by release. Current project resource names are listed in SMT Assigned and Resource Assigned columns and will need to be updated if there are changes in resources. The ORA Release Checklist Template can be found [here](#).

Figure 1 is an example of a completed ORA checklist.

Acceptance Criteria	Categories	Go-Live *Priority *Priority *Future *Activity	Acceptance Criteria Probability Low = 1 Medium = 2 High = 3	Acceptance Criteria Impact Low = 1 Medium = 2 High = 3	Weight Factor 1-4	SMT Assigned	Resource Assigned
UAT must conduct unscripted review and provide feedback so that user interface is correct prior to going live with interface changes.	UAT	Go-Live	2	2	4	SMT Name	Resource Name
All Critical defects are resolved for this release.	Defects	Future Activity	1	3	3	SMT Name	Resource Name
Known matters will be planned/ABC/Challenges during the scheduled deployment.	Business Validation	Behind Schedule	2	1	2	SMT Name	Resource Name

Figure 1. Complete ORA Checklist Example

3.2.2 Operational Readiness Assessment G

A pivot table graph will be created showing the percentage of items.

Item Completion		Total
Complete	65	65
Incomplete	8	73

Figure 2. Sample Reporting - Tracking

** Behind Schedule and Future Activities Tasks are listed on

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Operational Readiness Assessment Process

3.3 Operational Readiness Assessment Dashboard

The Operational Readiness Assessment Dashboard, a CSG tool, uses the established operational readiness parameters (Probability, Impact, and Weight Factor) and current assessment Go-Live status to provide a "quick look" at the release's overall health and status. The Dashboard includes a release health indicator chart using "stoplight" values (i.e., Red, Yellow, and Green) by accounting the criteria item completion status by the average weight risk. The Dashboard also includes an overall criteria item completion status chart. A screen shot of the Dashboard is presented in Figure 3.

After the assessment is complete for each release, a snapshot of the data is taken for historical comparison and trending and is included in the ORA report. See Section 3.2.2 for details on the Operational Readiness Assessment graphics.

Figure 3. Sample Report – Readiness Criteria Dashboard

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OSR-4	Provide examples of operation and system readiness review reports used on previous projects.
-------	--

The Systems Business and Operations Readiness Review Plan will identify the Readiness Criteria that will be reported in the IV&V Readiness Assessment Summary Report. The sample report format shown below is an example of the work product that CSG will produce for each MLTC/DHHS Enterprise Improvement projects for DHHS approval and will conduct the final review a minimum of 90 days prior to the acceptance testing schedule date in the project work plan.

The IV&V Readiness Assessment Summary Report is a rigorous, evidence-based assessment that evaluates the project’s operational state and seeks to expose “blind spots” in system readiness and helps ensure a smooth roll-out of the system to operations and maintenance.

Following is an abridged example of an Operation and System Readiness Review Report that demonstrates CSG’s expertise in assessing operational and system readiness. This example is from another state agency project and has been redacted to remove client and project-specific information.

<STATE> <AGENCY>
MMIS IV&V

**IV&V READINESS ASSESSMENT
SUMMARY REPORT**

**VERSION 1.0
STATUS: FINAL**

DATE: <DATE>

<State> <Agency> IV&V
IV&V Readiness Assessment
Summary Report

EXECUTIVE SUMMARY

The <Agency> engaged CSG in <Date> to provide Independent Verification and Validation (IV&V) of system changes necessary to meet the Centers for Medicare and Medicaid Services (CMS) objective of implementing a new <Program>. CMS required IV&V attestation and validation of testing for Readiness Factor #10: Complete Interface and Performance Testing and Readiness Factor #11: Testing with Providers, MCOs, Sister Agencies, etc. <Agency> requested and received a waiver to meet Readiness Factor #11 at a later date. As a result this report is focused on only <Agency> internal systems.

The <Agency> <Vendor> Project was underway and a significant level of testing had been completed prior to CSG beginning IV&V work on the project. To begin the IV&V engagement, the CSG IV&V team met with the <Vendor> project leadership to develop an appropriate approach for verifying system implementation readiness based on the project progress that had been made to date. At the time the CSG IV&V team joined the <Vendor> project, changes were underway in three <Agency> systems: Medicaid Management Information System (MMIS), <System>, and Data Warehouse (DW).

The CSG IV&V team developed <Vendor> readiness checklists, for each of the systems undergoing <Vendor> remediation, using our standards-based *TeamCSG™ Readiness Assessment Tool and Risk Assessment Model*, to ensure a comprehensive review of each system and the progress toward implementation. The CSG IV&V team conducted interviews, reviewed documents, reviewed test results, and observed project meetings to assess the readiness of each system to accept and manage <Program> data. This Assessment Readiness Report reflects the approach and activities which the CSG IV&V team used to determine <Agency> readiness for processing of <Program> data.

On <Date> the CSG IV&V team provided the necessary attestation of readiness for MMIS, <System>, and DW formally attesting to the three systems readiness to accept and process <Program> data. At that time there were a few non-critical items which were not yet through development and test processes however, by <Date> all remaining non-critical criteria were met by as illustrated by the Readiness dashboard below. The figures below represent the status of readiness checklist items when <Agency> processed the initial <Program> data into MMIS, <System>, and DW production systems.

Readiness Dashboard

Status (As of Reporting Date)	Total
Complete	117
Incomplete	0

	Risk		
	Low	Medium	High
Complete	117	4	0
Incomplete	0	0	0

<Date>
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2. IV&V APPROACH

The CSG IV&V team initially assessed the current state of system remediation for <Program> implementation and identified the activities necessary to determine readiness. The assessment took a two pronged approach. First, each of the three <Agency> system which required modification for <Program> was assessed separately. Second, the testing of the interfaces and processes which connect those systems were assessed. The IV&V team utilized TeamCSG™ Operational Readiness to document the current state and then track the project to completion.

2.1 Readiness Checklist Development

CSG prepared for the IV&V Assessments by developing IV&V Assessment Checklists to include the items needed to evaluate <Vendor> implementation readiness.

Checklists are developed in accordance with industry standards for project management, software and systems development, and engineering disciplines as found in the IEEE standards and PMI's PMBOK. Our checklists include the items needed to evaluate <Vendor> implementation readiness, in compliance with documented requirements, and consistent with CMS certification requirements.

The first step in the IV&V Operational Readiness Checklist development process is for CSG to review the most up-to-date and relevant Commonwealth and CMS policies, methodologies, and standards to serve as inputs to the checklist customization and refinement process. We then use this information along with the TeamCSG™ Operational Readiness tool and Risk Assessment Model to develop customized checklists.

2.2 Information Gathering

The IV&V team gathered information for the Readiness Assessment as early as possible during the engagement to collect information while minimizing the time we require from the <Vendor> Project team. The inputs for the IV&V assessment include:

- > Independent research to incorporate lessons learned and best practices from similar project underway across the country
- > Walkthroughs and project meetings to familiarize the IV&V team with the deliverable or work product and to gather information about project activities, team member interactions, and project processes
- > Project documents for relevant requirements and plans that form the parameters of project work
- > Project team and stakeholder interviews to assess and understand current processes and procedures used in <Vendor> testing
- > Review test results to determine if testing is thorough and defects are managed to resolution

2.2.1 <Vendor> Document Reviews

The CSG IV&V team reviewed planning, operations, change, and testing documentation developed during the <Vendor> work effort. Document reviews focused on developing an understanding of how the <Agency> <Vendor> project team planned, managed, and executed the <Program> changes in each identified system. In addition, the CSG IV&V team reviewed documents to determine if plans and processes were followed. In particular IV&V was looking for unmanaged risks in the area of testing

planning and execution. The full list of documents reviewed as part of this assessment are cataloged in Section 5. The location of documents was dependent on the system and type of document. Documents were reviewed by accessing <Portal>, <Vendor>, <System>, and the <State> project sites. Location information is noted in Section 5 by document group.

2.2.2 Interviews

During IV&V engagement planning activities, the IV&V team worked with the <Vendor> Project Manager to identify key individuals for interviews. The team developed interview questions to ascertain each individual's role and their perspective on the current status of testing and identify any barriers to successful completion of the tests. <Agency> <Program> implementation team leads and management team members were interviewed multiple times to track progress of the testing effort.

2.2.3 Meetings

The IV&V team attended walkthroughs and weekly project meetings to familiarize the IV&V team with the deliverable or work products and to gather information about project activities, team member interactions, and project processes.

2.2.4 Testing Validation

<Agency> evaluated each system (MMIS, <System>, and DW) and identified changes required to implement the <Program>. User Acceptance Testing (UAT) represented the final verification that the changes made were the necessary and correctly coded. <Agency> developed test cases, test scripts, and determined the metrics required to exit UAT. CSG reviewed the test cases and scripts at a high level to ensure they covered the changes that had been made to the systems. CSG reviewed the execution results of test cases to verify they were executed correctly and met CMS requirements

2.3 Weekly IV&V Readiness Status Reporting

The CSG IV&V team tracked assessment activities performed on a weekly basis and provided that information in the form of a weekly status report. The report was submitted to <Agency> for review and approval each week and provided <Agency> a method to monitor the IV&V team's progress during the <Vendor> Project. Within the weekly report the IV&V team documented accomplishments for the week as well as what was planned for the near future week.

The Weekly Report included project status highlights, graphics representing item completion by system and risk vs completion status. Other items provided for each reporting period were: IV&V activities, IV&V project risks, IV&V team upcoming events and schedule and deliverable status. Also included in the weekly report were the names of all individuals interviewed, documents reviewed, and any project or team meetings attended. The Catalog of review in Section 5 reflects the summary of activities reported in the Weekly Status Report.

3. READINESS SUMMARY

When the CSG IV&V team arrived on site at <Agency> the project planning for <Vendor> was complete and some systems were nearly finished with testing. The IV&V team focus quickly moved to gathering information by reviewing available documents and attending weekly governance meetings. The information gathered through documents and artifacts informed the process of customizing the Readiness Checklist to specifically reflect the systems and work effort for the <Vendor> Project.

The IV&V team received a high level of cooperation from <Vendor> project team members in responding to meeting requests and providing documentation. Initial meetings with MMIS, <System>, DW team resources provided background information, descriptions of testing processes and documentation on testing for all three systems.

The IV&V team analyzed the information gathered to identify any risks present. One risk identified by the team was the limited number of records in the test data set provided by CMS. With the small data set <Agency> was limited to test most of code created or modified to process the <Program>. However, the initial TBQ file was expected to hold a large number of records which could impact the routines written to manage and process those files. Therefore, the <Vendor> team requested an additional large test data set from CMS allowing the operational processes to be tested and verified. The requested file was provided by CMS and the additional testing surfaced issues which were subsequently addressed through the defect management processes.

Follow-up interviews were scheduled to fill any gaps remaining in the information provided by the teams including an interview with the <Agency> Security Officer to gather information on security processes and procedures to protect PHI. Additional documents were analyzed and the remaining readiness criteria met.

The initial TBQ response file containing the <Program> was received on <Date>, beginning the process of updating MMIS, <System>, and DW records with the <Program>. The initial load of <Program> data is complete and daily processing of TBQ response files is planned for <Date>.

4. READINESS CHECKLIST

The table below contains the completed checklists for the three <Agency> systems reviewed for <Program> implementation readiness.

Table 1 Completed <Vendor> Readiness Checklist

Title	Category	Sub-Category	Acceptance Criteria	Complete
MMIS				
Interface is tested and successful	Technical / System	Interfaces	Annual Reassignment interface is working successfully	Yes
MMIS The user interface updates meets security requirements	Technical / System	Infrastructure	All access channels are fully integrated with the security requirements.	Yes
MMIS EDP/TPS Interface Regression Pre-Test is tested and successful	Technical / System	Interfaces	EDP/TPS - Enrollment Database (EDB) / Third Party System (TPS) - Buy-in Regression Pre-test is working successfully	Yes
MMIS EDP/TPS Interface Regression Test is tested and successful	Technical / System	Interfaces	EDP/TPS - Enrollment Database (EDB) / Third Party System (TPS) - Buy-in Regression Test is working successfully.	Yes
MMIS <System> Interfaces are tested and successful	Technical / System	Interfaces	<System> Eligibility Input File - <System> E01 and <System> - Eligibility Response File - <System> ERF interfaces are working successfully	Yes
MMIS COB6 interface is tested and successful	Technical / System	Interfaces	COB6 - <Program> Crosswalk is working successfully	Yes





Following is an abridged example of a Care Management Module Implementation Readiness Assessment Report. This example is from another state agency project and has been redacted to remove client and project-specific information.

<STATE>
<DEPARTMENT>

**CARE MANAGEMENT IMPLEMENTATION
READINESS ASSESSMENT REPORT
R1 FINAL**

**VERSION 0.
STATUS: DRAFT**

DATE: <DATE>

<Program> QA/IV&V

Care Management Implementation Readiness Assessment Report – R1 Final

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1. EXECUTIVE SUMMARY

In <Month>, the <State>, <Agency>, <Department>, contracted with CSG Government Solutions (CSG) to perform Quality Assurance (QA) and Independent Verification and Validation (IV&V) services for the <State> Medical Management Information System Program project. The <Project> includes a series of projects that will procure and implement Medicaid and Enterprise modular systems to manage <Agency> programs. Two modules, Pharmacy Benefits Management (PBM) and Care Management (CM) began development and implementation in <Year>.

The Care Management project began in <Month> through a series of four releases. Release 1 was later divided into Release 1.01, which went live in <Month>, and Release 1 (R1) Final, which is scheduled for go-live on <Date>. This Operational Readiness Review (ORR) is to address gaps in readiness for the R1 Final go-live.

The QA/IV&V team completed its initial review of operational readiness for R1 Final using defined criteria aligned with additional work required to complete the project. There are 150 ORR criteria in this review, covering six areas and 27 sub-categories. The readiness criteria were reviewed as Complete or Not Complete as of the date of the review. It is anticipated that additional readiness criteria will change from Not Complete to Complete as the <State> and the CM DDI vendor continue work toward go-live.

As of the date of this report, 18 (12%) of the ORR criteria were Complete and 129 (86%) were Not Complete. Three criteria were not applicable. The Not Complete criteria are primarily due to unsubmitted and/or unapproved deliverables that are required for Release 1. The following table indicates the Complete and Not Complete criteria by criteria roll-up:

Table 1: Item Completion by Criteria Roll-up

Item Completion by Criteria Roll-up	Complete	Not Complete
System Technical and Performance Readiness	7	34
System Readiness	0	27
Support Readiness	3	35
Partner/Provider Readiness	N/A	N/A
Organizational Readiness	0	13
Non Partner/Provider Readiness	1	2
Interfaces Readiness	3	0
Implementation Plan	4	18
Total	18	129



<Program> QA/IV&V

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3. OPERATIONAL READINESS APPROACH

3.1 Readiness Criteria

To assess readiness of the <Project>, Release 1 Final, key tasks were captured from the CM contract, change requests for Release 1 Final, design and implementation review requirements, and deliverables. These inputs are detailed in the Operational Readiness checklists, which come from the CSG Operational Readiness Assessment tool on TeamCSG™. The Operational Readiness criteria include functionality and documentation identified as critical to the <State>'s ability to effectively operate and manage the <Program>. Project deliverables for Release 1 are the primary source of documentation for the functionality and project status of the CM system at the time of the ORR.

3.2 Readiness Checklist Development

Through consultation with the <State>, critical tasks and activities were identified to develop the comprehensive Operational Readiness checklists. The Operational Readiness checklist focuses on the following areas:

- **Readiness Strategy** – the process of preparing the organization, such that at the point of delivery/handover, it is fully ready to assume ownership of the system.
- **Architecture** – the conceptual model that defines the structure and behavior of the system.
- **Design** – the process of defining the architecture, components, modules, interfaces, and data for the system to satisfy specified requirements.
- **Development** – the process of defining, designing, testing, and implementing a new software application or program.
- **Transition/Testing** – the process of conducting tests on a complete, integrated system to evaluate the system's compliance with its specified requirements.
- **Acceptance** – the process of verifying, in an operational environment, that the complete system satisfies specified requirements and is acceptable to end users.

3.3 Project Schedule Review Process

The project schedule review process involves a review of the approved schedule that has been established for the Care Management project. The review verifies that the project management strategy is appropriate for the project moving forward in the life cycle.

An approved Project Schedule (Task 1C – Project Work Plan and Fully Resourced Schedule) is a key project deliverable, expected to be delivered to <Department> within Month 2 of the start of the project, which would have been on or before <Date>. This deliverable was not submitted until <Date> three months after project initiation. It was not approved until <Date>, due to content and quality issues. The project schedule had to be revised after slippage of deliverables and milestones, and it was

<Program> QA/IV&V

Care Management Implementation Readiness Assessment Report – R1 Final

4. OPERATIONAL READINESS CHECKLISTS

The Operational Readiness Review activities for the CM project are documented in the following checklists. The checklists identify the readiness of the CM system by high-level areas noted in Section 3.2. The tables for each checklist include the following columns:

- ID – This column identifies the criteria identification code.
- Readiness Criteria – This column identifies the high-level task.
- Completed (Y/N) – This column identifies whether the task is completed and ready for operations to begin.
- Show Stopper (Y/N) – This column identifies whether the task is considered an obstacle to implementation of the system.
- Comments – This column identifies recommendations and actions that the <State> can take to complete the task.

4.1 Readiness Checklist Sub-Categories

The Readiness Checklist is comprised of 150 critical tasks and activities that assess the CM DDI vendor and <State> readiness for go-live and operations. These critical tasks and activities are further broken down into 27 sub-categories that group similar readiness criteria together for assessment. Each sub-category is identified in a separate section below.

4.1.1 Access

The Access category examines the ability or authority to interact with the CM system, resulting in the flow (input or output) of information. Access also implies authorization or proper clearance to the CM system. The table below exhibits the QA/IV&V review findings for R1 Final.

Table 4: Readiness Criteria – Access Sub-Category

ID	Readiness Criteria	Completed	Show Stopper	Comments
115	The system includes procedures for accessing necessary electronic Protected Health Information (ePHI) in the event of an emergency; continue protection of ePHI during emergency	No	No	Reference: Task 2A Functional Specifications and System Design Document for R1 Final not approved. Task 2C System Architecture for R1 approved. Task 2D Technical Design Document for R1 approved.

<Program> QA/IV&V

Care Management Implementation Readiness Assessment Report – R1 Final

ID	Readiness Criteria	Completed	Show Stopper	Comments
165	The system Enforces password policies for length, character requirements, and updates.	No	No	Reference: Task 2A Functional Specifications and System Design Document for R1 Final not approved. Task 2C System Architecture for R1 approved. Task 2D Technical Design Document for R1 Final approved.
166	The system Supports a user security profile that controls user access rights to data categories and system functions.	No	No	Reference: Task 2A Functional Specifications and System Design Document for R1 Final not approved. Task 2C System Architecture for R1 approved. Task 2D Technical Design Document for R1 Final approved.

4.1.2 Applications

The Applications sub-category examines the ability of the application software to interact with the CM system. The table below exhibits the QA/IV&V review findings for R1 Final.

Table 5: Readiness Criteria – Applications Sub-Category

ID	Readiness Criteria	Completed	Show Stopper	Comments
197	Solutions are built using layered component based frameworks.	Yes	No	Reference: Task 2C System Architecture for R1 approved.
198	Separation of database storage devices (SAN, etc.) from the remainder of the application architecture is maintained by keeping it on a separate network.	Yes	No	Reference: Task 2C System Architecture for R1 approved.

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4.1.3 Business Continuity

The Business Continuity sub-category examines the planning, preparatory, and related activities which are intended to ensure that an organization's critical business functions will continue to operate despite serious incidents or disasters. The table below exhibits the QA/IV&V review findings for R1 Final.

Table 6: Readiness Criteria – Business Continuity Sub-Category

ID	Readiness Criteria	Completed	Show Stopper	Comments
62	Business Continuity Plans are in place for continued operations.	Yes	No	Reference: Task 2C System Architecture for R1 approved. Task 3C Attachment A11 for R1 approved. Task 2D Attachment A092 for R1 Final approved.

4.1.4 Business Documentation and Procedures

The Business Documentation and Procedures sub-category examines the documented processes, procedures, and activities necessary to complete tasks in accordance with regulations, laws, and <State> standards. The table below exhibits the QA/IV&V review findings for R1 Final.

Table 7: Readiness Criteria – Business Documentation and Procedures Sub-Category

ID	Readiness Criteria	Completed	Show Stopper	Comments
93	Business process procedures have been created or updated to reflect the new system's processing.	No	No	Reference: Task 5B Training Manuals, End User Guides and Materials for R1 Final not submitted.
94	User guides and manuals are complete and available to system users.	No	No	Reference: Task 5B Training Manuals, End User Guides and Materials for R1 Final not submitted.
97	Internal policies and procedures related to new system have been distributed and made accessible to all users.	No	No	Reference: Task 5B Training Manuals, End User Guides and Materials for R1 Final not submitted.

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<Program> QA/IV&V

Care Management Implementation Readiness Assessment Report – R1 Final

5. READINESS REPORTS AND DASHBOARDS

The Readiness Reports and Dashboards provide data visualization and a moment-in-time snapshot that displays the current status of the Operational Readiness Review checklist tasks included in Section 4. For R1 Final, there are gaps in documentation of the operational readiness of the Care Management system for go-live on <Date>. According to the Readiness Reports and Dashboards:

- 18 (12%) of the total Functional and Technical tasks in the report are confirmed as "Complete"
- 129 (86%) of the total Functional and Technical tasks in the report were "Not Complete"
- 3 (2%) of the total Functional and Technical tasks in the report were not applicable to R1 Final

5.1 Readiness Criteria by Criteria Rollup

The Readiness Criteria by Criteria Rollup report shows a summary of the Operational Readiness checklists included in Section 4 by high-level areas and their assigned weighted risk levels.

<Program> QA/IV&V

Care Management Implementation Readiness Assessment Report – R1 Final

Table 31: Readiness Criteria by Criteria Rollup

#	Criteria Rollup	Current Risk Level*	Current Items Completed / Total in this Category
1	Implementation Plan	🟡 4.56	4 / 22
2	Interfaces Readiness	🟢 0.00	3 / 3
3	Non Partner/Provider Readiness	🟡 4.71	1 / 3
4	Organizational Readiness	🟡 4.62	1 / 14
5	Partner/Provider Readiness	🟢 0.00	1 / 1
6	Support Readiness	🟡 4.51	3 / 38
7	System Readiness	🟡 4.77	0 / 27
8	System Technical and Performance Readiness	🟡 5.78	8 / 42
			21 / 150

*The Risk Level is based on the Operational Readiness assessment of probability X impact. The lowest Risk Level is 1 and the highest Risk Level is 9. The displayed number represents a weighted average, where GREEN is the lowest level of risk 1 - 3.65, YELLOW is a medium level of risk 3.66 - 6.32, and RED is the highest level of risk 6.33 - 9.

5.2 Readiness Evaluation Dashboard

The Readiness Evaluation Dashboard further illustrates the current status of the Care Management project readiness for R1 Final Implementation.

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Care Management Implementation Readiness Assessment Report – R1 Final

Figure 1: Readiness Evaluation Dashboard

Master Criteria Dashboard

Reporting Date: [Date]

Tasks Completion Summary

Number of Reporting Items: 150

Complete: 18 (12%)

Not Complete: 129 (86%)

Not Applicable: 3 (2%)

Evaluation Dashboard

Care Management Summary Evaluation

Total Evaluated Items: 150

Average Weighted Risk of Evaluated Items: 4.57

Risk Level: Low (Green), Medium (Yellow), High (Red)

Item Weighted Risk on Completion Status

Item Weighted Risk	Count	Percentage
Low (Green)	1	0.7%
Medium (Yellow)	12	8.0%
High (Red)	137	91.3%

Readiness Score

Score: 6.75

Overall Weighted Risk Level Trending

Risk Level: 4.57

Item Completion by Criteria Rollup

Criteria Rollup	Complete	Not Complete
System Readiness	0	27
Interfaces Readiness	3	0
Support Readiness	3	35
Partner/Provider Readiness	1	0
Organizational Readiness	1	13
Non-Partner/Provider Readiness	1	2
Implementation Plan	4	18
System Technical and Performance Readiness	8	34

Weighted Risk Level by Criteria Rollup

Criteria Rollup	Weighted Risk Level
System Readiness	4.77
Interfaces Readiness	0.00
Support Readiness	4.51
Partner/Provider Readiness	0.00
Organizational Readiness	4.62
Non-Partner/Provider Readiness	4.71
Implementation Plan	4.56
System Technical and Performance Readiness	5.78

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6. IV&V Deliverables and Work Products

Business Requirements	
Req #	Requirement
IDW-1	Address the bidder's approach to meeting each requirement in a table that contains the requirement and the bidder's approach to meeting the requirement.

The following table describes CSG's approach to meeting each IV&V deliverables and work products requirement as stated in section V.B.6 in the RFP.

RFP Requirements and CSG's Approach to Meeting Each Requirement

- | | |
|----|---|
| 1. | <p>For each project, must fulfil all IV&V contractor responsibilities and submit a monthly deliverable including activities and work products completed within the month:</p> <ul style="list-style-type: none"> • 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 • Requirement traceability matrix updates • CMS and MITA compliance activities • IV&V work plan updates • IV&V work products |
|----|---|

During the execution phase of the project, CSG will produce the Monthly IV&V Status Report. This report includes, for each project, the project activities completed during the period, and additionally include details and summaries based on IV&V assessments, status of reviewed documents and deliverables, meeting attendance, interviews conducted, conducting root cause analysis of potential risks and issues, and based on observations made regarding the overall MLTC/DHHS Enterprise Improvement projects. CSG includes all observations and recommendations in each report and meeting regularly with DHHS to discuss the contents and materials presented within the reports to ensure there are "no surprises" contained in the content of the report delivered to CMS.

- | | |
|----|---|
| 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. |
|----|---|

The IV&V Lead and CSG Project Manager monitor the project schedule and staffing assignments to ensure that all deliverables are both started and completed on time and submitted according to the approved IV&V work plan. CSG focuses on on-time delivery of project deliverables and work products but is also focused on submitting deliverables at a quality level that strives for approval upon the first submission.

To achieve this, CSG completes all initial work and then conducts one or more quality reviews of the deliverables before submission. This would include at a minimum a peer review of the document then CSG conducts a final review by the IV&V Lead or Project Manager. The deliverables are also compared against the previously agreed upon and approved DED.

CSG includes time in our schedule to ensure each deliverable includes these quality reviews prior to submission to DHHS for approval.

In the rare event that an issue or risk should arise that could impact the timing of the deliverable submission, usually based on external factors, CSG will immediately notify DHHS of the known impacts and mitigation steps being taken to ensure an on-time delivery, and that will meet DHHS' expectations for the deliverable. CSG includes time in our schedule to ensure each deliverable includes these quality reviews prior to submission to DHHS for approval.



3. Must provide a tracking capability for tracking of work product and deliverable submission and review status.

CSG tracks work products and deliverable submissions in two methods, which include the IV&V Weekly Status Report, and the IV&V Monthly Status Report. The status reports list the deliverables that have been submitted and are awaiting approval as well as those that are due in the upcoming reporting period, providing ongoing visibility into the status of deliverable submissions. The CSG IV&V Team uses *TeamCSGSM Artifact Reviews* to track and report on CSG deliverables that are due to MLTC. The tool tracks expected delivery date, actual delivery date, status, author, approval status and more.

Artifact Name	Location	Artifact Type	Expected Delivery Date	Actual Delivery Date	Status	Artifact Content Created	Approved Date	Approved By
CSG Project Management Plan	Plan	Document	11/11/2017	11/11/2017	Approved	Michael Pull	11/08/2017	John Smith
CSG Daily Status Report	Report	Document	11/08/2017		In Progress			
IV&V Management Plan	Plan	Document	11/08/2017		Submitted			
Weekly Status Report	Report	Document	11/08/2017		In Progress			
USDA Priority and Quarterly Report	Report	Document	03/1/2017		Ready for Review			
IV&V Management Plan	Plan	Document	12/2/2017		In Progress			
Monthly IV&V Status Report - December 2017	Report	Document	12/5/2017		Under Review			
Approved WIPs and Contract Management	Plan	Document	02/01/2017		Not Started			

Figure 27: TeamCSG Artifact Review Tracker

For DDI vendor deliverable reviews, CSG uses the *TeamCSGSM Artifact Reviews* to support IV&V review of vendor or project deliverable reviews. Additional data points captured for project artifact reviews include project name, vendor, IV&V reviewer, review status, review due date, review delivery date, and more. All vendor deliverables are cataloged into the tool for ongoing validation that the work products and deliverables are completed and reviewed prior to DHHS acceptance. If artifacts and deliverables are sent back to the DDI vendor for rework, CSG tracks their status through to final resubmission and approval.

4. Must submit any changes to previously approved deliverables for approval through the review process.

As a project matures, documents that are expected to be periodically updated throughout the project life cycle, known as “living documents” (e.g., Project Management Plan, IV&V Management Plans, and project schedule), are subject to change. CSG will work with DHHS to identify and recommend changes to previously approved deliverables to ensure that the content remains current, accurate, and timely. All changes will be noted in the change history log within the document. Changes will be submitted to MLTC for review and approval.



2.b.2 Organizational Staffing

Address the bidder’s approach to meeting each requirement in a table that contains the requirement and the contractor’s approach to meeting the requirement.

The following table includes CSG’s approach to meeting the organizational staffing requirements.

RFP Requirements and CSG’s Approach to Meeting Each Requirement	
1.	<p>Must provide an organizational structure which reflects coordinated activities among DHHS, IV&V and other contractors.</p> <p>The CSG Client Executive and the Practice Lead work directly with the IV&V Lead to provide guidance and support for the MLTC/DHHS Enterprise Improvement projects. These individuals also interact with DHHS and MLTC executive staff to address any staffing, contract, or IV&V issues. The Client Executive as acts as the liaison with the CSG Senior Management Team to address any high-level risks and issues affecting any of the MLTC/DHHS Enterprise Improvement projects.</p> <p>The IV&V Lead is equated to a program manager, with oversight responsibilities for all projects. The IV&V Lead approves the weekly reports and is ultimately responsible for all deliverables. The IV&V Lead and Project Manager are the IV&V representatives to project steering committees, interacting with contractor project managers and DHHS/MLTC Management. The IV&V Lead will address any IV&V related issues and escalate any unresolved risks or issues to the CSG Client Executive.</p> <p>The IV&V Project Manager is responsible for the day-to-day administration of the IV&V work on each project. Working directly with MLTC and contractor project managers, the IV&V Project Manager coordinates all project activities. The Project Manager is the first level of management to deal with any IV&V related project risks and issues, escalating as needed to the IV&V Lead.</p>
2.	<p>Must provide criminal background investigations on all personnel and follow-up investigations every five years. Must report an individual who have criminal activity identified to DHHS.</p> <p>All candidates selected for employment or temporary contract positions are required to submit to a criminal background check, and employment is offered contingent on the successful completion. CSG uses a third-party service to conduct a national criminal background check for the previous seven years. CSG acknowledges and agrees to comply with providing criminal background investigations on all personnel and follow-up investigations every five years. CSG confirms we will identify to DHHS any individuals who have criminal activity.</p>
3.	<p>Must provide all key positions identified IV.C.1.</p> <p>CSG has proposed an IV&V team with the IV&V, Medicaid, Eligibility, and other HHS programmatic skills needed to successfully conduct IV&V for the project as identified in IV.C.1. <i>Section 1.i, Personnel Management Approach</i>, provides a detailed overview for our planned staffing throughout the life of the engagement.</p>
4.	<p>Must maintain an Organizational Chart and project contact list.</p> <p>The Organizational Chart, included in <i>Section 1.i, Personnel Management Approach</i>, and project contact list are both important components of the IV&V Project Management Plan. As IV&V processes change over time, the IV&V Project Management Plan is updated. CSG acknowledges and agrees both the Organizational Chart and project contact list will be updated as necessary throughout this engagement.</p>



RFP Requirements and CSG's Approach to Meeting Each Requirement

5. Must acquire DHHS approval for key staff and key staff replacements.

Prior to beginning any project, the IV&V Lead provides DHHS with resumes for approval of key staff. CSG acknowledges and agrees that no staffing decisions regarding the addition or removal of key staff, except for those beyond CSG's control, will be made without DHHS' written approval.

6. Must not reassign or replace key personnel without the prior written approval of DHHS.

Should there be a need to change to a key staff of the CSG IV&V Team, prior to any change the IV&V Lead provides to the Nebraska authorized representative written justification for the change, a full resume of the proposed new project staff and a transition plan. With formal written approval from the Nebraska authorized representative, the IV&V Project Manager handles the onboarding activities for any new staff.

7. Must provide monthly IV&V staff as proposed.

CSG affirms that we will provide monthly staff as indicated in our proposal. Based on the project-specific needs of DHHS, CSG carefully selects and prepares our most qualified personnel to serve as the core team of the project. These individuals are expressly suited for the work detailed in the RFP and they remain actively engaged throughout the duration of the performance period.

CSG's Proposed Key Staff Resumes

xxii. Names and resumes of the bidder's key staff for the five key positions.

CSG provides resumes for the following key staff positions:

- Stacey Camp, IV&V Lead
- Steve Schulte, Project Manager
- Charles Berlin, IV&V Business Analyst
- Hana Dunning, IV&V Business Analyst
- Ross Gosnell, IV&V Technical Analyst



Stacey Camp – IV&V Lead

Qualifications

Stacey is a Senior Project Manager with more than 20 years of experience managing and delivering large-scale information technology projects, specializing in Medicaid and Integrated Eligibility systems. She has in-depth experience executing all aspects of the system development lifecycle for complex systems, with an emphasis on project management, IV&V, quality management, and testing, and has extensive experience with both traditional SDLC and Agile methodologies. Stacey is experienced with PMBOK methodology and practices, CMS certification and compliance including OBC/SMC, has led Medicaid and IES modernization efforts in six states, and has managed teams of over 100 consultants. She is a PMI-certified Project Management Professional and an ITIL Certified Practitioner



Experience

- 20+ years of project management
- 20+ years of focused consulting expertise assisting states with federal healthcare reform compliance initiatives including states of Washington, Minnesota, Indiana, Rhode Island, and New Mexico
- 16 years managing and overseeing healthcare and human service projects, including HIPAA compliance, IES, HIX, MMIS, US Department of Defense Military Health System Tricare Management Activity, American Red Cross, health plans, and managed care organizations
- 15 years in systems engineering and software design development, testing and implementation, enterprise architecture and database management

Professional Experience

CSG Government Solutions

01/2017 – Present

IV&V Project Manager, Massachusetts Executive Office of Health and Human Services – Health Insurance Exchange and IES IV&V Services (11/2019 – present)

- Provides oversight and project management expertise to the CSG team, managing all project and deliverable development activities and assuring the quality, accuracy, and timeliness
- Develops, reviews, and finalizes content for all IV&V deliverables and reports, including Monthly IV&V Assessment Reports, Monthly IV&V Status Reports, and focus area assessment deliverables
- Leads the IV&V team's activities to strategize, plan, develop, and execute focused IV&V assessments across defined project health indicators, including: integration management, infrastructure and environments, organizational readiness, project and operational oversight, quality, and project management
- Develops and delivers Monthly Executive briefings, providing executive-level stakeholders across three agencies updates on our assessment activities performed during the previous month, insight into areas of risk and focus for our team, and facilitating feedback on our performance
- Manages our team's day-to-day assessment activities in the development of observations and actionable, program and project-focused improvement recommendations, including:
 - ✓ Review of program documentation/artifacts to provide insight into how the program is being executed, controlled, monitored, and reported. A wide variety of program and project documents are reviewed, including formal program deliverables, informal artifacts, email messages, project status reports, meeting agendas, meeting minutes, and other supporting program and project materials
 - ✓ Participation in program and project meetings, allowing the IV&V team to observe how program and project team members interact, witness team members contributions to meetings and program progress, develop a full understanding of the execution of program processes and procedures, and gain insight into current program status, risks, and issues
 - ✓ Performance of interviews to establish a collaborative working relationship with key program stakeholders, and to identify and discuss stakeholders' areas of concern



Stacey Camp – IV&V Lead

CMS Certification Lead and QA Manager, New Mexico Human Services Department – IV&V for the MMIS Replacement Project (04/2018 – 11/2019)

- Performed CMS MECT SRC checklist verification and artifact review
- Completed CMS Quarterly Certification MMIS IV&V Progress Reports and Certification Milestone Reviews
- Completed MMIS IV&V Monthly Assessment Reports, Monthly Status Reports, and Weekly Status Reports, and all IV&V activities needed to complete scope of services for the IV&V project
- Supported State project manager and project teams to assess quality across all aspects and phases of the MMISR system integrator (SI) services, roles and responsibilities and deliverables
- Performed detailed quality review of SI DEDs and final deliverables against PMBOK and Agile Practices Guide, IEEE, and CMS Expedited Life Cycle (XLC) standards and guidance
- Provided direct input and documented feedback to the HSD SI to improve quality review process and overall quality of their processes/deliverables/products to the State
- Suggested specific continuous quality improvements to increase quality of future SI deliverables

Senior Project Manager, Rhode Island Department of Administration – Rhode Island Unified Health Infrastructure Project (UHIP) IV&V Services (04/2017 – 12/2017)

- Provided project management oversight, planning, and delivery assistance
- Assured methods, tools, and resources were available to support successful project execution for the recovery and system stabilization of the UHIP integrated eligibility system and health insurance exchange
- Performed proactive IV&V, assuring the timely identification of risks and issues and associated actionable mitigation/resolution strategies
- Oversaw UAT coordination and all monthly software enhancement, maintenance, and operations releases
- Assured proper test planning, execution of test scripts, escalation of defects requiring resolution, and reporting to inform leadership decisions
- Managed monthly, quarterly, and annual security testing and assessments, including MARS-E 2.0 compliance, with a focus on identifying any potential vulnerabilities or system security risks
- Performed CMS Validation reporting and provided attestation for successful UHIP HIX testing, including preparation and briefing to all testers, validation of results using CMS tool, and IV&V validation letter for submission to CMS
- Facilitated weekly meetings with executive leadership to escalate risks and discuss overall program health
- Provided leadership and mentorship to project team and assured quality and accuracy of all CSG deliverables
- Coordinated with State project team members as well as multiple contractors working for State (Deloitte, KPMG, Optum, IBM, HP, and Xerox) to fulfill IV&V services

Project Manager, Healthcare and Human Services (HHS) Practice (01/2017 – 4/2017)

- Oversaw modernization of client HHS programs, with a focus on Medicaid and IES, HIX, and MMIS systems
- Guided design for new methods to approach MMIS, and IES strategic planning and procurement
- Provided expertise in state Medicaid programs, MMIS, and IES design and implementation
- Supported CSG practice and project teams throughout the project and systems development lifecycle

HLN Consulting

07/2016 – 01/2017

Senior Project Manager, Rhode Island Executive Office of Health and Human Services – IES Project

- Managed State and vendor teams working on all aspects of application development, testing, data conversion, interfaces, and batches, for the new integrated eligibility system, RIBridges



Stacey Camp – IV&V Lead

- Applied both modified adjusted gross income (MAGI) and complex Medicaid rules to determine eligibility for the State based HIX coverage or human service program (e.g. Medicaid, RI Works, SNAP, TANF, etc.)
- Performed comprehensive quality and technical review of State's SI deliverables, plans, artifacts and documents; provided detailed comments to State and SI for consideration
- Identified issues and inconsistencies with information transfer between the IES and the MMIS
- Developed interim processes and manual procedures to ensure continued enrollment and benefit coverage during troubleshooting and resolution of inconsistencies and system issues
- Interacted directly with the State's SI to ensure that agency requirements were met during the design, development, testing, and implementation
- Identified and documented gaps in requirements, design and system functionality, and worked with SI and state to resolve issues and implement solutions
- Confirmed alignment with Medicaid policy and regulations, and provided direction on areas of noncompliance
- Guided State and vendor teams in the use of the IES application to validate member eligibility
- Reviewed new and converted accounts, transaction files, nightly batches, notices, and reports for accuracy in eligibility determination and program coverage
- Prioritized operational and system issues and requests and worked with program units to perform validations
- Managed State and vendor teams for defect management, change reporting, performance measurement, and monitoring, maintenance, and operations

Deloitte Consulting

05/2009 – 03/2016

Senior Project Manager, Washington Health Benefit Exchange – Healthplanfinder (03/2015 – 03/2016)

- Managed team of 50+ functional and technical, US and offshore resources across the SDLC (utilizing Agile methodology) to provide operational and enhancement support for Washington's HIX
- Managed system, integration, regression, performance, batch, carrier, and user acceptance testing
- Managed analysis, design, development, testing and implementation of data fixes to improve quality and integrity of HIX data
- Developed and maintained performance metrics, dashboards, and reporting data anomalies across enrollment, eligibility, financial management, Small Business Health Operations Program, and security
- Worked with team to perform root cause analysis of data anomalies, determine gaps, design, develop and implement fixes to improve quality and integrity of data
- Oversaw implementation of self-service utilities for customer service agents, starting with requirements analysis, design, and development through to implementation and training
- Coordinated pricing, staffing, planning, and execution of enhancements resulting from change orders
- Performed quality review of documentation and deliverables produced by the team before submission

Senior Project Manager, Minnesota IES and Health Insurance Marketplace Project (06/2014 – 03/2015)

- Oversaw 100+ project team members, coordinating Deloitte, multi-vendor, and State business and technology teams supporting the IES and HIX
- Coordinated and managed Executive Steering Committee and project team leadership meetings to facilitate risk and issue discussions and identify action items and mitigations for project team follow up
- Established cross agency PMO and provided project management services
- Performed functional and technical requirements analysis and support, testing, and release/configuration management and advisory services
- Managed daily activities of the project team and performed quality reviews of the outcomes and deliverables



Stacey Camp – IV&V Lead

- Identified and prioritized operational and system gaps between current business and technological capability and the requirements for open enrollment and renewal
- Developed detailed analysis and options for the top 25 issues impacting open enrollment
- Advised State of contingencies, provided recommendations, and defined a near, mid, and long-term roadmap

Deputy Project Manager, Indiana Family and Social Services Administration IES Project (09/2013 – 06/2014)

- Oversaw 120-member team consisting of Deloitte consulting staff, project associates, and subcontractors for the replacement of the legacy IES and integration with the federal marketplace to support HHS programs
- Managed the Program Office and led the development and management of the master integrated project schedule for design, development, and implementation of the system
- Implemented and executed change control process in collaboration with the State
- Reviewed all contractual and project deliverables for overall quality and conformance with client's strategic and program goals
- Participated in requirements definition and analysis, user story development, and business process/workflow identification and documentation
- Managed risks and issues, mitigations, and contingencies, and coordinated with the client and the IV&V vendor for resolution; communicated weekly with CMS on project status
- Established and maintained rapport with key client stakeholders and overcame pre-existing communication barriers by providing real time information updates and transparency on project issues
- Maintained and monitored project budget and financials and created project forecasts against scheduled work

Program Management Office Lead, Rhode Island Department of Administration – Unified Health Infrastructure Project – State Based Marketplace – HIX and IES (12/2012 – 09/2013)

- Served as PMO lead for the HIX and IES projects (both utilized Agile development) across four work locations
- Established PMO structure to manage projects, including implementation and use of processes and tools such as JIRA, Jama, SharePoint, and MS Project for managing status, communication, quality, deliverables, scope, schedule, milestones, progress, issues, risks, and project health metrics
- Managed the PMO across both projects, tracking and reporting weekly and monthly client and CMS status
- Performed quality reviews of project deliverables including Project Management Plan, requirements, and functional and technical design documents
- Provided management support during System Integration Testing and UAT phases of HIX implementation
- Managed all project financial tasks; budgets, forecasts, actuals, earned value management reporting, milestone invoicing, and Change Orders
- Provided expertise in CMS milestones and requirements, and health exchange semi-automation of functionality to achieve completion threshold dates
- Developed contingency plans with trigger dates and mitigation steps for major components of solution
- Worked with State to successfully manage CMS Detailed Design Review, Final Detailed Design Review, and Operational Readiness Review; Utilized Collaborative Application Lifecycle Tool for all required artifacts

Project Manager, US Department of Defense – FLIS Portfolio Data Warehouse (06/2010 – 01/2013)

- Oversaw design, development, and implementation of web-based integrated data warehousing and master data management system that integrates data from DoD, federal agencies, and international organizations
- Oversaw project schedule, configuration and quality management, budget, financials, and deliverables and identified, tracked, and mitigated project issues, risks and action items
- Oversaw development of requirements and technical design and alignment with development of solution



Stacey Camp – IV&V Lead

- Managed development team using Agile methodology with scrum framework and processes such as daily stand-up meetings, sprint planning, development, sprint reviews, increment releases, retro and backlog
- Worked with Deloitte's federal security team to establish off-site secure environment in compliance with DoD

Project Manager/Business Development Lead, Deloitte Net Enabled Operations Project (05/2009 – 06/2011)

- Provided project management and technical support to Deloitte DoD, Intel and public sector account teams working to deliver new solutions to customers
- Managed and developed numerous proposals, RFPs, and RFIs (approximately 30 over three-year period)
- Managed demonstration teams, organized and lead the demonstrations of the solutions to various clients in Deloitte's Center for Federal and Cyber Innovation
- Acted as a Center for Federal and Cyber Innovation Ambassador
- Created marketing and sales material (including flash production) showcasing Deloitte's cyber and analytics capabilities across Consulting, AERS and FAS organizations
- Developed and presented customized briefings and technology demonstrations to DoD, Intel and public sector
- Performed solution demonstrations at numerous DoD and Intel conferences

BearingPoint Consulting

10/2002 – 05/2009

Project Manager, Federal Innovation and Cyber Command Center Project (05/2007 – 05/2009)

- Managed development teams, liaison with technology partners and vendors to obtain software, training and technical resources for technology prototypes and pilots for DoD, Intel, and public sector projects
- Managed development teams from requirements analysis to design and development of solutions
- Managed project schedules, budget, and milestones, and performed outreach to stakeholders
- Designed artifacts, whitepapers, and demonstration videos for prototypes and technical systems

Technical Program Manager, American Red Cross – Healthcare IT Transformation Project (10/2005 – 05/2007)

- Managed 25-person PMO team for development and implementation of blood donation tracking software
- Managed technology work streams for database, testing, reports and interfaces, worked with implementation vendor, performed end user testing, and supported integration, system, regression, and stress testing
- Managed scheduling, deliverables, milestones, change orders, issues, risks, and reporting
- Led the development of the integration architecture for all interfaces and information exchanges
- Assisted with design of logical and physical data models, and development of data conversion programs

Technical Project Manager, US Department of Defense – Enterprise Scheduling System (06/2003 – 10/2004)

- Coordinated with PMO and technical integration manager of a team consisting of architects, database administrators, business analysts, engineers, and developers to provide real-time integration of Military Health System subsystems and provided web-based scheduling and registration to 8.7 million beneficiaries
- Determined the overall information and technical strategy to ensure alignment and interoperability of the MHS with Veterans HealthCare Administration systems
- Performed technical and architectural analysis of all enterprise-wise scheduling and commercial-off-the-shelf products under consideration, and recommended use of an extensible, HL7 message-based solution
- Researched and documented enterprise application integration solutions, integration options, and options for database design, architecture, and worldwide deployment

KPMG Consulting

07/1996 – 10/2002

Program Manager, CIGNA – Health HIPAA Privacy Program Management Office (06/2001 – 10/2002)

- Managed a 35-person team of project managers, integration managers and business analysts who were responsible for HIPAA Privacy compliance across seven corporate subsidiaries and 13 enterprise solutions
- Led the HIPAA Privacy PMO for CIGNA, a multi-billion-dollar health care coverage and benefits provider



Stacey Camp – IV&V Lead

- Oversaw compliance initiatives for member and patient rights, PHI, HIPAA, and other privacy safeguards
- Oversaw implementation of role-based access control, handling of production data in test, training and demonstration environments, secure messaging solutions, verification controls for identification and authentication within interactive voice response, and physical security, including off-site access to PHI
- Designed and built an enterprise management and network operations center to manage and monitor production database and application servers for a 24x7 website, in addition to the network infrastructure, the global WAN, the corporate LAN, and all client remote locations

Operations and Technology Manager, Chevron – PetroCosm Digital Marketplace (01/2000 – 06/2001)

- Managed development of the IT department and physical facilities for newly created digital marketplace
- Built infrastructure for the digital marketplace, and created an operations group capable of supporting the marketplace and the 350+ domestic and international PetroCosm employees
- Completed entire build-out of the facility within budget and within six months, including two state-of-the art, fully redundant, and self-sufficient data centers

Engagement Manager, Southwest Airlines – Ticketless Reservation Systems (07/1996 – 12/1999)

- Managed a \$200 million airline's online ticket-less booking system, responsible for the 30-person project team, reallocation of resources, prioritization of issues, identification and implementation of change controls, execution of management accountability, and client satisfaction
- Worked closely with the client financial and IT project managers to address business and system issues
- Implemented an SDLC methodology and infrastructure

Education and Certification

Master of Science, Computer Science, Northeastern University (1991)

Bachelor of Science, Math and Computer Science, Simmons College (1986)

Information Technology Infrastructure Library (ITIL) Foundations (2017)

Project Management Professional (PMP), Project Management Institute (2007)

Relevant Skills

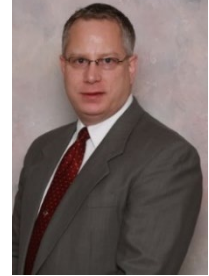
- **Collaboration and Content/Knowledge Management:** SharePoint
- **Database and Data Analytics:** Business Intelligence and Data Warehousing, IBM DB2, MS SQL Server, MS SQL Server Integration Services, MySQL, Oracle, ERwin, SQL
- **Middleware and Other Platforms:** Microsoft BizTalk Server, Microsoft IIS, Microsoft MQ, Oracle ESB, TIBCO, WebSphere Application Server, WebSphere ESB, WebSphere MQ
- **Modeling and Design:** Context Diagrams, IBM Rational Software Architect, UML 2.0 Activity Diagrams, Use Cases, Visio, Waterfall, Agile, and Hybrid methodologies
- **Operating Systems:** AIX, Linux, Sun Solaris, Windows, z/OS
- **Application Lifecycle Management:** Jira
- **Project Management and Scheduling:** Microsoft Project
- **Requirements Development and Management:** IBM Rational Requirements Composer, IBM Rational RequisitePro, Jama
- **Testing and Quality Management:** HP Quality Center, IBM Rational Functional Tester, IBM Rational Test Manager, LoadRunner, manual and automated test execution, test case development, test plan development, User Acceptance Testing



Steve Schulte – IV&V Project Manager

Qualifications

Steve is a PMI-certified Project Management Professional with more than 13 years of experience on healthcare IT projects, including experience on MMIS and IES modernization projects in seven states, and 20 years of overall experience in IT management. He is a Program Manager for the Ohio modular MMIS implementation, overseeing the PBM, Provider, and Claims/Financial modules. He also developed the State's Change Management Program and Governance Plan. Steve has led IV&V projects over Medicaid and IES integrations in Kentucky, North Carolina, Rhode Island, and Vermont. He also has experience providing CMS certification oversight, using both the MECT and OBC/SMC processes. He is skilled in applying industry standards and HIPAA, PII and PHI regulations, managing change on projects, using Agile methodologies, and using project management tools including Jira and MS Project.



Experience

- 29 years management and leadership in information technology project management, business process outsourcing, sales management, marketing, and advertising
- 25 years of IT experience across media, transportation, government, and healthcare sectors
- 20 years of project management experience in several states, counties, and municipalities
- 12 years of experience leading and assisting with large-scale system implementations
- 12 years of experience working with leading system integration and consulting firms including Deloitte, Accenture, KPMG, Northrop Grumman, Xerox, and Optum
- 5 years managing QA/IV&V engagements including Medicaid and Integrated Eligibility systems modernizations
- 3 years managing large scale PMO engagements for program modernization efforts

Professional Experience

CSG Government Solutions

12/2011 – Present

Interim Program Manager, Ohio Department of Medicaid – PMO for the Ohio MES (07/2020 – 09/2021)

- Coordinates several active projects within the program, each in various stages of their SDLC, including the Pharmacy Benefit Manager, Provider, and Claims/Financial modules
- Manages and oversees the entire processes of the PMO to achieve the program's primary goals
- Monitors projects and oversees project managers to ensure goals and objectives are achieved
- Engages with program stakeholders to align project priorities and discuss overall program status
- Communicates program information, including complex technical information, to stakeholders at all levels of the program up to the Medicaid Director
- Designed and implemented Change Management Program and developed Governance Plan
- Evaluates and assesses the program's strengths and weaknesses and implements processes and procedures to enhance the overall program
- Organizes daily activities based on the goals and of the Department and project needs
- Aligns the program with other organizational programs to ensure there is strategic alignment across the portfolio of projects and trains and mentors program team

Project Manager, Ohio Department of Medicaid – MMIS Modernization Planning and Procurement Support Services (11/2019 – 07/2020)

- Managed full life cycle procurement of the ODM Single Pharmacy Benefit Manager Procurement project



Steve Schulte – IV&V Project Manager

- Provided oversight of leadership of the project team comprised of 12 consultants and over 27 key stakeholders and subject matter experts representing ODM business, technical and operations
- Facilitated requirement sessions for each category and system to be procured, while providing coordination of the development of the RFP and all associated supporting documents
- Supported procurement under OBC approach by CMS, from inception through RFP release, supporting OBC processes as they are defined
- Transitioned project from on-site to a remote team concept, applying Agile principles to project management for distributed teams, and applying a flexible framework to achieve project goals

CMS Certification Analyst, North Carolina Department of Health and Human Services – IV&V for the MES Project (05/2019 – 08/2019)

- Provided expertise on the CMS certification/approval process as detailed in the MECT
- Coordinated the completion of the periodic and milestone review of CMS IV&V Progress Reports, evaluating the progress of the State and vendors on meeting the mandatory programmatic critical success factors
- Coordinated the IV&V review of all certification deliverables and supporting evidence provided by the State and vendor in alignment with CMS milestone review guidelines
- Provided guidance to State of North Carolina Programs in preparation for CMS milestone reviews
- Provided feedback on all deliverables in line with industry best practices and state and/or federal requirements
- Drafted detailed project observations that define specific risks, issues, and opportunities with actionable steps

Project Manager, Oklahoma Healthcare Authority – Mobile Computing and Texting PMO Project (04/2018 – 07/2018, 10/2018 – 02/2019)

- Provided PMO services to lead the implementation of Phase 1 of Oklahoma’s mobile computing plan
- Developed and implemented roadmap and implementation plan
- Conducted mobile computing and texting capability visioning sessions
- Developed As-Is hardware and software analysis, mobile computing and texting recommendations report, and RFI and initial requirements for RFP

Senior IV&V Consultant, Kentucky Cabinet for Health and Family Services – IV&V for the Medicaid Enterprise Management System Modernization Electronic Visit Verification (EVV) Project (07/2018 – 09/2018)

- Provided IV&V of EVV project, including budget and schedule analysis
- Assessed EVV RFP requirements
- Developed MMECT 2.3 milestone review IV&V implementation plan and completed MECT checklist criteria

Deputy PMO Project Manager, Nevada Division of Welfare and Supportive Services – PMO for the Child Support Enforcement System Replacement Project (10/2017 – 03/2018)

- Developed and reviewed all project management plans, project schedules, and Work Breakdown Structures
- Developed project reporting, standards, policies, and processes
- Provided project planning and preparation guidance for project launch

Senior Practice Advisor; Project Performance Group (04/2017 – 07/2018)

- Provide project planning and initiation support for new projects, including:
 - ✓ Pennsylvania Department of Labor and Industry – IV&V Services for Unemployment Compensation System Modernization
 - ✓ Michigan Secretary of State – IV&V Services for Driver and Motor Vehicle System Modernization



Steve Schulte – IV&V Project Manager

- ✓ Arkansas Health Insurance Marketplace – IV&V Services for the Small Business Health Options Program Implementation
- Conducted planning and preparation for all the project launch materials, project management plans and kickoff materials for New England Consortium Medicaid Information Technology Architecture (MITA) projects
- Assisted in developing project management plans, schedules, and all other aspects of the project life cycle
- Conducted ongoing quality assessments and project performance enhancements to support all facets of our project engagements

Project Manager, Vermont Agency of Human Services – IV&V Services for the Design, Development, and Implementation of a Health and Human Services Enterprise Integrated Eligibility Solution (05/2016 – 04/2017)

- Developed risk mitigation strategies, alternative approaches, and actionable recommendations for improving project performance
- Provided CMS Gate Review support for all primary systems and Medicaid expertise to assist the State with MMIS procurement and certification
- Completed status reports indicating vendors' progress towards contractual performance requirements
- Coordinated MMIS certification tasks with the MITA report card and fact-based risk and issue assessments
- Provided objective assessments of software products and processes throughout the development life cycle

Project Manager, Department of Vermont Health Access – IV&V Services for the Design, Development, and Implementation of a Medicaid Management Information System (05/2015 – 04/2016)

- Managed and provided IV&V services for the State's implementation of an MMIS, Pharmacy Benefits Management (PBM), and Care Management systems and adjusted IV&V approach to the State's use of both Waterfall and Agile methodologies; the PBM utilized Waterfall while other modules were developed using Agile methodology
- Developed risk mitigation strategies, alternative approaches, and actionable recommendations for improving project performance
- Evaluated the Medicaid and eligibility systems' interactions with ancillary systems, including the Electronic Health Records system
- Closely monitored project scope, cost, schedule, and resources to ensure stakeholder success
- Provided CMS certification support for all primary systems, including PBM
- Conducted ongoing fact-based risk and issue assessments and provided objective assessments of software products and processes throughout the development life cycle
- Developed MECT 2.1 milestone verification

Project Manager, Rhode Island Department of Administration – Unified Health Infrastructure Project (UHIP) IV&V Services (07/2014 – 04/2015)

- Worked closely with five Rhode Island government agencies to support IV&V and UAT services for the design, implementation, and operation of the UHIP technology platform
- Documented relevant observations, risks, and issues
- Provided oversight of UAT for several major releases, code reviews, and readiness verifications

Senior Technical Analyst and QA Manager, Kentucky Cabinet for Health and Family Services – IV&V for the MES Project (04/2014 – 06/2014)

- Conducted assessment of technical requirements and provided technical and operational expertise in assessment of procurement strategies
- Completed RFI planning and development for assessment of Administrative Services Organization options



Steve Schulte – IV&V Project Manager

- Prepared and reviewed of Risk, Issue, Change and Quality Management Plans, and Procurement Integrity Plan
- Project Manager and Technical Analyst, Iowa Department of Human Services – Health Benefit Exchange Strategic Planning and Implementation Technical Assistance and Support (01/2012 – 03/2014)***
- Prepared for and led numerous CMS Consumer Information and Insurance Oversight Gate Reviews
 - Led team in developing blueprint application materials and loading materials to CMS' Collaboration Application Lifecycle Tool platform
 - Completed state-partnership exchange to state-based exchange transition planning
 - Worked closely with the Iowa Medicaid integrated eligibility team and vendor (Accenture C4 solution) to ensure compliance with the ACA and the single streamlined application
 - Worked with the Iowa Insurance Division to develop and implement plan management processes for certification of Qualified Health Plans
 - Conducted analysis of health insurance market to ensure statewide plan coverage
 - Managed development of the consumer education and outreach plan including the stakeholder log, and preparation of RFPs for media and stakeholder consultation
 - Facilitated workgroup Joint Application Requirements sessions and developed comprehensive set of Health Benefit Exchange (HBE) requirements
 - Harmonized HBE requirements with Medicaid integrated eligibility requirements
 - Provided technical expertise and leadership to analyze the structure and organization of assuring the solution was compliant with the ACA from an information and technical architecture perspective and that it met all federal requirements and Iowa's goals and objectives
 - Developed the IT systems and technical analysis documentation, concept of operations, software development life cycle, and business process and IT systems gap analysis
 - Conducted joint application requirement sessions and completed detailed system requirements

Xerox Corporation

02/2008 – 11/2011

Project Leader – Program Integrity, Alaska Medicaid Management Information System

- Oversaw all aspects of DDI, testing, training, change control, and defect management efforts for program integrity team, which included document imaging, business intelligence and analytics, data warehouse, decision support systems, management and administrative reporting, electronic fraud and abuse detection and surveillance review, claims processing, claims financial, and contact management areas
- Led the implementation of the Provider Services module
- Supervised and guided a large multi-national team of remote lead analysts, supplemental analysts, subject matter experts, and development professional for all project-based and administrative activities
- Developed and managed all project work plans through the entire project life cycle through go-live
- Managed vendor relations and subcontractor DDI efforts, reflecting million-dollar agreements

Lason Systems, Inc.

09/2004 – 09/2007

Project Manager / Senior Account Executive

- Worked with public and private sector clients to execute multi-million dollar system conversion projects on various mission critical business units, including EHR systems and other medical records conversions
- Oversaw quality delivery of system functionality and agreed upon timelines, budget, and scope
- Collaborated with clients to convert paper records into electronic medical records



Steve Schulte – IV&V Project Manager

- Implemented and managed numerous data capture and data conversion programs into industry leading document management systems, including FileNet, OnBase, DocuWare, and Alchemy
- Managed million-dollar conversion projects for outsourced mission critical business units
- Provided business process outsourcing consultations and design services for complex projects requiring integrated services and multiple production centers
- Managed various records conversion projects for state government clients in Minnesota and Iowa, including the Minnesota Department of Corrections and the University of Minnesota
- Integrated medical records into clinical health care systems from vendors including McKesson and EPIC

SilverBlue Imaging, Inc.

06/2002 – 08/2004

Operations and Project Manager

- Developed and managed a UNIX-based web service for hosting and receiving client documents and data, providing workflow, automated data capture, and process improvement consulting services
- Managed all aspects of the business, working in government, financial, and healthcare on document conversion projects

AMI Imaging Systems, Inc.

07/1999 – 05/2002

Sales Manager

- Implemented information management systems, including healthcare and EHR systems, for various clients in the private and public sectors
- Developed implementation plans, scope change processes, implementation roles and responsibilities, and appropriate documentation for all imaging solution installations
- Designed and developed new work environments for end-users focusing on access, productivity, security, workflow, rules, backup, and disaster recovery
- Led business development presentations and actively participated in complex proposal development while demonstrating selling and closing skills
- Managed all software installation and production services
- Designed, developed, and implemented a custom work order and labor tabulation system

Cable Time, Inc.

10/1997 – 11/1998

Regional Manager

- Managed all aspects of three-state cable television operations with 12 market zones
- Supervised 16 sales representatives and five production and support staff
- Oversaw budget preparation and profit and loss accountability, contracts, and sales

City of Brooklyn Park, Minnesota

02/1995 – 01/1997

City Council Member

- Elected official for the fifth largest city in Minnesota, with over 250 employees and \$50 million budget
- Oversaw selected lobbying efforts, federal and state programs, and constituent outreach



Steve Schulte – IV&V Project Manager

MediaOne, Inc.

05/1990 – 10/1997

Facilitator and Senior Account Executive

- Merged three cable television advertising operations into one, integrating delivery systems, production, ad insertion, and sales staff models, as well as managed market research and demographic program analysis
- Designed, developed, and implemented a specialized order entry application to automate ad insertion orders

Toma Publishing/Sports Ink, Inc

06/1988 – 04/1990

Sales Manager

- Managed sales and advertising programs for the KARE11 Twin Cities Directory, Skyway/Freeway News, Minnesota Vikings Update, and Cincinnati Bengals Update Magazines
- Developed marketing promotions as well as successful advertising programs for clients

Education and Certifications

Bachelor of Individualized Studies, University of Minnesota (1988)

Project Management Professional (PMP), Project Management Institute (2019)

Agile Certified Practitioner (PMI-ACP), In progress

Project Management Certificate, Center for Training and Development, North Hennepin College (2007)

Certified Document Imaging Architect, CompTIA (2007)

PMP Advanced Training, RMC Project Management (2007)

Certified Content Management Application Consultant, DocuWare (2006)

Facilitation in the Workplace, Center for Training and Development, North Hennepin College (2006)

Relevant Skills

- **Collaboration and Content/Knowledge Management:** SharePoint, DocFinity, DocuWare, FileNet, LaserFiche, OnBase
- **Database and Data Analytics:** Business Intelligence and Data Warehousing, IBM DB2, MS SQL Server, MySQL, Oracle, Oracle GoldenGate, SQL, Informatica
- **Development Tools:** Microsoft Team Foundation Server, IBM Cognos
- **Middleware and Other Platforms:** JBoss, Microsoft IIS, WebSphere Application Server
- **Modeling and Design:** Business Process Modeling Notation (BPMN), Context Diagrams, UML 2.0 Activity Diagrams, Use Cases, Visio, Waterfall, Agile, and Hybrid methodologies
- **Operating Systems:** Linux, Unix, Windows
- **Project Management and Scheduling:** Microsoft Project
- **Requirements Development and Management:** IBM Rational Requirements Composer, IBM Rational RequisitePro, Jama, Jira
- **Testing and Quality Management:** IBM Rational ClearQuest, manual and automated test execution, test case development, test plan development, User Acceptance Testing, Jama

Recognition

- Recipient, Excellence Award, CSG Government Solutions (2015)
- Recipient, Excellence Award, CSG Government Solutions (2013)
- Recipient, CSG Consulting Achievement Award, CSG Government Solutions (2012)



Charles F. Berlin III – IV&V Business Analyst

Qualifications

Charles has over 20 years of experience working with government organizations to design and deliver high quality healthcare and human services programs. He has 10 years of experience leading large-scale IT modernization projects including Medicaid eligibility and enrollment, MMIS, PBM, State Medicaid Health IT Plans, health information exchange, health insurance marketplace, and ICD-10 transition. His expertise includes procurement support, CMS certification processes, APD development, strategic planning, business process design, and Program Integrity and internal audit controls. Charles spent five years serving as the lead funding strategist and coordinator of federal funding for the Kentucky Medicaid IT enterprise, where he managed the development of six Medicaid APDs. He is a PMI-certified Project Management Professional.



Experience

- 25 years of human services and child welfare program design knowledge
- 24 years of RFP and procurement support experience
- 12 years of project management experience
- 10 years of experience in Medicaid

Professional Experience

CSG Government Solutions

04/2016 – Present

Business Lead, New Mexico Human Services Department – IV&V for MMIS Replacement (03/2019 – Present)

- Attends daily project meetings, weekly status meetings, and monthly Touch Point meetings with the client and vendors to maintain current knowledge of all business areas of the project
- Networks with state and module contractor project team members
- Leverages knowledge of Medicaid and other human services programs (public health, child welfare, SNAP, TANF, LIHEAP, etc.) to understand agency data sources and system design needs
- Assists teammates with writing monthly IV&V assessments that provide data driven project status updates, an outlook of overall project health, and a trend analysis of current IV&V observations
- Coordinates monthly Project Team Member and Stakeholder interviews to elicit input regarding project risks for the monthly IV&V Assessment from the unique perspective of individual team members performing work on the project and other stakeholders impacted by the outcome of it
- Plans, schedules, and leads confidential interview sessions
- Records, monitors, analyzes, and maintains interview documentation and data inputs for the monthly IV&V assessment
- Reviews project deliverables and procurement documents
- Serves as lead reviewer of project financial documentation, including project budget reports, advance planning documents, earned value metrics, DDI to M&O transition plans, and cost allocation plans

Project Manager/Subject Matter Expert, South Dakota Department of Social Services – Payment Error Rate Measurement (PERM) and Program Integrity (PI) Review Project (01/2017 – 02/2019)

- Provided support for PI, PERM, and IV&V activities
- Created observations and recommendations for the PERM audit and tracked resolution of items to support PERM audit activities
- Provided consulting and project management services to support triennial CMS PERM and PI reviews



Charles F. Berlin III – IV&V Business Analyst

- Provided strategy and guidance to DMS staff leading the 2017 CMS PERM review
- Coordinated and led state inter-agency team through the 2017 CMS Focused PI review from initiation to closeout (CMS approval of corrective action plan) over 18-month timeframe
- Guided agency teams to design projects that meet CMS requirements, align with agency service goals, and are sustainable
- Worked with agency leadership to use project goals to further strengthen key organizational relationships
- Researched and presented summaries of federal requirements to support agency policy and program improvement projects
- Implemented Organizational Change Management approaches to improve performance levels of PI operations and procedures in the Surveillance and Utilization Review Systems (SURS) and Provider Enrollment units
- Coached five SURS unit members through an agency wide Business Process Reengineering (BPR) project
- Upgraded South Dakota Medicaid PI business processes and policies to ensure regulatory compliance and to support implementation of the South Dakota Medicaid strategic plan
- Achieved cost savings by facilitating PI case management module requirements gathering sessions, resulting in a successful implementation of functional enhancements to improve legacy system performance
- Developed financial management tools and processes (claims processing analysis, overpayment recovery, and budget forecasting) for unit and executive level management teams
- Implemented a provider Credit Balance/Negative Balance reporting and recovery business process resulting in quarterly recoveries of \$600,000
- Developed dashboard to evaluate effectiveness of interfacing HIE tools with MMIS to reduce payment errors
- Assisted DMS with monitoring Electronic Visit Verification (EVV) module implementation activities
- Conducted extensive EVV research and developed a document repository for DMS staff members

Financial Analyst, Ohio Department of Medicaid – MMIS Modernization Planning and Procurement Support Services (04/2016 – 12/2016)

- Supported the development of a replacement strategy for the Ohio MMIS and the creation of a strategy for modernizing the Ohio Long Term Services and Supports case management module
- Designed cost benefit analysis models using quantitative and qualitative methodologies
- Summarized and presented cost benefit analysis models to project stakeholders
- Worked on the Ohio Comprehensive Assessment and Case Management Procurement Services Project
- Worked with project team to document business processes for the LTSS case management module
- Participated in multi-agency Joint Application Requirement sessions to refine module requirements
- Collaborated with project team members to prepare final LTSS case management module RFP inputs

NTT Data

04/2011 – 04/2016

Project Manager, Commonwealth of Kentucky, Cabinet for Health and Family Services, Office of Administrative and Technology Services

- Served as lead funding strategist and coordinator of federal funding for the Kentucky Medicaid IT enterprise
- Supported the development and management of six Medicaid APDs
- Developed and trained an in-house proposal writing team to update and manage the project-funding portfolio, achieving annual savings of \$1.5M and increasing submission efficiency



Charles F. Berlin III – IV&V Business Analyst

- Created and updated technical documents, including APDs, RFPs, grants, and Agency strategic plans
- Coordinated, documented, and organized DDI activities of large-scale Medicaid IT projects that included: eligibility and enrollment, Health Insurance Marketplace, ICD-10, MMIS, Medicaid Enterprise Management System, Pharmacy Benefits Management, and State Medicaid Health IT Plan
- Provided enterprise level project management services for IT activities as required, including vendor management, time and cost management statistical analysis, contract management, and public finance

Comforce Health, Inc.

08/2010 – 04/2011

Project Manager, Georgia Division of Community Health, Department of Public Health Maternal and Child Health Program

- Led two large-scale interagency initiatives focused on coordinating agency resources, collecting data, and improving child health outcomes among Statewide public health and child welfare programs
- Developed planning, workflow design, and presentation of proposal documents for the restructure of an \$8 million child health surveillance system and medical home visitation program for children
- Engaged stakeholders to collect data necessary for defining project activity requirements, establishing strategic project milestones, and developing key point indicators for measuring project outcomes
- Facilitated interagency work group collaboration sessions for Statewide district staff members and high-level State officials working in the fields of public health and child welfare
- Planned and conducted frequent presentations to report business model design decisions and project status to senior Agency staff members, community partners, and other project stakeholders
- Researched funding opportunities for project deliverables and long-term sustainability models for Agency

Prevent Child Abuse Kentucky

01/2007 – 07/2010

Director of Fatherhood Programs and Data Analysis

- Managed the annual procurement process utilized for allocating \$450,000 to 21 – 25 subcontractors for the purpose of provisioning parent education services to 20,000 families throughout Kentucky
- Developed strategies to support fatherhood programs in communities and prisons throughout the State
- Provided technical assistance regarding RFP development, training, evaluation, and programmatic consulting
- Designed and coordinated the first parenting program for male inmates in Kentucky's criminal justice system
- Enhanced the research and evaluation capacity of Agency programming and collected and analyzed data for Statewide child abuse prevention programs

University of Kentucky

10/2005 – 01/2007

College Grants Officer, Office of Sponsored Projects Administration (10/2005 – 01/2007)

- Assisted faculty members and research teams by developing grant proposal budgets, drafting scope of work requirements for subcontracts, and working with University staff to resolve research project accounting issues
- Provided "SAP-Introduction to Grants Management" training course to university staff and faculty

Research Project Manager, College of Social Work (09/2006 – 02/2007)

- Managed research database sets, data warehouse, file management, and data cleaning protocols
- Undertook concurrent overload assignment supporting College of Social Work faculty with research projects

Prevent Child Abuse Kentucky

10/1997 – 09/2005



Charles F. Berlin III – IV&V Business Analyst

Prevention Specialist – Family Based

- Developed, submitted, and implemented federal, State, and foundation grant proposals to support programs
- Provided consulting services to local non-profit agencies on programming, evaluation, and budgeting
- Oversaw the growth and expansion of a Statewide network of social service providers from 16 to 84 agencies
- Conducted policy analysis on legislation and developed an e-mail based legislative advocacy network

Kentucky Cabinet for Health and Family Services

05/1997 – 10/1997

Family Services Worker

- Provided ongoing case management services and developed family treatment plans for at-risk clients
- Investigated child maltreatment and testified in court while serving as a Child Protected Services worker
- Developed understanding of specialized care needs for at-risk clients served by human service agencies

Education and Certifications

Master of Public Administration, Community Development, Eastern Kentucky University (2005)

Bachelor of Social Work, Eastern Kentucky University (1997)

Bachelor of Science, Recreation and Park Administration, Eastern Kentucky University (1992)

Project Management Professional (PMP), Project Management Institute (2019)

Relevant Skills

- **Collaboration and Content/Knowledge Management:** SharePoint, Microsoft Teams
- **Database and Data Analytics:** SPSS
- **Modeling and Design:** Business Process Modeling Notation (BPMN), Context Diagrams, Palisade Decision Tools Industrial Suite, UML 2.0 Activity Diagrams, Use Cases, Waterfall, Agile, and Hybrid methodologies
- **Cloud and other Platforms:** SAP
- **Project Management and Scheduling:** Microsoft Project

Recognition

- Recipient, *Consulting Achievement Award*, CSG Government Solutions (2018)
- Presenter, Palisade National Conference: “Best Practices in Risk and Decision Analysis” (2016)
- Member, Project Management Institute, Kentucky Bluegrass Chapter (2015 – present)
- Recipient, *Most Supportive Member State Award*, U.S. Department of Health and Human Services, Centers for Medicare and Medicaid Services Region IV, Southeast Regional Collaboration for Health IT (SERCH) (2014)
- Panel Member, Circle of Parents, Inc., National Fatherhood Grant Review (2007 – 2010)
- Member, Philmont Scout Ranch Staff Association (2005 – present)
- Recipient, *Emerging Practices in Prevention Project: Innovative Prevention Program Design, Implementation, and Evaluation Award*, U.S. Department for Health and Human Services, Administration for Children and Families, Children’s Bureau, Office on Child Abuse and Neglect (2003)
- Recipient, *Outstanding Leadership Award*, Prevent Child Abuse Kentucky (2003)
- RFP Subcommittee Co-Chair, National Family Support Roundtable, Circle of Parents Project Advisory Board (2001 – 2003)
- Co-Author, “The Promise and Challenge of Practice-Research Collaborations: Guiding Principles and Strategies for Initiating, Designing and Implementing.” *Social Work*, 56 (2011)



Hana Dunning – IV&V Business Analyst

Qualifications

Hana is a business analyst with eight years of experience in Medicaid systems and program policy, including supporting planning efforts for Medicaid IT systems in three states. Her expertise includes IV&V, Medicaid policy, requirements gathering and management, risk identification and management, CMS certification, and other federal regulations. Hana is currently a business analyst for Idaho’s MMIS modernization project, and recently provided IV&V services over multiple Medicaid and IES modules in Kentucky. Hana previously worked at Nebraska MLTC for nearly 6 years, serving in various roles including Medicaid Enterprise Certification Lead, MITA Coordinator, and Medicaid Program Policy Specialist, bringing firsthand knowledge of MLTC processes and working with its teams and vendors. She is a PMI-certified Project Management Professional and currently resides in Lincoln, Nebraska.



Experience

- 8 years of state Medicaid experience, focused on policy and federal regulations
- 7 years of business analysis experience
- 6 years of Medicaid system certification experience
- 6 years of MITA experience
- 3 years of integrated eligibility experience

Professional Experience

CSG Government Solutions

07/2019– present

Business Analyst, Idaho Department of Health and Welfare (IDHW) – Idaho Medicaid Management Information System (MMIS) Modernization Project Management Office (PMO) (11/2020 – present)

- Obtains information collected from client, analyzes and assesses information, and draft deliverables per SOW deliverable expectations
- Facilitates business process review sessions with IDHW SMEs, and authors detailed business process analysis documentation
- Captures IDHW’s As-Is MMIS business processes, evaluates and captures To-Be MMIS business processes, and obtains requirements from the As-Is and To-Be business processes and identification of gaps
- Facilitates monthly risk meeting and review and updates current project risks
- Conducts updates to IDHW’s Azure DevOps Master WIKI, when applicable

Business Analyst, Kentucky Cabinet for Health and Family Services – KY HEALTH 1115 Waiver Implementation Independent Verification & Validation (IV&V) (02/2020 – 11/2020)

- Conducted ongoing IV&V and risk assessments for Kentucky HEALTH portfolio of projects, which contains multiple, interdependent system development efforts spanning across three Commonwealth Cabinets
- Authored and provided input for the development of the bi-weekly and monthly status reports
- Observed meetings, reviewed deliverables, and conducted interviews
- Analyzed and independently reviewed SDLC activities, management processes, schedule and resource management, stakeholder communications, and adherence to requirements, regulations, and best practices
- Developed and documented observations and areas of interest based on meetings observed, deliverable reviews, and meetings conducted



Hana Dunning – IV&V Business Analyst

Business Analyst, Kentucky Cabinet for Health and Family Services – IV&V for the Partner Portal Modernization Project (08/2019 – 02/2020)

- Conducted IV&V for the project to implement a web-based Medicaid Partner Portal Application (MPPA) to streamline and automate Kentucky's the paper-based Medicaid program provider enrollment process
- Authored and provided input for the development of the weekly and monthly status reports
- Observed meetings, reviewed deliverables, and conducted interviews
- Documented observations and areas of concern based on meetings observed, deliverable reviews, and meetings conducted
- Completed peer review of documents and reports to be delivered to the client
- Reviewed and assessed checklists and artifacts for certification activities
- Developed and provided input for the final progress report for (Centers for Medicare and Medicaid Services) CMS certification
- CMS approved the certification of the MPPA module

TEKsystems

04/2019 – 07/2019

Certification Business Analyst, New Jersey Modernization Replacement MMIS

- Collaborated with project team, DDI vendor, QA vendor, and IV&V vendor to complete the certification process for the planning, development, testing, and implementation of systems
- Developed documentation in compliance with Federal guidelines to secure million-dollar funding model
- Provided certification subject matter expertise to support certification of the New Jersey Replacement Medicaid Management Information System (MMIS)
- Supported the planning and identification of certification-related tasks and activities
- Conducted detailed reviews and provided actionable feedback on vendor and state-owned evidence packets and checklists
- Assisted with the resolution of issues/conflicts impacting certification and/or the overall project
- Provided input into and participated in standing weekly certification planning

State of Nebraska Medicaid and Long-Term Care

07/2013 – 04/2019

Medicaid Enterprise Certification Lead, MITA Coordinator, and Business Systems Analyst

- Served as the Enterprise and Project Certification Lead, collaborating with project team, DDI vendor, and IV&V vendor to complete the certification process for the planning, development, testing, and implementation of systems
- Responsible for producing documentation in compliance with Federal guidelines to secure 60+ million-dollar funding model
- Compiled and reviewed checklists, certification evidence, and other required artifacts
- Prepared weekly certification status reports to accompany a status narrative sent to the Deputy Director
- Participated in certification meetings with the CMS, IV&V vendor, and/or project team
- Served as the MITA Coordinator responsible for managing the MITA roadmap and toolkit for Nebraska's Medicaid and Long-Term Care (MLTC) to align IT with business needs
- Contract Holder for ReadyCert compliance software and ReadyCert Librarian
- Analyzed business process and system requirements and the creation of business process solutions for large-scale business system applications



Hana Dunning – IV&V Business Analyst

- Created new datasets; produced analysis using Excel functions (ex: Pivot Tables, VLOOKUP, etc.)
- Coordinated the process for MLTC's changing business needs by monitoring and assisting with the submission and prioritization of system change orders for the MMIS

Medicaid Policy Program Specialist

- Researched, reviewed, analyzed, and interpreted federal regulations and laws, state laws, and their administrative requirements to formulate appropriate policies
- Composed reports, position papers, impact statements, and other documents to formulate policy material
- Developed communication strategy to align with system releases, documentation, and training material
- Presented informational Medicaid policy presentations to external stakeholders, providers, other state administrators, and cross-functional agency partners
- Provided subject matter expertise for the Eligibility and Enrollment System (IBM Solutions) during the projects Initiation and Planning phase and Requirements, Design, and Development phase
- Assisted in writing and analyzing business rules (formula and decision table rules) based upon Medicaid Eligibility federal and state policy to be programmed in the Eligibility and Enrollment System
- Analyzed business processes, system requirements, and the creation of business processes
- Evaluated business requirements and made recommendations for change when necessary

Medicaid Social Services Worker

- Determined Medicaid eligibility for adults, children, and families by gathering and reviewing financial and demographic information. Verified the information using a Legacy system, Medicaid Management Information system, and several interfaces
- Mentored Social Service Worker peers and provided support in understanding federal and state Medicaid regulations

Education and Certifications

Project Management Professional (PMP), Project Management Institute (2020)

Bachelor of Arts, International Relations, Wesleyan College (2012)

Lean Six Sigma Yellow Belt, State of Nebraska (2018)

Relevant Skills

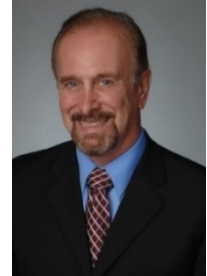
- **Collaboration and Content/Knowledge Management:** SharePoint
- **Modeling and Design:** Business Process Modeling Notation (BPMN), Context Diagrams, UML 2.0 Activity Diagrams, Use Cases, Visio, Waterfall, Agile, and Hybrid methodologies
- **Operating Systems:** Windows, z/OS
- **Project Management and Scheduling:** Microsoft Project
- **Testing and Quality Management:** User Acceptance Testing



Ross Gosnell – IV&V Technical Analyst

Qualifications

Ross is a technical IV&V analyst and Medicaid expert with over 30 years' experience providing oversight to system development and implementation initiatives, of which over four years focused on providing IV&V services across multiple complex MES modernization initiatives in project environments using a combination of waterfall and agile methodologies. During his tenure he has applied his technical, security, finance, and operations management background to enhance the quality and functionality of systems development, supporting organizational alignment with strategic initiatives including within an MCO as the CIO for Delta Dental of Illinois, and as a Technical IV&V Analyst in Kentucky as the State transitioned to a Managed Care model. Ross brings his demonstrated ability to anticipate business requirements and produce optimal solutions that build profitability to his IV&V approach.



Experience

- 30 years providing oversight to system development and implementation initiatives
- 30 years in leadership roles in IT management
- 20 years in the HHS industry
- 12 years facilitating performance and operational excellence methodologies
- 10 years providing innovative IT solutions to the healthcare public sector
- 8 years in IV&V

Professional Experience

CSG Government Solutions

07/2013 – Present

Technical Analyst, Kentucky Department of Medicaid Services – Cabinet for Health and Family Services – Eligibility System and HEALTH 1115 Waiver Implementation IV&V (10/2019 – Present)

- Provides Technical and Business Analyst IV&V expertise during the development and implementation of the Kentucky Health Resources project and Single Sign-on Portal project
- Develops and monitors observations when potential risk was determined
- Develops bi-weekly and monthly status reporting to the client and monthly reporting to CMS
- Reviews and evaluates deliverables for the RE and SSP projects throughout the system development life cycle, including general and detail design documents, test results, and the implementation guide
- Conducts interviews with the client, DDI implementation vendor staff, and attended weekly and ad hoc meetings

Technical Analyst, New Mexico Human Services Department, MITA 3.0 SS-A (06/2019 – 10/2019)

- Evaluated the previous MITA SS-A and identified enhancements from the past SS-A to present day
- Reviewed technical documents such as design, architectures, scorecards, process maps, technical capability and information capabilities documents to evaluate current maturity levels
- Issued questionnaires to subject matter experts to collect information about current technical characteristics
- Created a gap analysis that identified gaps between the current system state and the To-Be vision, which included an HHS enterprise that manages and delivers all services in the state and transitions from current operating models to an outcomes-based focus
- Performed a Standards and Conditions for Medicaid IT analysis
- Updated 5-year Roadmap, Concept of Operations, and MITA Maturity Profiles to reflect the transition to a multiple-module system that uses business process outsourcing contracts, encompassing both technology-based components and business process optimization and meets CMS requirements



Ross Gosnell – IV&V Technical Analyst

Technical Analyst, Vermont Agency of Human Services – IV&V for the Design, Development, and Implementation of a Medicaid Eligibility and Enrollment System (01/2018 – 05/2019)

- Provided technical IV&V expertise at the portfolio level as Vermont prepared to replace the existing integrated eligibility system and related systems
- Reviewed and assessed deliverables, monitored meetings, conducted interviews, and evaluated artifacts as part of the IV&V team portfolio assessment for integrated eligibility including the following projects: Enterprise Content Management, Data Governance, and the migration of Business Intelligence from Oracle to SQL Server
- Contributed to technical assessments for periodic status reporting to the client and CMS
- Developed observations and evaluated potential risks from those assessments including assessing general project and detail design documents, and test results, and recommended risk mitigation strategies for those risks
- Evaluated the Medicaid Eligibility and Enrollment Toolkit and its application to the SoV certification

Technical Analyst, New Hampshire Department of Health and Human Services – MITA 3.0 SS-A (07/2017 – 01/2018)

- Reviewed and assessed client artifacts covering technical systems and components of the MMIS
- Prepared and Hosted MITA Information/Technical Architectures (IA/TA) workshops on the MITA Business Areas
- Assessed the IA/TA information for compliance with the MITA IA/TA capabilities matrix including reviewing strategic goals, objectives, and measuring the maturity of information and technical capabilities
- Contributed to the development of the IA/TA assessment document
- Developed scoring and provided justification of alignment of the assessment to MITA Conditions and Standards
- Contributed to the development of the Standards and Conditions for Medicaid IT assessment document
- Hosted assessment workshops for nine Medicaid ancillary systems operating under the DHHS umbrella
- Developed deliverable document with the results of the ancillary systems analysis

Project Manager, Colorado Governor's Office of Information Technology, Department of Health Care Policy and Financing, Colorado Health Benefit Exchange – MARS-E 2.0 Independent Security Audit – Annual Security and Privacy Attestation (05/2017 – 06/2017)

- Reviewed and updated with new findings and Plan of Actions and Milestones for security controls assessment
- Assessed client documents including the System Security Plan for compliance and risk determination
- Prepared interviews and monitored tests and demonstrations of MARS-E security controls
- Developed and delivered Security Assessment Report and the Annual Security and Privacy Attestation Report

Security Analyst, Vermont Agency of Digital Services – Independent Security Audit of the Vermont Health Connect (03/2017 – 04/2017)

- Developed Security Assessment Plan for Vermont Health Connect
- Reviewed and updated POA&M for security controls assessment and reviewed and assessed client documents for security assessment compliance and risk determination
- Prepared supporting interviews and monitored tests and demonstrations of MARS-E security controls and prepared and developed IRS Data Center Internal Inspection Reports for compliance with IRS 1075 publication

Project Manager, Colorado Department of Health Care Policy and Financing – ACA Eligibility and Enrollment Colorado Benefit Management System IV&V Services Project (09/2016 – 11/2016)

- Developed and managed the IV&V plan and identified all related documentation, checklists, risk categories, and client personnel in support of the review of the eligibility and enrollment system
- Determined and published risk levels based on client and vendor interviews and review of client documents



Ross Gosnell – IV&V Technical Analyst

- Provided status reporting to State senior management and weekly briefings to state teams
- Provided comprehensive IV&V report of the project, evaluated risks, and recommended risk mitigation strategies

Business Architect Analyst, Virginia Department of Medical Assistance Services (DMAS) – Medicaid Enterprise System Modernization Requirements Definition and Procurement Support Services (09/2015 – 08/2016)

- Prepared documents for Joint Application Requirement sessions and led session discussion to collect MES RFP requirements and created Requirements Traceability Matrix for RFPs
- Developed original content for sections of MES RFPs, including integrated services and the enterprise data warehouse components of the new modular MES system, and managed the RFP response to questions
- Developed CMS certification plan based on Medicaid Enterprise Certification Lifecycle process
- Created activity checklist to monitor the IV&V engagement, MES procurement, and certification
- Participated in the development of the DMAS Concept of Operations document

Technical Analyst, Kentucky Cabinet for Health and Family Services – IV&V for the Medicaid Waiver Management Application Modernization Project (04/2014 – 06/2015)

- Provided Technical and Business Analyst IV&V expertise during the development and implementation of the Kentucky Waiver Case Management system
- Provided status reporting to the client and CMS
- Reviewed and evaluated deliverables with IV&V services for the entire project system development life cycle, including general and detail design documents, test results, and the implementation guide
- Conducted interviews with the client and DDI vendor staff and attended weekly and ad hoc meetings

Business Analyst and Subject Matter Expert, Colorado Department of Health Care Policy and Financing – ACA Eligibility and Enrollment Colorado Benefit Management System IV&V Services Project (09/2013 – 04/2014)

- Evaluated the implementation of the Colorado System Security Plan to confirm compliance with the Federal Data Services Hub transaction requirements for wave and end to end testing
- Developed IV&V checklists for the review of the project and weekly and monthly project status reports and participated in the development of the Initial IV&V Assessment Report deliverable
- Determined and published risk levels based on interviewed client and vendor personnel and reviewed client documents to develop informed observations based on the checklist requirements

North American Systems, Ltd. 08/2009 – 01/2013

Independent Consultant

- Designed and developed an executive dashboard for Healthation Inc., and enhanced their existing product line by providing summary, actionable information to corporate executives
- Facilitated strategic planning for the National Dental EDI Council to develop a strategic growth plan

Baldrige Performance Excellence Program 05/2004 – 08/2010

Examiner

- Performed independent evaluation and review of applicants for the Baldrige Performance Excellence Award based on seven categories of key organizational and functional criteria covering all aspects of the organizational processes, procedures, and personnel including the maturity levels when measured against the category criteria
- Contributed to feedback reports that facilitated applicants’ receipt of the prestigious Malcolm Baldrige National Quality award and the Lincoln Foundation for Performance Excellence Award



Ross Gosnell – IV&V Technical Analyst

Delta Dental

07/1997 – 07/2009

Chief Information Officer and Senior Vice President, Information Systems and Technology, Delta Dental of Illinois (01/2001 – 07/2009)

- Managed the information systems development, computer technology, and all facets of telecommunications supporting four call centers, exercising full budgetary control for Delta Dental of Illinois and acting as Corporate Security Officer responsible for the development and enforcement of security policies
- Initiated Operational Excellence Strategy with adoption of Malcolm Baldrige criteria for performance excellence
- Developed robust business intelligence and database platforms using Business Objects and Oracle, which provided an integrated database of critical systems data supporting both internal and external stakeholders
- Managed the development and implementation of systems in support of Medicaid and CHIP Georgia, Florida, Indiana, and Texas for Delta Dental Health Administrative and Consulting Services
- Integrated the Microsoft Customer Relationship Management solution with a Business Intelligence platform to provide a single portal for critical business analytics of a wide range of stakeholder information
- Architected and implemented an innovative dental HMO system which saved \$1.3 million in annual service fees and a leading-edge technology platform and call flow process that resulted in efficiency improvement
- Managed full-scale conversion and implementation of new claims system, covering 1.5 million members

Director, Regional Operations, Delta Dental of California (07/1997 – 12/2000)

- Oversaw operation of Midwest region IT organization for the largest processor of dental claims in the US
- Managed the initial implementation of all application systems for a major new client, including staffing and oversight of wide area and local area networking, and all technology vendors and consultants

Home Products International, Inc.

05/1982 – 07/1997

Director of Information Systems and Services

- Managed IT activities through a twenty-fold increase in sales volume in a multi-national environment
- Developed and maintained a long-range strategic plan and a detailed shorter-term plan and internal development and implementation of sophisticated systems to support the strategic plan
- Internally architected and developed numerous key systems, including an activity-based costing system, an executive dashboard system, an automated distribution system, and a closed-loop Material Requirements Planning System which integrated requirements planning, forecasting, and production scheduling
- Implemented ANSI X12 EDI transactions with Sears, Wal-Mart, and K-Mart
- Implemented an enterprise-wide system for financial reporting to enable monthly financial/operating analysis

Education and Certifications

Master of Business Administration, Financial Management, Benedictine University (1992)

Bachelor of Science, Accounting, Roosevelt University (1975)

Relevant Skills

- **Collaboration and Content/Knowledge Management:** SharePoint
- **Database and Data Analytics:** Business Intelligence and Data Warehousing, Oracle, SQL, SAP BusinessObjects
- **Project Management and Scheduling:** Microsoft Project

Recognition

- Recipient, *Consulting Achievement Award*, CSG Government Solutions (2015)



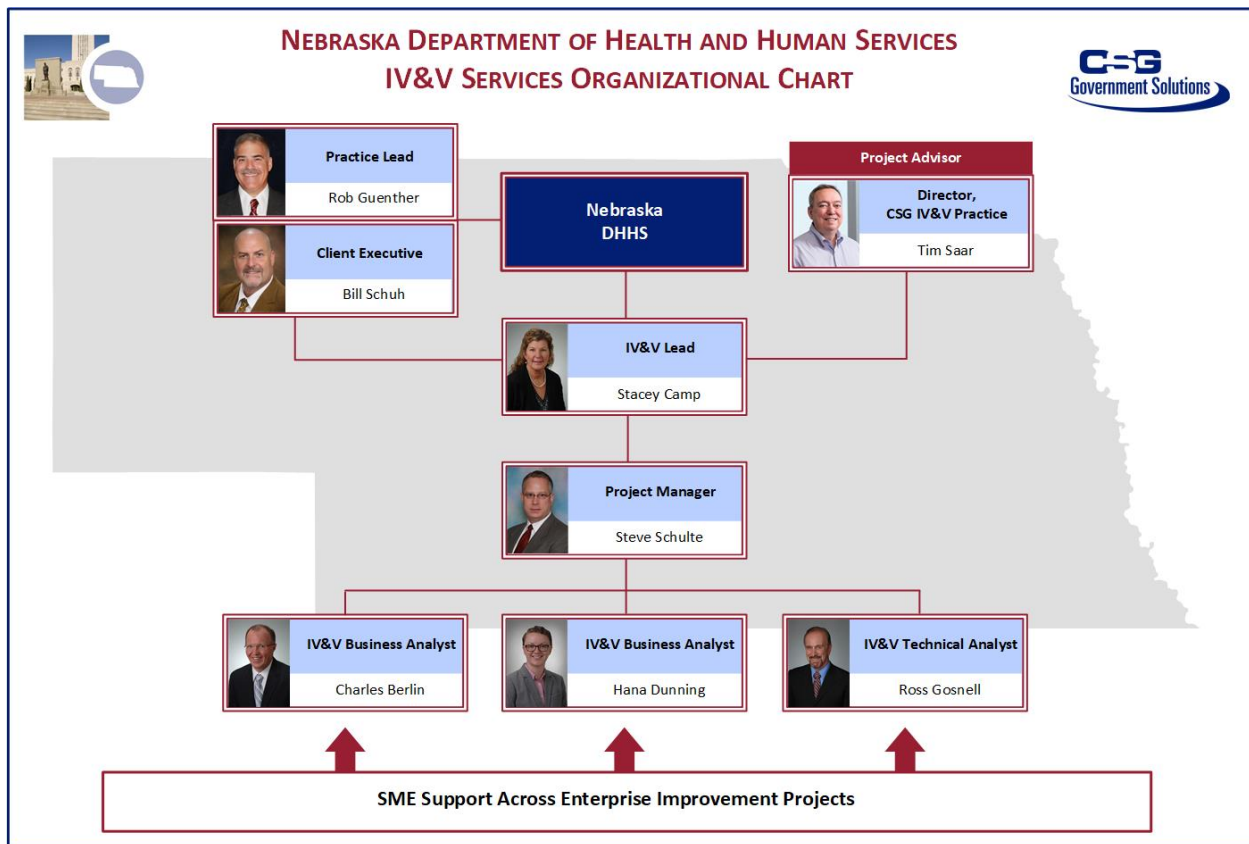
CSG's Staffing Plan for each Project

xxiii. The bidder's staffing plan for each project.

CSG's staffing plan begins with the core team of the IV&V Lead, a Project Manager, two IV&V Business/Test Analysts and an IV&V Technical Analyst/Architect. As each project schedule is developed, CSG reviews each project and its required deliverables to ensure we have the correct staffing plan based on the nature and complexity of the project. This includes identifying the skills and experience the team members will need to complete the project and the timeframes for which personnel will be needed. Based on the needs of each individual project, CSG adjusts its staffing by augmenting the core team with additional Project Managers, Business and Technical Analysts, as well as relevant Subject Matter Experts. In this manner, CSG assures we always have the correct staffing for each project.

CSG's Organizational Chart

xxiv. The bidder's organizational chart for each project team.






CSG's Strategy and Approach to Maintain the Appropriate Staff for Each Project

DHHS has required a minimum of five key staff positions for each project. Describe the strategy and approach to maintain the appropriate number of staff for each project.

We carefully staffed the CSG IV&V Team with resources experienced and highly capable of performing the duties specific to their assigned role. To strengthen our staffing position and consistency of the team throughout the project life cycle, we have implemented the following processes across our organization:

- **Project Performance Group:** CSG has a longstanding history of quality delivery across multiple clients, including multi-year contracts representing significant levels of effort. To support our corporate commitment to the success of our state-government clients, CSG has an established, centralized Project Performance Group (PPG).
- ✓ CSG's internal PPG is responsible for all our resource management processes and needs – and is directly responsible for providing required staff within the agreed upon timeframe. The PPG works closely with our IV&V Project Manager to meet the staffing needs of the MLTC/DHHS Enterprise Improvement projects.
- ✓ The PPG also provides quality assurance oversight for all our projects and supports our project teams in the field via direct access to executives, project advisors, and subject matter experts, helping us get them engaged in the MLTC/DHHS Enterprise Improvement projects when needed for support on project activities or deliverables.
- ✓ If for any reason there needs to be a change to the proposed staff, our Client Executive and the IV&V Project Lead work closely with the PPG to identify a replacement team member that exceeds the requirements of DHHS. As previously mentioned, any proposed changes in staff are presented to DHHS in written format prior to finalizing any decisions.
- **Retention:** CSG retains quality staff through a focused effort to set them up for success, setting clear performance expectations, and promoting and enabling the continual development of our staff members' skills.
 - ✓ **Expectations Level-Setting and Feedback:** Performance and skill set expectations are determined and communicated to CSG staff at the onset of each assignment. CSG staff receive feedback on an ongoing basis and are encouraged and supported to continually improve and expand their performance.
 - ✓ **Professional Development Program:** CSG has a comprehensive Professional Development Program that promotes career growth for our staff, administers a thorough appraisal and review process, and outlines available internal and external training opportunities. Each CSG employee develops and receives a performance appraisal, which includes an assessment of training sessions taken, certifications earned and maintained, and the overall pursuit of learning opportunities.
- **Consistent Recruiting:** CSG continuously builds and replenishes its base of more than 250 employees. As a project-based company, we maintain available resources to address quickly shifting project resource needs. Through coordination with the PPG, our recruiting team identifies the specific skills and experience necessary for addressing our strategic goals and the needs of our current and prospective clients nation-wide.



2.b.3 Logistics

CSG will be flexible in working with MLTC throughout the project to assure the appropriate staffing roles, processes, and procedures are in place and that our team adheres to all logistical requirements detailed in the RFP.

CSG’s Approach to Meeting Logistics Requirements

Address the bidder’s approach to meeting each requirement in a table that contains the requirement and the bidder’s approach to meeting the requirement

The following table includes CSG’s approach to meeting the logistics requirements.

RFP Requirements and CSG’s Approach to Meeting Each Requirement	
1.	Must store all work products in DHHS designated repository and using designated folder structure.
CSG acknowledges and agrees that all documentation and deliverables produced in the performance of the IV&V services will be stored in the DHHS designated document repository using the designated folder structure.	
2.	Must have controlled access to all contractor facilities where any contract related work is performed in compliance with privacy and security requirements.
CSG employs internal controls to ensure that secure client data is inaccessible to unauthorized parties. At the onset of each project launch, CSG team members receive training and instructions for the handling of client data. CSG confirms access to all MLTC project information will be controlled in compliance with DHHS and MLTC privacy and security requirements when on-site in Lincoln as well as when contract work is conducted remotely from CSG headquarters or team members’ remote offices.	

Overview of CSG’s Facilities for Offsite Work

Provide an overview and describe the bidder’s facilities where contractor staff may perform work when not on-site in Lincoln

As appropriate, the CSG team will remotely provide IV&V services from our Chicago headquarters or their home offices. CSG ensures that our IV&V team is always equipped with the proper hardware, software, and connectivity, including video conference call capabilities, to properly execute their project responsibilities. We ensure controlled access to all project information when working offsite in compliance with privacy and security requirements.

2.b.4 Privacy and Security

CSG will adhere to all MLTC, DHHS, State, and federal privacy and security requirements. The following sections provide our capabilities for addressing privacy and security during the project.

CSG’s Approach to Meeting Privacy and Security Requirements

Address the bidder’s approach to meeting each requirement in a table that contains the requirement and the bidder’s approach to meeting the requirement.

The CSG IV&V Team helps manage the risk associated with privacy and security of systems and personal information. Our experts are versed in best practices for guarding electronically protected health information and other personal data. We provide guidance on proven approaches, processes, and



operating procedures to ensure you stay ahead of technological advances and evolving threats. The following table addresses our approach to meeting each privacy and security requirement.

RFP Requirements and CSG' Approach to Meeting Each Requirement	
1.	<p>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. email). The plan must be approved by DHHS prior to the contractor having access to project materials.</p> <p>As a vendor for many HIPAA and PII covered entities, CSG and our team members are a business associate and must assure any PHI and PII is protected and secured. While all team members will undergo any required State security and privacy training, we also recognize the need for our teams to develop a HIPAA/PII Privacy and Security Plan. CSG has developed a guide for our teams to use that provides the basis for developing a plan to protect PHI and PII that aligns with the State's policies and procedures. The HIPAA/PII Privacy and Security Plan outlines the procedures for managing the protection of PHI and PII, throughout a project and includes:</p> <ul style="list-style-type: none"> ➤ Statutory basis and definitions of how privacy and security are defined under HIPAA regulations ➤ Roles and responsibilities ➤ Principles and boundaries for the use of PHI and PII ➤ Appropriate communication channels if CSG team members discover unauthorized access or disclosure of PHI or PII
2.	<p>Must comply with all security and privacy laws, regulations, and policies, including HIPAA, and related breach notification laws and directives.</p> <p>CSG has had no breach of the security, confidentiality, or integrity of any of our customer's data. We abide by all local, State, and federal laws and policies regarding protected information, including confidential data, PII, PHI, and sensitive and non-sensitive client data.</p>
3.	<p>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.</p> <p>Each CSG employee receives PHI, PII, and HIPAA compliance training when hired at CSG. We also provide ongoing training prior to each new engagement with a client where exposure to confidential information is probable. Our Compliance Officer trains our staff on best practices for safeguarding electronically protected health, tax, and personally identifiable information, as well as any other personal data.</p> <p>CSG has strict guidelines on the confidentiality of this personal information, prohibiting employees from storing, transmitting, or disclosing this data. Each employee and subcontractor are required to sign an acknowledgement of these confidentiality guidelines, indicating their understanding and agreement to comply with CSG's policies. If an employee is found to have violated this policy, they are subject to disciplinary action, up to and including, termination.</p>
4.	<p>Must take all reasonable industry recognized methods to secure the system from un-authorized access.</p>



RFP Requirements and CSG' Approach to Meeting Each Requirement

CSG employs internal controls to ensure that secure client data is inaccessible to unauthorized parties. We will take all reasonable industry recognized methods to secure the system from unauthorized access. All CSG devices are protected by industry standard virus protection software which is automatically updated on a regular schedule; have installed all security patches which are relevant to the applicable operating system and any other software system; and have encryption protection enabled at the operating system level. CSG security protocols that are on all CSG team members computers and devices include:

- Secure, cloud-based TeamCSGSM SharePoint toolset which utilizes strong two-factor authentication and Azure Information Protection.
- Cisco ASA with Intrusion Detection and Intrusion Prevention features. The Cisco Intrusion Detection feature would notify administrators by email in the event of an intrusion. It would then eliminate the intrusion by disconnecting the session and black holing any TCP/IP communication sent from that IP for a limited time.
- Barracuda Secure Gateway appliance to log all activity and notify administrators via email when a threat is detected including items such as Cryptowall or malware.

In addition, CSG utilizes the BitSight security examination and rating technology to ensure our systems have the highest level of protection against intrusion always in place. BitSight uses a rating system of Basic, Intermediate, or Advanced. According to BitSight: "Organizations with high ratings historically have strong security postures and provide the lowest risk. The average rating is a 700." CSG has a BitSight rating of 770 which is in the 'Advanced' rating group. We are continually monitoring our systems and ensuring we keep up with the latest technologies designed to thwart any type of intrusion. Our own continual monitoring along with the use of BitSight ensures we are aware of and addressing the ongoing threats that require all companies to effectively handle security risk management

5.	Must permanently destroy all confidential data and protected health information entrusted to the contractor for the performance of the contract upon approval of DHHS.
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CSG agrees to permanently destroy all confidential data and protected health information entrusted to our team during the performance of the contract upon approval of DHHS.

Proposed Security Strategy, Methodology, and Capabilities

Description of the proposed strategy, methodology and capabilities for systems, operational and physical security

Each CSG employee is aware of the significance of protecting confidential information, and we ensure that proper controls are applied to prevent copying, disclosure, or other misuse of the information. CSG policies for how information is handled are determined by laws, regulations, business requirements, company commitments, and contractual requirements.

Our approach was developed in accordance with the U.S. Department of Health and Human Services' final Security Rule published in February 2003. We employ the following safeguards for protecting the confidentiality, integrity, and availability of PHI:

- **Administrative Safeguards** include the administrative actions, policies, and procedures to manage the selection, development, implementation, and maintenance of security measures to protect PHI; and to manage the conduct of our workforce in relation to the protection of that



information. These administrative safeguards include security management processes, information access management, workforce training and management, and periodic assessment.

- **Physical Safeguards** include the physical measures, policies, and procedures to protect electronic information systems and related buildings and equipment from natural and environmental hazards and unauthorized intrusion. These physical safeguards include facility access and control, and workstation and device security.
- **Technical Safeguards** include the technology, policies, and procedures that protect PHI and control access to it. These technical safeguards include access controls, audit controls, integrity controls, and transmission security.

The following table describes CSG’s privacy and security procedures, approach, and methodology for implementing the safeguards listed above.

Privacy and Security Procedure	Approach and Methodology
Employee Handbook	CSG’s Employee Handbook outlines our policies for handling various types of confidential information. Employees are required to read the handbook prior to completion of their new hire orientation and sign an acknowledgement form indicating they understand and accept the policies.
Employee Non-Disclosure Agreements	CSG employees are required to sign a non-disclosure agreement upon hire. The agreement stipulates that the employee will not disclose any confidential company or client information without proper authorization.
Awareness Training	CSG provides awareness training on the protection of PHI, PII, and tax information. Each CSG employee receives this training during orientation and signs an acknowledgement form indicating their understanding and agreement to comply with CSG’s policies. CSG also provides follow up training during project launch activities for projects where exposure to confidential information is probable. This training is provided to both CSG employees, and any subcontractors engaged on the project.
Designation of Privacy Officer	CSG has designated Kirk Swanson, CFO, as the company’s Privacy Officer. Employees are informed of this designation in the Employee Handbook and in the Awareness Training, and they are instructed to report any confidential information breaches to the Privacy Officer.
Privacy and Security Plans	CSG Project Managers are required to document a Privacy and Security Plan for projects that have potential exposure to confidential information. This Plan documents the procedures that are to be followed to ensure protection of confidential information on the project. The Plan is reviewed and approved by CSG’s Privacy Officer as well as a designated representative from MLTC or DHHS.
Risk Monitoring and Tracking	CSG Project Managers monitor the risk of an unauthorized disclosure or use of confidential information through use of the risk manage function of <i>TeamCSGSM Project Management</i> . The risk is tracked on an ongoing basis by the IV&V Project Manager and is monitored and reported on in weekly status meetings, as well as in executive review meetings as required.
Information System Security Controls	CSG employs robust procedures to control access to and provide monitoring of access to CSG’s systems, including those that may access confidential DHHS and MLTC information.



Sample Privacy and Security Plan from a previous project

Privacy and Security Plan template with instructions and procedures for completing the template

As a vendor for many HIPAA and PII covered entities, CSG and our team members are a business associate and must assure any PHI and PII is protected and secured. While all team members undergo any required State security and privacy training, we also recognize the need for our teams to develop a HIPAA/PII Privacy and Security Plan. CSG has developed a guide for our teams to use that provides the basis for developing a plan to protect PHI and PII that aligns with State's policies and procedures. The HIPAA/PII Privacy and Security Plan outlines the procedures for managing the protection of PHI and PII, throughout a project and includes:

- Statutory basis and definitions of how privacy and security are defined under HIPAA regulations
- Roles and responsibilities
- Principles and boundaries for the use of PHI and PII
- Appropriate communication channels if CSG team members discover unauthorized access or disclosure of PHI or PII

Following is an abridged sample of the template our teams use to develop the HIPAA Privacy and Security Plan. This sample is from another state agency project and has been redacted to remove client and project-specific information.



<CLIENT NAME>
 <PROJECT NAME>

HIPAA PRIVACY AND SECURITY PLAN

VERSION <X.X>
 STATUS: <DRAFT, FINAL>

DATE: <DATE CREATED, UPDATED>

<Project Name>
HIPAA Privacy and Security Plan

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<Project Name>
HIPAA Privacy and Security Plan

1. OVERVIEW

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) was enacted on August 21, 1996. The purpose of HIPAA is to improve the portability and continuity of health insurance coverage and to establish national standards to protect the privacy of individually identifiable health information. HIPAA required the Secretary of Health and Human Services (the Secretary) to issue privacy regulations governing individually identifiable health information. The Secretary issued the Privacy Rule, on December 28, 2000. In March 2002, the Secretary published modifications to the Privacy Rule. The Secretary published the Security Rule in February, 2003. The final regulations and modifications can be found in the Code of Federal Regulations (45 CFR Part 160 and Part 164).

The Office of Civil Rights administers and enforces the Privacy Rule and the Security Rule. Penalties for an unauthorized disclosure of protected health information are severe and can result in imprisonment and fines up to \$1.5 million.

As provided by federal law, Title XIII of the American Recovery and Reinvestment Act of 2009 (ARRA), also known as the Health Information Technology Economic and Clinical Health (HITECH) Act, a business associate that contracts with a HIPAA covered entity is required to comply with the provisions of the HIPAA Privacy and Security Rules. <State Department X> is a HIPAA covered entity, and CSG is a business associate while working on the <ABC Planning Project>.

The HIPAA Privacy and Security Rules govern the authorized disclosure of protected health information (PHI). PHI is any individually identifiable health information held or transmitted by a covered entity or its business associate, in any form or media, whether electronic, paper, or oral.

Individually identifiable health information is information, including demographic data, which relates to:

- > the individual's past, present, or future physical or mental health or condition,
- > the provision of health care to the individual, or
- > the past, present, or future payment for the provision of health care to the individual,
- > and identifies the individual or provides a reasonable basis to believe it can be used to identify the individual.

This HIPAA Privacy and Security Plan outlines the procedures for managing the protection of PHI throughout the <ABC Planning Project>. The objectives of this HIPAA Privacy and Security Plan are as follows:

- > Provide the statutory basis and definitions of how privacy and security are defined under HIPAA regulations.
- > Provide roles and responsibilities for CSG and the <State Department X> project team.

<Project Name>
HIPAA Privacy and Security Plan

4. ROLES AND RESPONSIBILITIES

Total Section Length: 1 page
 Description: This section describes the specific roles and responsibilities of team members involved in the HIPAA privacy and security process.

The table below provides a listing of key roles and responsibilities for the HIPAA privacy and security of the <ABC Planning Project>.

Table 1: HIPAA Privacy and Security Roles and Responsibilities

Role	Name, Title	Responsibility
CSG Project Team Member		> Identify and report any unauthorized access or use of PHI using the HIPAA Incident Report Form and procedures.
CSG Project Manager		> Identify and report any unauthorized access or use of PHI using the HIPAA Incident Report Form and procedures. > Develop and ensure the HIPAA Privacy and Security Plan is followed.
CSG HIPAA Privacy Official	Kirk Swanson CSG Chief Financial Officer	> Review the HIPAA Privacy and Security Plan and HIPAA Incident Reports for validity and report qualified incidents to the <State Department X> HIPAA Privacy Official.
<State Department X> HIPAA Privacy Official		>
<State Department X> Project Team Members		>

<Project Name>
HIPAA Privacy and Security Plan

5.4 Security Incident Report

As defined in 45 CFR 164.304, a security incident is the attempted or successful unauthorized access, use, disclosure, modification, or destruction of PHI. The rule specifically excludes three situations: 1) an "unintentional" acquisition, access, or use of PHI by a workforce member or individual acting under the authority of the covered entity or business associate that is made in good faith, within the course or scope of employment or other professional relationship, and is not further used or disclosed in an unlawful manner under the HIPAA Privacy Rule; 2) an "inadvertent" disclosure to another authorized person at the same covered entity, business associate, or organized healthcare arrangement, and the PHI is not further used or disclosed in an unlawful manner under the HIPAA Privacy Rule; and 3) a disclosure where the covered entity or business associate had a good-faith belief that the unauthorized person to whom the information was disclosed would not reasonably be able to "relinquish" such information.

A security incident in the context of this project includes unauthorized access, use, or disclosure of PHI to a person who has not signed a Business Associate Agreement, as well as any inadvertent modification or destruction of PHI discovered during the course of the project, unless the incident meets one of the specific exclusions noted above. If an incident occurs, the form depicted in the figure below will be completed and submitted to the HIPAA Privacy Officials listed in Section 4, Roles and Responsibilities, of this Plan in accordance with the timeline specified in the Business Associate Agreement.



Figure 1: HIPAA Security Incident Report Form

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<Project Name>
HIPAA Privacy and Security Plan

5. PROJECT PROCEDURES

Total Section Length: 2-3 pages
 Description: This section describes the specific procedures that address the Privacy and Security Rules for this project.

The following sections provide the procedures implemented on this project to address each of the areas defined in the Security Rule.

5.1 Administrative Safeguards

Section Length: 1/2 page
 Description: This section describes the administrative safeguards in place for this project.

EXAMPLE: State Department X, ABC Planning Project

- > CSG provides HIPAA awareness training to each employee during new hire orientation. Employees sign an acknowledgement form confirming completion of the training which is kept in the employee's personnel file.
- > CSG provides HIPAA awareness training to each CSG project team member and subcontractor on the project prior to the start of the project. Any CSG project team member or subcontractor added after the start of the project also receives training prior to starting work on the project. Each CSG project team member or subcontractor signs an acknowledgement that he/she has received the training prior to starting on the project.
- > Each CSG project team member and subcontractor signs a Business Associate Agreement provided by <State Department X> prior to starting on the project.
- > CSG prepares a HIPAA Privacy and Security Plan for the project and obtains sign off on the Plan from a representative of <State Department X>.
- > A risk is added to the project site at the beginning of the project to ensure access to and protection of PHI is continuously monitored throughout the project.
- > Risk status is monitored by the CSG HIPAA Privacy Official (CSG's Chief Financial Officer) at weekly project status meetings.
- > Risks and response plans are reviewed with CSG's senior management at quarterly project review meetings.





Workforce Privacy and Security Awareness

Description of how workforce privacy and security awareness is supported.

If a CSG employee encounters PHI in any form, our employees are trained on how to properly handle this situation. All CSG employees are required to take our HIPAA training course, during the internal project launch meeting scheduled during project initiation to stay current on the latest HIPAA and privacy and security regulations. Each employee attests to their understanding of HIPAA regulations via signed acknowledgment managed by our Privacy Officer. CSG's workforce awareness policies and procedures include:

- Our operations and systems adhere to federal and State regulations and guidelines related to security and confidentiality and meet all privacy and security requirements.
- CSG agrees to sign a HIPAA business associate's agreement when dealing with systems managing PHI and will comply with all HIPAA requirements as interpreted by DHHS and MLTC policies.
- All employees granted access to project material have usernames and assigned passwords.
- All electronic mail communications that contain client data are encrypted in accordance with federal and Nebraska requirements and policy. CSG agrees to encrypt all data that is submitted to the State Agency in electronic format, and we agree to use the Agency's encryption software, when appropriate, in correspondence with the Agency via electronic mail.

Approach to Monitoring for Security Violations

Description of the approach to monitoring attempted security violations and the actions that will be taken when security violation attempts are made as well as breaches.

CSG operates in compliance with all applicable HIPAA requirements, including 45 C.F.R. Parts 160 and 164 (Security and Privacy). CSG trains all personnel in HIPAA requirements prior to performing work on the project. CSG requires personnel to sign confidentiality agreements prior to accessing PHI and PII. CSG prepares a Privacy and Security Plan which documents policies and procedures that are followed to ensure compliance with HIPAA requirements throughout the life of the project. The Plan is reviewed and approved by the MLTC IV&V Project Manager and if requested, the State Information Security Officer. The Plan is also reviewed with all project personnel prior to performing any work on the project. The Plan includes a clear definition of a security breach, in compliance with the RFQ requirements, and contains a Security Incident Report form that personnel must complete and submit to the MLTC IV&V Project in the event of a potential HIPAA violation or security breach. The Security Incident Report contains the following:

- Date and time of the incident
- Date and time the incident was discovered
- Name and position of person who discovered the incident
- How the incident was discovered
- Description of the incident, the data involved, specific data elements, and whether the information was encrypted or protected by another means
- Potential number of data records involved
- Location where the incident occurred
- Information technology involved (e.g., desktop, laptop, email, server, mainframe, etc.)



c. Technical Considerations

The CSG team is not planning on utilizing any State-owned laptops, or other equipment, unless the use of the laptops is required to access certain systems the IV&V team will need to perform their work (e.g., data containing PHI/PII, Social Security Administration, (SSA), Federal Tax Data (FTD). However, the CSG team will need access to project tools, (e.g., SharePoint, shared drives, multi-media equipment), project meetings, project artifacts and deliverables, project schedules, and other appropriate artifacts as required to conduct the ongoing IV&V assessments. In addition, access will be provided to project sites needed to review and post comments to documents and deliverables.

The CSG IV&V Team will be provided ample workspace at the project facility when necessary and will have access to Wi-Fi or networking, conference rooms, as well as conference phone and projection equipment. When not at the Lincoln offices, the CSG team will have remote access to systems as determined with MLTC during project planning. All login credentials and network provisions will be established for both on-site and offsite purposes. Security and access badges will be ordered and available the first day the consultant arrives on-site in the Lincoln offices.



d. Detailed Work Plan

The IV&V Project Management Plan includes the activities and deliverables required to develop a detailed work plan defining each phase of the project, how it will be initiated, planned, executed, monitored, controlled, and closed. This becomes the foundation for the IV&V work plan as shown in the graphic below.

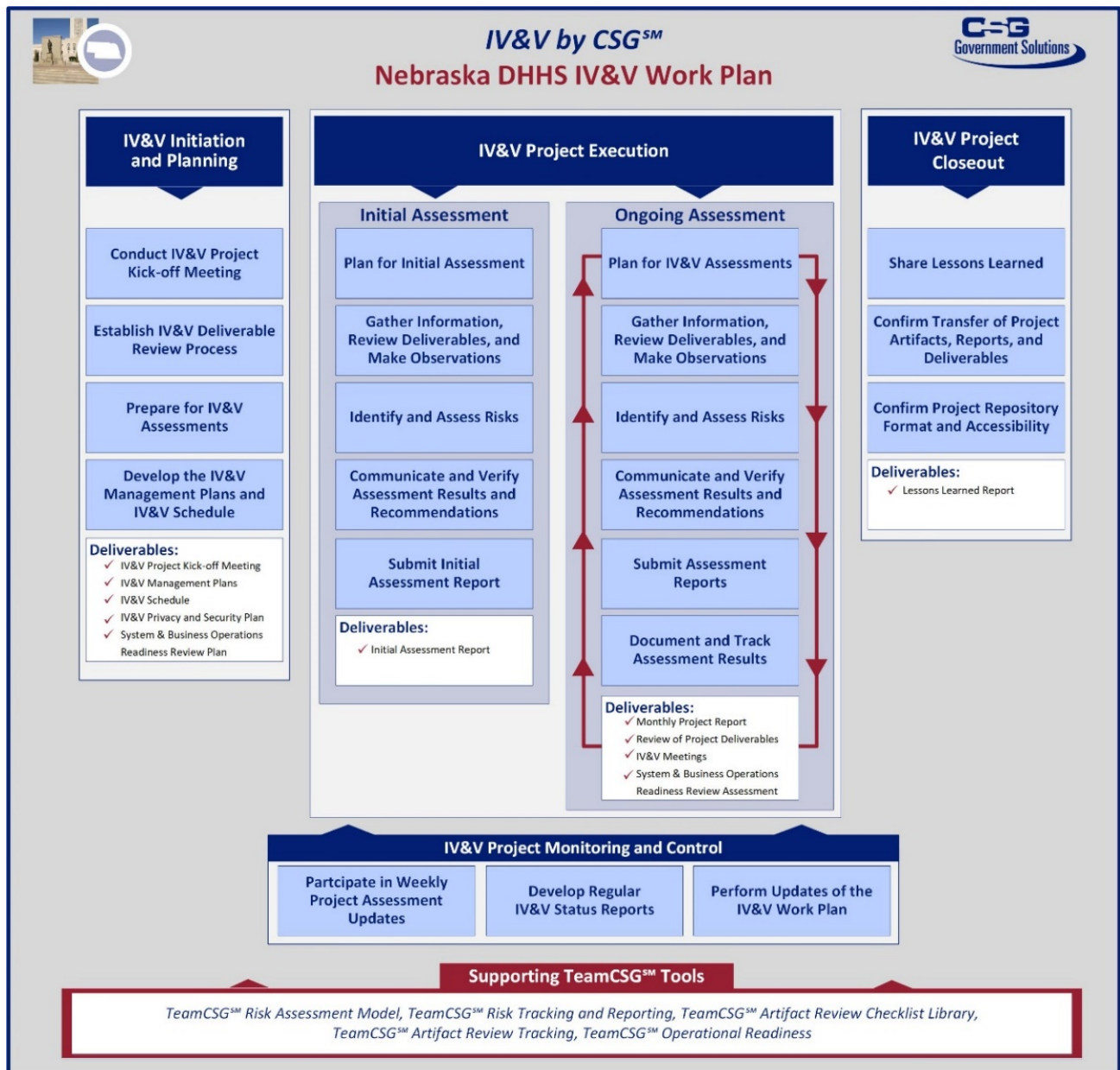


Figure 28: CSG’s Work Plan for the Nebraska DHHS IV&V projects



e. Deliverables and Due Dates

The following table includes a summarized list of the expected deliverables to be submitted by CSG in the performance of this RFP. We have included the frequency and the expected due date following the execution of a contract and establishment of a project start date. The final list of deliverables will be established in the IV&V Management Plan, agreed upon by both CSG and DHHS.

Deliverable	Frequency	Due
IV&V Project Management Plan	1 time	30 days after IV&V project start
IV&V Privacy and Security Plan	1 time	Prior to access to PHI
IV&V Schedule	1 time	30 days after project start
IV&V Management Plan	1 per each project	30 days after project start
System and Business Operations Readiness Review Plan	Per implementation	90 days prior to acceptance testing schedule date
System and Business Operations Readiness Review Assessment	Per implementation	To be established
Critical Incident Reports	As needed	
IV&V Weekly Status Report	1 per project Weekly	To be established
IV&V Monthly Status Report	1 per project Monthly	5 business days after month end
IV&V Progress Report	Quarterly and/or prior to CMS gate review	To be established following review of individual project schedules
Project Deliverable / Work Product Review Results	TBD	To be established following review of individual project deliverable schedules.
Procurement Communication Integrity Plan	1 time	30 days after project start or when needed