NEBRASKA
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DEPT. OF HEALTH AND HUMAN SERVICES

Department of Health and Human Services

Request for Proposal

AccessNebraska Call Center Support

Request for Proposal (RFP) Number 113578 O3

Point of Contact:

René A. Botts and Carrie DeFreece
Department of Health and Human Services
301 Centennial Mall South, Suite 500
Lincoln, NE 68509
402-471-0727
dhhs.rfpquestions@nebraska.gov

Prepared by:
Automated Health Systems, Inc.
9370 McKnight Road, Suite 300
Pittsburgh, PA 15237

AUTOMATED HEALTH SYSTEMS

December 2, 2022

ATTN: René A. Botts/Carrie DeFreece RFP 113578 O3
Department of Health and Human Services
301 Centennial Mall South, Suite 500
Lincoln, NE 68509

Dear Ms. Botts and Ms. DeFreece,

Automated Health Systems (AHS) is pleased to submit our proposal in response to the Nebraska Department of Health and Human Services (DHHS) Request for Proposal for Contractual Services Number 113578 O3 for AccessNebraska Call Center Support services.

AHS has over 35 years of experience managing contact centers for a range of government clients. Our experience includes more than ten years of experience providing eligibility operations and more than six years of experience delivering outstanding service for DHHS as the State's Medicaid Enrollment Broker Contractor. In this role, we have supported DHHS with the successful transition to the Heritage Health Program and launch of Medicaid expansion, all while achieving outstanding performance. In our six years as a DHHS contractor, we have only missed one Service Level Agreement (SLA) – in March 2020, we were 0.05% above our abandonment rate SLA. This high performance is not limited to our administration of the Nebraska Enrollment Broker Project; we have consistently met SLAs in other contracts, including our eligibility call center contracts.

We combine this solid history of performance with our proven technical solution that currently supports over 12 million Medicaid eligibles and has been proven to support high accuracy rates, experience key personnel, and a successful history of timely contract implementations in a wide range of timeframes. As a result, we will achieve key benefits for DHHS, including low error rates resulting from deep corporate experience in eligibility operations, parallel service with the Customer Service Centers (CSCs) that serve DHHS, and prompt response to fluctuating volumes resulting from experience with eligibility call centers and associated Medicaid business cycles.

If you have any questions, please do not hesitate to contact me. I can be reached at the information below:

Joseph P. Cain III, CPA, Chief Financial Officer
Address: 9370 McKnight Road, Suite 300
                Pittsburgh, PA 15237
Phone: (412) 367-3030 ext. 2210
Fax: (412) 367-1213
Email: ahsexecutivegroup@automated-health.com

Thank you for the opportunity to submit a proposal in response to this RFP. We look forward to continuing our partnership with DHHS through a new and exciting opportunity.

Sincerely,

Joseph P. Cain III, CPA
Chief Financial Officer

ATTACHMENT 1

Form A
Bidder Proposal Point of Contact
Request for Proposal Number 113578 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 bidder's name and address, and the specific person(s) who are responsible for preparation of the bidder's response.

Preparation of Response Contact Information	
Bidder Name:	Automated Health Systems, Inc.
Bidder Address:	9370 McKnight Rd Pittsburgh, PA 15237
Contact Person & Title:	Gail Trautmann, Capture Manager
E-mail Address:	GTrautmann@automated-health.com
Telephone Number (Office):	412.367.3030 x 2225
Telephone Number (Cellular):	412.302.5926
Fax Number:	412.367.1213

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

Communication with the State Contact Information	
Bidder Name:	Automated Health Systems, Inc.
Bidder Address:	9370 McKnight Rd, Pittsburgh, PA 15237
Contact Person & Title:	Joseph Cain III, CPA, Chief Financial Officer
E-mail Address:	ahsexecutivegroup@automated-health.com
Telephone Number (Office):	412.367.3030 x 2210
Telephone Number (Cellular):	412.956.7092
Fax Number:	412.367.1213

ATTACHMENT 2

FORM B

REQUEST FOR PROPOSAL FOR CONTRACTUAL SERVICES FORM

BIDDER MUST COMPLETE THE FOLLOWING

By signing this Request for Proposal for Contractual Services form, the bidder guarantees compliance with the procedures stated in this Solicitation, and agrees to the terms and conditions unless otherwise indicated in writing and certifies that bidder 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.

__x__ 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 MANUALLY IN INK OR BY DOCUSIGN

FIRM:	Automated Health Systems, Inc.
COMPLETE ADDRESS:	9370 McKnight Rd, Pittsburgh, PA 15237
TELEPHONE NUMBER:	412.367.3030
FAX NUMBER:	412.367.1131
DATE:	November 3, 2022
SIGNATURE:	
TYPED NAME & TITLE OF SIGNER:	Joseph Cain III, CPA, Chief Financial Officer

II. TERMS AND CONDITIONS

Bidders should complete Sections II through VII as part of their proposal. Bidder should read the Terms and Conditions and should initial either accept, reject, or reject and provide alternative language for each clause. The bidder should also provide an explanation of why the bidder rejected the clause or rejected the clause and provided alternate language. By signing the solicitation, bidder 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 bidder 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 of Nebraska reserves the right to reject proposals that attempt to substitute the bidder's commercial contracts and/or documents for this solicitation.

The bidders should submit with their proposal any license, user agreement, service level agreement, or similar documents that the bidder wants incorporated in the Contract. The State will not consider incorporation of any document not submitted with the bidder'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:
grc			

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 (Contractor's response to the solicitation and properly submitted documents); and
5. 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:
gc			

Bidder 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)

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

The State reserves the right to appoint a Contract Manager to manage the contract on behalf of the State. The Contract Manager will be appointed in writing, and the appointment document will specify the extent of the Contract Manager authority and responsibilities. If a Contract Manager is appointed, the Contractor will be notified, and is expected to cooperate accordingly with the Contract Manager. The Contract Manager 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

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

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

F.   AMENDMENT

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

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 Response (Initial)	NOTES/COMMENTS:
Jrc			

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 sheet 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.

In the event any product is discontinued or replaced upon mutual consent during the contract period or prior to delivery, the State reserves the right to amend the contract or purchase order to include the alternate product at the same price.

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

H. VENDOR PERFORMANCE REPORT(S)

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

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:
grc			

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:
grc			

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. 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:
Jnc			

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:
Jnc			

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 Response (Initial)	NOTES/COMMENTS:
Jnc			

1. GENERAL

The Contractor agrees to defend, indemnify, and hold harmless the State and its employees, volunteers, agents, and its elected and appointed officials ("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 ("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 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 subcontractor's 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 (§ 81-8,294), Tort (§ 81-8,209), and Contract Claim Acts (§ 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. 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:
JrC			

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:
JrC			

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 or entity is involved in the transaction, the Contractor will remain responsible for performance of the contract until such time as the person or entity involved in the transaction agrees in writing to be contractually bound by this contract and perform all obligations of the contract.

P. FORCE MAJEURE

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

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.

Q. CONFIDENTIALITY

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

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.

R. 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.

S. 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.

T.   EARLY TERMINATION

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

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.

U.   CONTRACT CLOSEOUT

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

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 Contactor, person or entity in the assumption of any or all of the obligations of this contract;

5. Cooperate with any successor Contactor, 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.

113578 O3 AccessNebraska Call Center Support

III. CONTRACTOR DUTIES

A. INDEPENDENT CONTRACTOR / OBLIGATIONS

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

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:
Jrc			

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 https://das.nebraska.gov/materiel/purchase_bureau/vendor-info.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:
Jrc			

Contractor may be required to work with 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. PERMITS, REGULATIONS, LAWS

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

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.

F. OWNERSHIP OF INFORMATION AND DATA / DELIVERABLES

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

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.

G. INSURANCE REQUIREMENTS

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

The Contractor shall throughout the term of the contract maintain insurance as specified herein and provide the State a current Certificate of Insurance/Acord 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 five (5) 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 five (5) 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 contactors' employees to be engaged in work on the project under this contract and, in case any such work is sublet, the Contractor shall require the Subcontractor similarly to provide Worker's Compensation and Employer's Liability Insurance for all of the Subcontractor's employees to be engaged in such work. This policy shall be written to meet the statutory requirements for the state in which the work is to be performed, including Occupational Disease. **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

The Contractor shall take out and maintain during the life of this contract such Commercial General 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.**

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
If higher limits are required, the Umbrella/Excess Liability limits are allowed to satisfy the higher limit.	
WORKER'S COMPENSATION	
Employers Liability Limits	$500K/$500K/$500K
Statutory Limits- All States	Statutory - State of Nebraska
USL&H Endorsement	Statutory
Voluntary Compensation	Statutory
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
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 & policy 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.

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.

H.   ANTITRUST

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

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.

I.   CONFLICT OF INTEREST

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

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.

J.   ADVERTISING

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

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.

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

L. DISASTER RECOVERY/BACK UP PLAN

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

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.

M. DRUG POLICY

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

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.

N. WARRANTY

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within Solicitation Response (Initial)	NOTES/COMMENTS:
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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 the State, or if Contractor is unable to perform the services as warranted, Contractor shall reimburse the State all 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.

O. LOBBYING

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

1. No federal or state funds paid under this RFP shall be paid for any lobbying costs as set forth herein.
2. Lobbying Prohibited by 31 U.S.C. § 1352 and 45 CFR §§ 93 et seq, and Required Disclosures.
   a. Contractor certifies that no federal or state appropriated funds shall be paid, by or on behalf of Contractor, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of

Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this award for: (a) the awarding of any federal agreement; (b) the making of any federal grant; (c) the entering into of any cooperative agreement; and (d) the extension, continuation, renewal, amendment, or modification of any federal agreement, grant, loan, or cooperative agreement.

b. If any funds, other than federal appropriated funds, have been paid or will be paid to any person for influencing or attempting to influence: an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with Contractor, Contractor shall complete and submit Federal Standard Form-LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions.

3. Lobbying Activities Prohibited under Federal Appropriations Bills.

a. No paid under this RFP shall be used, other than for normal and recognized executive-legislative relationships, for publicity or propaganda purposes, for the preparation, distribution, or use of any kit, pamphlet, booklet, publication, electronic communication, radio, television, or video presentation designed to support or defeat the enactment of legislation before the Congress or any State or local legislature or legislative body, except in presentation of the Congress or any State or local legislature itself, or designed to support or defeat any proposed or pending regulation, administrative action, or order issued by the executive branch of any state or local government itself.

b. No funds paid under this RFP shall be used to pay the salary or expenses of any grant or contract recipient, or agent acting for such recipient, related to any activity designed to influence the enactment of legislation, appropriations, regulation, administrative action, or Executive order proposed or pending before the Congress or any State government, State legislature or local legislature or legislative body, other than normal and recognized executive legislative relationships or participation by an agency or officer of an State, local or tribal government in policymaking and administrative processes within the executive branch of that government.

c. The prohibitions in the two sections immediately above shall include any activity to advocate or promote any proposed, pending or future federal, state or local tax increase, or any proposed, pending, or future requirement or restriction on any legal consumer product, including its sale of marketing, including but not limited to the advocacy or promotion of gun control.

4. Lobbying Costs Unallowable Under the Cost Principles. In addition to the above, no funds shall be paid for executive lobbying costs as set forth in 45 CFR § 75.450(b). If Contractor is a nonprofit organization or an Institute of Higher Education, other costs of lobbying are also unallowable as set forth in 45 CFR § 75.450(c).

P.   AMERICAN WITH DISABILITIES ACT

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

Contractor shall comply with all applicable provisions of the Americans with Disabilities Act of 1990 (42 U.S.C. 12131–12134), as amended by the ADA Amendments Act of 2008 (ADA Amendments Act) (Pub.L. 110–325, 122 Stat. 3553 (2008)), which prohibits discrimination on the basis of disability by public entities.

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:
Jrc			

Invoices for payments must be submitted by the Contractor to the agency requesting the services with sufficient detail to support payment. Invoices must include the following information:

- Billing period
- Number of calls handled and/or made
- Average Handled Time (AHT)
- The tier you are billing for and the dollar amount
- Printing and postage dollar amount. On an attached document itemize the postage and printing with. Customer name, number of pages printed, postage amount and the mailing date.

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:
Jrc			

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 corporate 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)

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:
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The Parties shall pay their own costs of the audit unless the audit finds a previously undisclosed overpayment by the State. If a previously undisclosed overpayment exceeds three (3) percent 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.

TABLE OF CONTENTS

1 CORPORATE OVERVIEW

1.a Contractor Identification and Information

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

Our full corporate name is Automated Health Systems, Inc.

The address for our headquarters is 9370 McKnight Road, Pittsburgh, PA 15237.

AHS is a privately held C corporation incorporated in the Commonwealth of Pennsylvania.

We currently operate call centers for various health and human service programs in Florida, North Carolina, Missouri, Massachusetts, Ohio, Tennessee, Nebraska, Maryland, Delaware, St. Louis, Missouri, Rhode Island, and Wyoming.

AHS first organized to do business in 1979. Our incorporation date in our current form is June 29, 2000.

1.b Financial Statement

If the bidder 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.

Recent financial statements are available in Appendix A. Our banking reference is:

Sabrina R. Renfrew, Vice President – Treasury Management
First National Bank
596 South Pike Road
Sarver, PA 16066
724-316-6787
Renfrew@fnb-corp.com

1.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 bidder should describe the circumstances of such change and indicate when the change will likely occur. Any change of ownership to an awarded bidder(s) will require notification to the State.

AHS has no anticipated change of ownership during the 12 months following the proposal due date.

1.d Office Location

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

The office locations responsible for performance pursuant to an award of a contract with the State of Nebraska include our Pittsburgh, PA headquarters for mail fulfillment services and Tallahassee, FL for our call center operations and Project management.

Onsite call center operations will take place from our facility located at 2728 Centerview Drive, Tallahassee, FL 32301. This facility includes a generator, workstations (with dual monitors that increase productivity by 40%), training rooms, and conference rooms. Our Key Personnel (described in Section 1.i) are located in our Florida facility, resulting in high levels of ongoing employee and performance management for call center operations.

Exhibit 1. AHS Florida Facility

Our Florida facility is fully operational.

All mail operations will take place at our Pittsburgh, PA-based Mail Fulfillment Center, which is equipped with multiple copiers/printers, folders/inserters, and digital mailing meters. Our Pittsburgh, PA Mail Fulfillment Center is located in our headquarters, providing direct access to several Executive Team and IT Team members, allowing for rapid identification and resolution of any issues. Additional details on our Mail Fulfillment Center are provided in Section 3.7.

1.e   Relationships with the State

The bidder should describe any dealings with the State over the previous five (5) years. If the organization, its predecessor, or any Party named in the bidder's proposal response has contracted with the State, the bidder should identify the contract number(s) and/or any other information available to identify such contract(s). If no such contracts exist, so declare.

We currently have a contract with the State of Nebraska, Contract Number 71172 O4 to provide Medicaid Enrollment Broker services.

In 2016, we were selected as the prime contractor for the State of Nebraska's Medicaid Enrollment Broker as they rolled out the Heritage Health Initiative. We utilized a disciplined methodology to meet deliverables, implement on time, and ensure customers were supported as they selected a Health Plan and learned to navigate a new program. We executed our implementation in a coordinated manner that resulted in a successful readiness review.

Over our tenure, we have continued to evolve and grow with DHHS. For example, we worked with DHHS on the rollout of Medicaid Expansion in 2020. Our role was vital, as many Medicaid expansion eligibles had little or no experience with managed care. We developed a website specifically for Medicaid Expansion. Our training, scripting, system tools, and knowledgebase prepared our staff to:

- Work with callers who contacted us looking for help with the Medicaid application process
- Explain managed care and how to effectively navigate the care delivery system
- Deliver empowering choice counseling so eligibles were ready to make a best-fit choice

Our key achievements in this project are provided in Exhibit 2.

Exhibit 2. NE EB Project Achievements

Achievement	Details
Implemented Outreach Protocols	• Used an intense field-based effort with ongoing relationships to programs that serve customers with special needs • Identified fragile populations and connected with appropriate community-based organizations to ensure full support • Developed a series of PowerPoint materials, handouts, and fact sheets • Publicized upcoming outreach events on Project website calendar
Implemented Innovative Techniques	• Launched live chatting into Enrollment Broker operations • Earned high satisfaction rates for live chat services • Included a mobile-friendly website • Implemented specialized procedures to assist adoptive individuals with name and case changes to assure continuity of care in the Health Plan preferred by the adoptive parents
Incorporated Innovations	• Incorporated dynamic scripting that correctly populates the words for staff based on a caller's answer to a previous question to support consistency and accuracy • Incorporated live chat • Incorporated a website page specific to open enrollment that is available from September through December 15th
Outstanding SLA Adherence	• Over our six-year tenure in Nebraska, we have only missed one SLA for a single month: During September 2020, we missed our abandonment rate SLA by 1.25%

Our services successfully supported Nebraska through a monumental transition.

1.f   Bidder's Employee Relations to the State

If any Party named in the bidder's proposal response is or was an employee of the State within the past twelve (12) months, 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, so declare.

We declare that no party named in this proposal response is or was an employee of the State of Nebraska within the past 12 months.

1.g   Contract Performance

If the bidder 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 bidder's non-performance or poor performance, and the issue was either not litigated due to inaction on the part of the bidder or litigated and such litigation determined the bidder to be in default.

We have never had a contract terminated for poor performance or for default.

Automated Health Systems has a mutual separation agreement in place with the Florida Healthy Kids Corporation (FHKC) regarding the contract for Customer Relationship Management and Customer Engagement Center services for the Florida Healthy Kids (FHK) Program. The FHK contract was not cancelled or terminated for lack of performance. Contact information is as follows:

Florida Healthy Kids Corporation
1203 Governors Square Blvd #400
Tallahassee, FL 32301

NEBRASKA
DEPT. OF HEALTH AND HUMAN SERVICES

THE STATE OF NEBRASKA DEPARTMENT OF HEALTH AND HUMAN SERVICES (DHHS)
ACCESSNEBRASKA CALL CENTER SUPPORT (RFP) NUMBER 113578 O3

1.h Summary of Bidder's Corporate Experience

Provide narrative descriptions to highlight the similarities between the contractor's experience and this solicitation. These descriptions should include:

- *The time period of the project;*
- *The scheduled and actual completion dates;*
- *The bidder's responsibilities;*

For reference purposes, a customer name (including the name of a contact person, a current telephone number, a facsimile number, and e-mail address); and

- *Each project description should identify whether the work was performed as the prime Contractor or as a Subcontractor. If a contractor performed as the prime Contractor, the description should provide the originally scheduled completion date and budget, as well as the actual (or currently planned) completion date and actual (or currently planned) budget.*
- *Bidder and Subcontractor(s) experience should be listed separately. Narrative descriptions submitted for Subcontractors should be specifically identified as Subcontractor projects.*
- *If the work was performed as a Subcontractor, the narrative description should identify the same information as requested for the bidders above. In addition, Subcontractors should identify what share of contract costs, project responsibilities, and time period were performed as a Subcontractor.*

Our current contracts (Exhibit 3) demonstrate our comprehensive understanding of call center, outreach, and back-office processing operations. Each contract requires a similar scope of work as the ACCESSNebraska Call Center Project (AN CC Project) and connects vulnerable individuals to needed services.

Exhibit 3. Current Contracts

Project	Client	Description	Duration	Population Size
Ohio Enrollment Broker and Medicaid Hotline (OMH) Project	Ohio Department of Medicaid	Medicaid Enrollment Broker Services and Medicaid hotline services to provide ongoing information, referral, and education on Ohio's Medicaid programs. Includes mail fulfillment services.	1998 – Present	2.9 million
Florida Medicaid Enrollment Broker (FL EB) Project	Florida Agency for Health Care Administration	Medicaid Enrollment Broker Services for the State's Statewide Medicaid Managed Care Program. Includes mail fulfillment services.	2010 – Present	4.8 million
St. Louis Gateway to Better Health (GBH) Project	St. Louis Regional Health Commission	Application intake, eligibility determination, and Member and Provider Services for the GBH program that provides subsidized care. Includes inbound document processing and mail fulfillment services.	2011 – Present	20,000
TennCare Connect Project	Tennessee Healthcare and Finance Administration	Medicaid application intake, application processing, and ongoing Member support, including document intake Medicaid application processing. Includes inbound document processing services.	2014 – Present	1.4 million
Rhode Island Exchange Contact Center (RI CC) Project	HealthSource Rhode Island (HSRI)	Support for Qualified Health Plan (QHP) applicants as they apply for, shop, and purchase coverage, including document intake; ongoing case maintenance, general Medicaid information and application assistance.	2016 – Present	1 million
North Carolina Unemployment	North Carolina Division of	Unemployment insurance application assistance, and information, education,	2021 – Present	16,000

Project	Client	Description	Duration	Population Size
Services Call Center (NC CC) Project	Economic Security	and referral services on the State's unemployment programs.		
Nebraska Medicaid Enrollment Broker (NE EB) Project	Nebraska Department of Health and Human Services	Enrollment Broker Services for the State's Heritage Health Program. Includes mail fulfillment services.	2016 – Present	305,000
Maryland Medicaid Provider Enrollment Services (MD MPE) Project	Maryland Department of Health	Medicaid Provider Enrollment, Re-Validation, Re-Enrollment, and Update services.	2016 – Present	85,000
Delaware Health Benefit Manager (DE HBM) Project	Delaware Medicaid and Medical Assistance	Enrollment Broker Services for the State's Medicaid programs. Includes mail fulfillment services.	2019 – Present	238,000
Wyoming Medicaid Customer Service Center (WY CSC) Project	Wyoming Department of Health	Medicaid and CHIP application and eligibility support, including document intake, and ongoing benefits service expansion. Includes inbound document processing and mail fulfillment services.	2020 – Present	54,000
MassHealth Customer Service Center (MA CSC) Project	Massachusetts Executive Office of Health and Human Services	Medicaid and CHIP application and eligibility support, including document intake, Enrollment Broker services, and provider support.	2021 – Present	1.6 million
Missouri Beneficiary Support Services and Premium Collections (MO BSS) Project	Missouri Department of Social Services, MO HealthNet Division	Medicaid and CHIP Enrollment Broker Services and premium invoicing and payment processing for CHIP, Ticket to Work, and Spenddown; application assistance, general Medicaid information, education, and referral. Includes mail fulfillment services.	2021 – Present	581,000*

We have broad and relevant experience.

Of these contracts, we provide a description of the following Projects:

- TennCare Connect Project
- MA CSC Project
- OMH Project

TennCare Connect Project (formerly Tennessee Health Connection and CoverKids)

Time Period of the Project

We have supported the TennCare Connect Project as prime contractor though several contracts since 2014. Within this project, we were awarded the following contracts as prime contractor:

- Tennessee Health Connection (TNHC): 2014-2020
- Tennessee CoverKids: 2015-2018

- TennCare Connect: 2021; contract[1] expires in 2026

Scheduled and Actual Completion Dates

All Tennessee contracts started on time. Actual completion for TNHC and CoverKids aligned with the contract schedules. The TennCare Connect contract is still in progress.

Bidder's Responsibilities

Our work for this Project began with the provision of Medicaid application and eligibility intake services for the State of Tennessee, which included an extensive call center component (approximately 70,000 calls per month) and inbound document processing that involved processing almost 4,000 documents per day. We implemented several protocols to drive call center efficiency, accuracy, and compliance with State rules, including dynamic scripting, which is based on rules-driven logic and automatically presents the correct content to a caller's inquiry based on the response to a previous question. We have demonstrated our commitment to continuous quality improvement by making continuous enhancements to our scripting based on requests from TennCare and internal Project staff. We have made enhancements for: appeals, verifications, authorized representative protocols, application status, newborn applications, redeterminations, non-MAGI intake, address and other case changes, terminations, and other outbound campaigns.

We have continued to expand our call center services within this contract. Specifically, we:

- Received all redetermination inbound calls into our call center
- Provided updates to callers on the status of redetermination activity
- Filed appeals related to redetermination calls
- Performed outbound calls to members in the Medicare Savings Program (MSP) program to update addresses related to redetermination activities
- Staffed a dedicated Help Desk to assist callers with technical issues related to the TennCare Connect Member Portal and TennCare Connect Mobile App

Our document processing trajectory is outstanding and highlighted by quality rates that consistently exceed 99%. We scan, image, and index documents within 24 hours of receipt and have met all SLAs for timeliness since contract inception.

Within our work in Tennessee, we have also provided call center and eligibility processing for the State's CoverKids (CHIP) program. In 2015, we were selected for the Tennessee CoverKids Children's Health Insurance Program (CHIP)'s application and eligibility determination. We received and reviewed documents for completeness and entered application information into our CRM, upon which our Rules Engine accessed MAGI-in-the-Cloud. Based on the results from MAGI-in-the-Cloud, our system completed the eligibility determination, approved/denied/pended the application, and generated mailings as appropriate. We scanned, imaged, and indexed documents within 24 hours (approximately 700 pages per day) and had comprehensive quality processes in place to ensure we met SLAs for timeliness, turnaround,

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[1] This contract was a renewal of the original TNHC contract with an expanded scope of work to include eligibility processing.

and accuracy. Specifically, different staff members were responsible for scanning, preliminary eligibility assessment, and final eligibility determination.

Our implementation of CoverKids marked several critical benefits to the State. Specifically, we completely revamped the CoverKids program to result in:

- Enhanced customer service with more consistent and accurate information that ultimately improved customer service, first call resolution, and timely processing
- Improved data and reporting paperless application processing
- Multiple bi-directional interfaces with the State, carriers and other vendors that eliminated gaps in data currency and improved the timely processing of applications and facilitated appropriate entry into the Health Plans

We participated with the State and their Contractors to develop an entirely new Program Eligibility Manual, mailing notices, and multiple forms and reports. This collaboration demonstrates our partnership and flexibility. Furthermore, the Eligibility Manual underwent more than 25 extensive revisions that resulted in ongoing changes and modifications to our systems configuration, workflows, processes, policies and procedures, and training materials during our implementation.

We were instrumental in supporting the State with the rollout of the Tennessee Eligibility Determination System (TEDS) and supporting applicants and members with questions on how to use and navigate TEDS. We worked closely with TennCare during the rollout to understand our role and achieved their "consolidated contact center that supports" the positive health and wellbeing of TennCare's service population by

Did You Know?

TennCare selected CoverKids for the initial pilot of the Tennessee Eligibility Determination System (TEDS), and CoverKids data was the first data that was populated into TEDS, demonstrating TennCare's confidence in our accuracy, expertise, and partnership.

providing the best customer service to every appellant, applicant, member and partner through an integrated service model"[2] and transformed the overall customer experience into a comprehensive repository for member services. Our role in supporting the State with this vision was instrumental in helping the State earn the National Association of State Chief Information Officers (NASCIO) 2019 State IT Recognition Award. We bring this collaboration, expertise, and documented results to DHHS through the evolution of ACCESSNebraska to iServe.

Our work related to appeals for the State of Tennessee demonstrates the excellent call center operations we implement and the positive impacts these operations have on accurate eligibility determination. When we implemented the TNHC contract, we recognized the need for specialized attention related to appeals. Specifically, a 2014 lawsuit alleging that thousands of people claimed their applications for Medicaid were

Did You Know?

TennCare implemented a 21-point checklist that they used to review 100% of applications—we were known for not missing a single item across several months of review. In fact, during our entire operation of the CoverKids Project, we were never subject to a single negative action.

not resolved created a litigious environment and intense pressure on TennCare. We analyzed the work needed to correctly intake and address appeals according to TennCare standards and

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[2] NASCIO Submissions 6 State of TN TEDS

created a specialized Appeals Unit, consisting of staff with additional expertise and training. We also implemented several innovations, including dynamic scripting, which correctly pre-populates the next question for Customer Service Representatives (CSRs) to ask based on a caller's previous response, as well as our knowledgebase, which allows staff to expertly access information and provide consistent assistance. These steps were instrumental to ensure staff provided consistent and accurate assistance and met the State's needs in a litigious environment where there were significant issues surrounding appeals.

We continue to make enhancements related to appeals. We implemented process changes to better support members outside of an appeal, which resulted in a 68% reduction in appeal volume from the previous year. We implemented quality improvement training and refresher training related to appeals. The process related to appeals submission changed from initially submitting appeals through our CRM to now submitting appeals through TEDS. We implemented several processes to improve the quality, including updated scoring guidelines, ongoing training, and enhanced training. As a result of our efforts, the number of appeals items we review with zero errors increased to greater than 90%.

These efforts were instrumental in TennCare receiving the following praise from Attorney General Slatery in 2019: "We are pleased with the Court's decision and with its conclusion that there is no evidence of on-going systemic problems in TennCare's process of making timely determinations of the eligibility of applicants for Medicaid coverage."[3]

Highlights of specific TNHC Contract achievements are detailed in Exhibit 4.

Exhibit 4. TNHC Contract Achievements

Achievement	Details
Streamlined the intake of appeals	• The State of Tennessee experienced a high volume of appeals. We streamlined the intake process to refine the information that is collected from callers via enhanced scripting, which supports the State in more efficiently processing the appeal. We accessed the State's Appeal System (TEAMS), which allowed us to provide more detailed information, ultimately resulting in an increase in first call resolution.
Outstanding call center services	• We invested in ongoing programmatic, staffing, technical, and operational measures to keep service high, including: − Met 100% of SLAs for two consecutive years − Transitioned to a cloud platform − Responded to significant volume increases − Made countless changes to programming to support TennCare − Maintained high performance during the TEDS rollout • We achieved unprecedented levels of quality to members, applicants, and stakeholders, and unprecedented levels of SLA attainment. We supported a high level of performance during the TEDS rollout.
Enhanced service activities	We implemented extensive activities that ensure consistency and quality across our operation. Examples include, but are not limited to: • Quality control initiatives for outbound mail notices • Enhanced immigration/alienage application processing • CoverKids Redetermination

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[3] https://www.tn.gov/attorneygeneral/news/2019/1/24/pr19-04.html

Achievement	Details
	• Testing on various other file integration special requests
Implemented robust operations and systems	• We implemented highly automated systems and workflows that allow for pinpoints where user intervention is needed. • We developed and implemented systems where each work queue indicates part of the process where manual intervention is needed, what triggered each task, and due dates, which allows us to report on SLAs. • We worked closely with TennCare and stakeholders to identify concerns and issues that we addressed through standard, consistent, rules-based scripting. We implemented our best practices, including dynamic scripting, and expertise to refine protocols and improve service and timely processing. Our tight policy-aligned scripting was a contributing factor in the decrease in Medicaid appeals over recent years.
Improved escalation process	• We implemented a task-based process for communication and efficiency that improved the escalation process resulting in higher efficiency and more timely processing.
Assumed calls related to redetermination	• The State's Medicaid population had never undergone a redetermination process, which created multiple challenges for the Redetermination Vendor who faced issues with timely mailings for this population. Accordingly, the State made the change to have TNHC be the primary point of contact to answer calls related to Medicaid redetermination. We absorbed this work into the TNHC call center, preparing staff and systems in a rapid period to adapt to the changing volume and type of calls.
Advanced systems interface	• The State uses multiple systems in their Medicaid programming, including interChange and TEAMS. Ultimately, data was made available in our CRM, which allowed us to increase customer service, first call resolution, and caller satisfaction. We were also on the forefront of working with the State as they implemented TEDS. • We provided the State with a monthly 1095-B file for any members whose CoverKids coverage may have been amended for a prior year. We developed a process for handling undelivered 1095-B mailings that greatly enhanced the interaction when members call to inquire about the location of their form.
Implemented enhanced reporting	• We implemented extensive reporting that provided TennCare with the information necessary to understand the services provided throughout the CoverKids community (e.g., call statistics, application and eligibility statistics, document management, enrollment, etc.).

Our performance with TennCare is marked with several impressive achievements.

In January 2021, we were successfully re-awarded the TennCare Connect contract. The contract now includes an expanded scope of work and consolidated the work formerly performed by the State's Application Processing Center (APC) Contractor into our service. It also includes the migration to a managed service technology model where all technology is provided under a separate contract with the Technology Vendor. Our execution of this new contract phase demonstrates several components critical to success in this effort, as well as the AN CC Project:

- We provided a collegial implementation and were prepared to continue providing our technology when the Technology Vendor was delayed so that member services were uninterrupted.
- We provide ongoing consulting expertise to TennCare where we share best practices regarding the use, configuration, and analytics provided through the Technology Vendor;

NEBRASKA
DEPT. OF HEALTH AND HUMAN SERVICES

THE STATE OF NEBRASKA DEPARTMENT OF HEALTH AND HUMAN SERVICES (DHHS)
ACCESSNEBRASKA CALL CENTER SUPPORT (RFP) NUMBER 113578 O3

we are currently collaborating with TennCare on innovative approaches to automations to streamline service and accuracy.

- We can expand our scope of work to maximize our services along the member continuum.
- We can use a range of State-provided technology tools in a manner that maximizes efficiency, service, and performance.
- Regardless of the complexity of the contract, we are capable of meeting SLAs, in fact, in September 2022, we answered approximately 42,000 calls with an abandonment rate of 0% and 100% of calls answered within our five-minute SLA.
- We are committed to high levels of transparency with the State.

TennCare Connect Project Reference

Exhibit 5 contains our client reference information for the TennCare Connect Project.

Exhibit 5. TennCare Reference Contact Information

TennCare Reference Contact Information	
Name and Title:	Johnny Gonzales, TennCare Vendor Operations Group (VOG) Deputy Director
Contact Phone:	615-507-6005
Contact Fax:	N/A (Client does not have a Fax)
Contact Email:	johnny.gonzales@tn.gov

Our reference will attest to our successful performance in supporting TennCare.

MA CSC Project

Time Period of the Project

We have supported the MA CSC Project as prime contractor since 2021. Our current contract expires June 30, 2024.

Scheduled and Actual Completion Dates

Actual completion for all deliverables and milestones aligned with the contract schedules. The MA CSC Project is still in progress.

Bidder's Responsibilities

AHS was awarded a contract by the Massachusetts Executive Office of Health and Human Services (EOHHS) to administer the MA CSC Project. We successfully launched the Project in approximately four months and have continued to expand our scope and the volume of calls we serve over the last nine months. We are actively expanding our scope and services and anticipate employing approximately 500 CSRs by February 2023. The scope of the Project requires AHS to:

- Develop and maintain an omni-channel contact center to provide end-to-end customer service and support for MassHealth customers, with the goal of high First Call Resolution rates. We quickly managed all configurations and launched the omnichannel system to meet the requirements of the Project.
- Forge positive customer interactions with EOHHS by ensuring that the points of interaction and supporting processes are seamless, technology-integrated, and efficient. We collaborated with EOHHS to establish integrations and file transactions to share data.

- Handle all MassHealth customer inquiries accurately, completely, and in a timely manner for a culturally diverse, multi-lingual community on a broad range of complex topics, including, but not limited to, MassHealth eligibility, applications, Health Plan enrollment, coverage benefits, third-party liability, requests for Fair Hearings, premium billing, provider enrollment and credentialing, claims, and technical issues. We provide our staff with a rich training program that addresses the broad spectrum of calls. Staff log data into our proprietary CRM, HealthTrack, which we use to identify areas for process improvements. We established tight integration with our knowledgebase so that staff have ongoing access to support for assistance in addressing customer inquiries.
- Transfer MassHealth customers to appropriate entities including Managed Care Entities, other EOHHS vendors or other entities. We established policies and procedures and call handling guides that guide staff on when to transfer calls.
- Complete follow-up actions prompted by interactions, including recording data on contacts, performing data entry for key eligibility and enrollment processes, triggering mail fulfillment, and sending communications to related parties. All follow-up actions are provided in HealthTrack so that tasks can be processed and assigned correctly.
- Serve as an enrollment broker as described in 42 CFR 438.810 and assist Managed Care Eligible members with understanding their Health Plan options and answering questions about Health Plans, enrolling in, and transferring among Health Plans, and selecting a Primary Care Provider. We have several tools that prepare our staff to provide needed support and the full spectrum of enrollment counseling.
- Hire, train, and retain staff as part of a nimble and scalable contact center operation that accommodates fluctuations in demand. We use ongoing workforce analyses to forecast staff demands and adjust recruitment and scheduling as needed.
- Foster excellence, efficiency, and cost-effectiveness in all processes, including applying continuous quality improvement practices to and incorporating EOHHS feedback into services. We use a multi-faceted monitoring process to provide targeted support to staff.
- Ensure visibility into operations through user-friendly reporting tools and accurate operational forecasting. We use our omnichannel system and ongoing analytics to provide forecasting and analysis.
- Act as a proactive, collaborative, resourceful partner to MassHealth through recommending best practices and learnings from other clients and facilitating consistent communication. We use our tools and processes to apply data-based decisions to all operational areas.

We configured our omnichannel solution and HealthTrack, built out a facility, developed a customized training program, and hired and trained staff within the required timeframe. We continue to expand our services and accommodate EOHHS requirements.

MA CSC Project Reference

Exhibit 6 contains our client reference information for the MA CSC Project.

Exhibit 6. MA CSC Project Reference Contact Information

Reference Contact Information	
Name and Title:	KimMarie Mercure, Deputy COO, Eligibility & Member Services
Contact Phone:	617-959-1664
Contact Fax:	N/A (Client does not have a Fax)
Contact Email:	kimmarie.mercure@mass.gov

Our reference will attest to our successful performance in supporting the MA CSC Project.

OMH Project

Time Period of the Project

We have supported the OMH Project as prime contractor since May 1998. Our current contract expires June 30, 2024.

Scheduled and Actual Completion Dates

We met all deadlines on a tight schedule and began services on July 1, 1998. We have supported the State of Ohio during the last 24 years and continue to do so.

Bidder's Responsibilities

In May of 1998, we were awarded a contract with the Ohio Department of Human Services (now the Ohio Department of Medicaid [ODM]) to administer an Enrollment Services Project for the State's launch of Medicaid managed care.

We currently interact with eight Health Plans. Weekly selection, change, and assignment information is sent to each Health Plan for Primary Care Physician (PCP) assignment and selection verification. We are responsible for Health Plan assignment. We also handle the open selection periods when customers can change Health Plans. Through our Hotline, we assist customers in enrolling in a Health Plan and selecting a PCP. Information and online enrollment are also available via our Project website: www.ohiomh.com. Activities are augmented by mailings (reminder cards, enrollment packets, and surveys).

This project includes a significant hotline effort through which we serve as the resource, referral, and issue resolution center for the State's entire Medicaid population. Our staff, many of whom have been with us for more than 10 years, have deep expertise with several ODM policies, programs, and requirements that are far beyond what is expected of a traditional Enrollment Broker. Some examples include, but are not limited to, application status, the State's Breast and Cervical Cancer Program, citizenship verifications, income guidelines, renewal applications, Medicare Premium Assistance Program (Part B) payments, Ohio Benefits Self-Service Portal[4], SNAP/TANF, prior authorization, certificates of waiver coverage, estate recovery, tort, etc.

> **Did You Know?**
>
> In our OMH Project, more than 60% of full-time staff have been with us for 10 years or longer!

A key component of this Project is enrollment services for the State's MyCare program for dual eligibles, which we have provided for over eight years. As part of the Project launch, we:

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[4] Ohio Benefits is the State's Integrated Eligibility System.

- Managed significant systems configurations with the MyCare Health Plans and Fiscal Agent (MyCare Health Plans are different from traditional Medicaid Health Plans, so many of the processes were new)
- Updated our website with new education and support tools
- Developed new mailings
- Developed and received approval for new scripting related to the program
- Trained staff on the detailed rules so they could properly support customers with understanding how they were impacted by this transition and how to access care
- Prepared staff to assist MyCare Participants with accessing care
- Conducted outbound call campaigns targeting newly eligible populations and existing dual eligible populations during the annual renewal period; we achieved a 70% opt-in rate

Our work demonstrates our ability to grow with our clients' needs. Highlights of changes we accommodated include, but are not limited to:

- **Application Assistance**: During peak periods, the State requested that we provide Medicaid application assistance for the State, which has involved learning Ohio's Integrated Eligibility System (Ohio Benefits) and the State's complex eligibility rules and then translating complex topics into actionable steps for customers. Our efforts helped the State provide services during critical program expansions and provide needed outreach, education, and support. During the launch of Ohio Benefits, we supported callers with understanding the rollout and new look and functionalities of the system—a particularly relevant feature for DHHS as the State continues its transformation of ACCESSNebraska to iServe.
- **Medicaid Expansion:** When the State expanded Medicaid, we upgraded our systems and staffing models to handle the increase in customers (i.e., approximately 650,000 new eligibles). We now support nearly 3 million Medicaid eligibles.
- **MMIS Changes:** During our 20+ years as Ohio's Medicaid Enrollment Broker, the State's MMIS has undergone several changes and re-procurements. We adapted our systems, conducted test protocols, and participated in many processes to support the State in its new technical efforts.
- **Real-Time Data Exchanges:** Ohio has been on the forefront of several significant technical exchanges, including the move away from file exchanges. We now operate almost exclusively with web service transactions, eliminating gaps in data currency and ensuring no service issue is negatively affected by a data lag.
- **Medicaid Managed Care Prison Transition Program:** We worked with ODM to implement an innovative program that allows offenders who will soon be released from a correctional facility to select a Health Plan. The Transition Program has resulted in remarkable clinical and financial savings to ODM, demonstrating our ability to serve a broad range of populations.
- **Day 1 Enrollment:** We supported the State in the move from a traditional enrollment process, where customers had 30 days to make an enrollment selection, to a Day 1 process, where customers select a Health Plan option at the time of Medicaid eligibility determination.

Our project achievements are detailed in Exhibit 7.

Exhibit 7: Ohio Medicaid Hotline Project Achievements

Achievement	Details
Expanded to Include Application Assistance	• Provided Medicaid application assistance when requested • Required learning the State's complex eligibility rules and application Web Portal, and translating these complex topics into specific, actionable steps for Medicaid applicants
Implemented the Prison Transition Program	• Conducted a campaign to identify and enroll offenders due for release from Ohio Rehabilitation and Corrective facilities within 90-120 days
Implemented Expansions	• In 2006, the Medicaid managed care model was expanded statewide from the initial eight-county area and served an additional 1.2 million eligibles • Expansion included incorporating the TANF and AABD populations • Implemented statewide Medicaid expansion
Rebuilt the State's Managed Care Provider Network	• In 2007, we were asked to maintain the Health Plan Provider Networks files • Built a new provider network system ahead of schedule, involving developing a new set of file exchange protocols and formats • Built several new tools for both the Health Plans and ODM to allow real-time insight into network adequacy
Achieved High Satisfaction Levels	• More than 99% of survey respondents rate our services as "good to great"
Met SLAs Continuously	• We continuously meet our SLAs for the contract, even in periods of unprecedented volume
Implemented Supplemental Data Exchanges	• We send information to the Health Plans to alert them of upcoming appointments and health conditions • We are actively implementing data transfers to alert County staff of demographic, health, or income changes that are relayed to the Hotline

Our 24 years of service to Ohio are highlighted by several impressive accomplishments.

OMH Project Reference

Exhibit 8 contains our client reference information for the OMH Project.

Exhibit 8. Ohio Medicaid Hotline Project Reference Contact Information

Reference Contact Information	
Name and Title:	Shaun Bracely, Contract Manager
Contact Phone:	614-752-3608
Contact Fax:	614-752-7701
Contact Email:	shaun.bracely@medicaid.ohio.gov

Our reference will attest to our successful performance in supporting the OMH Project.

1.i   Summary of Bidder's Proposed Personnel/Management Approach

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

The bidder should identify the specific professionals 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.

The bidder should provide resumes for all personnel proposed by the bidder to work on the project. The State will consider the resumes as a key indicator of the bidder'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.

DHHS needs the Contractor's Key Personnel to have relevant health and human service knowledge and proven experience meeting SLAs in an eligibility call center environment. Our Key Personnel bring not only this level of experience, but also experience engaging with State clients, leading high performing teams, and delivering excellent performance.

Our Key Personnel include the Project Manager and Call Center Manager. These two roles will guide the Project's success. Exhibit 9 lists the job responsibilities for each role.

Exhibit 9. AN CC Project Key Personnel

Position	Responsibilities
Project Manager	• Ultimate point of accountability who manages and implements contract requirements and initiates continuous improvement initiatives • Responsible for all delivery, client satisfaction, and administration with authority to drive production, realign staff, and ensure deliverable quality/timeliness • Provides proactive expertise and feedback on opportunities and challenges • Works closely with DHHS to ensure training curricula and knowledgebase material are sufficient for Quality Assurance purposes
Call Center Manager	• Responsible for overall management and direction of the workforce team, (i.e., staff scheduling, training, monitoring, etc.) • Directs real-time forecasting to meet service levels and advises the Project Manager on efficient strategies to meet or exceed SLAs • Assigns work among call center staff, monitors day-to-day operations, and tracks performance reports • Manages escalations of critical issues, questions, or complaints from callers • Participates in the development and implementation of training to maintain CSR competencies • Generates call center reports and monitors the ongoing operational health of call center systems • Ensures optimal productivity in providing accurate and consistent information as well as first class customer service to customers • Reports all activities, trends, and concerns (and recommended solutions, as appropriate) to the Project Manager • Responsible for ensuring all mail fulfillment, back-office processes, outreach activities, and ad hoc special requests are performed to the specifications of DHHS • Responsible for monitoring Outreach Activities, analyzing trends per outreach type, per staff, and facilitates necessary changes for outreach activity improvements, as agreed upon by DHHS

Key Personnel include the Project Manager and Call Center Manager.

AHS is excited and proud to offer DHHS Key Personnel that hold relevant experience operating call centers for Medicaid and Economic Assistance programs. Their transferable knowledge of health and human service programs and rich insight on successful call center operations supports the Project. Descriptions of our Key Personnel are found below. Their full resumes are provided in Appendix B.

The AN CC Project will be led by the following:

- Project Manager – Ms. Amanda Jarmon, PMP
- Call Center Manager – Mr. Jose Vera

Project Manager

Ms. Amanda Jarmon, PMP, is a senior-level project manager with more than 15 years of experience leading and supporting the successful execution of large-scale call centers and other related projects in the government, healthcare, and private sectors. Ms. Jarmon has over 10 years of management experience with a record of achievement in building effective teams, motivating, and coaching project support analysts and technical developers, and driving team productivity.

Ms. Jarmon currently supports our FL EB Project. In her role, she provides leadership and project management guidance to support front-end and back-end call center operations. Ms. Jarmon participates in the analysis, planning, and establishment of requirements, as well as developing processes, procedures, and functional architectures to maximize operational efficiency and performance.

In previous roles, she has served as the primary point of contact for more than 20 internal and external clients for project initiation and implementation, production requests, and troubleshooting problems. Ms. Jarmon leverages her record of motivating and coaching project support and driving team productivity, combined with her knowledge of project management and full lifecycle support, and Six Sigma certification, to bring continuous improvements to the projects she manages.

Ms. Jarmon will provide leadership to successfully operate the AN CC Project and will oversee all aspects of operations and performance. She will be the primary point of contact for DHHS regarding Project status and performance. She will bear ultimate responsibility for the execution of all Project activities and ensure that SLAs, performance, and reporting expectations are fulfilled. Ms. Jarmon has the authority to make decisions on behalf of the Project.

Call Center Manager

Mr. Jose Vera has 30 years of experience in customer service and management, with almost 13 years of experience with AHS operations. He currently serves as the Assistant Call Center Manager for our FL EB Project (2013 – Present), which provides him with deep experience directing and managing an enrollment-related contract that provides Medicaid and CHIP services. Under his direction, the call center serves 70,000 calls per month. He has played a leading role in delivering enrollment services support for five separate programs (i.e., Medicaid Options, MediKids, MMA, LTC, and Dental). Mr. Vera has held leadership roles and been responsible for enrollment broker call center operations, maintaining service levels and providing reports on how to optimize the workforce to ensure Project success for the last decade in his current position.

Before his position as the Assistant Call Center Manager, Mr. Vera was a Lead Choice Counseling Specialist for the Medicaid Options Program in our FL EB Project. He has helped recruit, train, schedule, oversee and support over 140 CSRs, and manage call center operations with SLAs. He has directed his current project team to high satisfaction rates (over 90%).

Mr. Vera has a comprehensive knowledge of Federal, State, and Governmental compliance protocols. He has held managerial positions running various health and human services projects domestically and overseas. This broad experience has equipped him with the tools necessary to serve various cultures and demographics within the populations served by DHHS. Mr. Vera's multi-lingual abilities to speak English, Spanish, and Portuguese further his abilities to communicate effectively and ensure efficient call center operations.

The Call Center Manager will effectively oversee all call center operations and activities and will monitor the performance of SLAs and Call Center staff. The Call Center Manager reports directly to the Project Manager.

1.j   Subcontractors

No subcontractors will be employed as part of this contract.

2 SOLUTION APPROACH

We specifically configured our solution to meet the unique needs of DHHS, incorporate best practices from operating multiple high-performing call centers for eligibility operations across the country, and result in a quality solution that meets the needs of DHHS and the customers it serves. As an established DHHS contractor providing Enrollment Broker services to Medicaid customers for more than six years, we combine our nationwide best practices with:

- A deep commitment to delivering outstanding services to DHHS and DHHS' customers
- An understanding of the cultural beliefs and landscapes across the State of Nebraska and how they impact callers
- An understanding of the stakeholders across the State who collaborate with DHHS in "helping people live better lives"[5]
- An understanding of DHHS' commitment to innovation and effective services

2.1 Understanding of the Project's Requirements

To best illustrate our understanding of the AN CC Project's requirements, we have detailed our approach to meeting each of the requirements of the Scope of Work, outlined in Section 3.14 of the RFP. Our solution is specifically developed to:

- Deliver services in an accurate, timely manner
- Deliver services in accordance with DHHS' expectations and requirements
- Ensure consistency across all locations supporting DHHS
- Prevent downstream impacts in eligibility processes that result from inaccurate service or intake processes

C.1 Business Requirements

We have proven operational, technical, and human resources solutions to meet each of the business requirements as outlined below.

C.1.a Answer Inbound Calls Routed to Them

Answer inbound calls routed to them and conduct outreach calls on behalf of ACCESSNebraska from 8:00 AM through 6:00 PM Central time, Monday through Friday, with the exception of State holidays defined in state law.

We will properly staff the AN CC Project to respond to anticipated and forecasted inbound calls during the hours of 8:00 AM – 6:00 PM CT. We apply workforce analytics to guide proper staff scheduling to ensure we have sufficient staff to meet the anticipated demands within the contractual SLAs.

We currently share call distributions with our clients or external vendors through two mechanisms. First, in our MA CSC Project, an external vendor operates an allocator that directs calls to us. We collaborate with our client regarding our capacity to support various volumes and types of calls. The types of calls we have supported have increased over the last year and now includes calls related to member eligibility, member Health Plan enrollment, Medicaid applications, and provider support. We support approximately 50,000 calls per month.

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[5] DHHS mission. https://dhhs.ne.gov

Second, in our NC CC Project, our client also uses our omnichannel system to take calls. When there is a need to share calls with our client, client staff log in and take calls as needed.

Our experience with this type of arrangement prepares us to collaborate with DHHS for any needed call distribution method.

C.1.b Provide an 800 Number for Routing of Calls

Provide an (800) number for routing of calls.

Our Vice President of Telecommunications, Mr. Robert Doran, will secure a toll-free number for the AN CC Project. Mr. Doran has secured all new toll-free numbers (or transferred the ownership of all existing toll-free numbers as part of contract transitions) in all our Projects. It takes one day to secure a new 800 number. Further, AHS currently has five 800 numbers that are not in use and available to use in the AN CC Project.

C.1.c Answer Calls with a Maximum Average Speed of Answer of Five Minutes

Contractor must answer calls with a maximum Average Speed of Answer (ASA) of five (5) minutes.

We use five components to ensure the ASA is less than five minutes:

- **Flexible Staff Model**: We utilize a complement of part-time CSRs, and we can maximize and adjust their hours to ensure ample CSRs are available to answer calls promptly.
- **Track Statistics**: ASA and maximum time in queue are key statistics we track in real time throughout the day.
- **Queue Monitoring**: Supervisors monitor the queues in real-time throughout the day. Immediately upon identifying that any metric, including ASA is not optimal, they implement appropriate steps to correct the issue before it escalates into additional problems. These steps may include such measures as suspending time away from the phones (e.g., for trainings, meetings), reassigning bilingual staff to another queue, etc.
- **Workforce Analytics**: We leverage ongoing workforce analytics to continuously evaluate the number of staff needed for operations. We refine all projects on a daily, weekly, and monthly basis for maximum accuracy, performance, and service. These analytics will be shared with DHHS and refined after ongoing collaboration with DHHS regarding anticipated volumes.
- **Threshold Alerts**: The Five9 omnichannel telephony system provides proactive notifications to the Supervisory-Management Team. We can set the Five9 system to give us alerts of when the Speed to Answer exceeds 4 minutes and 30 seconds so that we have time to proactively adjust prior to missing the five-minute SLA.

These methods have been proven successful. In our six years as DHHS' Enrollment Broker, we have never missed our SLA for ASA. In fact, our current average speed to answer is three seconds (our SLA is two minutes). These methods are also proven in our eligibility contracts—in October 2022, our average speed to answer in our TennCare Connect Project is also three seconds and 100% of calls (i.e., 42,170) were answered within 300 seconds.

C.1.d Enter Information Regarding the Call

Contractor will enter information regarding the call as needed, either utilizing the ACCESSNebraska web application located at www.accessnebraska.ne.gov, DHHS N-FOCUS application, or other DHHS systems that may be made available.

We have wide experience using a range of eligibility systems, operated by several contractors (Exhibit 10). This experience prepares us to use the ACCESSNebraska web application, DHHS N-FOCUS, or other systems used by the State.

Exhibit 10. Current Experience with Eligibility Systems

State	System	Contractor
Massachusetts	HIX/IES	Optum
Missouri	Medicaid Eligibility and Enrollment System (MEDES)	RedMane
Ohio	Ohio Benefits	Accenture
Rhode Island	RI Bridges	Deloitte
Tennessee	Tennessee Eligibility Determination System (TEDS)	Deloitte
Wyoming	Wyoming Eligibility System (WES)	Northup Grumman (maintained by Deloitte)

We have vast experience with correctly using several eligibility systems.

Our rigorous approach ensures that accurate and correct information is recorded in the State's system. Our rich training program addresses proper use of all systems, including use of ACCESSNebraska, DHHS' N-FOCUS, and HealthTrack, as well as when to use each system. Staff are trained on the proper navigation of each system, including:

- Where data fields reside on paper documents relative to where they are displayed in ACCESSNebraska or DHHS' N-FOCUS.
- "High-risk" areas that require particular focus
- Review of areas that need to be spot checked to verify information is logical and consistent

An important part of data entry is preventing unnecessary duplicates from entering ACCESSNebraska or N-FOCUS. Because eligibility determination is a dynamic process, maintaining unique person identifiers over time is a challenge (e.g., address changes occur frequently; names are often misspelled; last names change over time due to marriage, divorce, or adoption; a parent may substitute his or her own SSN for their children, etc.).

Staff will be trained on how to search to identify if the household member is already known to DHHS. We are well versed in matching individuals in various systems and our training will be based on our internal logic and what to do in instances when there is a near, but not exact, match. Within several eligibility contracts, we have an internal algorithm we use that was developed in consultation with a client. The algorithm uses a predetermined set of rules to match the same person across HealthTrack, state eligibility systems, etc. It matches individuals based on personal and demographic data elements (name, phonetic name, potential nicknames such as Joe for Joseph, SSN, date of birth, gender, etc.). We recognize that certain data elements or combinations of data elements often provide a better match probability and we have refined these methods by incorporating various weights and probabilities of different data fields. This internal logic will be shared with DHHS and will be the basis for our staff training regarding applicant lookup.

Additional training will include the topics and curriculum identified in Section V.C.3 of the RFP and will establish proficiency and fluency with using all required systems.

Case Study on Eligibility System Training

When Tennessee implemented the TEDS system in 2018, we managed several significant modifications to our call center and document workflows and operations, updates to our training program, and technological changes to our system during the implementation. We recognized that use of TEDS is dependent not only on talented staff who use the system, but also on the full training to make use of available tools, appropriate oversight by management of staff, complete workload tracking to ensure that no applications are unexpectedly halted at any stage of the process, and guidelines for staff so they understand the larger picture of how TEDS factors into Medicaid and CHIP. We understand that best practices for using an eligibility system require more than proper data input and systems use and require:

- Complementary staff workflow and productivity tracking at all management levels
- Full training on the system so that users can proactively spot potential errors
- Understanding of where manual intervention is needed
- Guides for each functionality so that staff use the tools appropriately and effectively

Our training program factored in these approaches and resulted in successful, accurate service delivery.

C.1.e Information and Data Received or Created by the Contractor

Information and data received or created by the Contractor in providing services under this contract will only be entered into the ACCESSNebraska.ne.gov website, the contractor's Customer Relationship Management system, or other systems that may be made available by DHHS. Contractor will ensure that no information and data gathered in providing services under this contract is entered, stored, or maintained elsewhere, except as necessary to perform the work. Additionally, such information and data will only be used for the purposes identified in this contract and is the property of DHHS.

During the implementation, we will establish our approach to storing all data in Microsoft Azure or specified DHHS system. We will only use data centers located in the continental US. We disable all external drives (e.g., USB, CD, etc.) on all Project computers. Staff are only provided with access to the systems that they need for their roles. Our policies and procedures specifically prohibit storing any project data locally or accessible via smart devices unless explicitly approved. Policies and procedures also prohibit storing data in any system other than those explicitly as part of this contract or using data other than as necessary to perform the contract.

C.1.f Store and Process Information in a Secure Manner

Contractor will store and process information and data received or created by Contractor in providing services under this contract in a secure manner such that unauthorized persons cannot gain access to it by means of a computer, remote terminal, or other means, and to ensure that only authorized persons will have access to such information and data.

We detail our approach to the proper storage and protection of information in Section 3.6.

C.1.g Provide and Utilize a Customer Relationship Management System

Contractor will provide and utilize a Customer Relationship Management (CRM) system to document the number and category of services provided. The information in this system shall be made available to DHHS upon request.

Please refer to Section 3.16 for a description of our CRM, HealthTrack. HealthTrack has been successfully deployed in nearly all our contracts where it has served over 16 million Medicaid eligibles. In our NE EB Project, HealthTrack has processed nearly 400,000 enrollments and countless calls since the start of our contract.

C.1.h Ensure All Agents are Supplied with Telephony Software

Contractor must ensure all agents are supplied with telephony software, telephony equipment, computer equipment and software, and all network infrastructure to provide the service. The State will not provide any equipment.

We provide all staff with an AHS-issued computer and an extra monitor. We install Five9 and HealthTrack on all computers. Computers are further equipped with Microsoft Office 365, ADP for timekeeping and payroll purposes, and access to any AHS-approved whitelist sites (e.g., Project SharePoint sites, DHHS webpages, etc.). Computers are distributed to all new hires prior to the start of training.

C.1.i   Adhere to All DHHS and Nebraska Information Technology Commission Security Standards and Policies

Contractor must adhere to all DHHS and Nebraska Information Technology Commission (NITC) security standards and policies.

We currently comply with all DHHS and NITC security standards and policies and look forward to the opportunity to continue to comply with these standards.

C.1.j   Contractor Must Ensure that Staff Has the Equipment to Perform the Work

If the Contractor is utilizing telework, the Contractor must ensure that staff has the equipment necessary to perform the work effectively and efficiently, this may include but not be limited to a suitable laptop or other device, additional monitor(s), and a phone. Contractor will also ensure that the staff has a secure location to do business that will keep all client information confidential and safe.

As mentioned, all staff are provided with a computer and dual monitors. Dual monitors are proven to increase efficiency by 40% and allow staff to access HealthTrack on one monitor and any other needed system (e.g., ACCESSNebraska, N-FOCUS) or resource (e.g., AHS knowledgebase articles, etc.) simultaneously without needlessly toggling back and forth between systems.

The Supervisory-Management Team will confirm the proper set-up of AHS-provided equipment and that staff have the appropriate internet bandwidth and upload/download speed to support AN CC Project activities.

C.1.k Contractor will Support Remote Access Technologies

Contractor will support remote access technologies as defined by DHHS (virtual desktop infrastructure and multi-factor authentication).

Many of our staff are working remotely and access not only HealthTrack and Five9, but also a range of State eligibility, Medicaid Management Information Systems (MMIS), and other supporting technologies. For example, our staff currently access

Did You Know?

Over 70% of our staff are currently working in various types of remote capacity.

the eligibility systems for Rhode Island, Tennessee, and Wyoming (i.e., RI Bridges, TEDS, and WES) from remote locations.

AHS utilizes SD WAN technologies (powered by Cato) to connect our offices and our Azure network securely. Cato provides Digital Denial of Service (DDoS) as well as Intrusion Prevention for our offices. For work from home staff, they also connect to Cato VPN to access AHS systems, and they are protected by the Cato network as well.

We require staff to log into the virtual private network (VPN) for all work. From there, they can either run HealthTrack or other applications. We will enforce multi-factor authentication (MFA) as a requirement and whitelist certain IPs (e.g., AHS, DHHS, etc.). Further, from a Cato firewall perspective, we can lock a group of VPN users into a single entry point and only allow that IP address access to a specific application.

On Day 1 of training, staff are required to sign policies surrounding remote work, technical, and confidentiality requirements and confirm their understanding of these requirements prior to proceeding with training.

Our cloud-based solutions allow for visibility into staff's work. The Supervisory-Management Team will conduct video calls to verify staff continue to comply with AHS policies for remote workstation set-up and proper protection of staff data and caller privacy.

C.1.l   Follow DHHS Procedures Provided through Training

Contractor will follow all DHHS procedures provided through training, using a "Train the Trainer" method, initially during the contract startup of the contract and as needed for any new processes amended into the contract.

Our approach to train-the-trainer sessions does more than provide staff with essential training, it also ensures:

- Staff conduct operations in a manner that aligns with DHHS policy
- Callers receive consistent service regardless of the entity (i.e., a DHHS location or external Contractor) delivers the service
- Accurate information is collected and documented so that appropriate next steps can occur, and eligibility can be accurately determined
- The principles of 42 CFR §§435.912; 457.340 are properly captured in operations

Our approach involves the components identified in Exhibit 11.

Exhibit 11. Components to Training

Component	Description
Train-the-Trainer Sessions	- Supervisory-Management Team members participate in DHHS-provided Train-the-Trainer sessions - The Supervisory-Management Team identifies if supplemental materials will be helpful and works with DHHS for approval of any supplemental training materials
Initial Staff Training Sessions	- All staff participate in the initial training - We implement module assessments as training progresses and revisit modules as needed based on assessment results - All staff are required to pass a final training assessment prior to taking calls
eLearning	- We conduct several sessions via eLearning, which allows staff to train at their pace - Modules are available for staff to revisit at any time

Component	Description
Knowledgebase	• We populate our knowledgebase with extensive resources, guides, job aids, and training materials to support performance on-the-job • Staff can easily access knowledgebase materials as needed
Quality Activities	• We implement a rigorous monitoring program that adheres to all DHHS requirements • Staff are monitored based on a DHHS-approved Evaluation Form • We develop specific quality improvement training that is tied to each area of the Evaluation Form • Staff are provided with real-time training results and links to improvement training

Our approach to DHHS' Train-the-Trainer sessions extend training into ongoing operations

C.1.m Oversight and Management of Staff

The Contractor is responsible for all oversight and management of staff including hiring, training, onboarding, tracking time sheets and performing payroll.

To best address our oversight and management of staff, we have organized our response to address our:

- Recruitment approach
- Management approach
- Retention approach

Recruitment Approach

We recognize the critical importance of keeping the AN CC Project fully staffed. We bring rigorous approaches to both recruitment and retention to ensure high-caliber talent is continuously available. Our approach to recruitment is based on proven practices that we utilize across our organization. We conduct ongoing analyses to assess the effectiveness of our strategies. We continuously adapt our strategies in response to the specific cultures of our clients, needs of our Projects, and documented employee performance results.

We have established recruiting networks across the country that enable us to recruit and onboard high-caliber talent. Our proven methodology allows us to realize the benefits associated with excellent recruitment:

- Increased diversity among employees
- Increased candidate quality
- Increased Supervisor and Manager satisfaction with their teams
- Decreased time-to-hire
- Scalable recruitment practices to respond to changing demands
- Increased ability to recruit for various skills, positions, backgrounds, etc.

Did You Know?

Our Executive Senior Vice President of Human Resources, Ms. Kimberly Conner, was a finalist in the Talent, Recruitment & Retention category for the Pittsburgh Human Resources Association.

Our comprehensive recruitment and screening program has been proven effective and scalable. The success stories demonstrated in Exhibit 12 are particularly critical for the AN CC Project. DHHS needs to trust that the Contractor will be able to respond to changing volumes. Our proven history of responding to client needs demonstrates the commitment and responsiveness we bring to the AN CC Project.

Exhibit 12. Results of Recruitment and Screening Programs

Project	Year(s)	Description	Results
RI CC Project	2017-Present	• Our Rhode Island Health Insurance Exchange Contract provides Contact Center services for the State's Exchange • We respond to annual spikes in call volume associated with open enrollment	Over 230 staff members were hired and trained for 2017 open enrollment and similar numbers for subsequent years. Staffing numbers associated with annual open enrollment increase 50-75% depending on forecasted projections.
MD MPE Project	2018	• We provide Medicaid application and enrollment processing for the State's 70,000 Providers • The RFP provided a snapshot of application processing volume and did not trend volume statistics	In response to unexpected volumes and processing times, we immediately implemented overtime and hired an additional 20 staff to keep up with processing demands.
WY CSC Project	2020	• We provide walk-in services for application assistance and outbound mailing • We also provide call center and application processing services • Staff work on a hybrid basis (in the office and remote)	We hired and trained a full complement of staff during the pandemic, including approximately 50 staff.
NC CC Project	2021	• We provide call center services for unemployment insurance assistance • All staff work on a remote basis	We hired and trained approximately 79 staff to operate on a remote basis during the pandemic.
MA CSC Project	2021	• We provide call center services for a range of Medicaid programs, including eligibility services • Staff work on a hybrid basis (in the office and remote)	We hired and trained approximately 250 staff for a successful Go-Live.
MO BSS Project	2022	• We provide call center services for a range of Medicaid programs, including Enrollment Broker services • Staff work on a hybrid basis (in the office and remote)	We hired and trained approximately 100 staff for a timely Go-Live.

Our processes are proven effective and able to meet the emerging needs of our clients.

Our strategy to recruit for the Project includes the following components:

- Leverage structured job descriptions
- Leverage a comprehensive recruitment process
- Leverage employee referral programs
- Evaluate recruitment data
- Evaluate successful employees
- Maintain an ongoing pipeline

Did You Know?

Our recruitment strategies target current or former program participants, who we often find have high levels of sensitivity and empathy for callers.

Leverage Structured Job Descriptions

We use detailed and structured job descriptions that align with the requirements of the RFP and specify performance expectations to clarify candidate expectations surrounding responsibilities and performance. We use the required education, experience, skills, and abilities to guide our recruitment strategy.

Leverage Comprehensive Recruitment Process

Our recruitment strategies are tailored to:

- Attract a wide net of talent that we refine during the assessment and interview process
- Seek out staff with the attention to detail that is required for eligibility work
- Accommodate "no-shows" for interviews, which are common in competitive markets

We use a variety of recruitment methods to attract candidates (e.g., postings on our corporate website, online recruitment, word of mouth, etc.). Our interviewing process is an example of our ongoing refinement of recruitment strategies to meet client needs. We found that we needed to refine our interview process to best identify the candidates capable of performing the in-depth and careful listening required for our eligibility contracts. We adopted our interview process to include behavior-based questions and online assessments to determine the candidate's fit for the position. Components include:

- **Professionally Developed Pre-Employment Assessments:** We utilize assessments from Criteria Corp., which offers a variety of web-based pre-employment aptitude, personality, and skills testing software to match the skill sets needed for each position. For example, we utilize an Employee Personality Profile, Computer Literacy & Internet Knowledge Test, and a timed typing test to assess typing speed and accuracy for CSR applicants.
- **AHS Caller Assessment**: We request candidates listen to a call recording, relay the content of the call, and explain the caller's needs. We score the response based on how accurately the candidate captured the information. This assessment ensures our staff are prepared to respond to the vast amount of information discussed and verifies staff possess the skills needed to learn and correctly perform complex process workflows.
- **Bilingual Assessment**: For any bilingual candidates, we also assess the candidate's oral and written fluency in their language.

Leverage Employee Referral Programs

We will leverage our "Lead Our Growth" initiative for the AN CC Project. Lead Our Growth is our employee referral program. Staff members will receive a financial reward if they refer a candidate to us who is ultimately hired.

Evaluate Recruitment Data

We continuously evaluate our recruitment progress. Metrics we evaluate include:

- Time-to-fill to ensure we properly time and structure recruiting activities to result in fully staffed projects on Day 1
- Source of hire, which is essential so that we leverage the sources that most successfully contribute to qualified candidates who remain committed to their positions
- Quality of hire demonstrated through ongoing quality scores, which guides us in refining our recruitment strategies

- Applicants per opening
- Offer acceptance rate

Evaluate Successful Employees

After employees begin their tenure with us, we carefully evaluate their ongoing success and factors needed to further support success. For example, we have tight feedback loops between our Supervisors and Training Teams to ensure that as areas for improvement are identified in New Hires, they are communicated to our Training Team to refine and strengthen training.

Additionally, we evaluate successful employees with long-term retention and identify if there are common backgrounds, skills, or experiences among them. We then build these characteristics into our interview and assessment processes.

Maintain an Ongoing Pipeline

We maintain a full pipeline of candidates on an ongoing basis to keep the AN CC Project fully staffed. This pipeline consists of internal staff who have demonstrated they are ready to be promoted and prospective external candidates. We couple this pipeline with ongoing staffing analytics that indicate an employee is preparing to leave the organization by using attendance and performance data. For example, if employees have a dip in quality or productivity scores, it may be an indicator that they are dissatisfied. We assess attendance for unexpected and increased absences, which are also signs of dissatisfaction. We are acutely tuned into these signs so that we can either counsel the employee, request that Human Resources intervene, or examine our pipeline to ensure we have a pool of resources who can be contacted if needed.

Management Approach

Supervisors will provide ongoing management of CSRs through several mechanisms:

- **First and Fourth Month Manager Meeting**: Supervisors will meet with new employees after 30 days of employment to ensure they have the tools they need to be successful in the position and to answer any questions. After the fourth month of employment, the Supervisor conducts a performance review to show the employees how they are progressing and discuss their development plan.
- **Team Meetings**: Supervisors will hold ongoing meetings to foster engagement, involvement, and team building. Meetings provide the opportunity to celebrate successes, collaborate on future projects, and guide teams to strong performance.
- **Coaching**: Supervisors will provide one-on-one coaching to provide targeted feedback and provide a path for future opportunities. We tie this feedback into our ongoing process improvement efforts so that as we pilot new initiatives, we have a specialized group of talent prepared to take on these initiatives.
- **Special Projects**: Based on the results of coaching and staff performance, we select individuals to take on special projects. This involvement in special projects and improvement efforts further motivates staff.
- **Staff Recognition**: Supervisors will email CSRs to acknowledge high performance and increase morale.

- **Real-Time Staff Feedback**: Our quality assurance process delivers near real-time feedback to staff. This close communication provides Supervisors with insights into performance so that prompt action (e.g., coaching, training, etc.) can occur.

Our corporate Department of Payroll and Benefits will perform all payroll and benefits administration responsibilities.

Retention Approach

Our approach to retention is provided in Section 3.13.

C.1.n Protect Any Personal Health Information (PHI) and Personal Identifying Information (PII)

Contractor shall protect any Personal Health Information (PHI) and Personal Identifying Information (PII) in accordance with federal law, including 42 CFR Part 431 Subpart F, and Centers for Medicare and Medicaid Services (CMS) guidance using the National Institute of Standards and Technology (NIST 800-53) control framework. Adherence to the guidance shall be evaluated by a qualified independent third party at the Contractor's expense, evaluation includes annual security controls assessment and a penetration test.

We ensure PHI and PII are protected though a rigorous overall security approach, combined with specific methods to ensure HIPAA compliance.

Overall Security Approach

We have developed client-specific System Security Plans (SSPs) for our Projects in Tennessee, which involved months of coordination with the Tennessee Office of Inspector General (OIG), TennCare IT (our client's IT Department), Hewlett Packard (HP, now Gainwell Technologies), and our client. We completed extensive documentation, policies, and CMS-compliant workbooks and multiple review cycles with OIG, TennCare IT, and the Fiscal Agent. We currently comply with MARS-E 1.0, MARS-E 2.2, and NIST SP 800-53A, Rev 4, as well as several other state and client-specific standards. Our SSP is in accordance with the following standards and guidelines:

> **Did You Know?**
>
> We have over six years of compliance with DHHS' security laws as part of our NE EB Project.

- NIST SP 800-47
- NIST SP 800-53, Rev 4
- NIST SP 800-18 Guide for Developing Security Plans
- CMS MARS-E 2.2
- CMS ACA System Security Plan
- CMS Risk Management Handbook
- CMS Catalog for Minimum Acceptable Risk
- CMS Information Systems Assessment Procedures, V 2

This work demonstrates that we:

- Have systems, policies, and procedures that are in-place and meeting the stringent requirements of NIST SP 800-53
- Will quickly execute the required security requirements for the AN CC Project
- Ensure the highest protection of all Project data

Further, we understand that FIPS Publication 200 is achieved by the application of security controls defined in NIST SP 800-53 that represent the current state-of-practice safeguards for information systems. As indicated, all Project data is hosted in Microsoft Azure. Microsoft Azure has achieved FedRAMP certification, which is based on the NIST 800-53 Rev 4 standard, and further augmented by FedRAMP controls and enhancements. Microsoft Azure maintains a FedRAMP High P-ATO issued by the Joint Authorization Board, as well as more than 90 high ATOs issued by Federal agencies for the in-scope services.

Our approach to security does not rely solely on the certifications of Microsoft Azure. As a longstanding Medicaid Contractor, we have a solid repository of Corporate and Project-specific policies and procedures that guide the administrative, physical, and technical safeguards that govern the confidentiality, integrity, and availability of Project data. Our comprehensive security approach addresses all facets of technical and operational protocols, as identified in the Control Legend in Exhibit 13.

Exhibit 13. Control Legend

ID	Family	Class
AC	Access Control	Technical
AT	Awareness and Training	Operational
AU	Audit and Accountability	Technical
CA	Security Assessment and Authorization	Management
CM	Configuration Management	Operational
CP	Contingency Planning	Operational
IA	Identification and Authentication	Technical
IR	Incident Response	Operational
MA	Maintenance	Operational
MP	Media Protection	Operational
PE	Physical and Environmental Protection	Operational
PL	Planning	Management
PS	Personnel Security	Operational
RA	Risk Assessment	Management
SA	System and Services Acquisition	Management
SC	System and Communications Protection	Technical
SI	System and Information Integrity	Operational

We address all aspects of confidentiality and security through our SSP.

We will provide a security framework that mirrors and addresses all areas of DHHS' requirements. Our security framework will address the administrative, physical, technical, and privacy controls that will relate to the scope of the contract as well as all information systems that will serve to meet the contract requirements. The security framework will address all requirements of the CMS MARS-E 2.2 Catalog of Security and Privacy Controls.

We will conduct ongoing security control assessments, including an annual audit of our security framework. We have contracted with experienced third-party Contractors to conduct a range of audits related to security, compliance, and integrity. Several assessments are performed on an ongoing basis, including:

- **Arctic Wolf:**

  - **Managed** Detection and Response: Provides 24/7 monitoring of networks, endpoints, and cloud environments to detect, respond, and recover from cyber attacks
  - **Managed Risk**: Provides tools to discover, benchmark, and harden the environments against digital risks across networks, endpoints, and cloud environments
  - **Managed Security Awareness:** Prepares employees to recognize and neutralize social engineer attacks and human error, helping to minimize cyber risks

- **SecureWorks:**

  - **Counter Threat Platform (CTP):** Provides visibility and intelligence into our security monitoring; CTP monitors events and aggregates and classifies them according to an established schema
  - **Managed iSensor:** SecureWorks' proprietary network intrusion prevention system
  - **Red Cloak:** Continuous, advanced endpoint monitoring
  - **Vulnerability Management:** Active, continuous scanning and support for remediation and risk reporting

- **Qualys:** Continuous monitoring and scanning
- **Audit Review:** We review audit records for unusual or inappropriate activity on a scheduled and random basis (Exhibit 14). We utilize automated processes, when practical, for auditing events. Automation also includes notifications being sent upon specified events occurring. Weekly and monthly reports are automatically provided to the IT Team.

Exhibit 14. Logs and Frequency of Review

Logs and Events	Frequency of Review
Logons and associated errors	Every 30 days minimum
System performance processes	Every 30 days minimum
System resource utilization reports	Every 30 days minimum
Network traffic, bandwidth utilization rates	Ongoing monitoring and alerting
Alert notifications	Every 30 days minimum
Border defense devices	Every 30 days minimum
Admin account reviews and privileged accounts reviews (for unauthorized activity)	Every 30 days minimum
System audit records – random review	Every 30 days minimum

We have established protocols for logging and reviews.

Approach to HIPAA

In addition to our overarching security framework, we bring a comprehensive approach to protecting the confidentiality of our data, including adherence to all HIPAA and confidentiality requirements, which ensures we protect confidentiality through all aspects of operations. We ensure that our data systems and policies and procedures adhere to Federal, State, and DHHS requirements as they relate to the security, integrity, and confidentiality of PHI and PII. Our approach to HIPAA is provided in Section 3.4.

C.1.o Provide DHHS with View-Only Access to the ACD

Contractor will provide DHHS view only access to Contractor's automatic call distribution (ACD) system to assist with call volume distribution.

We agree to provide DHHS with view-only access to the ACD. Our Vice President of Telecommunications, Mr. Robert Doran, will provide DHHS with specified access. We will only provide access to DHHS-approved individuals.

We also agree to provide DHHS with any supporting data or reports to facilitate call distribution. We will participate in meetings and ongoing communication with DHHS regarding anticipated call volumes, particularly during specific initiatives or defined business cycles.

C.1.p Provide Both English and Spanish Language Interpretation Services

Contractor shall provide both English and Spanish language interpretation services. At all times during Business Hours, at least 10% (ten percent) of agents must be fluent in reading, writing, and speaking in Spanish and English. For non-English and non-Spanish language interpretation services, the Contractor must supply a method of telephonic interpretation. Cost of interpretation services shall be included in cost per call.

Our approach to meeting language requirements is provided in Section 3.3.

C.1.q Upon Termination of this Contract, Contractor Shall Transfer All Information

Upon termination of this contract, Contractor shall transfer or return all information and data obtained in providing services under this contract to DHHS and/or delete such data upon DHHS written request. The parties agree to negotiate in good faith, and mutually agree upon the format, timing, and manner for such transfer or return of information and data.

Upon termination of the contract, we agree to transfer all information to DHHS in whatever format and timeframe is specified. We agree to delete/destroy all data upon DHHS request.

C.1.r Record All Inbound and Outbound Calls

Contractor must record all inbound and outbound calls.

We record calls in all our contracts. We have supported our clients with several client-specific requirements, including, but not limited to:

- **TennCare Connect Project**: We recorded all calls throughout our contract and were contractually required to retain them for three years. However, due to ongoing litigation issues, our client asked that we retain call recordings indefinitely. We modified our process to comply with this request.
- **RI CC Project**: We record all calls throughout the duration of our contract. Recordings will be retained indefinitely.
- **FL EB, NE EB, WY CSC, MA CSC, and MO BSS Projects**: We record all calls. Calls will be stored for a minimum of ten years.

Our experience with call recording, archiving, and retrieving provides us with the technical platform, tools, and policies to meet all compliance requirements and apply call recordings to drive quality and service. We record calls for several purposes, including:

- **Training:** Call recordings are embedded into multiple training modules to provide as much real-world experience as possible in a training environment.

- **Quality Assurance**: Call recordings are used to celebrate excellent service and provide targeted feedback on areas to strengthen.
- **Compliance**: All our contracts have requirements to record and retain calls. We comply with various requirements surrounding recording and retention.

Five9 includes a flexible, scalable, and secure call recording module for all inbound and outbound call recordings. Recording features include voice and screen recording. We will program our initial greeting with an alert that calls will be recorded. All call recordings are stored in an indexed manner, which allows for easy searching and retrieval. Calls can be searched for by date of call, phone number, time of day, and CSR. Call recordings are available in Five9 for 30 days. During this 30-day window, DHHS may search for and listen to any recorded call. Call recordings will be stored per contract retention requirements.

Call recordings are mapped over to Verint in less than five minutes of the call ending. (Verint provides Five9's workforce management, quality, and recording solutions through a single platform that is integrated with Five9.)

We will apply DHHS' naming convention and send calls to DHHS on a daily basis via a DHHS-secure method within the timeframe specified by DHHS. We anticipate using an SFTP site to send calls, but can accommodate any method desired by DHHS. We will work with DHHS during the implementation to identify an appropriate verification process that calls have been successfully transferred. Upon confirmation that the recordings were received by DHHS, we will permanently delete them from our systems.

C.1.s Any Data that is Stored on Site, Needs to be Secured

Any data that is stored on site including multi-function devices, needs to be secured per DHHS policies.

We currently comply with DHHS policies as part of our NE EB Project. Our approach to data protection is provided in Section C.1.n. We will not store any data on site, including in multi-function devices.

C.1.t Mail Customers a Paper Copy

Mail customers a paper copy of the requested changes and/or applications, if applicable.

Our approach to securely printing and mailing documents is provided in Section 3.5.

C.1.u Only Print Personal Client Information when Necessary

Contractor must only print personal client information when necessary, and only in private office space that is distinctly separate from any publicly accessible area by a wall or other suitable barrier. Any door accessing this private office space shall be secured by a locking mechanism (key, number combination, access card, etc.).

We will only print personal client information as necessary and specified by DHHS business rules. Staff will be trained in business rules associated with printing client information. All requests for personal client information will be documented in HealthTrack. Our Mail Fulfillment Center, described fully in Section 3.7, is separate from other office areas in our headquarters and is available only to authorized personnel.

C.1.v Maintain Quality Assurance Accuracy

Contractor will maintain Quality Assurance (QA) accuracy at or above an agreed upon level using an agreed upon evaluation tool. An established timeline to meet this performance measure will be included in Contractor Start-Up Plan. Attachment 5 - Sample Quality Assurance Form.

Our approach to quality has allowed us to not only attain several rigorous SLAs, but more importantly earn the trust of the clients and customers we serve. Our dedication to quality is reaffirmed through the following achievements:

- We have met our SLA of 90% on quality monitoring scores every month for three years in our FL EB Project.
- In our CoverKids Eligibility Project, TennCare implemented a 21-point checklist to review 100% of applications—we were known for not missing a single item across multiple months.
- Satisfaction survey results are routinely above 90% for all metrics measured.
- We obtained Utilization Review Accreditation Commission (URAC) certification as a testament to our commitment to control costs, raise quality, and improve health outcomes.
- We continuously achieve high levels of quality (above 95%) in our TennCare Connect Project (Exhibit 15 – Exhibit 17).

The full details regarding our approach to quality assurance are provided in Section 3.9.

Exhibit 15. TennCare Connect Staff Evaluation Score Report
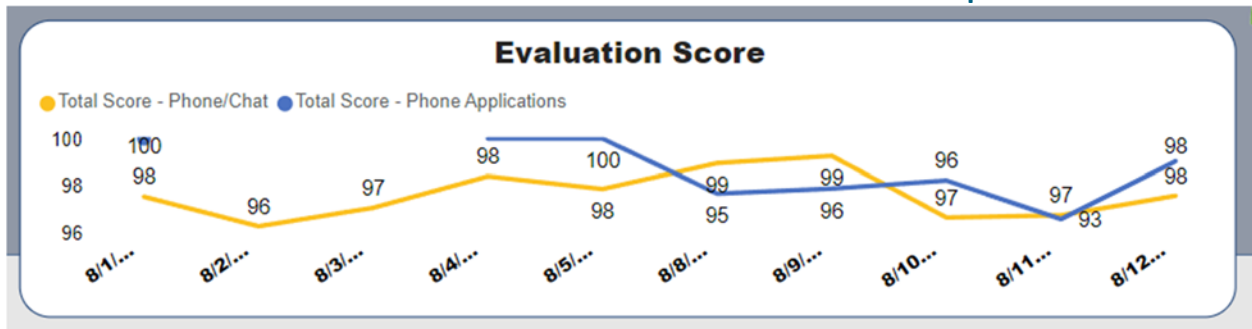
We track quality scores to ensure high performance.

Exhibit 16. TennCare Connect Monthly Quality Score for Phone Calls and Chats Report
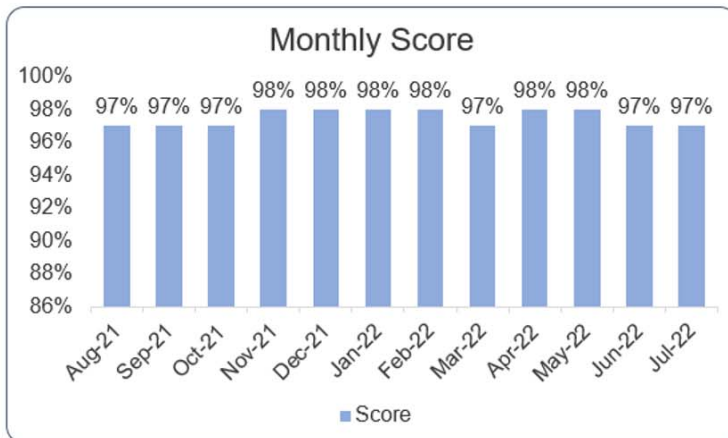
We achieve high levels of quality for interactions.

Exhibit 17. TennCare Connect Member Service Surveys (out of 5)
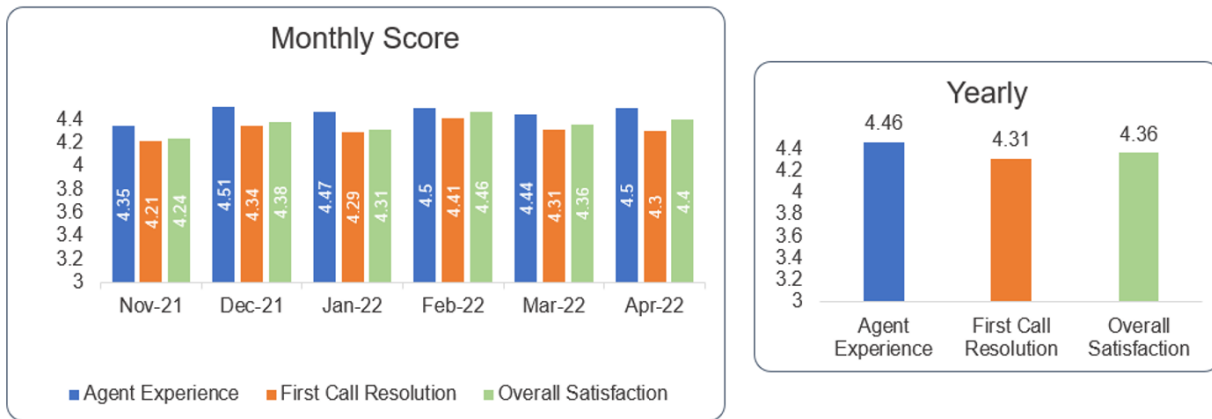
Callers appreciate our high service levels.

C.1.w Monitor at Least Five Calls from Each Agent Per Month

Contractor will monitor at least five (5) calls from each agent per month. Quality scores for each agent will be made available for DHHS oversite staff.

We will include policies and procedures that specify the frequency of staff monitoring in our QA Plan. At a minimum, we will require quality staff to monitor at least five calls per CSR per month. We will complete more frequent monitoring for new CSRs within their first 90 days. If warranted by quality scores, we will increase monitoring to ensure corrections have been permanently applied. In addition, we will work with DHHS regarding any specific monitoring criteria. For example, if there are specific types of calls (e.g., according to program or type of service provided, etc.) that DHHS would like us to monitor more frequently, we will apply these specifications into our sampling algorithm.

C.1.x Use DHHS Approved Quality Evaluation Tool

Contractor will utilize the DHHS approved quality evaluation tool to evaluate specific interactions between staff and clients.

As mentioned, we will use the DHHS-approved quality tool. We will recommend additional elements to monitor based on our best practices learned from other eligibility contracts. For example, we typically evaluate accurate use of HealthTrack and eligibility systems as part of monitoring, which are essential data elements that help prevent downstream processing errors.

We will participate in bi-weekly call calibration sessions with DHHS to verify that we are objectively monitoring calls and applying the criteria in the manner that drives the performance DHHS desires. In these sessions, we will listen and use the DHHS-approved evaluation tool to score a series of recorded calls, using the four calls provided by DHHS three days prior to the session. We will then discuss areas where points were withheld, allowing us to identify any discrepancies in scores.

Did You Know?

We have performed extensive call calibration exercises with our clients. Due to our close relationship, careful management, and detailed policies and procedures, a recent audit in our FL EB Project showed a 0.22% score difference in favor of our staff.

Comments will be shared with the Project Manager. We will implement appropriate corrective actions (e.g., retraining, updates to the knowledgebase, updates to scripting, etc.) as appropriate and share results, progress, and findings with DHHS.

C.2 Reporting Requirements

Our approach to meeting DHHS' reporting requirements is provided in Section 3.14.

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2.2   Proposed Development Approach

Our proven development approach results in a solution that is fully aligned with all locations and entities serving DHHS, built to DHHS specifications, launched on time, and results in high performance starting on Day 1. Our development approach is comprised of two major components:

- Overall implementation approach to launch the AN CC Project on-time
- HealthTrack configuration approach to ensure the CRM meets DHHS requirements

Overall Implementation Approach

We have a solid trajectory of timely implementations, including a timely launch of our NE EB Project in 2016, which included configuring HealthTrack to interact with DHHS and the Health Plans, installing a phone system, configuring outbound mail notices, implementing a rigorous outreach strategy, and hiring and training staff. Our

Did You Know?

"As HealthSource Rhode Island is in the early stages of transitioning our Exchange Contact Center administration to AHS, we have appreciated their collaborative, responsive, efficient, and innovative approach. They come to the table as partners."
– Meg Ivatts, Healthsource RI, Chief Operating Officer

success stems from rigorous execution of detailed Project Work Plans and company-wide expertise in implementation. We have executed complex implementations and understand the components must be addressed during the launch of the Project. We successfully implemented several contracts in a range of timeframes (Exhibit 18).

Exhibit 18. Sample Timeframes for Recent Implementations

Project	Components Involved	Timeframe	Year
MO BSS Project	• Facility build out and set up • Five9 installation and configuration • HealthTrack configuration • Staff recruitment and training	9 months	2022
MA CSC Project	• Facility build out and set up • Five9 installation and configuration • HealthTrack configuration • Staff recruitment and training	6 months	2022
NC CC Project	• Five9 installation and configuration • HealthTrack configuration • Staff recruitment and hiring	4 months	2021
WY CSC Project	• HealthTrack configuration • Telecommunication system installation • Facility set up for Cheyenne-based office • Coordination of work with Illinois- and Wyoming-based staff • Staff recruitment and training	5 months	2019
DE HBM Project	• HealthTrack configuration • Staff recruitment and training	3 months	2019
IN IAS Project	• HealthTrack configuration • Telecommunication system installation • Facility set up for nine offices across the State • Staff recruitment and training	3 months	2016

Project	Components Involved	Timeframe	Year
NE EB Project	• HealthTrack configuration • Telecommunications system installation • Materials production and generation • Staff training	3 months	2016
RI CC Project	• HealthTrack configuration • Telecommunication system installation • Access to State Integrated Eligibility System • Facility set up • Staff recruitment and training	3 months	2016
TN CoverKids Project	• HealthTrack configuration • Integration with MAGI-in-the-Cloud for eligibility determination — We were among the first vendors in the country to successfully integrate with MAGI-in-the-Cloud • Mailings production and generation • Staff training	6 months	2016
TNHC (now TennCare Connect) Project	• HealthTrack configuration • Telecommunication system installation • Facility set up • Integration with State systems • Staff training	9 months	2015

We have a history of implementing complex Medicaid projects in a range of timeframes.

These examples highlight key components of our ability to implement a complex, high-performing operation:

- Our infrastructure meets a robust range of requirements, including security requirements required for compliance with MARS-E 2.2 and related NIST standards.
- Our infrastructure is flexible to accommodate client-specific business rules.
- Our team understands and can respond to the dynamic environment of our clients.
- We have hired and trained large teams of staff on complex operational and policy requirements in high-profile environments.
- Our implementations are scalable and have successfully launched Projects during the COVID-19 pandemic.

We are committed to ensuring a successful, timely Project launch and bring several features to the Project that support our ability to launch the Project in a rapid timeframe, which include, but are not limited to:

- **Flexibility**: Every aspect of our operation is flexible. We provide DHHS with direct access to decision makers, which allows us to be maximally responsive to DHHS' needs.
- **Experience**: We have experience with implementing several large-scale Projects in rapid timeframes. We have over ten years of experience performing eligibility services for health and human service programs, which provides us with deep insights into the needs, values, and experiences of customers.
- **Proven Tools and Approaches**: Our methods, approaches, and tools have been successfully used in our other Medicaid call center and eligibility projects. We will not struggle with the challenges of working through unknown solutions.

- **Understanding of DHHS**: We have a history of working in a collaborative manner with DHHS on their Medicaid programming. We will build from our understanding of DHHS to support a successful launch.
- **Relationships with Vendors**: We have established relationships with leading hardware and software vendors such as Dell, Microsoft, and Five9, which will enable us to quickly acquire all equipment needed for the AN CC Project.
- **Completion of Preliminary Analysis**: We have thoroughly read the RFP, its Amendments, supporting documentation, and relevant documentation available through State websites. We have completed an in-depth analysis of the operational and technical requirements and are prepared to meet with DHHS to begin implementation immediately.
- **Experienced Project Management Team**: We provide experienced Project Implementation Team members and Key Personnel who will establish and maintain a strong partner relationship to ensure a coordinated and well-executed implementation.

Our overall efforts are guided by the Project Management Body of Knowledge (PMBOK) methodology, which will serve as the foundation for both the implementation and ongoing operational periods.

Timeline for the Implementation Period

We will commit the necessary resources to ensure an on-time and seamless Go-Live. Our implementation methodology is based on PMBOK principles, development, and tracking of the Project Work Plan and deliverables.

Overall Implementation Approach

We recognize that transitions are challenging—DHHS not only needs to support our efforts, but also simultaneously manage the current operations. Our goal is to minimize the burden on DHHS. We use several tools to complete the implementation, including:

- Structured Project Work Plan that identifies deliverables, resources, due dates, and milestones (Appendix C)
- SharePoint site to serve as a comprehensive repository for business rules, Project documentation, deliverables, and reports
- Risk Register to identify and track real and emerging risks
- Deliverables matrix to identify and track the priority, status, and due dates of deliverables
- Weekly internal meetings with the Implementation Team and Senior Executive Team
- Weekly dashboard reporting to DHHS
- Weekly meetings with DHHS and participation in structured workstream meetings
- Ongoing communication to DHHS

We use five routes to ensure clear communication with DHHS and the incumbent Contractors where applicable:

- **Structured Meetings**: We will participate in a series of structured meetings with DHHS. We will provide the agenda, minutes, and tracking of minutes for meetings.
- **Ad Hoc Meetings**: We will hold separate breakoff meetings for various topics as needed.
- **Email/Phone Communication:** A standard component of ongoing communication will be the daily emails and calls within designated communication channels. We will use a group

email address for implementation work. DHHS simply needs to select this email address and it will automatically be sent to all team members, which relieves DHHS staff of determining who to send a message to. Individual communication is always welcome, but we have found that this group email account simplifies communication within our team and ensures that all team members are automatically up-to-the-minute on issues that arise. Phone and email correspondence will take place in accordance with the protocols for communication and contact persons.

- **Project SharePoint Site**: We will utilize SharePoint to provide a centralized repository for Project deliverables and documentation shared with DHHS, ensuring DHHS automatically has full access to the most updated version of Project documentation and deliverables. SharePoint includes extensive features that simplify the tracking and routing of documents. SharePoint is a browser-based application that is easy to access, maintain, and use. Users can create document libraries, tasks, calendars, and more, which provides the team with many opportunities for documentation, communication, and tracking. A sample SharePoint site from our NE EB Project is provided in Exhibit 19.

Exhibit 19. Sample Project SharePoint Site

A Project SharePoint provides instant access to deliverables and documentation.

- **Ongoing Implementation Status Reports:** Ongoing reports are essential communication tools in the transition's success (a sample report is provided in Exhibit 20). These reports will include updates on:

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- Project schedules
- Near-term activities
- Key milestones
- Training activities (both planned and conducted to-date)
- Staffing levels (currently recruited, number of positions filled, etc.)
- Quality assurance (for all aspects of the project, including systems, telecommunications, training, policies and procedures, etc.)
- Risks and issues
- Action items for the next week
- Review of previous action items not yet closed
- Other topics as requested by DHHS

Exhibit 20. Sample Implementation Report

Project Name	Beneficiary Support & Premium Collections Solutions & Services				Submission Date		3/2/2022
					Version #		v1.0
State Project Manager(s)	Michelle Hoeller, Danielle Gesch, Alan Jackson				Reporting	Start	2/21/2022
AHS Project Manager	Jessica Emark				Period	End	2/27/2022

Overall Status - Phase 1		Green	Project Period	Start	8/9/2021	Overall Status - Phase 2		Yellow	Project Period	Start	8/9/2021
				End/Go Live	7/1/2022					End/Go Live	10/20/2022

Area of Measure	Status	Trend	Comments	Area of Measure	Status	Trend	Comments
Scope	Green			Scope	Green		
Schedule	Yellow		Change reflects approval of Phased approach. Remain Yellow until basdlined.	Schedule	Yellow		3rd party data exchanges & pending state procurements.
Risk/Issues	Yellow			Risk/Issues	Yellow		
Resources	Yellow			Resources	Yellow		
Quality	Green			Quality	Green		
Certification	Green			Certification	Green		

Milestones Met during this Reporting Period:	2/21/22 - 2/27/22
2/22/22, Action Item Log Review	
2/23/22 Provider Directory JAD with IBM	
2/23/22, IBM provided draft file layout and ICD for Provider Directory	
2/24/22-3/4/22, IBM incorporate ICD/File Layout feedback and DSS approve (AHS has submitted clarifying questions to IBM 3/3/22)	
2/23/22, MEDES, FAMIS Maintenance Window JAD	
2/25/22, DSS approved MEDES & FAMIS ICD/File Layout	
2/23/22, Telecom Call Flow Phase 1 JAD	
2/24/22, CMS Certification Meeting	Phase 2
2/24/22-3/11/22, State team conduct data exchange JADs with MEDES, FACES, IM, DYS and FAMIS and discuss requirements with AHS	Phase 2
2/24/22-3/11/22, State team conduct Spenddown JADs with ITSD & Wipro and discuss requirements with AHS	Phase 2
2/25/22, DSS provided Phase 1 (AHS hosted) website decision	
Schedule Phase 1 Knowledgebase JAD	
Schedule Phase 2 Data Exchange JADs	Phase 2
Planned Activities for next Reporting Period:	2/28/22 - 3/6/22

We keep our clients up to date on our progress.

We will work with DHHS to establish project management and reporting standards, including attendance at weekly meetings.

Project Work Plan

One of the core elements of any successful transition is a thorough Project Work Plan developed using PMBOK best practices, supported by a team of seasoned professionals with the expertise and experience to complete tasks by the appropriate deadline to complete the project on time and without compromising services. The Project Work Plan will be revised and updated based on ongoing implementation meetings and requirements analysis sessions. A

sample implementation timeline reviewed during our kickoff meeting as part of our MO BSS Project is provided in Exhibit 21.

Exhibit 21. Sample Implementation Timeline

Our implementation kickoff meetings are engaging and review all timelines.

Implementation Manager

Our Project Manager, Ms. Amanda Jarmon, PMP, will also serve as the Implementation Manager for the Project. In this role, she will lead, direct, and track progress to ensure the team is on track for an efficient, on-time, and successful Project launch. Ms. Jarmon is expertly qualified to lead the implementation. She has played a leading role in several implementations for various health and human service Projects. Please refer to Ms. Jarmon's resume in Appendix B.

Did You Know?

Most recently, Ms. Jarmon supported the timely launch of our MO BSS Project, which includes eligibility support services.

Ms. Jarmon will be complemented by our Call Center Manager, Mr. Jose Vera, who is described in Section 1. Ms. Jarmon and Mr. Vera will be onsite to attend meetings as requested. Ms. Jarmon will direct and oversee the work of our corporate Project Management Office (PMO) and verify that work is performed according to schedule. Examples of high-performing AHS Implementation Team members who are representative of the caliber of talent who will support the implementation include:

- **Ms. Jessica Emark, PMP:** Ms. Emark has more than 20 years of experience and has worked on countless implementations of relevant Projects, including four eligibility-related projects. She has supported the timely launch of our MO BSS, NE EB, RI CC, MD MPE, and FL EB Projects, as well as several others. She is proficient with data analysis, tracking, and ensuring that work progresses according to standards.
- **Ms. Alicia Kempf, PHR:** Ms. Kempf has 20 years of experience with human resources for healthcare contracts. She has a strong knowledge of the skills and competencies required

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for Medicaid, eligibility, call center, application support, and document management contracts and has implemented several recruiting initiatives to ensure our projects are staffed with experienced, talented, and motivated personnel. Of note, Ms. Kempf led the recruiting efforts for our FL EB Project expansion where we staffed the project with more than 400 FTEs at its peak.

- **Mr. John Pastor, PMP**: Mr. Pastor has more than 10 years of project management and implementation expertise. He played a key role in guiding the implementation, tracking deliverables, and monitoring the progress of our WY CSC Project, which includes Medicaid application assistance, outbound document mailing, and call center services.

Additional tools we apply to our implementation process include:

- Dashboard Reporting
- Deliverables Matrix
- Detailed Project Work Plan Updates
- Status Meetings and Meeting Minutes
- Internal Quality Control Process
- Structured Approach to Risk Management

Deliverables Matrix
In addition to the Dashboard Report, we will use a Deliverables Matrix to track Project deliverables, including the:

- Project Management Plan with sub-documents, including, but not limited to:

  – Quality Management Plan
  – Scope Management Plan
  – Requirements Management Plan
  – Risk and Issues Management Plan
  – Change Management Plan
  – Communications Management Plan
  – Business Continuity/Disaster Recovery (BC/DR) Plans
  – Turnover Plan

- Training Plan
- QA Plan
- Performance Reporting Plan
- End User Documentation and guides
- Test Management Plan

Our Deliverables Matrix will include the contract reference, due dates, personnel assigned, priority, and any approvals to-date to ensure deliverables are tracked throughout the implementation. Through the Deliverables Matrix, the Implementation Manager will track when deliverables have been submitted, approved, or denied. Exhibit 22 details a sample Deliverables Matrix from our MA CSC Project implementation.

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Exhibit 22. Sample Deliverables Matrix

Page/Sxn	Requirement	Initial Submission Date	Revision Submission Date	Approval Date	Notes	Responsibility State	Responsibility AHS
16/2.1.A.2	The Contractor shall not change the primary or secondary places of business without the prior approval of EOHHS and shall notify EOHHS of its proposed change at least 180 days in advance of any proposed change.						
16/2.1.A.3	other facility requirements EOHHS deems necessary to support the performance of the Contract, are in a location which meets system interface requirements specified by EOHSS and are fully functioning no later than ninety Calendar Days prior to the Contract Operational Start Date.	12/2/2021			Verbal approved by Sam 12/2		
18/2.2.A.3.c	The Contractor shall submit for EOHHS approval all Key Personnel within the first 14 Business Days following the Contract Effective Dat e, with approved Key Personnel dedicated full-time to the Contract no later than 120 Calendar Days prior to the Contract Operational Start Date.	11/10/2021		11/29/21	Email approval of org chart, key staff, work principles, templates		
18/2.2.A.3.c	The Contractor shall submit for EOHHS approval all Key Personnel within the first 14 Business Days following the Contract Effective Date, with approved Key Personnel dedicated full-time to the Contract no later than 120 Calendar Days prior to the Contract Operational Start Date.	11/10/2021		11/29/21	chart, job description and staffing plan templates as well as work prinicples to		

We have full tracking of deliverables.

Internal Quality Control Processes

All deliverables will be subject to an internal quality review prior to submission to DHHS for approval. The quality review will include a checklist that verifies items are complete and accurate, and that requirements have been met.

Risk Management

We have a structured process for risk mitigation. We use several strategies to prevent risks from emerging during implementation. We identify and track real and emerging risks and report these to DHHS as part of our Risk Register, which includes details on risks, mitigation strategies, and thresholds when each strategy will be implemented. We will maintain a Risk Management Plan throughout the contract and provide ongoing updates through routine reporting. Exhibit 23 provides a sample Risk Register used in our TennCare Connect Project.

Exhibit 23. Risk Register

Date Raised	RAID Category	Description	Impact	Severity	Status	Resolution
3/29/2021	Risk	User Provisioning (single sign-on)	live	Moderate	Closed	Dates added
3/29/2021	Risk	Provisioning P&Ps (single sign-on)	Dates/Process not defined - impact Training & Go-live	Moderate	Closed	Dates added
4/6/2021	Risk	Document Processing fax batch file structure	TEDS Upload	Critical	Closed	File structure resolved
3/23/2021	Risk	Unable to establish **network** connections – SIT 2 and Member Portal. No access due to tunnel issues. State IT and AHS IT Engaged.	Risk to Go-live.	High	Closed	Access resolved 4/21/21
3/23/2021	Risk	Call Center General Training Material 100% complete - Due 3/12/21, according to Deloitte Plan	Risk to Training Schedule	Moderate	Closed	Approved by state on 4/28
3/23/2021	Risk	Call Center Workforce Management Training Material 100% complete - Due 3/2/21, according to Deloitte Plan	Risk to Training Schedule	Moderate	Closed	Approved by state on 4/28
3/30/2021	Risk	List of Production URLs/NATs that that AHS will need	Risk to Go-live.	High	Closed	List provided 4/21

We incorporate Risk Registers into operations.

Our Risk and Issue Management approach applies the best practices outlined in Exhibit 24.

Exhibit 24. Risk and Issue Management Best Practices

Best Practice	Description
Escalation Process	• We have defined protocols for issue escalations • Protocols specify communication protocols for internal and external issues
Documentation	• All issues are documented in the same tracking log • The tracking log is shared with relevant staff
Resolution Tracking	• Issues are stated in a way that it is clear how they can be resolved
Prioritization	• Issues are prioritized by impact
80/20 Rule	• We review cascading impacts (i.e., 20% of issues result in 80% of impact)
Regular Review	• Issues are reviewed on a weekly basis
Issue History	• All issues, including closed records, remain in the log

Our risk and issue management approach incorporates multiple best practices.

The following are key elements to our risk management approach:

- **Priority and Authority**: Risk management is a priority for leadership and the Implementation Team. Our Implementation Manager has the authority to execute action plans, mitigation steps, and contingency plans.
- **Requirements Analysis**: We complete multiple Requirements Analyses sessions to document requirements up-front.
- **Prioritize Risks**: The Implementation Manager will prioritize risks (e.g., risks that have a cascading effect and impact multiple levels of the operation are the highest priority).
- **Scheduling**: We schedule ample time to complete deliverables using a mix of workhour estimating methods; critical work is completed by a team, not a solo employee.
- **Ongoing Communication**: We communicate emerging and real risks on an ongoing basis to our operational, technical, corporate, and client teams.
- **Subject Matter Engagement and Risk Ownership**: Project leadership will conduct meetings that establish ownership over risks.
- **Early and Ongoing Assessment**: Risks are identified, assessed, and reviewed continuously.
- **Defined Plans and Criteria:** Risk mitigation plans are developed; success criteria and thresholds for contingencies are defined.
- **Multiple Risk Management Tools**: We will use the following tools to manage risks:

  – Business Requirements Documents that identify requirements
  – Checklist analyses of deliverables
  – Multiple internal and external review cycles of each deliverable
  – Documented assumptions
  – Formal DHHS readiness review

We incorporate the following protocols to manage issues identified in the Risk Register:

- **Review Issues**: We review issues at least weekly, if not daily.
- **Regular Updates:** We provide DHHS with ongoing updates on issue status.
- **Communicate Resolutions**: We provide official communications when issues are resolved.
- **Documentation**: All issues, actions taken, and resolutions are maintained in the issues log.
- **Review**: We review the Risk Register each month to identify and assess lessons learned.

Action items also need to be tracked to ensure they are worked and completed within the required timeframe. We will utilize an Action Item Log that will mirror the Risk Register displayed in Exhibit 23. The Action Item Log will be updated, and a review of this log will be included on meeting agendas.

Knowledge Transfer

Our knowledge transfer process of ongoing business and operational activities will be facilitated by the receipt of items and documents specified in the incumbent Contractors' Turnover Plans. From contract signing, our Senior Executive and Key Personnel will communicate regularly with the incumbent to establish requirements, learn business rules and workflows, and update policies and procedures, allowing us to successfully administer the AN CC Project. We anticipate that DHHS will be involved to facilitate fluid coordination of documents and clarifications.

Staff Training to Support Knowledge Transfer

The multiple methods we will use to ensure the knowledge transfer process occurs so that our staff are trained and capable of delivering excellent service result in improved service, decreased administrative burden on DHHS, and meticulous attention to caller needs.

- **Training:** Staff will participate in our training program based on DHHS' Train-the-Trainer. This program will include a range of program knowledge, customer service, and system skills. Staff will not be permitted to take calls without first passing our evaluation test verifying they have sufficient knowledge to provide excellent service.
- **Leverage Incumbent Staff:** We prefer to leverage existing Contractor staff during transitions and, where possible, we will recruit staff from the incumbent Contractors, which allows us to leverage their skills while providing better continuity of service.
- **Ample Staff Model:** Our staff model has been developed using a series of best practices, and we will have sufficient staff available to meet operational requirements.

Telecommunications Installation

We will use theFive9 cloud-based omnichannel system, which we have successfully deployed in our WY CSC, FL EB, RI CC, MO BSS, NC CC, and MA CSC Projects.

Readiness Review

We will participate in all DHHS-specified Readiness Review activities. We have several tools we use to facilitate a successful Readiness Review. We use extensive implementation and deliverables tracking tools, which we use to verify items required for Go-Live are complete. All documents and deliverables are posted to our SharePoint site during the implementation, so DHHS can access and check off items as they are complete.

We will bring these successful best practices to the AN CC Project to ensure a successful Readiness Review and smooth implementation. As mentioned, DHHS is welcome in our facilities at any time to monitor our progress throughout the entire implementation. To successfully execute the Readiness Review, we will follow the steps identified in Exhibit 25.

Exhibit 25. Steps to a Successful Readiness Review

Step	Description
Establish readiness items in advance	• Prior to the Readiness Review, we will work with DHHS to identify exactly what items will be assessed • We will also determine the criteria to pass each item
Publicize schedule	• We will allocate appropriate amount of time for assessing each item • The agenda will be distributed to both DHHS and AHS team members
Assign business owners	• Each item will be assigned a business owner who will be responsible for demonstrating the item to DHHS
Dress rehearsals	• We hold internal dress rehearsals to prepare for Readiness Review, which provides opportunities to practice and correct deficiencies

We use straightforward keys to ensure we are prepared and organized.

This methodology has allowed us to successfully launch several projects on time, including the NE EB Project in 90 days, complete with file transfers, a transactional website, materials development, and Health Plan auto-assignment processing.

Overall HealthTrack Development Approach

We use an Agile methodology to configure HealthTrack for the needs of the Project. Our proven history of successful HealthTrack configurations (Exhibit 26) showcases that our implementations result in multiple benefits that drive service and efficiency.

Exhibit 26. Achievements in Agile Methodology

Contract	Components Implemented	Benefits Achieved	Approx. Time

WY CSC	• Systems enhancements:
	  − Dynamic scripting
	  − Workforce management for proper staff tracking
	  − Appeals workflow
	  − RPA for document upload and record location and demographic intake
		• Increased accuracy among staff interactions
		• Increased reporting and tracking of staff workflow and processing
		• Streamlined manual processes
			5 months

RI CC	• Systems enhancements:
	  − Dynamic scripting
	  − Appeals tracking
	  − Outbound call notifications to enhance service
	  − RPA for password resets and case notes[6]
		• Increased accuracy among staff interactions
		• Improved performance metrics
		• Improved coordination with stakeholders
			60 days

TN CoverKids	• CRM that included:
	  − Document Processing
	  − Person Creation
	  − Application
	  − MAGI Eligibility Determination
	  − Automated Outbound Mail Response
	• Robust eligibility workflows
	• Integration with specified systems
	• 1095-B outbound files and returned mail processes
		• Unmatched accuracy ratings documented through several consecutive months of TennCare reviews where not one error was identified	6 months

TennCare Connect	• Document management with rules-driven routing to established State units
	• Integration with specified systems
	• Several system enhancements:
	  − External CRM for fragmented data received from the incumbent Contractor
	  − Dynamic scripting based on rules-driven logic
	  − Reporting enhancements
	  − Streamlined appeal intake
	  − Improved escalation process
	  − RPA for address and phone changes, authorized representative checks, call notes, and renewal verification[7]
		• Improved data and reporting
		• Improved paperless application processing
		• Implementation of multiple bi-directional interfaces that eliminated gaps in data currency
		• Decreased appeals due to policy-aligned scripting
			9 months

Use of the Agile methodology has allowed us to achieve several important system initiatives.

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[6] RPA was implemented as an ongoing contract refinement and was not implemented during the initial 60-day implementation.

[7] RPA for TN improvements were implemented as an ongoing contract improvement and not during the initial implementation.

![Nebraska Dept. of Health and Human Services]

THE STATE OF NEBRASKA DEPARTMENT OF HEALTH AND HUMAN SERVICES (DHHS)
ACCESSNEBRASKA CALL CENTER SUPPORT (RFP) NUMBER 113578 O3

This work showcases advantages of our ability to interact with multiple contractors and agencies:

- We are flexible and collegial in terms of working with stakeholders with evolving needs.
- We can adapt to new partners, roles, and technologies from project management, operational, and technical perspectives.
- We establish proper communication channels led by structured governance protocols that outline roles and responsibilities and result in effective, coordinated, and transparent communication.

Configure HealthTrack

Requirements Analysis

We begin our approach to configuring HealthTrack with detailed requirements sessions where we outline, document, and submit for approval the business rules associated with HealthTrack.

Our timelines for requirements analysis and configuring HealthTrack is provided in our Project Work Plan (Appendix C). We use Azure DevOps as our configuration tool, ensuring our systems are consistent throughout the lifecycle, requirements are detailed and there is full traceability to requirements. All information is tracked in DevOps, allowing us to fully configure HealthTrack in accordance with DHHS's timeframes. We also use DevOps to guide our testing strategy (Exhibit 27).

DevOps includes several monitoring tools that allow us to achieve a high availability by minimizing time to defect and time to mitigate. DevOps provides rich diagnostic data about the issue. DevOps provides a mechanism for our team to capture information using the bug work item type, triage bugs by assigning a priority, update bug status throughout the bug lifecycle, and monitor bug assignments and trends.

Exhibit 27. Azure DevOps Tool

We use several tools to track defects.

Test HealthTrack

We use several test practices to support an on-time delivery of HealthTrack. Our processes result in a platform that is fully configured for the AN CC Project, fully vetted, and approved by DHHS and configured with tested and documented real-time integrations that drive service. Further, they allow us to create a platform that facilitates rapid configuration when the additional modules are incorporated. We apply multiple test strategies based on the needs, timeline, process, and requirements of the AN CC Project (e.g., black box testing, integration testing, interface testing, operational readiness testing, security testing, soke testing, traceability testing, etc.)

Each test will be executed and evaluated to determine if the test passed, and that the user stories' acceptance criteria were met. The results of the test will be categorized as follows:

- **Pass:**
  - All expected results were achieved and/or all unexpected results were resolved.

- **Procedural Pass:**
  - Defects causing a previous execution to fail have been deferred or determined to not be defects.

- Defects causing the execution of a test to fail have already been identified with another test, but the fix for the defect(s) is the same for each test, and so the defects do not need to be validated multiple times with multiple tests.
- A resolution of "Pass" or "Fail" cannot be given to the associated test. The reason will be provided in the comments field.

- **Fail**:

- The testing process or system does not conform to expected results.
- A determination of all tests with a status of "Fail" will be made.
- A test case is failed when any severity level 1 or 2 defects or multiple severity level 3, 4, or 5 defects are identified (defect levels are defined below). Once the defects are resolved, the failed test cases are re-executed to confirm the remediation.

All tests have defined entry and exit criteria based on appropriate risks. The test criteria ensures that HealthTrack meets the needs of DHHS and results in accurate data and documentation.

Defect Management/Testing

Our approach to defect management is closely tied to our overall test plan strategy, which is described earlier in this section. We use a comprehensive test strategy to:

- Identify and define activities necessary to prepare for and conduct the testing process
- Detect software implementation deviations from requirements (i.e., defects early in the lifecycle to aid in swift resolution)
- Discuss testing techniques appropriate for each Project
- Provide information about the level of quality
- Gain secure client approval

2.3   Technical Considerations

For the AN CC Project, DHHS needs the Contractor to provide a technical solution that:

- Accurately captures all interactions
- Integrates with all needed DHHS systems
- Seamlessly serves callers in a manner that is parallel with all entities that support DHHS
- Includes full audit trails
- Is configurable to meet all DHHS-specific rules
- Is flexible to accommodate program changes
- Meets all security requirements
- Is capable of evolving to meet the technical demands of the State
- Reflects DHHS' IT Security Policies and Standards
- Reflect CMS' Seven Conditions and Standards

Meet Mr. Eng Tan

Our VP of IT, Mr. Eng Tan, will lead all configuration efforts. He has expert knowledge of Medicaid, Enrollment Broker operations, and State and Federal standards. He was awarded the 2018 CIO of the Year award (Megabyte) by the Pittsburgh Technology Council and Greater Pittsburgh CIO Group.

"Eng Tan […] is an accomplished IT leader with a stellar track record. He is accountable for IT strategic direction, team development, and delivering high-quality IT services to Automated Health's clients. Eng has developed innovative solutions that improve operations, enhance productivity, and deliver exceptional value to our healthcare customers. He focuses on building productive partnerships with our clients by developing and promoting an agile and client-focused culture within IT."
- Pittsburgh Technology Council

We are excited to offer DHHS a technical solution that meets and exceeds these needs. We will use Five9, our omnichannel platform, and HealthTrack, our proven CRM for the AN CC Project. HealthTrack and Five9 have been successfully deployed in several eligibility and call centers contracts across the country and currently serve approximately 12 million Medicaid eligibles.

Five9 Omnichannel Solution

We will use the Five9 omnichannel solution to achieve high levels of performance across all anticipated inbound and outbound volumes. Five9 is a cloud-based system that uses distributed and redundant computing resources to scale rapidly. Five9 data centers and voice POPs are geographically distributed in multiple locations, which ensures we meet all capacity, redundancy, and failover requirements. We will monitor the ongoing capacity to ensure we can answer all calls and meet performance metrics (e.g., 99.9% of calls reach the IVR without busy signals). Further, Five9 is deployed using a hardened and secure architecture with full redundant subsystems and compartmentalized security zones, and as mentioned, is regularly audited under AICPA AT 101 or SSAE 18 standards, demonstrating robust data protection controls. The redundancy serves as a backup call center—if any issues occur with Five9, through the redundant infrastructure, calls are immediately available. Additionally, calls can be immediately processed and accepted at any location, minimizing any disruption in service.

Five9 was built entirely from the ground up for the cloud and has been continuously refined for nearly 20 years. Features included in the suite are summarized in Exhibit 28. We will provide appropriate role-based access and permissions to specified DHHS staff.

Exhibit 28. Five9 Features

Feature	Description
Inbound	• Accepts all local and toll-free calls • ACD, including intelligent routing based on DHHS business rules • We have expert familiarity with the need to make ACD changes and regularly make changes quickly • Computer Telephony Integration (CTI) Screen Pop that delivers key insights to staff so they can better understand the caller needs and accelerate the interaction for the best service and outcome • Analytics that support workforce, quality, and performance management and analytics to optimize the performance for the AN CC Project • Informational messages can be played during hold times to promote key DHHS topics • Ability to leave a message for a return call without losing the caller's place in queue
Outbound	• Predictive dialer that runs through call lists and detects voice mail, fax machines, and busy signs, avoids Do Not Call (DNC) numbers to comply with regulations, and automatically adjusts the dialing pace according to predicted staff availability • Progressive dialer that automatically dials one individual per available staff to prevent dropped calls • Power dialer that automatically uses a configured number of calls per available staff while leveraging robust campaign and list management features • Preview dialer that allows staff to tailor the conversation for each call according to our history with the individual (i.e., each CSR has an opportunity to preview the caller history and details before the system automatically dials the number) • Campaign and list management features that automatically update dialing lists based on call outcomes, increase contact ratios with a local presence, and are Telephone Consumer Protection Act (TCPA)-compliant • Local number options

Administration	• Call recording for voice and screen
	  – We will record 100% of incoming and outgoing calls for quality assurance purposes
	  – DHHS will have remote access to call recordings
	• Historical reporting that is continuously updated for full trending and correlations
	• Real-time reporting that includes role-based dashboards that allow the Supervisory-Management Team to make proactive decisions to maintain performance and engage staff.
	  – Real-time reporting includes all RFP required data
	  – DHHS will have access to reports
	• Cloud APIs to support data integration with several systems
	• Data import of historical data to optimize our performance
	• Historical data about previous interactions to result in more focused service

Recording	• Interaction recording that includes real time interactions based on business rules[8] • Extensive data security features that include encryption at the point of capture and throughout the lifetime in storage and archiving • Ongoing analytics, reports, and dashboards
Reporting	• Extensive package of "out-of-the-box" and custom reports, including the ability to accommodate required reports • Reports track RFP-required data, including number of calls, peak times, abandonment rate, average wait time to abandon, time to answer, after call logging, etc. • Powerful role-based dashboard with intuitive visualizations, customizable performance metrics, and real-time visibility

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[8] We will provide DHHS access to listen to calls in real-time.

Feature	Description
	• Continuously updated historical trends and correlations • Automatic notifications when performance metrics shift • Data aggregation from external sources • Reports to track: queues, staff, interactions, campaigns, IVR scripts, contacts, etc.
Workforce Optimization	• Applications that offer a single view of all employees, including their respective skills, proficiencies, rank, and availability to handle workload • Tools include forecasting and scheduling, strategic resource planning, resource optimization, operational analytics, and employee portal • Equip Supervisors and Managers with comprehensive information to ensure the right team members are available to take calls based on forecasted demand • Tools, reports, and analytics to comply with DHHS requirements
Computer Telephony Integration (CTI)	• CTI or "screen pop" technology that allows CSRs to access caller profiles and manage their data during interactions • As soon as a CSR connects with a caller, a screen pop appears on the CSR's desktop with the caller's information and contact history for the CSR to reference and edit • The result is higher efficiency and more effective customer support interactions

The Five9 platform offers all needed modules to deliver excellent service for callers.

HealthTrack CRM

A full description of HealthTrack is provided in Section 3.16.

2.4   Detailed Project Work Plan

Our detailed Project Work Plan is provided in Appendix C.

2.5   Deliverables and Due Dates

Our Project Work Plan (Appendix C) identifies all deliverables and due dates. We will produce the following deliverables for DHHS:

- Project schedule
- Standard Operating Procedures (SOPs)
- Documented business requirements
- Inbound and outbound scripts
- Training plan and materials
- Quality Management Plan
- Report templates and samples

Additional work performed during the implementation includes the installation and configuration of HealthTrack and Five9 and hiring a team of staff, described in Sections 2.3 and Section 2.1 under the heading C.1.m.

3 ATTACHMENT 3 - REQUIRED BIDDER RESPONSES

Our relevant experience with administering Medicaid eligibility contracts and health and human service call centers, combined with our six-year tenure of excellent service for DHHS provides us with the proven solutions to deliver outstanding services.

3.1 Understanding of the Business Requirements

Describe your understanding of the business requirements, including reporting requirements. Describe your approach of how you will accomplish the business and reporting requirements.

> **Did You Know?**
>
> October 2022 statistics from our TennCare Connect Project where we provide eligibility services showcase our readiness to take on the AN CC Project:
> - Average speed to answer - 3 seconds
> - Abandonment rate – 0%
> - Customer Survey results rating agent experience of 4.5 out of 5, first call resolution of 4.4 out of 5, and overall satisfaction of 4.5 out of 5

Our understanding of the business requirements is documented in Section 2.1. This approach is specifically developed for the AN CC Project based on our experience providing Medicaid call center services. Our approach consists of:

- A state-of-the-art Five9 omnichannel system that allows us to quickly launch the AN CC Project, generate all needed data for DHHS, integrate with other systems, analyze extensive real-time and historical data, record calls, and provide access to authorized DHHS staff
- A structured and flexible staffing plan that prepares us to meet SLAs with talented, experienced, and trained staff
- Use of DHHS systems based on our experience supporting callers with effective navigation of state-provided tools and websites
- Rigorous security approaches that meet NIST and MARS-E 2.2 standards
- A flexible CRM, HealthTrack, with extensive analytic tools that will be configured for DHHS' business rules
- A rigorous training program that prepares staff to provide accurate and timely answers
- Structured recruiting and retention programs to hire and retain high caliber English- and Spanish-speaking staff
- Proven mail protocols and an established Mail Fulfillment Center
- Rigorous quality assurance program

These approaches have proven successful in our existing Medicaid eligibility contracts. In fact, in our TennCare Connect Project where we process Medicaid applications, we have achieved:

- A 97% quality score for phone calls/chats
- A 94% quality score for eligibility and application related tasks
- A 99% quality score for document processing

3.2 Site Security

Describe your site security and how you will maintain security for remote workers. Both physical and technology security.

Our overall approach to security is provided in Section 2.1 under the heading C.1.n. There are five components to our overall approach to store and process information in a secure manner:

- Employee protocols
- Microsoft Azure to host all data
- Microsoft Azure Directory for secure access management
- Structured process for physical security boundaries
- Structured processes for access control
- Proactive management of technology issues

Employee Protocols

All personnel who will serve the AN CC Project will be trained upon hire and annually thereafter. Training includes privacy, security, and confidentiality. It also includes data protection for any PII and PHI staff may access as a part of their responsibilities. All employees are prohibited from saving data on their desktop/device to any external device through the implementation of group policy. Our work from home and remote work policies require that the employee have a dedicated space in the home that is private and free from others who may live in the home. All employees can only connect to AHS or other systems required to perform job functions through our secure VPN.

Microsoft Azure for Data Storage

As a Medicaid Contractor, we are familiar with the Federal and State rules that govern eligibility operations and have multiple processes and systems to protect the security of Project data. AHS and Microsoft, which provide the tools, architecture, and platform upon which our systems is built, currently comply with several standards. For example, AHS currently complies with HIPAA, HITECH, NIST SP 800-47, NIST SP 800-53 Rev 4, NIST SP 800-18 Guide for Developing Security Plans, CMS AC System Security Plan, CMS Risk Management Handbook CMS Catalog for Minimum Acceptable Risk, CMS Information Systems Assessment Procedures V2, MARS-E 2.2, and countless others. Microsoft Azure leads the industry with more than 90 compliance offerings that meet a broad set of international and industry-specific compliance standards. Examples include:

- CDSA: Content Protection Security Program
- CJIS: Criminal Justice Information Systems
- CSA: Cloud Security Alliance
- DISA, DIACAP
- FDA; FDA 21 CFR Part 11
- FedRAMP
- FERPA
- FIPA 140-2
- FISMA
- GxP
- HIPAA/HITECH
- IRS 1074
- ISO/IEC 27001
- ISO/IEC 27018
- MPAA
- NIST 800-171
- PCI-DSS
- Section 508 VPATs
- Shared Assessments
- SOC1, SOC 2, and SOC 3

Microsoft Active Directory for Access Management

The foundation of our approach to access management is Microsoft Azure Active Directory, which is a cloud-based directory and identity management service that ensures only authorized individuals access approved systems. We couple Azure Active Directory with our structured processes that limit and manage system access to only authorized users and the types of transactions and functions that authorized users are permitted to perform.

We require authentication for all users of our systems. As mentioned, we accomplish user management through Azure Active Directory Services, which we also use to control, manage, and audit user access to all network resources including servers, printers, workstations, applications, email, etc. Azure Active Directory is listed as compliant with the U.S. Federal government standard FIPS 140, providing the security required by CMS and FISMA standards.

We use Active Directory security groups and directory services to implement role-based access control (RBAC) access control schemes and control access to the information system. These include security control implementations for several NIST SP 800 requirements.

Physical Boundaries

To address the physical security of boundaries for all informational and system assets, all facilities will follow the NIST 80-53 Physical Security control standards for moderate baselines. These will include protocols for facility access by Radio Frequency Identification (RFID) and key locks, as well as a monitored physical facility with an entrance area that does not allow access to the main facility without authentication, logging, and badging of all visitors. Access to all offices is monitored by a camera 24/7.

Key Personnel review the approved user list and assign access areas monthly to assure areas of access are appropriate to the users' title, role, and scope of responsibilities. Key Personnel additionally review the log of badges issued and inventory of badges remaining to assure no misuse in badging. Upon review and enacting any required modifications to access, Key Personnel sign off on the list as validation that physical access is appropriate and approved.

The AHS Network Administration Team, AHS Network Help Desk Specialists, and Project Manager are the only authorized individuals who have access to the physical control logs and output from all physical security devices. Access is granted solely electronically and is viewable only under each authorized individual's network username and password.

We will implement 24/7 monitoring by camera and/or guards for the physical offices. We have an established retention requirement for camera recordings for the facility and Key Personnel are responsible for oversight of monthly physical access camera log review. Should an incident be reported that involves the assistance of camera recordings, the corporate Director of Compliance and Information Security will be notified immediately to begin the analysis of the incident and follow the established Incident Reporting Process.

Access Control

We provide our staff with powerful desktops and require them to log into our VPN each time they log in. From there, they can either run our CRM or other applications. We will enforce MFA as a requirement and whitelist certain IPs (e.g., AHS, DHHS, etc.). Further, from a Cato firewall

perspective, we can lock a group of VPN users into a single entry point and only allow that IP address access to a specific application. Work from home staff connect to Cato VPN to access our systems and are protected by the Cato network. AHS also uses Azure Front Door and Palo Alto Firewall to further protect our Azure resources, including our CRM database and sensitive data files. All traffic is secured and logged, and alerts are triggered to our IT Team when unusual activities are discovered.

Proactive Management of Technology Issues

Five9 is monitored 24/7 by the Five9 Network Operations Center, which has locations throughout the US. The Network Operations Center is staffed by dedicated Five9 employees. The Network Operations Center is powered by NICE systems, a leading provider in the field of network monitoring, and performs advanced surveillance of all Five9 systems, servers, and applications, and provides administrators with visual and audible alarms to alert specific personnel in the event of any deviations.

Within our CRM, there are several mechanisms we use for the proactive management of technology issues (all tools provide alerts of potential issues):

- **Cato SD WAN**: AHS utilizes SD WAN technologies (powered by Cato) to connect to our offices and our Azure network securely. Cato provides DDoS as well as Intrusion Prevention for our offices as well. For work from home staff, they also connect to Cato VPN to access AHS systems, and they are protected by the Cato network as well.
- **Azure Front Door and Palo Alto Firewall**: We use Azure Front Door and Palo Alto Firewall to further protect our Azure resources, including HealthTrack and sensitive data files. All traffic is secured and logged; and alerts are triggered to the AHS IT Department when usual activities are discovered.
- **Microsoft**: As mentioned, our systems are hosted on a Microsoft platform, which includes the following security features:

  - Managing and controlling identity and user access to environments, data, and applications by federating user identities to Active Directory
  - Encrypting communication and operation processes by using industry-standard transport protocols between user devices and Microsoft datacenters and within data centers themselves
  - Offering a wide range of encryption capabilities up to AES 256
  - Securing networks by blocking unauthorized traffic
  - Managing threats by offering Microsoft Antimalware and employing intrusion detection, denial-of-service attach prevention, penetration testing, and data analytics

- **Dell SecureWorks:** We use four tools to monitor our system:

  - **Counter Threat Platform (CTP)**: Provides visibility and intelligence for our security monitoring. CTP monitors events and aggregates and classifies them according to an established schema
  - **Managed iSensor**: SecureWorks' proprietary network intrusion prevention system
  - **Red Cloak**: Continuous, advanced endpoint monitoring

- Vulnerability Management: Active, continuous scanning and support for remediation and risk reporting

- **Azure Monitor**: Includes tools to monitor the availability, performance, and usage of the CRM, the overall infrastructure; tools also support monitoring and diagnosing networking issues.
- **Azure Log Analytics**: Provides tools to monitor application performance monitoring, latency, errors, CPU spikes, storage growth, and other potential issues.

3.3   Language Capabilities

Describe your language capabilities, including the percentage of call center staff who are bilingual in English and Spanish, and any other languages available. Describe how you will ensure that call center staff are able to communicate with individuals in multiple languages.

We have a long and successful history of hiring bilingual staff in our projects. We will actively recruit bilingual CSRs to ensure sufficient coverage in particularly the Spanish language (i.e., 10% of CSRs are fluent in reading, writing, and speaking Spanish during Business Hours). Wherever possible, we will recruit bilingual staff in other languages. In fact, in our Ohio office, we currently have bilingual staff who speak Spanish, French, Somali, Arabic, Russian, Italian, Amharic, Twi, Tigrinya, and Fanti.

We will access Language Line Services for any language not spoken by a bilingual staff member. Language Line provides interpretation for 240 languages. We have widely used the Language Line to meet interpretation needs. During the past year, we used the Language Line to serve more than 80 different languages. The most common languages included Spanish, Haitian Creole, Arabic, Nepali, Somali, Portuguese, Mandarin, Russian, French, and Vietnamese. When using the Language Line, the call is conducted in the caller's native language, with the Language Line Representative acting as a translator.

Meet Ms. Cinthya Molina

Ms. Molina has served as a bilingual CSR in our NE EB Project since 2016. She has been an outstanding performer and has supported countless callers with making best-fit decisions regarding their health plans.

Further, we ensure that information is presented to callers in a manner that recognizes ethnic diversity and is sensitive to cultural differences. Our staff training plan includes a strong cultural awareness and competency component, with an emphasis on health literacy. We know the importance of this competency and have made every effort to ensure that our CSRs are proficient in this area. Our training staff conducts periodic sensitivity training that focuses on items such as working with culturally diverse populations, the elderly, and people with disabilities and other special needs. We monitor CSR sensitivity in customer service as an element of our overall quality assurance program.

3.4   Experience Handling Personal Protected Information and Health Insurance Portability and Accountability Act

Describe your experience handling Personal Protected Information (PPI) and Health Insurance Portability and Accountability Act (HIPAA) information, including any HIPAA training that employees have previously received. If you are a covered entity under HIPAA, please provide the number of breach notifications you reported to Office of Civil Rights in the last 3 years. If you are a business associate under HIPAA, please provide the number of security incidents which required notifications to Office of Civil Rights for any covered entities for which you are a business associate in the last three (3) years.

We ensured the protection of personal information for approximately 20 million Medicaid eligibles in accordance with HIPAA since it was enacted in 1996. We currently comply with HIPAA and several other relevant state standards to ensure the protection of personal information in all current contracts, including for our NE EB Project.

We have corporate-wide privacy and security policies that apply to all our contracts. All our employees are required to complete a HIPAA training module that covers the privacy and security rule requirements and the specific policies and procedures that must be followed. In addition to initial training, HIPAA/privacy trainings also occur on an ongoing basis (annually at a minimum) and are part of our corporate culture. A sample from our Computer Based Training (CBT) HIPAA module is provided in Exhibit 29.

Exhibit 29. Sample HIPAA Training Module

We have standardized HIPAA training modules.

We routinely perform background checks on new hires. All employees are required to read and sign a confidentiality agreement pertaining to the maintenance of confidentiality and security of all project information, and that any inappropriate disclosure of or false claims made about such information will result in dismissal and possible legal action.

We have signed Business Associate Agreements (BAAs) with all our clients.

Much of our approach to protecting the confidentiality of data and adhering to all HIPAA and HITECH requirements is established through the following measures:

- System Controls for Information Integrity
- Audit Trails
- Access Management
- Prevention of Unauthorized Access through:

  – Policies and Procedures
  – Physical Security
  – Network Security
  – Laptop Security
  – Application-Level Security
  – Staff Monitoring

- Robust Approach to Dealing with a Breach

System Controls

Our systems will only be updated by manual edits from our staff. For the manual edits from our staff (via HealthTrack), all users must first be authenticated; all actions that follow will only be allowed if the user has appropriate rights; and all actions performed by that user will be logged properly. The systems we use maintain strict security features and certifications. As mentioned, HealthTrack is hosted on Microsoft Azure, which is FedRAMP certified.

Audit Trails

We incorporated audit trails into all systems to allow information on source data files and documents to be traced through the processing stages to the point where the information is finally recorded. We have developed a complete audit trail system for tracking the history of records in our database.

Access Management

Our systems will employ an access management function that will:

- Restrict access to information on a "need to know" basis (e.g., users permitted inquiry privileges only will not be permitted to modify information)
- Restrict access to specific system functions based on an individual user profile, including inquiry only capabilities
- Limit attempts to access system functions to a set number with a system function that automatically prevents further access attempts and records these occurrences

HealthTrack and other related AHS systems are built on Microsoft's technology platform. Microsoft Active Directory is the centralized user directory that contains a list of allowed users and their rights and roles within the network. HealthTrack and other AHS systems have been built to leverage Active Directory, thus achieving a single sign-on process where our users only need to remember one AHS password that will grant them access to AHS systems.

We use Active Directory and proper rights management within each system to prevent unauthorized modifications to our systems. All updates and changes are tracked permanently, so any modification will be traceable to the user or system that caused it. Active Directory will only allow users the ability to perform actions for which they have rights. Consequently, users are on a "need to know" basis with regards to file shares and HealthTrack. Users will also only be able to access system functions for which they have been approved, thus restricting their access as necessary and appropriate. We configured Active Directory to automatically lock out users who attempted to log in unsuccessfully three times. Users must contact AHS IT support to verify their identity and have their account unlocked. This prevents any malicious attempt to brute force hack into the system with a compromised user account. Last, we will create unique user IDs for specified DHHS staff and allow them access to all system functions as required.

We will put in place procedures, measures, and technical security to prohibit unauthorized access to the regions of the data communications network inside our span of control. We will use a combination of Active Directory, Cisco firewall, and Cato SD-WAN to accomplish this security requirement. The NBFW prevents unauthorized or malicious traffic from entering our Wide Area Network. Our LAN-based Cisco firewalls further protect the network traffic allowed

into and out of our network. Lastly, Active Directory controls what users can or cannot access once they are inside the firewall.

Measures to Prevent Unauthorized Access

We have adopted comprehensive policies and procedures along with a multi-layered security approach to achieve a high level of confidence in our systems' security and data integrity. The purpose of these security principles is to ensure:

- **Confidentiality** – preventing unauthorized disclosure of any PHI or PII from any type of media (e.g., hard copy, CD, data files, etc.).
- **Integrity** – preventing the unauthorized modification or destruction of all systems and information.
- **Availability** – preventing the disruption of service and productivity.

The components of our approach are described in the following pages.

Policies and Procedures: The most common form of hacking is via social engineering. The hacker will try to gather relevant information (username, password, ID numbers, etc.) from an employee, either physically, verbally (phone), email (phishing), dumpster diving, etc. Even the best security system in the world is vulnerable to social engineering. If you have the right "key," you can go through any door you want.

To counter this, our employees must adhere to our Technical Resources Usage Policies and Procedures, which warn against and prohibit risky activities on the computer, such as sharing a password with a co-worker. We also conduct annual user training on security protocols.

Employees must report any such social engineering attempts to their Managers and IT Department. The username and password policy are listed in our employee handbook. Employees are responsible for their passwords, and should not give their passwords to anyone, including their managers or IT Department. The IT Department can easily change the employee's password at any time if there is a need to login as that employee, so any attempts to ask for users' passwords must be reported. We will fully prosecute to the law if a malicious intent is encountered.

Physical Security: We will provide for the physical safeguarding of data processing facilities and the systems and information housed therein, as well as accountability control to record access attempts, including attempts of unauthorized access. Each authorized user will have a unique PIN assigned so that each entry is logged and associated with the user. All failed and successful attempts are logged.

Network Level Security: We rely on the tools provided by Cato SD-WAN, our network provider, to monitor the perimeter devices. We also use Dell SonicWall's management interface. This firewall is internally managed by the Network Administration Team. It uses stateful inspection and tracks each connection traversing all interfaces of the firewall and makes sure they are valid.

All employees are assigned unique usernames and passwords, which grants them certain rights within the network. We also use Group Policies to restrict a user's rights within the network

and we use Cisco firewall and routers to prevent malicious traffic within the Local Area Network (in addition to MPLS security at the Wide Area Network level).

Partners and customers exchange data with us using secure protocols and connections, such as VPN, secure FTP, and point-to-point T1 lines.

Multifactor Authentication (MFA): We use multifactor authentication service from Microsoft Azure, which employs Microsoft cryptographic modules. These modules are listed in the validated list published by NIST, enabling us to configure and use the Azure Virtual Network service to meet this requirement. The modules are integrated within our application programming that allows the user to authenticate using cryptographic procedures. We first set the FIPS Local/Group Security Policy Flag, which forces our applications to use FIPS-compliant algorithms for encryption, hashing, and signing.

Desktop/Laptop Level Security: We maintain desktop security through the following measures:

- Computers have locked down access and can only access approved websites and applications.
- User IDs and passwords are required to unlock or login to computers. Our passwords must be changed every 90 days or less and cannot be the same as the last 3 passwords.
- Active Directory Group Policies allow us to control all desktops security, down to the hardware level (i.e., disabling USB ports).
- Desktops are centrally controlled for antivirus updates, Windows security updates, network permissions, logon scripts, etc.

Application-Level Security: HealthTrack controls security by requiring users to authenticate to their desktops first, which provides a single-sign-on authentication to the Active Directory domain environment. Each username is assigned a certain level of security rights, and all actions performed by that user are logged.

Staff Monitoring and Recording: We employ several methods of staff monitoring and recording tools on both the staff's computers and telephone to ensure that our staff are performing their duties correctly and that customers are receiving the best service possible. Five9 is used for remote monitoring of a computer and for live-call monitoring and reporting. These tools enable us to know what the user is doing on the computer and on the phone at all times. This is accomplished without any indication to the users at all, which means the managers can truly see what the user is doing at all times on both the computer and phone systems.

Robust Approach to Dealing with a Breach: While we do our best to prevent any security issue, we are prepared to deal with a security breach. If one is suspected or identified, we will take the following measures:

- Perform root-cause analysis on the symptoms of the breach. For example, if a network access log or application log shows high levels of activity from an IP or a particular user ID at a certain time of the day, we will investigate if this employee or user is truly accessing the system at those times, verify login times against employee time clock, and review security cameras to see if user was indeed present, or if another person was using this employee's credentials.

- Assess the damage and confirm the breach. We will gather the necessary data to find out the extent of the security breach. This is critical as we may need to notify the affected parties, as well as provide evidence to the authorities.
- Once the security breach is confirmed, we will terminate the user's login credentials and notify the Human Resources Department about the incident. The Human Resources Department will conduct an incident review with the employee and may report the incident to the authorities.
- We will review current security measures, policies, and procedures and then make the necessary adjustments to prevent similar incidents from reoccurring.
- Within one hour of the incident being identified (or the next business day if detected after hours), we will notify DHHS. After a complete review and analysis of the incident, we will provide a complete write-up that includes recommendations and a corrective action plan within 24 hours.
- We will also comply with all breach notification rules and regulations as required by both HIPAA and the HITECH Act.

The only computer system that is 100% safe and secure is one that is never turned on. We recognize that security is not a "set it and forget it" item, but requires an ongoing effort to fine tune and keep up to date. Security is a major concern and priority for us, especially being in a position of having access to the personal information of millions of individuals. We will continuously revise our systems and processes to protect against any security flaws, breaches, or loopholes, and stay abreast of industry standards and protocols.

Due to our structured training, policies and procedures, and comprehensive technical structure, we have not reported a single breach notification to the Office of Civil Rights in the last three years.

3.5   Securely Print and Mail Documents

Describe how you will securely print and mail documents.

During the implementation, we will coordinate with DHHS regarding the process for mailings. We have performed similar types of mailings in other clients and are flexible with our approach. For example, in one contract, our client provides us (via SFTP) with a handful of "batch PDFs" that contain many letters. They are batched by Letter Type and Page Count. Our Mail Clerks simply print the letters and places them in envelopes. In another contract, our client provides us (via SFTP) with PDFs where each PDF is a single letter, meaning that we receive hundreds, if not thousands, of letters on a semi-daily basis. We coordinated a backend process that sorts the PDF by Letter Type and Page Count and organizes them into batches.

Did You Know?

We have mailed over 55 million letters and notices in our FL EB Project and have never missed an SLA.

All mail requests will be fulfilled by our Mail Clerks, who will log all requests and send the Project Manager daily and weekly progress reports.

3.6 Any Data is Properly Secured According to the Requirements of the RFP

Describe how you will ensure that any data resulting from services provided is properly secured according to the requirements in this RFP and is not used, accessed, or disseminated by any method or for any reason not authorized by DHHS.

Details on our approach to secure data in a remote employee environment are provided in Section 3.2. There are two additional components to our approach to storing and processing information in a secure manner. First, HealthTrack, which houses all CRM data, is securely hosted on Microsoft Azure, which is described in Section 3.2. Second, we use Microsoft Azure Directory for secure access management to ensure that only authorized individuals access project-related data.

Microsoft Active Directory for Access Management

We use Microsoft Azure Active Directory, which is a cloud-based directory and identity management service, for access management. We couple Azure Active Directory with our structured processes that limit and manage system access to only authorized users and the types of transactions and functions that authorized users are permitted to perform.

We require authentication for all users of our systems. As mentioned, we accomplish user management through Azure Active Directory Services, which we also use to control, manage, and audit user access to all network resources including servers, printers, workstations, applications, email, etc. Azure Active Directory is listed as compliant with the U.S. Federal government standard FIPS 140, providing the security required by CMS and FISMA standards.

Additionally, as described in Section 3.2, we use Active Directory security groups and directory services to implement role-based access control (RBAC) access control schemes and control access to the information system.

3.7 Facility Requirements for Printing Functions

Describe your ability to meet the facility requirements for the printing functions.

All mail fulfillment activities will be performed in our Pittsburgh Mail Fulfillment Center, which is exclusively used for Medicaid contracts. The Mail Fulfillment Center is in a separate locked area of AHS' Pittsburgh headquarters and only authorized individuals that have a specific business need can access the Mail Fulfillment Center. Our Mail Fulfillment Center is in close physical proximity to several Senior Executive Team members.

Meet Mr. Alexander (Alex) Panormios

Our Mailroom Clerk, Alex has been with AHS for 17 years and has worked on a range of contracts, including Pennsylvania, Ohio, Nebraska, Florida, and others.

Our facility includes the equipment listed in Exhibit 30 and shown in Exhibit 31.

Exhibit 30. Pittsburgh Mailroom Equipment

Machine	Description
Sharp MX-M1205 Monochrome	• 8,000 sheet capacity • Triple-air paper feed • 5,000 sheet stacker, high volume post processing • 120 PPM Simplex

Machine	Description
	• 105 PPM Duplex
Sharp MX-M7090 Color	• 5,000 sheet capacity
	• Triple-air paper feed
	• 70 PPM Simplex
	• 60 PPM Duplex
Formax 7202 Inserter	• Inserts into flat envelopes
	• Speed: Up to 5,000/hr.
	• 22" Touchscreen interface
	• 500 sheet document feeders x4
	• Unlimited programmable jobs
	• Folds up to 8 sheets at a time
	• Up to 200,000 envelopes per month
Connect+ 3000	• WOW processing, including automatic shape-based rating
	• 105 Letters per minute
	• Open- or closed-flap sealing
	• 15 lb. small-platform scale
	• 100 department accounting

We are well-prepared to perform all mailings.

Exhibit 31. Mailroom Equipment

Our mailroom equipment is capable of all demands associated with the AN CC Project.

All mailroom workstations will be equipped with several industry-leading high-speed scanners, and standard PCs with dual monitors. Furthermore, we have a company-wide contract with Shred-It to securely shred documents at the appropriate time.

We maintain extensive maintenance contracts on all equipment.

3.8 Approach to Workforce Planning, Including the Speed, Agility, and Flexibility Necessary

Describe your approach to workforce planning, including the speed, agility, and flexibility necessary to match your workforce to the fluctuating demand of this contract. Response should include a description of equipment provided to staff.

We will use a rigorous workforce optimization solution combined with ongoing communication with DHHS to prepare for changing volumes. Five9 includes a robust workforce optimization solution that allows us to internally model, track, and trend anticipated volumes. The tools include forecasting, scheduling, strategic resource planning, resource optimization, operational analytics, and an employee portal. These tools equip the Supervisors and Managers with comprehensive information to ensure the right team members are available to take calls based

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on forecasted demand. We will provide this information to DHHS upon request and use it to prepare internally for potential volume fluctuations.

Our ability to dynamically adjust staffing depends on the size of the fluctuation. For example, if the fluctuation is relatively small, we can implement immediate changes that maximize the capacity of our staff. Specifically, we can:

- **Suspend Non-Essential Time from Phones and Processing:** We will suspend all non-essential time away from processing (e.g., for trainings, meetings, or special projects).
- **Manage PTO and Vacation Time:** We manage PTO and vacation time to ensure full attendance. We have strategies to incorporate flexible hours during these periods to maximize attendance.
- **Overtime:** Where appropriate, we increase overtime.
- **Leverage Part-Time Staff**: Our staffing model includes a complement of part-time staff. When needed, we increase their hours to boost the capacity of existing staff.
- **Leverage Temporary Staff**: We will leverage temporary staff and use them to assist.
- **Operational Improvements**: We evaluate our operations to identify if there are improvements that will improve processing and handling times.

For larger increases, we need to hire additional staff, which will take between 1-6 weeks depending on the size of staff needed.

As mentioned in Section 2.1 under the heading C.1.h, we provide all staff with computers and dual monitors. We install Five9 and HealthTrack on computers. Computers are equipped with Microsoft Office 365, ADP for timekeeping and payroll purposes, and access to any AHS-approved whitelist sites.

3.9   Describe Your Quality Process

Describe your quality monitoring processes.

Our Project Manager will develop and submit the Quality Assurance (QA) Plan to DHHS for approval. The foundation of our QA Plan is our multifaceted monitoring approaches, which ensure that we meet or exceed performance standards set forth in the RFP. These monitoring activities will also serve as an early warning system so that any problem can be detected and promptly (and permanently) corrected. We commend DHHS on a well-designed Evaluation Form, which aligns with our proven Evaluation Forms applied in several eligibility projects. We will work with DHHS during the implementation to share our best practices and recommendations to strengthen monitoring among CSRs (e.g., monitoring systems fluency and accurate data entry).

Did You Know?

While a key goal of our QA Plan is to identify and immediately address undesirable deviations from quality standards, we recognize that it is vital for staff morale and performance to reward staff for good performance. We incorporate tools that recognize excellent performance to keep staff motivated and engaged.

While the overall responsibility for internal monitoring lies with the Call Center Manager, bringing the Plan to life is a shared responsibility Project-wide. Project tasks are understood and effectively carried out by all our staff in their interactions with our broad target audiences—callers, Project stakeholders, etc.—resulting in meeting or exceeding Project objectives and mandated performance objectives.

All responsibilities, frequencies, and the persons responsible will be clearly identified in the QA Plan. All quality-related reporting will occur in concert with ongoing reporting to DHHS.

There are multiple components that we will integrate into the QA Plan for this Project:

- Policies and Procedures
- Training
- Operational Monitoring
- Performance Metrics Monitoring
- Data Analysis
- Process Improvement
- Corrective Disciplinary Action Follow-Up
- Feedback to Training

Policies and Procedures

We will establish policies and procedures that will underlie operational workflows. All policies and procedures will be incorporated into our QA Plan and integrated into the knowledgebase following approval.

Training

Training is a fundamental component of our approach to ensure quality services and is extensively described in Section 2.1 under the headings C.1.d and C.1.l.

Operational Monitoring

Monitoring staff performance is the backbone of our quality approach. As mentioned, we will use the DHHS Form to objectively assess staff. We utilize a range of tools to monitor both systems and non-systems performance. We will use Five9 to discreetly listen to calls and observe fluency in HealthTrack for CSRs. Staff will not be able to tell if they are being monitored.

We will load the Evaluation Form into Five9 and implement the appropriate notifications to the CSR and Supervisor based on the results of the evaluation. Five9 includes:

- Immediate notifications to employees through customized emails with targeted trainings based on evaluation results to trigger immediate results
- Notifications to the Supervisor of critical fails
- Flexible scoring to accommodate various scales (e.g., yes/no, 1-10, etc.)
- Weighting options
- Extensive analytics to carry out root-cause analysis and compare performance

Our goal is to immediately address and eliminate any issues that we identify during monitoring sessions. We leverage the flows in Five9 based on DHHS business rules. Flows are customized based on the specific deficiencies that were identified during the call. The QA staff completes the call monitoring, then uses the custom flows that trigger an immediate email that is sent to CSRs, which provides links to training and specific deficiencies that were identified. We specifically developed our emails to include several components to further drive performance:

Did You Know?

"Mika did an exceptional job on this call. The call disconnected; Mika immediately called the Member back and reverified her information. The caller had multiple questions and Ms. Sanders answered each of the inquiries and even added some important information that the Member didn't ask. The tone in her voice exemplified a willingness to serve. Overall, her knowledge base, customer service skills and the fact that she went above and beyond warrants a KUDO! Job well done!"

- Positive comments on items that scored well
- Courteous language (e.g., "please be mindful," etc.)
- Direct links to assigned computer-based and video training
- Deadlines for completing training

Additionally, we consider any missed item related to caller verification a critical fail/urgent issue. Whenever a staff member misses these items, an email is immediately sent to their Supervisor to alert them of the critical fail. We track and trend missing topics and refine our training, knowledgebase, scripting, or system as appropriate to remediate any further issues.

As described in Section 2.1 under the heading C.1.x, we will complete calibration to limit variations and standardize phone evaluation processes.

Performance Metrics Monitoring

Our Key Personnel, specifically the Call Center Manager, will track and trend a range of statistics from our telephony system and HealthTrack to assess required metrics. Where possible and appropriate, we will have real-time notifications and alerts prior to missing a required performance metric so our Key Personnel can take immediate action. A sample performance metrics report from our NE EB Project is provided in Exhibit 32.

Exhibit 32. Performance Metrics Report

Heritage Health Enrollment Broker SLA Report - July 2022

Performance Measure	Requirement	Achieved Metric	Over/Under Requirement	Measure	Penalty	Total Penalty Amt	Requesting Waiver (Yes/No)	Comments
Abandonment Rate (5% or less)	5%	0.00%	-5%	Per Percent (rounded up) above 5%	$ 500.00	$ -	No	
Blocked Call Rate (1% or less)	1	NA	NA	Per Percent (rounded up) above 1%	$ 1,000.00	$ -	No	AHS does not block calls. Therefore, this metric will always be 0%.
Average Hold Time (30 seconds or less)	0:00:30	0:00:06	-1	Per 5 Seconds (rounded up) above 30 seconds average hold	$ 500.00	$ -	No	
Average Wait Time (2 minutes or less)	0:02:00	0:00:03	-1	Per Minute (rounded up) above 2 minutes	$ 500.00	$ -	No	
System Readiness	0	0	0	Per Calendar Day late	$ 5,000.00	$ -	No	
Operational Readiness	0	0	0	Per Calendar Day late	$ 5,000.00	$ -	No	
Initial Enrollment Period	9/1/2016	9/1/2016	0	Per Calendar Day late	$ 10,000.00	$ -	No	
Key Staff	30	0	-30	Per Calendar Day late	$ 1,000.00	$ -	No	
Reports and Data	0	0	0	Per Calendar Day late	$ 1,000.00	$ -	No	
Interface Files	0	0	0	Per Calendar Day late	$ 500.00	$ -	No	
MCO Provider Files	0	0	0	Per Hour (rounded up) of delay	$ 100.00	$ -	No	
Recipient Enrollment Database	0	0	0	Per Hour (rounded up) of delay	$ 100.00	$ -	No	
Enrollment Information	0	0	0	Per Calendar Day a member's MCO enrollment is delayed	$ 1,000.00	$ -	No	
Returned Calls	0	0	0	Per Occurrence	$ 100.00	$ -	No	
Welcome Packet for New Members	0	0	0	Per Occurrence	$ 500.00	$ -	No	
Website Uptime	99%	99.99%	-1.00%	Per Percent (rounded up) below 99%	$ 2,500.00	$ -	No	
Restoration of Operations	72	0	-72	Per Hour (rounded up) in excess of 72 hours	$ 1,000.00	$ -	No	
Turnover Plan	0	0	0	Per Calendar Day (rounded up) late, inaccurate, or incomplete	$ 5,000.00	$ -	No	
Ad hoc Reports	5	0	-5	Per Calendar Day (rounded up) late, inaccurate, or incomplete	$ 1,000.00	$ -	No	
MCO Steering	0	0	0	Per Member	$ 5,000.00	$ -	No	
				TOTAL		$ -		

We provide regular reporting, both internally and to our clients, on performance metrics performance.

Further, Five9 provides the Supervisory-Management Team with proactive notifications when SLAs drift so that prompt corrective action can occur prior to missing an SLA.

Quality Reporting

We will provide DHHS with a quarterly summary of quality activities as part of our routine reporting. The report will include all contractual items in a trended format of DHHS' choosing. We have multiple data sources to track and report on RFP-required quality elements (e.g., Five9, HealthTrack, eLearning solution, etc.). These data sources will be consolidated into a comprehensive report and will address any problem areas identified, compliance with contract

requirements, contractual policies and procedures, corrective actions and results, and resolution of problems.

Corrective Disciplinary Action Follow-Up

We will implement appropriate corrective disciplinary actions, as needed. When a staff member receives a corrective disciplinary action (CDA), the Supervisor may require increased monitoring and/or side-by-side training for a set period to track improvement as part of the CDA. The Supervisory-Management Team will be responsible for the appropriate monitoring and will complete the phone monitoring as requested, utilizing the Evaluation Form according to our monitoring procedures.

Feedback to Training

Proper feedback to training is essential to develop and integrate strategies that prevent errors. We have multiple loops to our Training Team so these can be addressed from multiple angles:

- **Nesting/Shadowing**: As mentioned, following initial training, CSRs will participate in a nesting period. The Supervisors will provide our Training Team with feedback regarding questions posed by the newly trained staff and any areas for performance improvement, so that training in these areas can be strengthened.
- **Monitoring**: We share the results of monitoring with the Training Team so that they can identify areas that are commonly missed during evaluations and strengthen these areas.
- **Ongoing Analysis**: Our Quality Team is tasked with an ongoing analysis of high error areas. These areas are also shared with the Training Team.

3.10 Ability to Meet the Timelines Established for Reporting and Quality Monitoring

Describe your ability to meet the timelines established in this RFP for reporting and quality monitoring.

Our two-fold approach to meeting the timelines established for reporting and quality monitoring in the RFP has been proven effective in our NE EB Project where we have never failed to deliver a report or quality action on time.

Our components include:

- A rigorous technical platform (i.e., HealthTrack and Five9) that provides proactive notifications and automated notifications of performance.
- We have forecasted anticipated staffing needs at defined call volumes. We are prepared to meet staffing demands, ensuring we have sufficient team members to conduct reporting and monitoring activities.

3.11 Maximum Call Capacity and the Timeline Required to Increase Call Capacity

Describe your maximum call capacity and the timeframe required to increase call capacity.

We do not see any limitations or ceilings for expanding our technology solution. Both our CRM and Five9 have a documented history of providing outstanding service during unforeseen fluctuations in call volumes. For example:

- **Five9:** Five9 was the platform that was utilized by the NJ 211 Call Center. When Hurricane Sandy hit NJ, Five9 seamlessly handled the dramatic influx of calls and allowed NJ to route calls to other 211 locations.
- **CRM:** Our CRM has proven its scalability through countless call volume fluctuations, including significant program growth that resulted in a four-fold increase in staff.

Furthermore, we regularly and seamlessly administer services in areas such as Tallahassee, Florida and Chicago, IL, which are prone to weather-related emergencies (i.e., hurricanes and blizzards). We have provided continued service during these periods.

Regarding Five9, we will need 2-3 days to increase the capacity to handle a higher call volume. We can accelerate this process to 1 day in the event of emergencies. There are no limits on the ceiling for expanding Five9.

Regarding our CRM, capacity can be scaled nearly immediately. We do not foresee any limits.

Our capacity for expanding our staff depends on the number of staff needed. Small increases can be managed immediately by adjusting staff schedules. Larger increases require hiring additional staff, which will take between 1-6 weeks depending on the number of staff needed.

3.12 Capacity of In-House Trainers

Describe your capacity of in-house trainers and approach to on-boarding new call center staff to the project.

Once we have identified candidates (our approach to recruitment and employee selection is provided in Section 2.1 under the heading C.1.m) and an offer has been extended and accepted, we begin the onboarding process. This onboarding process was strategically designed by our Department of Human Resources (HR) to respond to the unique needs of onboarding staff for Medicaid projects (Exhibit 33). Our onboarding process is a critical step in completing the recruitment process and is designed to result in high "show rates" on Day 1.

Exhibit 33. Onboarding Process

Time Period	Step	Description
Pre-Boarding	Job Offer Letter	Formal letter from HR reiterating start dates, locations, and times for first day of work, salary provisions, and key items necessary for the first day.
	Security Clearance Requirements	Formal communication from HR requesting that the employee sign all forms required for any security clearance (e.g., access to systems, etc.).
	Additional Outreach	Phone-based outreach from HR explaining any additional details as needed (e.g., changes to training agenda, etc.).
Onboarding	Electronic Onboarding	Formal communication from HR requesting that the employee complete all internal required forms required for the first day via our electronic onboarding software.
	Orientation	Welcome and training by HR.
	Project Welcome	Welcome by the Key Personnel explaining expectations for the position and Project.
	Training	All formal training is provided by AHS over the training period.
Employee Engagement	Mentoring and Monitoring	Performance mentoring and monitoring by Project staff to review and counsel staff on their performance.
	Ongoing Status Meetings	Meetings and trainings to review key concepts, explain new ideas, and review performance.

Time Period	Step	Description
	Ongoing Training	Updates and quality improvement training throughout the duration of the Project. Refresher trainings on key areas (e.g., annual trainings on HIPAA, nondiscrimination, and personal security). Ongoing leadership training for Supervisors and Managers.

Our onboarding process helps candidates be successful throughout the Project.

Our onboarding approach (Exhibit 34) prevents the potential disconnects and inconsistencies found in many onboarding processes.

Exhibit 34. Potential Onboarding Issues and AHS' Solutions

Potential Issue	AHS' Onboarding Solution
Employees accept the position but hear nothing from the company until they start.	• Planned communication from HR, including emailed communications detailing start dates, salary information, and instructions for employee's first day • New hires are provided with an electronic onboarding link to review informational introduction videos about the company and to complete pertinent information prior to their first day
Employees accept a position but are uncertain as to what they will do once on the job.	• Detailed job descriptions are shared with candidates during interviews • Candidates interview directly with the Supervisor who will oversee their performance

Overwhelming amount of information presented during new hire training.	• Structured training that:
	  − Logically builds content
	  − Allows adequate time for observation
	  − Addresses critical topics employees need for job performance
	• Presentations uploaded to SharePoint site for referencing

Training does not address critical job functions.	• Proven training curriculum designed around staff responsibilities
Job responsibilities are vague or poorly structured.	• Clear policies and procedures and operational workflows • Job descriptions are developed with Supervisors and Managers
Training stops after employees Go-Live.	• Ongoing mentorship from senior staff • Seat new staff near seasoned staff to ensure newer staff have ongoing access to assistance • Regular monitoring, goal setting, and feedback to staff on their performance • Ongoing refresher trainings • Regular meetings with Supervisors • Ongoing communication from the Call Center Manager and Project Manager

Our onboarding approach prevents unnecessary pitfalls to successful employment and retention.

We currently employ 20 staff members who provide training services, providing us with deep training capabilities that are relevant to the Project. We anticipate that we can train approximately 50 CSRs per week. While we are capable of and have experience with training larger volumes of CSRs if needed, our experience is that 50 CSRs is the number results in optimal knowledge retention, employee engagement, and performance.

These methods to increase staff in an eligibility environment are proven in multiple Projects. We highlight two case studies to showcase our ability to conduct rigorous training programs.

Case Study #1: Indiana Intake Agent Services Project

We operated the Indiana Intake Agent Services Project from 2019-2021. The Project operated on a county-level basis, and AHS provided eligibility and intake services for the State's subsidized child care program in nine counties across the State. Several other vendors provided services for the remaining 83 counties across the State. Our trainers developed a structured training program that equipped staff to correctly perform intake and eligibility services to ensure consistent and accurate services across our nine locations, as well as with the other contractors who served the remaining 83 counties. The training program was initially conducted on-site and prepared staff to manage a walk-in operation. Training addressed eligibility, system, and document processing protocols. During the COVID-19 pandemic, we shifted our operation to a call center model and trained staff on how to operate in a call center environment. This case study highlights our ability to:

- Provide training on a relevant health and human service eligibility contract
- Ensure training is conducted in a manner that results in parallel and consistent service across Contractors
- Implement a training program that addresses both call center and back-office work

Case Study #2: TennCare Connect

Our TennCare Connect Project has undergone several significant changes. When we first launched the Project, our contract included intake services and eligibility support. Over the course of our tenure in Tennessee, we expanded to provide CoverKids (CHIP) eligibility services, Medicaid redetermination services, and application processing services. During this tenure, the State also launched the Tennessee Eligibility Determination System (TEDS), which significantly impacted our operations. Our ability to prepare staff to address multiple complex topics for TennCare is documented throughout our tenure of providing excellent services that has evolved to meet TennCare's needs (Exhibit 35).

Exhibit 35. TN Training Success Stories

Example	Description	Result
TNHC Initial Go-Live	We developed position-specific curricula for all facets of the TNHC Project.	Approximately 100 staff members were trained to perform all aspects of the Project.
CoverKids Initial Go-Live	We developed an intense training curriculum for the CoverKids Project.	Over 10 staff were trained by Go-Live; all staff provided excellent service throughout the contract. We were never subject to any adverse action for CoverKids.
Redeterminations	When TennCare needed assistance with redetermination call center work, we hired and trained staff to respond to the increases in call volume.	Over 25 staff members were trained to respond to redetermination calls.
Launch of TEDS	When TEDS was launched, we trained our staff on new business and operational processes and how TEDS operated to provide accurate information to callers.	We trained existing staff on TEDS during implementation phases while maintaining current performance levels.

Example	Description	Result
TennCare Connect 2021 Go-Live	When we were successfully re-awarded the TennCare Connect Project in 2021, the new phase involved merging our operations with those formerly provided by the Application Processing Center. We developed needed training protocols to reflect the full scope of work.	Approximately 220 staff were trained on the new responsibilities.

We have a long history of successfully training staff in Tennessee.

3.13 Staff Retention Policies

Describe your staff retention policies and the average employee length of service.

AHS Approach

Our approach to retention is based on proven practices that we utilize across our organization and have allowed us to earn successful retention rates in our Projects, including the NE EB Project. In fact, our average length of service in our NE EB Project is 12 years and 5 months (we assigned staff to the NE EB Project who had documented high success rates in prior AHS contracts). We combine these practices with an ongoing analysis of retention rates and the effectiveness of our strategies. Once staff are onboarded, we implement several strategies to maximize staff retention to result in better service and greater ability to respond to changing Project needs.

Meet Ms. Cassandra Walker

As one of our most seasoned employees, Ms. Walker started her career at AHS with the Ohio Medicaid Consumer Hotline Project as a CSR and advanced to a Premium Collections Coordinator/Trainer. After relocating to the Nashville area, she stayed committed to AHS' mission and joined the TNHC Project where she continued her long-standing success as a Lead Member Representative. Ms. Walker's experience and dedication is an asset to the company and to her team, effectively training and coaching staff. Ms. Walker was once again promoted to a Supervisor, where she provides oversight and monitoring of the Member Services staff. She plays an integral role in the company and continues to exceed standards for the past 15 years.

- **Employee Selection:** Underlying our approach to retention is careful employee selection, which ensures we recruit staff with appropriate skills, education, and relevant backgrounds to serve the AN CC Project. We look for personality characteristics in CSR candidates that indicate they are prepared to interact with the diverse callers we serve.
- **Streamlined Configuration:** Our systems configuration is strongly focused on maximizing Project success. Where possible, we integrate business rules and client-approved operational processes into our systems, which drive accuracy among staff and contribute to employee success and satisfaction. It removes a common challenge of employees feeling overwhelmed on their first days on the job.
- **Career Paths:** Our staffing plans include career paths through which we retain and develop top-performing talent. We start by creating more responsibility within day-to-day work. Our commitment to staff career paths is evident through our promotion of part-time staff to full-time staff based on successful performance as part-time employees.
- **Incentives:** We use a range of incentive strategies to keep staff motivated. Staff are publicly acknowledged for perfect attendance, high-quality scores, and performance, which creates an example for Project staff and is a demonstration of the qualities we value most. Types of incentives include, but are not limited to, attendance, performance, employee referrals, and wellness.

- **Mentoring:** We provide new employees with mentoring by more seasoned staff. Mentors are selected based on their experience, performance, and ability to listen, coach, and remain patient and supportive. Mentors focus on ensuring that the employee is growing their skills and demonstrating behaviors that are consistent with AHS' expectations, also on developing long-term behaviors that will assist in achieving future goals and lead to participating in special projects and tasks that will prepare them for promotions. These initiatives result in multiple benefits, including:

  - Faster induction of new employees
  - Increased productivity
  - Lower staff turnover
  - Easier succession planning
  - Increased motivation
  - Higher engagement
  - Improved communication
  - Greater job satisfaction
  - Professional development opportunities

Meet Ms. Marian Aviles

Ms. Aviles joined the TennCare Connect Project as a Member Representative (MR) in 2015. Since this time, she has honed her customer service skills to assist members with their cases, appeals, and general inquiries, utilizing her bilingual Spanish language skills. Ms. Aviles' language skills combined with over 20 years' experience in customer service led to a well-deserved promotion to Lead MR in 2016, shortly followed by a promotion to Supervisor in 2017. Ms. Aviles is a valuable resource for her team and acts as a mentor to assist with the development of MRs' quality of work. Due to her dedication, she is currently our Quality Control Supervisor.

- **Corporate Culture:** Our corporate culture promotes a positive environment where employees are valued, treated fairly, and rewarded. We provide staff with attractive offices and workstations, state-of-the-art telephone systems, dual monitors, and new computers, which demonstrate our commitment to them. We have a "Wall of Fame" that celebrates high-performing staff.
- **Benefits Package:** Our benefits package is second-to-none. We offer health care benefits that are not offered by any of our competitors (e.g., 100% coverage of emergency room services, 100% coverage of preventive medicine, etc.). Benefits include company-sponsored health insurance (100% employer-paid for the employee), dental and vision insurance, life insurance, supplemental insurances, tuition assistance, 401(k), and paid time off. Our 100% employer paid for health insurance is a rarity in the call center industry. In addition, we offer continued education incentives, ongoing training, and continually seek employee feedback to maintain high employee satisfaction, and, in turn, foster retention and employee satisfaction.
- **Exit Interviews:** We conduct exit interviews with voluntary and involuntary separations to gather feedback on what went well and what could be improved. Feedback is shared with our Corporate Human Resources Team and Key Personnel to inform future decisions regarding recruitment, onboarding, coaching/mentoring, quality assessments, employee feedback mechanisms, and employee bonus and incentive programs.

Retention Case Studies

Below are three specific examples that indicate how we have managed retention challenges: our FL EB, RI CC, and MD MPE Projects.

FL EB Project

In this Project, the State elected to implement a significant program expansion in 2014. In support of the expansion, we were responsible for recruiting and hiring more than 200 staff to accommodate the peak months of the expansion. We recognized the challenges associated with hiring and training such a large volume of staff and incorporated several onboarding strategies to maximize retention and employee success:

- **Strategic Recruitment:** We specifically recruited staff who proved capable of responding to high-volume demands.
- **Reminders:** We used many notifications to alert staff of the protocols for their first day on the job. These protocols were successful—we experienced a no-show rate of less than 1%.
- **High-Profile Welcomes**: We included welcomes and introductions from our Account Manager and the State Bureau Chief. We invited guests from our client, who inspired staff and stressed their importance and role in making such a critical initiative successful.
- **Ongoing Training Strategies**: The challenges associated with training a large volume of individuals may adversely affect staff retention and performance. We incorporated games, quizzes, and creative training strategies to keep staff engaged. We immediately incorporated on-the-job training once staff completed the initial training and were accepting calls and processing enrollments. These on-the-job strategies and tactics reinforced critical knowledge and kept staff engaged, motivated, and equipped with essential skills throughout their performance.
- **Ongoing Communication**: Our Supervisory-Management Team engaged in extensive communication with our team. They relayed compliments from our client and the stakeholder community, commended staff on their commitment, and celebrated performance success.

Not only were our retention rates outstanding, but our performance reflected this ongoing commitment—despite an intense and complicated rollout, we did not miss a single SLA during the expansion, even when call volumes exceeded 250,000 calls per month.

RI CC Project

Our RI CC Project faces unique challenges with staff retention. Each year, call volumes dramatically spike during open enrollment, and we ramp up to accommodate these peaks in volume. Recruiting staff for a brief window poses retention challenges. We have tailored our recruitment strategies to meet these needs. Our recruitment efforts focus on identifying staff who are interested in short-term employment, but also have attention to detail, ability to manage complex calls, commitment to quality, and willingness to be part of a high-performing team during an intense period. We use monetary incentives to encourage staff to remain with us during open enrollment so that our performance remains high. To be eligible for an incentive, staff must meet targets for real-time shift adherence, quality scores, and attendance.

MD MPE Project

Our MD MPE Project has been subject to several spikes in volumes. As a result, staff have been asked to increase application processing and document processing levels. We implemented several strategies to maximize production and retention:

- **Flex Time:** We allowed staff to make up time that would normally have been considered PTO. These instances were mostly used when staff had appointments, needed to pick up a sick child, etc.
- **Flexible Overtime:** We required overtime but implemented flexible policies regarding when staff worked the extra hours, which allowed staff to accommodate second jobs and family commitments.
- **Bonus:** We paid a bonus to CSRs who did not call off or take vacation time for 30 days.

We further recognized that improving morale and maintaining motivation was essential during this intense effort. We implemented several strategies to keep morale and motivation high:

- **Kudos Board:** We had a kudos board to acknowledge staff with excellent customer service.
- **Staff Nominations:** Staff nominated their peers for "most supportive" and "highest quality work" and gave gift cards to the winners.
- **Posting of Statistics and Goals**: We posted statistics and goals. Staff competed as a single team from week to week to improve their performance.
- **Team Huddles**: We conducted daily team huddles to motivate our team and provide a forum for suggestions about Project improvements. (We found staff input in these huddles invaluable.)
- **Personalized Kudos Emails:** When a staff member performed in a manner that exceeded our expectations, the Project Lead sent a personalized email with a copy to the entire team to keep motivation and acknowledgements high.

These tools have been proven successful. Our average length of service across our contracts is 3 years, 6 months, and the average length of service among CSRs is 2 years, 3 months (we have excluded our NC CC, MA CSC, and MO BSS contracts from this calculation, as these contracts have been in operation less than a year and distort the average length of service. The length of service among Supervisors, Managers, and Directors increases to 8 years, 10 months (excluding the NC CC, MA CSC, and MO BSS contracts). As our contracts mature, we naturally experience a higher length of service. In fact, the length of service among NE EB Project CSRs is 12 years, 5 months. (We promoted experienced staff to the Project who had a long and successful history with AHS.) Our NE EB Project Director has been with AHS for over 25 years!

3.14 Reporting Requirements

Describe your ability to meet the reporting requirements set forth in Section V.C.2. including ad hoc reporting capabilities.

Our CRM and telephony systems maintain data necessary to produce all reports specified in the RFP, as well as the capabilities to produce them in the required formats and designated time frames requested (e.g., daily, weekly, monthly, quarterly, and annual reports, as well as up-to-the-minute real-time data). We will provide DHHS with access to analytics and reports. Furthermore, we have a strong reputation for going above and beyond the scope of contractual reporting requirements to produce ad hoc reports and special data analysis for our clients with minimal turnaround time.

We understand that all AN CC Project data is owned by DHHS, and our role is to serve as good stewards of the State's data. Our reporting systems allow clients to access any information needed, at any time. All reporting packages are flexible and can be customized upon request. Reports will be developed with DHHS' input to fully meet the needs of DHHS, and once approved by DHHS, we will integrate each into our reporting protocols.

Did You Know?

As well as sharing reports with DHHS directly via email and/or our SharePoint site, our reporting systems allow clients to access any information needed, at any time. Our technical platform generates reports that are:
- Mobile-friendly
- Desktop-friendly
- Printer-friendly
- Near real-time accurate
- Exportable in multiple formats

We have proven our ability and willingness to provide many useful reports on an automated and ad hoc basis to our clients. All reports will be kept in electronic format and organized using a reports distribution list that guides the submission of all reports. Examples of types of reports we have provided as part of our operations are summarized in Exhibit 36.

Exhibit 36. Sample Reports from Current Projects

Project	Sample Reports
NE EB Project	• **Executive Summary Dashboard**: Dashboard of call center performance metrics and Enrollments • **SLA Report**: Report of performance against contractual performance metrics • **Call Actions:** Calls received and reasons for calls • **Queue Statistics**: Average wait time, hold time, abandonment rate, etc. • **Quality Report**: Summary of phone and chat monitoring • **Grievance Summary and Details**: Grievances taken and follow-up completed
FL EB Project	• **Monthly Report:** Captures all call actions, enrollment, mail activity, and IT transactions for the month • **Weekly Report:** Report of call activity, enrollments, mail activity, and IT transactions for the week.
RI CC Project	• **Call Center:** Call actions and details, program type, calls transferred, customer satisfaction, queue statistics relative to contractual performance metrics, etc. • **Document Processing:** Document summary and type, orphaned documents detailed, etc. • **Escalations:** Escalation summary, type, and details, closed escalations • **Walk-In Center:** Walk-in actions and details

TennCare Connect	• **Document Processing:**
	  – TEDS Total Daily Document Report
	  – Undeliverable Mail Daily Document Report
	• **Call Center:**
	  – Performance and statics against contractual performance metrics
	  – Call Actions
	  – Work that cannot be completed in TEDS and requires State users to complete (e.g., Voter Registration Requests, 1095-B Form, Creditable Coverage, Discrimination Complaints, Katie Becket, and QMB Card Requests, etc.)

We are well-versed in developing a host of comprehensive reports.

Please see Appendix D for sample reports.

Our ability to generate reports is built on our overall technical approach and commitment to providing the State with comprehensive information to support data-based decisions. We provide all functionalities required to run data-driven reports, which will be performed through:

- Five9
- Report Manager

Subject to DHHS' approval of design and format, AHS will use these reporting systems to produce all required AN CC Project Reports, including, but not limited to, all daily and weekly reports listed in Section V.C.2 of the RFP.

Five9

Many of our reports will be generated through Five9, which includes powerful role-based dashboards with powerful intuitive visualizations, customizable performance metrics, real-time visibility, continuously updated historical trends and correlations, automatic notifications when performance metrics shift, and data aggregation from external sources. A sample Five9 report on call volume is provided in Exhibit 37.

Exhibit 37. Sample Five9 Reporting
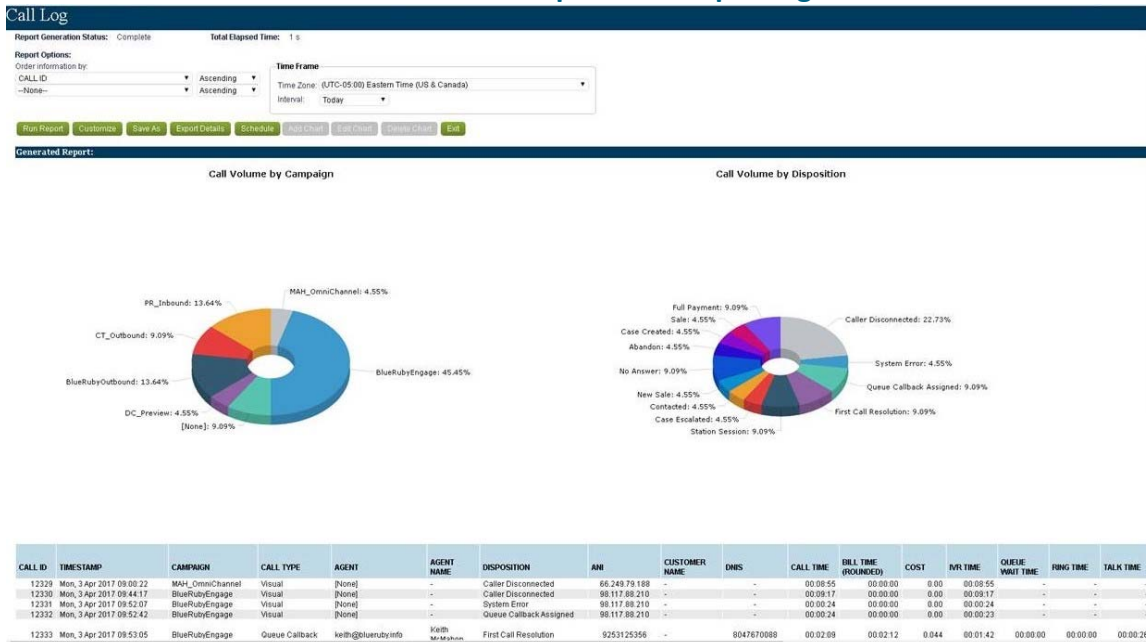
Reports through Five9 provide at-a-glance statistics regarding Project performance.

Five9 includes powerful role-based dashboards with powerful intuitive visualizations, customizable performance metrics, real-time visibility, continuously updated historical trends and correlations, automatic notifications when performance metrics shift, and data aggregation from external sources. In fact, Five9 provides more than 120 standard reports with performance metrics, including queues, CSRs, interactions, campaigns, IVR scripts, contacts, Do-Not-Call, and worksheets. Examples of standard reports include, but are not limited to:

- **ACD Queue Quality of Service:** By date and queue, summary information about the number of calls that meet DHHS' quality of service objectives: basic minimum, average, and maximum metrics.
- **ACD Queue Time by Campaign, Queue:** By campaign and queue, time that each call spent in each call state.

- **Agent Call Time/Agent Call Time Percent:** By agent group and agent, comparison of average talk, handle, and call statistics. These reports calculate averages and percentages.
- **Agent Disposition Summary:** By Agent group, Agent, number, or percentage of calls assigned to each disposition.
- **Agent Occupancy:** By Agent and date, time spent in each state.
- **Agent Productivity by Skill:** By Agent group and Agent, information about each queue.
- **Call Log:** Table with detailed information about each call ID and pie charts with percentage call volume by campaign and disposition that provide an overview of call details, call transfers, and conferences that involve a queue or user display about only one call in the report.
- **Calls by Time of Day:** Call distribution for each half hour.
- **Inbound Call Distribution by Area Code:** Summary call information for each Automatic Number Identification (ANI) area code, county, or state.
- **Inbound Call Log:** Detailed information about inbound call IDs.
- **Contact Record Export:** Detailed information about each contact ID.
- **Agent Achievement Report:** For each Agent, outreach indicator and FCR time, summary performance of each media type.
- **Agent AHT SLA:** Average handle time (AHT) for each queue, Agent, and media type. This report contains a table and bar chart.
- **Agent Max Handle Time:** For each queue and Agent, maximum handle times.

Screenshots detailing examples of Five9 reports are provided in Exhibit 38 and Exhibit 39.

Exhibit 38. Sample Report List

Extensive reports are available within Five9.

Exhibit 39. Sample Report List

Standard Reports	Custom Reports	Scheduled Reports	Recent Reports	Release 7 Reports	Canned Reports	Social Reports

Expand All   Collapse All

Agent Reports

Agent Call Time	How do agents spend their time while on calls?
Agent Call Time Percent	Which agents don't spend their time effectively while on calls?
Agent Calls Extended	How many calls of each type did my agents handle?
Agent Calls Extended Percent	Which types of calls do my agents handle most often?
Agent Chat Time	How do agents spend their time while on chats?
Agent Chat Time Percent	Which agents don't spend their time effectively while on chats?
Agent Daily State Summary	How did my agents manage their time each day?
Agent Daily State Summary Percent	How do my agents manage their time each day?
Agent Disposition Summary	How many calls of each disposition did my agents handle?
Agent Disposition Summary Percent	How often do my agents handle calls for each disposition?
Agent Email Time	How do agents spend their time while on emails?
Agent Email Time Percent	Which agents don't spend their time effectively while on emails?
Agent Login-Logout	When did my agents start and end their shifts?
Agent Missed Calls by Agent Group	How many calls did my agents miss by Agent Group?
Agent Missed Calls by Campaign	How many calls did my agents miss by Campaign?
Agent Occupancy	How much time do my agents spend working?
Agent Occupancy by Group	How effectively do my supervisors ensure agents are working?
Agent Occupancy Percent	What percentage of time do my agents spend working?
Agent Preview Mode Interrupt Summary	How many times agent in Preview Mode interrupted by priority interaction
Agent Productivity by Call Type	How much do my agents work on each type of call?
Agent Productivity by Call Type Percent	How much time do my agents spend on each type of call?
Agent Productivity by Campaign	How much do my agents work on each campaign?
Agent Productivity by Campaign Percent	How much time do my agents spend on each campaign?
Agent Productivity by Disposition	How much work is required for each call disposition?
Agent Productivity by Disposition Percent	How much work time do my agents spend on each disposition?
Agent Productivity by Skill	How much do my agents work on each skill?
Agent Productivity by Skill Percent	How much time do my agents spend on each skill?
Agent Productivity Exceptions	How often do agents take unusual actions on calls?
Agent Productivity Exceptions Percent	Which agents most often take unusual actions on calls?
Agent Reason Code Summary	How much time did my agents spend on each Not Ready and Logout reason?
Agent Reason Code Summary Percent	How much time do my agents spend in each Not Ready and Logout reason?
Agent State Details	How do my agents manage their time?
Agent State Summary by State	How much time do my agents spend in each state?
Agent State Summary by State as Percent	What percentage of time do my agents spend in each state?
Agent Voicemails	How do my agents handle voicemails?
Agent Weekly Paid Time	How much paid time did each agent accrue?
Agent Weekly Unpaid Time Details	How much unpaid time did each agent incur?
Agents Information	Displays agent details for your domain

Call Log Reports

IVR Reports

Five9 offers extensive report capabilities.

All information is provided in an easily digestible format tailored for our clients.

Report Manager

Staff will document all Project actions in HealthTrack. All HealthTrack data is available through Report Manager. We will use the latest version of Microsoft SQL Server as our database and reporting platform. As part of the Microsoft SQL Server package, SQL Server Reporting Services (SSRS) is a server-based report generation and business intelligence software system that is used to prepare and deliver interactive and printed reports. Report Manager is a user-friendly interface that provides users access to available reports. We leverage Active Directory (AD) to secure access to reports for those with proper permissions.

Reports that we create can be accessed directly through a desktop browser or mobile device. Reports are customizable with parameters such as date ranges, outreach activity, program type, live agent, etc. The reports can also be exported and shared with users in a variety of formats, including XML, Word, Excel, PDF, CSV, TIFF, and HTML Web Archive.

Report Manager will produce all standard daily and weekly and ad reports for HealthTrack data. Microsoft SQL Server Report Manager allows us to schedule reports to be delivered automatically according to our agreed upon reporting schedule, create subscriptions for specific DHHS users, and provide access on an ad hoc basis. It also enables us to provide Project data to DHHS upon request. All reports will also be available through the cloud on our SharePoint site.

We provide detailed analytics information to complement all our standard reports. In all our Projects, we anticipate changes in reporting requirements. In fact, when we design data collection modules, we plan for additional information that clients may need down the road. Requests for ad hoc reports will be directed to the Project Manager. Not only will DHHS, stakeholders, and other business partners need ongoing reports detailing the activities of the AN CC Project, but DHHS may also need to respond to requests from the Legislature as well. These reports often need to be produced within extremely tight timeframes. We are experienced with these requests and will work closely with DHHS to provide any ad hoc reports as quickly as possible. When necessary, we will meet directly with DHHS to ensure complete understanding of all requested reports.

Did You Know?

We provide DHHS with unparalleled flexibility responding to ad hoc requests. For example, in our FL EB Project, throughout our tenure, we have responded to more than 4,000 work requests from our client! These requests often involve detailed analyses and reporting requests.

Daily Report

We will produce and deliver to DHHS the requested Daily Report, which will include the number of offered calls, number of handled calls, Average Speed of Answer (ASA), and Average Handle Time (AHT) by queue for each work day. A sample call handling report from our TennCare Connect Project is provided in Exhibit 40.

Exhibit 40. Sample TennCare Connect Report

Time	Received	Answered	Maximum Speed of Answer	Avg Seconds to Ans	Avg Talk Time	Aban 0-30 sec	Aban >30 sec	% Total Aban	% Aban >30 Sec	ACD 0-300 sec	% Answered w/in 300 sec	ACD 301-600 sec	ACD >601 sec
Goal									5%		100%		
5/1/2022	0	0	-	0	0	0	0			0	0.0%	0	0
Weekly Total	0	0	-	0	0	0	0			0	0.0%	0	0
5/2/2022	2672	2668	243	5	838	3	1	0%	0.0%	2667	100.0%	0	0
5/3/2022	2138	2136	164	5	869	2	0	0%	0.0%	2135	100.0%	0	0
5/4/2022	2063	2061	74	3	838	2	0	0%	0.0%	2061	100.0%	0	0
5/5/2022	1853	1851	146	3	845	2	0	0%	0.0%	1851	100.0%	0	0
5/6/2022	1620	1619	52	3	833	1	0	0%	0.0%	1619	100.0%	0	0
5/7/2022	0	0	-	0	0	0	0			0	0.0%	0	0
5/8/2022	0	0	-	0	0	0	0			0	0.0%	0	0
Weekly Total	10346	10335	243	4	845	10	1	0%	0.0%	10333	100.0%	0	0
5/9/2022	2588	2576	81	3	878	11	1	0%	0.0%	2576	100.0%	0	0
5/10/2022	2286	2267	307	11	842	9	5	1%	0.2%	2265	99.9%	2	0
5/11/2022	1947	1935	89	3	874	11	1	1%	0.1%	1935	100.0%	0	0
5/12/2022	1836	1829	54	3	834	6	1	0%	0.1%	1829	100.0%	0	0
5/13/2022	1699	1695	47	3	844	4	0	0%	0.0%	1695	100.0%	0	0
5/14/2022	0	0	-	0	0	0	0			0	0.0%	0	0
5/15/2022	0	0	-	0	0	0	0			0	0.0%	0	0
Weekly Total	10356	10302	307	4	856	41	8	0%	0.1%	10300	100.0%	2	0
5/16/2022	2613	2606	259	5	834	4	3	0%	0.1%	2606	100.0%	0	0
5/17/2022	2136	2134	174	5	806	2	0	0%	0.0%	2134	100.0%	0	0
5/18/2022	2036	2031	97	3	834	5	0	0%	0.0%	2031	100.0%	0	0
5/19/2022	1922	1917	150	4	849	3	2	0%	0.1%	1917	100.0%	0	0
5/20/2022	1530	1526	59	3	903	4	0	0%	0.0%	1526	100.0%	0	0
5/21/2022	0	0	-	0	0	0	0			0	0.0%	0	0
5/22/2022	0	0	-	0	0	0	0			0	0.0%	0	0
Weekly Total	10237	10214	259	4	841	18	5	0%	0.0%	10214	100.0%	0	0
5/23/2022	2509	2501	199	4	860	6	2	0%	0.1%	2501	100.0%	0	0
5/24/2022	2129	2126	106	3	879	3	0	0%	0.0%	2126	100.0%	0	0
5/25/2022	1872	1867	130	3	835	5	0	0%	0.0%	1867	100.0%	0	0
5/26/2022	1756	1752	60	3	913	4	0	0%	0.0%	1752	100.0%	0	0
5/27/2022	1514	1512	121	3	828	2	0	0%	0.0%	1512	100.0%	0	0
5/28/2022	0	0	-	0	0	0	0			0	0.0%	0	0
5/29/2022	0	0	-	0	0	0	0			0	0.0%	0	0
Weekly Total	9780	9758	199	3	864	20	2	0%	0.0%	9758	100.0%	0	0
5/30/2022	0	0	-	0	0	0	0			0	0.0%	0	0
5/31/2022	2561	2554	99	3	838	7	0	0%	0.0%	2554	100.0%	0	0
Weekly Total	2561	2554	98.61	3	838	7	0	0%	0.0%	2554	100.0%	0	0
Month to Date	43280	43163	307	4	851	96	16	0%	0.0%	43159	100.0%	2	0

Call Center reports can be provided in any format our clients desire.

Daily Reports by Category

The standard Daily Reports we produce and distribute to DHHS can also be generated in visually engaging formats that offer at-a-glance critical feedback and insights into the AN CC Project. The Daily Reports by Category will be modeled off the DHHS provided Daily Report sample and will contain the following category metrics: Change Requests, Applications, Application Status, and Denial Status Inquiries from AHS' CRM, as well as any metrics required and agreed upon by DHHS. A sample Daily Report by Category from our NE EB Project is shown in Exhibit 41.

Exhibit 41. NE EB Call Actions by Category Report

Month of February 2017 Call Actions by Category Summary Report		
Category	**Call Action**	**Total**
Demographic Change	Address Change Requested	101
Demographic Change	Email Change Requested	1
Demographic Change	Phone Change Requested	5
Enrollment Activities	Changed Health Plan For Cause	0
Enrollment Activities	Changed Health Plan for Open Enrollment	0
Enrollment Activities	Changed Health Plan within Change Period	721
Enrollment Activities	Initial Enrollment	12
General	Authorized Representative Inquiry	37
General	Complaint Inquiry	2
General	General Information	1731
General	Health Plan Comparison Chart	28
General	Hospital Inquiry	0
General	Mail-In Enrollment Inquiry	0
General	Open Enrollment Inquiry	0
General	Provider Search	33
General	Return Mail Inquiry	1
General	Unhappy With Auto Assignment	5
General	Website Technical Assistance	1
Grievance	Grievance Against Enrollment Broker	0
Grievance	Grievance Against Medicaid	0
Grievance	Grievance Against Nebraska Total Care	1
Grievance	Grievance Against PCP	0
Grievance	Grievance Against UnitedHealthcare Community Plan	0
Grievance	Grievance Against WellCare of Nebraska	0
Mail Request	Requested Authorized Rep Form	23
Mail Request	Requested Provider Directory	0
Referral	ACCESS Nebraska 1-855-632-7633	94
Referral	Internal Call Escalation	0
Referral	MEC	0
Referral	Nebraska Total Care	97
Referral	Other	5
Referral	United HealthCare of Nebraska	77
Referral	WellCare Nebraska	52
System Detected	Do Not Call Request	2
System Detected	Document Outreach	0
System Detected	Enrollment Outreach	0
System Detected	PIN Reset	6
System Detected	Requested Mail	78
System Detected	Requested Previous Mail Copy	4
System Detected	Satisfaction Survey	187
Grand Total Call Actions		**3304**
Grand Total Calls		**2581**

We offer detailed daily reports and summary reports to meet our clients' needs.

Ad Hoc Outreach Statistics Reports

We will provide the State with ad hoc outreach statistic reports as requested and will be submitted to the State by the due date both parties agree upon. AHS is reputably versed in providing ad hoc reports to our clients with very little turnaround time.

Daily Reports on Additional Assignments

AHS will provide the State with daily, weekly, and monthly summary reports on any additional assignments that may arise during the contract. AHS will report on the quantity of calls and/or tasks completed per day as related to the specific work type being reported on. As the needs of the AN CC Project progress and/or change, we anticipate new reports will be needed and are happy to accommodate the State with accessing the needed data for evaluation through these additional assignments as they arise.

Weekly QA Monitoring Report

AHS has a tested and proven approach to quality assurance monitoring, described in Section 3.9. We will provide DHHS with a Weekly QA Monitoring Report which will include all quality assurance monitoring metrics required and agreed upon by DHHS. A sample Quality Assurance Monitoring report from our NE EB Project is provided in Exhibit 42.

Exhibit 42. Sample NE EB Project QA Report

Month	July 2022
Total Number of Phone Evaluations	35
Number of Overall Met scores	35
Number of Overall Not Met Scores	0
Percent Met (Target Baseline 80%)	100%

CRITERIA	# Evals	# NMs	% NMs	# CSRs NM
Greeting	35	0	0%	0
Verification	35	0	0%	0
General Questions	35	0	0%	0
Pin Reset	27	0	0%	0
Demographics	35	0	0%	0
New Mail Request	27	0	0%	0
MCO Enrollment	27	0	0%	0
PCP Enrollment	27	0	0%	0
Change Plan (MCO)	28	0	0%	0
Complaints	27	0	0%	0
Program/System Knowledge	34	0	0%	0
Hold	34	0	0%	0
Effective Listening	35	0	0%	0
Communication	35	0	0%	0
Unbiased	35	0	0%	0
Courtesy	35	0	0%	0
Escalated Call	27	0	0%	0
Documentation	35	0	0%	0
Transfer/Referrals	33	0	0%	0
Closing	35	0	0%	0

SUMMARY/PLAN TO RESOLVE:

100% Met

We provide detailed information in our quality assurance reports.

Weekly QA Calibration Reporting

In addition to the QA Monitoring Report, we will provide DHHS with a weekly QA Calibration Report that includes statistics from the week's calibration session, calculated through the

agreed upon quality assurance testing components. We will also include a report that lists any actions taken per CSR following call calibration sessions, such as refresher training, knowledgebase updates, the number of actions taken per CSR, the date of each action taken, and any associated QA improvement plans put into place.

Delivery of Weekly Summary Reports

We will deliver Weekly Summary Reports to the DHHS Contract Manager or designee via email every Tuesday no later than 12:00pm CST of each week. Weekly Summary Reports will include detailed statistics for each day of the reported week and will include detailed data on the weekly average of collected data, as well as any relevant charts, graphs, or additional information requested by DHHS.

The Weekly Summary Reports will be assessed to indicate performance levels of the AN CC Project, as well as to detect notable trends in call activity (e.g., program type, outreach activity, call volume broken out by type or outreach activity, etc.) surrounding the AN CC Project.

Delivery of Daily Reports

We will email Daily Reports of the prior workday to DHHS no later than 9:30 am CST.

Delivery of Ad Hoc Reports

AHS will provide ad hoc reports as requested by the State. Due dates for ad hoc reports will be determined by mutual agreement between AHS and the State and delivered to the State accordingly.

We have routinely demonstrated our commitment to providing ad hoc reports to DHHS. For example, we developed and produced a weekly queue statistics report for Heritage Health Adult members. We further provided ad hoc reports that provided a breakdown of Medicaid enrollment by Health Plan and age for defined timeframes. At the same time as fulfilling these ad hoc report requests, the State requested we perform a related ad hoc mailing assignment. We were tasked with sending the ad hoc mailing to approximately 30,000 Medicaid Expansion members. We recognize the significance of fulfilling these types of requests and the strong relationship between quality reporting and the data derived from them that drives future developments in our projects. We bring this passion to DHHS and the AN CC Project.

3.15 How DHHS will Access ACD Software

Describe how DHHS staff will access your Automated Call Distribution (ACD) software to view real-time wait times and available call capacity.

Our Vice President of Telecommunications, Mr. Bob Doran, will provide authorized DHHS staff with access to view our wait times and available call capacity. Exhibit 43 includes a sample of the ACD view from our MA CSC Project that will be provided to DHHS.

Exhibit 43. ACD Views

ACD Status						
Skill Name	**Active Agents (Log...**	**On Calls**	**Calls in Queue**	**Current Longest Queue (...**	**Queue Callbacks**	**Longest Queue Time (Vo...**
MA_Applications_Eng	19 (19)	15	-	-	-	0:02
MA_Applications_Spa	7 (7)	5	-	-	-	0:02
MA_Assister_Eng	7 (7)	5	-	-	-	-
MA_Assister_Spa	2 (2)	1	-	-	-	-
MA_Eligibility_Eng	19 (19)	15	3	1:14	-	3:20
MA_Eligibility_Spa	7 (7)	5	2	5:51	-	5:51
MA_HealthPlan_Eng	42 (42)	10	-	-	-	0:02
MA_HealthPlan_Spa	4 (4)	2	-	-	-	0:02
MA_HIX_Eng	6 (6)	5	-	-	-	-
MA_HIX_Spa	2 (2)	1	-	-	-	-
MA_Homeless_Eng	6 (6)	5	-	-	-	-
MA_Homeless_Spa	1 (1)	1	-	-	-	-
MA_HSN_Eng	-	-	-	-	-	-
MA_HSN_Spa	-	-	-	-	-	-
MA_Lang_Arabic	58 (58)	23	-	-	-	-
MA_Lang_Creole	59 (59)	24	-	-	-	-
MA_Lang_Mandarin	58 (58)	23	-	-	-	-
MA_Lang_Portugese	58 (58)	23	-	-	-	-
MA_Lang_Vietnamese	58 (58)	23	-	-	-	-
MA_Maximus_Applica...	19 (19)	15	-	-	-	-
MA_Maximus_Eligibili...	19 (19)	15	-	-	-	-
MA_Maximus_Health ...	42 (42)	9	-	-	-	-
MA_Maximus_Provide...	12 (12)	1	-	-	-	-
MA_One Care_Eng	26 (26)	4	-	-	-	-
MA_One Care_Spa	3 (3)	1	-	-	-	-
MA_Provider_Eng	10 (10)	-	-	-	-	0:01
MA_Provider_Spa	1 (1)	-	-	-	-	-
MA_Tax Form_Eng	-	-	-	-	-	-
MA_Tax Form_Spa	-	-	-	-	-	-
MA_Training_INTERNAL	-	-	-	-	-	-

The view from the ACD provides DHHS with all relevant details on call capacity and wait times.

3.16 Customer Relationship Management

Do you use an off the shelf Customer Relationship Management system, or one developed in house? If off the shelf, please specify the product and company. Please describe the capabilities of the Customer Relationship Management systems in use.

We use HealthTrack, our proprietary, easily configured, and fully integrated systems solution, as our CRM for all call center operations. HealthTrack has been deployed in our projects and provides all needed functionality. HealthTrack is an example of our innovative and out-of-the-box engineering and was specifically developed to support projects similar to the AN CC Project. Many of our clients prefer using HealthTrack over their State-provided tools due to its user-friendly configuration, comprehensive tools, and easy access framework. HealthTrack currently supports over 3,000 users.

When we built HealthTrack, our priorities were not only for HealthTrack to be professional-looking, clean, highly intuitive, and efficient for users, but also easier and more intuitive for staff. HealthTrack includes features that improve operations, service, and efficiency. This increases user productivity and satisfaction and enables us to train staff more quickly. Our agile development software methodology encourages tight-knit integration between the software development team and the end users.

HealthTrack is a web-based system that is hosted on Microsoft Azure. As mentioned, Microsoft Azure is a cloud storage solution for modern applications that require scalable, durable, and highly available storage for their data. We monitor storage usage and can easily add additional

capacity if needed. Microsoft Azure has achieved extensive compliance certifications that ensure security of the data, including HIPAA/HITECH, IRS 1075, PCI-DSS, NIST 800-171, FIPS 140-2, FISMA, SOC 1, SOC 2, SOC 3, and countless others.

HealthTrack results in overall contract improvements. The value of HealthTrack includes:

- **Lack of License Fees:** We do not charge DHHS user fees for accessing or using HealthTrack.
- **Purpose-Created:** We created HealthTrack with a laser focus on improving our overall administration of similar contracts, improving the user experience, incorporating efficiencies, and advancing the overall customer experience.
- **Own Full Stack of the Platform:** We own HealthTrack and its supporting infrastructure, which results in tighter control and efficiency.
- **Integration between IT and Operational Teams:** Our IT Team works in tandem with our Operational Team, which drives operational performance and service.
- **Embedded Business Rules:** We bring unmatched understanding of business rules related to similar contracts and governing regulations. We embed these business rules into the configuration, which drives compliance with DHHS policies.
- **Retain DHHS Configuration:** We will configure a DHHS-specific version of HealthTrack; DHHS will not have to use a version that was built for another client.
- **Industry Specific Benefits:** We are constantly enhancing HealthTrack for other related contracts. As enhancements are rolled out to other contracts, we will bring them to DHHS to identify if they can improve the quality of service we provide.
- **Accommodate Customized Reporting:** We are committed to full transparency and reporting. We commit to delivering the reports DHHS needs and modifying them as needed during the contract.

Due to these extensive benefits, HealthTrack has been widely adopted by our clients (Exhibit 44)— a testament to its user-friendly nature and configurable components that ensure each client's business needs are met.

Exhibit 44. State Use of HealthTrack

Project	Number of State Users	Uses
NE EB Project	18	• Access dashboard of Enrollment Activity, Heritage Health Enrollment, Outreach, Web Portal Activity, grievance, and call actions • Access and process tasks for Health Plan change requests and grievances • Search for and access case history and updated documents
WY CSC Project	19	• Search records • Add Case Notes • Create encounters (Inbound Call, Outbound Call, In Person, and Task Encounter) • Surveys and IVR integration with telephony system • Automation through bots for verification and document upload • View historical data (e.g., call history, action history, and document history) • Access work queues for document processing, complaints, administrative hearings, escalations with the client, and import report processing • Create Tasks (Internal and External)

Project	Number of State Users	Uses
		• Manage staff workloads with tasks (auto-assignment)
MA CSC Project	30	• Manage work, transfer, complete, and log tasks
MO BSS Project	50	• Log contacts • Manage work, transfer, complete and log tasks • Subscribe to specific work queues • Update eligibility spans (e.g., special needs, waivers, chronic conditions, third-party liability) • Process enrollments and disenrollments • Review and approve Health Plan change requests • Access mailing information • Process work queues
DE HBM Project	8	• Access and process tasks for complaints, Health Plan change requests, hardship waiver, managed care exemptions, and third-party liability • Search for cases, providers, calls, and documents • Access case histories
FL EB Project	450	• Send complaints and allegations to the Health Plan • Log documentation needed for Fair Hearings • Subscribe to specific work queues • Update Member spans (e.g., special needs, waivers, chronic conditions, third-party liability) • Process enrollments and disenrollments • Review and approve Health Plan change requests • Access mailing information • Process work queues
OMH Project	45	• Report provider complaints • Process complaints • Work change requests • View recipient information about enrollments, enrollment requests, premium requests, and mailings • Search providers
MD MPE Project	111	• Log contacts • Search for calls, documents, application processors • Merge provider records • Manage work, transfer, complete and log tasks • View call, survey, merge, and document history • View and search for provider records • View and download reports
RI CC Project	243	• Search records • Access our knowledgebase • Add notes to cases • View historical data (e.g., call history, action history) • Access work queues for escalations, appeals, and verifications
NC CC Project	35	• Search records • Log contacts • Process work queue

HealthTrack is widely used by our clients—a testament to the thoughtful design we apply.

We recognize that HealthTrack will not house customer data, but will be used to track the types of calls (e.g., applications, status requests, number of inquiries that are denials, number of inquiries that an application is in progress, number of voicemails left, etc.). We will fully configure HealthTrack to meet the unique requirements of the AN CC Project, including, but not limited to:

- Centralized repository for all AN CC Project activity
- Secure role-based access based on DHHS positions and requirements
- Integration with DHHS systems as required and preferred
- Reporting to meet all DHHS requirements

In the pages that follow, we highlight HealthTrack functionality. We will collaborate with DHHS regarding the specific configuration for the AN CC Project.

Call Logging

HealthTrack includes extensive features and workflow that guide a CSR to provide accurate and comprehensive information. HealthTrack includes a Call Wizard, which is used to document all details of a call, including the call direction, caller type, and caller's name (Exhibit 45).

Exhibit 45. New Call Option in HealthTrack
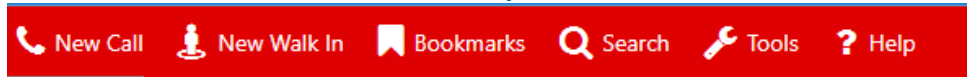
Accessing call logging tools is easy.

The Call Wizard includes the following components:

- **Customer Search**, where staff can search for a specific caller and access their history
- **Call Caddy**, where staff can document call actions and notes
- **Call Actions Screen** (Exhibit 46), which is used to document discrete categories of actions on the call and will be configured and refined with DHHS to capture the broad-based applicable categories of the Project (e.g., requested an application status update, etc.)
- **Link to Case Information**, where CSRs can perform any actions needed
- **End Call Screen,** which summarizes what was documented during the call and allows CSRs to review, add, or delete information (Exhibit 47)
- **Call Notes,** which we have automated based on each discrete call actions to result in maximum accuracy (e.g., no typos, full consistency among staff, etc.)

Exhibit 46. Call Actions Screen

General Questions				
☐ ACA Ruling Questions	☐ Cost calculator questions	☐ Email surveys	☐ Fax number	☐ Hours
☐ Individual HRA	☐ Mailing address for Document	☐ Mailing address for Payment	☐ WIC address	☐ WIC appointment

Escalations		
❷ ☐ Escalation auto-dial received	☐ File escalation	❷ ☐ Status of escalation

DHS				
☐ Cash assistance questions	☐ Childcare questions	☐ Long term care	☐ Medicaid/Medicare questions	☐ Request for Anchor card
☐ SNAP questions	☐ SSI questions			

Carrier Questions						
☐ Carrier referrals	☐ Copay information	☐ Covered services	☐ Deductible information	☐ Dental plans	☐ Pharmacy coverage	☐ Provider look-up

HealthTrack facilitates accurate documentation of call interactions.

Exhibit 47. End Call Screen in HealthTrack

CSRs are provided with the opportunity to review call transactions and verify accurate documentation.

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THE STATE OF NEBRASKA DEPARTMENT OF HEALTH AND HUMAN SERVICES (DHHS)
ACCESSNEBRASKA CALL CENTER SUPPORT (RFP) NUMBER 113578 O3

Dynamic Scripting

During the implementation, we will work with DHHS to acquire scripts for staff. Where appropriate, we will configure dynamic scripting capabilities into HealthTrack. Dynamic scripting automatically populates the next question based on the answer to a previous question and relieves staff of the burden of determining what to ask next. Dynamic scripting greatly enhances the consistency, accuracy, and speed of interactions among our staff. Please note that dynamic scripting is not designed to replace the personal interactions callers have with our staff or force callers to adhere to a specific call pattern. Rather, it is a tool that assists our staff in evaluating and appropriately responding to caller needs, while also ensuring all important items are addressed. We will leverage this functionality for all scripts for the AN CC Project.

For example, in Exhibit 48 and Exhibit 49 from our FL EB Project, the scripting changes based on the reason for a caller's complaint.

Exhibit 48. Dynamic Scripting

In this example, the caller indicated that they have an unpaid bill that Medicaid should have paid, and HealthTrack automatically presented scripting requesting the name of the provider.

Exhibit 49. Dynamic Scripting

In this example, the caller indicated that they want to report a potential fraud or HIPAA violation, and HealthTrack automatically presented scripting regarding who committed the violation.

Once configured, we will leverage HealthTrack's Helpful Hints, which allow staff to access context-specific help from our knowledgebase. We will embed a series of question marks throughout HealthTrack. When staff need assistance with a specific area, they can click on the question mark icon and our knowledgebase will open to the correct page pertaining to that topic. In Exhibit 50, if a staff member clicks the question mark icon next to the question, they are taken to resources about caller authorization protocols.

Exhibit 50. Helpful Hint Icon

Helpful hints provide easy access to knowledgebase resources.

Scripting Case Study

When we implemented the TNHC Project, we recognized the need for specialized attention related to appeals. Specifically, a 2014 lawsuit alleging that thousands of people claimed their applications for Medicaid were not resolved created a litigious environment and intense pressure on TennCare. We created a specialized Appeals Unit and implemented dynamic scripting. These steps were instrumental to ensure staff provided consistent and accurate assistance and meet the State's needs in an extremely litigious environment where there were significant issues surrounding appeals.

Knowledgebase

We also provide a robust, searchable knowledgebase that is populated with articles, tools, and resources for internal staff use. We will use KnowledgeOwl for our knowledgebase for the AN CC Project. KnowledgeOwl includes robust features that facilitate high-quality interactions, including:

- Editor to organize content, with drag and drop reordering
- Bulk editing features to easily change articles' statuses, authors, and group restrictions
- Custom views based on position
- Contextual help
- Extensive themes, layouts, category types, and tagging features to make it easy for staff to browse through the knowledgebase
- User and reader management functionality that allows specific permissions to different readers based on individual tasks and needs
- Feedback features to find out how useful articles are
- Integration functionality
- Unlimited file library
- Version control to ensure that as information is updated, staff access the most current version

We will provide a knowledgebase of relevant resources specifically for the AN CC Project. Exhibit 51 demonstrates a specific knowledgebase for our MA CSC Project. Any new changes, updates, etc. will be reflected in the knowledgebase. We will alert staff of these changes through ongoing trainings, email alerts, and the announcements feature in the knowledgebase. Only DHHS-approved materials will be added to the knowledgebase.

The Call Center Manager is responsible for the content of the knowledgebase. The Call Center Manager directs the team to review the knowledgebase on a daily basis in conjunction with feedback from the Supervisor and staff regarding additional resources that staff need.

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THE STATE OF NEBRASKA DEPARTMENT OF HEALTH AND HUMAN SERVICES (DHHS)
ACCESSNEBRASKA CALL CENTER SUPPORT (RFP) NUMBER 113578 O3

Exhibit 51. TennCare Connect Knowledgebase
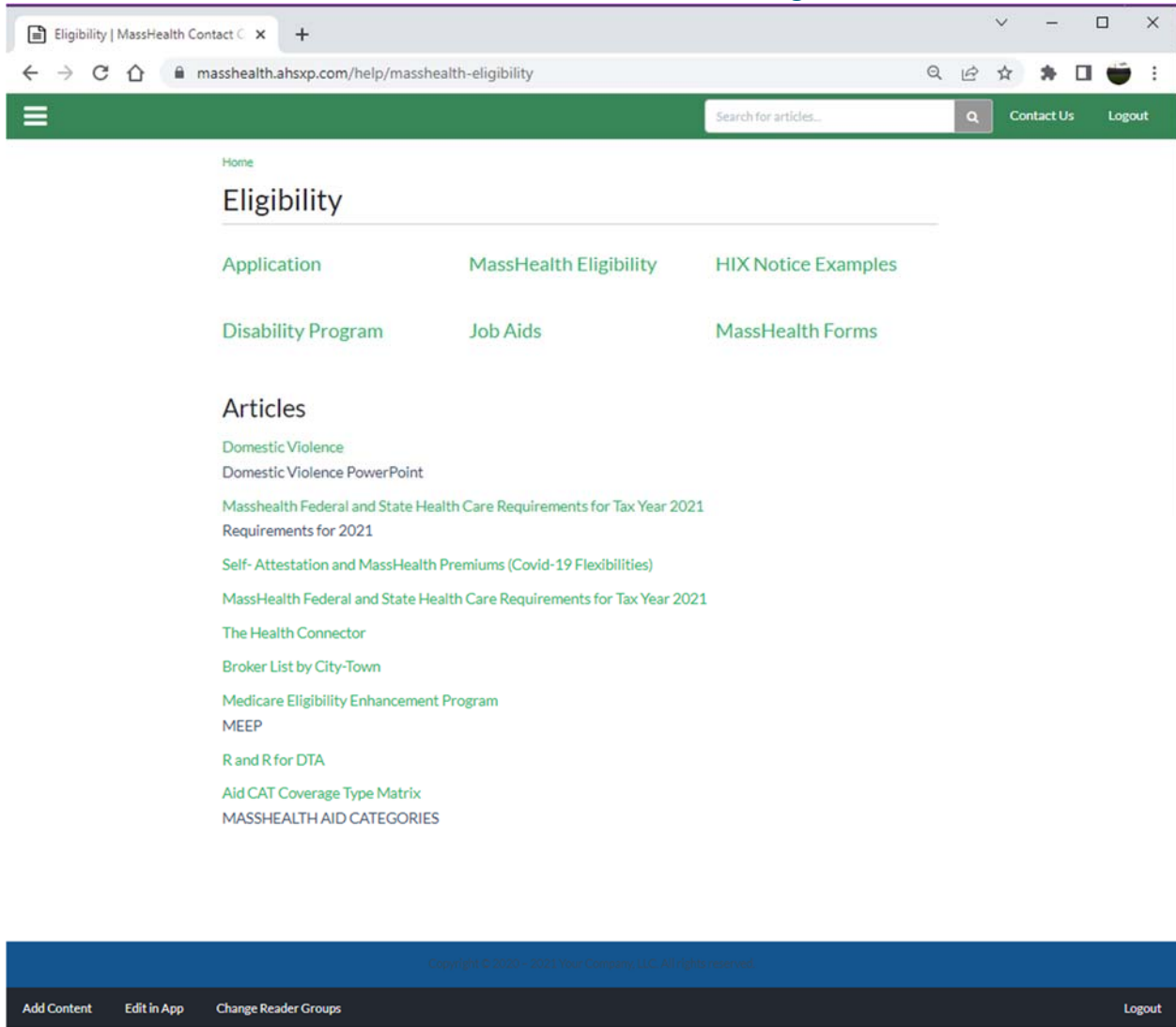
Our knowledgebase will be populated with a wealth of program-specific resources.

Prompts in HealthTrack

HealthTrack will be configured for the specific business rules of the AN CC Project. We will configure HealthTrack with DHHS' workflows to process all necessary workflows. The configuration will guide staff through the proper protocols. In addition, we place prompts in HealthTrack that remind staff to take specific action in State systems, including the ACCESSNebraska web application, N-FOCUS, etc. according to DHHS' business rules.

4. COST PROPOSAL

Please see our completed Attachment 4, which is provided under separate cover.

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Department of Health and Human Services

Appendix A: Financial Statements

AccessNebraska Call Center Support
Request for Proposal (RFP) Number 113578 O3

Prepared by:
Automated Health Systems, Inc.
9370 McKnight Road, Suite 300
Pittsburgh, PA 15237

AUTOMATED HEALTH SYSTEMS

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AUTOMATED HEALTH SYSTEMS, INC.

AND SUBSIDARY

FINANCIAL STATEMENTS

FOR THE YEAR ENDED

JUNE 30, 2022

BIB

AUTOMATED HEALTH SYSTEMS, INC.

AND SUBSIDIARY

FINANCIAL STATEMENTS

FOR THE YEAR ENDED JUNE 30, 2022

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INDEPENDENT AUDITOR'S REPORT

To the Directors
Automated Health Systems, Inc. and Subsidiary
Pittsburgh, Pennsylvania

Opinion

We have audited the accompanying consolidated financial statements of Automated Health Systems, Inc. (a Pennsylvania corporation), which comprise the consolidated balance sheet as of June 30, 2022, and the related consolidated statements of income and retained earnings, and cash flows for the year then ended, and the related notes to the financial statements.

In our opinion, the consolidated financial statements referred to above present fairly, in all material respects, the financial position of Automated Health Systems, Inc. as of June 30, 2022, and the results of its operations and its cash flows for the year then ended, in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

We conducted our audit in accordance with auditing standards generally accepted in the United States of America. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of Automated Health Systems, Inc. and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the consolidated financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the entities' ability to continue as a going concern within one year after the date that the financial statements are available to be issued.

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Auditor's Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the consolidated financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with generally accepted auditing standards will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgement made by a reasonable user based on the financial statements.

In performing an audit in accordance with generally accepted auditing standards, we:
- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of Automated Health Systems, Inc.'s internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the consolidated financial statements.
- Conclude whether, in our judgement, there are conditions or events, considered in the aggregate, that raise substantial doubt about Automated Health Systems, Inc.'s ability to continue as a going concern for a reasonable period of time.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control related matters that we identified during the audit.

Bates, Backsdale, Schut & Company LLP

Certified Public Accountants

October 13, 2022

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AUTOMATED HEALTH SYSTEMS, INC.

AND SUBSIDIARY

CONSOLIDATED BALANCE SHEET

JUNE 30, 2022

ASSETS

Current Assets:

Cash	$	18,585,154
Accounts receivable - trade		16,927,536
Total Current Assets		35,512,690

Property and Equipment:

Furniture and fixtures	3,351,819
Equipment	8,250,828
Vehicles	705,591
Leasehold improvements	1,796,705
	14,104,943
Less: Accumulated depreciation	11,484,183
	2,620,760

Other Assets:

Deposits	14,344
Goodwill	120,093
	134,437
$	38,267,887

The accompanying notes are an integral
part of these financial statements.

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LIABILITIES AND STOCKHOLDER'S EQUITY

Current Liabilities:

Accounts payable - trade	$	2,000,206
Accrued expenses		791,465
Accrued taxes payable		374,727
Current portion of notes payable		21,719
Total Current Liabilities		3,188,117

Long Term Liabilities:

Notes payable, less current portion	3,261
Deferred income taxes	280,000
	283,261
Total Liabilities	3,471,378

Stockholder's Equity:

Common stock, no par; 100 million shares authorized; 50 million shares issued and outstanding	500,000
Retained earnings	34,296,509
	34,796,509
	$ 38,267,887

AUTOMATED HEALTH SYSTEMS, INC.

AND SUBSIDIARY

CONSOLIDATED STATEMENT OF INCOME AND RETAINED EARNINGS

FOR THE YEAR ENDED JUNE 30, 2022

Revenues	$	106,317,381
Expenses:		
Operating		67,926,279
Administrative		33,160,832
		101,087,111
Net Operating Income		5,230,270
Other Income (Expense):		
Depreciation and amortization		(698,955)
Interest expense		(4,383)
Total Other Income (Expense)		(703,338)
Net Income Before Income Taxes		4,526,932
Income Taxes (Benefit):		
Current		650,000
Deferred		380,000
Total Income Taxes		1,030,000
Net Income		3,496,932
Retained Earnings at Beginning of Year		30,799,577
Retained Earnings at End of Year	$	34,296,509

The accompanying notes are an integral
part of these financial statements.

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AUTOMATED HEALTH SYSTEMS, INC.

AND SUBSIDIARY

CONSOLIDATED STATEMENT OF CASH FLOWS

FOR THE YEAR ENDED JUNE 30, 2022

Net Cash Flows From Operating Activities:	
Net income	$ 3,496,932
Adjustments to reconcile net income to net cash	
provided by (used in) operating activities:	
Depreciation and amortization	698,955
Increase in deferred income taxes	380,000
Increase in accounts receivable	(5,894,021)
Increase in deposits	(10,105)
Decrease in accounts payable and accrued expenses	(465,904)
Decrease in accrued taxes payable	(305,226)
Net Cash Used In Operating Activities	(2,099,369)
Cash Flows From Investing Activities:	
Purchase of equipment	(2,369,255)
Cash Flows From Financing Activities:	
Debt repayments	(36,124)
Net Decrease in Cash	(4,504,748)
Cash - Beginning of Year	23,089,902
Cash - End of Year	$ 18,585,154
Supplemental Disclosures:	
Cash paid for interest	$ 4,383
Cash paid for income taxes	$ 958,275

The accompanying notes are an integral
part of these financial statements.

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AUTOMATED HEALTH SYSTEMS, INC.

AND SUBSIDIARY

NOTES TO THE FINANCIAL STATEMENTS

FOR THE YEAR ENDED JUNE 30, 2022

A. **Summary of Significant Accounting Policies**:

1. <u>Organization and Nature of Activities</u>

   Automated Health Systems, Inc. (the Company) is incorporated under the laws of the Commonwealth of Pennsylvania. The Company, headquartered in Pittsburgh, Pennsylvania, was formed for the purpose of administering health-related, federally and state funded contracts and providing vendor services in such areas as data processing, outreach, and enrollment brokering.

   The financial statements are composed of activities resulting from operations of contracts with the Delaware Department of Health and Social Services, Florida Agency for Health Care Administration, Indiana Family and Social Services Administration, State of Maryland, State of Nebraska, Ohio Department of Medicaid, State of Rhode Island, St. Louis Regional Health Commission, Tennessee Department of Finance and Administration, State of Wyoming Department of Health, Division of Healthcare Financing, Massachusetts Executive Office of Health and Human Services, North Carolina Department of Commerce, and Missouri Department of Human Services.

2. <u>Principles of Consolidation</u>

   The financial statements are prepared on a consolidated basis. The consolidated financial statements include the amounts of Allied Physician Services, LLC (the Subsidiary), which is incorporated in the state of Georgia and is a wholly owned subsidiary of the Company. The Subsidiary, a healthcare credentialing management company, is a disregarded entity of the Company for tax reporting purposes. All inter-entity transactions between the Company and Subsidiary have been eliminated.

3. <u>Use of Estimates</u>

   The preparation of financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities at the date of the financial statements, the disclosure of contingent assets and liabilities, and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

A. Summary of Significant Accounting Policies (Continued):

4. Revenue Recognition

The Company adopted Accounting Standards Update (ASU) No. 2014-09, Revenue from Contracts with Customers (Topic 606) as of July 1, 2020. The ASU provides a single principles-based revenue recognition model with a five-step analysis of transactions to determine when and how revenue is recognized. The adoption of the ASU did not have an impact on the Company's results of operations.

Contract administration and vendor service fee revenues are recognized as services are rendered and earned. Performance incentives, as applicable, are recognized as revenue when the amounts are determined by the contracting entities.

5. Accounts Receivable

Management of the Company has determined an allowance for doubtful accounts is not necessary. All accounts receivable are from state agencies that are conduits for the administration of appropriated funds.

6. Property and Equipment

Property and equipment are stated at cost and depreciated over the estimated useful lives of the assets using the straight-line and accelerated methods. Depreciation expense amounted to $672,268 for the year ended June 30, 2022.

7. Income Taxes

Income taxes are provided for the tax effects of transactions reported in the financial statements and consist of taxes currently due plus deferred taxes. Deferred tax assets and liabilities are recognized for the future tax consequences attributable to differences between the financial statement carrying amounts of existing assets and liabilities and their respective tax bases. Deferred income tax expense (benefit) represents the change during the period in the deferred tax assets and deferred tax liabilities. Deferred tax assets are reduced by a valuation allowance when it is more likely than not that some portion of the deferred tax assets will not be realized. See Note H.

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A. Summary of Significant Accounting Policies (Continued):

7. Income Taxes (Continued)

The Company's provision for income taxes differs from applying the statutory U.S. federal income tax rate to income before income taxes. The primary differences result from providing for state income taxes and from deducting certain expenses for financial statement purposes but not for federal income tax purposes.

The Company files income tax returns in the U.S. federal jurisdiction, and various state jurisdictions. The Company's tax returns are subject to examination generally for three years after the filing date.

8. Subsequent Events

Management has evaluated subsequent events through October 13, 2022, the date the financial statements were available to be issued.

The COVID-19 pandemic developed rapidly in 2020 and has continued through 2022. Measures taken by various government agencies to contain the virus have affected economic activity. The Company has not experienced any adverse financial impact from the pandemic to date and foresees no impact on its results of operations for fiscal year 2023.

B. Goodwill:

The Company has adopted the accounting alternative for subsequent measurement of goodwill provided in FASB ASC 350-20 for its acquisition of Allied Physician Services, LLC. Under this accounting alternative, the Company amortizes goodwill on a straight-line basis over 10 years and only evaluates goodwill for impairment when a triggering event occurs. Amortization amounted to $26,687 for the year ended June 30, 2022. During the year ended June 30, 2022, no triggering events occurred requiring impairment testing. As such, no impairment loss was recorded.

Goodwill presented in the balance sheet as of June 30, 2022 consists of the following:

Goodwill	$ 266,872
Less: Accumulated amortization	(146,779)
Goodwill, net	$ 120,093

C. Long-Term Debt:

Long-term debt consists of the following notes payable:

Maturity	Interest Rate	Collateralized By	Current Portion	Long-Term Portion
8-22	0%	Vehicle	$ 2,551	$ -
10-23	3.99%	Vehicle	12,950	3,261
1-23	3.99%	Vehicle	6,218	-
			$ 21,719	$ 3,261

Maturities of debt are as follows:

Year	Amount
2023	$ 21,719
2024	3,261
	$ 24,980

D. Retirement Plan:

The Company has a safe harbor defined contribution 401(k) retirement plan covering all of its full-time employees with at least one year of service. The Company matches 100% of the first three percent electively deferred by an employee, and 50% of the next two percent deferral. Matching contributions by the Company are fully vested. Discretionary Company contributions may also be made at the option of the Directors. Retirement plan expense amounted to $175,843 for the year ended June 30, 2022.

E. Concentrations of Credit Risk Arising From Cash Deposits in Excess of Insured Limits:

The Company maintains cash balances at one financial institution. The cash balances are in excess of the $250,000 limit insured by the Federal Deposit Insurance Corporation by $19,243,932 at June 30, 2022.

F. Transactions with Related Entities:

1. The Company has an agreement with a related company to provide certain management, marketing, procurement, and administrative services. The agreement is renewable in one year intervals at the option of the parties. Fees paid for services provided amounted to $33,160,832 for the year ended June 30, 2022.

2. The Company has several operating leases for office space with related leasing entities. The leases generally are for one year with renewal options that coincide with the Company's fiscal year. Rental expense for these leases amounted to $2,054,429 for the year ended June 30, 2022.

G. **Operating Leases**:

The Company has several non-cancelable operating leases with third parties for office space. Rental expense for these leases amounted to $3,754,032. Future minimum rental payments under non-cancelable operating leases extending beyond June 30, 2022 are as follows:

Year Ended June 30	Amount
2023	$ 4,431,123
2024	2,349,615
2025	1,574,661
2026	916,945
2027	941,640
	$ 10,213,984

H. **Income Taxes**:

Deferred income taxes are provided primarily for differences between the tax basis of assets and liabilities and the reported amounts in the financial statements. The differences result from using different lives and depreciation methods on depreciable assets for income tax and financial reporting purposes.

Components of the provision for income tax expense consist of the following:

	Amount
Current:	
Federal	$ 500,000
State	150,000
Total current income taxes	650,000
Deferred:	
Federal	$ 380,000
State	--
Total deferred income taxes (benefit)	380,000
Total income taxes	$ 1,030,000

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I. **New Accounting Pronouncement:**

On February 25, 2016, the FAS issued ASU 2016-02, Leases (Topic 842), which requires lessees to recognize a liability associated with obligations to make payments under the terms of the leasing arrangement in addition to a right-of-use asset representing the lessee's right to use, or control the use of the given asset assumed under the lease. The standard will be effective for nonpublic companies for years beginning after December 15, 2021. The Company is currently evaluating the impact of this standard including the use of practical expedients provided in the guidance.

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Department of Health and Human Services

Appendix B: Resumes

AccessNebraska Call Center Support
Request for Proposal (RFP) Number 113578 O3

Prepared by:
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AUTOMATED HEALTH SYSTEMS

Amanda Jarmon, PMP
Project Manager

Summary of Qualifications

Ms. Amanda Jarmon, PMP, brings over 15 years of experience leading and supporting large-scale call center and other related government, healthcare, and private sector projects. Ms. Jarmon has participated in analysis, planning, and establishment of requirements, as well as developing processes, procedures, and functional architectures, and served as the primary point of contact for more than 20 internal and external clients for production requests/issues, project initiation, and problem escalation. In addition, Ms. Jarmon has over 10 years of management experience with a record of achievement in building effective teams, motivating and coaching project support analysts and technical developers, and driving team productivity. Her proven track record of successful project management and full lifecycle support, along with Six Sigma certification, makes Ms. Jarmon ideally suited to serve as the Project Manager for the ACCESSNebraska Call Center Support Project.

Professional Experience

Automated Health Systems, Inc.--- **2020 – Present**
Tallahassee, FL

Implementation Manager
- Partners with Project and Corporate Staff to provide for seamless project implementations.
- Maintains overall responsibility for the implementation and transition of the Project to meet goals.
- Responsible for directing, coordinating, and tracking implementation activities and for allocating implementation team resources to ensure Project implementation goals and objectives are met.
- Develops Project Plans to guide scope, deadlines, requirements, etc. to ensure timely Project launches.
- Recommends solutions for improving implementation and operational performance.

Kyra Solutions --- **2019 – 2020**
Tallahassee, FL

Senior Project Manager (Department of Education, Innovation & Technology)
- Responsible for the schedules, budgets, resources, and deliverables for Florida school districts' projects.
- Monitored teams to ensure goals and objectives, standards, scope, and project quality were being met.
- Managed the direction, coordination, implementation, executive control, and completion of projects.
- Managed project risk and change control through comprehensive mitigation assessment and planning techniques.
- Assured that project documentation included the project plans, budgets, risk plans, communication plans, change control logs and reports.
- Participated in the development and implementation of business solutions.

Conduent Corporation --- **2018 – 2019**
Tallahassee, FL

Project Manager/Senior Analyst Lead (Department of Labor, Medical Billing Processing)
- Served as a liaison between the client and the technical team, led Joint Application Design (JAD) sessions and performed troubleshooting on any issues related to customer service requests.
- Responsible for tracking and providing input to the project schedule for all assigned projects.
- Created Business Requirements Documents, facilitated walk-throughs, tested the system, and validated results.
- Researched, prepared, and presented reports, presentations, and business and technical documents.

- Responsible for the operation of reporting and analysis software, created summaries and kept management informed of trends.
- Created and tracked key support performance indicators and produced daily/weekly/monthly status reports.

City of Tallahassee --- **2017 – 2018**
Tallahassee, FL

Project Manager
- Managed all aspects of the public safety IT and GPS tracking systems for tracking the location of public safety vehicles.
- Responsible for scope, analysis, planning requirements, functional modeling, procedure development, creating and reviewing test cases and communicating project status to the stakeholders and senior team.
- Managed and worked directly with the Senior Systems Administrator, Network Administrator, GIS Analyst, and the SQL DBA

Conduent/Xerox Corporation --- **2008 – 2017**
Tallahassee, FL

Program Manager (2013 – 2017)
- Managed all operational aspects of multiple projects, including scope, analysis, planning, the establishment of requirements, functional modeling, procedure development, development of functional architectures, creating and reviewing test cases and communicating project status to the stakeholders and senior team.
- Managed and implemented more than five Case Management and Call Simplicity Projects. Supported the business and technical team for the Xerox Simplification Tool and Xerox Case Management application.
- Generated performance and productivity reports and identified problems and planned solutions.
- Recommended and managed solutions for improving call center and case management processes for web-based projects, including continuous improvement initiatives.
- Supervised Developers and Analysts and served as the point of contact for 20 internal and external clients.
- Provided direction on activities, development, performance, and productivity for the support team.
- Created the Standard Operating Procedures (SOPs) for the Project Maintenance Team.

Senior Operations/IT Manager (2008 – 2013)
- Directed a customer-focused call center that serviced multiple programs.
- Led the enrollment team that serviced multiple programs and the submitter community.
- Managed analysis and planning, established requirements, and developed procedures and functional architectures
- Led requirement gathering, scope analysis, and creating and reviewing test cases to determine system and operational impact
- Managed the SLAs as QA Manager, performed monthly audits, and supervised the QA support staff.
- Performed quality assurance activities related to volume testing to ensure the EDI Gateway Project could handle increased volume associated with accepting larger-size, HIPAA-compliant files.
- Initiated solutions for improving auditing, financial, and statistical processes.
- Devised solutions for DOL, reviewed requirements, tested cases, and provided training.
- Provided quality oversight and continuous process improvement initiatives.
- Conducted formal and informal reviews of all operational and functional activities.

- Handled comprehensive monitoring of all critical areas of operations performance.
- Monitored and audited critical transactions and reports, including the analysis of journal entries, statistical statements, and audit reports
- Passed internal and external audits at or above 96%, exceeding client expectations.

ACS, a Xerox Company ---**2004 – 2008**
Tallahassee, FL

Information Management Manager Quality Assurance (2004 – 2008)
- Managed small-scale projects such as analysis, planning, the establishment of requirements, functional modeling, development of procedures, development of functional architectures, and other related duties.
- Maintained SLAs for five departments, including the QA Department.
- Served as the primary point of contact with assigned internal and external clients for Customer Service Requests, planning, project initiation, and problem escalation.
- Reviewed processing results, problem logs, and service requests with the internal client on a daily, weekly, and monthly schedule.

Customer Care/Information Management Manager (2004)
- Managed a call center and enrollment team that served multiple fiscal agents and the submitter community.
- Planned and executed the call center and enrollment training plan.
- Provided project planning, interviewed and hired staff, appraised performance, and handled the budget.
- Provided guidance on activities and behavior, development, performance, and productivity issues.
- Identified and analyzed problems, planned tasks, and solutions.
- Assisted managers in the performance of special assignments and projects.

Education

Florida Agricultural and Mechanical University, Tallahassee, FL
- Bachelor of Science, Business Administration, 1989

Continuing Education, EDS SED Program
- Phase I, Flint, Michigan; Phase II, Southfield, Michigan; Phase III, Troy, Michigan

Technical Skills

Microsoft Office (Word, Excel, PowerPoint), Microsoft Project, SharePoint, Visio, CRMs, Telephony Software

Certifications

Project Management Professional (PMP), Project Management Institute
Six Sigma Green Belt Certified

References

Ms. Shawna Reid	Ms. Sabrina Holloman	Ms. Julie Dawson
325 W. Gaines Street	911 Easterwood Drive	1650 Summit Lake Drive,
Tallahassee, FL 32399	Tallahassee, FL 32311	Suite 2015
850-245-9070	850-544-4871	Tallahassee, FL 32317
		240-243-2882

Jose Vera
Call Center Manager

Summary of Qualifications

Mr. Jose Vera possesses 12 years' experience leading teams to meet aggressive performance metrics for five different Medicaid programs for approximately five million Medicaid eligibles. Mr. Vera brings extensive expertise in directing Call Center teams to high rates of caller satisfaction and Service Level Agreement (SLA) adherence. He has played a leading role in the rollout and training of several Medicaid initiatives, including the rollout of a major programmatic expansion that doubled call volumes without missing a single SLA. With over 12 years of experience in healthcare and government services, combined with a retail background and international humanitarian work with the United Nations, Mr. Vera will be an asset to lead the team as the Call Center Manager for the ACCESSNebraska Call Center Support Project.

Professional Experience

Automated Health Systems, Inc.--**2010 – Present**
Tallahassee, FL

Assistant Call Center Manager – Florida Enrollment Broker (FL EB) Project (2013-Present)
- Supplements the activities of the Call Center Manager in developing and maintaining an organizational climate that facilitates attainment of the goals and objectives of the FL EB Project.
- Assists the Call Center Manager with supervising day-to-day activities of Lead CSRs and CSRs.
- Assigns work to CSRs based on volumes, monitors scheduling through the workforce management system, monitors productivity, responds to escalations, evaluates reports, and enforces policy.
- Successfully trained and supported the staff in the seamless migration from an on-prem phone system to a cloud-based omnichannel system.
- Directed the team to high caller satisfaction rates (over 90%).
- Guided the team to a WFH model during the COVID-19 pandemic without compromising performance.
- Provided ongoing feedback to IT regarding potential improvements to maximize performance.
- Provided training and change management services to CSRs during all project phases.
- Successfully assisted in the training of over 140 call center agents.

Lead Choice Counseling Specialist (Bilingual) – FL EB Project (2010-2013)
- Oversaw CSRs under Medicaid Options and was responsible for assigning work to CSRs, monitoring day-to-day activities, responding to escalations, evaluating reports, and training staff.
- Updated and maintained the SLA Tracker, and generated weekly, monthly, and quarterly reports.
- Ensured optimal productivity in providing enrollment activities and customer service to Members.
- Provided callers with unbiased choice counseling support for the Medicaid Options Program.
- Interviewed Spanish-speaking potential CSR applicants.
- Maintained and coordinated all changes to scripts.

Verizon Wireless --- **2007 – 2011**
Tallahassee, FL

Senior Retail Sales Representative (Bilingual)
- Served as part of the management team and was responsible for managing customer service, security, and accounting processes of opening and closing Verizon store, as well as leading the sales team in assisting new and existing customers.
- Supervised the sales floor, supervised customer service escalations and many other retail accounting responsibilities.
- Provided effective communication and strong knowledge of product and service information as well as a proactive approach to customer follow-up after the sale to guarantee product performance and customer satisfaction.

Alltel Wireless -- **2005 – 2007**
Quincy, FL

Store Manager (2006-2007)
- Responsible for driving productivity to ensure wireless consultants met or exceeded sales objectives.
- Provided effective coaching, training, and recruiting of staff through the performance management process.
- Daily duties included the management of escalated customer service issues and the responsibility for managing financial control, inventories, staff scheduling and performance management, as well as other administrative tasks.

Wireless Consultant (2005-2006) Tallahassee, FL
- Assisted new and existing customers in the selection and purchase of products and services with strong product knowledge and effective communication with customers.

Radio Shack --- **2003 – 2005**
Tallahassee, FL

Store Manager (2004-2005)
- Ensured quality production standards are followed and according to specifications.
- Created a customer-centric team by focusing on training and developing exceptional sales associates.
- Daily duties included scheduling, inventory management, performance management, organization, and maintenance of paperwork, merchandising and store display and most importantly sales.
- Maintained store operational ready and in compliance with the store manager's success model while at the same time being an influential presence on the sales floor directing sales to achieve the stores sales and wireless goals.
- Led sales team to significant achievements, notably winning various awards from Verizon and Sprint for increasing sales and productivity in our district that year.

Sales Associate (Manager in Training) (2003-2004)
- Focused on selling product and service platforms.
- Other duties were related to customer payments, inventory and attaining proficiency in product and service knowledge.

Vera Consulting, Lda. --- **2000 – 2001**
Maputo, Mozambique

Partner and Information System Administrator
- Self-owned and operated company offering services that were associated with the installation and maintenance of computer networks for various non-governmental development and humanitarian organizations as well as several embassies, United Nations offices and local businesses.
- Supervised and managed all activities related to team scheduling, performance management, inventory management, organization and maintenance of paperwork, network support, workstation installation, software and hardware maintenance and training on relative software packages.
- Services included planning, implementing, maintaining, and supporting information systems as well as monitoring and administering internal network traffic and security of networks for Vera Consulting clients.

"Bytes & Pieces" --- **1997 – 2000**
Maputo, Mozambique

LAN Manager
- Supervised and led a team of 10 technicians for the installation of Local Area Networks (LAN), e.g., trunking, cabling, software installation, printer setup and sharing on networks.
- Supervised, scheduled, and led the team deployment for maintenance of those networks at various NGOs, Embassies, Ministries, and Private entities; e.g., Canadian High Commission, NDI, EEC, British Council.
- Supervised the complete manual hardware setup of servers, PCs, and subsequent software installation.

Education

Universidade Mayor, Santiago, Chile
- Department of Architecture, 1988-1992

Certifications

- Completed Dale Carnegie Course for Managers, 2005
- Completed Official Microsoft Certified Systems Engineer training courses, 2001

Language Skills

English
Spanish
Portuguese

References

Mr. Patrick McNutt	Ms. Zuleika Perera	Mr. Christopher Turner
2728 Centerview Drive,	211 Alton Hall Road	1 Vanderbilt Avenue
Suite 300	Cairo, GA 39828	New York, NY 10017
Tallahassee, FL 32301	305-303-2491	480-220-0455
850-933-7198		

NEBRASKA
Good Life. Great Mission.
DEPT. OF HEALTH AND HUMAN SERVICES

Department of Health and Human Services

Appendix C: Project Work Plan

AccessNebraska Call Center Support
Request for Proposal (RFP) Number 113578 O3

Prepared by:
Automated Health Systems, Inc.
9370 McKnight Road, Suite 300
Pittsburgh, PA 15237

AUTOMATED HEALTH SYSTEMS

ID	ⓘ	Task Mode	Task Name	Duration	Start
0			**Project Template**	**120 days**	**Fri 1/13/23**
1			**1 INITIATION PHASE**	**30 days**	**Fri 1/13/23**
2			1.1 Contract Award Date	1 day	Fri 1/13/23
3			1.2 Protest, Prep, Sign Contract	4 days	Tue 1/17/23
4			1.3 Internal Contract Scope Review and Kick-off Prep	4 days	Tue 1/17/23
5			1.4 Internal Kick-off Meeting	1 day	Mon 1/23/23
6			1.5 Insurance	4 days	Tue 1/17/23
7			1.5.1 Provide current Certificate of Insurance/Acord Form (COI)	4 days	Tue 1/17/23
8			1.5.2 Provide equivalent insurance for each subcontractor	4 days	Tue 1/17/23
9			1.5.3 Provide Worker's Compensation Insurance	4 days	Tue 1/17/23
10			1.5.4 Provide Commercial General Liability Insurance	4 days	Tue 1/17/23
11			1.5.5 Provide Umbrella/Excess Liability	4 days	Tue 1/17/23
12			1.5.6 Provide Commercial Crime	4 days	Tue 1/17/23
13			1.5.7 Provide Cyber Liability	4 days	Tue 1/17/23
14			1.6 Kick-off Meeting	1 day	Mon 1/23/23
15			**1.7 Start-Up Plan (Project Schedule)**	**29 days**	**Tue 1/17/23**
16			1.7.1 Revise draft Project Schedule	15 days	Tue 1/17/23
17			1.7.2 Submit Project Schedule	1 day	Tue 2/7/23
18			1.7.3 Review Project Schedule	5 days	Wed 2/8/23
19			1.7.4 Incorporate feedback into Project Schedule	5 days	Wed 2/15/23
20			1.7.5 Review and Approve updated Project Schedule	3 days	Thu 2/23/23
21			**1.8 Initiation Phase Complete**	**0 days**	**Mon 2/27/23**
22			**2 PLANNING AND ANALYSIS PHASE**	**22 days**	**Tue 1/31/23**

Task	▬▬▬	Inactive Summary	⊏ ⊐	External Tasks	▬▬▬
Split	···············	Manual Task	▭▭▭	External Milestone	◇
Milestone	◆	Duration-only	▭▭▭	Deadline	⬇
Summary	▭▭▭	Manual Summary Rollup	▬▬▬	Progress	▬▬▬
Project Summary	▭▭▭	Manual Summary	▭▭▭	Manual Progress	▬▬▬
Inactive Task	▭▭▭	Start-only	⊏		
Inactive Milestone	◇	Finish-only	⊐		

Project: Project Template
Date: Wed 11/30/22

ID	Info	Task Mode	Task Name	Duration	Start
23		⯈	**2.1 Standard Operating Procedure (SOP) Process Mapping**	**19 days**	**Tue 1/31/23**
24		⯈	2.1.1 Process Analysis Session	3 days	Tue 1/31/23
25		⯈	2.1.2 Update Process Analysis Based on Validation	1 day	Fri 2/3/23
26		⯈	2.1.3 Document the SOP Mapping	5 days	Mon 2/6/23
27		⯈	2.1.4 Review SOP by the State	5 days	Mon 2/13/23
28		⯈	2.1.5 Remediation of SOP Based on State Review	3 days	Tue 2/21/23
29		⯈	2.1.6 Review and Approve SOP by State	2 days	Fri 2/24/23
30		⯈	2.1.7 Process Analysis Complete	0 days	Mon 2/27/23
31		⯈	**2.2 JAD Sessions**	**4 days**	**Fri 2/3/23**
32		⯈	2.2.1 HealthTrack CRM JADS	3 days	Fri 2/3/23
33		⯈	2.2.2 Data Exchange/Interfaces JADS	1 day	Wed 2/8/23
34		⯈	2.2.3 Materials and Mailings JADS	1 day	Fri 2/3/23
35		⯈	2.2.4 Reporting JADS	1 day	Mon 2/6/23
36		⯈	2.2.5 Operations, Telephony and Outreach JADS	2 days	Tue 2/7/23
37		⯈	2.3 Document Requirements	5 days	Thu 2/9/23
38		⯈	2.4 Review Requirements by the State	5 days	Thu 2/16/23
39		⯈	2.5 Remediation of Requirements Based on State Review	3 days	Fri 2/24/23
40		⯈	2.6 Review and Approve Requirements by State	2 days	Wed 3/1/23
41		⯈	**2.7 Final Requirements Complete**	**0 days**	**Thu 3/2/23**
42		⯈	**3 EXECUTION PHASE**	**78 days**	**Tue 1/24/23**
43		⯈	**3.1 Operations**	**78 days**	**Tue 1/24/23**
44		⯈	**3.1.1 Facility**	**46 days**	**Tue 1/24/23**
45		⯈	**3.1.1.1 Acquisition**	**3 days**	**Tue 1/24/23**

Task	▬▬▬	Inactive Summary	I▭▭I	External Tasks	▬▬▬
Split	···············•	Manual Task	▬▬▬	External Milestone	◇
Milestone	◆	Duration-only	▬▬▬	Deadline	⬇
Summary	▮▬▬▮	Manual Summary Rollup	▬▬▬	Progress	▬▬▬
Project Summary	I▭▭I	Manual Summary	▮▬▬▮	Manual Progress	▬▬▬
Inactive Task	▭▭▭	Start-only	[		
Inactive Milestone	◇	Finish-only	]		

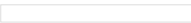| ID		Task Mode	Task Name	Duration	Start
46		🔿	3.1.1.1.1 Submit facility location	1 day	Tue 1/24/23
47		🔿	3.1.1.1.2 Approve facility location	2 days	Wed 1/25/23
48		🔿	**3.1.1.2 IT End User Hardware/Software**	**43 days**	**Fri 1/27/23**
49	👥	🔿	3.1.1.2.1 Order new equipment	30 days	Fri 1/27/23
50	👥	🔿	3.1.1.2.2 Receive equipment	3 days	Mon 3/13/23
51	👥	🔿	3.1.1.2.3 Configure and Install equipment	10 days	Thu 3/16/23
52		🔿	**3.1.1.3 Facility execution completed**	**0 days**	**Wed 3/29/23**
53	🗒	🔿	**3.1.2 Staffing**	**30 days**	**Tue 3/14/23**
54	👥	🔿	3.1.2.1 Post employment opportunities	25 days	Tue 3/14/23
55	👥	🔿	3.1.2.2 Recruit and interview	25 days	Tue 3/21/23
56	👥	🔿	3.1.2.3 Perform background checks	15 days	Tue 4/4/23
57		🔿	**3.1.2.4 Staffing is Complete**	**0 days**	**Mon 4/24/23**
58		🔿	**3.1.3 Scripts**	**37 days**	**Thu 2/9/23**
59		🔿	**3.1.3.1 Inbound**	**28 days**	**Thu 2/9/23**
60		🔿	3.1.3.1.1 Develop IB scripts	10 days	Thu 2/9/23
61		🔿	3.1.3.1.2 Review IB scripts	5 days	Fri 2/24/23
62	👤	🔿	3.1.3.1.3 Incorporate feedback into IB scripts	5 days	Fri 3/3/23
63		🔿	3.1.3.1.4 Review and Approve IB scripts	3 days	Fri 3/10/23
64		🔿	3.1.3.1.5 Translate IB scripts	5 days	Wed 3/15/23
65		🔿	**3.1.3.2 Outbound**	**27 days**	**Fri 2/24/23**
66	👤	🔿	3.1.3.2.1 Develop OB scripts	10 days	Fri 2/24/23
67		🔿	3.1.3.2.2 Review OB scripts	5 days	Fri 3/10/23
68		🔿	3.1.3.2.3 Incorporate feedback into OB scripts	4 days	Fri 3/17/23

Project: Project Template
Date: Wed 11/30/22

Task	▬▬▬	Inactive Summary	Ⅰ▬▬▬Ⅰ
Split	··············	Manual Task	▬▬▬
Milestone	◆	Duration-only	▬▬▬
Summary	▐▬▬▬▌	Manual Summary Rollup	▬▬▬
Project Summary	Ⅰ▬▬▬Ⅰ	Manual Summary	▐▬▬▬▌
Inactive Task	▭▭▭	Start-only	⌊
Inactive Milestone	◇	Finish-only	⌋

External Tasks	▬▬▬
External Milestone	◇
Deadline	⬇
Progress	▬▬▬
Manual Progress	▬▬▬

ID		Task Mode	Task Name	Duration	Start
69			3.1.3.2.4 Review and Approve OB scripts	3 days	Thu 3/23/23
70			3.1.3.2.5 Translate OB scripts	5 days	Tue 3/28/23
71			**3.1.4 Scripts are complete**	**0 days**	**Mon 4/3/23**
72			**3.1.5 Training**	**64 days**	**Mon 2/13/23**
73			**3.1.5.1 Training Modules**	**31 days**	**Mon 2/13/23**
74			3.1.5.1.1 Provide Training Materials by State	15 days	Mon 2/13/23
75			3.1.5.1.2 Review Training Materials	5 days	Tue 3/7/23
76			3.1.5.1.3 Submit Questions from Training Materials	5 days	Tue 3/14/23
77			3.1.5.1.4 Review and Respond to Training Material Questions	3 days	Tue 3/21/23
78			3.1.5.1.5 Review Response to Training Material Questions	3 days	Fri 3/24/23
79			**3.1.5.2 Training Sessions**	**14 days**	**Tue 4/25/23**
80			3.1.5.2.1 Train the Trainer	4 days	Tue 4/25/23
81			3.1.5.2.2 Train the Staff	5 days	Mon 5/1/23
82			3.1.5.2.3 Train the Client Staff	5 days	Mon 5/1/23
83			3.1.5.2.4 Train Other Staff	5 days	Mon 5/8/23
84			**3.1.5.2.5 Training Complete**	**0 days**	**Fri 5/12/23**
85			**3.2 Technical**	**48 days**	**Tue 2/7/23**
86			**3.2.1 Project Environments**	**14 days**	**Tue 2/28/23**
87			**3.2.1.1 Azure Dev and Test environment**	**8 days**	**Tue 2/28/23**
88			3.2.1.1.1 Create Azure subscription and configure security	2 days	Tue 2/28/23
89			3.2.1.1.2 Configure Azure SQL service	2 days	Thu 3/2/23
90			3.2.1.1.3 Configure Azure VMs	2 days	Mon 3/6/23
91			3.2.1.1.4 Configure Azure web application and related services	2 days	Wed 3/8/23

Project: Project Template **Date: Wed 11/30/22**	Task		Inactive Summary		External Tasks	
	Split		Manual Task		External Milestone	◇
	Milestone	◆	Duration-only		Deadline	⬇
	Summary		Manual Summary Rollup		Progress	
	Project Summary		Manual Summary		Manual Progress	
	Inactive Task		Start-only	[		
	Inactive Milestone	◇	Finish-only	]		
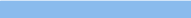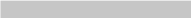
ID	ⓘ	Task Mode	Task Name	Duration	Start
92			**3.2.1.1.5 Azure environment ready for development**	**0 days**	**Thu 3/9/23**
93			**3.2.1.2 Azure Production environment**	**6 days**	**Fri 3/10/23**
94			3.2.1.2.1 Configure Azure virtual network and private connection	2 days	Fri 3/10/23
95			3.2.1.2.2 Configure Azure log analytics and auditing	2 days	Tue 3/14/23
96			3.2.1.2.3 Configure Azure environment for production and scale	2 days	Thu 3/16/23
97			**3.2.1.2.4 Azure environment ready for production**	**0 days**	**Fri 3/17/23**
98			**3.2.2 Interfaces/Exchange/Backend Processing**	**31 days**	**Thu 2/9/23**
99			3.2.2.1 Website (ACCESSNebraska.ne.gov)	3 days	Thu 2/9/23
100			3.2.2.2 N-Focus	3 days	Tue 2/14/23
101			3.2.2.3 Data Systems	10 days	Fri 2/17/23
102		📌	3.2.2.4 Service Programs	10 days	Mon 3/6/23
103			3.2.2.5 Test and Remediate	5 days	Mon 3/20/23
104			**3.2.3 HealthTrack CRM**	**25 days**	**Wed 2/8/23**
105			3.2.3.1 Task Management	15 days	Wed 2/8/23
106			3.2.3.2 Document Management	15 days	Wed 2/8/23
107			3.2.3.3 Search Tool	10 days	Wed 2/8/23
108			3.2.3.4 Call Handling Module	10 days	Thu 3/2/23
109			3.2.3.5 HealthTrack Core customization	10 days	Thu 3/2/23
110			**3.2.3.6 HealthTrack CRM Complete**	**0 days**	**Wed 3/15/23**
111			**3.2.4 Omnichannel Contact Center (Telephony)**	**27 days**	**Thu 2/9/23**
112			**3.2.4.1 Record and Approve ACD announcements**	**9 days**	**Thu 2/9/23**
113	👤		3.2.4.1.1 Document Announcements	5 days	Thu 2/9/23
114	👤		3.2.4.1.2 Approve ACD announcements.	3 days	Thu 2/16/23

	Task		Inactive Summary		External Tasks	
	Split		Manual Task		External Milestone	◇
Project: Project Template	Milestone	◆	Duration-only		Deadline	⬇
Date: Wed 11/30/22	Summary		Manual Summary Rollup		Progress	
	Project Summary		Manual Summary		Manual Progress	
	Inactive Task		Start-only	[		
	Inactive Milestone	◇	Finish-only	]		

ID		Task Mode	Task Name	Duration	Start
115	👤		3.2.4.1.3 Record ACD announcements	1 day	Wed 2/22/23
116	👤		3.2.4.2 Translate ACD announcements	3 days	Thu 2/23/23
117	👤		3.2.4.3 Test and remediate	5 days	Tue 2/28/23
118	👤		3.2.4.4 Configure call monitoring	10 days	Tue 3/7/23
119			**3.2.4.5 ACD and Call Recording Complete**	**0 days**	**Mon 3/20/23**
120			**3.2.5 Reporting**	**48 days**	**Tue 2/7/23**
121			3.2.5.1 Operational	10 days	Tue 2/7/23
122			3.2.5.2 Technical	10 days	Wed 2/22/23
123			3.2.5.3 Compliance	10 days	Wed 3/8/23
124			3.2.5.4 Test and remediate issues with Program Reports	5 days	Wed 3/22/23
125			3.2.5.5 Review and provide feedback on Program Reports	5 days	Wed 3/29/23
126			3.2.5.6 Update Program Reports	5 days	Wed 4/5/23
127			3.2.5.7 Final approval of Program Reports	3 days	Wed 4/12/23
128			**3.3 Execution Phase Complete**	**0 days**	**Fri 4/14/23**
129			**4 TESTING PHASE**	**64 days**	**Thu 2/23/23**
130			4.1 Develop Test Matrix	15 days	Fri 3/10/23
131			**4.2 Unit Testing**	**21 days**	**Thu 2/23/23**
132			4.2.1 Task Management	4 days	Thu 3/2/23
133			4.2.2 Document Management	4 days	Thu 3/2/23
134			4.2.3 Search Tool	3 days	Thu 2/23/23
135			4.2.4 Call Handling Module	3 days	Thu 3/16/23
136			4.2.5 HealthTrack Core Customization	3 days	Thu 3/16/23
137			4.2.6 Omnichannel Contact Center	3 days	Tue 3/21/23

Task	▬▬▬	Inactive Summary	⊏ ⊐	External Tasks	▬▬▬
Split	··················	Manual Task	▬▬▬	External Milestone	◇
Milestone	◆	Duration-only	▬▬▬	Deadline	⬇
Summary	▬▬▬	Manual Summary Rollup	▬▬▬	Progress	▬▬▬
Project Summary	▬▬▬	Manual Summary	▬▬▬	Manual Progress	▬▬▬
Inactive Task	▭	Start-only	⊏		
Inactive Milestone	◇	Finish-only	⊐		

Project: Project Template
Date: Wed 11/30/22

ID		Task Mode	Task Name	Duration	Start
138		📇	**4.2.7 Unit Testing is Complete**	**0 days**	**Thu 3/23/23**
139		📇	4.3 Integration Testing	5 days	Fri 3/24/23
140		📇	4.4 System Testing	10 days	Fri 3/31/23
141	👤	📇	4.5 End-to-end Testing	10 days	Fri 4/14/23
142		📇	**4.6 Internal Testing Complete**	**0 days**	**Thu 4/27/23**
143		📇	**4.7 Readiness Review**	**55 days**	**Wed 3/8/23**
144		📇	**4.7.1 Demos**	**32 days**	**Wed 3/8/23**
145		📇	4.7.1.1 Demo 1	1 day	Wed 3/8/23
146		📇	4.7.1.2 Demo 2	1 day	Thu 4/20/23
147		📇	4.7.2 User Acceptance Testing	10 days	Fri 4/28/23
148		📇	4.7.3 Remediate Findings Escalated from UAT	5 days	Fri 5/12/23
149		📇	4.7.4 Validate Resolution of Findings from UAT	3 days	Fri 5/19/23
150		📇	**4.8 Testing Phase Complete**	**0 days**	**Tue 5/23/23**
151		📇	**5 DOCUMENTATION PHASE**	**47 days**	**Thu 2/16/23**
152	🗎	📇	**5.1 Requirements Traceability Matrix (RTM)**	**28 days**	**Thu 2/16/23**
153		📇	5.1.1 Develop RTM	10 days	Thu 2/16/23
154	👤	📇	5.1.2 Review RTM	5 days	Fri 3/3/23
155		📇	5.1.3 Incorporate feedback to RTM	5 days	Fri 3/10/23
156		📇	5.1.4 Review RTM	3 days	Fri 3/17/23
157		📇	5.1.5 Incorporate feedback to RTM	3 days	Wed 3/22/23
158	👤	📇	5.1.6 Review and Approve RTM	2 days	Mon 3/27/23
159		📇	**5.2 Readiness Review Checklist**	**28 days**	**Tue 2/28/23**
160	👤	📇	5.2.1 Develop Readiness Review Checklist	10 days	Tue 2/28/23

Task	▬▬▬	Inactive Summary	▬▬▬	External Tasks	▬▬▬
Split	··············	Manual Task	▬▬▬	External Milestone	◇
Milestone	◆	Duration-only	▬▬▬	Deadline	⬇
Summary	▮▬▬▬▮	Manual Summary Rollup	▬▬▬	Progress	▬▬▬
Project Summary	▮▬▬▬▮	Manual Summary	▮▬▬▬▮	Manual Progress	▬▬▬
Inactive Task	▭▭▭	Start-only	[		
Inactive Milestone	◇	Finish-only	]		

Project: Project Template
Date: Wed 11/30/22

ID	ⓘ	Task Mode	Task Name	Duration	Start
161		⮞	5.2.2 Review the Readiness Review Checklist	5 days	Tue 3/14/23
162	👤	⮞	5.2.3 Incorporate feedback to the Readiness Review Checklist	5 days	Tue 3/21/23
163		⮞	5.2.4 Review the Readiness Review Checklist	3 days	Tue 3/28/23
164		⮞	5.2.5 Incorporate feedback to the Readiness Review Checklist	3 days	Fri 3/31/23
165		⮞	5.2.6 Review and Approve the Readiness Review Checklist	2 days	Wed 4/5/23
166		⮞	**5.3 Transition/Cutover Plan**	**28 days**	**Tue 2/28/23**
167	👤	⮞	5.3.1 Develop Transition/Cutover Plan	10 days	Tue 2/28/23
168		⮞	5.3.2 Review the Transition/Cutover Plan	5 days	Tue 3/14/23
169	👤	⮞	5.3.3 Incorporate feedback to the Transition/Cutover Plan	5 days	Tue 3/21/23
170		⮞	5.3.4 Review the Transition/Cutover Plan	3 days	Tue 3/28/23
171		⮞	5.3.5 Incorporate feedback to the Transition/Cutover Plan	3 days	Fri 3/31/23
172		⮞	5.3.6 Review and Approve the Transition/Cutover Plan	2 days	Wed 4/5/23
173		⮞	**5.4 Testing Plan**	**28 days**	**Tue 2/28/23**
174		⮞	5.4.1 Develop Testing Plan	10 days	Tue 2/28/23
175		⮞	5.4.2 Review the Testing Plan	5 days	Tue 3/14/23
176		⮞	5.4.3 Incorporate feedback to the Testing Plan	5 days	Tue 3/21/23
177		⮞	5.4.4 Review the Testing Plan	3 days	Tue 3/28/23
178		⮞	5.4.5 Incorporate feedback to the Testing Plan	3 days	Fri 3/31/23
179		⮞	5.4.6 Review and Approve the Testing Plan	2 days	Wed 4/5/23
180		⮞	**5.5 Quality Management Plan**	**28 days**	**Tue 2/28/23**
181		⮞	5.5.1 Develop Quality Management Plan	10 days	Tue 2/28/23
182		⮞	5.5.2 Review the Quality Management Plan	5 days	Tue 3/14/23
183		⮞	5.5.3 Incorporate feedback to the Quality Management Plan	5 days	Tue 3/21/23

	Task		Inactive Summary		External Tasks	
	Split		Manual Task		External Milestone	◇
Project: Project Template	Milestone	◆	Duration-only		Deadline	⬇
Date: Wed 11/30/22	Summary		Manual Summary Rollup		Progress	
	Project Summary		Manual Summary		Manual Progress	
	Inactive Task		Start-only	[		
	Inactive Milestone	◇	Finish-only	]		

ID		Task Mode	Task Name	Duration	Start
184			5.5.4 Review the Quality Management Plan	3 days	Tue 3/28/23
185			5.5.5 Incorporate feedback to the Quality Management Plan	3 days	Fri 3/31/23
186			5.5.6 Review and Approve the Quality Management Plan	2 days	Wed 4/5/23
187			**5.6 Operations Policies and Procedures**	**28 days**	**Tue 2/28/23**
188	👤		5.6.1 Develop Operations Policies and Procedures	10 days	Tue 2/28/23
189			5.6.2 Review the Operations Policies and Procedures	5 days	Tue 3/14/23
190	👤		5.6.3 Incorporate feedback to the Operations Policies and Procedures	5 days	Tue 3/21/23
191			5.6.4 Review the Operations Policies and Procedures	3 days	Tue 3/28/23
192			5.6.5 Incorporate feedback to the Operations Policies and Procedures	3 days	Fri 3/31/23
193			5.6.6 Review and Approve the Operations Policies and Procedures	2 days	Wed 4/5/23
194	📝		**5.7 Call Transfer Validation Process**	**28 days**	**Tue 2/28/23**
195			5.7.1 Develop Call Transfer Validation Process	10 days	Tue 2/28/23
196			5.7.2 Review Call Transfer Validation Process	5 days	Tue 3/14/23
197			5.7.3 Incorporate feedback into Call Transfer Validation Process	5 days	Tue 3/21/23
198			5.7.4 Review Call Transfer Validation Process	3 days	Tue 3/28/23
199			5.7.5 Incorporate feedback into the Call Transfer Validation Process	3 days	Fri 3/31/23
200			5.7.6 Review and Approve Call Transfer Validation Process	2 days	Wed 4/5/23
201			**5.8 Other Reports**	**40 days**	**Tue 2/28/23**
202	📝		5.8.1 Develop Continuity of Operations Plan (COOP) and Disaster Plan	40 days	Tue 2/28/23
203	📝		5.8.2 Develop Drug Policy	40 days	Tue 2/28/23
204			**5.9 Documentation Complete**	**0 days**	**Thu 4/6/23**
205			**6 DEPLOYMENT PHASE**	**120 days**	**Fri 1/13/23**

Task	▬▬▬	Inactive Summary	▭▭▭	External Tasks	▬▬▬
Split	··················	Manual Task	▬▬▬	External Milestone	◇
Milestone	◆	Duration-only	▬▬▬	Deadline	⬇
Summary	�匚▬▬▬⊐	Manual Summary Rollup	▬▬▬	Progress	▬▬▬
Project Summary	匚▬▬▬⊐	Manual Summary	▬▬▬	Manual Progress	▬▬▬
Inactive Task	▭▭▭	Start-only	匚		
Inactive Milestone	◇	Finish-only	⊐		

Project: Project Template
Date: Wed 11/30/22

ID		Task Mode	Task Name	Duration	Start
206	👤	🔀	6.1 Cutover/Transition Tasks Execution	20 days	Fri 4/7/23
207		🔀	6.2 Mitigate Project Issues (Closed/Deferred)	1 day	Fri 5/5/23
208	👤	🔀	6.3 Project Deliverables Complete	1 day	Fri 4/7/23
209		🔀	6.4 Go/No-Go Decision	2 days	Wed 5/24/23
210		🔀	6.5 Deploy TDD/TTY (Relay Service)	1 day	Fri 5/26/23
211		🔀	**6.6 Go live (Effective Date of Service)**	**6 days**	**Tue 5/30/23**
212		🔀	6.6.1 Effective Date of Service	1 day	Tue 5/30/23
213		🔀	6.6.2 Validate/Test System (Post PROD Verification)	5 days	Wed 5/31/23
214		🔀	**6.7 Deployment Complete**	**0 days**	**Fri 1/13/23**
215		🔀	6.8 Closeout	20 days	Wed 6/7/23

Task	▬▬▬	Inactive Summary	External Tasks
Split	....	Manual Task	External Milestone
Milestone	◆	Duration-only	Deadline
Summary	▬▬▬	Manual Summary Rollup	Progress
Project Summary	▬▬▬	Manual Summary	Manual Progress
Inactive Task		Start-only	
Inactive Milestone	◇	Finish-only	

Finish	Predecessors	Notes	Text1
Wed 7/5/23			
Mon 2/27/23			
Fri 1/13/23		SCHEDULE OF EVEN	
Fri 1/20/23	2		
Fri 1/20/23	2		
Mon 1/23/23	4		
Fri 1/20/23		INSURANCE REC	
Fri 1/20/23	2		
Fri 1/20/23	2		
Fri 1/20/23	2		
Fri 1/20/23	2		
Fri 1/20/23	2		
Fri 1/20/23	2		
Fri 1/20/23	2		
Mon 1/23/23	3	SCHEDULE OF EVEN	
Mon 2/27/23			
Mon 2/6/23	2		
Tue 2/7/23	16		
Tue 2/14/23	17		
Wed 2/22/23	18		
Mon 2/27/23	19		
Mon 2/27/23	**14,20**		
Thu 3/2/23			

Gantt chart spanning Jan '23 – Mar '23 with task bars labeled:
- Account Manager, IMP Team
- IMP Team
- IMP Team
- IMP Manager

Legend:

Task		Inactive Summary		External Tasks	
Split		Manual Task		External Milestone	◇
Milestone	◆	Duration-only		Deadline	↓
Summary		Manual Summary Rollup		Progress	
Project Summary		Manual Summary		Manual Progress	
Inactive Task		Start-only	[		
Inactive Milestone	◇	Finish-only	]		

Project: Project Template
Date: Wed 11/30/22

Finish	Predecessors	Notes	Text1
Mon 2/27/23			
Thu 2/2/23	14FS+5 days		
Fri 2/3/23	24		
Fri 2/10/23	25		
Fri 2/17/23	26		
Thu 2/23/23	27		
Mon 2/27/23	28		
Mon 2/27/23	29		
Wed 2/8/23			
Tue 2/7/23	24		
Wed 2/8/23	32		
Fri 2/3/23	24		
Mon 2/6/23	34		
Wed 2/8/23	35		
Wed 2/15/23	36		
Thu 2/23/23	37		
Tue 2/28/23	38		
Thu 3/2/23	39		
Thu 3/2/23	40		
Fri 5/12/23			
Fri 5/12/23			
Wed 3/29/23			
Thu 1/26/23			

Task		Inactive Summary	External Tasks
Split		Manual Task	External Milestone
Milestone		Duration-only	Deadline
Summary		Manual Summary Rollup	Progress
Project Summary		Manual Summary	Manual Progress
Inactive Task		Start-only	
Inactive Milestone		Finish-only	

Project: Project Template
Date: Wed 11/30/22

Finish	Predecessors	Notes	Text1
Tue 1/24/23	14		
Thu 1/26/23	46		
Wed 3/29/23			
Fri 3/10/23	47		
Wed 3/15/23	49		
Wed 3/29/23	50		
Wed 3/29/23	**47,51**		
Mon 4/24/23		1.m	
Mon 4/17/23	20FS+10 days		
Mon 4/24/23	54FS-20 days		
Mon 4/24/23	55FS-15 days		
Mon 4/24/23	**56**		
Mon 4/3/23			
Tue 3/21/23			
Thu 2/23/23	36		
Thu 3/2/23	60		
Thu 3/9/23	61		
Tue 3/14/23	62		
Tue 3/21/23	63		
Mon 4/3/23			
Thu 3/9/23	60		
Thu 3/16/23	66		
Wed 3/22/23	67		

Task	▬▬▬	Inactive Summary	▯▯	External Tasks	▬▬▬
Split	··············	Manual Task	▬▬▬	External Milestone	◇
Milestone	◆	Duration-only	▬▬▬	Deadline	⬇
Summary	▭▭	Manual Summary Rollup	▬▬▬	Progress	▬▬▬
Project Summary	▭▭	Manual Summary	▭▭	Manual Progress	▬▬▬
Inactive Task	▭▭	Start-only	[		
Inactive Milestone	◇	Finish-only	]		

Project: Project Template
Date: Wed 11/30/22

Finish	Predecessors	Notes	Text1
Mon 3/27/23	68		
Mon 4/3/23	69		
Mon 4/3/23	**70,64**		
Fri 5/12/23		**3.h…**	
Tue 3/28/23			
Mon 3/6/23	26		
Mon 3/13/23	74		
Mon 3/20/23	75		
Thu 3/23/23	76		
Tue 3/28/23	77		
Fri 5/12/23			
Fri 4/28/23	78,138,57	1.L…	
Fri 5/5/23	80		
Fri 5/5/23	80		
Fri 5/12/23	82		
Fri 5/12/23	**83**		
Fri 4/14/23			
Fri 3/17/23			
Thu 3/9/23			
Wed 3/1/23	30		
Fri 3/3/23	88		
Tue 3/7/23	89		
Thu 3/9/23	90		

Task	▬▬▬	Inactive Summary	▭▭	External Tasks	▬▬▬
Split	··················	Manual Task	▬▬▬	External Milestone	◇
Milestone	◆	Duration-only	▬▬▬	Deadline	⬇
Summary	▐▬▬▬▌	Manual Summary Rollup	▬▬▬	Progress	▬▬▬
Project Summary	▐▬▬▬▌	Manual Summary	▐▬▬▬▌	Manual Progress	▬▬▬
Inactive Task	▭▭	Start-only	⊏		
Inactive Milestone	◇	Finish-only	⊐		

Project: Project Template
Date: Wed 11/30/22

Finish	Predecessors	Notes	Text1
Thu 3/9/23	91		
Fri 3/17/23			
Mon 3/13/23	92		
Wed 3/15/23	94		
Fri 3/17/23	95		
Fri 3/17/23	96		
Fri 3/24/23			
Mon 2/13/23	33		
Thu 2/16/23	99		
Fri 3/3/23	100		
Fri 3/17/23	101		
Fri 3/24/23	99,101,100,102		
Wed 3/15/23			
Wed 3/1/23	32		
Wed 3/1/23	32		
Wed 2/22/23	32		
Wed 3/15/23	105		
Wed 3/15/23	106		
Wed 3/15/23	105,106,107,108		
Mon 3/20/23			
Wed 2/22/23			
Wed 2/15/23	36		
Tue 2/21/23	113		

Jan '23 — 25 — 1 — 8 — 15 — 22 — 29 — Feb '23 — 5 — 12 — 19 — 26 — Ma

Dev4

Telecom

Telecom

Finish	Predecessors	Notes	Text1	
Wed 2/22/23	114			Telecom
Mon 2/27/23	115			Tel
Mon 3/6/23	116			
Mon 3/20/23	117			
Mon 3/20/23	**118**			
Fri 4/14/23				
Tue 2/21/23	35			Rpt Dev1
Tue 3/7/23	121			
Tue 3/21/23	122			
Tue 3/28/23	121,122,123			
Tue 4/4/23	124			
Tue 4/11/23	125			
Fri 4/14/23	126			
Fri 4/14/23	**127,110,117,118**			
Tue 5/23/23				
Thu 3/30/23	154,37			
Thu 3/23/23				
Tue 3/7/23	105			
Tue 3/7/23	106			
Mon 2/27/23	107			QA
Mon 3/20/23	108			
Mon 3/20/23	109			
Thu 3/23/23	119			

Timeline header: Jan '23 — 25, 1, 8, 15, 22, 29 — Feb '23 — 5, 12, 19 — Ma — 26

Legend:

Task		Inactive Summary		External Tasks	
Split		Manual Task		External Milestone	
Milestone	◆	Duration-only		Deadline	
Summary		Manual Summary Rollup		Progress	
Project Summary		Manual Summary		Manual Progress	
Inactive Task		Start-only			
Inactive Milestone	◇	Finish-only			

Project: Project Template
Date: Wed 11/30/22

Finish	Predecessors	Notes	Text1
Thu 3/23/23	132,133,134,13!		
Thu 3/30/23	138		
Thu 4/13/23	139		
Thu 4/27/23	140		
Thu 4/27/23	138,139,140,14:		
Tue 5/23/23			
Thu 4/20/23			
Wed 3/8/23	132,133		
Thu 4/20/23	145FS+30 days		
Thu 5/11/23	141		
Thu 5/18/23	147		
Tue 5/23/23	148		
Tue 5/23/23	142,149		
Mon 4/24/23			
Tue 3/28/23		Internal unless req	
Thu 3/2/23	37		
Thu 3/9/23	153		
Thu 3/16/23	154		
Tue 3/21/23	155		
Fri 3/24/23	156		
Tue 3/28/23	157		
Thu 4/6/23			
Mon 3/13/23	30		

Timeline headers: Jan '23 — 25, 1, 8, 15, 22 — Feb '23 — 29, 5, 12, 19, 26 — Ma

Legend:

Task	Inactive Summary	External Tasks
Split	Manual Task	External Milestone
Milestone	Duration-only	Deadline
Summary	Manual Summary Rollup	Progress
Project Summary	Manual Summary	Manual Progress
Inactive Task	Start-only	
Inactive Milestone	Finish-only	

Project: Project Template
Date: Wed 11/30/22

Finish	Predecessors	Notes	Text1
Mon 3/20/23	160		
Mon 3/27/23	161		
Thu 3/30/23	162		
Tue 4/4/23	163		
Thu 4/6/23	164		
Thu 4/6/23			
Mon 3/13/23	30		
Mon 3/20/23	167		
Mon 3/27/23	168		
Thu 3/30/23	169		
Tue 4/4/23	170		
Thu 4/6/23	171		
Thu 4/6/23			
Mon 3/13/23	30		
Mon 3/20/23	174		
Mon 3/27/23	175		
Thu 3/30/23	176		
Tue 4/4/23	177		
Thu 4/6/23	178		
Thu 4/6/23			
Mon 3/13/23	30		
Mon 3/20/23	181		
Mon 3/27/23	182		

Project: Project Template
Date: Wed 11/30/22

Task	Inactive Summary	External Tasks
Split	Manual Task	External Milestone
Milestone	Duration-only	Deadline
Summary	Manual Summary Rollup	Progress
Project Summary	Manual Summary	Manual Progress
Inactive Task	Start-only	
Inactive Milestone	Finish-only	

Finish	Predecessors	Notes	Text1
Thu 3/30/23	183		
Tue 4/4/23	184		
Thu 4/6/23	185		
Thu 4/6/23			
Mon 3/13/23	30		
Mon 3/20/23	188		
Mon 3/27/23	189		
Thu 3/30/23	190		
Tue 4/4/23	191		
Thu 4/6/23	192		
Thu 4/6/23		**Call transfer valida**	
Mon 3/13/23	30		
Mon 3/20/23	195		
Mon 3/27/23	196		
Thu 3/30/23	197		
Tue 4/4/23	198		
Thu 4/6/23	199		
Mon 4/24/23			
Mon 4/24/23	30	The Contractor shall have a	
Mon 4/24/23	30	Provide a copy of it	
Thu 4/6/23	**158,165,172,179**		
Wed 7/5/23			

|		
Task	Inactive Summary	External Tasks
Split	Manual Task	External Milestone
Milestone	Duration-only	Deadline
Summary	Manual Summary Rollup	Progress
Project Summary	Manual Summary	Manual Progress
Inactive Task	Start-only	
Inactive Milestone	Finish-only	

Project: Project Template
Date: Wed 11/30/22

Finish	Predecessors	Notes	Text1
Thu 5/4/23	172		
Fri 5/5/23	206		
Fri 4/7/23	204,20,30		
Thu 5/25/23	84,150,208		
Fri 5/26/23	209		
Tue 6/6/23			
Tue 5/30/23	209,210		
Tue 6/6/23	212		
Fri 1/13/23			
Wed 7/5/23	213		

Timeline header: Jan '23 | Feb '23 | Ma
25 | 1 | 8 | 15 | 22 | 29 | 5 | 12 | 19 | 26

◆ 1/13

Project: Project Template
Date: Wed 11/30/22

Legend:
Task		Inactive Summary		External Tasks	
Split		Manual Task		External Milestone	◇
Milestone	◆	Duration-only		Deadline	⬇
Summary		Manual Summary Rollup		Progress	
Project Summary		Manual Summary		Manual Progress	
Inactive Task		Start-only	[		
Inactive Milestone	◇	Finish-only	]		

2/27

Task		Inactive Summary		External Tasks
Split		Manual Task		External Milestone
Milestone	◆	Duration-only		Deadline
Summary		Manual Summary Rollup		Progress
Project Summary		Manual Summary		Manual Progress
Inactive Task		Start-only		
Inactive Milestone	◇	Finish-only		

Project: Project Template
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	Mar '23				Apr '23				May '23				Jun '23				Jul '23	
26	5	12	19	26	2	9	16	23	30	7	14	21	28	4	11	18	25	2	9

2/27

3/2

Task		Inactive Summary		External Tasks	
Split		Manual Task		External Milestone	◇
Milestone	◆	Duration-only		Deadline	⬇
Summary		Manual Summary Rollup		Progress	
Project Summary		Manual Summary		Manual Progress	
Inactive Task		Start-only	[		
Inactive Milestone	◇	Finish-only	]		

Gantt Chart

Timeline headers: Mar '23 (26, 5, 12, 19, 26), Apr '23 (2, 9, 16, 23), May '23 (30, 7, 14, 21, 28), Jun '23 (4, 11, 18, 25), Jul '23 (2, 9)

Tasks:
- Telecom,Account Manager
- Telecom
- Telecom
- 3/29
- HR Manager
- HR Manager
- HR Manager
- 4/24
- Call Center Manager
- Call Center Manager
- Vendor
- Call Center Manager
- Call Center Manager

Legend:

Task		Inactive Summary		External Tasks		
Split		Manual Task		External Milestone		
Milestone	◆	Duration-only		Deadline		
Summary		Manual Summary Rollup		Progress		
Project Summary		Manual Summary		Manual Progress		
Inactive Task		Start-only	[			
Inactive Milestone	◇	Finish-only	]			

Project: Project Template
Date: Wed 11/30/22

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Timeline header:

Mar '23				Apr '23				May '23			Jun '23				Jul '23	
26	5	12	19	26	2	9	16	23	30	7	14	21	28	4	11	18	25	2	9

Task labels:
- 3/9
- IT Staff
- IT Staff
- IT Staff
- 3/17
- Data Dev1
- Dev1
- Dev2
- Dev4
- Dev1
- Dev2
- 3/15
- elecom

Legend:

Task		Inactive Summary		External Tasks	
Split		Manual Task		External Milestone	
Milestone		Duration-only		Deadline	
Summary		Manual Summary Rollup		Progress	
Project Summary		Manual Summary		Manual Progress	
Inactive Task		Start-only			
Inactive Milestone		Finish-only			

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Gantt Chart

	Mar '23				Apr '23				May '23				Jun '23				Jul '23	
	26	5	12	19	26	2	9	16	23	30	7	14	21	28	4	11	18	25	2	9

Telecom
Telecom
Telecom
Telecom
3/20

Rpt Dev1
Rpt Dev2
Rpt Dev3
4/14

QA Tester4
QA Tester1
QA Tester3
QA Tester4
QA Tester1

Task		Inactive Summary		External Tasks	
Split		Manual Task		External Milestone	
Milestone		Duration-only		Deadline	
Summary		Manual Summary Rollup		Progress	
Project Summary		Manual Summary		Manual Progress	
Inactive Task		Start-only			
Inactive Milestone		Finish-only			

Project: Project Template
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Gantt Chart — Project Template

Timeline headers: Mar '23, Apr '23, May '23, Jun '23, Jul '23
Week markers: 26, 5, 12, 19, 26, 2, 9, 16, 23, 30, 7, 14, 21, 28, 4, 11, 18, 25, 2, 9

Milestones and resource labels:
- 3/23
- IMP Team
- 4/27
- BA1,BA2,BA3
- BA1,BA2,BA3
- IMP Team
- 5/23
- BA3,BA1,BA2,BA4,BA5
- Account Manager,IMP Manager
- BA3,BA%,BA1,BA2,BA4,BA5
- Account Manager,IMP Manager
- IMP Manager

Legend:

Task	Inactive Summary	External Tasks
Split	Manual Task	External Milestone
Milestone	Duration-only	Deadline
Summary	Manual Summary Rollup	Progress
Project Summary	Manual Summary	Manual Progress
Inactive Task	Start-only	
Inactive Milestone	Finish-only	

Project: Project Template
Date: Wed 11/30/22

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Gantt Chart

	Mar '23	Apr '23	May '23	Jun '23	Jul '23
	26 5 12 19 26	2 9 16 23	30 7 14 21	28 4 11 18 25	2 9

IMP Manager

IMP Manager

IMP Manager

IMP Manager

IT Manager

IT Manager

Quality Manager

Quality Manager

Task	� blue bar	Inactive Summary		External Tasks
Split	....	Manual Task		External Milestone ◇
Milestone ◆		Duration-only		Deadline
Summary		Manual Summary Rollup		Progress
Project Summary		Manual Summary		Manual Progress
Inactive Task		Start-only	[	
Inactive Milestone ◇		Finish-only	]	

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Account Manager

Account Manager

Security Manage

Security Manage

Security Manage

4/6

Task		Inactive Summary		External Tasks	
Split		Manual Task		External Milestone	
Milestone		Duration-only		Deadline	
Summary		Manual Summary Rollup		Progress	
Project Summary		Manual Summary		Manual Progress	
Inactive Task		Start-only			
Inactive Milestone		Finish-only			

Project: Project Template
Date: Wed 11/30/22

	Mar '23				Apr '23				May '23				Jun '23				Jul '23	
	26	5	12	19	26	2	9	16	23	30	7	14	21	28	4	11	18	25	2	9

IMP Team

IMP Team

IMP Team

Telecom

IMP Team

IMP Team

Task		Inactive Summary	External Tasks
Split		Manual Task	External Milestone
Milestone		Duration-only	Deadline
Summary		Manual Summary Rollup	Progress
Project Summary		Manual Summary	Manual Progress
Inactive Task		Start-only	
Inactive Milestone		Finish-only	

Project: Project Template
Date: Wed 11/30/22

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ID		Task Mode	Task Name	Duration	Start
0		⮕	**Project Template**	**120 days**	**Fri 1/13/23**
1		⮕	**1 INITIATION PHASE**	**30 days**	**Fri 1/13/23**
2	🟨	⮕	1.1 Contract Award Date	1 day	Fri 1/13/23
3		⮕	1.2 Protest, Prep, Sign Contract	4 days	Tue 1/17/23
4		⮕	1.3 Internal Contract Scope Review and Kick-off Prep	4 days	Tue 1/17/23
5	👤	⮕	1.4 Internal Kick-off Meeting	1 day	Mon 1/23/23
6	🟨	⮕	1.5 Insurance	4 days	Tue 1/17/23
7		⮕	1.5.1 Provide current Certificate of Insurance/Acord Form (COI)	4 days	Tue 1/17/23
8		⮕	1.5.2 Provide equivalent insurance for each subcontractor	4 days	Tue 1/17/23
9		⮕	1.5.3 Provide Worker's Compensation Insurance	4 days	Tue 1/17/23
10		⮕	1.5.4 Provide Commercial General Liability Insurance	4 days	Tue 1/17/23
11		⮕	1.5.5 Provide Umbrella/Excess Liability	4 days	Tue 1/17/23
12		⮕	1.5.6 Provide Commercial Crime	4 days	Tue 1/17/23
13		⮕	1.5.7 Provide Cyber Liability	4 days	Tue 1/17/23
14	🟨👤	⮕	1.6 Kick-off Meeting	1 day	Mon 1/23/23
15		⮕	**1.7 Start-Up Plan (Project Schedule)**	**29 days**	**Tue 1/17/23**
16		⮕	1.7.1 Revise draft Project Schedule	15 days	Tue 1/17/23
17		⮕	1.7.2 Submit Project Schedule	1 day	Tue 2/7/23
18		⮕	1.7.3 Review Project Schedule	5 days	Wed 2/8/23
19		⮕	1.7.4 Incorporate feedback into Project Schedule	5 days	Wed 2/15/23
20		⮕	1.7.5 Review and Approve updated Project Schedule	3 days	Thu 2/23/23
21		⮕	1.8 Initiation Phase Complete	0 days	Mon 2/27/23
22		⮕	**2 PLANNING AND ANALYSIS PHASE**	**22 days**	**Tue 1/31/23**
23		⮕	**2.1 Standard Operating Procedure (SOP) Process Mapping**	**19 days**	**Tue 1/31/23**
24		⮕	2.1.1 Process Analysis Session	3 days	Tue 1/31/23
25		⮕	2.1.2 Update Process Analysis Based on Validation	1 day	Fri 2/3/23
26		⮕	2.1.3 Document the SOP Mapping	5 days	Mon 2/6/23
27		⮕	2.1.4 Review SOP by the State	5 days	Mon 2/13/23

ID		Task Mode	Task Name	Duration	Start
28		⇥	2.1.5 Remediation of SOP Based on State Review	3 days	Tue 2/21/23
29		⇥	2.1.6 Review and Approve SOP by State	2 days	Fri 2/24/23
30		⇥	2.1.7 Process Analysis Complete	0 days	Mon 2/27/23
31		⇥	**2.2 JAD Sessions**	**4 days**	**Fri 2/3/23**
32		⇥	2.2.1 HealthTrack CRM JADS	3 days	Fri 2/3/23
33		⇥	2.2.2 Data Exchange/Interfaces JADS	1 day	Wed 2/8/23
34		⇥	2.2.3 Materials and Mailings JADS	1 day	Fri 2/3/23
35		⇥	2.2.4 Reporting JADS	1 day	Mon 2/6/23
36		⇥	2.2.5 Operations, Telephony and Outreach JADS	2 days	Tue 2/7/23
37		⇥	2.3 Document Requirements	5 days	Thu 2/9/23
38		⇥	2.4 Review Requirements by the State	5 days	Thu 2/16/23
39		⇥	2.5 Remediation of Requirements Based on State Review	3 days	Fri 2/24/23
40		⇥	2.6 Review and Approve Requirements by State	2 days	Wed 3/1/23
41		⇥	**2.7 Final Requirements Complete**	**0 days**	**Thu 3/2/23**
42		⇥	**3 EXECUTION PHASE**	**78 days**	**Tue 1/24/23**
43		⇥	**3.1 Operations**	**78 days**	**Tue 1/24/23**
44		⇥	**3.1.1 Facility**	**46 days**	**Tue 1/24/23**
45		⇥	**3.1.1.1 Acquisition**	**3 days**	**Tue 1/24/23**
46		⇥	3.1.1.1.1 Submit facility location	1 day	Tue 1/24/23
47		⇥	3.1.1.1.2 Approve facility location	2 days	Wed 1/25/23
48		⇥	**3.1.1.2 IT End User Hardware/Software**	**43 days**	**Fri 1/27/23**
49	👤	⇥	3.1.1.2.1 Order new equipment	30 days	Fri 1/27/23
50	👤	⇥	3.1.1.2.2 Receive equipment	3 days	Mon 3/13/23
51	👤	⇥	3.1.1.2.3 Configure and Install equipment	10 days	Thu 3/16/23
52		⇥	**3.1.1.3 Facility execution completed**	**0 days**	**Wed 3/29/23**
53	📑	⇥	**3.1.2 Staffing**	**30 days**	**Tue 3/14/23**
54	👤	⇥	3.1.2.1 Post employment opportunities	25 days	Tue 3/14/23
55	👤	⇥	3.1.2.2 Recruit and interview	25 days	Tue 3/21/23
56	👤	⇥	3.1.2.3 Perform background checks	15 days	Tue 4/4/23
57		⇥	**3.1.2.4 Staffing is Complete**	**0 days**	**Mon 4/24/23**
58		⇥	**3.1.3 Scripts**	**37 days**	**Thu 2/9/23**

ID	ℹ	Task Mode	Task Name	Duration	Start
59		⇥	**3.1.3.1 Inbound**	**28 days**	**Thu 2/9/23**
60		⇥	3.1.3.1.1 Develop IB scripts	10 days	Thu 2/9/23
61		⇥	3.1.3.1.2 Review IB scripts	5 days	Fri 2/24/23
62	👤	⇥	3.1.3.1.3 Incorporate feedback into IB scripts	5 days	Fri 3/3/23
63		⇥	3.1.3.1.4 Review and Approve IB scripts	3 days	Fri 3/10/23
64		⇥	3.1.3.1.5 Translate IB scripts	5 days	Wed 3/15/23
65		⇥	**3.1.3.2 Outbound**	**27 days**	**Fri 2/24/23**
66	👤	⇥	3.1.3.2.1 Develop OB scripts	10 days	Fri 2/24/23
67		⇥	3.1.3.2.2 Review OB scripts	5 days	Fri 3/10/23
68		⇥	3.1.3.2.3 Incorporate feedback into OB scripts	4 days	Fri 3/17/23
69		⇥	3.1.3.2.4 Review and Approve OB scripts	3 days	Thu 3/23/23
70		⇥	3.1.3.2.5 Translate OB scripts	5 days	Tue 3/28/23
71		⇥	**3.1.4 Scripts are complete**	**0 days**	**Mon 4/3/23**
72	🗒	⇥	**3.1.5 Training**	**64 days**	**Mon 2/13/23**
73		⇥	**3.1.5.1 Training Modules**	**31 days**	**Mon 2/13/23**
74		⇥	3.1.5.1.1 Provide Training Materials by State	15 days	Mon 2/13/23
75		⇥	3.1.5.1.2 Review Training Materials	5 days	Tue 3/7/23
76		⇥	3.1.5.1.3 Submit Questions from Training Materials	5 days	Tue 3/14/23
77		⇥	3.1.5.1.4 Review and Respond to Training Material Questions	3 days	Tue 3/21/23
78		⇥	3.1.5.1.5 Review Response to Training Material Questions	3 days	Fri 3/24/23
79		⇥	**3.1.5.2 Training Sessions**	**14 days**	**Tue 4/25/23**
80	🗒	⇥	3.1.5.2.1 Train the Trainer	4 days	Tue 4/25/23
81		⇥	3.1.5.2.2 Train the Staff	5 days	Mon 5/1/23
82		⇥	3.1.5.2.3 Train the Client Staff	5 days	Mon 5/1/23
83		⇥	3.1.5.2.4 Train Other Staff	5 days	Mon 5/8/23
84		⇥	**3.1.5.2.5 Training Complete**	**0 days**	**Fri 5/12/23**
85		⇥	**3.2 Technical**	**48 days**	**Tue 2/7/23**
86		⇥	**3.2.1 Project Environments**	**14 days**	**Tue 2/28/23**
87		⇥	**3.2.1.1 Azure Dev and Test environment**	**8 days**	**Tue 2/28/23**
88		⇥	3.2.1.1.1 Create Azure subscription and configure security	2 days	Tue 2/28/23
89		⇥	3.2.1.1.2 Configure Azure SQL service	2 days	Thu 3/2/23

ID		Task Mode	Task Name	Duration	Start
90			3.2.1.1.3 Configure Azure VMs	2 days	Mon 3/6/23
91			3.2.1.1.4 Configure Azure web application and related services	2 days	Wed 3/8/23
92			**3.2.1.1.5 Azure environment ready for development**	**0 days**	**Thu 3/9/23**
93			**3.2.1.2 Azure Production environment**	**6 days**	**Fri 3/10/23**
94			3.2.1.2.1 Configure Azure virtual network and private connection	2 days	Fri 3/10/23
95			3.2.1.2.2 Configure Azure log analytics and auditing	2 days	Tue 3/14/23
96			3.2.1.2.3 Configure Azure environment for production and scale	2 days	Thu 3/16/23
97			**3.2.1.2.4 Azure environment ready for production**	**0 days**	**Fri 3/17/23**
98			**3.2.2 Interfaces/Exchange/Backend Processing**	**31 days**	**Thu 2/9/23**
99			3.2.2.1 Website (ACCESSNebraska.ne.gov)	3 days	Thu 2/9/23
100			3.2.2.2 N-Focus	3 days	Tue 2/14/23
101			3.2.2.3 Data Systems	10 days	Fri 2/17/23
102			3.2.2.4 Service Programs	10 days	Mon 3/6/23
103			3.2.2.5 Test and Remediate	5 days	Mon 3/20/23
104			**3.2.3 HealthTrack CRM**	**25 days**	**Wed 2/8/23**
105			3.2.3.1 Task Management	15 days	Wed 2/8/23
106			3.2.3.2 Document Management	15 days	Wed 2/8/23
107			3.2.3.3 Search Tool	10 days	Wed 2/8/23
108			3.2.3.4 Call Handling Module	10 days	Thu 3/2/23
109			3.2.3.5 HealthTrack Core customization	10 days	Thu 3/2/23
110			**3.2.3.6 HealthTrack CRM Complete**	**0 days**	**Wed 3/15/23**
111			**3.2.4 Omnichannel Contact Center (Telephony)**	**27 days**	**Thu 2/9/23**
112			**3.2.4.1 Record and Approve ACD announcements**	**9 days**	**Thu 2/9/23**
113	👤		3.2.4.1.1 Document Announcements	5 days	Thu 2/9/23
114	👤		3.2.4.1.2 Approve ACD announcements.	3 days	Thu 2/16/23
115	👤		3.2.4.1.3 Record ACD announcements	1 day	Wed 2/22/23
116	👤		3.2.4.2 Translate ACD announcements	3 days	Thu 2/23/23
117	👤		3.2.4.3 Test and remediate	5 days	Tue 2/28/23
118	👤		3.2.4.4 Configure call monitoring	10 days	Tue 3/7/23
119			**3.2.4.5 ACD and Call Recording Complete**	**0 days**	**Mon 3/20/23**
120			**3.2.5 Reporting**	**48 days**	**Tue 2/7/23**

ID	(i)	Task Mode	Task Name	Duration	Start
121			3.2.5.1 Operational	10 days	Tue 2/7/23
122			3.2.5.2 Technical	10 days	Wed 2/22/23
123			3.2.5.3 Compliance	10 days	Wed 3/8/23
124			3.2.5.4 Test and remediate issues with Program Reports	5 days	Wed 3/22/23
125			3.2.5.5 Review and provide feedback on Program Reports	5 days	Wed 3/29/23
126			3.2.5.6 Update Program Reports	5 days	Wed 4/5/23
127			3.2.5.7 Final approval of Program Reports	3 days	Wed 4/12/23
128			**3.3 Execution Phase Complete**	**0 days**	**Fri 4/14/23**
129			**4 TESTING PHASE**	**64 days**	**Thu 2/23/23**
130			4.1 Develop Test Matrix	15 days	Fri 3/10/23
131			**4.2 Unit Testing**	**21 days**	**Thu 2/23/23**
132			4.2.1 Task Management	4 days	Thu 3/2/23
133			4.2.2 Document Management	4 days	Thu 3/2/23
134			4.2.3 Search Tool	3 days	Thu 2/23/23
135			4.2.4 Call Handling Module	3 days	Thu 3/16/23
136			4.2.5 HealthTrack Core Customization	3 days	Thu 3/16/23
137			4.2.6 Omnichannel Contact Center	3 days	Tue 3/21/23
138			**4.2.7 Unit Testing is Complete**	**0 days**	**Thu 3/23/23**
139			4.3 Integration Testing	5 days	Fri 3/24/23
140			4.4 System Testing	10 days	Fri 3/31/23
141	👤		4.5 End-to-end Testing	10 days	Fri 4/14/23
142			**4.6 Internal Testing Complete**	**0 days**	**Thu 4/27/23**
143			**4.7 Readiness Review**	**55 days**	**Wed 3/8/23**
144			**4.7.1 Demos**	**32 days**	**Wed 3/8/23**
145			4.7.1.1 Demo 1	1 day	Wed 3/8/23
146			4.7.1.2 Demo 2	1 day	Thu 4/20/23
147			4.7.2 User Acceptance Testing	10 days	Fri 4/28/23
148			4.7.3 Remediate Findings Escalated from UAT	5 days	Fri 5/12/23
149			4.7.4 Validate Resolution of Findings from UAT	3 days	Fri 5/19/23
150			**4.8 Testing Phase Complete**	**0 days**	**Tue 5/23/23**
151			**5 DOCUMENTATION PHASE**	**47 days**	**Thu 2/16/23**

ID		Task Mode	Task Name	Duration	Start
152			**5.1 Requirements Traceability Matrix (RTM)**	**28 days**	**Thu 2/16/23**
153			5.1.1 Develop RTM	10 days	Thu 2/16/23
154			5.1.2 Review RTM	5 days	Fri 3/3/23
155			5.1.3 Incorporate feedback to RTM	5 days	Fri 3/10/23
156			5.1.4 Review RTM	3 days	Fri 3/17/23
157			5.1.5 Incorporate feedback to RTM	3 days	Wed 3/22/23
158			5.1.6 Review and Approve RTM	2 days	Mon 3/27/23
159			**5.2 Readiness Review Checklist**	**28 days**	**Tue 2/28/23**
160			5.2.1 Develop Readiness Review Checklist	10 days	Tue 2/28/23
161			5.2.2 Review the Readiness Review Checklist	5 days	Tue 3/14/23
162			5.2.3 Incorporate feedback to the Readiness Review Checklist	5 days	Tue 3/21/23
163			5.2.4 Review the Readiness Review Checklist	3 days	Tue 3/28/23
164			5.2.5 Incorporate feedback to the Readiness Review Checklist	3 days	Fri 3/31/23
165			5.2.6 Review and Approve the Readiness Review Checklist	2 days	Wed 4/5/23
166			**5.3 Transition/Cutover Plan**	**28 days**	**Tue 2/28/23**
167			5.3.1 Develop Transition/Cutover Plan	10 days	Tue 2/28/23
168			5.3.2 Review the Transition/Cutover Plan	5 days	Tue 3/14/23
169			5.3.3 Incorporate feedback to the Transition/Cutover Plan	5 days	Tue 3/21/23
170			5.3.4 Review the Transition/Cutover Plan	3 days	Tue 3/28/23
171			5.3.5 Incorporate feedback to the Transition/Cutover Plan	3 days	Fri 3/31/23
172			5.3.6 Review and Approve the Transition/Cutover Plan	2 days	Wed 4/5/23
173			**5.4 Testing Plan**	**28 days**	**Tue 2/28/23**
174			5.4.1 Develop Testing Plan	10 days	Tue 2/28/23
175			5.4.2 Review the Testing Plan	5 days	Tue 3/14/23
176			5.4.3 Incorporate feedback to the Testing Plan	5 days	Tue 3/21/23
177			5.4.4 Review the Testing Plan	3 days	Tue 3/28/23
178			5.4.5 Incorporate feedback to the Testing Plan	3 days	Fri 3/31/23
179			5.4.6 Review and Approve the Testing Plan	2 days	Wed 4/5/23
180			**5.5 Quality Management Plan**	**28 days**	**Tue 2/28/23**

ID		Task Mode	Task Name	Duration	Start
181			5.5.1 Develop Quality Management Plan	10 days	Tue 2/28/23
182			5.5.2 Review the Quality Management Plan	5 days	Tue 3/14/23
183			5.5.3 Incorporate feedback to the Quality Management Plan	5 days	Tue 3/21/23
184			5.5.4 Review the Quality Management Plan	3 days	Tue 3/28/23
185			5.5.5 Incorporate feedback to the Quality Management Plan	3 days	Fri 3/31/23
186			5.5.6 Review and Approve the Quality Management Plan	2 days	Wed 4/5/23
187			**5.6 Operations Policies and Procedures**	**28 days**	**Tue 2/28/23**
188			5.6.1 Develop Operations Policies and Procedures	10 days	Tue 2/28/23
189			5.6.2 Review the Operations Policies and Procedures	5 days	Tue 3/14/23
190			5.6.3 Incorporate feedback to the Operations Policies and Procedures	5 days	Tue 3/21/23
191			5.6.4 Review the Operations Policies and Procedures	3 days	Tue 3/28/23
192			5.6.5 Incorporate feedback to the Operations Policies and Procedures	3 days	Fri 3/31/23
193			5.6.6 Review and Approve the Operations Policies and Procedures	2 days	Wed 4/5/23
194			**5.7 Call Transfer Validation Process**	**28 days**	**Tue 2/28/23**
195			5.7.1 Develop Call Transfer Validation Process	10 days	Tue 2/28/23
196			5.7.2 Review Call Transfer Validation Process	5 days	Tue 3/14/23
197			5.7.3 Incorporate feedback into Call Transfer Validation Process	5 days	Tue 3/21/23
198			5.7.4 Review Call Transfer Validation Process	3 days	Tue 3/28/23
199			5.7.5 Incorporate feedback into the Call Transfer Validation Process	3 days	Fri 3/31/23
200			5.7.6 Review and Approve Call Transfer Validation Process	2 days	Wed 4/5/23
201			**5.8 Other Reports**	**40 days**	**Tue 2/28/23**

ID		Task Mode	Task Name	Duration	Start
202			5.8.1 Develop Continuity of Operations Plan (COOP) and Disaster Plan	40 days	Tue 2/28/23
203			5.8.2 Develop Drug Policy	40 days	Tue 2/28/23
204			**5.9 Documentation Complete**	**0 days**	**Thu 4/6/23**
205			**6 DEPLOYMENT PHASE**	**120 days**	**Fri 1/13/23**
206			6.1 Cutover/Transition Tasks Execution	20 days	Fri 4/7/23
207			6.2 Mitigate Project Issues (Closed/Deferred)	1 day	Fri 5/5/23
208			6.3 Project Deliverables Complete	1 day	Fri 4/7/23
209			6.4 Go/No-Go Decision	2 days	Wed 5/24/23
210			6.5 Deploy TDD/TTY (Relay Service)	1 day	Fri 5/26/23
211			**6.6 Go live (Effective Date of Service)**	**6 days**	**Tue 5/30/23**
212			6.6.1 Effective Date of Service	1 day	Tue 5/30/23
213			6.6.2 Validate/Test System (Post PROD Verification)	5 days	Wed 5/31/23
214			**6.7 Deployment Complete**	**0 days**	**Fri 1/13/23**
215			6.8 Closeout	20 days	Wed 6/7/23

Finish	Predecessors	Notes	Text1
Wed 7/5/23			
Mon 2/27/23			
Fri 1/13/23		SCHEDULE OF EVENTS	
Fri 1/20/23	2		
Fri 1/20/23	2		
Mon 1/23/23	4		
Fri 1/20/23		INSURANCE REQUIREMENTS	
Fri 1/20/23	2		
Fri 1/20/23	2		
Fri 1/20/23	2		
Fri 1/20/23	2		
Fri 1/20/23	2		
Fri 1/20/23	2		
Fri 1/20/23	2		
Mon 1/23/23	3	SCHEDULE OF EVENTS	
Mon 2/27/23			
Mon 2/6/23	2		
Tue 2/7/23	16		
Tue 2/14/23	17		
Wed 2/22/23	18		
Mon 2/27/23	19		
Mon 2/27/23	**14,20**		
Thu 3/2/23			
Mon 2/27/23			
Thu 2/2/23	14FS+5 days		
Fri 2/3/23	24		
Fri 2/10/23	25		
Fri 2/17/23	26		

Finish	Predecessors	Notes	Text1
Thu 2/23/23	27		
Mon 2/27/23	28		
Mon 2/27/23	29		
Wed 2/8/23			
Tue 2/7/23	24		
Wed 2/8/23	32		
Fri 2/3/23	24		
Mon 2/6/23	34		
Wed 2/8/23	35		
Wed 2/15/23	36		
Thu 2/23/23	37		
Tue 2/28/23	38		
Thu 3/2/23	39		
Thu 3/2/23	**40**		
Fri 5/12/23			
Fri 5/12/23			
Wed 3/29/23			
Thu 1/26/23			
Tue 1/24/23	14		
Thu 1/26/23	46		
Wed 3/29/23			
Fri 3/10/23	47		
Wed 3/15/23	49		
Wed 3/29/23	50		
Wed 3/29/23	**47,51**		
Mon 4/24/23		**1.m**	
Mon 4/17/23	20FS+10 days		
Mon 4/24/23	54FS-20 days		
Mon 4/24/23	55FS-15 days		
Mon 4/24/23	**56**		
Mon 4/3/23			

Finish	Predecessors	Notes	Text1
Tue 3/21/23			
Thu 2/23/23	36		
Thu 3/2/23	60		
Thu 3/9/23	61		
Tue 3/14/23	62		
Tue 3/21/23	63		
Mon 4/3/23			
Thu 3/9/23	60		
Thu 3/16/23	66		
Wed 3/22/23	67		
Mon 3/27/23	68		
Mon 4/3/23	69		
Mon 4/3/23	**70,64**		
Fri 5/12/23		3.h...	
Tue 3/28/23			
Mon 3/6/23	26		
Mon 3/13/23	74		
Mon 3/20/23	75		
Thu 3/23/23	76		
Tue 3/28/23	77		
Fri 5/12/23			
Fri 4/28/23	78,138,57	1.L...	
Fri 5/5/23	80		
Fri 5/5/23	80		
Fri 5/12/23	82		
Fri 5/12/23	**83**		
Fri 4/14/23			
Fri 3/17/23			
Thu 3/9/23			
Wed 3/1/23	30		
Fri 3/3/23	88		

Finish	Predecessors	Notes	Text1
Tue 3/7/23	89		
Thu 3/9/23	90		
Thu 3/9/23	**91**		
Fri 3/17/23			
Mon 3/13/23	92		
Wed 3/15/23	94		
Fri 3/17/23	95		
Fri 3/17/23	**96**		
Fri 3/24/23			
Mon 2/13/23	33		
Thu 2/16/23	99		
Fri 3/3/23	100		
Fri 3/17/23	101		
Fri 3/24/23	99,101,100,102		
Wed 3/15/23			
Wed 3/1/23	32		
Wed 3/1/23	32		
Wed 2/22/23	32		
Wed 3/15/23	105		
Wed 3/15/23	106		
Wed 3/15/23	**105,106,107,108**		
Mon 3/20/23			
Wed 2/22/23			
Wed 2/15/23	36		
Tue 2/21/23	113		
Wed 2/22/23	114		
Mon 2/27/23	115		
Mon 3/6/23	116		
Mon 3/20/23	117		
Mon 3/20/23	**118**		
Fri 4/14/23			

Finish	Predecessors	Notes	Text1
Tue 2/21/23	35		
Tue 3/7/23	121		
Tue 3/21/23	122		
Tue 3/28/23	121,122,123		
Tue 4/4/23	124		
Tue 4/11/23	125		
Fri 4/14/23	126		
Fri 4/14/23	**127,110,117,118**		
Tue 5/23/23			
Thu 3/30/23	154,37		
Thu 3/23/23			
Tue 3/7/23	105		
Tue 3/7/23	106		
Mon 2/27/23	107		
Mon 3/20/23	108		
Mon 3/20/23	109		
Thu 3/23/23	119		
Thu 3/23/23	**132,133,134,135**		
Thu 3/30/23	138		
Thu 4/13/23	139		
Thu 4/27/23	140		
Thu 4/27/23	**138,139,140,141**		
Tue 5/23/23			
Thu 4/20/23			
Wed 3/8/23	132,133		
Thu 4/20/23	145FS+30 days		
Thu 5/11/23	141		
Thu 5/18/23	147		
Tue 5/23/23	148		
Tue 5/23/23	**142,149**		
Mon 4/24/23			

Finish	Predecessors	Notes	Text1
Tue 3/28/23		**Internal unless required by Client**	
Thu 3/2/23	37		
Thu 3/9/23	153		
Thu 3/16/23	154		
Tue 3/21/23	155		
Fri 3/24/23	156		
Tue 3/28/23	157		
Thu 4/6/23			
Mon 3/13/23	30		
Mon 3/20/23	160		
Mon 3/27/23	161		
Thu 3/30/23	162		
Tue 4/4/23	163		
Thu 4/6/23	164		
Thu 4/6/23			
Mon 3/13/23	30		
Mon 3/20/23	167		
Mon 3/27/23	168		
Thu 3/30/23	169		
Tue 4/4/23	170		
Thu 4/6/23	171		
Thu 4/6/23			
Mon 3/13/23	30		
Mon 3/20/23	174		
Mon 3/27/23	175		
Thu 3/30/23	176		
Tue 4/4/23	177		
Thu 4/6/23	178		
Thu 4/6/23			

Finish	Predecessors	Notes	Text1
Mon 3/13/23	30		
Mon 3/20/23	181		
Mon 3/27/23	182		
Thu 3/30/23	183		
Tue 4/4/23	184		
Thu 4/6/23	185		
Thu 4/6/23			
Mon 3/13/23	30		
Mon 3/20/23	188		
Mon 3/27/23	189		
Thu 3/30/23	190		
Tue 4/4/23	191		
Thu 4/6/23	192		
Thu 4/6/23		**Call transfer validation process shall be established by the contractor with the review and approval by DHHS**	
Mon 3/13/23	30		
Mon 3/20/23	195		
Mon 3/27/23	196		
Thu 3/30/23	197		
Tue 4/4/23	198		
Thu 4/6/23	199		
Mon 4/24/23			

Finish	Predecessors	Notes	Text1
Mon 4/24/23	30	The Contractor shall have a disaster recovery and back-up plan upon request by the State	
Mon 4/24/23	30	Provide a copy of its drug free workplace policy at any time upon request by the State	
Thu 4/6/23	**158,165,172,179**		
Wed 7/5/23			
Thu 5/4/23	172		
Fri 5/5/23	206		
Fri 4/7/23	204,20,30		
Thu 5/25/23	84,150,208		
Fri 5/26/23	209		
Tue 6/6/23			
Tue 5/30/23	209,210		
Tue 6/6/23	212		
Fri 1/13/23			
Wed 7/5/23	213		

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Department of Health and Human Services

Appendix D: Sample Reports

AccessNebraska Call Center Support
Request for Proposal (RFP) Number 113578 O3

Prepared by:
Automated Health Systems, Inc.
9370 McKnight Road, Suite 300
Pittsburgh, PA 15237

AUTOMATED HEALTH SYSTEMS

October 9, 2022

TennCare Connect Contact Center Services
September 2022 Executive Summary

Contents

Background

Automated Health Systems (AHS) is the TennCare Connect Program partner for the State of Tennessee Division of TennCare and began program-servicing activities using phone, customer relationship management and document processing systems provided by TennCare in July 2021. All primary applications and corresponding processes continue to be delivered and regulated by TennCare and AHS is providing the physical facilities and human resources related to: Call Center, Application and Related Task Processing, and Mail and Fax Document Processing activities. The initial project planning and implementation period ran from February through August 2021. Some facets of the initial project deliverables continue to be improved upon.

The following Executive Summary provides a status report on activities for the month of September 2022. Topics addressed include: phone call and live-agent chat volumes and trending, application, task and document processing statistics and related activities, continuing efforts to enhance the knowledge base of the TennCare Connect staff; improvements to processes to adapt to changing program needs; and the continuing hiring/retention of sufficient, qualified staff to perform the work. This summary also discusses some of the planned future activities with the long-term goal being to work with TennCare and other third parties to deliver the highest quality, repeatable, measurable, and effective operations using the agency provided systems and processes.

September 2022 Overview

TennCare Connect…Focusing on: Communication, Processes, and Quality

During the month of September AHS effectively handled the number of inbound calls, applications, and documents received. In addition to continuing the exceptional management of incoming call volumes given the continuing "*in-progress*" state of the Interactive Voice Response (IVR) system and other provided tools (for example, Customer Relationship Management and DataCap), our entire contact center operation also continued to efficiently deliver on the important aspect of successfully *servicing* TC members, applicants, and other interested parties.

Monthly Contact Center Statistics

Contact Center (Phone & Task) Interactions:

Inbound Phone/Chat Interactions = 42,460 Offered **42,170** Answered

Calls = 41,886 Offered **41,796 Answered**

Chat = 374 Offered **374 Answered**

Outbound Call Campaigns: **Pseudo SSN Campaign (Round 2) – 3,780 Transferred** (95,577 Attempted Calls)

Application & Task Interactions = **24,249**

Total Phone (IB/Chat/OB) & Task Interactions = **70,199**

Call Center SLAs:

- o Abandon >30 sec = **0.0%**
- o Calls answered within 300 sec = **100.0%** (0 calls 301- 600 sec, 0 calls > 600 sec)
    - ▪ All Other Weekly Max Speed to Answer SLAs were **MET** for the month
- o Average Speed to Answer (ASA) = **3 sec** (0 min 3 sec)
- o Average Handle Time (AHT) = **802 sec** (13 min 22 sec)

Document Processing Statistics:

Source	Document Totals	Page Totals
Faxes Received	**20,953**	**90,487**
TEDS Return Mail	**7,993**	**7,993**
Scanned Items	**3,601**	**21,769**
Grand Total	**32,547**	**120,249**

Caller Survey Results (1,754 completed surveys. Scores are out of a possible 5): *NEW*
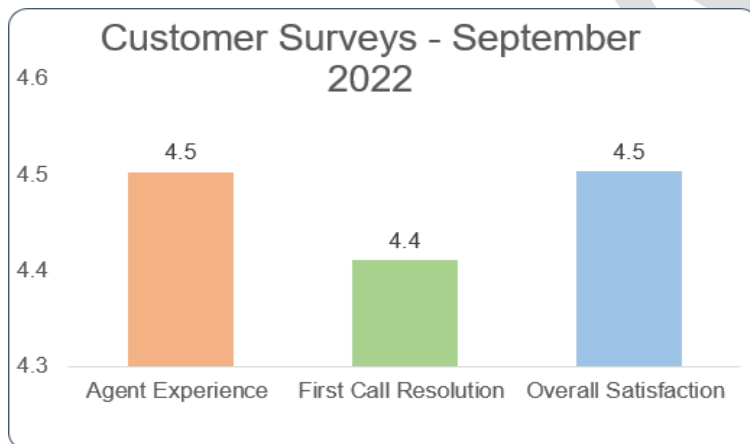
Other Factors impacting the month:
- o Overall inbound call volume was down ~12% from August.

Staffing:
- o 33 or 11% of CSRs separated in the month – 17 were voluntary, 16 were in-voluntary. 20 were full-time regular, 11 were part-time regular, 2 were full-time temps, none were bi-lingual
- o 17 new CSRs started taking calls during the month
- o The current training classes started on 9/26 and consists of 15 phone CSR new hires (9 FT/6 PT)

Systems Issues:
- o Starting 8/8/22, and continuing throughout the month of September 15th, agents were reporting issues of dropped calls and/or dead-air calls. Summary (from State): "The Deloitte NICE team met with NICE Tech Support, Account Management, Voice ops, and Tech Support Management to troubleshoot our latest calls

affected with dead air. After investigating the PCAP capture that was put in place on Friday, SIP ladders, and other network information available to NICE – NICE has confirmed there is no indication this issue is tied to the carrier (Verizon) or NICE at this time." However, the root cause has not yet been identified, updates to the carrier were made and the issue has fallen below 1% of call volume.

- o The State's IVR is still not optimized for Speech Recognition or Caller Self-Service causing unnecessary routing to live agents
- o AHS continues to provide suggestions and solutions for improvements to the State's: IVR, NICE InContact, and the Agent 360 solutions. This has contributed to efficiencies that should have been included through the original implementations of these systems by the providing vendor

Ongoing Initiatives and Future Integration

As mentioned earlier in this document, AHS staffing levels and other resource management planning were based on certain expected system efficiencies to address inbound/outbound phone, chat, application, and additional process volumes. AHS will continue to maintain the appropriate levels of human resourcing to handle volumes, while simultaneously delivering the highest quality service. In our efforts to continuously improve service to the TennCare community, AHS will:

- Continue the recruitment, hiring, and training of new staff for the TennCare Connect project to support the volume of inbound calls and SLAs,
- Continue to enhance the AHS tools to better respond to callers' needs,
- Continue ongoing cross-training (Phones/Tasks – Tasks/Phones) for Customer Service Representatives,
- Implement Robotic Process Automation (RPA) to achieve a higher level of consistency and improved accuracy - while simultaneously improving on and providing more streamlined manual processes

AHS, working with TennCare, also continues to plan for future activities. Some of these are:

- Various ongoing improvements to the NICE phone system, Contact Center 360 CRM, DataCap, TEDS, etc.
- Preparing for the reinstatement of the TennCare Renewal Process (systems enhancements, operational efficiency development (i.e., RPA), scripting, training, etc.). Resumption of renewals/redeterminations and other "suspended" activities continues to be TBD based on the ongoing Public Health Emergency (PHE).
- Continuing to partner with TennCare on system enhancements and associated project management, communication, and related processes

Conclusion

AHS continues to be a committed partner with TennCare, its partners and the other constituents that we serve in the greater TennCare community. We will continue to put forth the highest level of effort now and in the future to successfully complete continuous improvement activities while simultaneously delivering the exceptional operational and sincere customer service that we are now providing.

Appendix A: TennCare Connect September 2022 Phone & Chat Reporting

Phone & Chat Details (ACD):

Time	Received	Answered	Maximum Speed of Answer	Avg Seconds to Ans	Avg Talk Time	Aban 0-30 sec	Aban >30 sec	% Total Aban	% Aban >30 Sec	ACD 0 - 300 sec	% Answered w/in 300 sec	ACD 301-600 sec	ACD >601 sec
Goal									5%		100%		
9/1/2022	1876	1875	137	3	777	0	1	0%	0.1%	1875	100.0%	0	0
9/2/2022	1618	1616	92	3	776	2	0	0%	0.0%	1616	100.0%	0	0
9/3/2022	0	0	-	0	0	0	0			0	0.0%	0	0
9/4/2022	0	0	-	0	0	0	0			0	0.0%	0	0
Weekly Total	3494	3491	137	3	777	2	1	0%	0.0%	3491	100.0%	0	0
9/5/2022	0	0	-	0	0	0	0			0	0.0%	0	0
9/6/2022	2927	2924	62	2	745	2	1	0%	0.0%	2924	100.0%	0	0
9/7/2022	2226	2216	57	2	776	9	1	0%	0.0%	2216	100.0%	0	0
9/8/2022	2057	2045	91	3	798	11	1	1%	0.0%	2045	100.0%	0	0
9/9/2022	1869	1865	66	2	809	4	0	0%	0.0%	1865	100.0%	0	0
9/10/2022	0	0	-	0	0	0	0			0	0.0%	0	0
9/11/2022	0	0	-	0	0	0	0			0	0.0%	0	0
Weekly Total	9079	9050	91	2	778	26	3	0%	0.0%	9050	100.0%	0	0
9/12/2022	2685	2672	99	3	766	11	2	0%	0.1%	2672	100.0%	0	0
9/13/2022	2134	2129	53	2	789	5	0	0%	0.0%	2129	100.0%	0	0
9/14/2022	1940	1937	63	2	798	3	0	0%	0.0%	1937	100.0%	0	0
9/15/2022	1871	1867	57	2	814	4	0	0%	0.0%	1867	100.0%	0	0
9/16/2022	1755	1749	57	2	815	4	2	0%	0.1%	1749	100.0%	0	0
9/17/2022	0	0	-	0	0	0	0			0	0.0%	0	0
9/18/2022	0	0	-	0	0	0	0			0	0.0%	0	0
Weekly Total	10385	10354	99	2	794	27	4	0%	0.0%	10354	100.0%	0	0
9/19/2022	2332	2328	47	2	794	3	1	0%	0.0%	2328	100.0%	0	0
9/20/2022	2180	2179	74	2	792	1	0	0%	0.0%	2179	100.0%	0	0
9/21/2022	1910	1904	49	2	808	4	2	0%	0.1%	1904	100.0%	0	0
9/22/2022	1740	1739	57	3	829	0	1	0%	0.1%	1739	100.0%	0	0
9/23/2022	1588	1585	57	3	835	3	0	0%	0.0%	1585	100.0%	0	0
9/24/2022	0	0	-	0	0	0	0			0	0.0%	0	0
9/25/2022	0	0	-	0	0	0	0			0	0.0%	0	0
Weekly Total	9750	9735	74	3	809	11	4	0%	0.0%	9735	100.0%	0	0
9/26/2022	2425	2423	77	3	854	1	1	0%	0.0%	2423	100.0%	0	0
9/27/2022	1971	1968	92	3	840	2	1	0%	0.1%	1968	100.0%	0	0
9/28/2022	1853	1851	56	3	862	2	0	0%	0.0%	1851	100.0%	0	0
9/29/2022	1747	1744	47	2	823	3	0	0%	0.0%	1744	100.0%	0	0
9/30/2022	1556	1554	92	3	786	2	0	0%	0.0%	1554	100.0%	0	0
Weekly Total	9552	9540	92	3	836	10	2	0%	0.0%	9540	100.0%	0	0
Month to Date	42260	42170	137	3	802	76	14	0%	0.0%	42170	100.0%	0	0

Chat Monthly Summary:

Month	Received	Answered	Maximum Speed of Answer	Avg Seconds to Ans	Avg Talk Time	Aban 0-30 sec	Aban >30 sec	% Total Aban	% Aban >30 Sec	ACD 0 - 300 sec	% Answered w/in 300 sec	ACD 301-600 sec	ACD >601 sec
Goal	N/A	N/A	N/A	180	N/A	N/A	N/A	N/A	5%	100%	95%	N/A	N/A
English	374	374	125	9	663	0	0	0.0%	0.0%	374	100.0%	0	0
Spanish	0	0	0	0	0	0	0	0.0%	0.0%	0	0.0%	0	0

Appendix B: TennCare Connect September 2022 Call & Chat Trends

TennCare Connect Volume

TennCare Connect Volume
Week over Week

TennCare Connect Volume
Month over Month

Average Talk Time
Month over Month

TennCare Connect Volume- Calls
Month over Month

TennCare Connect Volume- Chat
Month over Month
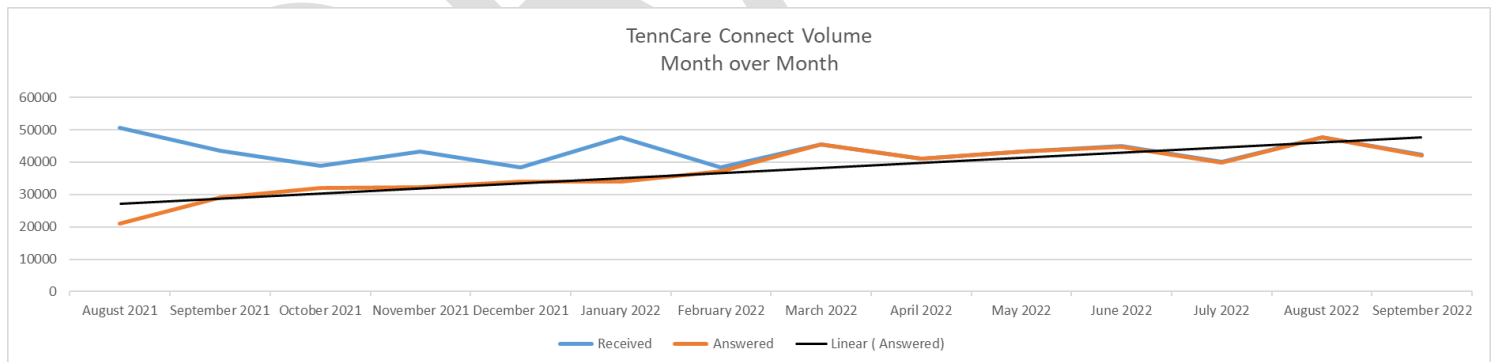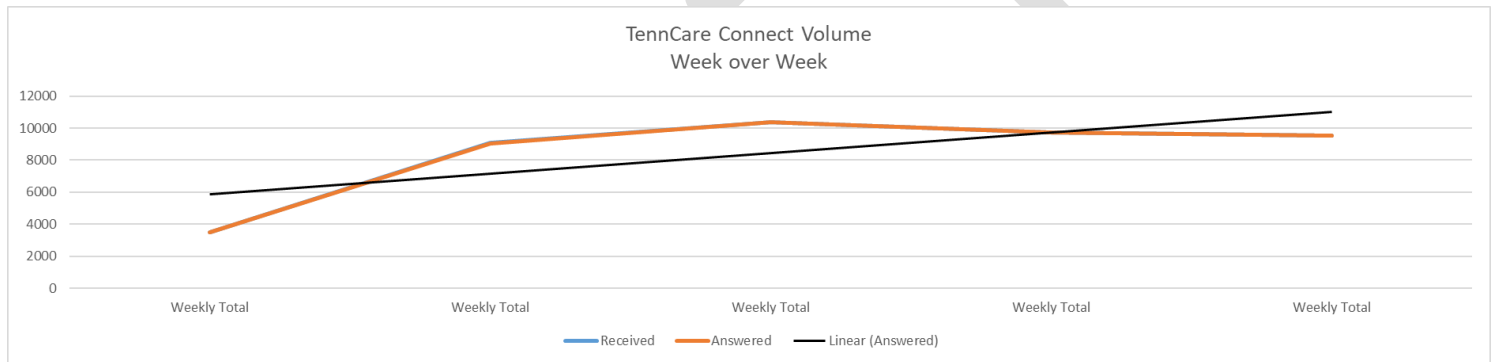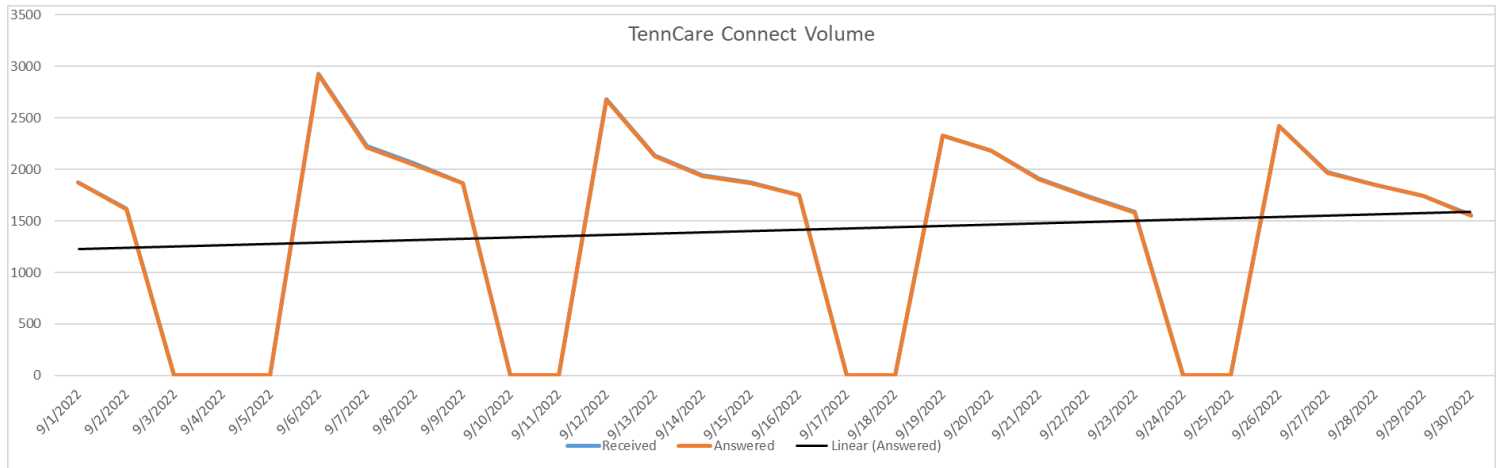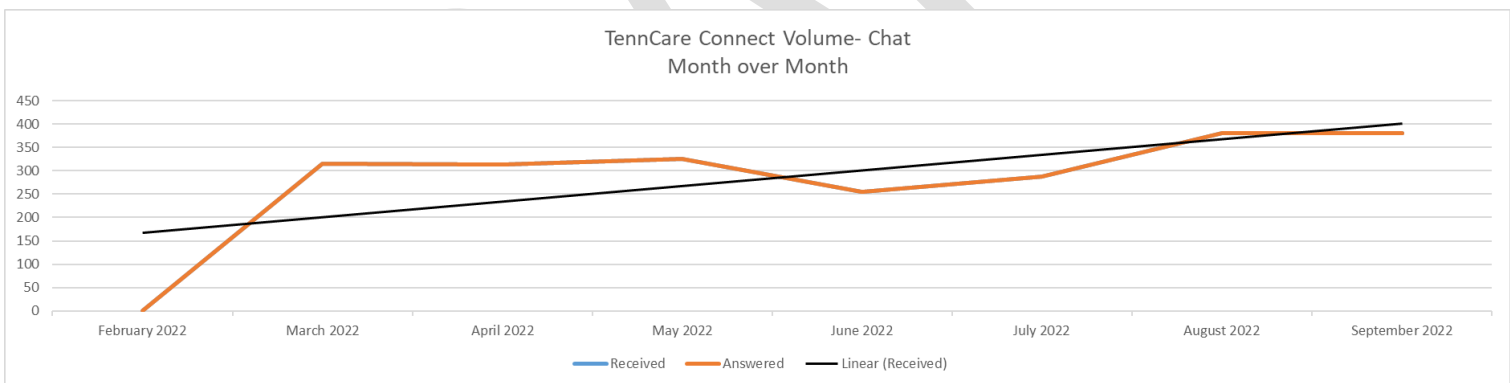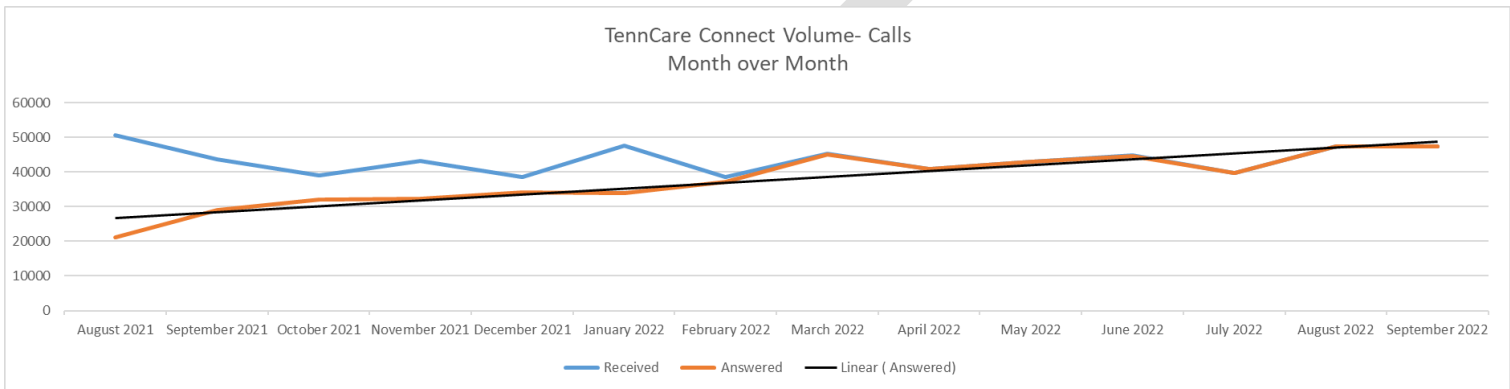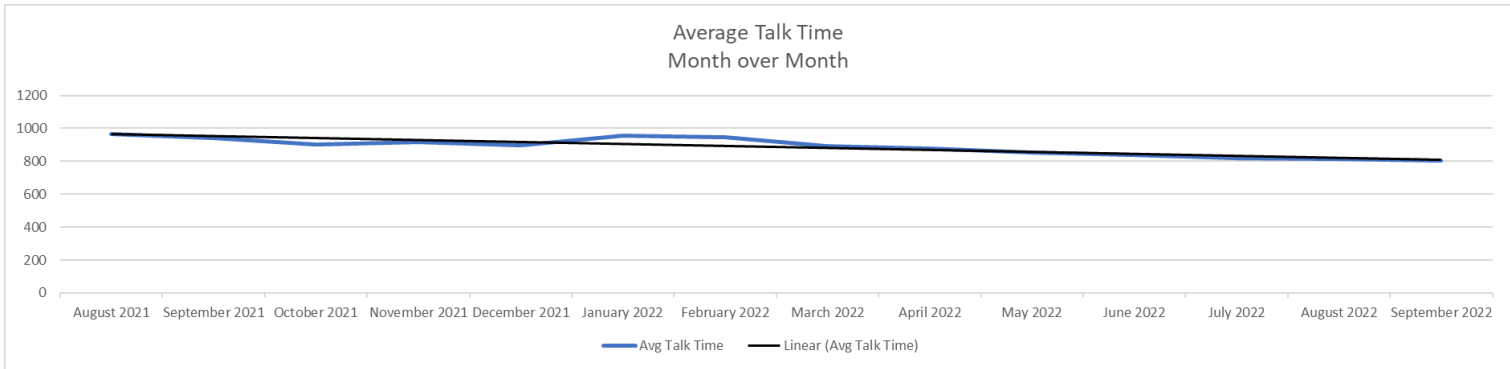
Heritage Health Enrollment Broker Executive Summary Dashboard

July 2022

Submitted: 8/10/2022

Call Center Metrics

Data: 2/1/2022-7/31/2022

Service Levels by Month
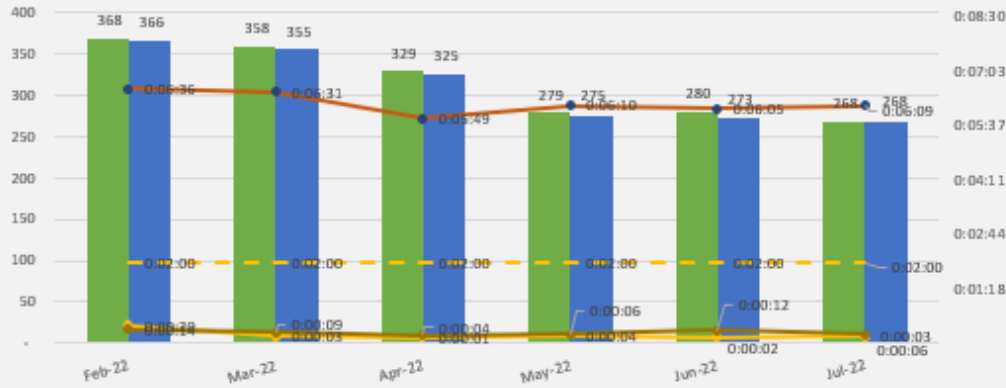
	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22
Calls Offered	368	358	329	279	280	268
Calls Handled	366	355	325	275	273	268
Avg Wait Time (Minutes)	0:00:20	0:00:03	0:00:01	0:00:04	0:00:02	0:00:03
Wait Time SLA (Minutes)	0:02:00	0:02:00	0:02:00	0:02:00	0:02:00	0:02:00
Avg Handle Time (Minutes)	0:06:36	0:06:31	0:05:49	0:06:10	0:06:05	0:06:09
Avg Hold Time (Seconds)	0:00:14	0:00:09	0:00:04	0:00:06	0:00:12	0:00:06

Abandonment Rate by Month
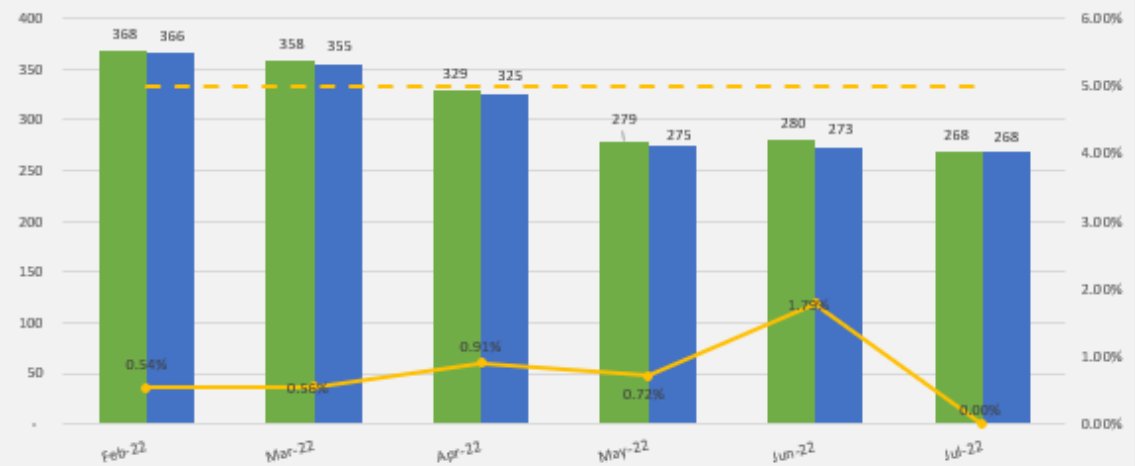
	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22
Calls Offered	368	358	329	279	280	268
Calls Handled	366	355	325	275	273	268
Avg Abandon Rate	0.54%	0.56%	0.91%	0.72%	1.79%	0.00%
Abandon Rate SLA	5%	5%	5%	5%	5%	5%

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HERITAGE HEALTH

1

AHS Enrollment Activity

Data: 2/1/2022-7/31/2022

Enrollments by Origin by Month
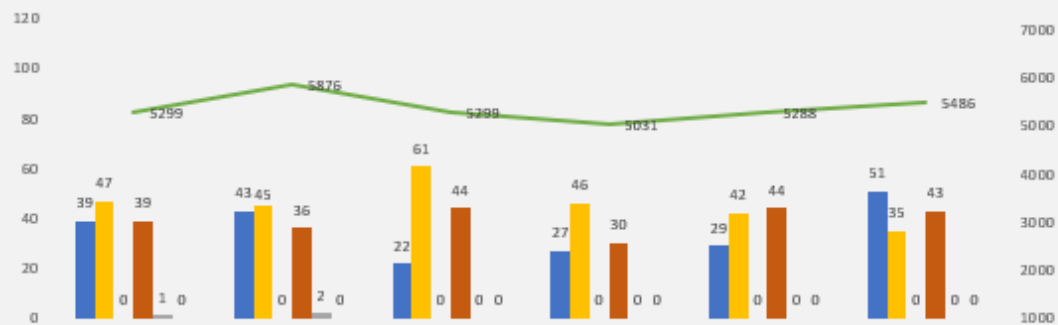
	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22
Web Portal	39	43	22	27	29	51
Call Center	47	45	61	46	42	35
IVR System	0	0	0	0	0	0
Mail/ Fax	39	36	44	30	44	43
Live Chat	1	2	0	0	0	0
MMIS Generated	0	0	0	0	0	0
Auto Assignment	5299	5876	5299	5031	5288	5486

Enrollments by Health Plan
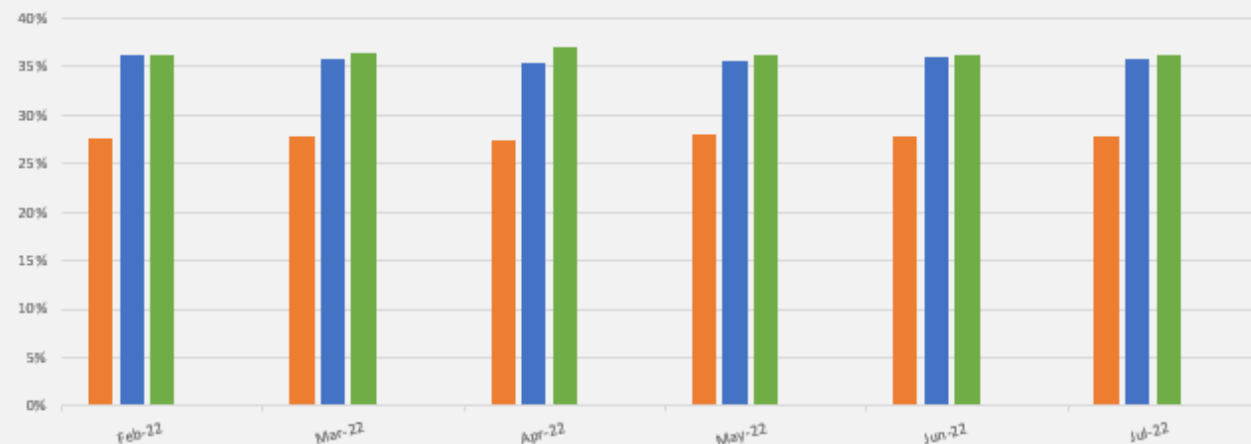
	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22
HBN	28%	28%	27%	28%	28%	28%
NTC	36%	36%	35%	36%	36%	36%
UHC	36%	36%	37%	36%	36%	36%
WON	0%	0%	0%	0%	0%	0%
PACE	0%	0%	0%	0%	0%	0%

2

HH Active Enrollments for the Month

Data: 7/1/2022-7/31/2022

HEALTH PLAN	AUTO ASSIGNMENTS	MEMBER CHOICE	VOLUNTARY CHANGE	REINSTATEMENT	MMIS-Generated	PACE	TOTAL VOLUNTARY ENROLLMENTS	% VOLUNTARY	TOTAL ENROLLMENTS	% TOTAL ENROLLMENTS BY PLAN
Nebraska Total Care	862	4	12	102	167	0	16	1.39 %	1147	34.52 %
UnitedHealthcare Community Plan	889	1	41	100	183	0	42	3.46 %	1214	36.53 %
WellCare of Nebraska	0	0	0	0	0	0	0	0%	0	0%
Healthy Blue of Nebraska	667	1	30	97	163	0	31	3.24 %	958	28.83 %
PACE	0	0	0	0	0	4	0	0.00 %	4	0.12 %
	2418	6	83	299	513	4	89	2.68 %	3323	100.00 %

Nebraska Total Care - Active Enrollments
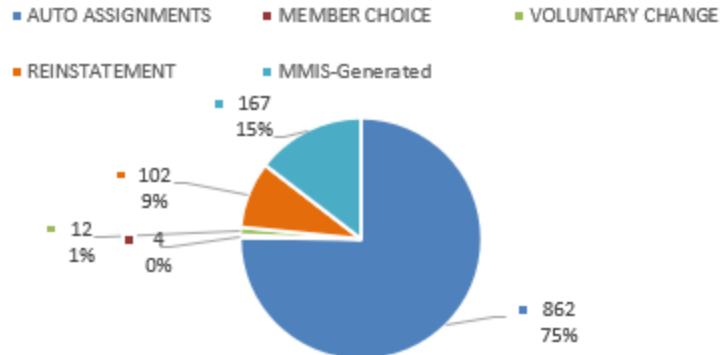
United Healthcare - Active Enrollments
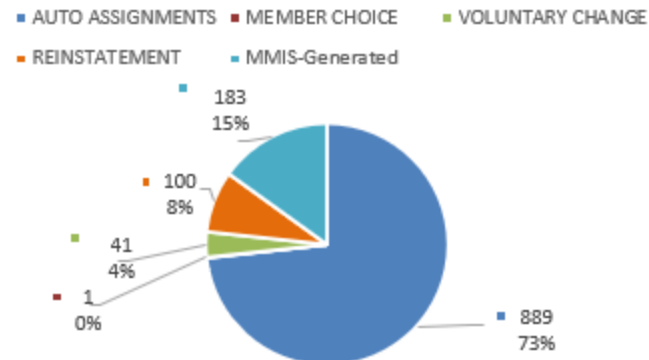
Healthy Blue - Active Enrollments

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HERITAGE HEALTH
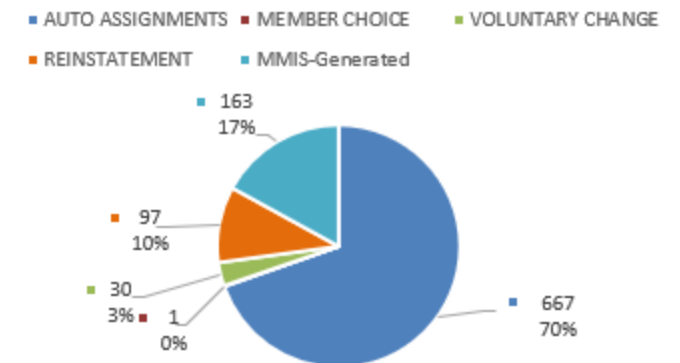
HH Approved Plan Changes

Data: 7/1/2022-7/31/2022

Health Plan	Members Joined	Members Left	Members Went To NTC	Members Went To UHC	Members Went To HBN	Members Went To PACE	Net Change
Nebraska Total Care	31	48	0	30	18	0	-17
UnitedHealthcare Community Plan of Nebraska	45	37	25	0	12	0	8
Healthy Blue of Nebraska	30	21	6	15	0	0	9
PACE	0	0	0	0	0	0	0
Total	106	106	31	45	30	0	106

HH Active Members by Plan

As of: 7/31/2022

HEALTH PLAN	TOTAL MEMBERS	% MEMBERS BY PLAN
Nebraska Total Care	125094	34.18%
UnitedHealthcare Community Plan	125619	34.32%
Healthy Blue of Nebraska	115260	31.49%
	365,973	100.00%

Member % By Plan
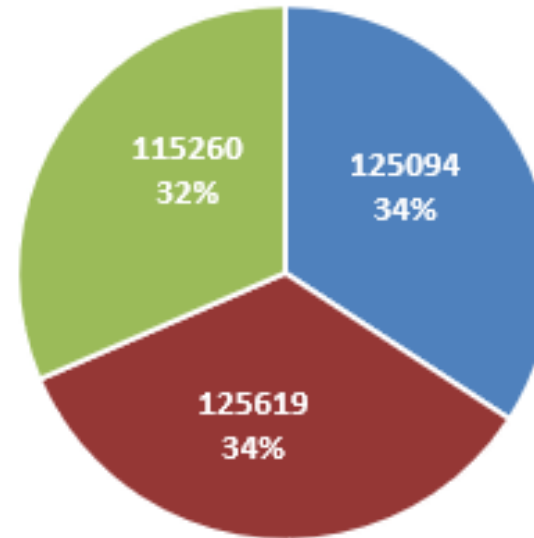
- Nebraska Total Care: 125094 34%
- UnitedHealthcare Community Plan: 125619 34%
- Healthy Blue of Nebraska: 115260 32%

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HERITAGE HEALTH

Date	Inbound English	Inbound Spanish	Total Calls Offered	Calls Handled	Avg Abandon Rate	Abd Rate SLA	Avg Handle Time	Avg Wait Time (ASA)	Wait Time (ASA) SLA	Avg Hold Time (sec)	Hold Time SLA	Voicemails	Returned Call Rate	Blocked Call Rate	
						5%			0:02:00		0:00:30		100%		
						5%			0:02:00		0:00:30		100%		
						5%			0:02:00		0:00:30		100%		
						5%			0:02:00		0:00:30		100%		
7/1/2022	14	0	14	14	0.00%	5%	0:04:25	0:00:00	0:02:00	0:00:00	0:00:30	0	100%	0	
Wk of 7/1/2022	**14**	**0**	**14**	**14**	**0.00%**	**5%**	**0:04:25**	**0:00:00**	**0:02:00**	**0:00:00**	**0:00:30**	**0**	**100%**	**0**	
7/4/2022						5%			0:02:00		0:00:30		100%		4th of July office closed
7/5/2022	13	4	17	17	0.00%	5%	0:04:30	0:00:00	0:02:00	0:00:15	0:00:30	0	100%	0	
7/6/2022	15	4	19	19	0.00%	5%	0:05:53	0:00:00	0:02:00	0:00:02	0:00:30	0	100%	0	
7/7/2022	11	0	11	11	0.00%	5%	0:16:13	0:00:01	0:02:00	0:00:15	0:00:30	0	100%	0	
7/8/2022	11	1	12	12	0.00%	5%	0:06:08	0:00:01	0:02:00	0:00:00	0:00:30	0	100%	0	
Wk of 7/4/2022	**50**	**9**	**59**	**59**	**0.00%**	**5%**	**0:08:11**	**0:00:01**	**0:02:00**	**0:00:08**	**0:00:30**	**0**	**100%**	**0**	
7/11/2022	18	1	19	19	0.00%	5%	0:05:24	0:00:01	0:02:00	0:00:00	0:00:30	0	100%	0	
7/12/2022	18	1	19	19	0.00%	5%	0:05:44	0:00:01	0:02:00	0:00:03	0:00:30	0	100%	0	
7/13/2022	13	0	13	13	0.00%	5%	0:05:02	0:00:00	0:02:00	0:00:00	0:00:30	0	100%	0	
7/14/2022	10	3	13	13	0.00%	5%	0:06:32	0:00:01	0:02:00	0:00:31	0:00:30	0	100%	0	
7/15/2022	11	0	11	11	0.00%	5%	0:07:08	0:00:00	0:02:00	0:00:03	0:00:30	0	100%	0	
Wk of 7/11/2022	**70**	**5**	**75**	**75**	**0.00%**	**5%**	**0:05:58**	**0:00:01**	**0:02:00**	**0:00:07**	**0:00:30**	**0**	**100%**	**0**	
7/18/2022	17	0	17	17	0.00%	5%	0:04:22	0:00:00	0:02:00	0:00:00	0:00:30	0	100%	0	
7/19/2022	13	3	16	16	0.00%	5%	0:04:12	0:00:00	0:02:00	0:00:13	0:00:30	0	100%	0	
7/20/2022	12	1	13	13	0.00%	5%	0:06:32	0:00:01	0:02:00	0:00:02	0:00:30	0	100%	0	
7/21/2022	6	4	10	10	0.00%	5%	0:06:54	0:00:00	0:02:00	0:00:15	0:00:30	0	100%	0	
7/22/2022	10	1	11	11	0.00%	5%	0:05:39	0:00:00	0:02:00	0:00:00	0:00:30	0	100%	0	
Wk of 7/18/2022	**58**	**9**	**67**	**67**	**0.00%**	**5%**	**0:05:32**	**0:00:00**	**0:02:00**	**0:00:06**	**0:00:30**	**0**	**100%**	**0**	
7/25/2022	8	0	8	8	0.00%	5%	0:06:14	0:01:02	0:02:00	0:00:00	0:00:30	0	100%	0	
7/26/2022	8	3	11	11	0.00%	5%	0:08:26	0:00:00	0:02:00	0:00:19	0:00:30	0	100%	0	
7/27/2022	12	2	14	14	0.00%	5%	0:05:58	0:00:01	0:02:00	0:00:07	0:00:30	0	100%	0	
7/28/2022	10	1	11	11	0.00%	5%	0:05:57	0:00:00	0:02:00	0:00:13	0:00:30	0	100%	0	
7/29/2022	8	1	9	9	0.00%	5%	0:06:45	0:00:00	0:02:00	0:00:11	0:00:30	0	100%	0	
Wk of 7/25/2022	**46**	**7**	**53**	**53**	**0.00%**	**5%**	**0:06:40**	**0:00:13**	**0:02:00**	**0:00:10**	**0:00:30**	**0**	**100%**	**0**	
July 2022	**238**	**30**	**268**	**268**	**0.00%**	**5%**	**0:06:09**	**0:00:03**	**0:02:00**	**0:00:06**	**0:00:30**	**0**	**100%**	**0**	

Call Actions

Description:	This is a report showing call actions by start date and end date.
Selected Criteria:	
Start Date:	**7/1/2022**
End Date:	**7/31/2022**

Category	Call Action	Total
Demographic Change	Address Change Requested	6
Demographic Change	Email Change Requested	0
Demographic Change	Phone Change Requested	2
Enrollment Activities	Changed Health Plan For Cause	0
Enrollment Activities	Changed Health Plan for Open Enrollment	0
Enrollment Activities	Changed Health Plan within Change Period	19
Enrollment Activities	Initial Enrollment	0
General	Authorized Representative Inquiry	5
General	Complaint Inquiry	0
General	General Information	192
General	Health Plan Comparision Chart	3
General	HHA Inquiry	0
General	Hospital Inquiry	0
General	Mail-In Enrollment Inquiry	0
General	Open Enrollment Inquiry	25
General	Provider Search	1
General	Return Mail Inquiry	0
General	Stay with Same Plan	2
General	Unhappy With Auto Assignment	0
General	Website Technical Assistance	1
Grievance	Grievance Against Enrollment Broker	0
Grievance	Grievance Against Medicaid	0
Grievance	Grievance Against Nebraska Total Care	0
Grievance	Grievance Against PCP	0
Grievance	Grievance Against UnitedHealthcare Community Plan	0
Grievance	Grievance Against WellCare of Nebraska	0
Mail Request	Requested Authorized Rep Form	0
Mail Request	Requested Provider Directory	0
Referral	ACCESS Nebraska 1-855-632-7633	30
Referral	Internal Call Escalation	0

Referral	MEC	0
Referral	Nebraska Total Care	5
Referral	Other	13
Referral	United HealthCare of Nebraska	6
Referral	WellCare Nebraska	2
System Detected	Do Not Call Request	0
System Detected	Document Outreach	0
System Detected	Enrollment Outreach	0
System Detected	OE Heads-Up Sept	0
System Detected	OE Reminder Nov	0
System Detected	OE Reminder Oct	0
System Detected	PIN Reset	0
System Detected	Requested Mail	2
System Detected	Requested Previous Mail Copy	0
System Detected	Return Mail Outreach	680
System Detected	Satisfaction Survey	20
Grand Total Call Actions		**1014**
Grand Total Calls		**946**

Month	July 2022
Total Number of Phone Evaluations	35
Number of Overall Met scores	35
Number of Overall Not Met Scores	0
Percent Met (Target Baseline 80%)	100%

CRITERIA	# Evals	# NMs	% NMs	# CSRs NM
Greeting	35	0	0%	0
Verification	35	0	0%	0
General Questions	35	0	0%	0
Pin Reset	27	0	0%	0
Demographics	35	0	0%	0
New Mail Request	27	0	0%	0
MCO Enrollment	27	0	0%	0
PCP Enrollment	27	0	0%	0
Change Plan (MCO)	28	0	0%	0
Complaints	27	0	0%	0
Program/System Knowledge	34	0	0%	0
Hold	34	0	0%	0
Effective Listening	35	0	0%	0
Communication	35	0	0%	0
Unbiased	35	0	0%	0
Courtesy	35	0	0%	0
Escalated Call	27	0	0%	0
Documentation	35	0	0%	0
Transfer/Referrals	33	0	0%	0
Closing	35	0	0%	0

SUMMARY/PLAN TO RESOLVE:

100% Met

Month	July 2022
Total Number of Chat Evaluations	4
Number of Overall Met scores	4
Number of Overall Not Met Scores	0
Percent Met (Target Baseline 80%)	100%

CRITERIA	# Evals	# NMs	% NMs	# CSRs NM
Greeting	4	0	0%	0
Verification	4	0	0%	0
General Questions	4	0	0%	0
Pin Reset	4	0	0%	0
Demographics	4	0	0%	0
New Mail Request	4	0	0%	0
MCO Enrollment	4	0	0%	0
PCP Enrollment	4	0	0%	0
Change Plan (MCO)	4	0	0%	0
Complaints	4	0	0%	0
Program/System Knowledge	4	0	0%	0
Effective Listening	4	0	0%	0
Communication	4	0	0%	0
Unbiased	4	0	0%	0
Courtesy	4	0	0%	0
Documentation	4	0	0%	0
Referrals	4	0	0%	0
Closing	4	0	0%	0

SUMMARY/PLAN TO RESOLVE:

100% Met

Performance Measure	RFP Description	Definition/Clarification
Abandonment Rate	On a monthly basis, the call abandonment rate must be 5% or less.	Calculated by dividing the number of abandoned inbound calls by the number of inbound calls received for the calendar month.
Blocked Call Rate	On a monthly basis, the blocked call rate must not exceed 1%.	AHS does not block calls. Therefore, this metric will always be 0%.
Average Hold Time	On a monthly basis, the average hold time must not exceed 30 seconds.	The hold time clock begins with an answered call where the CSR is servicing the customer and places the call on hold. If a caller is put on hold multiple times during a single call, the total number of combined seconds for that call will apply as a single occurance. Average hold time is calculated by dividing total hold time by the number of calls containing hold time for a calendar month.
Average Wait Time	On a monthly basis, caller average wait times from the time the caller is placed in the queue until the call is answered by a live person does not exceed two (2) minutes.	Wait time is calculated from the time the caller is placed in the queue until the call is answered by a live person. Average wait time is calcuated by dividing total wait time minutes by the number of calls containing wait time for a calendar month.
System Readiness	All System readiness requirements must be met as of the scheduled completion date	NA
Operational Readiness	All operational readiness requirements must be met as of the MLTC-specified date	NA
Initial Enrollment Period	The Initial enrollment period must begin on September 1, 2016	NA
Key Staff	Vacant key staff positions must be filled with in 30 days by a qualified person approved by MLTC	Key staff are defined as the Project Director, IT Project Manager, Member Services/Outreach Manager, and Privacy and Security Manager. Positions must be filled and the new person must be actively working by the 30th day from the last date the exiting employee worked. Calculated based on the number of days over 30 days that the position is vacant.
Reports and Data	Reports and data must be delivered on time and be prepared in the approved format	Mutually agreed report delivery method and schedule according to the Report Matrix. Reports that are due on State Holidays must be submitted the following business day.
Interface Files	Interface files must be processed according to the interface schedule for both incoming and outgoing interfaces	AHS accepts and processes all incoming files based on the agreed-upon schedule with IS&T. AHS sends all outgoing files based on the agreed-upon schedule with IS&T. See NE File Exchange Schedule Tab.
MCO Provider Files	MCO Provider files must be updated to the EB's system by 7 am Central time the next business day of receipt of files	AHS accepts the Plan Provider and Provider Master files and updates the provider directory with the correct information. Updates must be complete from the previous day's receipts and be updated and available for viewing by 7:00 am CT each business day.
Recipient Enrollment Database	Recipient and enrollment database must be update by 7 am Central time of the next business day of receipt of files	AHS accepts the Enrollment Files and updates the HealthTrack database with the correct information. See NE File Exchange Schedule Tab.
Enrollment Information	Enrollment information must be communicated according to the interface schedule to not delay a member's MCO enrollment	AHS sends enrollment data to IS&T based on the agreed-upon schedule. See NE File Exchange Schedule Tab.
Returned Calls	All member and MCO calls must be returned within 1 business day	This number reflects the number of voicemails received and returned within the following business day.
Welcome Packet for New Members	100% of initial enrollment packets (for those members who require hard copies) must be mailed within two business days	This performance measure applies to enrollments outside the open enrollment period. When a new member is enrolled in Heritage Health, and that member is identified on the Enrollment File, AHS must mail a Welcome Packet to that member within 2 business days of receipt of the new member.
Website Uptime	On a monthly basis, the web portal must be available 99% of the time, 24-hours-a-day, 7-days-a-week, except for MLTC-approved routine maintenance downtime.	The website as well as the member portal that allows members to enroll must meet this requirement. AHS will provide system monitoring reports to validate availability.
Restoration of Operations	Operations must be restored within 72 hours of interruptions subjected to the force majeure clause	The 72 hours begins at the time the interruption begins.
Turnover Plan	A complete turnover plan must be submitted within the required timeframes.	NA
Ad hoc Reports	Ad hoc report must be submitted within five business days from the date of request.	The five business days clock starts the following business day after date of request.
MCO Steering	The EB or its subcontractor(s) has influenced potential members to join a certain MCO	Determined based on phone quality monitoring outcomes or identication by any other means.

Category	Process	Production File Names	Test File Names	Direction		Expected Delivery Schedule	Job Processing Schedule	Notes	File Layout Document
Member	Daily Member Eligibility Import	AHS.D.ELIG.YYYYMMDD.TXT	TEST.AHS.D.ELIG.YYYYMMDD.TXT	MLTC -> AHS	In	Tue-Sun by 3am CST, except the day after Thxgvn/Xmas/NYs and 1st of Month	Tue-Sun at 3:30am CST	NE HHEB Client Eligibility Enrollment File - Daily	Nebraska Medicaid HHEB Enrollment File.docx
Member	Monthly Member Eligibility Import	AHS.M.ELIG.YYYYMMDD.TXT	TEST.AHS.M.ELIG.YYYYMMDD.TXT	MLTC -> AHS	In	1st of Month by 3am CST	Day 1 of every month at 4:30am CST	NE HHEB Client Eligibility Enrollment File - Monthly	Nebraska Medicaid HHEB Enrollment File.docx
Member	Plan Assignment Request Export	AHS.PLAN.ASSIGN.TXT	TEST.AHS.PLAN.ASSIGN.TXT	AHS -> MLTC	Out	Mon-Sat by 8pm CST + Sun if falls on EOM, except Thxgvn/Xmas/NYs		NE HHEB Plan Assignment Request File	Nebraska Medicaid HHEB Plan Assignment Request File.docx
Member	Plan Assignment Response Import	AHS.PLAN.ASSIGN.RESP.YYYYMMDD.TXT	TEST.AHS.PLAN.ASSIGN.RESP.YYYYMMDD.TXT	MLTC -> AHS	In	Mon-Sat by Midnight CST + Sun if falls on EOM, except Thxgvn/Xmas/NYs		NE HHEB Plan Assignment Response File	Nebraska Medicaid HHEB Plan Assignment Return File.docx
Member	Claims History File Import	AHS.CLAIMS.YYYYMMDD.TXT	TEST.AHS.CLAIMS.YYYYMMDD.TXT	MLTC -> AHS	In	Tue-Sun by 6am CST, except the day after Thxgvn/Xmas/NYs and 1st of Month		NE HHEB Claims History File	Non-Pharmacy Claims History File Data Layout.docx
Plan/PCP	Provider Master File Import	ProviderMasterFile_YYYYMMDD.txt	ProviderMasterFile_YYYYMMDD.test.txt	MLTC -> AHS	In	Every Saturday by Midnight CST	Sun at 1:00am CST	NE Medicaid Provider Master File	Nebraska Medicaid Provider Master File.docx
Plan/PCP	Plan Provider File Import	providers_[PlanNumber]_YYYYMMDD.txt	providers_[PlanNumber]_YYYYMMDD.test.txt	MLTC -> AHS	In	Mon-Fri by Midnight CST, except holidays	Every day at 2:00am CST	NE HHEB Plan Provider File	Nebraska Medicaid Plan Provider File to State - Request.docx
Plan/PCP	PCP Assignment Request Import	PCPASSG.[PlanNumber].YYYYMMDD.txt	PCPASSG.[PlanNumber].YYYYMMDD.test.txt	MCOs -> AHS	In	??		NE HHEB PCP Assignment Request File	Nebraska Medicaid HHEB PCP Assignment.File.docx
Plan/PCP	PCP Assignment Response Export	PCPASSG.[PlanNumber].YYYYMMDD.rsp.txt	PCPASSG.[PlanNumber].YYYYMMDD.rsp.test.txt	AHS -> MCOs	Out	??		NE HHEB PCP Assignment Response File	Nebraska Medicaid HHEB PCP Assignment.Response File.docx
Plan/PCP	Prior Authorization Import	OLD.PRIORAUTH.[PlanNumber].YYYYMMDD.txt	OLD.PRIORAUTH.[PlanNumber].YYYYMMDD.test.txt	Old MCOs -> AHS	In	??		NE Old MCO's Prior Authorization File	??
Plan/PCP	Prior Authorization Export	PRIORAUTH.[PlanNumber].YYYYMMDD.txt	PRIORAUTH.[PlanNumber].YYYYMMDD.test.txt	AHS -> MCOs	Out	??		NE HHEB Plan Prior Authorization File	??
Plan/PCP	Plan Membership Activity Report	MEMACT.[PlanNumber].YYYYMMDD.txt	MEMACT.[PlanNumber].YYYYMMDD.test.txt	AHS -> MCOs	Out	??		NE HHEB Plan Membership Activity File	??

Heritage Health Enrollment Broker SLA Report - July 2022

Performance Measure	Requirement	Achieved Metric	Over/Under Requirement	Measure	Penalty	Total Penalty Amt	Requesting Waiver (Yes/No)	Comments
Abandonment Rate (5% or less)	5%	0.00%	-5%	Per Percent (rounded up) above 5%	$ 500.00	$ -	No	
Blocked Call Rate (1% or less)	1	NA	NA	Per Percent (rounded up) above 1%	$ 1,000.00	$ -	No	AHS does not block calls. Therefore, this metric will always be 0%.
Average Hold Time (30 seconds or less)	0:00:30	0:00:06	-1	Per 5 Seconds (rounded up) above 30 seconds average hold	$ 500.00	$ -	No	
Average Wait Time (2 minutes or less)	0:02:00	0:00:03	-1	Per Minute (rounded up) above 2 minutes	$ 500.00	$ -	No	
System Readiness	0	0	0	Per Calendar Day late	$ 5,000.00	$ -	No	
Operational Readiness	0	0	0	Per Calendar Day late	$ 5,000.00	$ -	No	
Initial Enrollment Period	9/1/2016	9/1/2016	0	Per Calendar Day late	$ 10,000.00	$ -	No	
Key Staff	30	0	-30	Per Calendar Day late	$ 1,000.00	$ -	No	
Reports and Data	0	0	0	Per Calendar Day late	$ 1,000.00	$ -	No	
Interface Files	0	0	0	Per Calendar Day late	$ 500.00	$ -	No	
MCO Provider Files	0	0	0	Per Hour (rounded up) of delay	$ 100.00	$ -	No	
Recipient Enrollment Database	0	0	0	Per Hour (rounded up) of delay	$ 100.00	$ -	No	
Enrollment Information	0	0	0	Per Calendar Day a member's MCO enrollment is delayed	$ 1,000.00	$ -	No	
Returned Calls	0	0	0	Per Occurrence	$ 100.00	$ -	No	
Welcome Packet for New Members	0	0	0	Per Occurrence	$ 500.00	$ -	No	
Website Uptime	99%	99.99%	-1.00%	Per Percent (rounded up) below 99%	$ 2,500.00	$ -	No	
Restoration of Operations	72	0	-72	Per Hour (rounded up) in excess of 72 hours	$ 1,000.00	$ -	No	
Turnover Plan	0	0	0	Per Calendar Day (rounded up) late, inaccurate, or incomplete	$ 5,000.00	$ -	No	
Ad hoc Reports	5	0	-5	Per Calendar Day (rounded up) late, inaccurate, or incomplete	$ 1,000.00	$ -	No	
MCO Steering	0	0	0	Per Member	$ 5,000.00	$ -	No	
				TOTAL		$ -		

Indicates not met

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Department of Health and Human Services

Cost Proposal

AccessNebraska Call Center Support

Request for Proposal (RFP) Number 113578 O3

Prepared by:
Automated Health Systems, Inc.
9370 McKnight Road, Suite 300
Pittsburgh, PA 15237

AUTOMATED HEALTH SYSTEMS

ATTACHMENT 4
COST PROPOSAL SHEET

Bidder Name   Automated Health Systems

ONE TIME COST

Startup Plan/Implementation Cost $ 279,000

PASS THROUGH COSTS

Cost per page, single sided printing   0.15

Training Cost Per Hour/Per Person   32.41

Note: Mailing cost will be reimbursed per current US Postal rates with no additional markup.

COST PER CALL FOR INITIAL THREE YEAR PERIOD

Service		Average Handled Time (AHT)	Number of calls/actions Tier I	Cost Per Call for Tier I	Number of calls/actions Tier II	Cost Per Call for Tier II	Number of calls/actions Tier III	Cost Per Call for Tier III
Inbound	A	11:00-15:00	6,000-16,999	$ 27.90	17,000-27,999	$ 19.41	28,000-40,000	$ 17.59
	B	15:01-20:00	1,400-3,599	$ 59.41	3,600-5,799	$ 34.56	5,800-8,000	$ 27.90
	C	20:01-25:00	1,400-3,599	$ 62.79	3,600-5,799	$ 41.19	5,800-8,000	$ 34.56
	D	25:01-30:00	1,400-3,599	$ 65.59	3,600-5,799	$ 45.67	5,800-8,000	$ 39.88
	E	30:01-35:00	1,400-3,599	$ 77.88	3,600-5,799	$ 49.12	5,800-8,000	$ 45.67
Outreach	A	8:00 -12:00	1,400-3,599	$ 9.35	3,600-5,799	$ 9.29	5,800-8,000	$ 9.26
	B	12:01 - 16:00	1,400-3,599	$ 13.09	3,600-5,799	$ 12.77	5,800-8,000	$ 12.63
	C	16:01 - 20:00	1,400-3,599	$ 14.96	3,600-5,799	$ 14.59	5,800-8,000	$ 14.43
Back Office Processing	A	4:00-8:00	1,400-3,599	$ 5.61	3,600-5,799	$ 6.97	5,800-8,000	$ 5.89
	B	8:01 - 12:00	1,400-3,599	$ 9.35	3,600-5,799	$ 9.29	5,800-8,000	$ 9.26
	C	12:01-16:00	1,400-3,599	$ 13.09	3,600-5,799	$ 12.77	5,800-8,000	$ 12.63

COST PER CALL FOR RENEWAL PERIOD 1

Service		Average Handled Time (AHT)	Number of calls/actions Tier I	Cost Per Call for Tier I	Number of calls/actions Tier II	Cost Per Call for Tier II	Number of calls/actions Tier III	Cost Per Call for Tier III
Inbound	A	11:00-15:00	6,000-16,999	$ 29.30	17,000-27,999	$ 20.38	28,000-40,000	$ 18.47
	B	15:01-20:00	1,400-3,599	$ 62.38	3,600-5,799	$ 36.29	5,800-8,000	$ 29.30
	C	20:01-25:00	1,400-3,599	$ 65.93	3,600-5,799	$ 43.25	5,800-8,000	$ 36.29
	D	25:01-30:00	1,400-3,599	$ 68.87	3,600-5,799	$ 47.95	5,800-8,000	$ 41.87
	E	30:01-35:00	1,400-3,599	$ 81.77	3,600-5,799	$ 51.58	5,800-8,000	$ 47.95
Outreach	A	8:00 -12:00	1,400-3,599	$ 9.82	3,600-5,799	$ 9.75	5,800-8,000	$ 9.72
	B	12:01 - 16:00	1,400-3,599	$ 13.74	3,600-5,799	$ 13.41	5,800-8,000	$ 13.26
	C	16:01 - 20:00	1,400-3,599	$ 15.71	3,600-5,799	$ 15.32	5,800-8,000	$ 15.15
Back Office Processing	A	4:00-8:00	1,400-3,599	$ 5.89	3,600-5,799	$ 7.32	5,800-8,000	$ 6.18
	B	8:01 - 12:00	1,400-3,599	$ 9.82	3,600-5,799	$ 9.75	5,800-8,000	$ 9.72
	C	12:01-16:00	1,400-3,599	$ 13.74	3,600-5,799	$ 13.41	5,800-8,000	$ 13.26

COST PER CALL FOR RENEWAL PERIOD 2

Service		Average Handled Time (AHT)	Number of calls/actions Tier I	Cost Per Call for Tier I	Number of calls/actions Tier II	Cost Per Call for Tier II	Number of calls/actions Tier III	Cost Per Call for Tier III
Inbound	A	11:00-15:00	6,000-16,999	$ 30.18	17,000-27,999	$ 20.99	28,000-40,000	$ 19.02
	B	15:01-20:00	1,400-3,599	$ 64.25	3,600-5,799	$ 37.38	5,800-8,000	$ 30.18
	C	20:01-25:00	1,400-3,599	$ 67.91	3,600-5,799	$ 44.55	5,800-8,000	$ 37.38
	D	25:01-30:00	1,400-3,599	$ 70.94	3,600-5,799	$ 49.39	5,800-8,000	$ 43.13
	E	30:01-35:00	1,400-3,599	$ 84.22	3,600-5,799	$ 53.13	5,800-8,000	$ 49.39
Outreach	A	8:00 -12:00	1,400-3,599	$ 10.11	3,600-5,799	$ 10.04	5,800-8,000	$ 10.01
	B	12:01 - 16:00	1,400-3,599	$ 14.15	3,600-5,799	$ 13.81	5,800-8,000	$ 13.66
	C	16:01 - 20:00	1,400-3,599	$ 16.18	3,600-5,799	$ 15.78	5,800-8,000	$ 15.60
Back Office Processing	A	4:00-8:00	1,400-3,599	$ 6.07	3,600-5,799	$ 7.54	5,800-8,000	$ 6.37
	B	8:01 - 12:00	1,400-3,599	$ 10.11	3,600-5,799	$ 10.04	5,800-8,000	$ 10.01
	C	12:01-16:00	1,400-3,599	$ 14.15	3,600-5,799	$ 13.81	5,800-8,000	$ 13.66

COST PER CALL FOR RENEWAL PERIOD 3

Service		Average Handled Time (AHT)	Number of calls/actions Tier I	Cost Per Call for Tier I	Number of calls/actions Tier II	Cost Per Call for Tier II	Number of calls/actions Tier III	Cost Per Call for Tier III
Inbound	A	11:00-15:00	6,000-16,999	$ 31.09	17,000-27,999	$ 21.62	28,000-40,000	$ 19.59
	B	15:01-20:00	1,400-3,599	$ 66.18	3,600-5,799	$ 38.50	5,800-8,000	$ 31.09
	C	20:01-25:00	1,400-3,599	$ 69.95	3,600-5,799	$ 45.89	5,800-8,000	$ 38.50
	D	25:01-30:00	1,400-3,599	$ 73.07	3,600-5,799	$ 50.87	5,800-8,000	$ 44.42
	E	30:01-35:00	1,400-3,599	$ 86.75	3,600-5,799	$ 54.72	5,800-8,000	$ 50.87
Outreach	A	8:00 -12:00	1,400-3,599	$ 10.41	3,600-5,799	$ 10.34	5,800-8,000	$ 10.31
	B	12:01 - 16:00	1,400-3,599	$ 14.57	3,600-5,799	$ 14.22	5,800-8,000	$ 14.07
	C	16:01 - 20:00	1,400-3,599	$ 16.67	3,600-5,799	$ 16.25	5,800-8,000	$ 16.07
Back Office Processing	A	4:00-8:00	1,400-3,599	$ 6.25	3,600-5,799	$ 7.77	5,800-8,000	$ 6.56
	B	8:01 - 12:00	1,400-3,599	$ 10.41	3,600-5,799	$ 10.34	5,800-8,000	$ 10.31
	C	12:01-16:00	1,400-3,599	$ 14.57	3,600-5,799	$ 14.22	5,800-8,000	$ 14.07