

**Nebraska State Purchasing
Bureau**

**RFP for Contractual Services
RFP 6098 Z1**

Technical Response

Due: June 27, 2019 (2:00 pm CT)

**Offeror:
HealthTech Solutions, LLC
2030 Hoover Blvd.
Frankfort, KY 40601**

ORIGINAL





Request for Proposal Form

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 Request for Proposal, and agrees to the terms and conditions unless otherwise indicated in writing and certifies that bidder maintains a drug free work place.

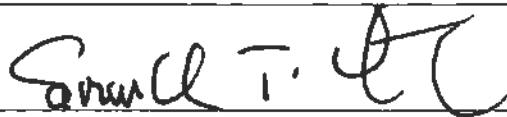
Per Nebraska's Transparency in Government Procurement Act, Neb. Rev Stat § 73-603 DAS is required to collect statistical information regarding the number of contracts awarded to Nebraska Contractors. This information is for statistical purposes only and will not be considered for contract award purposes.

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

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

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

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

| | |
|-------------------------------|--|
| FIRM: | HealthTech Solutions, LLC |
| COMPLETE ADDRESS: | 2030 Hoover Blvd. Frankfort, KY 40601 |
| TELEPHONE NUMBER: | (502) 352-2460 |
| FAX NUMBER: | (502) 219-9000 |
| DATE: | June 10, 2019 |
| SIGNATURE: |  |
| TYPED NAME & TITLE OF SIGNER: | Franklin T. Lassiter, Chief Operating Officer |

 **ORIGINAL**

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Sections II-IV: Terms and Conditions

Bidders should complete Sections II through IV as part of their proposal. Bidder is expected to 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 RFP, 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 RFP. The State of Nebraska reserves the right to reject proposals that attempt to substitute the bidder's commercial contracts and/or documents for this RFP.

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.

A. GENERAL

| Accept (Initial) | Reject (Initial) | Reject & Provide Alternative within RFP Response (Initial) | NOTES/COMMENTS: |
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The contract resulting from this RFP shall incorporate the following documents:

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

These documents constitute the entirety of the contract.

Unless otherwise specifically stated in a future contract amendment, in case of any conflict between the incorporated documents, the documents shall govern in the following order of preference with number one (1) receiving preference over all other documents and with each lower numbered document having preference over any higher numbered document: 1) Amendment to the executed contract with the most recent dated amendment having the highest priority, 2) executed contract and any attached Addenda, 3) Amendments to RFP and any Questions and Answers, 4) the original RFP 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 RFP Response (Initial) | NOTES/COMMENTS: |
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Contractor and State shall identify the contract managers who shall serve as the points 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 three (3) calendar days following deposit in the mail.

C. BUYER REPRESENTATIVE

| Accept (Initial) | Reject (Initial) | Reject & Provide Alternative within RFP Response (Initial) | NOTES/COMMENTS: |
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The State reserves the right to appoint a Buyer's Representative to manage [or assist the Buyer in managing] the contract on behalf of the State. The Buyer's Representative will be appointed in writing, and the appointment document will specify the extent of the Buyer's Representative authority and responsibilities. If a Buyer's Representative is appointed, the Contractor will be provided a copy of the appointment document, and is required to cooperate accordingly with the Buyer's Representative. The Buyer's Representative has no authority to bind the State to a contract, amendment, addendum, or other change or addition to the contract.

D. GOVERNING LAW (Statutory)

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

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

Compliance includes, but is not limited to:

1. The Health Insurance Portability and Accountability Act (HIPAA), as set forth in subsection D, below; and,
2. The Medicaid-specific, above-and-beyond-HIPAA privacy protections found at 42 CFR Part 431, Subpart F.

E. BEGINNING OF WORK

| Accept (Initial) | Reject (Initial) | Reject & Provide Alternative within RFP Response (Initial) | NOTES/COMMENTS: |
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The bidder shall not commence any billable work until a valid contract has been fully executed by the State and the awarded Contractor. The Contractor will be notified in writing when work may begin.

F. AMENDMENT

| Accept (Initial) | Reject (Initial) | Reject & Provide Alternative within RFP Response (Initial) | NOTES/COMMENTS: |
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This Contract may be amended in writing, within scope, upon the agreement of both parties.

G. CHANGE ORDERS

| Accept (Initial) | Reject (Initial) | Reject & Provide Alternative within RFP Response (Initial) | NOTES/COMMENTS: |
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The State and the Contractor, upon the written agreement, may make changes to the contract within the general scope of the RFP. 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 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.

H. NOTICE OF POTENTIAL CONTRACTOR BREACH

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

I. BREACH

| Accept (Initial) | Reject (Initial) | Reject & Provide Alternative within RFP Response (Initial) | NOTES/COMMENTS: |
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Either Party may terminate the contract, in whole or in part, if the other Party breaches its duty to perform its obligations under the contract in a timely and proper manner. Termination requires written notice of default and a thirty (30) calendar day (or longer at the non-breaching Party's discretion considering the gravity and nature of the default) cure period. Said notice shall be delivered by Certified Mail, Return Receipt Requested, or in person with proof of delivery. Allowing time to cure a failure or breach of contract does not waive the right to immediately terminate the contract for the same or different contract breach which may occur at a different time. In case of default of the Contractor, the State may contract the service from other sources and hold the Contractor responsible for any excess cost occasioned thereby. OR In case of breach by the Contractor, the State may, without unreasonable delay, make a good faith effort to make a reasonable purchase or contract to purchased goods in substitution of those due from the Contractor. The State may recover from the Contractor as damages the difference between the costs of covering the breach. Notwithstanding any clause to the contrary, the State may also recover the contract price together with any incidental or consequential damages defined in UCC Section 2-715, but less expenses saved in consequence of Contractor's breach.

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

J. NON-WAIVER OF BREACH

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

K. SEVERABILITY

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

L. INDEMNIFICATION

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

3. PERSONNEL

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

M. ATTORNEY'S FEES

| Accept (Initial) | Reject (Initial) | Reject & Provide Alternative within RFP Response (Initial) | NOTES/COMMENTS: |
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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 order by the court, including attorney's fees and costs, if the other Party prevails.

N. ASSIGNMENT, SALE, OR MERGER

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

O. CONTRACTING WITH OTHER NEBRASKA POLITICAL SUB-DIVISIONS

| Accept (Initial) | Reject (Initial) | Reject & Provide Alternative within RFP Response (Initial) | NOTES/COMMENTS: |
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The Contractor may, but shall not be required to, allow agencies, as defined in Neb. Rev. Stat. §81-145, to use this contract. The terms and conditions, including price, of the contract may not be amended. The State shall not be contractually obligated or liable for any contract entered into pursuant to this clause. A listing of Nebraska political subdivisions may be found at the website of the Nebraska Auditor of Public Accounts.

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

P. FORCE MAJEURE

| Accept (Initial) | Reject (Initial) | Reject & Provide Alternative within RFP Response (Initial) | NOTES/COMMENTS: |
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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 RFP Response (Initial) | NOTES/COMMENTS: |
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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, 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 RFP Response (Initial) | NOTES/COMMENTS: |
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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 RFP Response (Initial) | NOTES/COMMENTS: |
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Upon contract closeout for any reason the Contractor shall within 30 days, unless stated otherwise herein:

1. Transfer all completed or partially completed deliverables to the State;
2. Transfer ownership and title to all completed or partially completed deliverables to the State;
3. Return to the State all information and data, unless the Contractor is permitted to keep the information or data by contract or rule of law. Contractor may retain one copy of any information or data as required to comply with applicable work product documentation standards or as are automatically retained in the course of Contractor's routine back up procedures;
4. Cooperate with any successor Contractor, person or entity in the assumption of any or all of the obligations of this contract;
5. Cooperate with any successor Contractor, person or entity with the transfer of information or data related to this contract;
6. Return or vacate any state owned real or personal property; and,
7. Return all data in a mutually acceptable format and manner.

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

II. CONTRACTOR DUTIES

A. INDEPENDENT CONTRACTOR / OBLIGATIONS

| Accept (Initial) | Reject (Initial) | Reject & Provide Alternative within RFP Response (Initial) | NOTES/COMMENTS: |
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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 bidder'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 RFP Response (Initial) | NOTES/COMMENTS: |
|------------------|------------------|--|-----------------|
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The Contractor is required and hereby agrees to use a federal immigration verification system to determine the work eligibility status of employees physically performing services within the State of Nebraska. A federal immigration verification system means the electronic verification of the work authorization program authorized by the Illegal Immigration Reform and Immigrant Responsibility Act of 1996, 8 U.S.C. 1324a, known as the E-Verify Program, or an equivalent federal program designated by the United States Department of Homeland Security or other federal agency authorized to verify the work eligibility status of an employee.

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

1. The Contractor must complete the United States Citizenship Attestation Form, available on the Department of Administrative Services website at <http://das.nebraska.gov/materiel/purchasing.html>.
2. The completed United States Attestation Form should be submitted with the RFP 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 services to be covered by any contract resulting from this RFP.

D. COOPERATION WITH OTHER CONTRACTORS

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

Contractor may be required to work with or in close proximity to other contractors or individuals that may be working on same or different projects. The Contractor shall agree to cooperate with such other contractors or individuals, and shall not commit or permit any act which may interfere with the performance of work by any other contractor or individual. Contractor is not required to compromise Contractor's intellectual property or proprietary information unless expressly required to do so by this contract.

E. PERMITS, REGULATIONS, LAWS

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

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 RFP Response (Initial) | NOTES/COMMENTS: |
|------------------|------------------|--|-----------------|
| FL | | | |

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 one (1) year 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 six (6) months 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 contractors' employees to be engaged in work on the project under this contract and, in case any such work is sublet, the Contractor shall require the subcontractor similarly to provide Worker's Compensation and Employer's Liability Insurance for all of the subcontractor's employees to be engaged in such work. This policy shall be written to meet the statutory requirements for the state in which the work is to be performed, including Occupational Disease. **The policy shall include a waiver of subrogation in favor of the State. The COI shall contain the mandatory COI subrogation waiver language found hereinafter.** The amounts of such insurance shall not be less than the limits stated hereinafter. For employees working in the State of Nebraska, the policy must be written by an entity authorized by the State of Nebraska Department of Insurance to write Workers' Compensation and Employer's Liability Insurance for Nebraska employees.

2. COMMERCIAL GENERAL LIABILITY INSURANCE AND COMMERCIAL AUTOMOBILE LIABILITY INSURANCE

The Contractor shall take out and maintain during the life of this contract such Commercial General Liability Insurance and Commercial Automobile Liability Insurance as shall protect Contractor and any subcontractor performing work covered by this contract from claims for damages for bodily injury, including death, as well as from claims for property damage, which may arise from operations under this contract, whether such operation be by the Contractor or by



any subcontractor or by anyone directly or indirectly employed by either of them, and the amounts of such insurance shall not be less than limits stated hereinafter.

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

| REQUIRED INSURANCE COVERAGE | |
|--|-----------------------------------|
| COMMERCIAL GENERAL LIABILITY | |
| General Aggregate | \$2,000,000 |
| Products/Completed Operations Aggregate | \$2,000,000 |
| Personal/Advertising Injury | \$1,000,000 per occurrence |
| Bodily Injury/Property Damage | \$1,000,000 per occurrence |
| Medical Payments | \$10,000 any one person |
| Damage to Rented Premises (Fire) | \$300,000 each occurrence |
| Contractual | Included |
| Independent Contractors | Included |
| <i>If higher limits are required, the Umbrella/Excess Liability limits are allowed to satisfy the higher limit.</i> | |
| WORKER'S COMPENSATION | |
| Employers Liability Limits | \$500K/\$500K/\$500K |
| Statutory Limits- All States | Statutory - State of Nebraska |
| Voluntary Compensation | Statutory |
| COMMERCIAL AUTOMOBILE LIABILITY | |
| Bodily Injury/Property Damage | \$1,000,000 combined single limit |
| Include All Owned, Hired & Non-Owned Automobile liability | Included |
| Motor Carrier Act Endorsement | Where Applicable |
| UMBRELLA/EXCESS LIABILITY | |
| Over Primary Insurance | \$5,000,000 per occurrence |
| PROFESSIONAL LIABILITY | |
| All Other Professional Liability (Errors & Omissions) | \$1,000,000 Per Claim / Aggregate |
| 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 & Commercial Automobile Liability policies shall name the State of Nebraska as an Additional Insured and the policies shall be primary and any insurance or self-insurance carried by the State shall be considered secondary and non-contributory as additionally insured." | |

If the mandatory COI subrogation waiver language or mandatory COI liability waiver language on the COI states that the waiver is subject to, condition upon, or otherwise limit by the insurance policy, a copy of the relevant sections of the policy must be submitted with the COI so the State can review the limitations imposed by the insurance policy.



3. EVIDENCE OF COVERAGE

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

Department of Health and Human Svc (DHHS)
 Attn: Medicaid and Long-Term Care Deputy Director, Healthcare Informatics and Business Integration
 301 Centennial Mall South
 PO Box 95026
 Lincoln, NE 68509

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 RFP Response (Initial) | NOTES/COMMENTS: |
|------------------|------------------|--|-----------------|
| FL | | | |

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 RFP Response (Initial) | NOTES/COMMENTS: |
|------------------|------------------|--|-----------------|
| FL | | | |

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

A conflict of interest would include but not be limited to any bidder or subcontractor who was awarded a contract resulting from Department of Health and Human Services (DHHS or the Department) solicitations for the services listed below:

1. Data Management and Analytics;
2. Eligibility and Enrollment Solution;
3. Full-Risk Capitated Medicaid Managed Care Program (Claims Broker Services);
4. Independent Verification and Validation (IV&V);
5. Managed Care, Heritage Health Contracts; and
6. Electronic Visitation and Verification.



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

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

The Parties shall not knowingly, for a period of two years after execution of the contract, recruit or employ any employee or agent of the other Party who has worked on the RFP or project, or who had any influence on decisions affecting the RFP or project.

J. STATE PROPERTY

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

The Contractor shall be responsible for the proper care and custody of any State-owned property which is furnished for the Contractor's use during the performance of the contract. The Contractor shall reimburse the State for any loss or damage of such property; normal wear and tear is expected.

K. SITE RULES AND REGULATIONS

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

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

L. ADVERTISING

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

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

M. NEBRASKA TECHNOLOGY ACCESS STANDARDS (Statutory)

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

N. DISASTER RECOVERY/BACK UP PLAN

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

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 services as specified under the specifications in the contract in the event of a disaster.

O. DRUG POLICY

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

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.

P. WARRANTY

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

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 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.

III. PAYMENT

A. PROHIBITION AGAINST ADVANCE PAYMENT (Statutory)

Neb. Rev. Stat. §§81-2403 states, "no 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 RFP Response (Initial) | NOTES/COMMENTS: |
|------------------|------------------|--|-----------------|
| FL | | | |

Invoices for payments must be submitted by the Contractor to the agency requesting the services with sufficient detail to support payment. Invoices should be submitted to Department of Health and Human Services, Medicaid and Long-Term Care, Deputy Director Healthcare Informatics and Business Integration, 301 Centennial Mall South, PO Box 95026, Lincoln, NE 68509-5026. 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.

Invoice the State monthly for actual hours worked, which is inclusive of all expenses. Invoice must be itemized to show the following information, per consulting project:

1. Consulting Project
2. Job Title
3. Hours worked for each Job Title

D. INSPECTION AND APPROVAL

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

Final inspection and approval of all work required under the contract shall be performed by the designated State officials.

E. PAYMENT

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

State will render payment to Contractor when the terms and conditions of the contract and specifications have been satisfactorily completed on the part of the Contractor as solely determined by the State. (Neb. Rev. Stat. §73-506(1)) Payment will be made by the responsible agency in compliance with the State of Nebraska Prompt Payment Act (See Neb. Rev. Stat. §81-2401 through 81-2408). The State may require the Contractor to accept payment by electronic means such as ACH deposit. In no event shall the State be responsible or liable to pay for any services provided by the Contractor prior to the Effective Date 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

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

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 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. 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 RFP Response (Initial) | NOTES/COMMENTS: |
|------------------|------------------|--|-----------------|
| FL | | | |

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 one-half of one percent (.5%) of the total contract billings, or if fraud, material misrepresentations, or non-performance is discovered on the part of the Contractor, the Contractor shall reimburse the State for the total costs of the audit. Overpayments and audit costs owed to the State shall be paid within ninety days of written notice of the claim. The Contractor agrees to correct any material weaknesses or condition found as a result of the audit.



Corporate Overview

A. Bidder 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.

HealthTech Solutions, a limited liability corporation, was established in 2011 and is incorporated in the Commonwealth of Kentucky. HealthTech has two officers, Sandeep Kapoor, Chief Executive Officer and Frank Lassiter, Chief Operating Officer. HealthTech has maintained the form of organization since it's initiation in 2011. HealthTech is headquartered in Frankfort, Kentucky. The address of our headquarters is below:

HealthTech Solutions
2030 Hoover Blvd.
Frankfort, KY 40601

B. Financial Statements

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

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.

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

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

HealthTech is a privately held company and has submitted the following financial documentation for evaluation. Documentation is in Appendix A.

- 2018 Audited Financial Statements

HealthTech has no pending or expected litigation and has never had any litigation or financial reversals against the organization. HealthTech has continually increased revenue yearly and is a financially stable organization. Additional financial statements can be provided upon request of the State. The contact below serves as a banking reference for the organization.



Wesbanco
Anne B. Banks
Banking Center Manager
Cardinal Hills Branch
502-227-1660
555 Versailles Rd, Frankfort, KY 40601

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 vendor(s) will require notification to the State.

HealthTech does not anticipate any change in ownership or control of the company. However, HealthTech understands and will comply with the requirement to notify the State of any changes in ownership throughout the duration of the contract.

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 HealthTech headquarters, located at 2030 Hoover Blvd. will serve as the bidder's office location responsible for performance under the contract. We understand that work will be conducted pursuant to this contract, as dictated by business needs or project requirements, either on-site in Lincoln, Nebraska or off site at HealthTech headquarters as agreed upon by DHHS and HealthTech.

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.

Since on our inception, we have not been engaged with the State of Nebraska. We currently do not hold any contracts with any department or state agency in Nebraska.

F. Bidder's Employee Relations to 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.

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

HealthTech has not proposed any individuals who are previous employees of the State.

G. Contract Performance

If the bidder or any proposed subcontractor has had a contract terminated for default during the past ten (10) 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.

It is mandatory that the bidder submit full details of all termination for default experienced during the past ten (10) years, including the other Party's name, address, and telephone number. The response to this section must present the bidder's position on the matter. The State will evaluate the facts and will score the bidder's proposal accordingly. If no such termination for default has been experienced by the bidder in the past ten (10) years, so declare.

Since our inception in 2011, HealthTech has never had a contract terminated for default or any other reason. We have remained on time and on budget with all contracts and to date, have never been delayed on a contractual deliverable. Additionally, we have successfully met all service level agreements and performance requirements of each of our contracts.

H. Summary of Bidder's Corporate Experience

The bidder should provide a summary matrix listing the bidder's previous projects similar to this RFP in size, scope, and complexity. The State will use no more than three (3) narrative project descriptions submitted by the bidder during its evaluation of the proposal. The bidder should address the following:

- i. Provide narrative descriptions to highlight the similarities between the bidder's experience and this RFP. These descriptions should include:
 - a) The time period of the project;
 - b) The scheduled and actual completion dates;
 - c) The Contractor's responsibilities;
 - d) 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,
 - e) Each project description should identify whether the work was performed as the prime Contractor or as a subcontractor. If a bidder 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.
- ii. Contractor 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 Contractors above. In addition, subcontractors should identify what share of contract costs, project responsibilities, and time period were performed as a subcontractor.

HealthTech has engagements in over 30 States with most of these contracts serving Medicaid and other Health and Human Services agencies. The map below illustrates the footprint of HealthTech across the United States.



Figure 1: Client Map

The matrix below is a summary of relevant projects and initiatives within our corporate profile.

| Corporate Project | Medicaid | Project & Portfolio Management | Procurement Support | IAPD Development | LTSS | CMS Certification | Eligibility & Enrollment | MITA |
|--|----------|--------------------------------|---------------------|------------------|------|-------------------|--------------------------|------|
| Connecticut Enterprise Project Management Office | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Kentucky Health Benefit Exchange | ✓ | ✓ | | | | | ✓ | |
| Colorado HCPF Consulting | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | | ✓ |
| Oregon Health Authority | ✓ | ✓ | ✓ | ✓ | | | | |
| Alaska DHSS | ✓ | ✓ | ✓ | ✓ | | | | ✓ |
| Missouri DMH | ✓ | ✓ | ✓ | ✓ | | ✓ | | ✓ |
| Alabama Medicaid Agency | ✓ | ✓ | | | | | | ✓ |
| Large PBM Vendor | ✓ | ✓ | ✓ | | | ✓ | | ✓ |
| North Dakota | ✓ | ✓ | | ✓ | | | | |
| Urban Institute ASPE | ✓ | | | | ✓ | | | |

Reference 1: Connecticut Enterprise Project Management Office

Organization Name: Connecticut Department of Social Services

Organization Address: 55 Farmington Avenue Hartford, CT 06105

Contact Person Name: Astread Ferron-Poole

Contact Person Telephone: (860) 424-5001

Contact Person Email: astread.ferron-poole@ct.gov

Contract Term: April 2016-September 2020

Budget: \$35,868,668

Time & Material Hourly-based (Work is completed on-time and within budget)

Prime or Subcontractor: Prime

Portfolio Status: Ongoing

HealthTech Solutions is engaged with the Connecticut Department of Social Services (DSS), to design and launch an Enterprise Project Management Office (EPMO) to help structure the State's approach to project management and to support selected projects throughout DSS.



DSS, as part of its ongoing transformation and modernization efforts, has asked for support in establishing an EPMO that will have oversight, reporting and monitoring responsibilities across multiple active and future component programs, projects, and activities. HealthTech Solutions provides staff augmentation services to DSS by providing subject matter experts in the areas of health and human services and project management services. In addition, HealthTech Solutions assists DSS with the coordination of multiple simultaneous projects across the organization. The established EPMO provides active project management support to individual projects selected by DSS and enhance the standardization of tools and sharing of information between both the project and portfolio levels of the organization. The EPMO seeks to identify opportunities for increased resource sharing and integration across projects and provide ongoing knowledge transfer to DSS team members.

HealthTech Solutions maintains focus on six critical implementation domains which support the following initiatives: governance, financial, enterprise architecture, policy/regulation/legal, business and technical operations, and culture. HealthTech Solutions assists with agency-wide strategic planning, research and development, business requirements gathering, technical writing, and overall project management activities. The HealthTech Solutions objective of this engagement is to work with the DSS Executive Team and other stakeholders to design, build, and deploy an EPMO; develop/implement tools, processes, and structure; provide governance oversight to priority projects; identify key performance indices (KPI), and track and report KPIs.

The DSS's overall goal of the EPMO is to increase the transparency of project activities and performance through the application of project management policies, processes, and methodologies to enable DSS leadership to monitor progress and act to promote the realization of project objectives.

Reference 2: Colorado Department of Health Care Policy & Financing

Organization Name: Colorado Department of Health Care Policy & Financing

Organization Address: 1570 Grant Street Denver, CO 80203

Contact Person Name: Chris Underwood

Contact Person Telephone Number: (303) 866-2993

Contact Person Email: Chris.underwood@hcpf.state.co.us

Contract Term: May 2017-Ongoing

Budget: \$6,193,393

Hourly/Deliverable (Work is completed on-time and within budget)

Prime or Subcontractor: Prime

Portfolio Status: Ongoing

Medicaid Management Innovation & Transformation

The Colorado Department of Health Care Policy & Financing (HCPF) engaged HealthTech Solutions to provide program management, project management, and consulting services in support of Colorado's Medicaid Management Innovation and Transformation (COMMIT) initiative. The COMMIT solution includes the Colorado interChange (new MMIS), the Pharmacy Benefit Management (PBM) system, and the Business Intelligence and Data Management (BIDM) solution. The specific focus of the HealthTech Solutions team is assisting the State in achieving overall solution delivery and obtaining federal certification of the enterprise COMMIT initiative. The HealthTech Solutions team provides program and project management and consultation services for key initiatives of COMMIT including:



Project objectives include:

- Provide project management and subject matter expertise for various projects in the portfolio
- Research and compile Health IT business requirements
- Develop or update Health IT planning and finance documents
- Provide technical expertise and support for Health IT projects
- Provide background and knowledge of national, state, and local Health IT trends, programs, and initiatives
- Develop HCPF strategic plans for Health IT and documents, including updates to Colorado's Health IT Advance Planning Documents (APD) and the SMHP
- Provide facilitation services for Health IT meetings
- Develop organizational change management process

Long-Term Service Support

Additionally, HealthTech completed an assessment and analysis project to support a case management implementation. In this scope of work, our team was responsible for conducting the As-Is and To-Be assessment, determining gaps in technology and business processes, and providing a recommendation for a future case management solution that meets CMS requirements and the MITA framework. Following our analysis, the State worked to procure a case management solution that was able to integrate and support the long-term vision of interoperability and healthcare data consumption.

Reference 3: Commonwealth of Kentucky Health Benefits Exchange

Organization Name: Kentucky Office of the Health Benefit Exchange

Organization Address: 275 E Main Street, Frankfort, KY 40601

Contact Person Name: Eric Friedlander, Former Deputy Secretary of the Cabinet for Health and Family Services

Contact Person Telephone Number: (502) 648-7599

Contact Person Email: eric.friedlander@louisvilleky.gov

Contract Term: December 2014 – September 2015

Prime or Subcontractor: Prime

Budget: \$801,900 (All work was completed on-time and within budget)

Portfolio Status: Complete

HealthTech staff participated in the design, development and implementation of the KHBE, including preparation of the grants and PAPDs/IAPDs, implementation of MAGI eligibility rules, and development of the KHBE's administrative policies and procedures. HealthTech provided subject matter expertise and IT systems expertise to the Kentucky Office of the Health Benefit Exchange. HealthTech also provided IT consulting services to an Insurance Cooperative, which was developed with ACA funding and sold policies through a state health insurance exchange.

HealthTech consultants participated in drafting policies and procedures for the Kentucky Health Benefit Exchange regarding Insurance Affordability Programs, including Advanced Premium Tax Credit (APTC) and Cost Share Reductions (CSR). During open enrollment, HealthTech staff assisted our KHBE with operational support. Additionally, HealthTech served as a technical consultant to the National Academy for State Health Policy (NASHP) to assist ten states with implementation of health benefit exchanges and Medicaid eligibility and enrollment systems.

The Health Information Exchange was also a part of the KHBE and HealthTech was engaged to analyze and assess the KY Health Information Exchange systems' technical architecture and programmatic aspects, review the national HIE system landscape and provide recommendations for the future of Kentucky's HIE system.

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 RFP. 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 RFP 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.

Proposed Approach to the Management of the Project

Our general approach to managing this project is based on the following principles:

- Partnership
- Transparency
- Innovation
- Risk and Issue Management
- Pipeline Management
- Knowledge Transfer/Project Ramp Down Planning and Execution

Partnership

Nebraska is looking for a partner, not a staff augmentation firm, which will actively manage their consultants and work collaboratively with the state as one team to achieve success in multiple efforts. As such, we will manage our engagement not just by our resource utilization rate but primarily by success factors identified for individual projects we are asked to participate in. For each project, we will work with state leadership and other stakeholders to identify service levels as well as create and implement processes to effectively monitor and manage business objectives to ensure the job is getting done.



Transparency

Operating under the belief of “No Surprises” is another important cornerstone of our approach. As part of our management approach to this engagement, we will create a communication plan for Nebraska, so that all stakeholders are informed about the project. This communication plan created for the portfolio is different from the communication plans that are created by the Project Managers for each individual project (e.g. EES Phase II, POS, etc.). The portfolio communication plan will include details related to the status reporting process and mechanism for the portfolio, executive tracking of the portfolio health, billing and invoice reporting, and communication for escalating risk. The project communication plan will include similar items but will be based specifically around the project at hand and the stakeholders impacted or involved with the initiative.

Innovation

Given our exposure to efforts underway in other states and at the federal level, we will bring additional ideas and best practices to Nebraska leadership at no additional cost to the State. This includes access to the Policy Advisory Committee that reviews and monitors current trends, changes, and updates to federal regulation and policy. The Policy Advisory Committee produces issue briefs and documents that outlines proposed regulations and the impacts that the regulation may have on state partners.

Risk and Issue Management

During our engagement, we will take a proactive approach to risk management. We believe that it is important to quickly identify potential risks and issues and provide a mitigation strategy as soon as possible. During the project initiation phase, a risk management plan will be created for each project and approved by Nebraska. The risk management plan will outline the escalation process and the documentation process of risk and issues throughout the engagement. The flat organization of HealthTech encourages open communications and a quicker approach to risk mitigation.

Pipeline Management

We understand that in addition to the nine initiatives identified there are several others being planned. On a regular basis, the HealthTech leadership team including the CEO and COO will meet with Nebraska leadership to identify such opportunities and do initial planning for resource identification and if necessary recruitment of resources to ensure efficient project initiation.

Knowledge Transfer/Project Ramp Down Planning and Execution

For each of the individual projects that we are involved in over the duration of engagement, the Project Managers will be required to develop a transition/knowledge transfer plan. We fully appreciate that our engagement is temporary, and the goal is to develop institutional knowledge. The transition/knowledge transfer plan will include a training program for all current and future employees and stakeholders of the State. This plan will also include details on transitioning project documentation and artifacts to the State.

Proposed Approach to Project Personnel

HealthTech employs over 150 consultants and SMEs. Our senior consultants average 20 years of experience in their area of expertise. In addition to our current staff, HealthTech is constantly

recruiting thought leaders and industry experts; therefore, resources can be recruited for a specific project or may become available from the time of proposal submission to contract award.

Our proposed staffing is based on a just-in-time approach that offers access to the right staff for the right duration of time. This allows the project team to be comprised of multiple subject matter experts that are inserted into the project to provide guidance and expertise for the areas of interest of the Department. We believe this methodology reduces resource stress and ensures access to the staff that understand the business and have faced and overcome challenges that are being experienced by Department staff. The illustration below highlights the advantages of utilizing a just in time staffing approach.



Figure 2: Just in Time Consulting and Staffing Approach

We believe that the success of each project is dependent on the staff that is assigned and proposed to oversee the completion of project deliverables. Therefore, we have developed a staffing model that is comprehensive, leverages multiple skillsets, and provides adequate staffing levels to support the initiatives. The staff model proposed is based on the estimated hours provided by the State and will be adjusted based on collaboration with the State following contract award. During the initiation period, the HealthTech Contract Manager (Project Lead) and Project Managers will work with the State to determine the timeline for each initiative, the detailed scope of work, and will provide back a draft work plan and resource management plan for each initiative.

The overall engagement will be led by Kathy Frye, the proposed Contract Manager. Kathy has years of experience managing large matrix teams and implementing multiple projects. She has worked daily with most of the personnel assigned to this project. This will lead to maximum collaboration, ability to leverage the right skillset, effective resource planning, accurate budgeting,

and desired outcomes. Kathy is the former State Chief Information Officer for the Commonwealth of Kentucky Cabinet for Health and Family Services (CHFS). In this capacity, she was responsible for project and program oversight within the CHFS, vendor and contract management, and oversight of large-scale system implementations. In her tenure in this role, Kathy oversaw the implementation of the following statewide systems:

- Kentucky Health Information Exchange
- Prescription Monitoring Program
- MMIS
- Vital Statistics System
- Child Welfare System
- Child Support System
- Eligibility & Enrollment System
- Newborn Screening Case Management System
- Temporary Assistance for Needy Families and SNAP Eligibility System(s)

In addition to the Medicaid systems above, she also was the state HIPAA Coordinator for implementation of the HIPAA law in 2003 and served as the IT lead for implementing managed care across the Commonwealth in 2011. Since coming to HealthTech, she has been a primary contract and project manager for several large-scale contracts in multiple states including Oregon, Vermont, and North Dakota. She also is the engagement lead for a federal contract that provides support to the Medicaid EHR Team. In this capacity, she has led the Health Information Exchange Community of Practice and other HITECH initiatives across the country.

While we understand that there are dedicated staff including the Contract Manager and Project Managers, we want to leverage resources across the projects. These resources include staff, project artifacts, and templates. To accomplish this, we are proposing a matrix organization structure that leverages resources across projects and has a reporting structure delineated to the Project Manager. This allows for increased efficiency and for assets to be leveraged across projects thus decreasing the overall cost of project execution.

There will be four (4) sub teams leveraged across each project. Because we operate in a flat organizational structure, each of the sub teams will report directly to the assigned project manager. This expedites communications and allows us to be efficient with resource assignment so that resources are consistently providing value to projects and not just sitting as a body. The proposed sub teams include:

- **Project Management Team** which consists of the assigned project managers and support resources for project coordination, oversight and reporting. This team reports directly to the proposed Contract Manager, Kathy Frye.
- **Technical Team** that includes technical analysts and development team resources. This team is led by the Enterprise Architect, Jason Webster.
- **Certification and MITA Team** which will be responsible for supporting integration of MITA principles, overview and oversight of development, consulting for MITA, and support for CMS Certification activities. The Certification Lead will lead this sub team.
- **SME Team** is a pool of SME resources that will be available to provide consulting, project support, and expertise to each project. SMEs will include policy and technology SMEs and

will work closely with the business analysts. Selected SME resources will report directly to the Project Manager.

The organizational chart below outlines the overall project team and reporting structure for the engagement. Each Project Manager proposed is a certified Project Management Professional. The Contract Manager, along with the Project Managers will report directly to the CEO and COO.

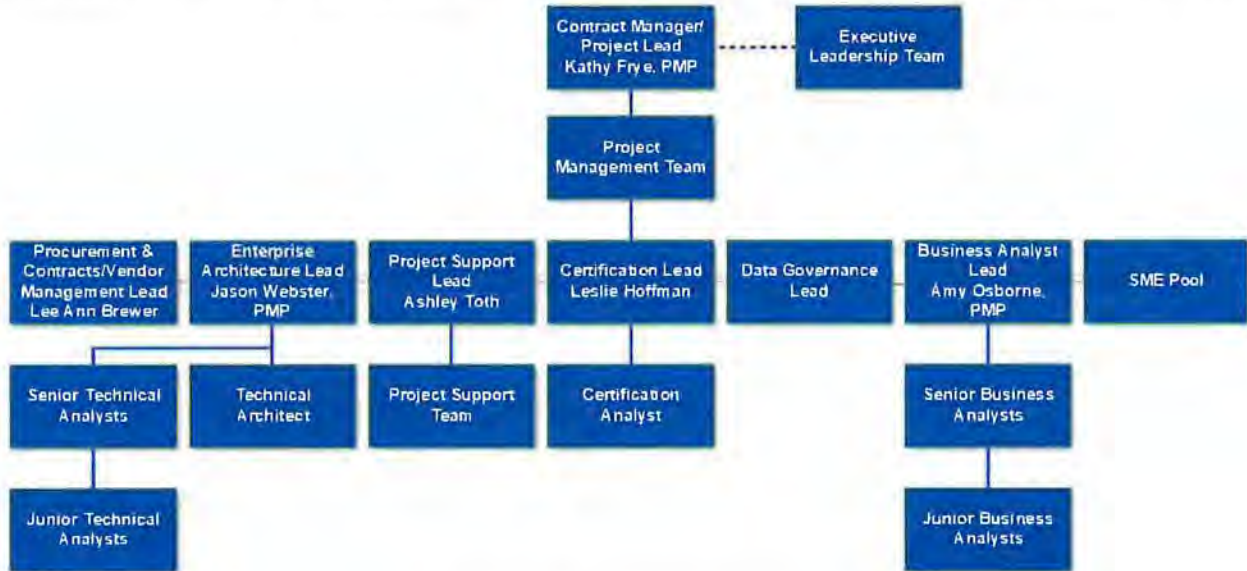


Figure 3: Proposed Team Structure

Based on the requirements of the RFP, we identified current HealthTech employees that have expertise in the areas requested by Nebraska. The chart below highlights the proposed resources, proposed role, and relevant years of work experience. **Each of the resources below is available to the State immediately following contract execution.** Additional resources may be added to the team based on the requirements of each scope of work. All proposed resources have experience supporting Medicaid agencies, programs, and technology. All resumes for the proposed resources have been provided in Appendix B.

| Resource Position Title | Proposed Resource | Number of Years of Experience Supporting Medicaid & Health Care Systems | Primary Work Assignment |
|-------------------------|-------------------|---|--|
| Contract Manager | Kathy Frye | 30+ | <ul style="list-style-type: none"> Serves as point of contact for engagement Provides contract oversight and responsible for overall monitoring and reporting of engagement Responsible for managing and escalating project risks |

| Resource Position Title | Proposed Resource | Number of Years of Experience Supporting Medicaid & Health Care Systems | Primary Work Assignment |
|---|-------------------|---|---|
| Project Manager <i>EES Phase II Implementation</i> | Debbie Keith | 35+ | <ul style="list-style-type: none"> • Certified Project Management Professionals • Holds overall responsibility for achievement of deliverables • Is responsible for developing and monitoring project schedules • Coordinates internal resources • Develops project plan and project management artifacts • Measures project performance • Performs risk management and escalates to contract manager as needed • Responsible for project reporting |
| Project Manager <i>EES Phase III Implementation</i> | Mike Smith | 7 | |
| Project Manager <i>DMA Implementation & Certification</i> | Trish Alexander | 20+ | |
| Project Manager <i>System Integration & Portfolio Management</i> | Kevin Martin | 5 | |
| Project Manager <i>EVV</i> | Ashley Kruger | 7 | |
| Project Manager <i>Capitation Processing Module</i> | Andrea Adams | 5 | |
| Project Manager <i>LTSS Redesign</i> | Tia Frye | 8+ | |
| Project Manager <i>POS Module</i> | Stephanie Breckel | 5+ | |
| Project Manager <i>Eligibility & Plan Selection Integration</i> | Larkyn Charles | 5+ | |
| Project Support Lead | Ashley Toth | 5+ | <ul style="list-style-type: none"> • Provides project coordinator across the projects • Develops project templates to be leveraged across project teams • Assists the HealthTech Project Manager and project team with deliverables • Oversees the Project Support consultants assigned to each project |
| Project Support Consultant | Ron Poole | 2 | <ul style="list-style-type: none"> • Assists the HealthTech Project Manager and project team with meeting facilitation and collaboration with the State • Supports the HealthTech Project Manager with preparing required reports and contractual deliverables |
| | Nicole Kohn | 4 | |
| | Donia Watson | 1 | |
| | Heather Hoots | 1 | |

| Resource Position Title | Proposed Resource | Number of Years of Experience Supporting Medicaid & Health Care Systems | Primary Work Assignment |
|-------------------------|-------------------|---|---|
| | | | <ul style="list-style-type: none"> • Documentation review, project plan updates • Creates and prepares all meeting materials including meeting agendas, minutes, and notes |
| Enterprise Architect | Jason Webster | 20+ | <ul style="list-style-type: none"> • Assists the HealthTech Project Manager and project team with meeting facilitation and collaboration with the State • Supports the HealthTech Project Manager with preparing required reports and contractual deliverables |
| Technical Architect | Aparna Kumar | 9 | <ul style="list-style-type: none"> • Supports the Enterprise Architect with conceptual and technical design • Provides technical support and consulting • Assists with system integration and developing technical requirements |
| Certification Lead | Leslie Hoffman | 18 | <ul style="list-style-type: none"> • Leads certification activities, prepares project artifacts and reports related to the status of certification • Provides guidance for tracking business and technical requirements to certification checklists |
| Certification Analyst | Amy Lotze | 6 | <ul style="list-style-type: none"> • Assists the Certification Lead with planning activities and execution of certification activities • Develops and reviews project artifacts and responsible for maintaining the document repository throughout the certification life cycle |

| Resource Position Title | Proposed Resource | Number of Years of Experience Supporting Medicaid & Health Care Systems | Primary Work Assignment |
|-------------------------|-------------------|---|---|
| Lead Business Analyst | Amy Osborne | 14 | <ul style="list-style-type: none"> • Leads business analysts and provides support to technical team • Develops project documentation • Leads requirements development and documentation • Provides ad-hoc support for testing and project activities |
| Senior Business Analyst | Angie Foster | 20+ | <ul style="list-style-type: none"> • Provides general and system design analysis on requirements • Assists with procurement development and developing business requirements for RFPs and technical documentation • Participates in and leads requirements analysis, system testing & gate reviews • Assists with readiness review and training • Provides support to the project team • Performs ad hoc reporting and analysis |
| | Katie Brown | 25+ | |
| | Carrie Banahan | 13+ | |
| | Paula Conway | 20+ | |
| Junior Business Analyst | Donia Watson | 1 | <ul style="list-style-type: none"> • Works with users to assist them in leveraging the tools • Participates in requirements analysis, system testing • Assists with training as required • Supports the certification process as required • Assists in developing project documentation • Provides support to the team • Performs ad hoc reporting and analysis |
| | Heather Hoots | 1 | |

| Resource Position Title | Proposed Resource | Number of Years of Experience Supporting Medicaid & Health Care Systems | Primary Work Assignment |
|-------------------------------------|-------------------|---|---|
| Junior Technical Analyst | Matthew Engler | 1 | <ul style="list-style-type: none"> • Supports the senior technical resources with project tasks • Assists in developing technical documentation • Experience with MITA framework • Assist with developing technical requirements |
| | Sean Montgomery | 2 | |
| | Ryan Bussell | 2 | |
| Senior Technical Analyst | James Carpenter | 4 | <ul style="list-style-type: none"> • Provides consulting and subject matter expertise related to technical implementation and analysis • Reporting specialists that can assist with developing reports, reviewing reports, or testing applications • Experienced with MITA and MECL requirements • Provide support and consulting for enterprise architecture development • Development of Information Architecture and Technical Architecture |
| | Ashish Virmani | 14 | |
| | Swetha Nalakonda | 10 | |
| | Sean Massey | 6 | |
| | Vinayak Basavaraj | 15+ | |
| Data Governance Lead | Dan Roach | 10+ | <ul style="list-style-type: none"> • Leads enterprise data governance activities • Leads stakeholder engagement sessions and interviews • Responsible for the development of an enterprise data governance strategy |
| Procurement/Contract Management SME | Lee Ann Brewer | 15+ | <ul style="list-style-type: none"> • Supports procurement development and contract management processes • Assists the State with developing the RFPs |
| Subject Matter Expert | Michelle Mills | 15+ | |

| Resource Position Title | Proposed Resource | Number of Years of Experience Supporting Medicaid & Health Care Systems | Primary Work Assignment |
|-------------------------|-------------------|---|---|
| | Katy Dyer | 5+ | <ul style="list-style-type: none"> Provides strategic oversight and guidance on best practices Provides consulting on their area of expertise to support across the modules |
| | Pattie Chubbuck | 15+ | |
| | Lorna Jones | 15+ | |
| | Lisa Coleman | 10+ | |
| Fiscal Agent Specialist | Mohsin Naqvi | 15+ | <ul style="list-style-type: none"> Provides specialty expertise in fiscal agent implementation and operations |
| IAPD Specialist | Ellen Dickerson | 2+ | <ul style="list-style-type: none"> Provides consulting for IAPD development and federal funding support |
| Strategic Advisor | Sandeep Kapoor | 20+ | <ul style="list-style-type: none"> Executive leadership for engagement Provides consulting services Assists with risk management |

Based on the requirements of the RFP, we have assembled a proposed project team of key and non-key resources to complete the nine proposed projects. The organizational charts below outline the project team for each of the initiatives.

EES Phase II Implementation Project Team

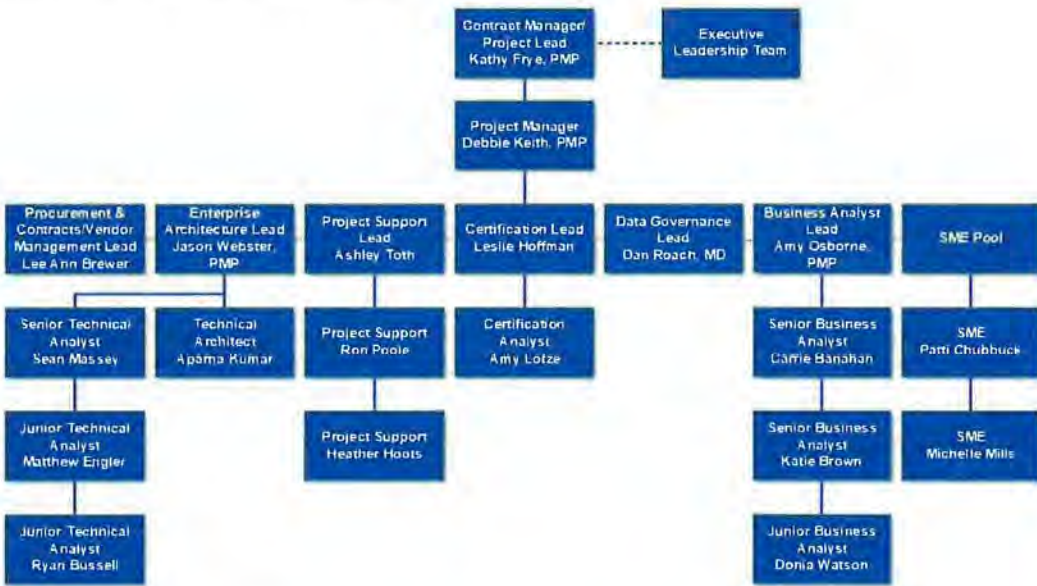


Figure 4: EES Phase II Implementation Project Team

EES Phase III Implementation Project Team

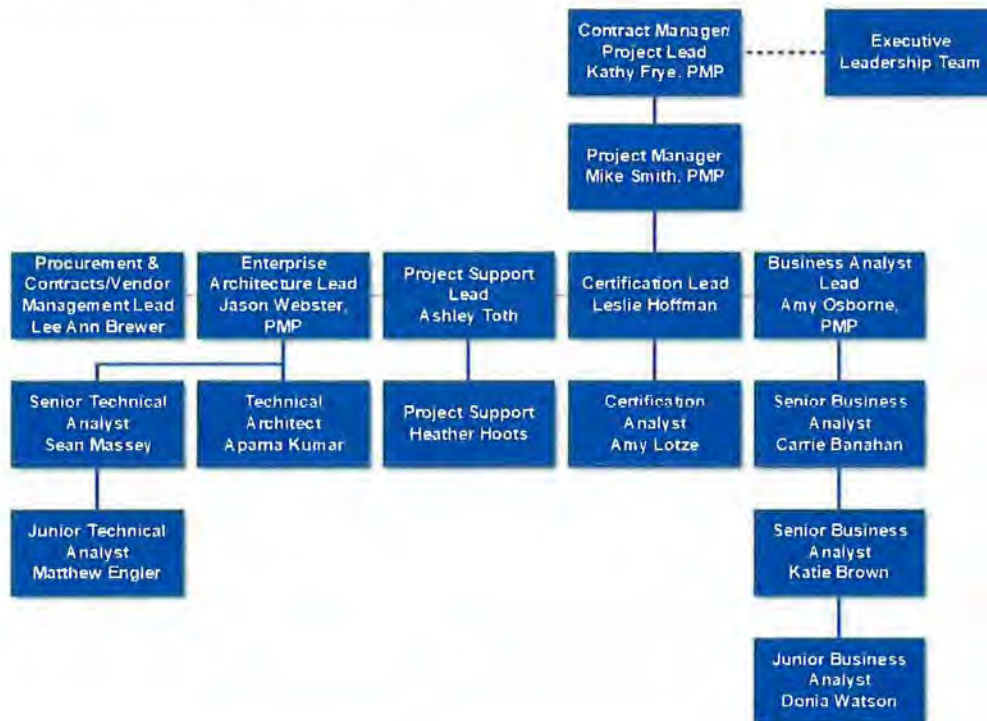


Figure 5: EES Phase III Implementation Project Team

DMA Implementation and Certification Project Team

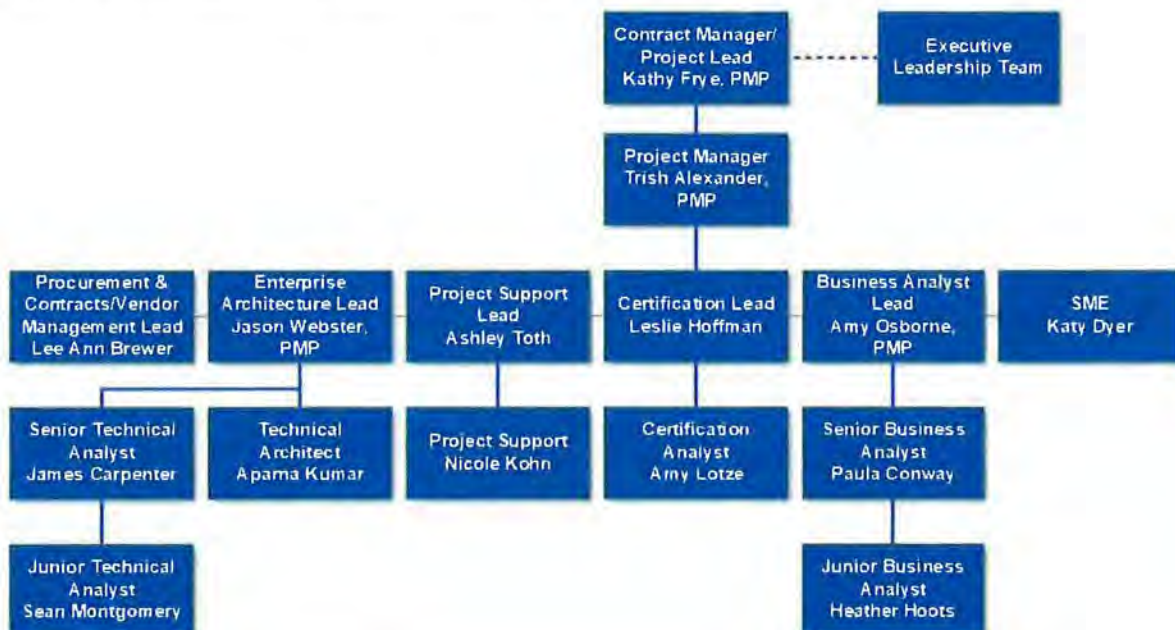


Figure 6: DMA Implementation and Certification Project Team

System Integration and Portfolio Management Project Team

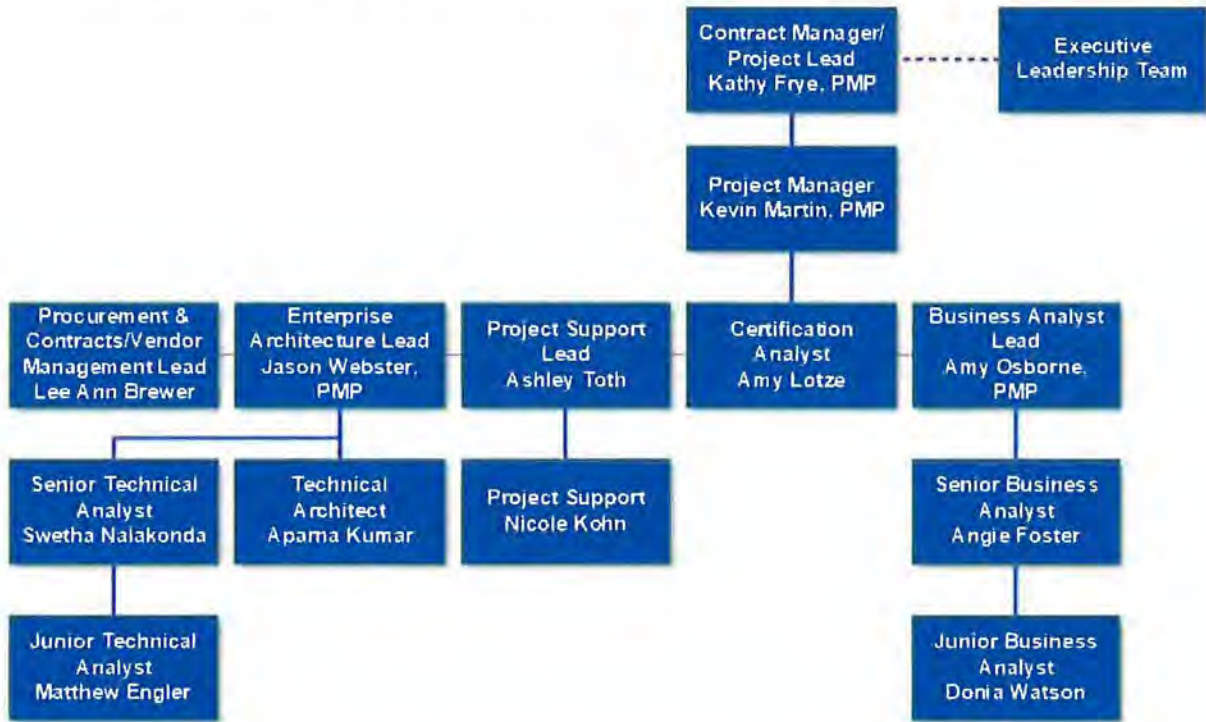


Figure 7: System Integration and Portfolio Management Project Team

EVV Project Team

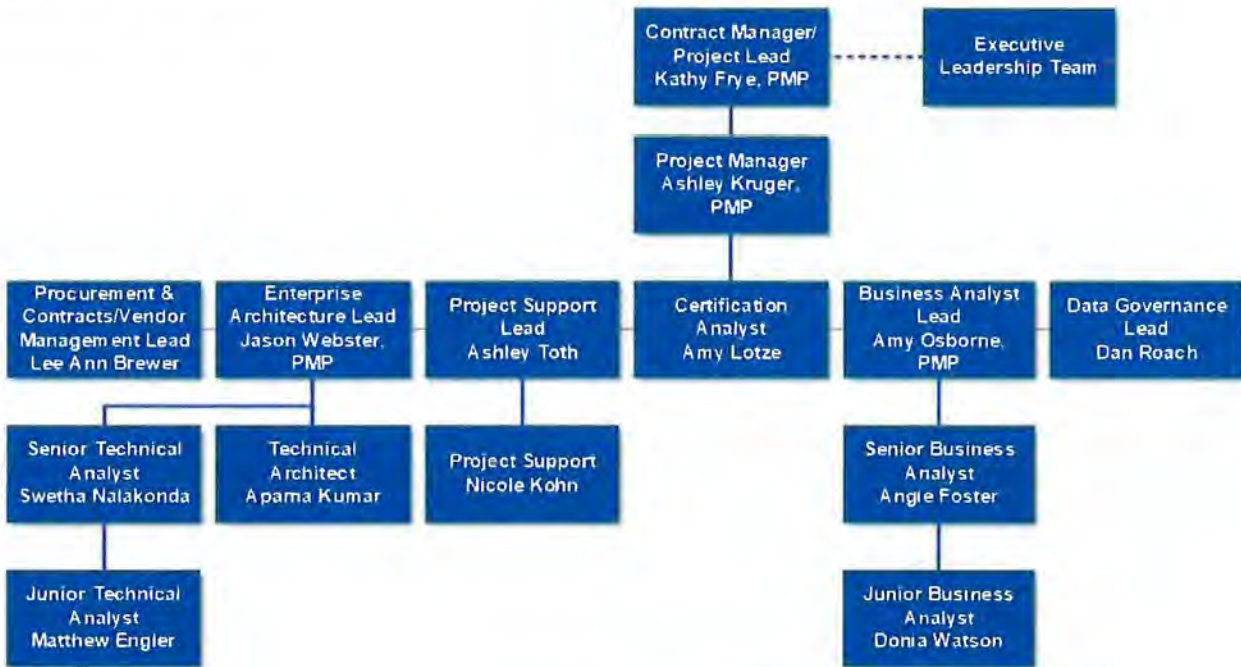


Figure 8: EVV Project Team

Capitation Processing Module Project Team

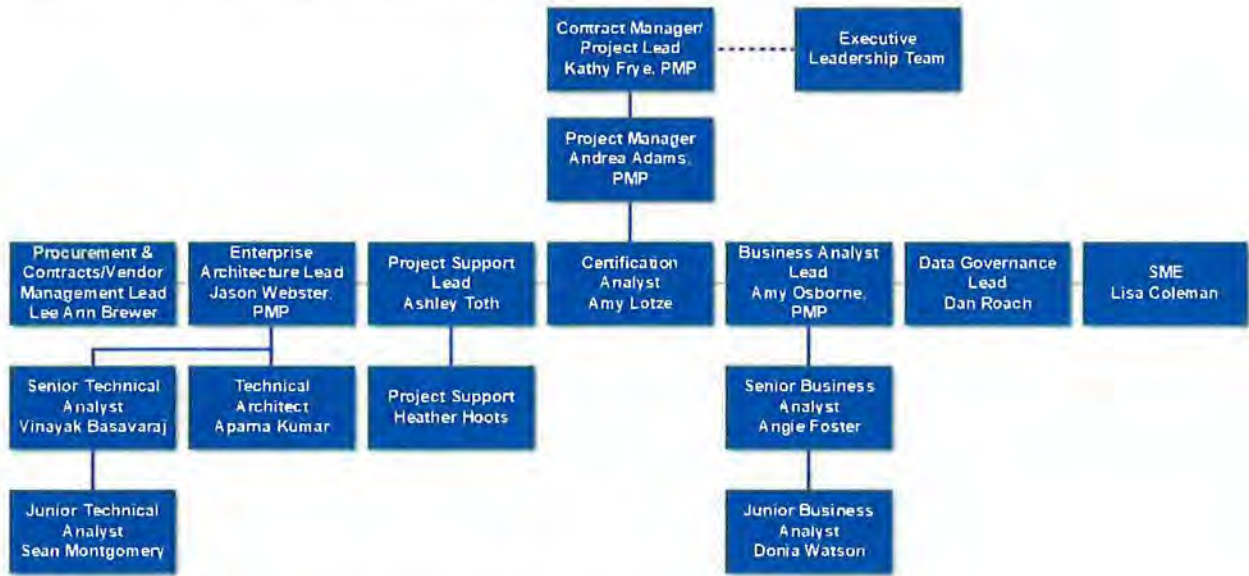


Figure 9: Capitation Processing Module Project Team

LTSS Redesign Project Team



Figure 10: LTSS Redesign Project Team

POS Module Project Team

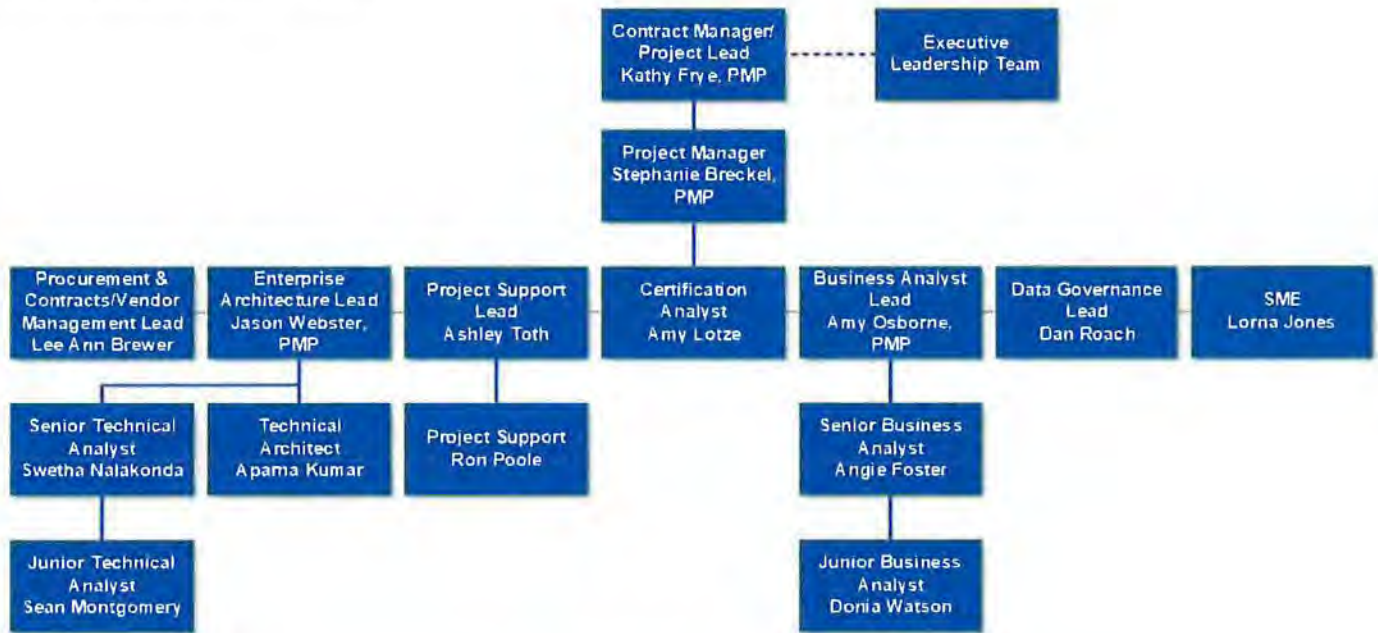


Figure 11: POS Module Project Team

Plan Selection and Eligibility Integration Project Team

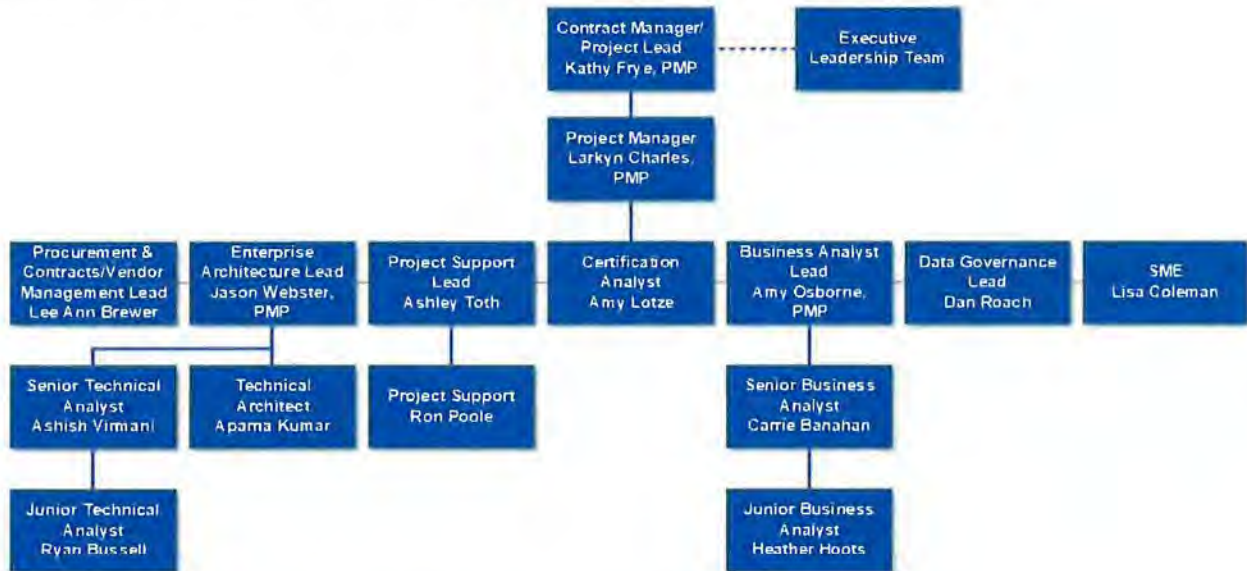


Figure 12: Plan Selection and Eligibility Integration Project Team

J. Subcontractors

If the bidder intends to subcontract any part of its performance hereunder, the bidder should provide:

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

HealthTech does not propose the use of any subcontractors.

Technical Approach

The technical approach section of the Technical Proposal should consist of the following subsections:

- a. Understanding of the project requirements; Section V.C.; and,
- b. Bidder Requirements: Section V.D.1-16.

Understanding of the Project Requirements (Section V.C.)

RFP Requirements, Project Requirements including Performance Requirements

Please provide a summary of the bidder's understanding regarding this RFP, project and performance requirements.

Bidder Response:

Nebraska is striving to provide mission driven, high quality services to all Nebraskans. We believe that the modernization activities described within the business plan and additional relevant publicly available documents is key to improving the quality of services provided by the state while maintaining cost and ensuring integration of technology. We have reviewed the RFP as well as publicly available documents and have interpreted the main requirements of the RFP to capture the following responsibilities:

- Project oversight and management of multiple program initiatives
- Professional consulting to support program management
- Professional consulting for Medicaid programs including eligibility and enrollment, MITA, CMS certification, FNS, system integration, and managed care
- Support advancement of MITA roadmap and modernization of Medicaid technology
- Assistance with creating federally required documents including SMHP and IAPD
- Implement a data management strategy
- Provide support to EES implementation
- Facilitate the process to establish a formal Enterprise Architecture function
- Contract and vendor management

Based on our review of the RFP, although the work will be completed on a time and materials basis, we believe this engagement calls for a partnership that provides much more than staff augmentation services but rather the necessity for a reliable, performance-based vendor who will work alongside the state to deliver appropriate service. This need is aligned with our corporate mission of delivering value and project resources at the right time, for the right duration of the project. To date, we have never been late on any contractual deliverable and continue to support projects by providing high-caliber, expert staff to the project initiatives. Our staff understand the technology and business components of Medicaid initiatives and have implemented numerous systems that are also like the systems planned for implementation within DHHS.

HealthTech also understands that the state has undergone some struggles with other vendors during and after implementation. We have helped state agencies overcome this by providing project recovery and staff support services to get the project back on track. Most recently, in Colorado, our team led certification efforts on behalf of HCPF. In this capacity, we worked

directly with multiple vendors to work through the MECL requirements in preparation for CMS certification. Prior to HealthTech onboarding to the State, the certification process was delayed and behind the date required for CMS certification. The HealthTech team was able to take over the certification process as project managers and technical resources and successfully get the certification process back on track. The COMMIT certification occurred in May 2019 and is currently awaiting official CMS approval.

HealthTech was founded to deliver state-of-the-art technology solutions and consulting services supported by technologists, policy experts, and leaders with operations experience in both state and federal government. Most of our team previously worked in state and federal government, and today we not only utilize our project methodologies and vast government experience in the health and human services area, but provide technology assessments, IT services and products in the financial, procurement, and enterprise applications too. HealthTech works alongside state teams and other vendors to ensure dependable, on-time consulting services and IT service delivery through a foundation based on project and quality management.

HealthTech has provided services to clients in multiple disciplines in over 30 states nationwide, including state and federal partners, top 25 industry organizations, and Fortune 500 companies. HealthTech brings a rich portfolio of company and staff experience that is relevant to the scope of this project and provides a basis for being able to provide staff augmentation and support services for a variety of projects. We are full-service vendor that can provide expertise, consulting, and project oversight related to MMIS and Medicaid transformation, MITA, public policy, technology implementation, vendor management, contracting, and procurement as well as assist the state with writing APDs to obtain federal funding.

We have been in your shoes as a state agency. We intimately understand the challenges and issues of projects and the nuances of state government. We view our clients as partners—you are not a number, or another state checked on a map, but rather, we are entirely invested in the success of your projects and enterprise. We believe that this is critical to foster an environment where projects succeed, and expectations are consistently exceeded for services provided.

We bring a corporate portfolio of similar initiatives and contractual vehicles that have been utilized with other governmental agencies, mostly at the state level. We currently are the enterprise Project Management Office (PMO) for the Connecticut Department of Social Services and will be the PMO for the Colorado Department of Health and Financing beginning July 1st. We understand that it is critical for the performance requirements to be met throughout the duration of the contract. As such, we have developed an approach to meeting the requirements of the RFP and potential scope of works that is rooted in the following principles that we believe will be key for success:

- Our just-in-time approach to project staffing ensures that the right staff are involved for the right amount of time on the project and are interjected into the project at the right point. Each project will be appropriately staffed with highly qualified resources.
- Leverage existing project templates, artifacts, and documentation.
- Limited ramp-up time that offers cost savings and project efficiency to the State. All proposed resources are current employees of HealthTech and available for engagement on day 1.

- We offer a large pool of experienced subject matter experts in over 20 different industry fields. Resources that will staff projects will be thought leaders, and senior resources that can make a positive impact on the project.
- We only recruit high-caliber staff. Most of our staff come to HealthTech through recommendations of current employees or industry partners.
- We leverage our flat organizational structure to facilitate quicker, more efficient decision making and improved project communication.
- Proactive approach to risk mitigation. Each Project Manager will maintain a risk register and escalate risks based on the risk management plan.
- Providing value is at the core of our organization. We strive to always provide value to our clients whether it be through resources, cost savings, project efficiency or improved communication. You are our partner.

To articulate our understanding of the overall requirements we are leveraging the Medicaid Enterprise Certification Life Cycle and the associated swim lane diagram below.

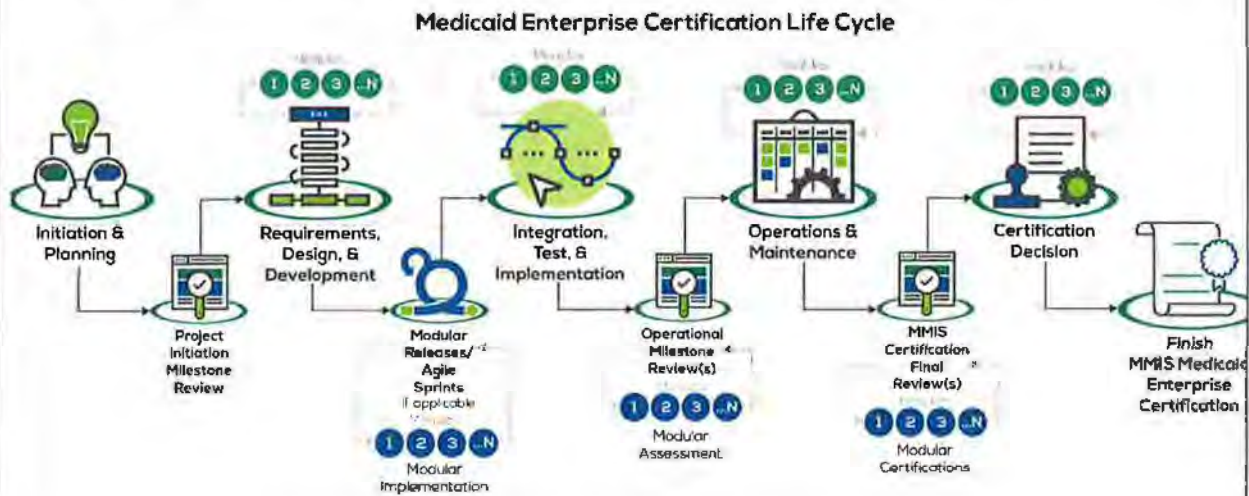


Figure 13: Medicaid Enterprise Certification Life Cycle Overview

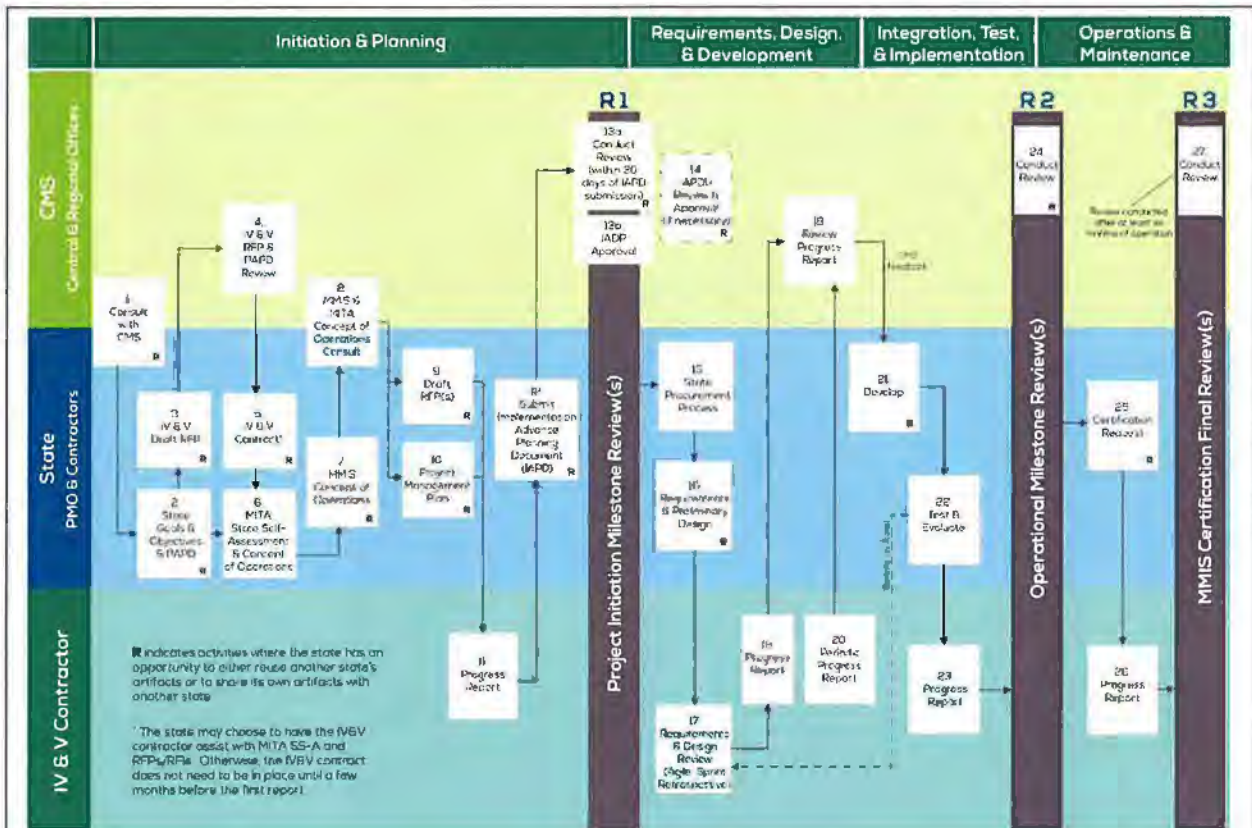


Figure 14: Enterprise Certification Life Cycle Swimlane

The table below shows our understanding of how the requirements of this RFP align with this life cycle process.

| Phase | What components we support as your partner | Primary skillsets of our proposed team | Tools and Assets that we plan to leverage |
|-----------------------|---|--|---|
| All | Project Management, Status Reporting, Subject matter expertise, Project Support, Support CMS compliance and communications, Vendor Management, stage gate reviews | Project Management (we have proposed over 12 PMPs), Experience with CMS processes and certification | Templates that can be customized for Nebraska's needs |
| Initiating & Planning | MITA, Data Management Strategy, Technical Management Strategy, Concept of Operations, FNS tool kit, Integration Plan, IAPD, Draft RFPs and contracts, State Medicaid HIT Plans (SMHP); Establish a portfolio management office (including processes, templates, | Enterprise, Architects, Technical Analysts, Business Analysts, Data Governance Lead, SMEs, experience with the new CMS eAPD tool | IAPD Express (tool for IAPD development), Portfolio management templates, RFP library which includes RFPs from multiple states; |

| | | | |
|--------------------------------------|--|--|---|
| | governance model, etc.); Enterprise Architecture | | |
| Requirements, Design and Development | Development of Integration methods, Integration Management (including standard development) | Business Analysts, Technical Analysts, Architects. | Integration pattern definitions |
| Integration, Test and Implementation | Integration - issue tracking/Root Cause Analysis/Option Analysis/ Compliance, Readiness Review | Technical Analysts, Architects. | Integration testing methodologies, Readiness Review templates |
| Operations | Knowledge Transfer | Business Analysts, Technical Analysts, Architects | Training templates |
| Certification | Checklist Management, Evidence Gathering, Management | Certification Specialists | Certification toolkit |

The state is looking for a partner with a deep understanding of MMIS, Eligibility & Enrollment system, Fiscal Agent, Encounter processing, Managed care, Asset Verification System. Not only does our staff have experience in these subject areas, but we also have artifacts available in our repository to leverage for requirements gathering, conceptual design, and project management.

For the nine (9) base projects, based on the information provided in the RFP, we have identified staff needed to execute the project. These projects seem to be in various phases and several seem to be in the planning stage. During project initiation, our team plans to do a discovery session with the State and develop a detailed project plan for the projects detailing all tasks, activities, durations, and dependencies. The DMA project appears to be the furthest along and we have proposed a team accordingly.

As articulated in the previous sections, our approach to pipeline management ensures that Nebraska will have access to all needed skillsets for future projects.

While the RFP does not identify any Service Level Agreements, we understand the State is looking for a partner who provides consulting services for multiple initiatives. Timing and quality of resources is of paramount importance. As such, we recommend monitoring the following Key Performance Indicators (KPIs):

1. The **Submittal Response Time** measures the average response time from when the State makes request for a particular skill set to the time we submit a suitable candidate. (our goal is 3 days)
2. The **Attrition Rate** measures resource turnover due to unplanned situations not caused by the state, not including inadequate performance, death, serious illness, etc. (our goal is less than 5%)
3. The **Performance Removal Rate** measures turnover due to inadequate performance (our goal is less than 5%)

- 4. Project Schedule Delays** measures delays due to factors under our control (our goal is no more than 3% for two consecutive reporting periods, this allows the team members to self-correct due to minor issues in one reporting period)

HealthTech combines deep technical, policy, and public sector knowledge with a steadfast commitment to delivering results -- a formula that will help Nebraska, and its selected partners, collaborate for success and achieve program goals. We intend to assume complete responsibility for timely performance of all contractual responsibilities in accordance with federal and state laws, regulations, policies, and procedures. HealthTech has an outstanding reputation among the clients we serve, and we take pride in the following accomplishments:

- HealthTech consistently gets the job done
- HealthTech remains within approved scope
- HealthTech stays on schedule
- HealthTech adheres to the approved budget
- HealthTech is flexible to satisfy our clients' needs



Bidder Requirements (Section V.D. 1-15)

Bidders should be able to provide proof of knowledge and experience in the following areas:

1. Medicaid programs;

Bidder Response:

Collaborating and working with State Medicaid Agencies is the core service line of business for HealthTech. We were established on the basis of becoming a niche vendor that specializes in providing services to state Medicaid and government agencies. The goal of our founders, Sandeep Kapoor and Frank Lassiter, was to improve the vendor experience for state agencies and provide a better, more efficient, and cost-effective vendor for agencies to partner with. Our primary lines of business focus on providing consulting, project management, and technical services in the areas of data analytics, Medicaid, MMIS, HIT, Eligibility & Enrollment (E&E), Health Benefit Exchange (HBE), claims management, and other related projects and initiatives. We are considered a leader in the public sector and have delivered services and technology to public sector clients for the last eight years. We are a full-service vendor and have experience assisting state clients across the continuum of the enterprise from strategic planning to contracting and procurement, governance, and with solution design, development, implementation, and certification.

Our experience with Medicaid programs includes the policy, business, and technology side. We have worked with multiple programs within Medicaid and health and human services including but not limited to MMIS, eligibility and enrollment, SNAP, TANF, Child Welfare and Child Support, and information technology. We have provided project management, assessment services, auditing, MITA, certification, federal reporting and funding support, enterprise architecture, data governance, and implementation services to Medicaid agencies. Our team has a combined 250 years of Medicaid experience. Furthermore, we have provided these services in the for the following Medicaid agencies:

- Alabama
- American Samoa
- Alaska
- Connecticut
- Colorado
- Florida
- Idaho
- Kansas
- Kentucky
- Louisiana
- Maine
- Missouri
- North Dakota
- Oregon
- South Carolina
- South Dakota
- Wyoming

In addition to working directly with Medicaid agencies, we also have experience supporting projects that are deeply embedded and integrated with Medicaid agencies and funding. For example, in Montana, we work with the HIE (Big Sky Care Connect) where we have developed a business plan for the statewide HIE and are currently assisting the HIE with collaborating with the Medicaid agency to leverage federal funding and develop initiatives between the HIE and Medicaid agency. Another example is in Kansas, where we will be beginning a public health assessment to determine a plan to help modernize technology, integrate the public health and Medicaid data, and help develop a sustainability plan for the initiative.

The federal perspective that we have from our relationship and work with CMS is an important differentiator of HealthTech. Our Policy Advisory Committee, which includes former CMS employees, helps to stay in front of changing regulation and policy and allows us to keep our clients informed, determine the impact of potential policy modifications, and how-to best leverage opportunities at the federal level. The work that we have done with CMS also gives us a unique perspective on the federal landscape and has allowed us to be able to coordinate tighter, more efficient communication between our state and federal partners. We look forward to providing this experience and knowledge base to Nebraska.

2. Health care data collection, measurement, analysis, and preparation of reports;

Bidder Response:

HealthTech has experience with developing and implementing technology solutions to support the collection and analysis of healthcare data. In 2013, Idaho received a planning grant from the Center for Medicare and Medicaid Innovation (CMMI) to create an innovative healthcare strategy for the entire state, known as the Statewide Healthcare Innovation Plan (SHIP). To achieve these goals, HealthTech served as the technology vendor for the statewide data analytics system. This system tracked progress on selected quality measures at the individual patient, county, regional, and statewide levels. HealthTech provided project oversight and quality measurement tools that quantify healthcare processes, outcomes, and patient perceptions to assist the Department in providing high quality healthcare. As the technology vendor, HealthTech hosted the HealthTech electronic clinical quality measures (eCQM) solution for statewide use, participates in statewide data governance strategy sessions, and assists with the data quality improvement process.

During the engagement, HealthTech received and ingested data submitted by 165 clinics across the State to the Idaho Health Data Exchange (IHDE) for use in calculating quality metrics to measure improvement across the State. The tool then analyzes the data through 16 performance measures. Idaho selected a set of performance measures that leverage the CMS measure specifications.

The application attributed patient data to providers through holistic reporting at the clinic, county, region, and state level. Consistent with the HIPAA, the application relied on role-based access, where all security and application access is controlled through the role assigned to each user. Individual patient data was able to be viewed by clinic users, while users granted either county, region, or state access can view aggregated data based on the established attribution methodology.

Multiple self-service reports were available to clinic and state users for data validation and quality assurance including a Gap Analysis Report that was utilized for data validation

processes. In addition to the development and management of the statewide application, HealthTech was responsible for providing training and technical support (help desk) to all users that receive access to the solution. The data warehouse for the Idaho Department of Health supported over 400,000 covered lives, and HealthTech received data from over 80 clinics across the State.

Another example of our experience with health care data reporting and analysis is the work that we have completed with the Georgia Department of Community Health. In Georgia, through a subcontract with HPE, we provide an eCQM reporting tool that is utilized statewide to support provider quality improvement initiatives. The eCQM system is integrated with MAPIR, another state system, and collects and converts the MAPIR data to the eCQM solution data model for quality reporting calculation. HealthTech provides all design, development, and implementation services including requirements gathering, system design, and release management. We also participate in the change control board and the clinical advisory group. The HealthTech team provides project management and oversight and assists with interpreting the data and data quality improvement processes for the State. Our team is experienced in developing custom and standard reports for use by the providers and state users.

As a component, we have implemented a clinical quality measurement reporting application for Alabama, American Samoa, Louisiana, Wyoming, South Carolina, South Dakota, and the District of Columbia. Additionally, working with CMS, we have developed systems to collect, analyze, and prepare reporting for CMS nationally for all Medicaid agencies.

In addition to the projects above, HealthTech is currently developing an enterprise data warehouse product in house that ingests data from multiple integrated sources, analyzes the data, and provides the data in multiple report formats through various reporting and data visualization tools. The data warehouse contains all reports to support federal reporting requirements and includes quality improvement reporting to support managed care oversight and program integrity.

The proposed team for Nebraska includes multiple technical resources and analysts that have extensive experience in Medicaid data collection, reporting, and data analysis for large scale statewide systems.

3. Federal oversight requirements including APD/MECL/MEELC, FNS Toolkit, MITA;

Bidder Response:

HealthTech has experience working with federal oversight requirements including IAPD development, MECL, MEELC, FNS Toolkit, and MITA. We have completed IAPD development and support activities in over 10 states and also serve as the technical SME for HIE IAPDs for the Medicaid EHR Team and CMS. We have conducted MITA 3.0 SS-A projects in 3 states and have and have experience with the MECL and MEELC as both a corporation with projects in Colorado and Missouri and with staff's previous experience working with the Kentucky MMIS, Tennessee MMIS, and Kentucky eligibility and enrollment systems. Our staff have also supported multiple FNS initiatives from a policy perspective and through technology development. We have proposed two former CIOs on the project team that were responsible for the FNS programs and technology implementations in previous roles with state agencies. Our work in this area includes Alaska, Connecticut, Oregon, Wyoming, South Dakota, North Dakota, Montana, Louisiana, and American Samoa.

4. EES solution implementation

Bidder Response:

Proposed HealthTech team members have experience in implementing eligibility and enrollment systems. The proposed Project Managers for the EES implementations have both worked directly on eligibility and enrollment initiatives. As a corporation, we have worked directly with the Health Benefit Exchange providing training, staff augmentation services, and outreach services to the support expansion activities. HealthTech also led the preparation of grants and IAPD requests and provide expertise to support the implementation of MAGI eligibility rules through the development of policies and procedures. HealthTech also was responsible for developing policies for use by the State around the Insurance Affordability Programs including the APTC and CSR programs.

In addition to our work in Kentucky, HealthTech served as subject matter experts on the IMPACT system in Connecticut, the statewide Eligibility and Enrollment system.

5. MLTC Case management solutions

Bidder Response:

We have supported MLTC case management projects in Colorado and Missouri. In Colorado we completed an assessment and analysis project to support a case management implementation. In this scope of work, our team was responsible for conducting the As-Is and To-Be assessment, determining gaps in technology and business processes, and providing a recommendation for a future case management solution that meets CMS requirements and the MITA framework. Following our analysis, the State worked to procure a case management solution that was able to integrate and support the long-term vision of interoperability and healthcare data consumption.

In addition to Colorado, HealthTech has been engaged with the Missouri Department of Mental Health providing consulting services to support the case management procurement. In this capacity, we developed business and technical requirements for the solution, led initial CMS certification planning and ensured that CMS requirements were addressed in the RFP, and wrote the RFP for the case management system. In addition to the RFP development, we also wrote the IAPD submission for funding of the new system and continue to provide ad-hoc consulting and project support. The State is set to release the RFP soon and our team will provide ad-hoc consulting and evaluation support related to the procurement.

As part of the MITA assessment that we completed for Kentucky, Connecticut, and Alabama, we identified MLTC case management needs including Business Architecture, Technical Architecture, and Information Architecture.

6. LTSS

Bidder Response:

HealthTech has various experience in LTSS and LTPAC. HealthTech partnered with the Urban Institute to produce a report for the federal HHS Office of the Assistant Secretary for Planning

and Evaluation (ASPE) on a study of HIE between LTPAC providers and their exchange partners. Within the report, it described findings related to electronic health information exchange (eHIE) involving long-term and post-acute care (LTPAC) providers. The report covered three general areas: preparing for eHIE between LTPAC providers and their exchange partners, implementing eHIE between LTPAC providers and their exchange partners, and assessing the impact of those activities. <https://aspe.hhs.gov/system/files/pdf/205271/LTPACsetting.pdf>.

In Connecticut, we also completed a project for the Balance Incentive Payment program. The Affordable Care Act, Section 10202, introduced a grant opportunity for states to increase access to non-institutional LTSS. The grant offered a targeted increase in the State's Federal Medical Assistance Percentage (FMAP) for qualified non-institutional services to States that had not reached a specified level in the rebalancing effort.

Connecticut met the Balancing Incentive Program (BIP) targeted spending percentage requirements, and an application was submitted on October 31, 2012. In addition, Connecticut submitted an Expedited Advanced Planning Document (EAPD) request to CMS seeking enhanced Federal Funding on June 17, 2014, requesting nearly \$15M for the planning, development and implementation activities of the systems components of the project. Connecticut hired a vendor to design and implement the No Wrong Door-Single Entry Point system (NWD/SEP) and to program a standardized assessment instrument/Universal Assessment (UA) that had been developed after extensive work by a committee representing multiple clinical experts of the Connecticut LTSS system.

Following a delay for the first scheduled BIP implementation in February 2015, BIP Release 1 (R1) was launched in limited production on July 1, 2015, but only for Money Follows the Person (MFP) and Community First Choice (CFC) participants who were not receiving waiver services. Due to significant implementation related issues, the program was halted by DSS leadership.

Members of the EPMO completed a gap analysis and recommended appropriate next steps to DSS Leadership in May 2016. As a result, Executive Leadership elected to pursue both a long-term and a "bridge" interim solution. HealthTech led a stakeholder workgroup and helped to identify functional gaps and issues and provided recommendations back to the State regarding an optimal path forward to issue a BIP 2.0 solution. A component of this work was to ensure that the BIP 2.0 solution met the requirements of the MITA framework.

HealthTech is also assisting the State of Colorado in the collection of information to be utilized in developing a requirements document for a No Wrong Door (NWD) Statewide Database for Long Term Care Services and Supports. The NWD database will be for both Medicaid and non-Medicaid participants and services. As part of the scope of work, HealthTech is conducting research relating to Colorado's current technical structure, integration options and considering technology that can be leveraged or reused. Stakeholder sessions are also being held to discuss desired business requirements. In addition, HealthTech will compile a list of solutions and their costs, complete a comparison of the cost of each solution and develop a business requirements document for the NWD database.

7. Preparation of Medicaid Advanced Planning Documents;

Bidder Response:

HealthTech has specific expertise in providing IAPD support for multiple state clients. We have provided IAPD support services in over 10 states including Alaska, American Samoa, Connecticut, Colorado, Louisiana, Wyoming, South Dakota, North Dakota, Oregon, and Montana. We have helped our state partners gain approval of over \$700 million in federal funding over the last five (5) years from multiple federal agencies. At every stage of the IAPD process, we understand the federal requirements that underscore these documents and the guidelines and timelines for their submission. HealthTech staff are skilled in developing the narrative descriptions, schedules, budgets, and cost-sharing allocations required to receive federal matching funds, understand the timeliness necessary for the federal submission and approval processes, and understand the maintenance and updating of these documents. Our approach and methodology to develop the IAPD is shown below:



Figure 15: IAPD Update Framework

HealthTech follows a very detailed process for the completion of IAPDs and IAPDUs. The steps involved in HealthTech's IAPD development process is illustrated in the figure below:

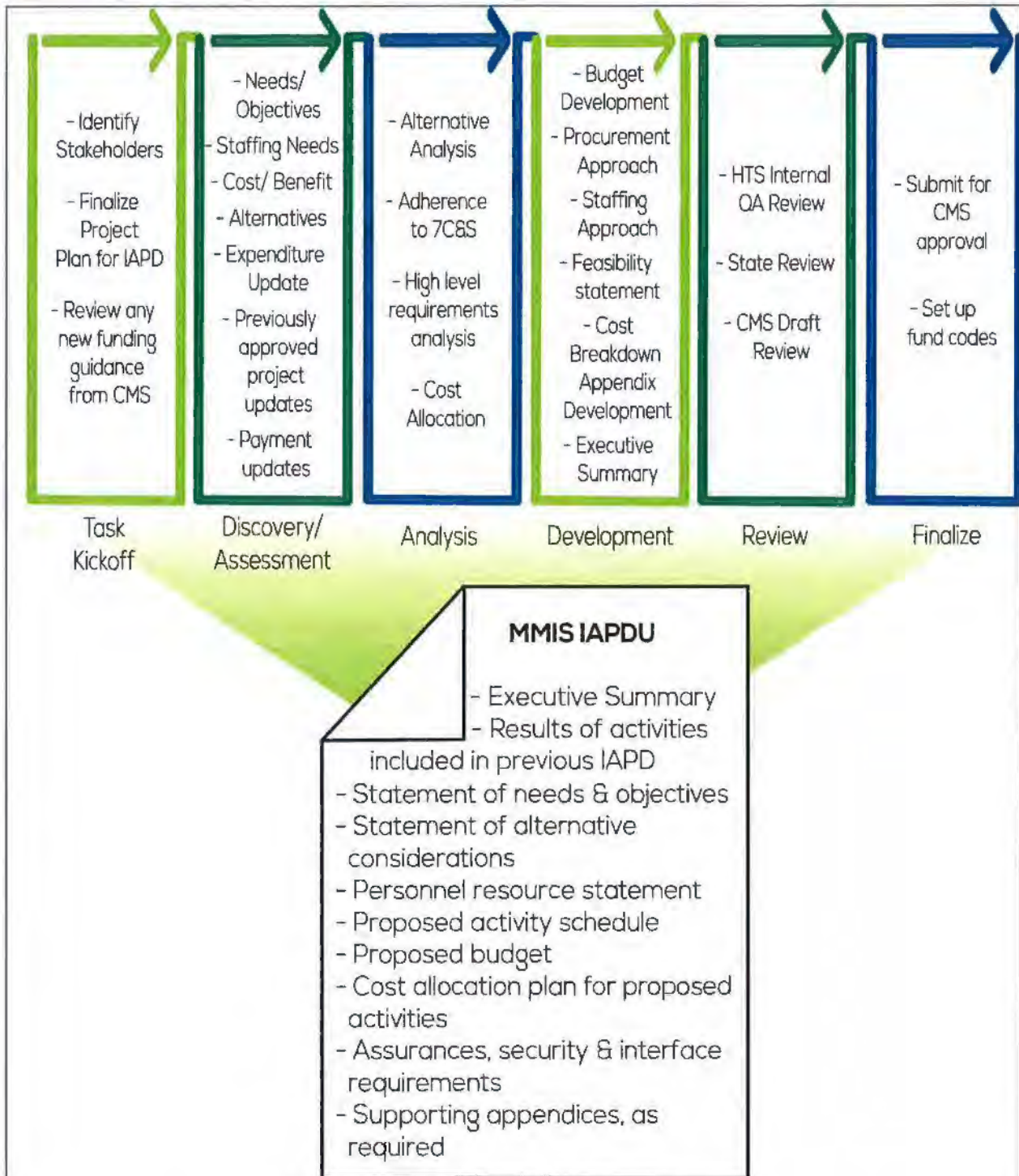


Figure 16: HealthTech's IAPD Development Process

From experience at State Medicaid Agencies and further development of IAPDs, HealthTech has developed a template tool (IAPDExpress) which asks a series of questions and helps develop several of the tables required in the IAPD, including the breakdown by FFY, cost allocation table, and budget by phases as illustrated in the graphic below. The methodology is based on our experience from previously approved IAPDs but can be easily customized based

on a project's unique needs. Given answers to a series of questions, the tool calculates the entire budget, the cost allocation, as well as the new required detailed budget table.



Figure 17: IAPD Budget Development Process

As our corporate experience demonstrates, the depth and breadth of experience in IAPD work the HealthTech team possesses sets us apart. We bring a working knowledge derived from many successful engagements with state agencies on small to mid-size health IT initiatives, up to extremely complex MMIS and HIE projects that involve multiple agencies, internal and external stakeholders, and the deployment of emerging technologies. Along with this experience, we bring an awareness of industry practices and standards and leading-edge business solutions.

B. Certification Lifecycle (MECL/MEELC);

Bidder Response:

HealthTech is knowledgeable on the requirements of the Medicaid Enterprise Certification Life Cycle (MELC) and certification process for MMIS modules and eligibility systems. We have recently assisted Colorado Medicaid Management Innovation & Transformation (COMMIT) in the certification of their MMIS. HealthTech had overall responsibility for managing the evidence gathering and confirmation, vendor collaboration efforts, and preparation activities to achieve CMS final certification of the COMMIT system. In addition, we assisted Missouri in requirements gathering for their Case Management RFP. In that engagement we cataloged their artifacts and tracked their requirements to the MECT checklist in preparation for the CMS R1 review.

We also are engaged with a large privately held PBM vendor to develop a comprehensive certification plan for their organization to prepare for certification within the Medicaid enterprise. Prior to joining HealthTech, several HealthTech employees, including Carrie Banahan, who are

assigned as SMEs to this engagement oversaw and participated in the CMS certification for the Kentucky eligibility and enrollment system. We understand it is vital to States that certification goes smoothly, and funding is awarded promptly back to the first day of operations by CMS. It is our experience that certification must be taken into consideration from day one in the initiation & planning phase of the project. HealthTech has identified many best practices in certification preparation and we are familiar with existing artifacts that will need to be reviewed for potential updates when planning for the implementation of the various modules.

9. Development and Implementation using the FNS Toolkit;

Bidder Response:

HealthTech has staff that have experience developing solutions and implementing technology using the FNS Toolkit. We have specifically worked with USDA guidance documentation including the Handbook 901 that serves as a roadmap and oversight document for the APD process and procurement of IT services for systems to support FNS. Our team also supported an FNS program, Women's Infant and Children's (WIC), through a technology project with the Cabinet for Health and Family Services in Kentucky. In this initiative, we worked directly with the WIC program to gather requirements for a statewide EHR implementation and financial management solution.

10. Medicaid Information and Technology Architecture (MITA) framework;

Bidder Response:

MITA is an initiative sponsored by CMS and is intended to foster integrated business and IT transformation across the Medicaid enterprise to improve the administration of the Medicaid program. The MITA 3.0 assessment consists of three interrelated architectures including the Business Architecture, Information Architecture, and the Technical Architecture. All three of the architectures include revising and setting goals to improve multiple information technology system processes and functions of a State Medicaid Agency.

HealthTech has served as a contractor for three different MITA 3.0 Assessments in Kentucky, Connecticut and Alabama. Each assessment that has been conducted by HealthTech has proven to be successful, and highly beneficial to the client at hand and have set the foundation for the MMIS and enterprise modernization efforts within those states. Additionally, HealthTech provides technical assistance for the implementation of a MITA SS-A Solutions contractor for the state of Alaska and has provided MITA training and support for a large privately held PBM vendor. HealthTech also develops technology solutions that have been developed based on the MITA principles and framework. In this process, we have directly translated the MITA framework to business and technical requirements to lead the development effort on two distinct modules. We have also supported states in translating the MITA framework to business and technical requirements for RFPs. We completed this type of work in Missouri and Connecticut.

In addition to our experience in providing support services and MITA assessments, HealthTech has also been a player on national front in regard to MITA. Sandeep Kapoor and Jason Webster, the proposed Enterprise Architect served on the MITA Technical Advisory Committee that supported CMS in creating and operationalizing the MITA framework.

11. MMIS replacement planning and implementation;

Bidder Response:

We have supported multiple states with their MMIS replacement planning initiatives. As noted throughout the response, HealthTech completed the MITA 3.0 SS-A for Kentucky, Connecticut, and Alabama. The outcome of the MITA 3.0 SS-A was a Concept of Operations and Procurement Roadmap that served as the plan for the MMIS replacement and modernization programs within these states. We also supported Alaska with developing an RFP to obtain their MITA 3.0 vendor and have previously provided training related to MITA.

HealthTech is also the EPMO vendor for the Connecticut DSS. In this capacity, we are leading and overseeing the Medicaid transformation and MMIS replacement initiatives for the State. We have created and developed the PAPD and IAPD submissions to obtain federal funding for the Medicaid modules, are currently developing the Enterprise Architecture, and all module RFPs. As the EPMO, we also provide vendor and contract management for module vendors, help establish performance measures and reporting requirements, and maintain the health of the overall portfolio and program within DSS.

In Colorado, we have served as the certification vendor the COMMIT project and will become the EPMO beginning July 1, 2019. As the EPMO, we will be responsible for project and program oversight, and will begin the initial phases of the MMIS replacement and modernization program within the State.

Additionally, the staff we have proposed have deep knowledge of MMIS replacement and implementation and collectively have over 200 years of experience in MMIS planning and implementation.

12. Medicaid Long-Term Care initiatives and case management solutions;

Bidder Response:

Deleted per Addendum 1

13. State system integration activities;

Bidder Response:

The HealthTech team has experience support state system integration activities working in the role of a consultant and as a technology vendor. We have worked with multiple system integrator vendors to support their implementation approach in State's for MMIS system integration. Most recently, we have served as the consultants and technical SMEs for the development of the Enterprise Architecture for Connecticut DSS. This project has required the ability to understand the intricacies of integration and the workflow required across Medicaid systems. Within the CT Medicaid Transformation initiative, we also led the development of the System Integrator RFP where we were responsible for developing all technical and functional requirements and performance metrics for the contracted vendor.

As a technology vendor, we have experience with integrating state systems. Our data warehouse product that is currently in production in Wyoming is integrating with various statewide technology systems and acts as a centralized repository for data. In Idaho, we integrated with the statewide HIE to receive patient level data for quality measure reporting. This integration allowed for the providers to submit data once for use by the HIE and then pass that along through our system for measure reporting and improvement activities. Lastly, HealthTech has integrated all SLR products installed in production to the NLR and various state systems based on the requirements of the state agency and Medicaid program. We have implemented SLR solutions in Alabama, Wyoming, Louisiana, South Carolina, South Dakota, District of Columbia, and American Samoa.

Additionally, our proposed Enterprise Architect has over 15 years of experience in planning, designing, and implementing HHS wide integration platforms for multiple states including Kentucky, Colorado, and Missouri. HealthTech has been appraised as a **CMMI-Dev-3** organization and our staff possess the following qualifications:

- Information Technology Infrastructure Library (ITIL) certification in IT Service Management
- Six Sigma Black, Brown, and Green Belt
- The Open Group Architecture Framework (TOGAF)
- Project Management Professional (PMP)
- Certified Information Systems Auditor (CISA)
- Certified Information Systems Security Professional (CISSP)
- Certified in Risk and Information Systems Control (CRISC)
- The Health Information Trust Alliance (HITRUST)
- Certified MBA (CMBA)
- Microsoft Certified Systems Engineer (MCSE)
- Security+ and Network+
- Information Assurance Certification Review Board (IACRB)
- Certified Computer Forensics Examiner (CCFE)
- Snort Certified Professional
- CompTIA A+
- Server+
- Certified Cloud Security Professional (CCSP)

14. State RFP development activities; and

Bidder Response:

HealthTech is working with the Missouri Department of Mental Health (DMH) to help with their Case Management Project. The Missouri DMH is responsible for ensuring that evaluation, care, and rehabilitation services are accessible to all Missouri citizens with development disabilities. To support DMH with case management services for the Home and Community Based Services (HCBS) Waiver programs, Missouri requested vendor support for the procurement of a case management solution that meets all requirements of the Centers for Medicare and Medicaid Services (CMS) and the Missouri Medicaid Enterprise (MME). HealthTech has four scopes of work within this project including the completion of the clinical and business workflow, development of the RFP, ongoing RFP support, and assistance with federal funding support.

Following completion of the initial project phase, HealthTech led the procurement development of an RFP for a Case Management Solution. The HealthTech team developed the requirements and documentation for the draft RFP template which was provided by DMH. The proposal contents were delivered to the State on time. DMH is set to release the RFP to the public. Following the release, HealthTech will provide ad-hoc ongoing procurement support including evaluation and contracting support including assistance with the bidder's conference, facilitation of vendor responses, tracking vendor questions, and assisting the State by recommending the vendor demonstration agenda, as well as consolidating documentation of findings.

Additionally, the HealthTech team is working with the State of Connecticut to maximize its qualification for enhanced FFP for MMIS development, implementation, and operations. HealthTech Solutions will assist with procurements that include provisions for financial incentives and will utilize our extensive experience to aid in the development of several RFPs, and the foundational procurements for the State's Next Generation Medicaid Enterprise System (NMES), as well.

To achieve qualification for FFP for MMIS development, HealthTech has developed a Procurement Strategy for Connecticut's METS. As part of Connecticut's preparation for MMIS re-procurement, DSS performed a Medicaid Information Technology Architecture 3.0 Self-Assessment (MITA SS-A) which was conducted by HealthTech. Because of the MITA SS-A, a procurement strategy was developed to determine procurement phases and activities.

Based on current plans, the HealthTech team is responsible for the development of the following module procurements.

- Independent Verification & Validation (IV&V)
- Systems Integrator (SI)
- Organizational Change Management (OCM)
- Enterprise Data Warehouse
- Testing (Quality Assurance/Quality Control)
- Care Management
- Provider Management
- Claims Management
- Pharmacy Benefits Management
- Third Party Liability
- Program Integrity
- Financial and Contract Management

The RFP development for the Organizational Change Management module, the System Integrator module, and IV&V vendor are in progress. All MMIS module procurements are set to be completed by 2025.

Key functions of the procurement development process led by HealthTech Solutions includes the following activities:

- Data gathering for existing processes and roles and responsibilities
- Documentation and development of Business Process Modeling Notation (BPMN) workflows for current business processes
- Skills and gap analyses

- Development of RFP requirements and evaluation criteria
- Process alignment to MITA/NHSIA/SAMHSA frameworks
- Alignment to the CMS MECT certification checklist
- Training
- Defining roles, strategic objectives, and key performance indicators
- Assistance with procurement process and strategy for completion of all RFPs
- Communication and support with CMS
- Development of accompanying IAPD documentation

Connecticut recently procured a solution for Electronic Visit Verification. The HealthTech team has reviewed the module and it is included in the overall redesign for the MMIS modernization. In summary, we have helped the following states in developing RFPs—Kentucky, Connecticut, Missouri, Alaska, and Georgia.

15. Capitation Processing Module.

Bidder Response:

HealthTech has experience with developing modules that support capitation processing. Our data warehouse product that we are producing in house supports capitation and encounter processing and federal reporting. We also are supporting a major PBM vendor with developing an encounter processing system that will also be utilized in a capitated payment environment to support State Medicaid Agencies.

HealthTech has proposed resources that have experience with the design, development, and implementation of capitation processing modules. Our staff have completed this for Kentucky. Additionally, staff proposed have experience in the following areas:

- Plan selection
- Mass enrollment and disenrollment
- Rate setting
- Enrollment related HIPAA transactions including 834, x12 EDI transaction for enrollment and the 820, x12 EDI transaction for payment
- Retroactive eligibility
- Error resolution
- Reporting

This experience will serve as the foundation for consulting services related to capitation processing in Nebraska. The diagram below articulates our high level understanding of the capitation services.

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Appendix B: Proposed Personnel Resumes

Resumes for the proposed staff are below. All resumes include relevant experience, education and certification, and 3 references. References include the name, email address, and phone number of the individual. HealthTech will provide additional personnel and reference information upon request.

Resumes have been arranged in the order that they appear in the chart within the staffing section of the proposal. The order of the resumes are below.

Sandeep Kapoor
Kathy Frye
Debbie Keith
Mike Smith
Trish Alexander
Kevin Martin
Ashley Kruger
Tia Frye
Stephanie Breckel
Larkyn Charles
Ashley Toth
Ron Poole
Nicole Kohn
Donia Watson
Heather Hoots
Jason Webster
Aparna Kumar
Leslie Hoffman
Amy Lotze
Amy Osborne
Angie Foster
Katie Brown
Carrie Banahan
Paula Conway
Matthew Engler
Sean Montgomery
Ryan Bussell
James Carpenter
Ashish Virmani
Swetha Nalakonda
Sean Massey
Vinayak Basavaraj
Dan Roach
Lee Ann Brewer
Michelle Mills
Katy Dyer
Pattie Chubbuck
Lorna Jones
Lisa Coleman
Mohsin Naqvi
Ellen Dickerson

Sandeep Kapoor, CEO

Proposed Role: Strategic Advisor

Sandeep Kapoor is the Chief Executive Officer of HealthTech Solutions and brings more than 25 years of experience working with federal and state agencies and private sector clients in healthcare. Prior to HealthTech Solutions, Sandeep served as the former Chief Technology Officer (CTO) with the Cabinet for Health and Family Services in Kentucky. While at the Cabinet, Sandeep led Kentucky's nationally recognized technical implementation of the statewide Health Information Exchange (HIE) and Medicaid Modernization. Sandeep was responsible for strategic planning on the Health Benefit Exchange and Medicaid Eligibility Systems.

Sandeep has worked with states across the country and served in lead roles at a national level. He served as a technical consultant for the National Academy for State Health Policy (NASHP) and has worked with CMS and the Office of the National Coordinator for Health Information Technology (ONC) on Health Information Technology for Economic and Clinical Health (HITECH). Sandeep continues to take lead roles nationally through Healthcare Information and Management Systems Society (HIMSS), World Managed Care, and ONC workshops. Sandeep has longstanding relationships with clients, stakeholders, and national leaders in both healthcare and technical industries, and he ensures the HealthTech Solutions commitment delivers the best record of client results in the industry. Sandeep is a certified Project Management Professional.

PROFESSIONAL EXPERIENCE

Chief Executive Officer, HealthTech Solutions 2011-Present

As CEO, Sandeep continues to take a hands-on role for several major engagements. He is responsible for delivery of our services to all our clients. He is also the technical lead on Urban Institutes contract with CMS to provide technical assistance to CMS and States. Sandeep provides Strategic Advisory services to multiple state Medicaid agencies including Connecticut, Colorado, Alaska, Kansas, Georgia, Louisiana. His domain expertise includes Analytics, Eligibility, MMIS, Health Information Exchange, Health Benefit Exchange and Public Health systems. He provides actionable advice to our clients on policy, programs, IT, governance and national and regional trends. Sandeep has been responsible for the tremendous growth at HealthTech from 2 employees in 2012 to over 150 consultants today. His focus on delivery and client satisfaction are the key reasons for this success.

Chief Technology Officer, Office of Administrative and Technology Services 1996-2011

Sandeep served in several roles for the Kentucky Cabinet for Health and Family Services including CTO. As CTO, Sandeep led efforts evaluating current infrastructure, reviewing new technologies, suggesting changes to the business model, and leading the Enterprise Architect group. Sandeep served as technical lead on the successful implementation on the Medicaid modernization projects and eHealth efforts and worked closely with CMS and ONC on HITECH engagements. Sandeep was responsible for strategic planning on the Health Benefit Exchange and Medicaid Eligibility Systems.

Sandeep served as the Systems Architect/Technical Lead on Kentucky's implementation of the statewide health information exchange and state level registry for Medicaid incentive payments. Kentucky was among the first states to make payments in January 2011, and Sandeep was responsible for all aspects of this program. Kentucky was the pilot state selected by CMS for the validation of all interfaces with the National Level Repository. Sandeep worked with CMS on a routine basis and co-presented along with CMS at various conferences including HIMSS, MMIS, eHealth, World Managed Care, and ONC workshops. Sandeep designed the Meaningful Use system which is being used by Kentucky for the year two Medicaid incentive payments. Sandeep was responsible for the overall technology infrastructure and roadmap for a statewide HIE. The HIE included synergies and reuse of technical artifacts across all health and human services programs in the State including Public Health, Medicaid, and Office of Health policy.

Project Manager and Technical Consultant, Governor's Office of Technology 1995

Sandeep served as a Technical Consultant and Project Manager on the Kentucky statewide accounting system (MARS). The project involved upgrading from the current version of the product to a new state-of-the-art system developed using Java. Sandeep's responsibilities

EXPERIENCE

25+ years of experience in Health Information Technology, Strategic Planning, Assessment, and Thought-Leadership. Extensive experience with Health and Human Services Systems. Former Chief Technology Officer for the Kentucky Cabinet for Health and Family Services.

CORE

Strategic and Capital Planning

- Strategic and Capital Planning
- HIT Systems
- State Level Registries
- MMIS
- Health Information Exchange
- Electronic Health Records
- Meaningful Use
- Programmatic Audit
- Medicaid Eligibility
- Provider Eligibility
- Managed Care Organizations
- Claim and Payment Systems
- Third-Party Liability
- Health Standards and Certifications
- Data Warehousing
- Public Health Systems
- Medicaid IT Architecture
- Health Level 7
- Data and Process Modeling
- System DDI
- Technical Architecture
- Project Management

included functional gap analysis, hardware/software sizing, architecture review, and coordination for all technical issues.

Sandeep also worked as a consultant on various Kentucky Revenue Cabinet systems. Responsibilities included developing new systems, advising the client on strategic technology decisions, and supporting existing systems. The environment included both legacy systems as well as state-of-the-art Intranet/Client server systems. Sandeep was a Technical Advisor to the Revenue Cabinet and helped evaluate various software and hardware procurements. He was involved with projects such as Internet filing for Taxes, Governor's tax modernization website, Tax Amnesty project, Accounts Receivables Decision support system, Compliance and Accounts receivable system, Kentucky Integrated Tax Entity registration system, Revenue Journal Voucher system, Modernized Front End (a scanning/imaging solution), and Registry of Election Finance Audit System.

Sandeep began with the Commonwealth of Kentucky as a Consultant with the Department of Information Systems. Sandeep's responsibilities included system design and development, troubleshooting, batch support, training, and modeling of data and processes. Sandeep worked on various projects which included Carry Concealed Deadly Weapon System for the Kentucky State Police; systems for the Revenue Cabinet including the Compliance and Accounts Receivable System, Consolidated Corporation System, and Electronic Filing System for Individual Income Tax.

Technical Analyst, BDM Corporation 1994-1995

Sandeep worked as a Consultant/Technical Analyst on the FAMIS project for Missouri Department of Family Services, where his responsibilities included designing the technical architecture, quality assurance of the data and process model, and IEF template design.

Technical Analyst, CBS Inc. 1991-1994

Sandeep served as an Analyst/Programmer on the KAMES system for the Kentucky Human Resources Cabinet. KAMES is the statewide system for TANF, Medicaid, and Supplemental Nutrition Assistance.

Programmer, TCS 1989-1991

Sandeep began as a programmer for Development of Compiler routines for a RISC based processor and a syntax-check editor for Pascal - an insurance system for U.K. based Sun Life Assurance.

EDUCATION AND CERTIFICATIONS

BS, National Institutes of Technology, Calicut, India

Certified Project Management Professional, Project Management Institute

REFERENCES

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502-682-1174

Kathy Frye

Proposed Role: Contract Manager/Project Lead

Kathy is a nationally recognized expert in Health Information Technology (HIT) with 30+ years of experience in Health and Human Services programs including Medicaid. Kathy serves as a Senior Project Manager on the Office of the National Coordinator for Health IT (ONC) Electronic Health Record (EHR) Reporting Program project and as the Project Director for HIT initiatives for the Oregon Health Authority (OHA) and a Clinical Quality Measures system for the Georgia Department of Community Health (DCH). She also serves as a Senior Project Manager to the Urban Institute and CMS to deliver training and technical assistance to state Medicaid Promoting Interoperability programs. She leads a Community of Practice on Health Information Exchange (HIE) and developed quarterly and annual data tools which states use to report progress to CMS on their Promoting Interoperability programs. Kathy is a certified Project Management Professional.

EXPERIENCE

30+ years of experience with Health and Human Services programs and systems, strategic planning, assessment, thought-leadership, Medicaid

Former CIO and Deputy Executive Director for the Kentucky Cabinet for Health and Family Services

RECENT PROFESSIONAL HISTORY

Senior Consultant/Project Manager, HealthTech Solutions 2012-Present

Kathy is a senior consultant for HealthTech Solutions. She currently manages multiple contracts including resource allocation, resource management, procurement, budget and delivery. She serves as a senior project manager to the Urban Institute providing technical assistance to the CMS and states to deliver training and technical assistance nationally to State Medicaid Promoting Interoperability Programs. She performs research, analysis, and technical writing and advises clients on ehealth related opportunities. Kathy also reviews all state submitted HIE Implementation Advance Planning Documents (IAPD).

In addition, she is the senior project manager for the ONC EHR Reporting Program project. HealthTech Solutions, in partnership with the Urban Institute, has been engaged by ONC to implement part of the 21st Century Cures Act. The law requires the establishment of an EHR Reporting Program. This program is intended to help purchasers of EHRs obtain useful information and assess available certified products. This program will provide free information on salient product features and ratings from clinical end users for a comprehensive array of products.

Kathy is a senior project director for HealthTech Solutions' HIT consulting services for the OHA. HealthTech assists with the implementation of many HIT projects for OHA including the Provider Directory, Clinical Quality Measurement Registry, and the HIE Onboarding project. Kathy also serves as the Contract Manager and HIE subject matter expert for the North Dakota Health Information Network (NDHIN) project.

In Vermont, Kathy served as the project director for the Vermont HIT/HIE Evaluation. This included giving testimony to the legislators on the final report. She also provided APD training to the Department for Vermont Access staff.

HealthTech Solutions, with DXC, formerly Hewlett Packard Enterprises, developed the Clinical Quality Measures System for Georgia's DCH which tracks and reports outcomes for six Clinical Quality Metrics. Kathy is the senior project director and technical advisor for HealthTech Solutions on this project.

Kathy served as the project manager/senior consultant to the Kentucky Cabinet for Health and Family Services, Office of Administrative and Technology Services (OATS) and the Department for Public Health (DPH) on three projects. These projects included serving as a senior consultant for the IT assessment project which analyzed over 58 systems in use for DPH and developed an As-Is assessment document along with a written summary of findings and overview of each business unit. In addition, she was responsible for the To-Be deliverable which incorporated a summary of the data profiles with findings and recommendations including: duplication of data or functionality, inefficient processes, or other issues that have financial or political impact; and recommendations regarding possible consolidation of business modules and outsourcing for optimum efficiency as warranted. Kathy served as the senior consultant for the KY DPH Meaningful Use (MU) Project which included outlining processing for each of the eligible providers in the sixty-one local health departments to reach MU. She was project manager for the KY EHR

EDUCATION

COMPETENCIES

- HIT Systems
- Clinical Quality Measures Systems
- State Level Registries
- MMIS
- Health Information Exchange
- Electronic Health Records
- Meaningful Use
- Medicaid
- Health Standards and Certifications
- Public Health Programs
- Project Management

Request for Proposal (RFP) project. The deliverable was an RFP with requirements for an EHR for 61 health departments in Kentucky.

Chief Information Officer/Deputy Executive Director, OATS-CHFS 2006-2011

Kathy served as the deputy executive director in the CHFS OATS which was comprised of 300+ staff. She was named Chief Information Officer (CIO) of the cabinet in December 2008. She provided IT strategic direction for the Commonwealth's largest cabinet. During her tenure at CHFS, she oversaw the development of numerous mission critical applications including: Kentucky's EHR Incentive Payment Program, the Kentucky Health Information Exchange (KHIE), Kentucky's Prescription Monitoring Program, MMIS, Vital Statistics Systems, Child Welfare System, Child Support System, Child Care System, Eligibility and Enrollment Systems, Newborn Screening Case Management System, Health Access Nurturing Development Services, and Kentucky Physician's Care. Her experience includes developing and maintaining the online application for the statewide Medicaid, Temporary Assistance for Needy Families, and SNAP eligibility and enrollment system for Kentucky, serving as the branch manager over the Kentucky Child Support system, and serving as the statewide HIPAA Coordinator for implementation of the HIPAA privacy law in 2003. In 2011, she served as the IT lead for implementing managed care for over 500,000 Medicaid individuals in Kentucky. This implementation was successfully completed in less than four months.

Kathy also oversaw the implementation of Kentucky's State Level Repository (SLR) which issued EHR Incentive Payments to Medicaid providers across Kentucky. In May 2011, the National Health IT Coordinator awarded Kentucky a Vanguard Award for its efforts with the SLR. Her organization also received the 2011 Public Health and Medicaid Award for Collaboration in Health IT.

Kathy was instrumental in the implementation of the KHIE which went live in April 2010. She served as Chair of the ONC Community of Practice for Public Health Reporting which consisted of presenting KHIE's implementation of state lab reporting and reportable diseases to all states participating in the Community of Practice. Kathy successfully negotiated the first KHIE provider participation agreement with attorneys from the six pilot hospitals in 2010. She directly managed the contract for the KHIE technical vendor. She authored the technical portions of Kentucky's Strategic and Operational Plan which was submitted to ONC and approved in February 2011. She presented the KHIE technical infrastructure to many hospitals, providers, and healthcare organizations across Kentucky. Kathy and her staff were featured in many publications during her tenure with CHFS.

Division Director, Division of Systems Management-CHFS 2005-2006

Kathy served as the division director in the Division of Systems Management in the Office of Information Technology. She created strategic, budget, and personnel plans for the division and provided management to five branches in the division which were responsible for development and maintenance of all CHFS system applications. She provided management oversight for all modernization projects in the division which included the statewide eligibility system, child support system, child welfare system, and vital statistics systems, and provided management oversight for all new web development in the division including KY-CHILD (Kentucky Certificate of Birth, Hearing, Immunization, and Lab Data). The five branches in this division are responsible for approximately 200 applications and consisted of approximately 200 staff.

Assistant Director, Division of Systems Management-CHFS 2004-2005

Kathy provided management and technical support to the Division of Systems Management. She monitored efforts with the division and implemented policies and procedures. She developed and implemented strategic, budget, and personnel plans for the division; managed and led special projects with the division. She implemented a Project Management Office within CHFS Office of Technology for all IT projects and trained all CHFS Office of Technology project managers on project management policies.

Information Systems Manager, Governor's Office for Technology 2004-2005

Kathy served as the information systems manager for the Child Support Systems Branch and supervised all development staff responsible for the KASES system. The KASES

system is the statewide child support collection and case management system serving 119 counties across Kentucky.

Systems Consultant, Governor's Office for Technology

1991-2003

Kathy was a consultant and later a state employee on the Kentucky statewide eligibility system KAMES and served in various roles on the project from initiation to completion. She led a team of development staff, reviewed, and approved program specifications and code for consistency in standards and content.

In 2003, she became the statewide HIPAA Workgroup Coordinator which consisted of coordinating all agencies in state government affected by the HIPAA privacy law. She was a board member for the HIPAA Action Workgroup of Kentucky which was comprised of stakeholders across the healthcare community including payers, providers, and healthcare organizations

EDUCATION AND CERTIFICATIONS

AAB, Jefferson Technical College, Steubenville, Ohio

Certified Project Management Professional, Project Management Institute

REFERENCES

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Matt Dawson
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Debbie Keith

Proposed Role: Project Manager

Debbie is a Senior Consultant for HealthTech Solutions with 35+ years of experience in Medicaid eligibility, member services, project management, and Health Information Technology (HIT). She provides training services and programmatic direction to HealthTech Solutions clients nationwide on Medicaid and Health and Human Services programs. She has participated in multiple state Medicaid Information Technology Architecture (MITA) assessments and provided policy support in the development of SIM HIT grant applications.

Prior to joining HealthTech Solutions, Debbie served as Director of Member Services for the Kentucky Department for Medicaid Services. She was the Medicaid representative for Kentucky's planning activities for the implementation of the Affordable Care Act (ACA). Debbie has managed all state level aspects of Medicaid eligibility and policy and has reviewed all published federal rule-making to provide guidance to upper management on impact, opportunities, and recommendations for implementing mandates. She monitored enrollment growth, assisted in budget forecasting based on demographic trends, maintained oversight of vendors, and served on the state steering committees. She served as the Medicaid Member Team Lead in the 2007 implementation of Kentucky's Medicaid Management Information System (MMIS). Debbie assumed a critical role in Kentucky's transition from fee-for-service to statewide Managed Care Organizations (MCO), a task which was accomplished in four months. She developed an in-house customer contact center, which produced a significant and sustainable annual cost savings and supported the transition to MCOs by assuming the function of an enrollment broker. Debbie is a certified Project Management Professional.

Senior Project Management History

Senior Consultant, HealthTech Solutions 2012-Present

Debbie currently leads the EHR Incentive Payment auditing and technical assistance contract in Kansas and is the Project Manager for the Alaska EHR program technical assistance contract. In Alaska, Debbie has led a statewide environmental scan and was the project lead for the Health Information Infrastructure Plan project which assessed the As-Is and To-Be state of technology information across health and human services and determined a roadmap for the State to achieve the To-Be vision of health information infrastructure to support Medicaid redesign within Alaska. In Connecticut, Debbie completed a Balancing Incentive Program (BIP) gap analysis. The analysis highlighted state progress to date and addressed areas where further changes would be needed to fully meet the BIP expectation.

As a senior policy analyst for HealthTech Solutions, Debbie focuses on training and projects related to Medicaid, ACA, Electronic Health Record (EHR) incentive programs, and payment reform. Her projects have included developing written guidance on Meaningful Use (MU) Stage II final rule and state responsibilities relating to MU audits. She participated in the drafting of an EHR post-payment audit strategy and has completed post payment audits of eligible professionals. Debbie led a HealthTech Solutions project assisting a State Based Exchange (SBE) in the documentation of policy and procedures, development and deployment of Eligibility and Enrollment (E&E) training for front line eligibility staff statewide. In addition, she drafted and deployed training for exchange navigators in subsequent open enrollment periods. Debbie acted as a subject matter expert in areas of E&E to assist the SBE in resolution of consumer complaints, Department of Insurance inquiries, and the identification of policy gap between the SBE and the State Medicaid Agency. Debbie reviews NPRM for state impact and develops and deploys training on new rules for HealthTech Solutions' clients. Debbie has supported multiple state MITA assessments and completed gap analysis for state long-term care no-wrong door initiative.

Director, Division of Member Services, Department for Medicaid Services 2007-2012

Debbie managed the Eligibility Policy and Service Branches and provided guidance and oversight of 50 staff members. She served as the Medicaid representative on the executive management team tasked to complete all planning activities for the state of Kentucky for implementation of the ACA. She took the lead in researching and analyzing the impact of eligibility changes for Medicaid and played a lead role in defining the governance structure

EXPERIENCE

35+ years of experience with Project Management, Health and Human Services Programs, and Health Information Technology Systems

Former Director of Kentucky Medicaid Member Services

Specializes in Medicaid eligibility and Affordable Care Act implementation

CORE

COMPETENCIES

- Project Management
- State Medicaid Programs
- MITA
- NPRM Review for State Directive
- Eligibility and Enrollment Services
- State Benefit Exchanges
- Affordable Care Act Implementation
- Health and Human Services Systems
- Business Analysis
- Business Process Redesign
- HITECH
- Medicaid Waiver
- MMIS

for the Kentucky Health Benefit Exchange. Debbie represented Kentucky at several national conferences for ACA implementation.

She also developed an in-house Customer Contact Center for the Kentucky Department of Medicaid Services. She produced a significant and sustainable annual cost savings, while greatly improving customer service. She hired all staff and created structure for the Contact Center which received approximately 1000 calls per day from members and providers

Debbie had critical leadership roles during the launch of a statewide Medicaid managed healthcare delivery model which was accomplished within four months. She provided guidance and interpretations to upper management on federal guidelines for enrollee protections. She served as a subject matter expert to the MCOs advising them on the existing Medicaid benefit packages. The massive transition in the Medicaid program model required significant organizational change across the Medicaid enterprise. Debbie approved all external communications to Medicaid members across the state. As a result of the transition, taxpayers are projected to save approximately \$1.3 billion in the delivery of medical services for Kentucky's Medicaid population

In 2007, Debbie co-led a DMS hosted advocate group regarding the feasibility and needs for a Money Follows the Person (MFP) rebalancing grant, assisting in the application process and planning stages of Kentucky MFP program. She continued to participate in the MFP program in an advisory capacity.

Branch Manager, Eligibility Policy Branch, Division of Member Services 2005-2006

Debbie implemented state and federally mandated eligibility policy changes, and provided guidance to staff, providers, members, and the public. She ensured the MMIS and Kentucky Automated Management Eligibility System supported established strategic directives. She served as the Medicaid Member Team Lead on implementation of the Kentucky MMIS. She was responsible for ensuring all system activities involving the Member Subsystem in MMIS functioned according to policy. This transition from a legacy environment to a MMIS system required considerable business process re-engineering and management for the adoption of the improved processes. Debbie ensured the E&E member information from the E&E system was transferred and processed correctly in MMIS. She was also responsible for ensuring the transition was smooth with no adverse effects to members or providers.

Debbie managed all aspects of the state level changes mandated by the Deficit Reduction Act of 2006. She was responsible for reviewing federal regulations, drafting changes to the State Medicaid Plan, and implemented new Medicaid policies for long term care. The changes protected tax dollars by strengthening the eligibility determination process for long term care benefits.

Office of the Ombudsman, Kentucky Cabinet for Families and Children 2002-2004

In this role, Debbie implemented eligibility guidelines for the public in programs administered by the Cabinet for Health and Family Services. She identified manual and/or system errors related to eligibility policy and was responsible for specific case actions reported to state officials, attorneys, and members.

Office of Inspector General 2000-2001

Debbie received reports of alleged welfare fraud from the public and made referrals to appropriate staff for further action as needed, including local eligibility workers, law enforcement, and the Attorney General.

Department for Community Based Services 1990-1999

Analyzed federal and state laws and administrative regulations for Food Stamp and Kentucky Transitional Assistance Program (KTAP) including interpreting and providing guidance on the Personal Responsibility and Work Opportunity Act of 1996. Debbie helped with drafting eligibility policies, instructional material and communications for field staff relating to Food Stamp, KTAP, and Medicaid eligibility programs. She processed applications for assistance and provided technical support to identify system enhancement/defects while working with IT staff to develop resolutions

Department for Medicaid Services

1988-1989

Debbie provided guidance on policies and regulations regarding eligibility, including claims connected to eligibility for Medicaid recipients and providers on a statewide basis. She was responsible for interpreting case actions necessary to resolve billing errors and working closely with front line eligibility staff. She conducted analyses of operational procedures relating to members and made recommendations for modification of the MMIS.

Department for Child Support Enforcement

1982-1987

Received child support referrals from front line eligibility workers, determined action needed, and made appropriate referrals to local County Attorneys. Debbie worked from reports identifying monies in advance and suspense, completed accounting spreadsheets to establish arrearages owed, and inputted results into the automated system. She developed training for internal and regional staff on the accounting functions of the Child Support program.

Cabinet Accounts Receivable

1978-1981

Debbie received and reviewed reports produced from the daily updates to the Cabinet accounting system and compiled a worksheet for cost distribution. On a monthly basis, she distributed financial statements produced by the automated accounting system.

EDUCATION AND CERTIFICATIONS

Certified Project Management Professional, Project Management Institute

REFERENCES

Bob Nowell
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502-682-1174

Neville Wise
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Tammy Bullock
trmb4221@gmail.com
502-229-0647

Mike Smith

Proposed Role: Project Manager

Mike is a Senior Consultant for HealthTech Solutions with 23+ years of experience with enterprise level systems. Mike has extensive knowledge as a project manager supporting commercial, state, and federal clients with Health and Human Services systems. He has provided Medicaid eligibility, member services, care management, and Health Benefit Exchange (HBE) services to HealthTech Solutions' clients and has specific knowledge of eligibility and enrollment requirements for MAGI Medicaid. Mike has project management experience in both hardware and software development environments. He has served on major systems implementations in Connecticut and Missouri and provided post implementation operational support in Alabama and Idaho. He is experienced with both System Development Life Cycle methodology and Capability Maturity Model Integration level three processes for software development. Mike is a certified Project Management Professional.

RECENT PROFESSIONAL HISTORY

Senior Consultant, HealthTech Solutions 2014-Present

Mike is a Senior Consultant providing HealthTech Solutions' clients expertise in project management and Enterprise Project Management Offices (EPMO); system design, development, and implementation (DDI); and, operational support for Health and Human Services programs including Medicaid.

In Colorado, Mike serves as a project manager for the Hospital Transformation Program (HTP). The HTP is a five-year effort where hospitals will be required to implement quality-based initiatives to receive supplemental payments and demonstrate meaningful community engagement and improvements in health outcomes over time. Mike helps direct the strategic initiative and coordinate between providers, vendors, and the state.

He has led system DDI efforts in Missouri and Connecticut. In Missouri, Mike served as the project manager for a case management solution implementation. He and his team worked closely with the State to understand current business and technical processes, develop requirements for future system design, and develop a new system to enable automated workflow and reporting. While working as part of the Connecticut EPMO office, Mike worked with the team for the Connecticut Child Support Enforcement System replacement program. Mike led requirements gathering efforts and supported a feasibility study presented to the state Office of Child Support Enforcement.

Mike has led statewide operational support efforts in Alabama, Idaho and Kentucky. Mike served as the project manager for State Level Registry help desk services for the Alabama Meaningful Use Program and Idaho's State Healthcare Innovation Plan. He also served as project manager for the Electronic Health Record (EHR) help desk services for Kentucky Department of Public Health (DPH). The DPH statewide EHR implementation project involved 61 local health departments and over 800 unique service sites.

Mike provided ongoing support for the Kentucky Office of Health Benefit and Information Exchange (KOHBE) with the Kentucky Cabinet for Health and Family Services. Mike was responsible for post-production support, exceptional special enrollment and was a technical systems subject matter expert for KOHBE. He was responsible for assisting with problem resolution of escalated issues through the Cabinet. These issues could involve enrollment errors, billing issues, untimely case work and system errors. He also applied MAGI Medicaid and Affordable Care Act rules to ensure that cases were completed appropriately.

Lead Facilitator, TEKSystems 2013-2014

Mike was the lead facilitator for classroom-led training for Commonwealth of Kentucky Department for Community Based Services Employees pertaining to MAGI Medicaid and the Affordable Care Act. He also directed in-lab system training for Commonwealth of Kentucky employees on new kynect system, Kentucky's HBE System that became operational October 1, 2013. Mike worked closely with other training teams throughout the state to ensure appropriate training and any outstanding issues are reported back to appropriate departments, such as the KOHBE.

EXPERIENCE

- 23+ years of experience in Enterprise Technology Service Design, Development, and Implementation
- Extensive experience with Health and Human Services Systems
- Specializes in Medicaid Eligibility and HBE Programs Project Management
- Experienced leading Statewide System Implementations

ENTERPRISE CAPABILITIES

- Project Management
- System Implementations
- HBE Programs
- Health Information Exchange Programs
- MAGI Medicaid Eligibility
- Data Warehousing
- Information Systems Management
- Program Training
- Systems Training

Hardware Development Engineer, Lexmark International 2009-2012

Mike was responsible for post-production development support for all inkjet products. He was the direct contact for Field Sales, Technical Support, Marketing, and Executive Management. He performed project management activities for scheduling and execution of products developed for OEM partners (Dell, LG). He worked with appropriate teams to confirm government certifications, part numbers, and bill of materials were completed. Mike facilitated meetings with cross-functional teams to discuss on-going field issues and track issues to resolution, and logged issues through problem-tracking system to ensure traceability and closure. He was responsible for creation of Product Requirements Documents. He ensured the product definition was accurate for OEM customers and for future products. He wrote technical requirements based on data from end-users, corporate accounts, and special request accounts.

Mike developed use case scripts and technical specifications for online video support system, to be used by Lexmark customers and service engineers. He also created Lexmark YouTube channel for helping with immediate customer needs, which received over 114k unique views in less than 24 months, saving support costs. He conducted product analysis for competitive inkjet products and tested competitive models against Lexmark to compare features/functionality.

Software Product Engineer, Lexmark International 1997-2002

Mike developed processes for release of worldwide software drivers and developed a cross-functional team to survey customer software issues and develop engineering releases for world-wide customers. He worked with Microsoft WHQL certification team to certify Windows 2000, XP, ME, printer driver software.

Database Administrator, Brown Printing Company 1994-1995

As a database administrator, Mike was responsible for SQL databases and applications, maintenance and trouble-shooting of on-site computers, and daily backup of network systems.

EDUCATION AND CERTIFICATIONS:

BS, Western Kentucky University, Bowling Green, Kentucky
 Certified Project Management Professional, Project Management Institute

TECHNOLOGICAL SKILLS:
Servers/Operating Systems:

Windows XP, Vista, Windows 7/8/10, OS X, iOS, Android

Database Management Systems:

MS SQL Server

Other:

Microsoft Exchange, Symantec Suite, Camtasia

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Trish Alexander

Proposed Role: Project Manager

Trish is a Senior Consultant for HealthTech Solutions with 25+ years of multi-state experience in Health Information Technology. She provides particular expertise to states on operational aspects of Medicaid including project management; participant and provider eligibility; coverage; claim reimbursement; certification; program integrity; drug rebates; pharmacy; and third-party liability. She is proficient in Medicaid Management Information Systems and has provided technical subject matter expertise to efforts in Alabama, Florida, Idaho, Kentucky, Michigan, Mississippi, Montana, New Hampshire, North Carolina, Tennessee, Texas, Wyoming, and Washington DC. A former application developer, Trish is an expert in data analytics and data management including information architecture, testing, data validation, analysis, and reporting. She has field-based experience with Fortune 500 companies, states, and local clients. As an experienced systems analyst, she has a strong background with Independent Verification and Validation, Systems Development Life Cycle, and user acceptance activities. Trish is a certified Project Management Professional.

RELEVANT PROFESSIONAL HISTORY

Senior Consultant, HealthTech Solutions 2014-Present

At HealthTech Solutions, Trish serves as a project manager as well as a technical SME for a number of clients including Idaho SHIP, Wyoming Quality Care Coordination Program which includes the State Level Registry, state data warehouse, and popHealth system projects. Trish has participated in IV&V as a test verification lead and has a lead role as one of the principal Data Analytics and Data Management experts for eligibility, claim, and clinical data. She is part of the Business Objects reporting team and assists with the design, development, and implementation of data universes and reports.

Software Testing Analyst, Cognizant Technology Solutions 2013-2014

Trish led a team of analysts in developing a test plan and executing test cases for functional integration. Her duties included verifying software application modifications, researching and analyzing gaps in the software to be implemented compared to the client's requirements, verifying and creating test cases, test scripts, updating requirements, and test results. She also validated test execution performed by her team.

Systems Analyst, Edifecs 2012-2013

As a senior business/systems analyst with Edifecs, Trish served as a client liaison to present software products, train users, and respond to questions and issues. Other responsibilities include guiding the client to the appropriate testing approach for their particular system needs; coordinating testing efforts with the analysis, and tools acquired from Edifecs.

Consultant, Kovac Software Consulting 2010-2012

As a contract consultant to the Edifecs team for TennCare in Nashville, Tennessee, Trish participated in mapping and testing of 4010 to 5010 – X12 project. Using Edifecs Specbuilder and Mapbuilder tools, she created and modified X12 mappings and tested the maps created to convert 4010 versions of X12 transactions to new CMS required 5010 formats.

Trish created EDI balancing reports using SAP Business Objects and presented issues, testing, and report design options to the TennCare customer. During the transition phase, she presented a training session to the TennCare and HP teams. The training session included a Business Objects training session and a presentation of the reports designed specifically for the TennCare customer using the Edifecs tables.

She trained and transitioned from ICD-9 to ICD-10. In her role as the implementation consultant, she served as the liaison between the client and Edifecs for the mapping and testing tools they are using in aid in the implementation of the ICD-10 codes. Trish worked with a team of developers and testers to analyze issues, new releases, and software change requests and was responsible for communicating all developments to the client.

EXPERIENCE

25+ years of experience with Health and Human Services programs and systems

Health Information Technology Systems

PMP certified

Systems analyst

IV&V

TOOLS

COMPUTER SKILLS

- Project Management
- Data Management
- Data Analytics
- HIT Systems
- MMIS
- Provider Eligibility
- State Level Registries
- Claim and Payment Systems
- Third-Party Liability
- Health Standards and Certifications
- System/Application Testing

Systems Analyst, Affiliated Computer Services

2007-2010

Trish participated in system testing the New Hampshire Enterprise system prior to end-to-end testing and implementation. She also assisted in testing the claims entity and peripheral areas of the system. She served as testing team lead over a group of business analysts in testing over thousands of test cases for the ERE subsystem. Her responsibilities included training the testers that would rotate on to the team and distribute the workload to ensure the team was able to meet deadlines with quality testing. She reported the team progress to the management team and raised issues when necessary and then communicated management initiatives to her team. She assisted the team of analysts in verifying their data entry and electronic test claims and validating the results. She presented sample test cases to the customer throughout the testing process. Able to test large volumes of data and completed work ahead of schedule, while providing quality testing.

Trish also conducted system testing for projects in Mississippi and Washington DC to identify similarities and differences in the edit/audit processes, so the firm could implement new system compliance. She participated in the construction of the Joint Application Design and Requirement Specifications Documents for the Edit/Audit Processing and Enterprise Rules Engine (ERE). She developed and updated COBOL code related to the edits created in the ERE process. Trish also compiled and tested code and tested in Unit and System test environments; mapped the requirements in the RSD to the DSD using the Rational software; wrote the majority of the unit test cases and then performed the test execution in the UNIT environment; and migrated the unit test cases into the SYST test environment Rational software (CQ).

Systems Analyst, The Maxis Group

2006-2007

Trish was a consultant/analyst for the Fiscal Agent for Mississippi Medicaid and was part of the Condition Based Edits (CBE) Implementation Team. She analyzed mainframe COBOL edits and created decision tables to be used in creating CBE functions. Trish also created user friendly documents to accompany the decision table to aid in trouble-shooting edit errors for the provider community. Using the Decision Tables analysis, Trish created functions in the CBE system that replicate the functions performed by the COBOL programs in the mainframe system, and participated in testing of all phases of CBE development.

Senior Programmer, Electronic Data Systems

2005-2006

Trish was a senior programmer/analyst for the Kentucky MMIS. She conducted a detailed analysis of federal regulations, and assessed the impact of NPI and HIPAA requirements to KY MMIS including: EFT, HIPAA 835, and the statewide accounting system.

Systems Analyst, Unisys

1995-2005

Trish was responsible for analysis, design, and development of the Kentucky MMIS, including Financial, TPL, MARS, Claims/Encounters, Provider, Recipient/Buy-In, and Drug Rebate subsystems. She participated as Lead Analyst in system and user acceptance testing for HIPAA Transactions and Code Sets implementation.

Systems Programmer, US Airways

1998-1999

Trish developed ERP based software programs to support the Maintenance and Engineering Division.

Systems Analyst, Electronic Data Systems

1989-1997

Trish served as the lead analyst over a team of programmers and analysts. She developed, maintained, and supported multiple subsystems for North Carolina and Kentucky MMIS. Her areas of focus included claims, claim submission, ERP interfaces, pharmacy point-of-sale, and ad hoc reporting. As a programmer, she was responsible for pulling samples for independent auditors during IV&V process.

EDUCATION AND CERTIFICATIONS

MBA, University of Pittsburgh, Pittsburgh, Pennsylvania

BS, Slippery Rock University, Slipper Rock, Pennsylvania

TECHNICAL SKILLS**Servers/Operating Systems:**

Windows Server 2000/2003, XP

Languages:

COBOL, C, SQL, UNIX

Database Management Systems:

MS SQL Server

Web Technologies:

HTML

XML Technologies:

XML

Standards & Vocabularies:

X12, HL7

Data Management & Processing:

BizTalk, Business Objects, DB2, SQL Server, IMS, VSAM

Other:

Microsoft Exchange

REFERENCES**Laura Kovac**

Owner, Kovac Software
Consulting

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Julie Allen

Senior Analyst,
Cognosante Consulting

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Bob Nowell

Bnowell204@gmail.com

502-682-1174

Kevin Martin

Proposed Role: Project Manager

Kevin is a Senior Consultant for HealthTech Solutions including 25+ years of IT experience. Kevin is a results-oriented project manager with a proven track record stewarding complex application development projects. Kevin is a skilled communicator able to relate functional business requirements to complex technical designs. He is proficient in leading large-scale software projects following full application development lifecycles on time and under budget using Oracle and SQL Server databases. He successfully managed development projects with both Waterfall and Agile/Scrum software development methodologies. Kevin is involved in the support of Colorado's Medicaid Management Information System (MMIS) replacement initiative. He is an effective mentor with experience directing large staffs. Kevin is a certified Project Management Professional.

RECENT EXPERIENCE AND PORTFOLIO

Senior Consultant, HealthTech Solutions 2015-Present

At HealthTech Solutions, Kevin is involved in the Colorado project where HealthTech Solutions provides project management consulting services and staff augmentation in support of Colorado's MMIS replacement initiative. Kevin is part of the governance and change management key initiative where he assists with the creation of an Enterprise Governance Plan, framework, supporting processes, forms, and central management site to improve collaboration, coordination, and communication of system enhancement priorities across four different vendor solutions for Medicaid eligibility. The four vendor solutions entail claims, pharmacy benefits administration, business intelligence, and data warehousing.

As part of the MedImpact engagement, Kevin is responsible for defining business processes and integration requirements for their Medicaid solution. Which includes member subsystem, provider subsystems, and analytics solution. He is responsible for project documentation including the requirements gathering and the Requirements Traceability Matrix

Kevin was the operations manager for the Idaho Statewide Healthcare Innovation Plan where he developed several planning documents for project management using SharePoint, operations management, training, and help desk support for the data analytics solution

Kevin was part of the project management team in the development of workflow processes for the EHR implementation at the Commonwealth Commission for Children with Special Health Care Needs. The project was to implement a new EHR system and migrate the current legacy system data into the new system

Program Manager, Xerox 2013-2015

Kevin managed design and construction of third-party offshore vendor to replace AgileCourt's IBM's iLog Business Rules Engine with a web enabled loosely-coupled plugin. Development was done using the Apache STRUTS framework. He also managed AgileCourt and Contexte Case Management application development, performance testing, and defect correction phases. Provided financial and project status reporting to senior and executive management. Additionally, provided financial and resource forecasting for budgetary purposes. Applications are written in OracleForms and J2EE technologies using third party open source applications.

Project Manager, Xerox Healthcare Division 2011-2012

Kevin managed development team for the requirements, design, coding, and testing phases for an Emergency Medical Services Business Intelligence Data Analytics Dashboard. Development was done using Information Builders' WebFOCUS and iWay BI platform to produce real-time results of ambulatory billing to healthcare providers. Web Services and iWay's Enterprise Service Bus was used to audit, scrub, and transform XML data schemas from disparate systems including Medicare, Medicaid, Commercial payers, hospitals, and Clearing Houses. Existing clients were also migrated to a third-party EMS billing system. Additionally, Kevin managed legacy mainframe EMS billing system and data warehouse by

EXPERIENCE

25+ years of experience with IT Systems Delivery
Information Technology Systems Analyst
Project Management

CORE COMPETENCIES

- Project Management
- Complex IT Systems Delivery
- Case Management System
- MMIS
- Court and Jury Management Systems
- EMS Medical Billing
- Electronic Health Records

providing defect management, Change Control management, report development, and interface development with claim management providers.

Sr. Project Manager Director, Affiliated Computer Services, Inc. (ACS) 2002-2010

For the Justice division, Kevin served as project manager leading team to develop, implement, and support \$1M+ Court and Jury Management projects. Responsible for all facets of Software Engineering, Quality Assurance, Data Conversion, and Database Administration.

Systems and Computer Technology Corporation (SCT), Director 2000-2001

Kevin was responsible for the direct management of all customization projects with a technical staff of 30+ developers and technical leads who were in charge of the development teams for Banner Courts Case Management clients using an Oracle database.

Systems and Computer Technology Corporation (SCT), Sr. Project Leader 1997-1999

Kevin served as technical lead for development of software customization for Singapore and Orange County, California, seeing the project through to delivery and implementation of modifications to the baseline Banner Courts Case Management and Banner Records Indexing applications using an Oracle Database.

Systems and Computer Technology Corporation (SCT), Sr. Programmer/Analyst 1994-1997

Kevin served as a computer programmer for Banner Cash Receipts and Records Indexing. Development was done with Oracle Forms using an Oracle database.

Mentor Information Systems, Associate Programmer/Analyst 1988-1993

Kevin served as a COBOL and RPG III computer programmer for government payroll, land records, district justice, and business license systems on an AS/400.

EDUCATION AND CERTIFICATIONS

BA, Berea College, Berea, Kentucky

Certified Project Management Professional, Project Management Institute

Microsoft Project Orange Belt Certification

AWARDS

Xerox Emerald Service Award

SCT Management Award

TECHNICAL SKILLS

Languages:

OracleForms, SQL, COBOL, RPG, ProC

Database Management Systems:

Oracle, SQL Server

Other:

InformationBuilders WebFOCUS data analytics, InformationBuilders iWAY, HP LoadRunner, IBM iLog Business Rules Engine, Jira

REFERENCES

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The Hope line
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859-333-6751

Ashley Kruger

Proposed Role: Project Manager

Ashley is a Consultant for HealthTech Solutions with 5+ years of experience in Health Information Technology, project management and the 21st Century Cures Act. She has expertise in health policy analytics and federal Promoting Interoperability Programs and the 21st Century Cures Act. Ashley works with many state Meaningful Use program administrators alongside CMS to provide technical assistance and policy clarifications. Ashley has experience in Case Management System development as well as knowledge of many widely-used Electronic Health Record (EHR) system workflows. Prior to joining HealthTech Solutions, Ashley had health and human services experience with the Georgia Department of Health and Human Services. Ashley is a Certified Project Management Professional.

RELEVANT PROFESSIONAL HISTORY

Consultant, HealthTech Solutions 2015-Present

Ashley currently serves as a senior eHealth policy advisor for HealthTech Solutions and has served on the Medicaid EHR Team since January 2015. For the past two years, she has acted as the project manager, technical assistance to CMS and states on the Promoting Interoperability Program and the 21st Century Cures Act. assisted with the development of Promoting Interoperability trainings, provided Tier 2 RO support for the CMS Regional Office and Central Office Staff, completed review of state submitted SMHP's, and participated in state site visits for the state of IL, MN, and the District of Columbia. Ashley has attended multi-regional meetings for the past three years where she conducted an Audit workshop training and interviewed key state Medicaid staff to assist in the development of an electronic Clinical Quality Metrics and Provider Directory Toolkit.

Ashley also serves in a business analyst role via a contract with the state of Missouri to gather and document requirements for purposes of shaping the future system design of a Case Management solution for the MO Department of Mental Health. In addition, Ashley is currently engaged with the Office of the National Coordinator for Health IT as a subject matter expert for the EHR Reporting Program project.

Ashley provided ongoing support for the Kentucky Office of Health Benefit and Information Exchange (KOHBE) through a contract with the Cabinet for Health and Family Services. She supported KOHBE by aiding with problem resolution of escalated cases from local officials and the Department of Insurance. Ashley worked with KOHBE staff to apply MAGI Medicaid and Affordable Care Act rules and regulations to ensure cases were resolved accurately and efficiently. Ashley contributed to the development of the kynect open enrollment statewide readiness training and deployed many of these instructor-led trainings to insurance agents and kynectors at different sites throughout the state of Kentucky in preparation for the 2015-2016 open enrollment period. She provided strategic direction and advice on Qualified Health Plans, Medicaid, and Medicare

Ashley worked to provide a help desk to the Department of Public Health (DPH). In working with DPH Ashley assisted with critical project functions for the program. The DPH project involved statewide EHR implementation for 61 local health departments and over 800 unique service sites. Ashley answered questions from local health department providers, escalated items when needed, assisted providers with system navigation, and aids with any other identified related tasks as needed

Social Services Case Manager, GA Health and Human Services 2013-2015

Ashley acted as a lead case manager for child abuse and neglect cases in the state of GA. Ashley responded to new Department of Family Children Services referrals for investigations, and she carried the case through its safe closure. While working for the state of GA, she managed one of the highest caseloads in the region. While serving as a lead case manager, Ashley also served as a trainer of her peers. Ashley received awards for her outstanding service and dedication. Ashley worked alongside law enforcement and with court officials regularly to ensure the safety of GA's children. In this role, Ashley frequently reviewed medical records and navigated health information systems, specifically SHINES. While acting in this capacity it was imperative for Ashley to maintain strict confidentiality

EXPERIENCE

- Experience with Health and Human Services Programs and Systems
- Project Management
- Electronic Health Records
- Health Insurance and Medicare Advisory
- 21st Century Cures Act

ADDITIONAL SKILLS

- Project Management
- Electronic Health Records
- Data Analysis
- Health Insurance Programs
- Health and Human Services Programs and Systems
- Child Welfare
- Web-Based and Instructor Led Trainings
- Case Management
- Direct Client Advocacy in multiple settings

and HIPAA compliance. She demonstrated her knowledge of HIPAA privacy and security regulations by appropriately handling medical information.

Care Team Coordinator, Transitions Retiree Benefit Group (RBG) 2012-2013

Ashley served as a care team coordinator at Transitions RBG where she worked to educate the growing elderly population on Medicare and Medicaid eligibility and enrollment. Transitions RBG was established to smooth the process of retirees' transition from employer-based insurance onto Medicare. In order for Ashley to successfully achieve the company goal, she quickly became proficient in the process of turning on Medicare Part A and Part B and coordinating the loss of employer coverage; she also educated individuals on how to avoid penalties, fees, or delayed enrollments. Ashley successfully enrolled over 1500 individuals onto Medicare in the 2012-2013 open enrollment period and she educated many more through web-based and instructor led trainings. Ashley used Health Information Technology regularly while assisting retirees with their enrollment selections. Specifically, for Medicare Part D plans, Ashley navigated through many systems to advise clients on the most cost-efficient plan to meet their specific healthcare needs. HIPAA knowledge and compliance were maintained.

Intern, Necco 2010-2011

Ashley served as an intern for Necco, a foster care agency that provides shelter to many of the children in Kentucky's state foster care system. Ashley provided administrative support, assisted with data entry, and shadowed the agency Director of Therapeutic Services. Necco serves children in GA, KY, OH, and WV and focuses on behavioral health, intensive home services, medication management, drug prevention, and the transition to adulthood for KY's youth that are aging out of the foster care system. During Ashley's internship she successfully trained foster care parents on positive drug prevention techniques as well as the detrimental effects of drug abuse in youth.

EDUCATION AND CERTIFICATIONS

BA, Western Kentucky University, Bowling Green, Kentucky
Licensed Social Worker (LSW)
Certified Project Management Professional, Project Management Institute

REFERENCES

Heather Woodard
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Christal Ramos
Research Associate
202-261-5605

Andrea Adams

Proposed Role: Project Manager

Andrea brings 17+ years of experience in the healthcare industry working with Managed Care Organizations (MCO) and clinics as well as state and federal agencies. She has extensive experience with Medicaid services at the state and provider levels. Having worked with both payers and providers, Andrea has particular expertise in policy analysis, regulatory compliance, project management, program development, and systems implementations. Andrea has also served on state and national advisory boards as well as governing boards of local nonprofits. At HealthTech Solutions, Andrea provides subject matter expertise to clients in areas including federal HITECH Act funding for Health Information Technology and Health Information Exchange. Andrea is a certified project manager.

EXPERIENCE

- 17+ years in healthcare working with clinics, multi-facility systems, state and federal agencies
- Former Director of the Kentucky Health Center Network
- Experienced with HITECH, Medicaid, and pharmacy programs

SELECT PROFESSIONAL HISTORY

Senior Consultant, HealthTech Solutions 2018-Present

Andrea utilizes her extensive experience in healthcare project management and subject matter expertise to clients in areas including Medicaid systems, eligibility systems, and HITECH funding for health information technology and health information exchange. Andrea is working on policy analysis, advance planning documents, and State Medicaid Health Information Technology Plans. She is currently assigned to Medicaid projects in Alaska, Connecticut, North Dakota, and South Dakota. In Connecticut, Andrea is part of the team working on the Medicaid Enterprise Technology System (METS) program which includes modularizing a legacy MMIS and a complete business process redesign effort. In CT, she is part of the Enterprise Project Management Office (EPMO) which helps manage projects in the area of Medicaid modernization and HITECH.

Manager, Community Health Consulting Group LLC 2012-2018

Andrea collaborated with client leadership teams to carry out strategic planning and develop federal grant proposals resulting in awards of over \$4 million dollars. She worked with a Federally Qualified Health Center to develop programs and budgets for health center operations and expanded oral health services. Andrea also helped create the Kentucky Health Center Network a nonprofit network, secured federal startup funding, and served as the organization's first Chief Executive Officer

Principal Consultant, NTT Data, Inc 2014-2017

During her tenure as Principal Consultant, Andrea was assigned to the Cabinet for Health and Family Services Department for Medicaid Services. As project director for a CMS Planning Grant, she led a workgroup of 12 agencies to reach consensus on proposed designs for care management services for patients with chronic conditions. Identified a target population and developed a rollout strategy. Defined services and delineated roles and responsibilities of providers and MCO. Specified provider requirements. Developed payment model, estimated rates, and modeled project costs. To gain input and encourage buy in, she fostered dialogue with providers, health systems, and Managed Care Organizations.

Andrea co-led the State's participation in the CMS Innovation Accelerator Program for Substance Use Disorder Services to improve measurement and stimulate payment and delivery system innovation. The team analyzed issues involving data, program integrity, continuum of care, and provider management. Identified significant data issues in collaboration with business information and data analytics teams from multiple State agencies. Developed a Behavioral Health Data Dictionary to improve data quality and analytics.

Andrea also served as consultant to Medicaid clinical leadership including the Medical, Pharmacy, and Behavioral Health Directors. She assisted with amendments to the Kentucky Medicaid State Plan, advised leadership on regulation changes, and researched billing, utilization and policy issues. She assisted the Medicaid Pharmacy Director in analyzing and developing the State's regulatory response to comply with federal requirement for a new payment methodology for covered outpatient drugs. Developed

CORE COMPETENCIES

- Project Management
- Program Development
- Grants Management
- Strategic Planning
- Business Analysis
- HITECH
- Policy Analysis
- Regulatory Compliance
- Provider Management
- Public Health
- Training and Technical Assistance
- Performance Improvement

payment methodology for drug ingredients and dispensing fees. Estimated financial impact of methodology changes.

Deputy Director, Kentucky Primary Care Association 2004-2014

As part of the leadership team, Andrea was responsible for federal affairs, policy analysis, coalition building, program development, and business development. She developed training programs, wrote successful state and federal grants, served as a primary representative with federal grant officers, and analyzed regulatory changes.

Andrea analyzed the impact of regulatory changes on safety net clinics. Developed consensus among stakeholders. Team wrote comments on federal regulations with State partners. Represented the Association and its members on stakeholder committees and workgroups.

She was also responsible for business development including relationship and resource development. Identified, initiated, and developed relationships with potential partners and members. Served as a key contact for member clinics with state and federal partners. Wrote federal grants to support technical assistance for clinics in underserved areas. Served as the Association's primary representative with federal grant officers. Developed work plans and monitored implementation against budgets, targets, and timelines. Negotiated contracts and evaluated supplier performance.

Andrea developed and managed the Association's training and technical assistance program. She identified training needs of member clinics then planned and marketed workshops identified in needs assessments. Provided technical assistance regarding licensure, governance, and compliance. Developed training programs for quality and financial reporting and performance improvement including implementation of a Lean Management for Healthcare program to assist primary care clinics in process and quality improvement.

Andrea received a national grassroots advocacy award from the National Association of Community Health Centers.

EDUCATION AND CREDENTIALS

- MS Yale University - New Haven, Connecticut
- MBA Yale University - New Haven, Connecticut
- MPH Yale University - New Haven, Connecticut
- BA Smith College - Northampton, Massachusetts
- Certified Project Manager, Project Management Institute
- Certified Scrum Professional, HealthTech Solutions LLC
- Lean Systems Certification, University of Kentucky Center for Manufacturing
- Scholar, Kentucky Public Health Leadership Institute

CONTACT

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Tia Frye

Proposed Role: Project Manager

Tia is a Senior Consultant for HealthTech Solutions and has 8+ years of experience working in Health Information Technology (HIT) and project management. She has worked with several states nationwide as a project manager for the Southeast Regional Collaborative for Health Information Exchange and Health Information Technology (SERCH). She has particular expertise in HIT, State Level Registries (SLR), Electronic Health Records (EHR), Health Information Exchange (HIE), Cancer Registries, Health Level 7, and Medicaid Information Technology Architecture (MITA) State Self-Assessment. Prior to joining HealthTech Solutions, Tia worked closely with state clients at the Kentucky Cabinet for Health and Family Services (CHFS) Office of Administrative and Technology Services. Tia is a certified Project Management Professional and a certified Health Technology Specialist.

EXPERIENCE

8+ years of experience with Health and Human Services programs and systems
 HIT
 PMP certified in Project Management

SUBJECT MATTER EXPERTISE

Senior Consultant, HealthTech Solutions 2015-Present

At HealthTech Solutions, Tia supports several major projects including the Medicaid EHR Team (MeT) through a contract with the Urban Institute, which provides technical assistance to the CMS and states to deliver training and technical assistance nationally to state Medicaid EHR Incentive Programs. Tia also supports HIT Meaningful Use (MU) efforts in Maine through the development of Implementation Advance Planning Document (IAPD) and State Medicaid HIT Plan (SMHP) documentation. Tia is the project manager for the Provider Registry/EMPI project as part of the HIT implementation for Connecticut. She also provided project management duties for the Connecticut State Innovation Model HIT Plan project. She provides Subject Matter Expertise (SME) for both public and private EHR implementation teams and served as coordinator for the SERCH collaborative.

Collaborative Coordinator/Systems Analyst, Pomeroy IT Solutions 2011-2015

Tia has worked closely with state clients on a number of major HIT initiatives. Tia was involved in the Kentucky Transformed Medicaid Statistical Information System implementation. Her primary responsibility was for project management oversight activities for vendor/state project planning deliverables for testing and planning with CMS systems. She also served as the State project manager for the 2014 Kentucky MITA State Self-Assessment which reviewed current Kentucky Medicaid business areas and processes according to federal guidance to identify business requirements and system integration needs for the Kentucky Medicaid Enterprise Management System.

She served as a project manager for SERCH. The position was established with support from the CMS and provides support for HIE development and interoperability, Eligibility and Enrollment system modernization and delivery system transformation efforts as states move to replace or upgrade existing Medicaid Management Information Systems (MMIS), implement Managed Care Organizations, and continue Medicaid expansion. As part of SERCH, Tia facilitated workshops and provided support across 11 states for Affordable Care Act compliance as well as providing support for states' EHR Incentive programs, and development of SLRs. Tia provided states with assistance to meet CMS MU requirements as outlined in the Health Information Technology for Economic and Clinical Health (HITECH) Act. She took a lead role in establishing a knowledge sharing collaborative among state, federal, and private partners to further health information exchange and systems development efforts in Medicaid Region IV.

Tia also coordinated the SERCH Connect project which expanded upon a previous collaborative effort with RTI International, which had resulted in a whitepaper that was released in 2012. The whitepaper detailed how existing HIT platforms could be utilized to exchange protected health information (PHI) in the event of a natural disaster. She led the collaborative in expanding upon these efforts by conducting meetings between technical, business, and policy SME in 10 states nationwide to implement connectivity agreements between Health Information Service Providers. These agreements were put in place to facilitate interstate exchange of PHI between eligible providers and eligible hospitals utilizing Direct Secure Messaging technology as a tool in the absence of fully functional/interoperable HIEs. Agreements for this effort are still in place and have been cited in the Journal of American Health Information Management and the Office of the National Coordinator for HIT as a major

CORE

COMPETENCIES

- Project Management
- State Level Registry
- Cancer Registry
- Health Information Technology
- Health Information Exchange
- Electronic Health Records
- Medicaid Information Technology Architecture
- Health Level 7

advance towards interstate connectivity and technology towards the development of the Nationwide Health Information Exchange.

She was highly involved in development efforts with the Kentucky SLR during the AIU and Stage 1 MU implementations, where she collected business requirements and aided in change control for the provider interface application utilizing Microsoft Team Foundation Server.

She was the state assigned administrator for the Collaborative Application Lifecycle Tool (CALT) hosted by CMS which serves as a platform for Medicaid Eligibility and Enrollment systems development nationwide. Duties consisted of member verification and approval, keeping updated user applications on file, and sending requests to CALT support for removal of members during quarterly audits.

Tia served as a moderator and assisted CMS in the planning for the 2012 CMS Annual HITECH Conference. She also assisted CMS Regional leadership during the facilitation, planning, and materials development for the 2014 MMIS Regional Workshop.

Systems/Network Analyst, Ajilon Consulting

2007-2011

Tia managed the Kentucky Physician's Care (KPC) IT help desk. KPC is a statewide .NET web application with a SQL Server back-end database used by 2000+ Department for Community Based Services (DCBS) staff and numerous non-state satellite office staff. The KPC application determines eligibility for Kentucky residents who do not have private health insurance and do not qualify for Medicaid. KPC also replenishes prescription drugs from participating pharmaceutical companies to the pharmacies across the state that dispense prescription drugs to eligible recipients. She was responsible for trouble shooting and analyzing all system issues found in the KPC application. Tia conducted system tests on KPC and various other statewide mission critical web applications in the Health Services Systems Management Branch including Disease Surveillance, Health Alert Network, HANDS (Health Access Nurturing Development Services), KY CHILD (Kentucky Certificate of Live Birth, Hearing, Immunization and Lab Data), KVETS (Kentucky Vital Events Tracking System), and DCBS Case Review.

She served as a systems analyst on the Kentucky Access, Accuracy, and Accountability Project which consisted of reviewing vendor deliverables and coordinating comments from all Commonwealth reviewers. She also served as back up help desk analyst/administrator to the Disease Surveillance/Health Alert Network, KVETS, and KY CHILD help desks.

Tia was responsible for setting up and maintaining all DCBS staff user accounts for the KPC application, which consisted of creation, deletion, and maintenance of user accounts for all 2000+ DCBS staff. She conducted system tests for the KVETS application prior to implementation. She provided support for all CHFS web-based applications which used the CHFS security portal for user authentication and authorization and provided recommendations for improvements to the security portal.

She provided help desk, testing, and implementation support for Kentucky Prescription Assistance Program (KPAP) which was launched as a governor's initiative program in 2009. Her job duties included setting up and maintaining all user accounts for the 600 KPAP users. She was responsible for running production reports for the Department for Public Health's Health Care Access Branch and worked directly with the KPAP software vendor (DrugAssistant).

Tia also conducted system tests and provided support for KYEDRS (Kentucky Electronic Death Registry System) application prior to implementation. She provided backup support for the eKASPER (Kentucky All Schedule Prescription Electronic Reporting) application.

EDUCATION AND PROFESSIONAL AFFILIATIONS

BS, University of Louisville, Louisville, Kentucky

Certified Project Management Professional, Project Management Institute

Certified Health Technology Specialist, American Health Information Management Association

Master Certificate in IS/IT Project Management, Villanova University



REFERENCES

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Stephanie Breckel

Proposed Role: Project Manager

Stephanie is a Senior Consultant for HealthTech Solutions with 20+ years of experience in Information Technology (IT) and project management. At HealthTech Solutions, Stephanie provides clients with expertise in the areas of Enterprise Project Management Office (EPMO) implementation; system design, development, and implementation (DDI); and business analysis. She has taken project lead roles for efforts in California, Colorado, Connecticut, Georgia, and Oregon working with states, nonprofits, and major systems integrators. Her experience encompasses Medicaid, public health, pharmacy, and Health Information Exchange (HIE). She has expertise in all phases of the project lifecycle using a wide range of technologies including SOL, Oracle, and XML. Stephanie is a certified Project Management Professional.

EXPERIENCE

20+ years of experience with developing and implementing IT programs
 Multistate HIT experience
 Certified Project Management Professional

RELEVANT PROFESSIONAL HISTORY

Senior Consultant, HealthTech Solutions 2015-Present

Stephanie has a cross-functional background in business process improvement, project leadership, and system/application implementations. She has experience with major statewide systems implementations including modular Medicaid Management Information Systems (MMIS), Pharmacy Benefits Management Systems (PBMS), and Clinical Quality Measures (CQM). Stephanie is also experienced with portfolio management and establishing EPMO services.

In Connecticut, Stephanie served as deputy program manager for the Connecticut Medicaid Enterprise Technology System (METS), a multiyear effort to transition from a legacy MMIS to a series of modular platforms. Stephanie supported the program director in the day-to-day coordination of the project implementation and program success. She assured the individual project plans were consolidated and dependencies are identified and managed. She managed and updated the consolidated program management plan for the entire program which consists of over 10 systems and assured deliverables and milestones are met.

She served as a project manager working closely with Connecticut Department of Social Services to create and govern an EPMO to establish processes, templates, standards, and strategy to enhance and extend the impact of the EPMO. Stephanie acted as a liaison between EPMO, business, IT, and executive management to develop and implement project templates, project charters, roadmaps, and tools and organization.

Stephanie has led DDI projects internally as well as in California and Georgia. She is leading efforts related to the development of a modular Enterprise Data Warehouse which will be used on national scale. In California, Stephanie works with a major PBMS for DDI and certification services related to an encounter processing system. In Georgia, she has been a valuable team member in the development and implementation of a CQM system for the State.

As a business analyst, Stephanie has experience both at the state and national levels. She served as project manager for the Association of State and Territorial Health Officials to develop language and reference material related to funding for immunization registries (IIS). In Colorado, she has been an integral team member for the statewide Master Health IT project providing business analysis by conducting and compiling market research for state budgets as well as developing and updating the annual SMHP. In addition, she is the quality assurance analyst and helped develop the current bylaws and rules of order for the eHealth Commission.

For the state of Oregon, she worked on a statewide implementation of an HIE onboarding program. Her duties included costing models for a successful implementation. She also participated in state advisory workgroup meetings to facilitate decisions and next steps for on-boarding.

In addition, Stephanie has also managed HIT APCD, KHIE, and Telehealth efforts in Kentucky overseeing tasks related to the development of IAPDU documentation.

CORE COMPETENCIES

- Portfolio and Program Management
- Project Management
- Business Analysis
- Process Improvement
- System DDI and certification
- Agile Development
- HIT/HIE
- Electronic Health Records
- Clinical Information Systems
- PBMS
- Registries
- Strategic Planning
- Budgeting

Senior Business Systems Analyst, Bingham McCutchen 2013-2015

Stephanie was the Senior Business Systems Analyst for Bingham McCutchen. She directed implementation of system upgrades for the firm's largest business intake system and managed all aspects of the system development life cycle while supervising developers and support analysts. She ensured system configuration and functionality for various in-house programs and monitored production support and ticket escalation issues. In addition, Stephanie served as the liaison for existing applications and deployments.

Business Operations Manager, Lexmark 2012-2013

As a Business Operations Manager for Lexmark, Stephanie managed a portfolio of Fortune 500 corporate accounts. With a focus on asset location and details, warranty entitlement, contractual compliance, and invoice processing within Siebel and SAP systems, Stephanie ensured accurate timely billing detail and contractual compliance. Stephanie also identified, researched, and resolved root cause(s) of system/asset management exceptions using data analysis and assigning changes and defects to appropriate technical staff in order to maintain and improve customer service levels.

Account Manager, Conduent (formerly Xerox and ACS) 2006-2012

As an account manager, Stephanie was responsible for project development and implementation activities for public sector software projects in multiple cities and states including Washington DC, Philadelphia, Pennsylvania, Caddo Parish, Louisiana, and Little Rock, Arkansas. Stephanie reviewed all client and vendor contracts and Statements of Work to clearly identify deliverables and develop project timelines. In addition, she designed and delivered software demonstrations and training presentations for both a PowerBuilder and web-based management applications.

EDUCATION AND CERTIFICATIONS:

MDA, Nova Southeastern University, Ft. Lauderdale, Florida
BS, University of Florida, Gainesville, Florida
Certified Project Management Professional, Project Management Institute

TECHNICAL SKILLS:

Languages:
SQL, PL/SQL, Oracle forms and reports, XML
Database Management Systems:
Oracle
SQL Server
Other:
Cognos
SQL Navigator
Toad

REFERENCES:

| | | |
|---|--|---|
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|---|--|---|

Larkyn Charles

Proposed Role: Project Manager – Eligibility & Plan Selection Integration

Larkyn is a Senior Consultant for HealthTech with over 5 years of experience in Information Technology, project management, and supporting State Medicaid Agencies. At HealthTech, Larkyn provides clients with expertise in the areas of project management, SLR implementation and operations, federal reporting, and IAPD development. Larkyn has taken a lead project role for multiple SLR implementations including Alabama, American Samoa, and Louisiana. Her experience encompasses Medicaid, clinical quality measures and reporting, state system integration and data analytics and reporting. She has expertise in all phases of the project lifecycle using a wide range of technologies including SQL. Larkyn is a certified Project Management Professional.

EXPERIENCE

5+ years of experience with Health and Human Services Programs and Systems
 Systems Testing and Business Analysis
 Programmatic Auditing experience including tests of controls
 Project Management

SKILLED PROFESSIONAL HISTORY

Senior Consultant, HealthTech Solutions 2013-Present

Larkyn currently serves as a Project Manager to the American Samoa SLR project where she works in alignment with the U.S. territory to ensure their system and EHR Incentive program is within the requirements of the federal government. She carries out status meetings with the state, maintains a complete project plan, and ensures the project stays on the determined project schedule. She completes necessary state level documentation including the State Medicaid Health IT Plan, Implementation Advanced Planning Document, and Audit Strategy for American Samoa. Additionally, she performs business analyst duties for the SLR implementation to ensure the appropriate data conversion of the existing vendor and system configuration to meet the needs of American Samoa's EHR Incentive Program, as well as system requirements gathering, tracking, and testing of the SLR system.

Larkyn also serves as a project lead of the HealthTech Solutions Operation and Pre-verification efforts that assist Alabama Medicaid Agencies with their administration of the Medicaid Meaningful Use Incentive Program and reviews of Eligible Provider attestations, as part of the EHR Incentive Program. Larkyn works closely with providers, Alabama Medicaid, and Alabama's designated outreach team, and her team of HealthTech Solutions Operations staff assure deliverables are meeting the needs of the program's regulations and also the state client. In addition to overseeing the HealthTech Solutions Operations team review of provider applications, Larkyn works closely with Alabama Medicaid and outreach to educate providers about the requirements of the EHR Incentive Program. As part of her role in Alabama, Larkyn conducts ongoing reviews of federal regulations, FAQs, and other CMS resources to ensure the most current information concerning the Medicaid EHR Incentive Program is gathered and distributed to the state.

Larkyn serves as a business analyst on multiple other state level systems including Wyoming, Louisiana, Alabama, South Carolina, and Washington D.C., where her area of focus includes the SLR. She reviews workflow management, performs requirements gathering, system configuration, system conversion, and conducts quality assurance testing to ensure compliance with project and programmatic goals. Larkyn is a valuable member of the HealthTech Solutions team and provides training assistance and subject matter expertise to states and stakeholders, in addition to performing training webinars and the development of training materials for programmatic staff for the Meaningful Use EHR Incentive Program and SLR requirements. She also provided implementation assistance with the Wyoming popHealth program and the Louisiana and Alabama SLR projects, which included working with the states in requirements gathering, conversion of data from existing systems, data mapping, system configuration, user acceptance testing, and training of the systems. At HealthTech Solutions, Larkyn previously served as a member of the EHR Implementation Team on a state level implementation of an EHR, where she assisted with all critical project functions for the statewide program. She is a certified trainer for the Department's EHR vendor and has successfully trained a large portion of the state employees on how to use the EHR system.

CORE

COMPETENCIES

- Project Management
- Systems Configuration and Testing
- Electronic Health Records
- Meaningful Use Compliance
- Programmatic Audit
- Business Analysis

Larkyn is an e-health policy advisor for MeT through a contract with the Urban Institute. She currently provides subject matter expertise on SLR, operations, and reuse. Prior to this role, Larkyn served as a Project Manager on behalf of HealthTech Solutions for the MeT contract to facilitate the project team and coordinate efforts. Additionally, she contributed technical assistance to states in the areas of EHR Audit and MU.

At HealthTech Solutions, Larkyn led MU Programmatic Audits in Florida and South Dakota. Larkyn developed tests of controls and conducted reviews of state healthcare providers. Larkyn performed duties throughout the audit process including client conferences, audit plan development, tests of controls, documentation, reporting of audit findings, and issuance of final reports.

For the South Dakota SLR project, Larkyn serves as the state's point of contact to provide technical and program assistance. She provides operations support of the full PPV process for the promoting Interoperability program.

Larkyn serves as a business analyst for the Washington D.C. project, where she serves as the state's point of contact to provide technical and program assistance. She completed a 30-day implementation with a full Design, Development, and Implementation (DDI) with conversion and configuration. She also completed interfacing with MMIS for payment and eligibility validations and connections with CMS for NLR interface.

Information Management Intern, Baptist Health Lexington 2012

Larkyn completed EHR training and became a member of the Health Information Management team for processing record requests and reports. She contributed to records gathering for Medicare RAC audits, ran Medicare quarterly cost reports, and performed general office duties for the hospital EHR department.

EDUCATION AND CERTIFICATIONS

MS Northern Kentucky University – Highland Heights, Kentucky

BS Eastern Kentucky University – Richmond, Kentucky

Certified Project Management Professional (PMP), Project Management Institute

REFERENCE

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Ashley Toth

Proposed Role: Project Support Lead

Ashley serves as a Consultant with HealthTech Solutions where she supports multiple clients on Health Information Technology (HIT) initiatives. Ashley has experience in the areas of Electronic Health Records (EHR) Programs and Meaningful Use (MU). She has provided auditing and consulting services in Kentucky, Florida, and South Dakota. HealthTech Solutions, through a partnership with the Urban Institute, provides technical assistance for the CMS as part of the Medicaid EHR Team (MeT). Ashley supports MeT activities which has given her a national perspective on best practices employed by states. Ashley also brings experience in the areas of data analysis, risk assessment, business intelligence, and statistical analysis.

EXPERIENCE

Electronic Health Record Programs
 Programmatic Auditing
 Risk Management
 Requirements Gathering
 Data Analysis

SELECTED PROFESSIONAL HISTORY

Consultant, HealthTech Solutions 2014-Present

Ashley assists CMS through MeT and a contract with the Urban Institute MeT provides training, technical assistance, and support for CMS and all 50 states and territories for Medicaid EHR Incentive payment systems. Ashley is responsible for the redesign of the Annual and Quarterly reports which states submit to CMS. Since 2014, Ashley has performed analysis on the data states submit on their annual reports. She is currently working with MeT to create an online reporting tool for the Quarterly and Annual Reports and serves as the main contact for the project. In this project Ashley analyzes and documents technical requirements for the Annual Report and uses them to create screens for the new online tool. She also reviews state SMHP updates.

Ashley also performs EHR Incentive Payment provider audits for the states of Florida and South Dakota. Her tasks include communicating with providers, analyzing data and documentation submitted by providers, documenting audit findings, and participating in provider appeals if needed.

At HealthTech Solutions, Ashley previously served as a MU consultant to the Kentucky Department of Public Health (DPH). Ashley assisted health department providers across Kentucky to register and receive Medicaid EHR incentive payments. Tasks included calculating patient volume, assisting providers with registering on the National Level Registry (NLR) and the state's SLR, and providing education and training on MU to all health department providers.

Ashley also worked with DPH on a project that assessed all IT needs within the department. She developed both As-Is and To-Be reports which included analysis, findings, and recommendations for the modernization of department-wide IT needs.

CORE COMPETENCIES

- Electronic Health Records
- Meaningful Use
- Programmatic Audit
- Data Analysis
- Risk Management
- Business Analysis
- HIT

EDUCATION AND CERTIFICATIONS

BA University of Louisville – Louisville, Kentucky

TECHNICAL SKILLS

Statistical Packages, R, C, C++, MatLab, Maple, AutoCAD

REFERENCES

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Christal Ramos,
 Research Associate
 202-261-5605

Ron Poole

Proposed Role: Project Support

Ron is a Junior Consultant for HealthTech Solutions who holds extensive experience and knowledge regarding analysis, technical assistance, and research. Ron is well equipped in correspondence analysis, working in a confidential environment, direct support of communications, and holds extensive knowledge in coordinating logistics and data gathering. Ron holds a BA in Political Science from La Salle University and a Master's in Public Administration from George Mason University.

EXPERIENCE

Analyst, public administration, logistics coordinator, supervision, and sequential organization

SELECTED PROFESSIONAL HISTORY

Junior Consultant, HealthTech Solutions

2018-Present

Ron is a junior consultant on the Medicaid EHR Team contract. Currently, his role includes providing technical assistance to CMS on policy inquiries received from states around the Medicaid Promoting Interoperability (PI) Program. Ron has assisted with research analysis on state auditing activities and Stage 3 MU. Ron is currently analyzing the Fiscal Year 2019 Medicare payment policies and rates under the Inpatient Prospective Payment System (IPPS) and the Long-Term Care Hospital Prospective Payment System final rule, finalized by CMS. Ron is determining and documenting the impacts of the IPPS rule on the Medicaid PI program.

Correspondence Analyst, Immersion Consulting

2017-2018

Ron worked as a correspondence analyst supporting the Department of Homeland Security (DHS). He directly supported the communication and coordination between DHS Senior Leadership and external stakeholders. He also acted as the logistics coordinator for several positions within the Office of Partnership and Engagement. As a logistics coordinator, he was responsible for enacting the sequential organization of outstanding tasks, materials, and correspondence.

Ron also assisted the Assistant Secretary, Deputy Assistant Secretary, and Chief of Staff with daily activities. He is experienced with the review and editing of documents of sensitive nature as well as working in a highly confidential environment.

Lead Expedition Instructor, Connecticut Department of Children and Families

2015-2016

As an assistant to the enrollment coordinator, Ron was responsible for the safety and risk management of course participants engaged in various activities. He supervised all aspects of enrollment including screening functions, course preparation, and management of secure files.

Campaign Assistant - Intern, Balchunis Campaign for Congress

2016

Ron assisted in campaigning and disseminating campaign information regarding the candidate. He was also responsible for working the phones and polls to ensure a successful campaign.

Assistant - Intern, Connecticut Association for Community Action

2013-2015

As an assistant intern, Ron assisted in completion of a grant for submission as well as agency marketing and information dissemination activities. His hard work resulted in the creation of an electronic newsletter containing current and relevant news stories related to statistics on a state and national level. Ron also assisted in conference and event planning including the creation of relevant documents for tracking.

EDUCATION AND CERTIFICATIONS

MPA George Mason University - Fairfax, Virginia

BA La Salle University - Philadelphia, Pennsylvania

REFERENCES

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Nicole Kohn

Proposed Role: Project Support

Nicole is a Consultant with HealthTech Solutions where she supports state Electronic Health Records (EHR) Implementation projects, Incentive Programs, and coordinates Quality Assurance activities. Nicole is a clinical financial management expert for the team. Prior to joining HealthTech Solutions, Nicole provided quality assurance and reviews for billed evaluation and management services including Modifier 25 reviews, in a provider setting. She also managed the selection and implementation of the practice revenue cycle management technology system. Nicole has extensive training through a nationally accredited degree program in patient health information systems, coding, billing, and medical records.

EXPERIENCE

9+ Years of Experience with Health and Human Services Programs and Systems
 Electronic Health Record Programs
 Health Information Administration

SELECT PROFESSIONAL HISTORY

Consultant, HealthTech Solutions 2015-Present

Nicole currently serves as the deputy project manager for the Kansas Department of Health and Environment project. She provides updates to the Audit Strategy Matrix performs Risk Analysis and auditing. Nicole also provides outreach to providers. Nicole is also currently engaged with the Alabama Pre-Payment Verification Team verifying attestation in pre-payment review. She also works as a reviewer for the HITECH project, providing review of the Audit Strategy Matrix.

Previously, Nicole served as a member of the Kentucky Department for Public Health (DPH) EHR Implementation Team, where she assists with all critical project functions for the statewide program. She assisted both the Kentucky DPH financial system assessment and EHR implementation team, where she coordinated critical project functions for the statewide program. Nicole developed and configured system reports for state clinical and financial staff during systems implementation, and reconciled system coding and billing deficiencies. She also provided Risk Analysis and auditing, updated the Audit Strategy Matrix, as well as supported with outreach to providers.

Billing Supervisor, Woodlawn MD Clinic 2013-2015

Nicole provided billing operations and leadership support for the Billing Department and supporting staff. She reviewed all charges, referrals, insurance additions, diagnosis codes, account credit balances, patient service down-payments, Medicare billing lifecycles (including creating and posting batch claim submissions), inventory of financial agreements, monitoring interest payments, monthly reporting, and small balance business write-off adjustments.

Billing Specialist, Woodlawn MD Clinic 2011-2013

Nicole was responsible for all Medicare denials and Accounts Receivable payment postings. She reviewed insurance charges; conducted patient follow-up calls; and ensured insurance verification for services. She monitored surgical and retina charges for all doctors, updated and managed training processes, administered patient statements, and assisted with oversight of all appeals. She led clinical coordination for the continued, successful participation in the CMS EHR incentive program.

Front Desk and Funding Specialist, Woodlawn MD Clinic 2010-2011

Nicole was responsible for clinical front desk duties and insurance verifications. She managed the clinical intake flow daily, collected and verified personal identifiable information, scheduled and verified appointments, and coordinated follow-up with patient visits. She led research for CMS' MU incentive program and mapped clinical gaps to participation requirements. Managed the Electronically Prescribing Incentive Program coordination within the practice.

EDUCATION AND CERTIFICATIONS

AS, Community College of Baltimore County, Baltimore, Maryland
 Medical Billing Courses, Community College of Baltimore County, Baltimore, Maryland
 Clinical Operations and Financial Training, Business Management Consulting

CORE COMPETENCIES

- Project Support
- Claims Adjudication
- Training
- Quality Assurance
- Business Analysis
- Technical Writing
- Health Information Administration
- Electronic Health Records
- Meaningful Use and eRx Compliance
- Clinical Audits



REFERENCES

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Donia Watson

Proposed Role: Project Support Consultant/ Junior Business Analyst

Donia brings over eight years' experience in requirements management and process improvement in federal and state regulated industries. She assists states with Health Information Exchange (HIE) and program compliance. She is skilled in working with teams of varied backgrounds to produce quality documentation, procedures, and processes in an efficient manner. She is adept at engaging with stakeholders and vendors to identify, design, source, validate, and implement new processes, procedures, and products. Donia is an effective communicator and trainer with the capacity to translate technical ideas into non-technical language for end users. Donia is a member of the HealthTech Solutions' Agile Software Engineering Team (ASET), focusing on implementation of processes and maintenance of CMMI standards.

EXPERIENCE

8+ years of experience in requirements management and process improvement
Stakeholder Engagement
Development of Technical Documentation, Procedures, and Processes
Multistate Health Information Technology and Health Information Exchange experience

SELECT PROFESSIONAL HISTORY

Consultant, HealthTech Solutions 2018-Present

As a consultant at HealthTech Solutions, Donia is part of the team with the Urban Institute on a project for the Office of the Nation Coordinator for Health IT (ONC) for the Electronic Health Record (EHR) Reporting Program. Donia also assists the Connecticut Department of Social Services with a statewide provider registry. She is also assisting with computer-based training development for HealthTech Solutions' engagement with the North Dakota Health Information Network (NDHIN) for provider education.

Process Development Chemist II, Piramal Pharma Solutions 2015-2018

As part of the Technical Services Group, Donia performed process design and scale up for clinical and commercial drug products. She worked closely with stakeholders and vendors from identification of functional requirements to implementation of solutions. Donia authored functional and product requirements documents, test protocols, procedures, and policies. She engaged with internal groups to provide continuous process improvement and was the authority for changes to existing written procedures.

Technical Writing Supervisor, Piramal Pharma Solutions 2016-2017

Donia performed a niche role in reviewing technical documentation to ensure clear understanding for end users, as well as compliance with regulatory requirements, and provided training for procedures and processes developed.

Adjunct Biochemistry Lab Instructor, Transylvania University 2014-2015

General laboratory instructor. Provided instruction on chromatography methods, SDS-PAGE, enzyme kinetics, and ligand-protein interactions.

Chemistry Lab Coordinator, Transylvania University 2013-2015

Donia managed the Chemistry Department laboratories and was supervised students. She oversaw undergraduate laboratory spaces, chemical stockrooms, and cryogen equipment maintenance. She served as the Natural Sciences and Mathematics representative for the University Safety Committee and was the authority for regulatory compliance/environmental health and safety.

Interim Chemistry Lab Coordinator, Linfield College 2010-2011

Donia managed the Chemistry Department laboratories, including departmental budget, payroll documents, and effectively directed and coordinated the activities of assigned staff and students. Acted as general instructor for two semesters.

EDUCATION AND CERTIFICATIONS

MS University of Kentucky – Lexington, Kentucky

BA Berea College – Berea, Kentucky

CORE

COMPETENCIES

- Business Analysis
- Provider Management
- Performance Improvement
- Technical Writing
- Requirements Gathering
- Quality Assurance
- Program/Regulatory Compliance
- Training

Certified Chemical Hygiene Officer, National Registry of Certified Chemists

REFERENCES

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Allison Keeling
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859-242-8704

Heather Hoots

Proposed Role: Project Support Consultant/ Junior Business Analyst

Heather has over five years of experience in the health services industry where she developed technical documents including requirements traceability matrices, workflows, and standard operating procedures. She brings a proven ability to work with stakeholders and subject matter experts for requirements gathering and technical writing. She has facilitated instructor-led training courses and is experienced with computer-based training software. Heather brings multistate experience with Health Information Technology (HIT) and Medicaid projects as a business analyst. In Connecticut, she is part of the team working on the Medicaid Enterprise Technology System (METS) program which includes modularizing a legacy Medicaid Management Information System and a complete business process redesign effort. In North Dakota, she provides support to a statewide Health Information Exchange.

RECENT PROFESSIONAL HISTORY

Consultant, HealthTech Solutions 2018-Present

As a consultant, Heather supports Medicaid and HIT clients nationwide. Heather supports the North Dakota's Provider Education and Technical Support project creating training modules for the North Dakota Health Information Network. She provides subject matter expertise in meeting facilitation, artifact development, and stakeholder engagement. She also assists with training tracks and aids project teams with meeting facilitation and training development.

Heather is also a consultant for the Connecticut METS project providing technical writing for Implementation Advance Planning Document updates and quality assurance for requirements traceability documentation. She ensures end user requirements and CMS program goals and objectives are successfully communicated as part of the System Integrator Request for Proposals.

Heather provides technical writing assistance as part of the Medicaid EHR Team which provides national assistance for HITECH Act compliance to states. She is also the Quality Assurance Lead for our procurement team ensuring company responses meet the high standards of our organization.

Validation Writer, Piramal Pharma Solutions 2017-2018

Heather worked in the Validation Department and was primarily responsible for writing and reviewing technical documentation such as standard operating policies and procedures. She streamlined processes by creating templates for the Department's use in order to standardize documentation. She transmitted technical ideas and procedures to understandable concepts for validation activities such as protocols and test scripts.

Document Systems Clerk, Piramal Pharma Solutions 2014-2017

Heather assisted with the control of all documentation in a regulated, confidential environment. She was responsible for editing standard operating procedures.

Technical Writer - Intern, Coldstream Laboratories, Inc 2014

Heather began her career as a junior resource responsible for editing and drafting documentation including protocols, workflows, and operating procedures.

EDUCATION AND CERTIFICATIONS

BS Eastern Kentucky University – Richmond, Kentucky

REFERENCES

Kellie McDermott
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 270-776-2203

Sumana Sinha
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 859-361-1446

Alice Lawson
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 859-997-8522

EXPERIENCE

5+ years of experience with Business Analysis, Business Process Redesign and Technical Writing.

Multistate Health Information Technology and Medicaid experience

Experienced with training development and facilitation and translation of technical requirements

CORE COMPETENCIES

- Business Analyst
- Technical Writing
- Requirements Gathering
- InDesign, Photoshop, Bluebeam Revu, and Adobe Captivate
- Validation and Quality Assurance Protocols
- Procurement

Jason Webster

Proposed Role: Enterprise Architect

Jason has nearly 30 years of experience implementing IT projects including 15+ years working as an enterprise architect with a focus on interoperability and reuse. He supports Health and Human Services, Public Health, Revenue, Personnel, and others. Jason served as the Deputy Chief Technology Officer (CTO) and Chief Enterprise Architect for the Cabinet for Health and Family Services overseeing many system implementations, including very large efforts such as Medicaid, Eligibility, Health Information Exchange, and Child Welfare.

More recently, Jason has provided enterprise architect consulting services for the procurement, design, development, and deployment of eHealth solutions for multiple state agencies and HIT vendors. In this capacity, he served as the solution architect for our engagement in Colorado which included mapping of all architecture assets within health and human services. He also serves as an enterprise architect for our engagements in Connecticut, MedImpact, and Alaska. Other work includes enterprise architecture consulting for RFP development in Missouri, HIE consulting in Georgia, Kentucky, and Wyoming, and enterprise architecture on MITA in Alaska, Kentucky, Alabama, and Connecticut. Jason is a certified Project Management Professional.

RECENT PROFESSIONAL HISTORY

Senior Consultant, HealthTech Solutions

2011-Present

Jason has taken a lead enterprise architecture role on several major engagements. He aided in defining enterprise Architecture (EA) processes for multiple clients and defining strategies for EA components such as enterprise service bus (ESB), eMPL, rules engine, disaster recovery, cloud strategies, security, auditing, and reuse. Jason is the enterprise architect of all our EDW processes. He has conducted major assessments of large IT infrastructures such as MITA State Self-Assessments in Kentucky and Alabama, an assessment of Georgia's state Public Health Department central systems for integration with the HIE including remediation strategies and costs, and an assessment of Alaska's public health systems and HIE to determine which systems qualify as specialized registries under Meaningful Use and prescribe changes needed. As part of our engagement in Connecticut, Jason's role included formation of the EA group.

Jason also served as the solution architect for the Kentucky One Stop for Business project, which involved the development of an online web application with integration to several back-end mainframe applications. He provided analytical support for Meaningful Use Stages 1 and 2 in support of the EHR incentive payment program. Jason directed a major project to onboard EHR systems to state immunization registry via a state HIE. Jason regularly participates in the MITA TAC, and ONC's Lab Community of Practice. Jason has assessed several CMS funded state HIE efforts and excels at working with major Systems Integrators in support of their HIE engagements.

Chief Enterprise Architect and Deputy CTO, OATS-CHFS

2004-2011

Jason served as the primary executive responsible for the smooth implementation of HHS business processes that span multiple entities and systems, for the Office of Administrative and Technology Services (OATS). These projects involved business processes and integration services and require a deep understanding of multiple technologies, integration patterns, project management skills, and the ability to lead teams. Jason was the Lead Architect for Kentucky's Medicaid solutions, KY Health Information Exchange, and the MMIS modernization project which was a statewide HIE implemented in 2010. Jason was also the interface manager for the new Medicaid Management Information System involving 260+ interfaces to 30+ unique systems. Jason has implemented a Medicaid PBM system, and BizTalk as ESB and Business Objects as a primary BI tool. Jason was co-Chair of the Technical Architecture Review Board for CMS' development of the MITA 2.0 framework and worked on the early efforts to define an information architecture for MITA through HL7.

Database Administrator, Office of Information Technology, CHFS

1996-2004

Jason was the lead DBA for Kentucky Statewide Automated Child Welfare Information System (SACWIS) implementation. The major system implementation involved 3500 total and 1200 concurrent users. Jason supported real-time replication of data in a

EDUCATION

Nearly 30 years of experience implementing information systems – 15 years in state government

15+ years of experience in integration and interoperability

Proven ability to manage the entire system modernization effort

Extensive experience conducting research in support of system and process modernization efforts

TECHNICAL SKILLS

- Enterprise Architecture
- Integration
- Information Systems Management
- Project Management
- Data Warehousing
- Systems Architecture

heterogeneous environment involving Sybase, Microsoft, Oracle, and other systems on both Sun Solaris and Microsoft Windows platforms.

Information Systems/Project Manager, TechForce Corporation 1990-2005

Jason developed several information systems which supported a number of both large and small projects for TechForce, which grew from startup to \$50M in annual revenues in just four years. Jason served in a supporting role during the initial public offering in 1995.

Avionics Technician, US Navy 1986-1990

From 1986 until 1990, Jason served in the US Navy as an Avionics Technician, where he supported Electronic Counter-Measures devices. While serving, Jason rose five pay grades in 18 months due to outstanding academic and professional achievements and held secret clearance.

CERTIFICATIONS

Certified Project Management Professional, Project Management Institute

TECHNICAL SKILLS

Servers/Operating Systems:

Windows, Solaris, AIX, SQL Server, Sybase ASE and Replication Server, Oracle, MS Biztalk

Languages:

C, C#, SQL

Database Management Systems:

SQL Server, Oracle, Sybase

Standards and Vocabularies:

X12, HL7, CPT, ICD, NDC, RXNorm, CDA/C-CDA, QRDA

Data Management and Processing:

Sybase, BizTalk

REFERENCES

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Aparna Anil Kumar

Proposed Role: Technical Architect

Aparna is a Technical Consultant at HealthTech Solutions and has over 10 years of experience in application design, development, and implementation. Aparna has extensive experience working as a technical architect of major systems including the critical functions of coding, testing, and implementation of systems within the related technical environments. Aparna has taken a lead role for a number of major projects at HealthTech Solutions including the development of State Level Registries in Kentucky, South Carolina, and Wyoming. Aparna is proficient in System Development Life Cycle methodologies as well as requirements gathering, analysis, prototyping/proof of concept, testing, configuration and implementation.

EXPERIENCE

10+ years of experience in applications/software design, development, and implementation

Extensive experience with Health and Human Services Systems

SELECTED PROFESSIONAL HISTORY

Technical Consultant, HealthTech Solutions 2014-Present

Aparna has taken a lead role on a number of major engagements nationally, including State Level Registry (SLR) design, development and implementation in South Carolina, Wyoming, American Samoa, and Alabama. The SLR is a web-based system, which allows practicing physicians and hospitals to register for and attest to meeting eligibility and Meaningful Use requirements for the Electronic Health Record (EHR) Incentive Program, as set forth by the CMS Utilizing the interfaces designed by HealthTech Solutions, business analysts and power users can manage files received from the National Level Repository system provided by CMS and parse their XML content into staging and transactional tables specifically designed for the EHR Incentive Program. Aparna also served on the DDI Data Warehousing team for Wyoming, where claims and clinical files sent by providers are stored and data is extracted for statewide and federal reporting solutions. The technical for the SLR and Data Warehouse environments utilized MS Team Foundation.

.NET Developer, SVAM Technologies 2010-2014

Aparna served on the development team for the SLR for the Kentucky Cabinet for Health and Family Services, the EHR incentive payment system, and EHR reports applications. The technical environments included: ASP.NET 4.0, C#, VB.NET, Visual Studio 2010, SQL Server 2008, Team Foundation Server 2008, JavaScript, XML Web Services, Windows Services, XML, XSLT, HTML, CSS, and SharePoint server 2007

Software Development Engineer, Yousport.com 2007-2009

Aparna supported the development of web-based applications utilizing ADO.NET communication to existing databases. Aparna implemented AJAX controls like Watermark extender, Auto complete extender, Cascading dropdown, and Calendar extender to provide user interface enhancements and controls. Aparna also performed all aspects of technical configuration and testing. The technical environment included: C#, JavaScript, ASP.NET, Visual Studio .NET 2005, ADO.NET, XML, SQL Server 2005, IIS, Microsoft .NET Framework 3.5, Window Server 2003, and Visual Source Safe.

Software Developer, Brahma Infology Group 2005-2007

Aparna was part of a team which created a customized and secure web-application for major US provider of medical transcription services using ASP.NET. Aparna also supported web-based applications for international retailers. Projects included integration with Microsoft Retail Management Systems, SQL Server databases, and Enterprise Resource Planning systems. The technical environment included: C#, JavaScript, ASP.NET, Visual Studio .NET 2005/2003, ADO.NET, XML, SQL Server 2005, MS Access, IIS, Microsoft .NET Framework, Windows Server 2003, and Visual Source Safe.

TECHNICAL SKILLS

Servers/Operating Systems:

Windows Server 2000/2003, XP, IIS

Languages:

C#, VB.NET, SQL, PHP

KEY COMPETENCIES

- State Level Registries
- System Development Life Cycles
- System Testing Life Cycles
- Software Design, Development, and Implementation
- Public Health Systems
- Data Management Systems
- Application Configuration
- User Interface

Database Management Systems:

MS SQL Server 2008/2005/2000, MYSQL, MS Access, SSRS, SSIS

Web Technologies:

ASP.NET 3.0/2.0, Web Service, WCF, HTML, DHTML, JavaScript, VBScript, CSS, ADO.NET, AJAX

XML Technologies:

XML, Xpath, XSLT

Interface Technologies:

VisualStudio.NET 2008/2005/2000

Configuration Tools:

Visual Source Safe, Team Foundation Server, QTP, WinRunner, Quality Center

REFERENCES

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Leslie Hoffmann

Proposed Role: Certification Lead

Leslie brings 22+ years of experience as a subject matter expert in Medicaid, waiver programs, and behavioral health. She has been part of the certification teams in two states: Colorado and Missouri. She has extensive experience in care coordination, case management, and federal grant program oversight. Leslie is proficient in the design, development, and implementation (DDI) of enterprise technology and systems and has served at the state level in several executive roles on Technical Advisory Councils on behalf of waiver programs. Leslie has a deep understanding of contract administration. She has administered all aspects of state contracting from requirements gathering, requests for proposal development, solicitation, contract management involving key performance indicators (KPI), and certification processes. She has strong program and project management skills and has led a variety of diverse teams and projects.

SELECTED PROFESSIONAL HISTORY

Consultant, HealthTech Solutions 2018-Present

Leslie brings multistate Medicaid experience to HealthTech Solutions' clients including Connecticut, Missouri, and Colorado. Leslie has provided healthcare quality assurance, waiver, and Medicaid expertise on multiple projects. Her projects include Enterprise Project Management Offices (EPMO), Medicaid Management Information System (MMIS) DDI and certification, and Care Management.

Leslie serves as a Certification Specialist for the implementation of the Colorado MMIS. She performs quality assurance duties and ensures compliance with the Medicaid Information Technical Architecture v3.0 and additional CMS guidance.

In Connecticut, Leslie is part of the team working on the Medicaid Enterprise Technology System program which includes modularizing a legacy MMIS and a complete business process redesign effort. She is a member of the Connecticut Department of Social Services EPMO and provides subject matter expertise in waiver and case management. She supports Advance planning documents as well as Organizational Change Management and development of System Integrator requirements to ensure compliance with certification checklists.

In Missouri, Leslie performs additional certification duties where she ensures compliance for DDI of a care management system. She also provides subject matter expertise for waiver and case management requirements of the system. She is proficient in the System Development Life Cycle and Agile methodologies.

Program Manager, Kentucky Division of Child Support Enforcement 2017

Leslie served as Program Manager within the Division of Child Support Enforcement for the Kentucky Cabinet for Health and Family Services. She was responsible for administrative oversight of 20 staff in three child support enforcement sections. Leslie worked extensively with county, state, and federal authorities. She is proficient in multiple reporting, tracking, and payment systems. She ensured compliance with state and federal programs, and oversaw grant related reporting and administration

Executive Behavioral Health Policy Advisor, Kentucky Community Alternatives Division 2014-2016

Leslie was responsible for Medicaid Waiver Management Application and Federal Final Rule Administration. She maintained oversight of six 1915c waiver renewals and amendments. Leslie oversaw transition of ancillary waiver services to the State Plan initiative per CMS. She directly supervised Money Follows the Person and Acquired Brain Injury branches. She provided oversight of Home Health and Hospice for 2016 Hospice reimbursement methodology and programming. She was administratively responsible for Behavioral Health State Plan Amendments and Behavioral Health regulations. She served on Kentucky's Technical Advisory Committees for Behavioral Health, Intellectual and Developmental Disability, and Home Health.

EXPERIENCE

22+ years of experience in HHS waiver programs and behavioral health

Expertise in care coordination and case management

Multistate Medicaid experience including MMIS Certification

CORE COMPETENCIES

- System DDI and Certification
- Program and Project Management
- Mental and Behavioral Health Programs
- State Waiver Programs
- Grant Administration
- Budgeting and Financial Policy
- State Procurement
- Performance Metrics and Key Performance Indicators
- Quality Assurance

Chief Disabilities Officer, Communicare Inc. 2012-2014

Leslie was responsible for administration, oversight, and financial management of all Developmental Disability programs, Housing and Urban Development, and Mental Health facilities. Leslie was instrumental in the Consumer Directed Options and Financial Management contract for Communicare. She oversaw reorganization of the Division, organizational management plan, and the Teamwork Plan. She served on the Executive Committee, Community Presence, and Grants/Contracts Committees.

Assistant Director, Kentucky Community Alternatives Division 2009-2012

Leslie supervised division programs and staff for six 1915c waivers: Impact Plus, which provides community-based services for Kentucky's Medicaid/KCHIP eligible children with complex behavioral healthcare needs; Community Mental Health Centers; Targeted Case Management; Substance Abuse for Pregnant and Post-Partum Women; Money Follows the Person; and, Hospice and Home Health.

Leslie monitored the Supports for Community Living program contract with the Department of Behavioral Health, Intellectual and Developmental Disabilities. She oversaw the Money Follows the Person program, Acute Acquired Brain Injury, and Long-Term Care waivers. Leslie was also responsible for administration of the Kentucky Traumatic Brain Injury Trust Fund with over \$4.5 million in assets.

Branch Manager, Kentucky Cabinet for Health and Family Services 2007-2009

Leslie administered the Acquired Brain Injury Branch including staffing, budgets, waivers, regulations, grants, and contracts. She provided oversight of the Traumatic Brain Injury Trust Fund and obtained a 1915c Acquired Brain Injury Long Term Care waiver through federal and state approval processes.

Program Administrator, Kentucky Cabinet for Health and Family Services 2001-2007

Leslie developed risk management procedures, and KPI tools and processes. She was the Community Mental Health Center Liaison for substance abuse and behavioral health services. Leslie also served on several statewide committees in Kentucky, she was chair of the Acquired Brain Injury Crisis Residential Placement Committee, a member of the Co-occurring Disorders Committee, and Kentucky Liaison to the State Interagency Council Project.

EDUCATION AND CERTIFICATIONS

MA, Western Kentucky University, Bowling Green, Kentucky
BA, Campbellsville University, Campbellsville, Kentucky

REFERENCES

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Amy Lotze

Proposed Role: Certification Analyst

Amy is a Senior Consultant for HealthTech Solutions with 16+ years of progressive healthcare experience which includes expert knowledge of the end-to-end health plan and pharmacy operations. She is experienced with system testing tools and techniques, data modeling, and database design and development standards. She is a business analyst for the data warehouse project for the state of Idaho and serves on the Connecticut Medicaid Enterprise Technology System (CT METS) team as a Deliverables Management Coordinator and Documentation Librarian.

SELECT PROFESSIONAL HISTORY

Senior Consultant, HealthTech Solutions 2017-Present

At HealthTech Solutions, Amy is a business analyst on the statewide data warehouse project for the state of Idaho. In this role, she aids with the gathering and documentation of requirements, report design, test case creation, and quality assurance.

Amy is also assigned to the CT METS project, which involves the development and implementation of an MMIS system. Amy serves in the dual roles of Deliverables Management Coordinator and Documentation Librarian. She is responsible for organizing all project documents and artifacts in SharePoint, the official repository, and managing appropriate permissions for users. In addition, she is responsible for coordinating deliverable submissions and deliverable reviews for all vendors and the project team and ensures all deliverable artifacts are cataloged in the repository for preservation. She designed and implemented a new SharePoint metadata site for internal use that can be leveraged for when Connecticut designs, builds, and implements their internal metadata site.

Enrollment & Member Services Supervisor, Kentucky Health Cooperative, Inc 2013-2017

In this position at KYHC, Amy had a key management role in establishing a startup health plan for business, operational, and data management areas including member enrollment and eligibility; development of coverage, benefits, and plan product categories; billing and premiums; financial impact reviews and revenue/payment management; prospective enrollee and broker/agent assignment; operations; commission payments and relationship management; provider contracting and network terms of agreement; IT integration requirements; and Interactive Voice Response scripting.

Amy served as a requirements business analyst, having expert knowledge with ACA, Health Insurance Portability and Accountability Act, Health Information Technology for Economic and Clinical Health Act, Centers for Medicare and Medicaid Services, Personally Identifiable Information, Personal Health Information, and other compliance and/or contractual-based requirements gathering, documenting, and traceability. She also became the issue and defect resolution manager for KYHC members and handled broker/agent integration within Kentucky's Health Insurance Exchange/Marketplace.

She partnered with senior management to develop enterprise processes, reports, and correspondence for member and provider services (enrollment, eligibility, call center, and communications), technology and operations project management office, web functionality, clinical care integration, mental and behavioral health, vision services, and pharmacy benefit management integration. She was also a key solution lead, working with integrated partners including CGI Technologies and Solutions, Healthnation/Aldera Systems, KYNECT (the Kentucky state-based exchange/marketplace), and Kentucky Department of Insurance to solve high volume of issues, complaints, and system processing and configuration errors.

Senior Third-Party Relations Analyst, PharMerica Corporation 2010-2013

Amy played a lead role as a Program Manager for an MMIS implementation in Kentucky. She managed all pharmacy payer contracts to include obtaining the contracts, addendum, and/or renewals to compile the contract package; performing the first level of contract review for wording changes and legal review/signature. She was the liaison for senior leadership regarding monthly payer trend reports which included production, data analysis, trend review; and pharmacy claims data received, reconciled, and discrepancies resolved with the payers. Amy was also the communications lead with over 90 plus pharmacies, providing

EXPERIENCE

16+ years of experience with Health and Human Services Programs and Systems

Health Information Technology Systems

Health Plan/Payer Operations

Contract Management

Project Management

WORD

COMPETENCIES

- Business Analysis
- Healthcare Systems
- MMIS
- Health Information Exchange
- Electronic Health Records
- Project Management
- System Testing Tools and Techniques
- Data Modeling
- Database Design and Development Standards

pharmacy claims processing information to impacted internal areas, ensuring correct claims data was consistently loaded into the core claims processing system with zero errors. As the day-to-day operations manager of the external contract management system, Amy was responsible for loading correct contract parameters as data inputs and was the solutions expert for any system issues with the contract management system vendor and/or internal Information Technology staff. She was also the external contract management system expert, provided end-to-end system training to new team members as well as refresher training as needed, and performed system demonstrations to senior leadership and other company staff as requested

Consumer Experience Senior Analyst, Humana, Inc. 2008-2010

Amy was System Owner for the Interactive Voice Response (IVR) and outbound Voice Activated Technology (VAT). She provided dedicated support for both systems for the enterprise Pharmacy Management Department's RightSourceRx. She wrote scripts, tested changes, managed the systems vendor contract, and resolved all system processing issues by interfacing with the vendor and internal information Technology team. She also served as resolution expert, provided research analysis of issues and/or complaints submitted by members, performed detailed documentation/issue review for common cause or special cause problems and communicated internally and externally as appropriate.

Amy identified system and process improvements to enhance the customer's experience and presented recommendations of potential improvements as system enhancements to either the IVR or VAT to senior leadership. She was the integration lead to interface RightSourceRx Specialty Pharmacy with RightSourceRx Mail and worked collaboratively with a diverse team of internal and external resources to support the integration requirements. Amy was responsible for ensuring the IVR system options and scripts emulated the others' functionality expectations. She served as the web testing lead, ensuring the test cases were written and executed to successfully accomplish specific requirements testing. She applied the approved changes as needed in the test region prior to the changes in production.

Network Specialist, Humana, Inc. 2000-2008

As the National Pharmacy Databases owner, Amy maintained and managed the databases, and developed, produced, and analyzed pharmacy utilization reports. She was the pharmacy claims resolution expert and provided in-depth research on adjudicated pharmacy claims to expedite resolution and communicate with pharmacy leadership on root cause issues

Amy was the provider agreement and network process analyst. She initiated the organization of the pharmacy provider agreements within the pharmacy network and maintained records in accordance with the record retention parameters. She facilitated the provider agreement termination process for independent pharmacies as required. She also served as the department support liaison and assisted department staff with customer service calls and complex administrative support solutions for the Director of Pharmacy Networks and an additional 24 network managers.

EDUCATION AND CERTIFICATIONS:

BA, University of Louisville, Louisville, Kentucky

Undergraduate coursework, Jefferson Community College, Louisville, Kentucky

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Amy Osborne

Proposed Role: Lead Business Analyst

Amy is a Senior Consultant for HealthTech Solutions with 25+ years of multi-state experience in Health Information Technology (HIT). Amy has served in executive and management roles for design, development, and implementation projects in Kentucky and Tennessee including MMIS systems. She has received several awards of excellence and exceptional performance for her work in the Kentucky MMIS. Over her career she has worked on almost all aspects of Medicaid including claims, encounters, TPL, member, reporting and analytics. Amy is also a recognized leader in Electronic Health Record (EHR) Incentive Payment Systems and serves as a Senior Consultant to the Urban Institute and Centers for Medicare & Medicaid Services in delivering training and technical assistance to state Medicaid EHR programs. Amy is also working on South Dakota's SLR implementation as a Business Analyst. Amy is a certified Project Management Professional.

RELEVANT PROFESSIONAL HISTORY

Senior Consultant, HealthTech Solutions 2012-Present

At HealthTech Solutions, Amy manages a wide range of EHR projects nationwide, including SLR projects in Wyoming, South Carolina, District of Columbia, and South Dakota. She is a Senior MU audit consultant for the Medicaid EHR Team through a contract with the Urban Institute. The Medicaid EHR Team works on behalf of the Medicaid HITECH CMS Team as the official technical assistance contractors to states and US territories on implementing their EHR Incentive Programs. Amy also serves as the portfolio manager for the Wyoming Quality Care Coordination Program, which includes the SLR, state clinical data warehouse, and popHealth system projects. Additionally, Amy has assisted in writing and reviewing proposals for various prominent vendors in response to State Medicaid Managed Care and MMIS request for proposals. She was part of the team that completed the MITA Business Architecture on the MITA 3.0 SS-A projects in Alabama, Connecticut, and Kentucky.

Amy is engaged with the District of Columbia SLR project. She worked as a subject matter expert to assist with system implementation, which was completed in 30-days. She also verified initial data conversion and is working with the team on full data conversion. Amy works on South Dakota's SLR implementation as a Business Analyst. She helped to implement the system with 90-days and converting data from the previous vendor.

Technical Delivery Manager, Pomeroy IT Solutions 2011-2012

Amy was the Technical Delivery Manager for the Kentucky EHR Incentive Payment System for the Cabinet for Health & Family Services. She directed implementation of the system for the year one Adopt/Implement/Upgrade phase and designed all system and database changes related to Stage 1 Meaningful Use. She managed all aspects of the system development life cycle, supervised business analysts, technical analysts, and .NET developers. She ensured system configuration and functionality for all batch interfaces with the CMS National Level Repository. The technical environment used was .NET (VS2010) and entity data framework. Interfaces with CMS systems used XML based transactions. Interfaces with the Office of the National Coordinator used a Salesforce cloud offering. The Business Productivity Suite from Microsoft was utilized to collaborate with 10 states. Kentucky was the first state to issue an EHR Incentive payment to a hospital in January 2011 and was one of the first states to implement Stage 1 Meaningful Use changes. The source code for this application has been shared with five other states. Amy was responsible for ensuring the other states received the source code and assisted other states' technical staff concerning implementation.

Technical Team Delivery Manager, HP Enterprise Services 2006-2011

Amy played a lead role as a Program Manager for a MMIS implementation in Kentucky, she led a team of eight business analysts and one project manager who worked on the Finance, TPL, Buy-In, Managed Care, Member, Provider, and EDI subsystems of the HP interChange MMIS. She assigned change orders and defects to appropriate technical staff and monitored overall progress for upper management and the Kentucky Department for Medicaid Services. She managed the change control process and reported on each production

EXPERIENCE

25+ years of experience with Health and Human Services programs and systems

Health Information Technology Systems Analyst

Project Management

CORE

COMPETENCIES

- Business Analyst
- HIT Systems
- State Level Registries
- MMIS
- Health Information Exchange
- Electronic Health Records
- Meaningful Use
- Programmatic Audit
- Claim and Payment Systems
- Third-Party Liability
- Health Standards and Certifications
- Project Management

release. She also worked with the team to establish goals, evaluate performance, and monitor required trainings.

Third Party Liability Director, TennCare 2005-2006

Amy performed all supervisory functions of Third-Party Liability (TPL) staff. She monitored Managed Care Contractors (MCC) to ensure that federal laws and regulations for processing TPL were met. She created the MCC invoicing and reporting tool designed to track MCC recoveries. She conducted quarterly visits with each MCC to monitor their TPL work. Amy reviewed all contracts and clearly identified TPL recovery and cost avoidance requirements. She designed training packages for various groups regarding TPL information gathering and cost avoidance procedures. Amy reviewed all recovery project proposals as part of the project selection process. She assisted the Deputy Revenue Director and worked with recovery teams to achieve maximum recovery and provide provider cost avoidance information to providers, managed care organizations and TPL contractors. She researched new avenues of recovery and cost avoidance and provided the Deputy Revenue Director with comprehensive information regarding new innovative ways of achieving division goals. She designed and implemented edits, audits and programs within the IS to eliminate manual processes.

Third Party Liability Assistant Director, TennCare 2005

As a TPL Assistant Director, Amy researched all contracts to identify TPL recovery and cost avoidance requirements. Amy became familiar with every aspect of the TNMMIS TPL subsystem and took a lead role in assuring CMS certification during implementation. The presentation to CMS was written and delivered within 2 months of employment and passed Certification without question.

Amy designed monitoring tools that allowed evaluation of contractor TPL recovery and cost avoidance performance. She designed educational training packages for various groups including pharmacy providers, DHS caseworkers, and the legal community regarding TPL information gathering and cost avoidance procedures. She reviewed all recovery project proposals as part of the project selection process. She assisted the Director with review activities of recovery teams and provided provider cost avoidance information to providers, managed care organizations, and TPL contractors. Amy worked with recovery teams to research new avenues of recovery and cost avoidance to achieve division goals. She also assisted the director in the design and implementation of edits, audits and programs within the IS to eliminate manual processes.

Human Resources/Operations Manager, Elder Beerman 2004-2005

Amy maintained and operated CBT workstations. Amy performed HR functions including recruiting, supervision, training, and scheduling. She maintained employee files, processed payroll, coached and counseled associates on job performance. Her operational responsibilities included ensuring payroll and supply budgets were met each month. She supervised support managers, and general operations including annual inventory.

Systems Analyst, Unisys 2000-2004

Amy performed analysis for a variety of applications within the MARS, EPSDT, Financial, and Claims subsystems of the KYMMIS. She successfully implemented over 80 design changes per year and worked closely with the customer to refine program specifications. Amy gathered information from clients for analysis of problem areas. Tested changes made to the system in preparation for client review, and provided recommendations for conversion and system implementation plans. She also prepared system documentation and user trainings.

Systems Administrator, Unisys 1999-2000

Amy tracked the workflow of department systems and maintained the systems documentation for the entire site. She performed critical cost reporting functions for the Kentucky Department for Medicaid Services (DMS) and assisted DMS management with reports.

Financial Specialist, Unisys 1997-1999

As a Financial Specialist, Amy performed several claims processing functions. She posted refund checks to claims, adjusted Medicaid claims, contacted providers concerning refunds or recoupments, trained new employees on adjustment claims processes, worked error reports on incorrect adjustments, and maintained user manuals for the unit.

Claims Specialist, Unisys 1995-1997

Amy coded Medicare cross-over claims, entered claims for processing including (UB92, CMS1500, Crossovers, Pharmacy, and Dental), worked in Quality Assurance on verifying the coding of Medicare cross-over claims, and processed all incoming checks. As part of the Accounts Receivable process, she assigned the correct cash control number, scanned all checks and documentation, and entered checks into the cash control file.

Claims Specialist, EDS 1994-1995

As a claims specialist, Amy processed TADS for Nursing Home Claims and performed data entry. She entered claims for processing including CMS 1500, CMS 1500 XO, UB92, and coded Medicare cross-over claims.

EDUCATION AND CERTIFICATIONS

AS, Sullivan University, Lexington, Kentucky

Certified Project Management Professional, Project Management Institute

TECHNICAL SKILLS

Languages:

SQL

Database Management Systems:

SQL Server Management Studio

Other:

Team Foundation Server

Jira

REFERENCES

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Angie Foster

Proposed Role: Senior Business Analyst

Angie brings 20+ years of experience with Medicaid, Medicare, and risk adjustment. Her experience includes deep familiarity with claims, encounter, managed care capitation payments, eligibility, and contracting activities. She is proficient in Medicaid Management Information Systems (MMIS) and provides expertise to states on operational aspects of Medicaid. Her experience includes systems for participant and provider eligibility; claims/encounters; prior authorizations; Management Administrative Reporting and Surveillance Utilization Reporting subsystems; financial and third-party-liability; and Electronic Data Interchange. She brings multistate experience with systems planning, implementation, user testing, and go-live execution. She is experienced working with states, providers, payers, and accountable care organizations. She has worked with and alongside major systems integrators and fiscal agents within the Medicaid space and is experienced with cost containment and IT project implementations.

SUBJECT # PROFESSIONAL HISTORY

Consultant, HealthTech Solutions

2018-Present

In Connecticut, Angie is part of the team working on the Medicaid Enterprise Technology System (METS) program which includes modularizing a legacy MMIS and a complete business process redesign effort. In her role, Angie is working as the Medicaid subject matter expert and business analyst ensuring both end user and CMS program objectives are traceable through both System Integrator and Organizational Change Management projects.

In Kansas, Angie has been part of the team completing the 2018 Promoting Interoperability Eligible Professionals Training webinars. She has also worked with provider outreach as part of a Health Information Exchange Environmental Scan project.

Data Manager, Risk Adjustment Integrity Unit (RAIU) Humana

2015-2018

In this position, Angie oversaw projects from the business side as the lead BA

developed and promoted new associates with the department through coaching and mentoring and creating and implementing development plans to assist in their future career aspirations. Angie oversaw internal projects for RAIU, a specialized area aimed at identifying fraudulent providers with risk adjusted contracts, and coordinated work for direct reports. She coordinated the development of a new audit tool which created efficiencies and savings and promoted processes formalizing all current process workflows, and automating several existing processes. She Angie collaborated with ICD-10 Project Manager and led Claims Cost Management team for the ICD-10 project which was successfully completed in 2015. She oversaw project implementations from the business side for a new query tool and other audit driven processes and worked with key stakeholders to gather requirements and create test plans.

Technical Delivery Manager, HP Enterprise Services

2011-2015

Angie led and managed a large team of over 40 business analysts and system engineers. She directed team work and provided feedback on performance. She monitored and ensured organizational goals and contractual commitments were met. Working directly with the Department of Medicaid Services, she implemented new system changes. Angie routinely coordinated between Business Analysts and System Engineers for each MMIS subsystem to review changes, discuss testing, and work through issues

During the creation of the Kentucky Health Information Exchange, Angie ensured coordination between the MMIS and Health Information Exchange teams. She led system testing efforts and confirmed member eligibility information had been successfully validated from the MMIS. During ICD-10 Implementation, Angie researched all proposed changes and made recommendations to the state. She led Joint Application Development sessions and resolved potential risks and issues during the transition.

Angie also has extensive experience working with managed care transitions. In Kentucky, she directly with the state to gather requirements so four additional Managed Care Organizations could start serving members. She monitored all transition status, priorities,

EXPERIENCE

20+ years of experience working with Medicaid, Medicare, and Risk Management

Extensive experience with MMIS modules and subsystems, including claims and encounter management

Experienced with Managed Care and Accountable Care transitions

Program and Project Management including Agile

CORE COMPETENCIES

- Business Analyst
- MMIS
- Medicaid Information Technology Architecture (MITA)
- Medicaid Claims and Encounter Management
- Provider Management
- Member Management
- System Integration
- Agile Development
- System Testing
- Business Process Redesign

and project change requests. She worked with trading partners to establish relationships and ensure interface files and transactions were successfully sent and received. Including the MCOs

Client Service Manager, SHPS, Inc. 2010-2011

Angie successfully directed the health and welfare benefits accounts of three nationally based corporations with a combined population of 50,000 employees and contracts valued at more than \$1 million. She facilitated regular client meetings and managed operational teams to guarantee the overlapping deliverables of each client's open enrollment period were met while also maintaining the expected standard of quality for their ongoing services.

Network Analyst, Humana 2008-2010

Angie was responsible for collecting, analyzing, interpreting, and summarizing network data to ensure groups and individual members receive an adequate network representation. She assisted with CMS Medicare filings to resolve concerns relating to report preparation and final submission

Passport Health Plan (KY Medicaid – Managed Care Org) 1997-2007

Angie held several roles including Business Analyst, Provider Claims Supervisor, and Member Services Representative. She led re-contracting efforts and helped with credentialing Medicare Advantage providers. She also led a team of over sixteen claims representatives in processing high value claims and coordinating provider services. As a Provider Relations Representative, she was represented over four-hundred and twenty-five specialists in sixteen counties. Angie also served as a Member Services Representative.

EDUCATION AND CERTIFICATIONS

MS, Indiana Wesleyan University, Marion, Indiana

BS, Indiana Wesleyan University, Marion, Indiana

Certified Scrum Professional, HealthTech Solutions

REFERENCES

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850-544-6358

Katie Brown

Proposed Role: Senior Business Analyst

Katie is a Senior Consultant for HealthTech Solutions with 25+ years of experience in Medicaid eligibility, member services, and Health Information Technology (HIT). She provides strategic and programmatic direction to clients nationwide on Medicaid and Health and Human Services programs. She has provided technical subject matter expertise and business analysis for a number of statewide projects including the Kentucky Health Benefit Exchange. She has particular knowledge of Meaningful Use requirements and has aided the statewide program in Florida. Katie is a member of the HealthTech Solutions Operation and Pre-verification team for the State of Alabama. Prior to joining HealthTech Solutions, Katie worked extensively with programs at the Kentucky Department for Community Based Services and the Kentucky Department for Medicaid Services (DMS). During Katie's years with state government, she reviewed all proposed rulemaking to assist upper management in the implementation of any mandates.

EXPERIENCE

- 25+ years of experience with Health and Human Services Programs
- Former Manager of Kentucky Medicaid Support Services
- Specializes in Medicaid Eligibility and ACA Implementation

CORE COMPETENCIES

- Business Analysis
- State Medicaid Programs
- Eligibility and Enrollment Services
- State Benefit Exchanges
- Affordable Care Act Implementation
- Health Standards and Certifications
- Audits
- Federal Regulations

RECENT PROFESSIONAL HISTORY

Senior Consultant, HealthTech Solutions 2012-Present

Katie is a Senior Consultant for HealthTech Solutions with 25+ years of experience in Health and Human Services. Katie provides strategic and programmatic direction for Medicaid and Affordable Care Act (ACA) issues for clients across the country with particular focus in the areas of Eligibility and Enrollment (E&E) and Electronic Health Records (EHR). Katie also served on a team for auditing of eligible professionals for Medicaid EHR Incentive payments. Katie is a member of the Operation and Pre-verification team that assists Alabama Medicaid Agencies with their administration of the Medicaid Meaningful Use Incentive Program and reviews of eligible provider attestations as part of the EHR Incentive Program.

As a member of the Operational and Pre-verification team, Katie works closely with providers, Alabama Medicaid, and Alabama's designated outreach team to assure providers meet the requirements outlined by the federal regulation. In addition to assisting the State in the reviews of provider applications, Katie works closely with Alabama Medicaid and outreach to educate providers on the requirements of the EHR Incentive Program. As part of her role in Alabama, Katie conducts ongoing reviews of federal regulations, FAQs, and other CMS resources to ensure the most current information is gathered concerning the Medicaid EHR Incentive Program.

While under contract with the Kentucky Office of Health Benefit Exchange, Katie supported the office with minimum requirement definition focused on system support being developed to meet the evolving needs of the office. This included the needs of the Insurance Liaison Office (needed data elements and functionality for system supported communication between the exchange and the various carriers offering services on the exchange, to aid in member inquires and complaint resolution), and business process support to automate office function.

Branch Manager, Medical Support and Benefits Branch, Department for Community Based Services (DCBS) 2007-2012

Katie managed the Medical Support and Benefits Branch (MSBB) for DCBS. Kentucky DMS contracts with DCBS for Medicaid eligibility. MSBB acts as liaison between DCBS field staff who process applications for Medicaid and DMS staff who set policy. Katie monitored the data interfaces between the E&E system and the MMIS and represented the member subsystem in strategic planning at the Department level.

Her work within DCBS concentrated on quality and compliance. Katie developed policy and procedures for case review which included a tracking component and corrective action recommendation for improvements. Katie monitored program status, assessed practices, identified gaps, developed plans for improvement, and evaluated results from program activity. She directed the composition and publishing of all Medicaid Eligibility Policy for field staff within the State. She completed work breakdown structures, defined scopes of work, and monitored the status of policy implementations to ensure objectives were being met. She also monitored error rates for trends and administered the process of implementing system changes to support changing policies and or priorities. Her monitoring

activities included identifying requirements, drafting change orders, leading, and directing the work activities of stakeholders across multiple systems and organizations, monitoring quality, and ensuring the maintenance of production schedules.

Katie represented the Department in planning activities for the implementation of Kentucky's statewide transition to a Medicaid Managed Care Model and implementation planning of the ACA. She was the primary contact for Medicaid eligibility staff statewide and was responsible for ensuring all elements of the eligibility contract were fulfilled.

During her tenure as branch manager, she was involved in the reviewing and implementing the Deficit Reduction Act and the Farm Bill. Katie played a key role in the implementation of the Children Health Insurance Program.

Supervisor, Medicaid Program Assistance Section, DCBS 2006

Katie supervised a team of six who administered all Medicaid eligibility activities in Kentucky. She provided general oversight of development, revision, and clarification of program policies and procedures. She monitored staff to ensure Medicaid eligibility policy met guidelines set by DMS and participated in all work groups related to policy changes, system enhancements, and training development

Internal Policy Analyst III, DCBS 2005

As a member of the Director's staff, Katie monitored the activities for Medicaid, Temporary Assistance for Needy Families, and Supplemental Nutrition Assistance Programs. She led a team in the creation and implementation of a statewide web-based case review system. She also coordinated and monitored assignments and provided technical assistance to staff.

Supervisor, Case Processing Section, DCBS 2004

Katie led a team of five and maintained a statewide working caseload of adult guardianship cases and helped determine retroactive medical assistance for Social Security Insurance recipients. She coordinated and monitored assignments, provided technical assistance and training to staff, and implemented and led a statewide initiative relating to reducing program error rates.

Medicaid Services Specialist III, Eligibility Policy Branch, DMS 2003

Katie reviewed all federal regulation and recommended eligibility policy changes as needed. She monitored error rates, third-party contracts, and member enrollment. She participated in numerous work groups for Medicaid process improvement and provided guidance relating to Medicaid eligibility policy to legislators, advocates, clients, and outside entities.

Supervisor, Medicaid Program Assistance Section, DCBS 2000-2002

Katie coordinated Medicaid E&E activities statewide with a team of six. She served as a liaison between DCBS and community partners and provided general programmatic oversight of the development, revision and clarification of program policies and procedures. She participated in all work groups related to policy changes, system enhancements, and training development.

Family Support Specialist III, DCBS 1991-1999

Katie led a team of six in outreach and enrollment activities for means tested federal and state assistance programs for all 120 Kentucky counties. As a support specialist, Katie met with applicants and assisted with identification of available services. She assisted with application processing for Medicaid, nutrition assistance, temporary relief, and child care assistance. Katie performed supervisory functions including casework review, training, and monthly reporting.

EDUCATION AND CERTIFICATIONS:

Certified in Public Management Fundamentals, Kentucky Governmental Services Center



REFERENCES

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Carrie Banahan

Proposed Role: Senior Business Analyst

Carrie is a Senior Consultant with HealthTech Solutions following a distinguished 34+ year career at the Commonwealth of Kentucky with experience in Medicaid, Health Insurance Regulation, Health Policy, and Health Benefit Exchanges. She is currently supporting the Missouri Case Management project, Colorado MMIS project, and the MedImpact project as the lead business analyst. This work includes eligibility and enrollment processes.

Prior to joining HealthTech Solutions, she served as the Executive Director of the Kentucky Office of Health Benefit and Information Exchange (KOHBE) and oversaw the implementation and operations of one of the most successful State Based Exchanges (SBE) in the nation. This included MAGI, non-MAGI, and exchange participants. From 2008-2012, Carrie was the Executive Director of the Office of Health Policy and was responsible for the administration of the Certificate of Need Program and health planning and development for the Cabinet for Health and Family Services. During that time, she also served as the implementation Director for Medicaid Managed Care in which 540,000 individuals were transitioned from a fee-for-service delivery system to managed care during a four-month implementation period.

SELECT PROFESSIONAL HISTORY

Senior Consultant, HealthTech Solutions 2017-Present

Carrie is currently working on the "No Wrong Door" (NWD) initiative in the state of Colorado where HealthTech is assisting the State in the collection of information that will be utilized in developing a requirements document for the NWD statewide database for long-term care services and supports. Carrie is also working on HealthTech Solutions' contract with the State of Missouri to procure a Case Management solution to support the Department for Mental Health's Home and Community Based Services Waiver programs. As the lead BA, she worked with the State to define the current and future business and technical processes and assisted with the development of a Case Management RFP. Carrie is also leading certification efforts on the Missouri project. In this capacity, she has assisted with a cross walk to map all business and technical requirements to the MECT 2.3 checklists and is responsible for supporting the State to ensure the solution is able to meet CMS certification requirements

Carrie was a policy advisor for the Medicaid EHR Team (MeT) through a contract with the Urban Institute. The MeT works on behalf of CMS to provide official technical assistance to states and US territories on implementation of EHR Incentive Programs. Carrie performed multi-system analysis and conducted state interviews to determine best practices for states to use when procuring enterprise solutions for provider directories and Electronic Clinical Quality Measures and assisted with developing procurement guidance for states to support new CMS-recognized Alternate Payment Models.

Carrie also supports the Connecticut Medicaid Management Information System (MMIS) modular replacement project. She has provided strategic advice on efforts such as eligibility and enrollment, call center operations, and shared services.

Carrie served as a technical advisor for the HealthTech Solutions team on the Alaska Health Information Infrastructure Plan (HIIP) project. The purpose of the HIIP was to transform the Alaska healthcare system by providing data to healthcare providers for care coordination and quality and information support to enable development and implementation of Medicaid transformation initiatives. Carrie assisted with the evaluation of the IT landscape and future needs to implement the Medicaid transformation initiatives.

Executive Director, Commonwealth of Kentucky-KOHBIE 2012-2017

Carrie successfully managed the transition of kynect, Kentucky's SBE, to a State Based Exchange on the Federal Platform (SBE-FP) in a one-year period. As an SBE-FP, Kentucky utilized the technology platform and call center operations of the Federally Facilitated Marketplace while maintaining consumer assistance and plan management responsibilities.

EXPERIENCE

34+ years of experience including eligibility and enrollment

Former Executive Director, KOHBIE

Specializes in Exchange Operations, eligibility and enrollment operations, Healthcare Legislation Implementation, and Medicaid

CMS Certification Experience

CORE COMPETENCIES

- Business Analyst
- Leadership
- Planning and Program Development
- Public Policy
- Health Policy
- Stakeholder Engagement
- Community Outreach
- Legislative Relations
- Grant Writing

Carrie oversaw the implementation and operations of one of the most successful SBEs in the nation. With the successful launch of the SBE, 500,000 Kentuckians were enrolled in health insurance coverage for the first time. The uninsured rate in Kentucky decreased from 20.4% to 7.8% in a 3-year period, the largest reduction in the country

She established an Advisory Board and subcommittees – Education and Outreach, Agent/Navigator, Qualified Health Plan, Small Business Health Options Program, and Behavioral Health – consisting of consumers, advocates, insurers, agents, providers, and employers to ensure transparency, stakeholder engagement, and solicitation of input for program and policy development.

Carrie created an effective outreach, education, and advertising campaign using simple messaging and branding, in collaboration with the marketing vendor. The kynect advertising campaign was nationally recognized and received an Effie award for the campaign's actual, measurable impact, which was the reduction in Kentucky's uninsured rate.

She assisted with development of a national model for an integrated, real-time, eligibility system that provided consumers with a single streamlined application and no wrong door approach for application intake. In this capacity, Carrie led and participated in stage gate reviews and solution demonstrations to support certification activities. She also developed documentation to support the certification of kynect. Her involvement with kynect was critical to kynect receiving certification in 2013, 2014, and again in 2016. The successful integration and smooth launch sparked national interest and interviews with various local, state, and national print, radio, and TV outlets. Carrie managed multiple vendors and staff in program design, system integration, outreach and education, call center operations, marketing, finance, and budget. She reviewed and approved RFPs, scopes of work, and change order requests for Kentucky's integrated Exchange and Medicaid eligibility system.

Executive Director, Commonwealth of Kentucky - Office of Health Policy 2008-2012

Carrie led the Kentucky Health Benefit Exchange planning and development effort following the passage of the Affordable Care Act through coordinated cross-agency work activities including uninsured population research, feasibility assessments, IT gap analyses, federal grant requests, stakeholder consultations, and strategic planning related to Exchange governance.

She served as Implementation Director for statewide Medicaid managed care, which moved 540,000 fee-for-service enrollees into managed care during a four-month implementation period due to a \$142 million Medicaid budget deficit.

Carrie administered and operated the Certificate of Need Program and developed new CON criteria for home health, mental hospitals, and neo-natal beds.

She oversaw the Kentucky hospital and ambulatory facility data collection, which utilized the Agency for Healthcare Research and Quality indicators for public reporting and quality improvement.

Deputy Commissioner, Department for Medicaid Services 2006-2008

Carrie assisted the Commissioner in Department matters relating to policy issues, contracts, regulations, and data analysis. She supervised the implementation and operations of Kentucky Health Choices, an innovative program that imposed nominal co-pay amounts and different benefits packages for Medicaid enrollees based on eligibility categories. She managed the implementation of the Michelle P. Waiver, Money Follows the Person programs, and the new MMIS. She also reviewed and approved Department regulations and analyzed proposed legislation for program impact.

Deputy Commissioner, Commonwealth of Kentucky, Department of Insurance 2005-2006

Carrie managed the Health, Life, and Kentucky Access divisions and assisted the Commissioner in Department matters relating to operations, regulations, and legislation. She oversaw the development of short and long-term strategic plans for budget, procurement, and human resources to achieve organizational goals and objectives. Carrie represented the Department in ongoing meetings with representatives from the insurance industry, provider community, and legislature to discuss and resolve insurance issues.

Director of Health Division, Commonwealth of Kentucky, 2001-2005
 Department of Insurance

Carrie managed the rates, compliance, seniors, and utilization review branches. She supervised the implementation of two new health insurance products, limited health service benefit plans and basic health benefit plans, which allowed insurers to offer a single service product with consumer protections and a more cost-effective product with fewer benefits. Carrie coordinated the development and implementation of the ICARE program, which provided a subsidy to small employer groups to assist with health insurance premium costs. She implemented and oversaw the first individual level data collection of Kentucky health insurer enrollment, premium, demographic, billed charges, paid claims, and service level information to monitor the marketplace.

Branch Manager, Commonwealth of Kentucky, 1998-2000
 Department of Insurance

Carrie implemented the Kentucky Access Program (state high-risk pool) to ensure that coverage was available to individuals with preexisting and high cost conditions; this included the creation of the application form, policy design, development of plan delivery rules, and drafting of legislation and regulations.

She coordinated and supervised the implementation of health insurance legislation which established patient protections, internal appeals, external review, utilization review, quality standards, and prompt payment of claims for health benefit plans. Carrie managed staff responsible for the review and approval of health benefit plans, long-term care, Medicare Supplemental, disability, cancer, vision, and dental insurance policies.

Internal Policy Analyst, Commonwealth of Kentucky, 1996-1998
 Department for Medicaid Services

Carrie served as the eligibility and enrollment information systems team leader for the Medicaid Managed Care 1115 Waiver Demonstration Project. She supervised staff activity relating to the system interface between the MMIS and Managed Care Organizations (MCO) to ensure that enrollment and encounter data was appropriately submitted. Carrie developed information systems monitoring and reporting guidelines for the Medicaid MCOs.

Internal Policy Analyst, Commonwealth of Kentucky, 1994-1996
 Department for Medicaid Services

Carrie served as recipient subsystem team leader for Kentucky's new MMIS. She developed, designed, and tested eligibility and enrollment functions of the MMIS. Carrie tested dental, crossover and therapy related claims for the new MMIS. She reviewed and analyzed MMIS contract performance and compliance with the terms and conditions of the contract.

Carrie also held the following positions at the Commonwealth of Kentucky:

Procedures Development Coordinator, Department for Medicaid Services 1988-1994

Administrative Specialist, Department for Social Insurance 1986-1988

Caseworker, Department for Social Insurance 1982-1986

EDUCATION AND PROFESSIONAL CREDENTIALS

BS, University of Louisville, Louisville, Kentucky

REFERENCES:

Audrey Haynes

AudreyTayseHaynes@gmail.com
 502-604- 0990

Eric Friedlander

EricFriedlander@louisvilleky.gov
 502-648- 7599

Nicole Comeaux

Nicole.comeaux@state.nm.us
 530-386-1884

Paula Conway

Proposed Role: Senior Business Analyst

Paula has 30+ years of IT experience working as business analyst in the areas business systems and testing with an emphasis on State Medicaid Agency's processing systems. She is highly analytical and process-oriented with in-depth knowledge of the Medicaid Management Information Systems (MMIS). She has a proven ability to engage stakeholders to get a better understanding of client business processes and gather business requirements. She has a strong background in testing and an expert ability to develop and execute test plans.

EXPERIENCE

30+ years of experience in the area of Business Analyst and Testing
In-depth knowledge of the MMIS

SELECT PROFESSIONAL HISTORY

Senior Consultant, HealthTech Solutions 2018-Present

Since joining HealthTech Solutions, Paula has utilized her MMIS knowledge to assist with the development of an enterprise data warehouse product to be marketed to external customers. The final solution will be an expansive, high functioning skeleton that can be customized to fit any states' data needs. The team is building the solution to the described standards of the CMS Medicaid Enterprise Certification Toolkit (MECT) MMIS module latest requirements to ensure the solution meets state requirements for CMS certification of said module. Paula is also assisting with the development of a new CMS64 base reporting module.

Business Analyst I, TEKSystems 2017-2018

While at TEKSystems, Paula was a contractor and was assigned to the Commonwealth Cabinet for Health and Family Services' Office of Administrative and Technology Services. She performed system integration testing for the implementation of the KY Health 1115 Waiver. She also served as the liaison between the Department for Medicaid Services Policy and DXC, the fiscal agent for Medicaid. Her role included reviewing change orders and defects for clarity before forwarding to the fiscal agent, reviewing requirements documents for accuracy, and analyzing man-hour estimates submitted by the fiscal agent.

Business Analyst, EDS/HPE/OXC 2005-2017

Paula was the lead analyst for Financial, Co-Pay, and TPL Matrix. She also served as backup analyst for the MAR and TPL subsystems. As the financial analyst, Paula was responsible for ensuring correctness of payment cycles for the provider and non-provider community. She was responsible for ensuring the state and federal reports, including the CMS-64 and T-MSIS 2.0, were produced accurately and on schedule for each period (weekly, monthly, quarterly, annually). Paula served as a liaison to the Commonwealth of Kentucky client and was often drawn upon to train other employees as directed to learn the subsystems where Paula offered expertise.

Quality Assurance Manager, Unisys 1999-2005

As the quality assurance manager, Paula was responsible for compiling account-wide performance statistics for report cards, that were used by the Commonwealth to assess Unisys' performance, which impacted how Unisys was compensated throughout the contract. Additionally, Paula was the systems analyst supervisor during her tenure at Unisys for the Commonwealth of Kentucky MMIS. This included assessing new change requests, performing initial estimates, and assigned work to analysts. She was also responsible for monitoring the analysts work and performing performance reviews and other human resource functions. She performed analyst work while supervisor, including financial, adjustments, and recipient change requests.

Junior Programmer/Testing Analyst, EDS 1996-1999

Paula served as a testing analyst at the Direct Student Loan project, developing test cases and scenarios related to the processes and applications developed by the team. When Paula transitioned to the Student Loan Consolidation project, she completed the Systems Engineer Development (SED) training course with EDS. Upon graduation, she became an SED Phase II (Junior Programmer). As a programmer, she developed reports for monitoring

CORE

COMPETENCIES

- Business Analyst
- MMIS
- SDLC
- Testing
- Training
- Quality Assurance
- C++, JCL, COBOL, Unix, .NET (analyst level understanding)
- Requirements Gathering

and consolidation of student loan accounts. She was also responsible for business analyst tasks, including monitoring the nightly batch cycles.

Testing Specialist, Fisher, Inc. 1995-1996

As a contractor to Unisys, the fiscal agent to the Commonwealth, Paula was the lead history conversion analyst during the implementation, transitioning the KYMMIS from EDS to Unisys. Paula worked with the developers to create a new mass adjustment process for the Unisys MMIS legacy system.

Lead Business Analyst, EDS 1995-1996

Paula was the business analyst while at EDS for the Tennessee Medicaid Agency (TennCare). At TennCare, Paula was responsible for transitioning financial, MAR, and recipient subsystems during the takeover/transition from First Health (the exiting fiscal agent) to EDS (the new fiscal agent).

KY Title XIX – Various Roles, EDS 1983-1995

System Liaison – January 1992-July 1995

Marketing Specialist – January 1991-December 1991

Account Support Supervisor – August 1988-January 1991

Financial Services Supervisor – April 1985-August 1988

TPL Supervisor/Clerk – October 1983-April 1985

EDUCATION AND CERTIFICATIONS

Systems Engineer Development Training Program, EOS

TECHNICAL SKILLS

C++, JCL, COBOL, C, Unix, .NET (analyst level understanding)

Software Lifecycle Development (SLC, EDGE)

REFERENCES

Janet Penn
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Regina Rangel
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Testing Team Manager
502-682-4138

Matthew Engler

Proposed Role: Jr. Technical Analyst

Matthew is a Consultant at HealthTech Solutions where he specializes in report development and analysis. He has experience creating tables, queries, and reports with *Microsoft SQL Server Management Studio* and *SAP BusinessObjects* as data analytics tools. He has excellent problem-solving skills and attention to detail. As an analyst he has developed those skills further while working as part of a development team for a modular Enterprise Data Warehouse (EDW) to be used by State Medicaid Agencies. Matthew is practiced in Capability Maturity Model Integration (CMMI) level three processes for software development, having experience with both the audit process and continuous process improvement. He also has extensive experience with formal project management according to standards from the Project Management Institute and System Development Life Cycle methodology.

SELECT PROFESSIONAL HISTORY

Consultant, HealthTech Solutions 2018-Present

As a consultant at HealthTech Solutions, Matthew is a team member for the development of an EDW and Business Intelligence suite of analytics products. He creates queries for diverse business requirements, and also creates and executes performance tests to ensure application performance. He works with testers to establish test data and expected results and regressions.

Matthew has developed reports including payments to Managed Care Organizations (MCO), member counts, dental claims and expenditures, encounter lag reports, hospital service reports, monthly claim procedure analysis by MCO, mortality by reportable disease, and claims reports for long-term care.

Matthew has been part of a team automating CMS 64 reporting with drilldown capabilities. He has developed reports for expenditures by type of service. He is familiar with direct testing of reports developed to ensure they support program requirements. He works as part of a team to investigate, analyze and resolve issues related to system functions, programming and stored procedures.

EDUCATION AND CERTIFICATIONS

BS, University of Kentucky, Lexington, Kentucky

TECHNICAL SKILLS

Languages:

SQL, C, Python, Assembly, Verilog

Databases Management Systems:

SQL Server

Operating Systems:

Windows, Linux

Software:

Microsoft SQL Server Management Studio, Visual Studio, SAP BusinessObjects, SQL Server Data Tools, and SAP Predictive Analytics

REFERENCES

Jennifer Arnold
jennifer_arnold@kroger.com
502-330-7247

Sean Welch
smwelch703@gmail.com
502-382-7347

Sai Phani Dharanipragada
s.p.dharanipragada@rockwellcollins.com
502-320-8870

EXPERIENCE

Proficient with database design and development

Experienced with Data Modeling in support of Health and Human Services programs and systems

CMMI-III and PMI Standards

CORE COMPETENCIES

- Data Analytics and Report Development
- Database Administration
- Project Management
- Requirements Gathering
- System Design Development and Implementation
- Technical Analysis

Sean Montgomery

Proposed Role: Junior Technical Analyst

Sean is a Systems Administrator for HealthTech Solutions with over 1-year experience in IT technical support. In a short time period, Sean has advanced from help-desk support to managing enterprise level systems. He obtained the CompTIA A+ certification as part of his training

EXPERIENCE

Technical Support
Help Desk Support

SELECT PROFESSIONAL HISTORY

Consultant, HealthTech Solutions 2018-Present

At HealthTech Solutions, Sean provides technical support in addition to his administrator role for numerous tools and services utilized by the company for security, network monitoring and project development. Sean has provided support for projects in Idaho, Alabama, Connecticut and North Dakota, as well as working with the HealthTech team in India.

Adjudicator I, Disability Determination Services 2014-2017

Sean analyzed and extracted data from patient medical histories and functional reports to accurately determine eligibility for long-term disability benefits. He prepared residual functional capacity statements for each case while simultaneously managing over 100 cases and obtaining further information as needed from claimants and medical professionals.

Physical Therapy Technician, Kentucky Orthopedic Rehabilitation Team 2013-2014

Sean guided injured patients through rehabilitation plans of care following initial evaluations in process to regain lost physical function, while maintaining a positive and safe environment for their recovery. He analyzed patient progress and adjusted rehab plans to optimize overall improvement levels.

Inside-Sales/Sales Associate, SDGblue 2010-2014

Sean was a leading assistant to a team of account managers who all exceeded sales quotas by at least 10% each year. He had expanded responsibilities from administrative duties to include prospecting, performing daily services for accounts, generating sales quotes, and performing all purchasing duties for the company. Sean developed and maintained company database of clients, prospects, and vendors.

Loan Processor, Guardian Savings Bank 2010-2011

Sean analyzed loan applications and ran a series of credit and background checks to determine if applicant was eligible to qualify.

Marketing Intern, Brett Construction Company 2009-2010

Sean assisted in developing ongoing marketing strategies, public relations, and marketing collateral.

EDUCATION AND CERTIFICATIONS

BBA University of Kentucky – Lexington, Kentucky

CompTIA A+ Certification

Awesome Inc. Program, Learned basics of coding in HTML, CSS, JavaScript, PHP, as well as use of AngularJS and Laravel frameworks.

TECHNICAL SKILLS

- HTML
- CSS
- JavaScript
- PHP
- AngularJS
- Laravel
- Git

CORE COMPETENCIES

- IT security
- Network Monitoring
- CompTIA A+



Bootstrap
jQuery
Gulp
Sass
MacOS

REFERENCES

Glen Combs
glen.combs@crowe.com
859-421-8164

James Goatley
james.goatley@crowe.com
859-576-2912

Robert Simpson
rsimpson@gray.com
859-447-7039

Ryan Bussell

Proposed Role: Junior Technical Analyst

Ryan has 7+ years' experience and serves as a technical analyst for the design, development, and implementation of Health Information Technology (HIT) projects. As a developer, Ryan is experienced with EDI Translator and industry best practices in agile/scrum-based methodologies, integrated development environments, and the complete software development lifecycle. He possesses a strong background in healthcare related information technology. Ryan brings particular experience in the areas of provider registries, pharmacy benefits management, and business intelligence. He is proficient in the areas of information architecture and data management, and software development using Capability Maturity Model Integration (CMMI). Ryan's past experience includes business, technical, and reports-based analyses for both state clients and Fortune 500 companies

EXPERIENCE

- Expertise in HIT projects and software development
- Experienced in technical requirements gathering, Pharmacy Benefits Management, and Coordination of Benefits Issues

SKILL SET / PROFESSIONAL HISTORY

Consultant, HealthTech Solutions

2015-Present

Ryan supports State Level Registries (SLR) where he builds SQL Server Integration Services (SSIS) packages with data transformation, data manipulation, data conversion, variable manipulation, logging, and VB NET script components in order to automate business processes. He constructs XML XPath Query programs in VB.NET for automation of processing National Level Repository transaction information from SLRs. Ryan also created an Extract, Transfer, Load (ETL) framework in SSIS to use for data conversion and automation of business processes.

Currently, Ryan is working on creating custom technical solutions to build out the EDI model and optimize EDI codebase for HealthTech Solutions' Enterprise Data Warehouse solution. Ryan has mapped and translated 837 I, P, D, 834, and 820 x12 transactions using the Interfaceware Iguana tool. The tool uses Lua as the base programming language. He is proficient with the x12 and CDA R2 standards and is currently working on mapping and translating the NCPDP post-adjudication standard. Ryan has also designed the underlying database model for each of these transactions to support faster processing of payloads. All the development work performed by Ryan follows a hybrid agile methodology where work is done as a part of sprints within epics. He is experienced in creating unit test cases as a part of an overall testing plan and documenting them in agile project management tool, Jira.

Pharmacy Analyst, Humana

2015

Ryan worked as a Pharmacy Analyst for Humana Pharmacy Solutions Data Solutions based in Louisville, Kentucky. He designed UX data modeling applications in QlikView in order to identify trends and patterns in data and initiated a UX application remodel to highlight Humana branding initiatives and usability upgrades. Ryan completed field mappings on QV programs and gap analyses (by formula or fields) on data reports. He documented process updates to applications in SQL script and performed updates and refreshes on QlikView applications within the Humana Intranet system. Ryan created data element objects in QlikView applications to guide data analysis using graphical interfaces, he ensured the efficacy of the data mart schema, and gathered Pharmacy Analytics Reporting reports in other areas to a centralized virtual repository.

Prescription Drug Plan Maximus Appeals Specialist, Humana

2012-2015

As a Prescription Drug Plan (PDP) Maximus Appeals Specialist, Ryan streamlined Maximus production, and assisted in process improvement efforts. He assisted with Administrative Law Judge (ALJ) hearings and Plan D QIC testimony. He performed case research for Maximus Appeals to submit to Maximus Federal Services QIC Appeals. Ryan created a technical process flow document for PDP Maximus cases which was used as an expert guide to help train other PDP Maximus Specialists. He also performed case research in Expedited Appeals and Standard Appeals to submit to the Medical Director and analyzed completed cases submitted by other specialists for compliance and accuracy. He assisted the PDP Analyst with basic ALJ casework such as effectuating ALJ decisions and drug claims. Ryan completed authorizations for approved drugs and submit claims processed for reimbursement. He assisted with notification of members for drug approvals and claims requests if reimbursement is requested. He helped members to understand the Medicare

CORE

COMPETENCIES

- Data Analytics
- Data Modeling
- Data Visualization
- Workflow Optimization
- Business Process Automation
- Technical Writing
- Data Warehousing
- State Level Registries
- Business Intelligence
- Agile Methodologies
- Reports Generation
- HIPAA Compliance

appeals process including plan benefits and coverage guidelines. He notified providers of drug approvals and specific guidelines of Medicare appeals processes.

EDUCATION AND CERTIFICATIONS

BA, Transylvania University, Lexington, Kentucky

TECHNICAL SKILLS

Servers/Operating Systems:

Windows 95/98/NT/XP/Vista, Windows 7/8 1/10, MS-DOS, Linux

Languages:

Lua, C#, T-SQL, PL/SQL, VB.NET, Visual Basic, C++, Python, JSON

Database Management Systems:

MS SQL Server, MS-Access, Oracle

Standards and Vocabularies:

X12, HL7, NCPDP, QRDA, CDA/C-CDA, UML

XML Technologies:

XML, XPath, XQuery, XSLT

Interface Technologies:

Iguana, Chameleon, Microsoft BizTalk

ETL Tools:

SQL Server Integration Services (SSIS), QlikView Expressor

Business Intelligence Tools:

SAP BusinessObjects 6.1b/5.x/4 x, Web Intelligence 2.x/6, QlikView, Tableau

Configuration Tools:

Atlassian JIRA, Confluence, Git, BitBucket

REFERENCES

Jocelyn Banks
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Ashish Virmani
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502-330-7574

Amy Osborne
amy@healthtechsolutions.com
502-545-2947

James Carpenter

Proposed Role: Senior Technical Analyst

James works as a Technical Consultant for HealthTech Solutions. He works on our Enterprise Data Warehouse (EDW) as a technical analyst where he is responsible for ETL, loading data into SSIS, and SAP Administration. He holds experience in Senior Software Development and has been involved in the successful design, development, implementation, and maintenance of several systems and databases. He holds extensive experience in SQL, LINQ, NUnit, and Java Script. James' expertise in coding, reports, and development are essential to the success of our software products

EXPERIENCE

Software Development
 Technical Analysis
 EDW
 SSIS
 SAP

SELECT PROFESSIONAL HISTORY

Technical Consultant, HealthTech Solutions 2019-Present

James is a part of our EDW Software Development Team. He is responsible for ETL, loading data into SSIS, and SAP administration.

Senior Software Developer, TekSystems 2015-2019

James was a Senior Software Developer for TekSystems, where he created the first unit tests for the START system using NUnit, and the first integration tests using MOQ and NUnit. He designed the first automated regression tests for the START system using Selenium IDE, implemented changes to the START system to allow for cross barrier compatibility, created scripts to correct data in the accounting system, and identified and corrected hundreds of code issues in the START system using Resharper and recommended several new coding standards. James also assisted team members when needed.

Senior Reports Developer, Kentucky Health Cooperative 2015

In this role, James created reports such as ad hoc reports, quarterly and yearly reports using NCQA and NAIC, and month end reports. He analyzed data in financial reports, claims reports, and member counts reports when anomalies occurred. James began designing the database for a provider maintenance tool, and assisted accounting when/if balance discrepancies occurred at the end of the month.

Software Developer, A.O.C 2010-2015

James upgraded several older Databases to SQL Server 2008 and developed administrative tools and classes in C# at the request of A.O.C. He maintained the court accounting system that is used statewide and adding additional features/functionality as requested. He developed the core piece of the new Accounts Receivable project that aims to combine the existing bookkeeping system with the existing kyCourts application and assumed the role as lead developer for the KYCOJ restitution application on 04-05-2014 – this is an addition to the Accounts Receivable project. Restitution is a C# winforms application using a data first EF 6 approach with a SQL 2008 backend. James completed Restitution Project and oversaw the rollout on 12-15-2014. The rollout was ahead of schedule and exceeded customer expectations. James utilized C# .net version 1 - 4.5 and SQL 2000-2012 for all projects while at A.O.C with occasional side projects in MVC 4 with razor.

Software Developer, Gordon-Darby 2010

James analyzed data, created/customized SQL queries to interpret/extract data from an Oracle DB at the request of the customer. He developed a tool in Delphi RAD Studio that automates the report generating process by running selected queries and outputting to .csv files and developed additional functionality and stored procedures to multiple in-house software packages, including all phases of the SDLC. James also developed stored procedures in Oracle PL/SQL for all the applications. In this role, James utilized SQL and Delphi

Software Developer, ACS 2007-2010

James created hundreds of letter templates for Aetna using XSLT, and C# applications

CORE COMPETENCIES

- Technical Analysis
- vs2015
- sql server 2014
- TFS
- C#/ASP.NET
- LINQ
- VB.NET
- Java Script
- NUnit
- MOQ
- Selenium
- SQL
- Delphi

for Wellpoint and Aetna. He supported an online auditing resource application and new administrative tools when needed. James independently created and deployed a windows application in C# that generated and printed letters from a repository of letter templates. In June of 2009 he assumed the role as Production Support Manager in addition to software development responsibilities. He led a team of offshore Product Support Specialists, led ITIL transition training sessions for the division software and business team, and coordinated application troubleshooting efforts across the entire division and tracked/reported progress.

Field Service Engineer, Sensormatic/ADT 2005-2007

As a field service engineer, James completed over 2 months of RFID, Magnetics, Electronics, and Video Systems training. He installed and serviced all Sensormatic electronic article surveillance and video systems equipment in commercial accounts throughout Kentucky. He also surveyed sites for new installs and recommended systems based on customer needs and site design. He assisted Sensormatic contractors with technical problems and/or questions concerning processes and procedures and created an online technical forum for his department and a video system training forum that is currently used nationwide by Sensormatic.

Field Service Engineer, Optimal Robotics 2002-2005

James completed a total of 120 hours of technical training including win NT, win2K server, company specific software, general P.C. hardware and troubleshooting techniques. He troubleshot, repaired, installed, and upgraded self-service checkout systems and POS equipment located throughout Kentucky and occasionally other states when needed. He also troubleshot and repaired/replaced computers and/or general network equipment and performed monthly preventive maintenance and other scheduled tasks.

EDUCATION AND CERTIFICATIONS

BS CS, Kentucky State University, Frankfort, Kentucky

MCSO, Sullivan University, Lexington, Kentucky

TECHNICAL SKILLS

Languages:

SQL

Java Script

C#/ASP.NET

VB.NET

Java

Frameworks:

MVC/Razor

LINQ

NUnit

MQQ

Selenium

Technologies:

SQL Server

SQL Server Reporting Services

Crystal Reports

Visual Studio

REFERENCES

Sean Massey
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502-330-7725

Dan Atkins
dirvinatkins@gmail.com
502-475-7703

Daniel Cotter
cotter.daniel@gmail.com
859-550-3950

Ashish Virmani

Proposed Role: Senior Technical Analyst

Ashish is a Technical Consultant at HealthTech Solutions and has over 15 years of experience in data management (Star Schema, Snowflake Schema, OLAP) and implementation of large Client/Server Business Intelligence Applications. Ashish has particular expertise in Medicaid Management Information Systems (MMIS) including claims, clinical quality, Third Party Liability, and Decision Support Systems (DSS). He has extensive experience as a technical analyst working with major systems including the critical functions of coding, testing, and implementation of systems within the related technical environments. Ashish has over 9+ years of Medicaid systems experience, including management of decision support systems in a managed care setting. He has taken a lead role for a number of major projects at HealthTech Solutions, including the development of the State Level Registry and Data Warehouse in Idaho and Wyoming. Ashish is an expert in data analytics and data management, including information architecture, data validation, analysis, and reporting. He has field-based experience with Fortune 500 companies, states, Managed Care Organizations (MCO), and local clients. As an experienced Technical Consultant, he has a strong background with Systems Development Life Cycle (SDLC) and user acceptance activities.

EXPERIENCE

- 15+ years of experience in Data Management and Architecture
- Extensive experience with Health and Human Services Systems
- Proficient with SDLC, User Acceptance Testing, and DSS Systems
- Expert in MMIS Design, Development, and Implementation

SELECT PROFESSIONAL HISTORY

Technical Consultant, HealthTech Solutions 2015-Present

Ashish has taken a lead role on a number of major engagements nationally, including State Level Registry (SLR) design, development and implementation in Idaho, South Carolina, and Wyoming. The SLR is a web-based system, which allows practicing physicians and hospitals to register for and attest to meeting eligibility and Meaningful Use requirements for the Electronic Health Record (EHR) Incentive Program, as set forth by the Centers for Medicare & Medicaid Services (CMS). Utilizing the interfaces designed by HealthTech Solutions, business analysts and power users can manage files received from the National Level Repository (NLR) system provided by CMS and parse their XML content into staging and transactional tables specifically designed for the EHR Incentive Program. Ashish also served on the DDI Data Warehousing team for Wyoming, where claims and clinical files sent by providers are stored and data is extracted for statewide and federal reporting solutions. The technical for the SLR and Data Warehouse environments utilized MS Team Foundation.

Ashish served as the Technical Architect Lead for the data warehouse currently in production for the Idaho Statewide HealthCare Innovation Plan (SHIP) engagement. The data warehouse in Idaho currently ingests continuity of care documents to product analytics on clinical quality measures for the statewide SHIP (quality improvement) program for patient center medical homes. Ashish was responsible for the conceptual and logical database designs, the development of the data warehouse, and the reporting design and deployment. Additionally, Ashish served as the point of contact for technical clarifications and was a lead on testing efforts. In his role, he also supported the design components of the connection with the statewide HIE.

Data Warehouse Consultant, SITEK 2014-2015

Ashish works as a consultant for the Kentucky Health Co-Operative for the implementation of data warehouse reporting needs. Ashish helped establish a reporting environment capable of supporting the internal financial system. With his extensive experience with claims data, Ashish was quickly able to analyze the data needed for business users. Ashish was responsible for delivering a solution for validating Edge Server XML data submissions for risk adjustment and reinsurance. Ashish also built a solution to determine proximity analysis for the provider network across a variety of provider taxonomies.

Decision Support System Project Manager, Pomeroy 2012-2014

Prior to joining HealthTech Solutions, Ashish took a lead role in the Kentucky Medicaid Modernization program. Ashish served as Decision Support System (DSS) manager for Kentucky during the Managed Care Transition of 2011, which involved simultaneous implementation of 5010 rules for the Health Insurance Portability and Accountability Act (HIPAA). Beginning in 2005, HP was contracted as a Fiscal Agent for Claims Payment

CERTIFICATIONS

- Technical Analysts
- State Level Registries
- MMIS
- System Development Life Cycles
- System Design, Development, and Implementation
- Public Health Systems
- Data Management Systems
- Application Configuration
- User Interface

and operate the functions of the legacy MMIS. Ashish managed the Fiscal Agent (FA) for implementation of the data warehouse. He gained in-depth business knowledge of Medicaid to complete daily tasks including claims and encounters. He participated in Joint Application Design (JAD) sessions with the vendor to establish the requirements traceability matrix. He reviewed General System Design (GSD) and Detailed System Design (DSD) document deliverables, system test plans, system test cases, disaster recovery, and User Acceptance Testing (UAT) documents to ensure specifications

Ashish created documentation procedures and standards for interfaces for the decision support systems. He analyzed, designed, and constructed Data Integrator (Data Services) ETL jobs for the Decision Support System. He also setup input and output interfaces/extracts to and from the Data warehouse with various internal entities and external vendors. Ashish created Business Process Flow documents and interface flow diagrams for the DSS.

Technical Architect, Pomeroy

2005-2012

Ashish worked as a technical lead and architect for the Kentucky Cabinet for Health and Family Services (CHFS) Department for Medicaid Services during the implementation of data warehousing projects used throughout the Cabinet. Roles included data modelling, ETL development, interface development and reporting. Ashish was responsible for gathering requirements from the stakeholders and translate business logic into technical solutions.

Ashish was responsible for the CHFS design and implementation of the CMS adjusted rate payment methodology involving supplemental payments to primary care providers. Ashish also designed a GIS solution for to support proximity analysis and network adequacy reporting for the Managed Care networks.

Ashish helped report HEDIS and custom measures for Medicaid. Other responsibilities included validating MAR/SUR reports to the source data. Ashish is extremely proficient with SQL Server and Oracle database environments. Ashish has also helped implement interfaces with the decision support system to a variety of internal and external agencies. He also designed and coordinated process flows for the user community to request ad hoc reports.

Business Intelligence Consultant, College Board

2004-2005

Ashish managed all aspects of Data Warehouse projects and led JAD sessions with users. He created Views in Oracle to support reporting needs including summaries, projections, detail reports, and sub-reports with linked calculations. Ashish improved user interface of reports and parameters by using Crystal Server Pages and VB Scripts. He was also involved in troubleshooting problems and continuous production support. The technical environment included Oracle 8, Toad 7, Windows 2000, Erwin, and Crystal Reports.

EDUCATION AND CERTIFICATIONS

MS Oklahoma State University – Stillwater, Oklahoma

BS Engineering University of Pune – Pune, India

Project Management Professional (PMP) Training Course – Solarity, 2017

TECHNICAL SKILLS

Servers/Operating Systems:

Windows 95/98/NT/Vista, Windows 7, MS Dos, UNIX

Languages:

SQL, Visual Basic, VB.NET, Java, Python, C, C++, OpenGL

Database Management Systems:

Oracle 7.x/8.x/9/10G, MS SQL Server 6.5/7.0, Sybase, MS-Access, Teradata

Data Modeling:

Erwin, Toad Data Modeler

ETL Tools:

Ascential DataStage 6.0, Microstrategy7i, SAP, Business Objects Data Services (Data Integrator)

Business Intelligence Tools:

Business Objects 6.1b/5.x/4.x, Business Query, BO, SDK, ZABQ, Web Intelligence 2.x/6 and InfoView, Crystal Enterprise, Crystal Reports 10.0/9.0/8.5/8.0/7.0

REFERENCES

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Family Services, Policy
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502-750-0688
275 E Main Street,
Frankfort, KY 40601

Dan Jacovitch

dan.jacovitch@gmail.com

Swetha Nalakonda Proposed Role: Senior Technical Analyst

Swetha has 12+ years of diverse experience in Information Technology (IT) in Health and Human Services systems. She is a disciplined problem solver with analytical skills and innovative expertise collaborating with teams with a commitment to continuous improvement. She has detailed knowledge of Health IT interoperability and has integrated various Electronic Medical Record (EMR) vendors.

EXPERIENCE

12+ years in Health and Human Services systems
 HIT Interoperability
 EMR Vendors including Epic, Cerner, and Allscripts

SELECT PROFESSIONAL HISTORY

Senior Technical Consultant, HealthTech Solutions 2019-Present

Swetha is our Senior Technical Architect and leads the effort to build our Health Information Exchange solution. She also supports multiple HealthTech projects as a technical analyst.

Technical Project Lead/System Architect, Commonwealth of Kentucky 2011-2019

In this role, Swetha served as the Solutions Architect for the HIE responsible for the overall system architecture. She was responsible for the design and developed various value-added solutions to improve the overall HIE product; worked on connecting the HIE to various registries like Immunization, BioSense, NEDSS and Cancer Registry; worked on improving the time efficiency for processing the messages by consolidating channels and process artifacts; and prepared mappers to convert HL7 to XML for processing.

Swetha reviewed the XSLT mappings; worked on CCD mapping and making it CDA compliant; and was responsible for multiple Meaningful Use reports development for the team and developed reports for monitoring the overall system health/performance. She accurately documented high-level design requirements; acted as liaison between management and development team for Requirements and QA; and conducted JAD sessions for communicating with stakeholders Swetha was responsible for overall integration system testing and UAT for client sign-off; created Orchestrations with Messages going to Stored Procedures as a Request-Response and performing Business rules on the Response XML from the Stored Procedures; designed the Business Process Management using Orchestrations to batch the xml messages on a periodical basis and generated the CSV files using that batch; and framed Business Rules Engine (BRE) Vocabularies, Rules, and Policies for validating data

Swetha has developed custom WCF services to get the data, validate the data using Business rules and save it in different databases and has strong knowledge of coding systems including LOINC, ICD-10 etc.

Sha has also worked with various EMR vendors (and hospitals) including Epic, Cerner, eCW, Allscripts, Meditech, McKesson etc. in connecting them to the HIE solution.

Technical Analyst, Commonwealth of Kentucky 2009-2011

Swetha was responsible for multiple Meaningful Use reports development for the team and developed reports for monitoring the overall system health/performance. She prepared routes to combine multi OBX segments into single OBX segment and did vice versa using JavaScript and Mapping. Swetha was also responsible for overall integration system testing and UAT for client sign-off She accurately documenting high level design requirements; acted as liaison between management and development team for requirements and QA; and conducted JAD sessions for communicating with stakeholders.

Reports Developer, SHPS, Ky 2008-2009

As a reports developer, she served as a liaison between business customers and project team in the design and implementation of SAM3 UI (Spending Account Management-UI) and managed project scope in conjunction with the PM. She was involved in driving the elicitation, prioritization, approval, traceability and management of all requirements using Requisite Pro tool and worked with the QA Lead to develop QA standards and ensured compliance with all regulatory requirements. Swetha performed Gap Analysis of the As-Is and To-Be processes to identify and validate requirements

She was responsibilities include the development of a high-level business requirements model and a domain model depicting major business classes or entities. She negotiated with

EDUCATION

TECHNICAL SKILLS

- Analytical
- EMR
- Development, testing, implementation with HL7
- Interface engines including Rhapsody and Mirth Connect
- UAT

the end users to determine and finalize the scope; reviewed of data model for inclusion of business criteria and business rules to be captured in the data model; and conducted peer review meeting with reviewers to discuss the program logic followed by a code walk through. She has expertise in writing SQL and PL/SQL queries for doing data analysis by querying the database; developed ad-hoc reports using Cognos Impromptu and Business Objects; and conducted User Acceptance Testing (UAT), implementation, and training

Business Objects/Oracle Reports Developer, VIRAJ LLC 2007-2008

Swetha developed reports using Oracle reports 10G in after the tables were built to support ad hoc requests. She modified Oracle Reports to add custom fields, designed new layouts as per client requirements, and enhanced the run time of the reports. She prepared Project Requirement Document and Requirement Traceability Matrix; maintained project plan to track project progress and coordinated between the developer and stakeholders to resolve any outstanding issues and problems. Swetha performed Unit Testing, System Testing, and Application testing to ensure and deliver robust code and documented test conditions and results from development instance in Unit Test Plan document

Developer/Systems Analyst, Lamar University, Texas 2005-2007

Created the process workflow to meet the requirements. Customized data by adding calculations, summaries, and functions. Queried from different database tables as per the requirement. Established connectivity through ODBC data sources. Wrote queries in SQL and PL/SQL for data analysis. Developed critical test cases, unit testing, and integration testing of customizations.

Developer/Systems Analyst, CVSR College of Engineering 2004-2005

Designed and created tables, views, and stored procedures in SQL Server 2000. Prepared Functional Specs document for the application. Resolved performance issues, fine-tuned queries, indexes, and stored procedures. JavaScript programming for client-side functionalities. Used application blocks for data access and exception handling

EDUCATION AND CERTIFICATIONS

MS

BS

TECHNICAL SKILLS

HL7 v2, HL7 v3 (IHE)

FHIR

Rhapsody, MIRTH,

Java

ASP Net , SQL Server

Splunk

Business Objects

Cognos, Oracle

IBM Data Manager, IBM Framework Manager,

TFS, Microsoft (Visio, Access, Excel, Word, PowerPoint),

REFERENCES

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 859-270-8072

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 502-545-0257

April Smith
April.r.smith@gmail.com
 502-382-6307

Sean Massey

Proposed Role: Senior Technical Analyst

Sean is a Senior Consultant for HealthTech Solutions with over 18 years' experience with enterprise level systems. Sean has extensive knowledge as a technical analyst supporting commercial, state, and federal clients with Health and Human Services Systems. At HealthTech Solutions, he has provided technical subject matter expertise for a number of statewide implementations where he is responsible for setup, configuration, administration, and support of on-premise systems, cloud-based services, and externally hosted applications. Sean is proficient in System Development Life Cycle methodologies as well as requirements gathering, analysis, prototyping/proof of concept, testing, database configuration, and implementation. He has taken a lead role in State Level Registry hosting projects for Louisiana and Alabama, as well as hosted SharePoint administration in Connecticut.

EXPERIENCE

18+ years of experience in enterprise technology service design, application development, and implementation
 Extensive experience with Health and Human Services systems

RELEVANT PROFESSIONAL EXPERIENCE

Senior Consultant, HealthTech Solutions 2016-Present

Sean is a Senior Consultant for HealthTech Solutions. He provides technical subject matter expertise for multiple statewide implementations where he is responsible for setup, configuration, administration, and support of on-premise systems, cloud-based services, and externally hosted applications. He has taken a lead role in State Level Registry, hosting projects for Louisiana and Alabama, as well as hosted SharePoint administration in Connecticut.

Information Systems Manager, Kentucky Health Cooperative 2013-2016

Sean performed general supervisory duties for Information Systems and Network Infrastructure employees and projects and had responsibilities for IS project planning and budgeting. He developed various scripts, applications, and services to support KYHC departments. He was responsible for various data-related services including: backup/restoration, design, mapping, mining and analysis, SQL queries, and package and report development. He developed IT/IS Operational documents including plans for business continuity, disaster recovery, internal procedures and workflows, ROI evaluation, and SDLC processes. Sean was also responsible for administration and support of on-premise systems, cloud services, and externally hosted applications using environments which included: Azure, MS Dynamics, MS Exchange, MS SharePoint/SQL/TFS/SFTP/Windows Servers, secure Fax, VOIP, and secure mail.

Development Lead/Technical Analyst, Adecco/Pomeroy 2009-2013

Sean provided general supervision of Senior Developers and directed requirements gathering efforts for systems improvements. He performed systems testing for performance and loads. This included eligibility systems, public health system, and Medicaid systems. He developed a Cabinet-wide Intranet solution and provided SharePoint administration. He developed custom workflows, as well as imaging and scanning solutions. He managed WCF REST service development to support external application integration with existing document management solutions.

SharePoint Consultant, Tallgrass Technologies/Kauffman Foundation 2011

Sean assisted with SharePoint migration, InfoPath Forms development, and custom web-part development.

SharePoint Consultant, Dotson Ventures, LLC 2008-2009

Sean provided SQL Server, and IIS 7 installation, administration, and maintenance. He developed SharePoint Extranet/Intranet/Internet presences using MOSS 2007/WSS 3.0. He performed Active Directory configuration. He developed custom workflows, web-parts, and trainings for end-users and clients.

SharePoint Engineer, New Age Technologies 2008-2009

Sean established SharePoint Extranet/Intranet/Internet presences using MOSS 2007/

TECHNICAL SKILLS

- Data Warehousing
- MS SharePoint
- Application Design, Development, and Implementation
- Network Infrastructure
- Workflow Optimization
- IT Needs Assessments
- State Level Registries

WSS 3.0 He performed SharePoint application and web-part development using VB Net, ASP.NET, C#, XML, and VSTO. He provided SQL Server administration and maintenance and provided client and end-user trainings for SharePoint environments.

SharePoint Consultant, TekSystems 2007-2008

Sean developed SharePoint Extranet/Intranet/Internet presences using MOSS 2007/WSS 3.0 He performed SharePoint application and web-part development using VB.Net, ASP.NET, C#, XML, and VSTO. He designed custom workflows using SharePoint Designer and Visual Studio. He integrated LOB systems with MOSS BDC and provided SQL Server administration and maintenance. He developed reports using SQL Server Reporting Services. Sean also provided IIS 6 administration, and end-user trainings for SharePoint environments.

SharePoint Systems Analyst, Alltech Inc. 2006-2007

Sean served as a Project Lead for conversion of a Lotus Notes based intranet to SharePoint Services. He provided SharePoint administration and support, and application and web-part development using VB.Net, ASP Net, C#, XML and VSTO. Sean provided SQL Server, and IIS 6 administrative services. His duties included frequent collaboration between departments. He designed and implemented SharePoint services, training modules, and integrated third-party tools and web-parts.

IT Manager, Glenn Springs Holdings 2000-2006

Sean performed general IT manager activities; resolved network issues related to LAN/WAN/WLAN/VPN connectivity and server access, and was responsible for installing, troubleshooting, and maintain hardware. Sean was responsible for 12+ remote sites in North America, for installing, troubleshooting, and maintaining various applications. Technical environments included: Auto CAD, Citrix Metaframe, ESRI ArcGIS, FileNet, Lotus Notes, and SAP. He performed application design, administration, and log on script maintenance.

IT Consultant, Hisle & Company 1999-2000

Sean supported applications developed by Owens Software Inc. He also performed NT Network installations for clients of Hisle & Company. Sean developed applications with Visual Basic and Access 2000, he was responsible for web development, and user manuals.

IT Consultant, Sparrow Systems Consultants 1998-1999

Sean supported applications developed by Owens Software Inc. He also performed NT Network installations for clients of Sparrow Systems Consultants.

Internet Support Technician, Century Telephone Enterprises 1998

Sean provided customer support for Century Internet subscribers, where he resolved internet related issues and was responsible for maintenance of customer accounts.

EDUCATION AND CERTIFICATIONS

BS, University of Phoenix

Microsoft Certified Technology Specialist (MCTS): Configuring Windows SharePoint Services

Microsoft Certified Technology Specialist (MCTS): Configuring Microsoft SharePoint Server

Microsoft Certified Technology Specialist (MCTS): Microsoft Windows SharePoint Services Application Development

Microsoft Certified Technology Specialist (MCTS): Microsoft Office SharePoint Server Application Development

TECHNICAL SKILLS

Servers/Operating Systems:

Windows Systems Administrator

Languages:

C#.Net, C++, VB.NET, VBA, VBScript, Java

Database Management Systems:

MS SQL Server

Web Technologies:

HTML, CSS, JavaScript, XML, IIS 5/6/7

Reporting:

SSRS, Crystal Reports, IBM Cognos BI

REFERENCES

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502-750-0595

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kiamg0403@yahoo.com
502-330-3872

Vinayak Basavaraj Proposed Role: Senior Technical Analyst

Vinayak is a Technical Consultant at HealthTech Solutions and has over 19 years of experience in large client/server business applications as well as in database administration and management. Vinayak has particular expertise in Medicaid Management Information Systems (MMIS) including Decision Support Systems (DSS). His experience extends from data management systems to financial and human resource systems. He has worked in various technical environments using Business Objects, Data Services, Crystal Reports, Oracle, SQL, PL/SQL, RDBMS Concepts, Visual Basic, ASP, SQL Server, HTML, DHTML, VBScript, JavaScript, and Rapid tool and brings field-based experience with .Net, UML, C, C++, and UNIX. He has extensive experience working with relational database management systems, reporting tools, object-oriented analysis and design using UML, workflow, and business enhancement tools.

Vinayak has led several sophisticated implementation projects for mission-critical applications with an abbreviated schedule. Vinayak has over 10 years of Health Information Technology systems experience including management of decision support systems in a managed care setting. He has taken a lead role for a number of major projects at HealthTech Solutions including the development of the HealthTech Solutions Data Warehouse (DW). Vinayak has field-based experience with Fortune 500 companies, states, and local clients. As an experienced Technical Consultant, he has a strong background with Systems Development Life Cycle, standards implementations, and user acceptance activities. He has a proven track record of leading diverse teams with efficient communication and problem-solving techniques. Vinayak is known for his great interpersonal skills and is a consummate professional and team player, all necessary when coordinating data management with stakeholders and across subsystems.

SUBJECT PROFESSIONAL HISTORY

Technical Consultant, HealthTech Solutions 2015-Present

Vinayak is currently responsible for the overall data architecture of the Medicaid Data Warehouse Development project. This includes maintaining the integrity of the current star schema plus the analysis and design of internal and external data sources and interfaces. Vinayak's business process knowledge as an MMIS subsystems manager combined with his data management background are necessary for a complete understanding of the overall data architecture, planning, and implementation needs. This attribute is especially crucial since data is imported and exported through the Data Warehouse on a regular basis.

Vinayak's current role at HealthTech Solutions includes supporting DW design, development, and implementation (DDI) utilizing SSIS for our Wyoming and Colorado projects. Additionally, he is the primary data model developer and Transformed Medicaid Statistical Information System (T-MSIS) SME on the DW product development team.

In joining HealthTech Solutions, Vinayak was able to bring the data modeling expertise he gained in his roles as the SME for the KY MMIS interchange data model at Hewlett Packard Enterprise (HPE). Vinayak supported the Kentucky DW as an ETL developer working on state change requests and was instrumental in optimizing the DSS data model to allow ease of access and reporting for users with little or no knowledge of the underlying systems.

While at HealthTech Solutions, at HPE's request, Vinayak was re-engaged with HPE to lead the T-MSIS implementation for Kentucky. He was deeply involved with the T-MSIS testing team and the interaction with the State and the CMS vendor related to testing files. Vinayak also participated in mapping data elements per T-MSIS requirements and completed the work he had started as part of the HPE leverage team. Vinayak developed the Business Objects universe for HPE's leveraged T-MSIS Core solution which was at the time being used by five states.

In addition, at HealthTech Solutions, Vinayak provides expertise in requirements, business and technical process analysis, business process flow, and needs driven requirements

EXPERIENCE

19+ years of experience in Data Management and Architecture

Extensive experience with Health and Human Services systems

Proficient with SDLC, User Acceptance Testing, and DSS systems

Expert in MMIS and DW DDI

CARE

COMPLETION

- State Level Registries
- SDLC
- MMIS
- Database Administration
- Data Management
- System Testing Life Cycles
- System DDI
- Public Health Systems
- Application Configuration
- User Interface

gathering. He produces SQL queries, and both develops and designs reports from data extracts.

Project Manager, Mphasis (HPE)

2008-2015

Prior to joining HealthTech Solutions, Vinayak was the Kentucky Medicaid Data Warehouse Manager. In this role, Vinayak managed all projects for the DW and the Provider area. Vinayak was involved in the development of the DW data model and ETL processes, which included MMIS interChange tables to be used in management and federal reporting. Vinayak served as the SME for the Kentucky MMIS Decision support system and for the implementation of Kentucky's state-facing provider portal. On the provider portal project, in addition to managing this project, Vinayak utilized his data modeling expertise to help develop the data models. Specifically, as change requests were received from the State, Vinayak proactively instituted the design for each change as well as the implementation of changes. In this manner, he was able to interject his extensive knowledge of the interchange tables to ensure appropriate changes were incorporated to prevent future re-work.

Vinayak was also involved in designing and planning of the optimized data model for ICD-10 within the broader implementation of the KY MMIS and was also extensively involved with health benefit exchange Interface implementations for the KY MMIS.

Technical Lead, Mphasis (Verisign)

2006-2008

Vinayak served in a lead role as the single point of contact for reports development for the NextGen Release 2 project. NextGen is a VeriSign product for global billing and payment services. It is entirely Web-enabled for wide accessibility and easy operation. The Web-based features allow the user to manage both client management (enter new clients and view/edit existing client details) and system configuration (set all system parameters and set up the data required for billing and provisioning of services). It also provides significant customer self-care functionality, allowing customers to provide or change personal data and contract information, as well as select and configure a variety of products. System Design document deliverables, system test plans, system test cases, disaster recovery, and User Acceptance Testing documents were developed to ensure specifications. The technical environment utilized Crystal Report XI R2 and Business Objects XI R2.

Senior Developer, Mphasis (FedEx)

2002-2006

Vinayak worked as a Senior Developer on various projects within FedEx including a Fortune Top 20 Company. He was responsible for setting up WebLogic application and database servers. He conducted an impact and gap analysis for the application being developed. Vinayak was also directly involved in DBA activities including Oracle servers, users, PL/SQL procedures for migration, test cases, and database management. The technical environments utilized J2EE, Oracle, and Windows 2000/NT client servers.

Developer, Mphasis (MsourceE)

2000-2002

Vinayak supported several major projects for Human Resource Management Systems and recruitment using client servers. He supported the design and implementation of web-based applications in support of multinational clients. The HR and recruitment systems included data management and functionality for the full suite of personnel functions including employee data management, payroll, and timekeeping. The technical environments included extensive use of ASP, Java, VB, Visual Interdev 6.0, and SQL Server.

EDUCATION AND PROFESSIONAL TRAINING

MCA, Indira Gandhi National Open University, New Delhi, India

LLB, Mangalore University, Karnataka, India

BAL, Mangalore University, Karnataka, India

Certified in ASP, VBSript, HTML – Brain Bench

Project Management Professional Training, Solarity, 2017

TECHNICAL SKILLS

Servers/Operating Systems:

Windows 95/NT/2000/XP, UNIX

Languages:

Visual Basic, ASP, Java, .Net, C, C++, UNIX, HTML, XML, DHTML

Database Management Systems:

Oracle 10g/9i/8i/8/7.3, MS SQL Server 2003, MS Access, SQL *Plus, SQL Loader

Data Modeling:

Oracle DBA Studio, Enterprise Manager, Rational Rose 98, Rapid Java, Developer 2000, TestTrack

OLAP Tools:

Business Objects Xi R2, Business Objects 3.1, Business Objects 4.1, Data Integrator, Data Services, Desktop/Web intelligence Xi R2 and 4.1, Crystal XI

Reporting Tools:

Business Objects, Desktop Intelligence, Web Intelligence and Crystal Reports XI

Version Control Tools:

Visual Source Safe, PVCS Version Manager

REFERENCES

Rick Ingram

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DXC Technology
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502-320-4081

Bob Nowell

Bnowell204@gmail.com
502-682-1174

Dr. Dan Roach III

Proposed Role: Data Governance Lead

Dr. Roach has over 16 years of experience in data analytics and is currently a Senior Consultant with HealthTech Solutions where he focuses on Data Analytics, Data Science, Enterprise Data Governance, and Health Information Technology (HIT) solutions.

Prior to joining HealthTech Solutions, Dr. Roach served as the Director of Technical Solutions and Chief Data Scientist for the Myers and Stauffer, LC national consulting engagement team. Dr. Roach oversaw all technical solutions, data integration, and analytics for the consulting, benefit and program integrity (BPI), and managed care engagement teams. He also assisted with developing state and federal HIT policies and unique state and federal HIT solutions to meet the diverse needs of clients.

Prior to joining Myers and Stauffer, Dr. Roach was the Assistant Dean and Director for Center for Strategic Health Innovation (CSHI), College of Medicine at the University of South Alabama. Dr. Roach was directly responsible for the development and deployment of patient-centric clinical information systems in multiple states, including systems with a focus on clinical outcomes, quality measurement and reporting, predictive modeling and disease management, as well as personal health record systems, an in-home monitoring system and disaster preparedness and situational awareness tools. He also spent time in clinics throughout rural Alabama and with clinical end-users across the nation and knows first-hand what it means to be a user of health information technology. Dr. Roach understands the barriers to provider adoption of health information technology and has worked as a physician advocate to help ensure that the technology deployed met the needs of the clinical staff so that they could become meaningful users of health information technology. Dr. Roach was appointed by Governor Riley to the Health Information Exchange Commission for the state of Alabama and served as co-chair for the technical infrastructure workgroup where he spear-headed the effort that led to the University of South Alabama receiving a \$10M cooperative agreement and being named the Alabama Regional Extension Center (ALREC). Dr. Roach was appointed as the first assistant dean, Medical Informatics Education at the University of South Alabama, and he served Governor Robert Bentley as the State Health Information Technology coordinator from 2011–2013. In August 2013, Dr. Roach was named director of the Center for Strategic Health Innovation (CSHI).

SELECT PROFESSIONAL HISTORY

Senior Consultant, HealthTech Solutions 2018-Present

Dr. Roach is a data scientist and senior consultant at HealthTech Solutions. Currently, Dr. Roach is serving as a consultant to ONC on the EHR Reporting project. For this project, HealthTech Solutions is partnering with the Urban Institute to implement part of the 21st Century Cures Act. This law requires the establishment of an EHR Reporting Program. He is also providing consulting services related data governance and data management strategy to the Connecticut Department of Social Services. He also supports the internal development projects at HealthTech Solutions. He provides subject matter expertise related to data modeling, analysis, integration and clinical workflow. Dr. Roach is also an expert in enterprise data governance strategy, application, and policy development. Dr. Roach supports multiple projects as a clinical subject matter expert.

Director of Technical Solutions and Chief Data Scientist, Myers and Stauffer, LC 2015-2018

Acting Director, Center for Strategic Health Innovation, Univ. of So. Alabama 2013-2015

Assistant Dean, Medical Informatics Education, Univ. of So. Alabama 2010-2015

Director, Alabama Regional Extension Center (ALREC) 2010-2015

Health Information Technology Coordinator, State of Alabama 2011-2013

Director of Medical Informatics, CHSI, Univ. of So. Alabama 2003-2013

EXPERIENCE

Senior Consultant, HealthTech Solutions
 Chief Data Scientist, Myers and Stauffer, LC
 Director for the Center for Strategic Health Innovation
 Assistant Dean for Medical Informatics Education with the University of South Alabama, College of Medicine

CORE COMPETENCIES

- Data Science
- Analytics
- Data Governance
- Electronic Health Records
- Human Services Systems
- Health Standards and Certifications
- Research, Policy, and Strategic Initiatives
- Clinical Expertise
- Patient Medical Records
- Patient Information Systems

Director of Clinical Chemistry, Dept. of Pathology, Univ. of So. Alabama 2002-2003
Pathology Resident, Dept. of Pathology, Univ. of So. Alabama 1997-2002

EDUCATION AND CERTIFICATIONS

MD University of South Alabama – Mobile, Alabama

BS Auburn University – Auburn, Alabama

Graduate Certificate in Medical Informatics, Oregon Health and Science University, Portland Oregon

PUBLICATIONS

Dan Roach III. *Highly Mobile Remote Presence Robotics in an Acute Care Setting*. Presentation, SURAViDe 6th Annual Digital Video Workshop, Indianapolis, Indiana, 2004.

Dan Roach III, MD, Adrian Hoff, Judy A.C. King, MD, PhD, J Allan Tucker, MD, Department of Pathology, University of South Alabama. Renal Pathology Services (<http://www.renalpathologyservices.com>). Electronic poster presentation, Advancing Pathology, Informatics, and the Internet (APIII) Conference, Pittsburgh, PA, 2002.

Dan Roach III¹, Sate Hamza², Kristopher N. Jones², Peter G. Anderson², ¹Department of Pathology, University of South Alabama, ²Department of Pathology, University of Alabama at Birmingham. Online Image Upload System Facilitates Collection and Sharing of Teaching Materials for the Pathology Education Instructional Resource Web Site Presentation, Advancing Pathology, Informatics, and the Internet (APIII) Conference, Pittsburgh, PA, 2000.

Roach D III, King JAC, and Boudreaux C. *Carcinosarcoma of the lung*. Poster Presentation, Southern Medical Association 92nd Annual Scientific Assembly, New Orleans, Louisiana, 1998

Roach D III, King JAC, and Boudreaux C. *Carcinosarcoma of the lung*. South Med J 91:S115, 1998.

Roach D III and Stubbs JR. *Acute life-threatening anemia occurring post-transfusion in a patient with sickle cell disease*. Blood 92(Suppl 1):1376, 1998.

Roach D III and Stubbs JR. *Acute life-threatening anemia occurring post-transfusion in a patient with sickle cell disease* Poster Presentation, Southern Medical Association 93rd Annual Science Assembly, Dallas, TX, 1999.

Roach D III, Morgan S, Martino R, Conrad ME, and Stubbs JR. *Successful treatment of refractory thrombotic thrombocytopenic purpura with cyclosporin*. Poster presentation, American Association of Blood Banks Meeting, San Francisco, CA, 1999.

Roach D III, Riddick L and Downs JCU. *Scene investigation of unusual asphyxia deaths*. American Academy of Forensic Science Annual Meeting, Orlando, FL, 1999

AWARDS

2000 College of American Pathologists Informatics Travel Award

2005 Southern Growth Policies Board Innovator Award (awarded to Center of Strategic Health Innovation for the home monitoring project)

2005 The Council of State Governments Innovations Award (awarded to Center for Strategic Health Innovation for the home monitoring project)

REFERENCES

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Ryan M. Farrell, CFE
Principal, Myers and Stauffer
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Lee Ann Brewer Proposed Role: Procurement/Contract Manager SME

Lee Ann serves as a Senior Consultant with HealthTech Solutions. She is a 26-year veteran of state government service in Kentucky including various leadership capacities in procurement within the Cabinet for Health and Family Services where she served as Director of Accounting and Procurement Services. As a Senior Consultant at HealthTech Solutions, Lee Ann supports procurement activities both externally for clients and internally for the company and serves as a key resource with our clients for project management and technical support expertise. Currently, Lee Ann is overseeing the procurement process for Missouri's HCBS Waiver Case Management Project.

RELEVANT PROFESSIONAL HISTORY

Senior Consultant, HealthTech Solutions, LLC 2018-Present

Since joining HealthTech Solutions, Lee Ann has provided procurement subject matter expertise on multiple projects involving writing Request for Proposals (RFP). Lee Ann is assigned to the Missouri project overseeing the procurement process for Missouri's HCBS Waiver Case Management. This program will align with the requirements of the CMS for federal funding, in accordance with Lee Ann's earlier work with the Commonwealth of Kentucky's procurement. She also provides technical support to HealthTech Solutions' Business Office.

Administrative Branch Manager, Department for Public Health, Cabinet for Health and Family Services, Kentucky 2016-2018

Lee Ann was responsible for the personnel system serving 58 of Kentucky's 61 local health departments including employment counseling, applicant processing, maintaining and updating selection criteria, maintaining employee records, creation of job classifications, and salary computation. Lee Ann streamlined many processes and implemented a training program for HR liaisons throughout the Commonwealth and newly hired directors.

Director of Accounting and Procurement Services, Office of Administrative and Technology Services-CHFS 2009-2016

As a Director supporting one of the largest cabinets in the Commonwealth, Lee Ann provided consistent, accurate, and timely accounting and procurement services in accordance with state and federal rules and regulations. She was the procurement lead for large-scale IT procurements at CHFS including writing and reviewing RFPs including the Health Benefits Exchange, MMIS, IV&V, SURS, TPL, Kentucky Health Information Exchange, Managed Care Organizations, Public Health's Electronic Health Record, Asset Verification and Health Benefits Exchange Contact Center. In addition to writing and seeing the RFPs through the process, she also participated in contract negotiations and provided vendor management and contract oversight.

Administrative Branch Manager, Internal Policy Analyst II, Division of Forestry-Energy and Environment Cabinet 2006-2009

While at Forestry, Lee Ann monitored and evaluated branch operations. She was responsible for budget preparation, grant administration, personnel, procurement, payables, receivables, fixed assets, inventory, travel, contracts, maintenance pool projects, and fleet. She traveled statewide and performed audits of nine district offices and two state-run nurseries.

Administrative Specialist III, Division of Waste Management-Environmental and Public Protection Cabinet 2005-2006

In this position, Lee Ann had oversight responsibility for financial matters of the Petroleum Storage Tank Environmental Assurance Fund's \$44 million budget. She was chief advisor on the financial status and solvency of the fund and responsible for coordinating the annual audit and bi-annual actuarial reports.

Administrative Branch Manager/Fiscal Officer/Accountant, Office of the Petroleum Storage Tank Environmental Assurance Fund, EPPC 1995-2005

EXPERIENCE

- 25+ years of experience in State Government Administrative and Fiscal Matters
- Emphasis on Procurement, Accounting, and Human Resources
- Project Management and Technical Support

CORE

COMPETENCIES

- Government Procurement
- Human Resources
- Accounting
- State Government Administration
- Public Fiscal Management
- Technical Support
- Project Management

Lee Ann monitored the agency's budget and was solely responsible for the development, compilation, and submittal of the agency's proposed biennium budget into the Commonwealth's budget system. She served as liaison between the agency, the Cabinet Secretary's Office, and the State Budget Director's Office and contributed to the promulgation of regulations as necessary. In this position, Lee Ann ensured adherence to statutes, regulations, and policies and procedures related to fiscal operations. She appeared before legislative committees and communicated with legislators and other entities on budget and cost control matters. She performed necessary financial research, data extrapolation, expenditure projections, forecasting activities, special reports, and graphics as required.

Executive Secretary Senior, Office of the Governor

1992-1995

Lee Ann began her government career as assistant to the Director of Public Service, the largest division within the Governor's Office. She coordinated and assisted in the operation of the governor's monthly "Open Door after Four" sessions and assisted with the governor's schedule pertaining to county visits. She directed an average of 400 pieces of correspondence per week to the appropriate state agency, monitored the status of correspondence, and drafted numerous responses for the governor's signature. Lee Ann greeted the public and assisted with resolving public concerns.

EDUCATION AND CERTIFICATIONS

CPM, Kentucky's Certified Public Manager® Program

Some Coursework; Lexington Community College, Lexington, Kentucky

REFERENCES

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Michelle Mills

Proposed Role: Subject Matter Expert

Michelle is a Consultant at HealthTech Solutions and has 15+ years of experience and *proactive public policy professional offering excellent communication, leadership skills, and strategic oversight that make her effective with broad groups of stakeholders. Michelle's focus is in summarizing complex policy in clear writing and speaking, policy development, program and operations implementation, strategic leadership, and collaborating with product teams. In addition, she offers generalized knowledge in the healthcare industry about purchasers, providers, consumers, benefits, health IT, and more. She also has specialized expertise in Medicaid and Medicare programs, specifically in managed care, accountable provider models, health IT, value-based purchasing, dual eligibility for Medicaid and Medicare, and Managed Long-Term Services and Support*

EXPERIENCE

15+ years of experience in Medicaid and Medicare Managed Care
Health IT
Value-Based Purchasing
Healthcare Legislation
Provider-Accountable Models

SUBJECT PROFESSIONAL HISTORY

Consultant, HealthTech Solutions 2017-Present

As part of the HealthTech Solutions team, Michelle develops public policy competency, providing subject matter expertise in various areas of healthcare and technology. She works with multiple clients providing strategic advice and policy guidance. Michelle was the principal consultant on the engagement with Office of the National Coordinator on sustainability options under TEFCA (Trusted Exchange Framework and Common Agreement). Michelle leads the strategic guidance work as part of the Connecticut contract and has provided multiple briefs and option analysis to CT leadership on issues such as Opioid Crisis, Fatherhood initiative, Cost Allocation waiver, Community engagement, 21st Century Cures Act. She is also currently providing technical assistance to CMS on implementation aspects of the Cures Act.

Principal, Director of Health Policy, Nuna Health 2014-2017

As the organization's Director of Health Policy, Michelle was responsible for aligning technology applications across purchasers, for scale. Initial software applications were often directed at one line of business, and Michelle shared her knowledge about health policy and managing the user experience to enhance the application products for utilization in multiple lines of business. Also, Nuna built the Centers for Medicare and Medicaid Services (CMS) Transformed Medicaid Statistical Information System data warehouse, and Michelle was responsible for maintaining stakeholder relationships, troubleshooting problems with leadership in both parties, and serving as a critical member of the analytics dashboard application. Michelle was also responsible for shaping Nuna's strategic corporate direction.

Director, Division of State and Stakeholder Relations, CMS 2013-2014

Michelle was a dynamic leader and, as a Division Director at CMS, led efforts to provide operational and technical assistance for implementing Medicaid and Children's Health Insurance Program requirements. Michelle's primary responsibility was leading the massive operations effort to respond to state and CMS readiness for the Affordable Care Act implementation on October 1, 2013. In addition, she managed staff responsible for the State Operations Technical Assistance program, data analysis, performance indicator reporting, and state implementation leads.

Technical Director, Health IT and Value-Based Purchasing 2010-2013 Initiatives, CMS

Michelle is considered the national expert on the Medicaid program reimbursement and payment design strategies, including delivery system reform initiatives. She provided expert policy direction across numerous domains of the Medicaid program such as: health IT, care management, quality improvement and measurement, financing, eligibility, and benefits. She also successfully implemented the Medicare and Medicaid Electronic Health Record (EHR) Incentive Program (also known as "Meaningful Use" program) and directed and wrote regulations and related policy.

MORE COMPETENCIES

- Strategic Leadership
- Public Policy and Leadership
- Clear Writing and Speaking
- Policy Development
- Operations

Health Policy Analyst, CMS

2009-2010

As a Health Policy Analyst for CMS, Michelle coordinated operational and policy directives between the 2009 Children's Health Insurance Program, Reauthorization Act and 2009 American Reinvestment and Recovery Act related to delivery systems, benefit improvements, quality of care, and health IT. She also managed operations and policy in support of the Medicare and Medicaid EHR Incentive Program regulations and provided expert analysis of congressional healthcare reform drafts specific to issues in managed care, quality improvement, and health IT.

Health Operations Analyst, CMS

2006-2009

Michelle gained program expertise in Midwest states, program officials in Baltimore becoming a national expert on Medicaid managed care issues (e.g., contracts, capitated rate setting, and federal Medicaid authority). As a CMS state representative for Minnesota, she planned, organized, and executed special research and analysis of healthcare disparities and performance incentive programs. In addition, Michelle led a regional team that evaluated the delivery of States' dental services and collaboratively developed written reports for senior management review which were subsequently sent to Congress and the States.

Medicare Managed Care Operations Specialist, CMS

2004-2006

In her capacity as an Operations Specialist, Michelle was the Medicare Advantage (Medicare Parts C and D) marketing policy team lead; providing operational, technical assistance, and oversight of 11 managed care organizations to ensure compliance with Medicare regulations. She also reviewed and evaluated new contracts within the Medicare Advantage program and performed onsite plant visits to ensure system readiness for Medicare enrollees.

Health Policy Analyst, Health and Medicine Policy Research Group

2003-2004

Michelle had the opportunity to analyze and research health policy issues, practices, and legislation and present data, options, and recommendations to organization leadership. As part of her updates, she developed information materials, such as fact sheets and briefing papers, to be used in a variety of forums, including program development and legislative recommendations.

EDUCATION AND CERTIFICATIONS

AM/MA, University of Chicago, Chicago, Illinois

BA, Indiana University, Bloomington, Indiana

REFERENCES**Jessica Kahn**

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Penny Thompson

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Katy Dyer

Proposed Role: Subject Matter Expert

Katy is a Senior Consultant at HealthTech Solutions with over 10 years' experience. She is a dedicated, experienced, and proactive policy professional offering excellent communication, organization, and time management skills. Katy has an extensive background in terms of being heavily involved within numerous projects, proposals, and activities to produce efficient and effective results. Katy specializes in policy analysis and communication; IT system delivery, design, and implementation; system quality analysis; and is well experienced with communicating between multiple industries and federal and state governments. Katy has not only worked with federal and state governments, but she also has an extensive history of collaborating with a wide array of organizations and culturally diverse communities. In addition, Katy is a highly focused, but flexible, creative leader with strong multi-tasking abilities and a proven record of achievement in project management and development. Katy possesses strong technological skills and offers great attention to detail. She offers very specialized knowledge regarding the health insurance industry (with a focus on Medicaid and Medicare programs), including an in-depth understanding of intrinsic and extrinsic changes resulting from the HITECH Act and the Affordable Care Act (ACA).

EXPERIENCE

- 10+ years of experience in Project Management
- IT Systems
- MMIS DD
- Eligibility and Enrollment
- IAPD Development
- Grant Writing
- Policy and Procedure Development
- HITECH Initiative Subject Matter Expert

SELECTED PROFESSIONAL HISTORY

Senior Consultant, HealthTech Solutions 2016-Present

As a senior health information technology consultant at HealthTech Solutions, Katy provides subject matter expertise for the development of implementation advanced planning documents (IAPD), eligibility and enrollment (E&E), and Medicaid Management Information System (MMIS) initiatives. Katy is the project lead on the Colorado project where she was in charge of the implementation of the State's Enterprise Data Warehouse as well as the UAT process. She led the successful MMIS certification process. Katy holds a track record of success regarding grant writing and possesses the essential skill-set that is required for the successful implementation of IT systems. Katy possesses strong communication skills which allows her to assist clients in effectively designing IT initiatives and in determining the best approach to request federal funding. Katy's thorough experience in regard to E&E stems from her extensive past of working as a health insurance specialist and playing an essential key role in the management of eligibility and enrollment systems in various states. Katy was the lead analyst for E&E system initiatives in Kansas, Massachusetts, Rhode Island, and North Carolina.

Senior Manager, ACA Practice, Ernst & Young Tax Practice 2015-2016

Katy was a senior manager responsible for the enterprise lifecycle development of Ernst & Young's proprietary and award-winning ACA COMPASS Software. The ACA COMPASS software entails an end-to-end rules engine to support large employers in accurately measuring their workforce for full time status as well as secondary logic engine to determine applicable safe harbors and create series 1 and series 2 codes for Forms 1094C and 1095C reporting. She provided subject matter expertise on technical specifications for the COMPASS system as well as for supporting technologies that included the SQL platform, single sign on, PGP encryption, ETL, and the user interface. In addition, within this role, Katy developed a track record of success in the development of system code. She also gained thorough experience in the development of professional policy. Katy is a subject matter expert on ACA Employer Mandate statutes and regulations, including Internal Revenue Code § 4980H, 6055 and 6056. Within this role, Katy gained experience managing a highly skilled team of three managers, seven seniors, and three staff. Katy also provided expert consultation to internal and client stakeholders via superb customer service and technical assistance. In addition, Katy planned, directed, and coordinated special projects and trainings to provide useful knowledge and best practices across the practice continuum.

Health Insurance Specialist, CMS 2012-2015

Katy was the HITECH lead for Region 1, co-lead for Region 6, and she successfully managed multiple states' implementation and oversight of the EHR Incentive Program (EHRIP). She was a part of the lead management team for the E&E systems initiative for

ADDITIONAL COMPETENCIES

- Spanish Language Proficient
- IT System Design
- Federal Policy Development
- System Quality Analysis
- Medicaid/Medicare Regulations and Logic

Kansas, Massachusetts, Rhode Island, and North Carolina. In addition, Katy was the lead Medicaid liaison as states implemented ACA requirements, and she effectively assisted and led ten large scale health IT system designs and implementations through the system development life cycle (SDLC). She is a subject matter expert in APD review and approval due to her past work within this realm with various Health IT programs, and she was also heavily involved in health Information exchange policy and state oversight. Through this role, Katy became an expert in terms of policy development for HITECH regulations, and she worked closely with other federal agencies including the CDC, ONC, and CCHIO. She planned, directed, and coordinated projects to provide useful knowledge and best practices across the CMS care continuum, especially those related to funding, system design and program oversight.

Administrator of Strategic Development, Aloha Care 2009-2012

Katy was a project manager for strategic planning projects for the organization and was a policy analyst for all new legislation (as well as potential legislation) on the Federal and state levels that affected the company. As a subject matter expert, Katy was responsible for positioning the company to mitigate risk and capitalize on opportunities of Health Care Reform, specifically in areas of service delivery and financial modeling, risk adjustment, and metrics and evaluation. Katy worked closely with legislators, Hawaii Governor's Office, Department of Human Services, Department of Health, HHS, HRSA, CMS, as well as media contacts, to lobby for and protect company interests. She was a project manager for the Medicare Bid and Implementation Project, she wrote and developed compensation policy, succession plans, Board of Director Bylaws (Amended), Board Committee Charters, as well as a Business Plans for an affiliate start up technology company. Katy collaborated with the company's External Affairs Team to develop internal and external branding for the organization, and she was also responsible for drafting talking points and memos dispersed to legislators, media, and community partners.

Policy Intern, Planned Parenthood 2010-2011

Katy completed her Master's Degree requirements as well as her practicum under the Vice President for Government Affairs and Public Policy. Within this role, Katy conducted extensive research in policy issues, personal health information, and she also created a media contact database. In addition, Katy drafted legislative reports on issues such as eliminating constraints around providing emergency contraception, promoting access to the armed forces of Hawaii, expanding allowable costs for system testing, and legalizing civil unions. In addition, within this role, Katy strongly contributed to Planned Parenthood Young Leaders to engage them in supporting the organization and its mission.

Assistant to the City Manager, City of College Station, TX 2007-2008

Katy assisted with projects for the City Manager including scheduling, conducting research, writing briefs, coordinating conferences, responding to letters from citizens as well as agenda development for city council meetings. Katy served on committees with city staff, including the Mayor and the City Manager's committees, representing students in policy making decisions. During this role, Katy also co-wrote neighborhood integrity proposals adopted by the City Council for a 5-year community project.

Development Consultant, Grant Writer, Save The Children 2008

Katy prepared a comprehensive field study and report addressing the needs of children in the Dominican Republic and Haiti. The report was delivered to the World Bank requesting \$250,000 in funding and was subsequently approved.

EDUCATION AND CERTIFICATIONS

MPA, The University of Hawaii at Manoa, Honolulu, Hawaii – Suma Cum Laude

BA, Texas A&M University, College Station, Texas – Magna Cum Laude

REFERENCES

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Patti Chubbuck

Proposed Role: SME

Patti has 22+ years of experience and currently serves as the Program Operations Lead for MaineCare's Health Information Technology Meaningful Use (MU) Program as a Health Information Technology (HIT) Specialist. She focuses efforts to deliver education and assistance to providers and hospitals in the State of Maine to become meaningful users of HIT. Her experience exemplifies the ability to effectively participate, supervise, direct, and manage key operational components including multiple project management, education, and standards development as well as state and federal reporting requirements for the program. As the program matures, Patti has researched and updated vital areas and program goals to reflect the ever-changing requirements of this fairly new federal program that launched in 2011.

When the Office of the National Coordinator launched the Health IT Workforce Development program, Patti enrolled in both the consultant and engineering tracks. Areas of concentrated study include: documenting the workflow and information management models based on certified Electronic Health Record (EHR) products and conducting user requirement analysis to facilitate workflow design. Practical skills include assisting provider staff in implementing, trouble-shooting, and modifying a reorganized system.

EXPERIENCE

- 22+ years of clinical nursing experience
- 5 years Medicaid Health Information Technology Program Operations Management
- Health Information Technology Systems
- Human Services Programs
- Project Management

SUBJECT PROFESSIONAL HISTORY

Senior Consultant, HealthTech Solutions 2014-Present

Patti assists MaineCare HIT MU Program operations. She is the primary point of contact for the program with established relationships across the State of Maine with program participants. She is responsible for day-to-day program operations and reports to the Director of the HIT MU Program. Patti reviews, approves and submits all applications and required MU data. Her reporting responsibilities include: tracking and submission of various federal and state reports on a quarterly and annual basis for the HIT program and other grant programs. She maintains all program educational materials through ongoing MU research to reflect the ever-changing program aims, goals and requirements. Patti performs all user acceptance testing test requirements prior to update releases and has established working relations with OIT, audit, and finance.

HIT Specialist, MaineCare's HIT Meaningful Use Program 2011-2014

From program inception, Patti served as HIT Specialist for the MaineCare Health Information Technology Meaningful Use Program. She continues those duties as a Senior Consultant for HealthTech Solutions.

Registered Nurse 1986-2008

Patti brings extensive clinical expertise to HealthTech Solutions clients. As a former nurse, Patti has specialties including obstetrics, emergency, surgical, and medical nursing. She previously served a number of travel nurse assignments to small rural hospitals as the primary provider of obstetrical care. She authored the Obstetrical Standard of Care for Mid Coast Hospital Obstetrics and was the Mid Coast Hospital Instructor for Advanced Neonatal Resuscitation for physicians, nurse midwives, and nurses from 1989-2006.

EDUCATION AND CERTIFICATIONS

- ASN, University of Maine, Orono, Maine
- EHR Engineering Program, Kennebec Valley Community College, Fairfield, Maine
- EHR Consultant Program, Kennebec Valley Community College, Fairfield, Maine

REFERENCES

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CORE

COMPETENCIES

- Customer Service
- Knowledge of Medical Practice Environments
- EHRs
- Health Information Technology Incentive Payment Program
- Meaningful Use
- Project Management

Lorna Jones

Proposed Role: Subject Matter Expert

Lorna is a senior consultant with HealthTech Solutions and brings 30+ years of experience in Health Information Technology (HIT). She brings an outstanding mix of public and corporate management experience with demonstrated success in strategic planning and direction for large scale operations including private sector insurance providers. Her executive experience includes the planning, design, development and implementation of large-scale mission critical IT systems.

Lorna has extensive experience working with both state and federal agencies, having previously served as the Chief Information Officer for the Kentucky Cabinet for Health and Family Services (CHFS) and Executive Director of the Office of Information Technology. She has direct experience working with Health and Human Services programs, including the Centers for Medicare and Medicaid Services (CMS). Lorna has served in a number of roles with boards, commissions and technical review bodies, where she has gained distinction nationally for excellence in technical services and strategic planning.

RELEVANT PROFESSIONAL HISTORY

Senior Consultant, HealthTech Solutions 2014-Present

Lorna supports the Connecticut Department of Social Services (DSS) in their Medicaid modernization efforts (CT METS). Her responsibilities include writing an RFP for a Systems Integrator vendor who will oversee implementation of a new Medicaid Enterprise System in the state. She oversees all prep work required to onboard the Systems Integrator vendor. She writes Advanced Planning Documents (APD) for Connecticut to receive federal funding for their Medicaid systems modernization efforts. In addition, she provides oversight support to staff including review of documentation and provides feedback on deliverables. She also assists with program management activities.

VP of Operations and IT, Kentucky Health Cooperative 2013-2014

Prior to joining HealthTech Solutions, Lorna provided executive assurance for health plan operations including enrollment, member services, member communications, claims processing and call center operations. She oversaw organizational objectives and requirements with regard to subscribers, providers, and regulatory entities. She identified opportunities for enhancing business value through IT and effective use of software and hardware tools. Lorna participated in the development of RFPs and vendor selection for multiple health plan functions including Business Process Outsourcing (BPO) vendor(s), Third Party Administrators (TPA), etc. to identify and contract with the best vendors for efficient and effective outsourced services. Lorna also drove implementation of vendor services and systems to insure a fully operational health plan in a very tight timeline which includes enrollment and membership, fulfillment, claims processing, customer service and drove vendor compliance with contract SLAs.

IT Consultant, Commonwealth of Kentucky 2009-2013

Lorna served as a strategic consultant for the Kentucky Health Benefit Exchange Project to implement Kentucky's State Based Exchange according to the provisions of the Affordable Care Act. She acted as the federal liaison to CMS and CCIIO during the planning and design phases of the project, and lead efforts for budgeting and development of an Implementation Advanced Planning Document for creation of the state-based exchange system. She participated in contract negotiations and finalization of the Exchange development vendor contract and conducted design deliverable reviews. Kentucky was one of only a few Exchanges that was successful in the implementation and operation of a State Based Marketplace.

Lorna also led IT team in the implementation of a statewide electronic case file solution (ECF) for the KY CHFS Department of Community Based services. The system was rolled out to all 120 counties and includes a scanning and imaging solution that is integrated with the line of business application. She led the implementation of electronic forms (e-forms) which was integrated with business systems to transfer case data into 150 casework and verification forms. She also led implementation of a security solution that supports single sign-on, automated user provisioning/de-provisioning and identity management.

EXPERIENCE

30+ years of experience with Program/Project Management and Information Technology. Specializes in Health and Human Services Programs and Health Information Technology Systems. Former executive in both private and public sectors.

EDUCATION

KEY COMPETENCIES

- Public Health Programs
- Program Management
- Procurement
- IT Policies
- Strategic Planning
- Operations
- Health Information Exchange
- Health Benefit Exchange

Chief Information Officer (CIO), Office of Information Technology, KY CHFS 2006-2008

Lorna was responsible for the direction of more than 300 IT professionals supporting 380 office locations, 540 servers and providing IT support for approximately 10,000 users/workforce across the state.

Deputy CIO, Office of Information Technology, KY CHFS 2005-2006

Supported the CIO in the overall planning, operation and administration of Cabinet level IT systems and computer infrastructure. The responsibilities included strategic visioning, security operations, and on-going maintenance of more than 200 agency IT systems, including more than 60 mission critical systems.

Director, Office of Information Technology, KY CHFS 2003-2005

Lorna managed the IT division responsible for the planning, analysis, development and operation of automated computer systems for electronic disbursement of benefit payments and services.

Consultant IT, KY Governor's Office of Technology 2001-2003

Lorna assisted the Governor's Office for Technology (GOT) in establishing IT standards and policy. She assisted Commonwealth agencies with IT needs/services and establishing IT customer service and support between agencies.

Director, Office of Technology Services, KY Cabinet for Families & Children 1999-2001

Lorna served in a management role with responsibility for the analysis, development and operation of Cabinet level systems. She provided technical assistance and analytical support for executive level initiatives. She assisted in financial planning relating to technology systems and services.

IT Liaison, Cabinet Budget Office, KY Cabinet for Human Resources 1992-1999

Served as the IT Liaison between the Office of the Secretary, Budget Office, and various Cabinet departments. She was responsible for planning documents and budgeting of IT initiatives. She provided assistance with the biennial budget process for the Cabinet and federal IT Advanced Planning Documents.

Systems Analyst, KY Cabinet for Human Resources 1990-1992

Lorna was responsible for requirements gathering, and support of Cabinet level mission critical automated information systems.

EDUCATION AND CERTIFICATIONS

BA University of Kentucky – Lexington, Kentucky

BOARDS AND REGISTRATION

Board Member, Kentucky Telehealth (Telemedicine) 2006-2008

Board Member, Kentucky Wireless Interoperability Executive Committee 2005-2008

Board Member, Kentucky Strategic Information Technology Planning Committee 2008

Chair, Advisory Group for the Kentucky e-Health Network Board 2006-2007

Best of Kentucky Technology Visionary Award, Center for Digital Government 2008

Distinguished Service Award, Kentucky CHFS 2001

REFERENCES

Janie Miller

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Nicole Comeaux

Former Kentucky Exchange
Deputy Director
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Bob Nowell

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502-682-1174

Lisa Coleman

Proposed Role: Subject Matter Expert

Lisa brings over 30 years of experience in hospital and physician practice settings. She has extensive knowledge in physician billing, developing and providing billing services from the practice level, to hospital groups, and major research institutions. Lisa is a Registered Health Information Technician (RHIT) and Certified Administrator in Physician Practice Management (CAPPM). Lisa is proficient with national health standards, including the National Committee for Quality Assurance (NCQA).

RECENT PROFESSIONAL HISTORY

Consultant, HealthTech Solutions 2019-Present

Lisa provides subject matter expertise in Medicaid provider, claim, and encounter management. She is also proficient in Health Information Exchange (HIE) and electronic health records (EHR). Lisa brings both c-suite and field level experience with clinical transformation and continuous quality improvement to HealthTech Solutions' clients.

Chief Clinical Operations Officer, University of Louisville School of Medicine 2014-2019

Lisa provided leadership in the areas of practice/clinical operations, strategy, business planning and development. Lisa supported successful implementation of the UofL Physicians' strategic initiatives. She provided leadership to service-line operational redesign, clinical transformation and population health initiatives. She provided leadership in the area of practice operations, strategic planning for multiple academic departments and clinical practices utilizing data driven decision making to position them for success and improved operational and financial performance, efficiency and patient experience. Lisa served as interim Executive Director as necessary. She developed resources, templates, operational and financial dashboards to assist project leaders in strategic planning and management.

Senior Manager and Physician Practice Leader, Blue & Co. LLC 2010-2014

Lisa provided leadership in the areas of physician practice management consulting services primarily in the area of physician owned or hospital owned groups, clinics and facilities. She provided interim and ongoing management services. She developed interval reporting processes and provides monthly financial benchmarking reports. Lisa developed the service line to provide comprehensive licensure and certification consulting services for clinics and facilities located in health provider shortage areas (HPSA) and medically underserved areas (MUA). She worked as a resource for the state of Kentucky to provide education and training related to the requirements, regulations, and opportunities of becoming licensed and certified as a Rural Health Clinic (RHC), Primary Care Center (PCC) or Federally Qualified Health Center (FQHC). Lisa positioned hospitals and health systems for success in the onboarding process of newly acquired practices or employed physicians by contracting to provide consulting services focused on reorganization, standardization, infrastructure, process efficiency and operational work flow, revenue cycle management and strategic planning. Lisa positioned hospitals and health systems for success in the strategic redesign and implementation of the patient centered medical home (PCMH) model to obtain NCQA designation.

Consultant/CEO, Medical Management Solutions, Inc. 2001-2010

Lisa developed central billing offices for groups or health systems. She served as an agency for physician billing and credentialing services for practices electing to outsource services. Lisa developed the service line to provide comprehensive licensure and certification consulting services for clinics and facilities located in HPSAs and MUAs. Lisa positioned hospitals and health systems for success in the on boarding process of newly acquired practices or independent physicians by contracting to provide comprehensive consulting and management services focused on all aspects of setting up the and managing the practice including but not limited to: the selection and implementation of the electronic health record, recruitment of employees, policy & procedure development and implementation, OSHA and HIPAA training, new employee orientation, marketing,

EXPERIENCE

30 years of experience in various clinical settings
Former Chief Clinical Operations Officer of a medical research institution
Health Information Technology
Physician Practice Management

CORE COMPETENCIES

- Encounter Processing
- Medical Claims Processing
- Clinical Quality Measures
- Health Information Exchange Standards
- Continuous Quality Improvement
- Clinical Transformation
- Provider Management

accounts payable & payroll, credentialing and contracting, medical and office supply procurement, etc.

Director, Physician Practice Management and Patient Financials. 1997-2001
Clark Regional Medical Center

Lisa served as a key member of the management team that designed and opened the hospital's Urgent Treatment Center (UTC), Rural Health Clinic (RHC) and multiple independent physician practices. Start up and ongoing management of Orthopedic, Urology, Psychiatrists, General Surgery, multiple Family Practice and Internal Medicine offices. She developed and managed the centralized billing office (CBO) which provided management and billing services to multiple hospital owned and employed physician groups. She was responsible for financials, budgeting, accounts receivable, accounts payable, contracting, credentialing, marketing and daily operations of multiple physician practices, an UTC and RHC. Lisa served as the Director of the Patient Financial Service and Registration departments of the hospital. She evaluated practice management and billing software. She recommended, installed and converted nine practices to Medical Manager Software. Lisa led the hospital-wide Customer Service team (Service Excellence). She participated as a team member on the JCAHO, Corporate Compliance and Process Improvement teams.

Practice Manager, Bluegrass Eye & Laser 1994-1997

Lisa managed the daily operations, billing, marketing, performance improvement and administrative duties of the practice. Lisa performed data research, new office build-out and development, data research and activities coordination. She implemented the continuous quality improvement (CQI) program.

Health Information Management Supervisor and Utilization Review/QA Analyst Technician, Saint Joseph Hospital 1989-1994

Lisa managed a staff on three shifts of approximately twenty-three which included: release of information, record assembly and analysis, census, statistics, record review and tracking. She participated in the JCAHO survey process. She was a Forms Committee team member. She led Continuous Quality Improvement (CQI) projects for the department. Lisa utilized ICD-9-CM and CPT4, evaluated continued stay and admission necessity. She determined when preauthorization was necessary and contacted insurance companies with medical necessity to obtain certification for continued stay.

EDUCATION AND CERTIFICATIONS

AA Western Kentucky University – Bowling Green, KY

Registered Health Information Technician – American Health Information Management Association

Certified Administrator in Physician Practice Management – American Academy of Medical Management

REFERENCES

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Mohsin Naqvi

Proposed Role: Fiscal Agent Specialist

Mohsin Naqvi has 26+ years of Enterprise IT experience with many different customers, technologies, and leadership roles. Mohsin possesses intimate knowledge of the functions, processes, technologies, and fiscal agent operations required to successfully implement and run a Medicaid Management Information System (MMIS) and an in-depth understanding of Medicaid processes.

Today, instant availability and access to critical information is paramount. Mohsin has used his deep knowledge and understanding of the MITA framework, web technologies, and data analytics to meet client's needs and to assist clients in the modernization of existing solutions. To date, his teams have redesigned and architected existing solutions and implemented advanced solutions that enable state staff, Medicaid providers, and business partners to access the right information at the right time.

RELEVANT PROFESSIONAL HISTORY

Senior Health IT Consultant, HealthTech Solutions 2016-Present

At HealthTech Solutions, Mohsin provides the thought-leadership and hands-on management necessary in bridging the gap between ideas and technical solutions that preserves and enhances the economic and operational integrity of Medicaid responsibilities. A successful, on-time project implementation is always a priority. Mohsin derives his real job satisfaction, however, from the knowledge that HealthTech Solutions helps our clients deliver critical medical services to people who cannot provide that for themselves. Mohsin is a creative technical problem-solver and fast learner who has been consistently cited for his ability to achieve rapid comfort level in new environments and to deliver optimal solutions by effectively and efficiently managing large development teams.

Applications Services Executive/Systems Director, Commonwealth of Kentucky 2010-2016

As an Applications Services Executive and Systems Director for the Kentucky Medicaid Management Information Systems, Mohsin was responsible for directing, managing, and planning the activities of the systems and fiscal agent operations organizations for the Kentucky Medicaid account. Fiscal operations included claims receipt, data entry, claim edits, accounts receivable, TPL activities, and reporting.

Mohsin also led the implementation of multiple large scale Federal and Commonwealth of Kentucky initiatives with combined TCY over \$20 mil. such as 5010, State-Wide Managed Care rollout, Affordable Care Act Rule 1104 Phases I, II, & III, ICD-10, Health Benefit Exchange Interfaces etc. into the Kentucky MMIS System. In addition, Mohsin led the development of a web services framework utilizing .NET technologies such as C#, WCF, AJAX, Jscript, ASP, and NET. This framework is being used to convert existing batch processes into real-time processes. Not only did Mohsin lead the previously mentioned initiatives, but he was also responsible for developing, administering, and controlling the budget and P&L for the systems organization, consisting of 102 employees. Mohsin was a contributor to new business initiatives for the account in terms of pursuit, cost model, and proposal development.

Technical Delivery Manager, Commonwealth of Kentucky 2008-2010

As a Technical Delivery Manager for the Kentucky Medicaid Management Information Systems, Mohsin led a team of 67 developers in supporting the Kentucky Medicaid System. Mohsin was also responsible for leading system development activities for the Kentucky MMIS which included provider enrollment implementation and MMIS certification. In addition, Mohsin conducted task assignment and scheduling, evaluating individual performance, coaching and mentoring, recognition, and salary administration.

Mohsin was responsible for the implementation and resource planning to ensure the teams met all implementation goals, and he architected and implemented a custom time recording system (KY-TMS) to replace the fee-based corporate time recording system.

EXPERIENCE

- 26+ years of experience in Information Technology
- 13+ years of Medicaid experience
- Fiscal Agent Operations
- Program and Project Management
- System Modernization
- System Architecture

CORE COMPETENCIES

- MMIS
- Data Warehouse
- Medicaid
- Eligibility
- Code Development
- SDLC
- MITA Framework
- Seven Standards and Conditions
- Managers Excellence
- CMMI

The reporting aspect of this tool facilitates highly accurate financial forecasting and streamlines the billing hour invoicing process. The tool also helped Kentucky Medicaid account realize annual savings of \$54,000 per year.

Information Specialist, Commonwealth of Kentucky 2005-2008

As an Information Specialist for Kentucky Medicaid, Mohsin served dual roles as Information Specialist and Interim Technical Delivery Manager from August 2007 through February 2008. Mohsin provided technical vision and direction for all Kentucky Medicaid n-tier (.NET) system interChange projects and served as interChange User Interface technical functional area lead (TFAL) for all framework and subsystem development. Mohsin directed research and troubleshooting of potential n-tier system issues and was a member of the team that successfully implemented the new Medicaid Management Information System for the Commonwealth of Kentucky on June 4th, 2007. Mohsin utilized C#, ASP.NET, JScript/JavaScript, SODA, dotNetNuke, and XML to produce solutions for needed modifications. He also created all .NET development process standards documentation, held multiple classes to train .NET C/UNIX developers, and automated the .NET build process.

Advanced System Engineer, Common Services for Borrowers (CSB) 2004-2005

As a subject matter expert for CBS within the Department of Education, Mohsin assisted in the design and development of solutions to transition the existing Federal Loan Consolidation system from the C/COBOL/PowerBuilder platform to the J2EE platform. Mohsin also developed multiple user and systems interfaces using J2EE, Struts, and Hibernate frameworks.

System Engineer, Common Services for Borrowers 2001-2004

As a System Engineer for CBS, Mohsin provided technical support for the Federal Department of Education's Loan Consolidation System, which consists of C, COBOL, and PowerBuilder software, INFORMIX database, and Unix operating systems. Mohsin analyzed, designed, coded, and implemented ongoing system enhancements and modifications, as well as researched and resolved anomalies. Mohsin assisted with designing and implementing process changes which led the account to capability maturity model integration (CMMi) level 3 certification, and he also led a team of 6 system engineers during the implementation of Siebel Call center. Mohsin served in multiple roles as a System Administrator (SA), Application Administrator, Developer, Database Administrator (DBA), and Instructor.

Mohsin wrote numerous C programs to enhance existing functionality, and he also assisted in writing the C standards document for the account. Mohsin wrote the template/shell and numerous library functions which were re-used by developers for all development projects. Lastly, Mohsin designed, implemented, and directed the development effort to web-enable all internal forms for the Loan Consolidation Intranet.

System Engineer Developer, Common Services for Borrowers 1998-2001

As a System Engineer Developer, Mohsin created numerous data correction scripts to resolve servicing interface related to production errors and automated all-reporting. This consolidation effort resulted in the savings of 2 FTEs. In addition, Mohsin automated the creation of various internal and external reports which resulted in a saving of 45 employee hours per week.

EDUCATION AWARDS/CERTIFICATIONS

Certified Scrum Professional, HealthTech Solutions
 EDS System Engineer Development Program
 BS, Waynesburg University, Waynesburg, Pennsylvania
 Member, Who's Who in American Universities and Colleges

TECHNICAL SKILLS

CMS - MITA
 The Open Group – TOGAF, ArchiMate



Amazon - AWS

Atlassian – JIRA, Confluence

SAP - Business Objects BI Suite

Microsoft - SSAS, SSRS, SSIS, SSMS, Power Pivot, Power BI, Visual Studio

Quest - TOAD

Oracle – J2EE, PL/SQL, SQL Developer

REFERENCES

Charles K. Priddy

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Ellen Dickerson

Proposed Role: IAPD Specialist

Ellen is a Senior Consultant for HealthTech Solutions with 20+ years of statewide systems design, development, and implementation (DDI) experience. Ellen provides subject matter expertise to clients in areas including Medicaid, federal HITECH Act funding for Health Information Technology (HIT), and Health Information Exchange (HIE). She is experienced in all phases of the System Development Life Cycle (SDLC), program and project management, business process redesign, requirements gathering, Agile release management, and change management processes. She has led complex systems delivery projects, and managed engineering teams. Ellen is a proficient technical writer with expertise Implementation Advance Planning Documents (IAPD), requirements gathering, and leading Joint Application Design (JAD) sessions. Her IAPD assistance has resulted in over \$100 million dollars in funding. Ellen is a certified Project Management Professional.

EXPERIENCE

- 20+ years of experience with statewide systems DDI
- IAPD Development in Four States
- Extensive program and project management experience
- Multistate Medicaid and HIT/HIE experience

SELECT PROFESSIONAL HISTORY

Senior Consultant, HealthTech Solutions 2018-Present

As a Senior Consultant, Ellen provides HealthTech Solutions' clients expertise in Medicaid, Enterprise Project Management Offices (EPMO); system DDI and project management; and, strategic planning including IAPDs and State Medicaid Health Information Technology (SMHP) plans. The IAPDs she has developed include: Missouri MMIS, Maine HIT, Connecticut HIT, and Montana HIT resulting in over \$100 million dollars in funding for our clients.

In Connecticut, Ellen supports the Department of Social Services EPMO. She is part of the team working on the Medicaid Enterprise Technology System program which includes modularizing a legacy Medicaid Management Information System (MMIS) and a complete business process redesign effort. She also oversees HIT portfolio projects by identifying, assessing, and resolving any project issues including removal of potential roadblocks to project success

Ellen has worked with several states nationwide, including Connecticut, Maine, Missouri, and Montana to update APDs and SMHPs in accordance with CMS program objectives. In Connecticut, Ellen is responsible for assisting with the development of MMIS and HITECH APDs and the development of technical documentation.

In Missouri, she provides subject matter expertise for a case management solution implementation project. Ellen assists the team with planning, scoping, and writing the IAPD in accordance with CMS requirements. She also assists Missouri in reviewing and updating the Medicaid Information Technology Architecture (MITA) State Self-Assessment, Roadmap, and MITA Concept of Operations.

System Engineer IT, Commonwealth Office of Technology 2011-2017

Ellen led web-based IT projects and SharePoint projects for One Stop Services branch. In her role, she led and assisted project teams with preparing statement of work documents, cost estimates, and budgets for new business IT development. Ellen was also responsible for scheduling, facilitating, and documenting requirements elicited through JAD sessions. She tracked projects, monitored schedules, assigned tasks, and prepared implementation plans and release deployments for the IT projects.

Information Systems Manager, Commonwealth Office of Technology 2007-2011

Ellen managed a technical team responsible for maintaining legacy Commonwealth Revenue processing and enforcement programs and applications. She also led requirements gathering sessions with stakeholders and worked directly with solution architects to assess technical needs. Ellen managed development teams to provide cost estimates to project managers, enforce standards, and set deadlines. She provided monthly reporting on incident ticket resolutions and participated in tactical and strategic planning.

Systems Engineer IT Team Lead, Commonwealth Office of Technology 2005-2007

Ellen performed project management functions to define business needs with stakeholders, facilitate execution of integrated software modifications, and ensure scheduling efforts necessary to effect change. She provided initial analysis and developer assignment for

EDUCATION

COMPLETION

- IAPDs
- Program and Project Management
- Agile and SDLC Methodologies
- Technical Writing
- Budget Development and Financial Analysis
- Change Management
- MITA
- System Integration
- System Testing
- Business Analysis
- Business Process Redesign

incident tickets. Ellen also researched and wrote technical, functional and user documentation and participated in unit and system integration testing.

Database Analyst, Kentucky Department of Education 1999-2005

Ellen coded and tested SAS programs to provide statistical information on No Child Left Behind (NCLB) data and conducted quality assurance analysis of NCLB and Commonwealth Accountability Testing System (CATS) data files. She completed documentation on assigned systems and databases, including business rules, logic and processes. Ellen designed and created original implementation of CATS data tool for school districts to analyze/disaggregate student demographic and test score data. She maintained expert level understanding of multiple data structures and sources, she maintained data dictionaries, and supported data governance, integrity, quality, and audit functions

Chief Systems Analyst, Department of Information Systems 1998-1999

Ellen worked with business leads and developers to plan and execute system tasks during each development cycle according to SDLC. She maintained expert level knowledge of all assigned applications and working knowledge of applications in integrated environments. Ellen worked as part of a team to investigate, analyze and resolve issues related to system functions, programming and stored procedures. She also developed test plans and led trainings for system end users

Senior Systems Analyst, Department of Information Systems 1996-1998

In this capacity, Ellen performed system analysis and design activities for major mainframe application systems and wrote program specifications and coded COBOL programs.

System Analyst, Department of Information Systems 1995-1996

Ellen served as a system analyst where she was responsible for writing program specifications, participating in integration testing, and developing technical documentation.

EDUCATION AND CERTIFICATIONS

BA, Western Kentucky University, Bowling Green, Kentucky

AS, Kentucky State University, Frankfort, Kentucky

Certified Project Management Professional, Project Management Institute

TECHNICAL SKILLS

Languages:

JCL, SQL, COBOL, ISPF, QMF, SPUFL, SAS

Database Management Systems:

SQL Server

Other:

Case Complete, Axure RP, Remedy, Front Range, Heat

REFERENCES

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