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Nebraska State Purchasing Bureau

Department of Health and Human Services Modernizing Systems Consulting Services RFP

Technical Proposal

June 27, 2019

RFP#: 6098 Z1

Annette Walton/Teresa Fleming
State Purchasing Bureau
1526 K Street, Suite 130
Lincoln, NE 68508

PUBLIC CONSULTING GROUP

148 State Street, Tenth Floor, Boston, Massachusetts 02109
Tel. (617) 426-2026, Fax. (617) 426-4632
www.publicconsultinggroup.com

PUBLIC CONSULTING GROUP

Public Focus. Proven Results.™

June 27, 2019

Ms. Annette Walton and Ms. Teresa Fleming
State of Nebraska
State Purchasing Bureau
1526 K Street Suite 130
Lincoln, NE 68508

Dear Ms. Walton and Ms. Fleming:

Public Consulting Group, Inc. (PCG) is pleased to present a response to your Request for Proposals for *Department of Health and Human Services Consulting Services RFP, RFP #6098 Z1*. PCG has over 30 years of experience supporting health and human services agencies across the country. We are well equipped and ready to provide Nebraska with all the program knowledge, subject matter expertise, project management, operational, and technical capabilities to perform the services outlined in this RFP to the highest level.

In selecting PCG, the State is choosing a collaborative, innovative partner capable of transforming the Department of Health and Human Services' enterprise vision into reality. We understand the strategic focus on system and process improvement initiatives and the underlying business drivers. That is why we propose a trio of our practice areas (Health, Human Services, and Technology Consulting) that will create a cohesive team of unmatched expertise. PCG acknowledges that there is a breadth of unique initiatives identified that DHHS requires of the vendor to complete, as it relates to Medicaid Enterprise modernization, professional and consulting services, solution planning and implementation, contract and vendor management support, and a myriad of implementation activities.

Our proposed team brings deep experience in the Health and Humans Services programs and technology solutions, project and portfolio management, technical advisory, MITA, HHS system integration and modularity, as well as procurement support, federal funding requests, federal oversight processes and compliance areas. We are prepared to support DHHS in achieving their strategic and operational goals as they relate to these areas.

In the sections that follow, PCG has presented a comprehensive response to all the RFP requirements. Please feel free to reach out to Mr. Tony Curatola, our proposed Contract Manager, with any questions regarding our response:

Tony Curatola
Public Consulting Group, Inc. (PCG)
10 East Doty Street
Madison, WI 53703
(P): 608-509-8464
(F): 617-426-4632
ftcuratola@pcgus.com

In closing and as required by the RFP, PCG affirms that we meet DHHS qualification standards, have reviewed and acknowledge *Addendums 1,2, and 3 for RFP Number 6098 Z1*, and have reviewed and agree to the *Terms and Conditions* outlined in the RFP.

Sincerely,

William S. Mosakowski
President & CEO
Public Consulting Group, Inc.

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0.0 Bidder Contact Sheet

0.0 Bidder Contact Sheet

PUBLIC CONSULTING GROUP

Form A
Bidder Contact Sheet
Request for Proposal Number 6098 Z1

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

Preparation of Response Contact Information	
Bidder Name:	Public Consulting Group, Inc.
Bidder Address:	148 State Street, Tenth Floor Boston, MA 02109
Contact Person & Title:	Tony Curatola, Associate Manager
E-mail Address:	ftcuratola@pcgus.com
Telephone Number (Office):	N/A
Telephone Number (Cellular):	608-509-8464
Fax Number:	617-426-4632

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

Communication with the State Contact Information	
Bidder Name:	Public Consulting Group, Inc.
Bidder Address:	148 State Street, Tenth Floor Boston, MA 02109
Contact Person & Title:	Emma Peplowski, Business Analyst
E-mail Address:	epeplowski@pcgus.com
Telephone Number (Office):	617-717-1675
Telephone Number (Cellular):	413-281-0974
Fax Number:	617-426-4632

1.0 Request for Proposal Forms

1.a. Request for Proposal Form
1.b. Terms and Conditions

PUBLIC CONSULTING GROUP

1.a. 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:	Public Consulting Group, Inc.
COMPLETE ADDRESS:	148 State Street, Tenth Floor, Boston, MA 02109
TELEPHONE NUMBER:	(617) 426-2026
FAX NUMBER:	(617) 426-4632
DATE:	June 27, 2019
SIGNATURE:	William S Mosakowski
TYPED NAME & TITLE OF SIGNER:	William S. Mosakowski, President & CEO

1.b. Terms and Conditions

II. 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.

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

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

A. GENERAL

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

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:
WSH			

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:
WSH			

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:
WSH			

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:
WSH			

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:
WSH			

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:
WSM			

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:
WSM			

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:
WSM			

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:
WSM			

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:
WSM			

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:
WSM			

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:
WSM			

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:
WSM			

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:
WSH			

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:
WSH			

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:
WSH			

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:
WSH			

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

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

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

III. CONTRACTOR DUTIES

A. INDEPENDENT CONTRACTOR / OBLIGATIONS

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

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:
WSH			

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:
WSH			

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:
WSM			

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:
		WSM	**Additional language provided below regarding PCG's pre-existing intellectual property, should it become required for completion of the scope of work laid out in this RFP for this project.**

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.

Should PCG use pre-existing intellectual property with this project, PCG offers the following addition to clarify the proprietary rights of the County's and PCG's information: "Such deliverables, services, and information do not include any Contractor Pre-existing Material, including but not limited to material that was developed prior to the Effective Date that is used, without modification, in the performance of the Contract. "Contractor Pre-existing Material" means materials, code, methodology, concepts, process, systems, technique, trade or service marks, copyrights, or other intellectual property right developed, licensed or otherwise acquired by Contractor, independent of the services to be rendered under this Agreement. To the extent the deliverables, services, and information contain Contractor Pre-existing Material, Contractor hereby grants to the State an irrevocable, perpetual, nonexclusive, royalty-free, world-wide license to use, execute, reproduce, display, perform, and distribute copies of Contractor Pre-existing Material, but only as they are incorporated into and form a part of the works developed for the State pursuant to this Agreement."

G. INSURANCE REQUIREMENTS

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

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

2. **COMMERCIAL GENERAL LIABILITY INSURANCE 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
If higher limits are required, the Umbrella/Excess Liability limits are allowed to satisfy the higher limit.	
WORKER'S COMPENSATION	
Employers Liability Limits	$500K/$500K/$500K
Statutory Limits- All States	Statutory - State of Nebraska
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:
WSH			

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:
WSH			

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:
WSM			

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:
WSM			

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:
WSM			

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.html and ensure that products and/or services provided under the contract are in compliance or will comply with the applicable standards to the greatest degree possible. In the event such standards change during the Contractor's performance, the State may create an amendment to the contract to request the contract comply with the changed standard at a cost mutually acceptable to the parties.

N. DISASTER RECOVERY/BACK UP PLAN

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

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:
WSH			

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:
WSH			

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.

IV. 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:
WSM			

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:
WSM			

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:
WSM			

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:
WSM			

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:
WSM			

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.

2.0 Corporate Overview

- 2.a. Bidder Identification and Information
- 2.b. Financial Statements
- 2.c. Change of Ownership
- 2.d. Office Location
- 2.e. Relationships with the State
- 2.f. Bidder's Employee Relations to State
- 2.g. Contract Performance
- 2.h. Summary of Bidder's Corporate Experience
- 2.i. Summary of Bidder's Proposed Personnel/ Management Approach
  - 2.i.1. Approach to Managing the Project
  - 2.i.2. Staffing Approach and Resumes
- 2.j. Subcontractors

PUBLIC CONSULTING GROUP

2.a. Bidder Identification and Information

2. CORPORATE OVERVIEW

2.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.

Bidder Identification and Information	
Full Company Name	Public Consulting Group, Inc.
Headquarter Address	148 State Street Boston, MA 02109-2510
Entity Organization	S-Corporation
Incorporated State	Massachusetts
Year Organized	1986
Name Change	Not Applicable

About PCG

Public Consulting Group, Inc. (PCG) is a government management and operations consulting firm headquartered at 148 State Street, in Boston, Massachusetts. Established in 1986, PCG has been serving primarily public sector clients nationally and globally for 33 years. The firm has extensive experience in all 50 states, clients in six Canadian provinces, and a growing practice in the European Union. Currently, PCG has domestic contracts across five practice areas in all 50 states. Please see *Figure 1* below for a geographical representation of all the states in which the PCG does business. Today, with more than 2,100 professionals in over 50 offices around the U.S., Canada, England, and Poland, our firm is committed to providing proven solutions and outstanding customer service to our clients.

Figure 1: PCG's Depth of Experience. PCG has extensive experience in all 50 states, clients in six Canadian provinces, and a growing practice in the European Union.

PCG is organized into five Practice Areas: Health Services, Human Services, Technology Consulting, Education, and Public Partnerships. Each Practice Area is managed by a Practice Area Director that reports directly to the President, CEO, and Founder, William S. Mosakowski. Although PCG Health will take the lead on this engagement, we will be presenting a well experienced team composed of members of our Health, Human Services, and Technology Consulting Practice Areas. By utilizing the skills, expertise, and team members from this trio of practice areas, we hope to best serve the varying and expansive needs of the projects set forth in the Nebraska Department of Health and Human Services (DHHS) Consulting Services RFP. Working in tandem, the PCG team will provide the breadth of experience and depth of knowledge expected from specialized teams, while ensuring Nebraska the benefits of a uniform, reliable, efficient, and quality service.

PCG Health
Public Focus. Proven Results.™

PCG Health helps state and municipal health agencies to respond optimally to reform initiatives, restructure service delivery systems to best respond to regulatory change, maximize program revenue, and achieve regulatory compliance. The practice area uses industry best practices to help organizations deliver quality services with constrained resources, offering expertise in strategy and finance, revenue cycle management, and payer support services. PCG Health is a recognized leader in health care reform and health benefits exchange consulting, related technology transformations, a leading provider of revenue enhancement, rate setting, and cost settlement services, and a leading provider of health care expense management services. PCG Health's services range across four Centers of Excellence: Cost Allocation, Health Care Financing Solutions, Health Innovation, Policy, & Information Technology, and Payer Services. PCG Health has worked with nearly every Medicaid agency, and

currently, contracts with 40 states, plus the District of Columbia and the U.S. Virgin Islands. Further, we have active contracts with 33 Medicaid agencies (including Washington, D.C. and the U.S. Virgin Islands).

PCG | Human Services
Public Focus. Proven Results.™

PCG Human Services helps state, county, and municipal human services agencies to achieve their performance goals in order to better serve populations in need. The practice area's seasoned professionals offer proven solutions to help agencies design programs, services, and systems; increase program revenue; cut costs; and improve compliance with state and federal regulations.

PCG | Technology Consulting
Public Focus. Proven Results.™

PCG Technology Consulting offers a full spectrum of quality IT services to help government agencies at every stage of the IT life cycle. Services include IV&V and Quality Assurance, enterprise and technical architecture assessments, project management, procurement support, requirements definition, feasibility studies, application development, management consulting, disaster recovery and business continuity planning, security assessments, and infrastructure support services.

2.b. Financial Statements

2.b. Financial Statements

The bidder should provide financial statements applicable to the firm.

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.

PCG's Financial Capability

Public Consulting Group, Inc. (PCG), a privately held corporation, was founded in 1986 by its current President & CEO, William S. Mosakowski. PCG has more than 2,100 employees in more than 60 offices. PCG has over 2,000 contracts and operates throughout all 50 states, Canada, the European Union, the United Kingdom, and Australia.

Through stringent internal controls, well-maintained procedures, and proven methodologies, PCG consistently meets its contract obligations. A large part of PCG's continued success is the company's ability to provide cost-effective, high-quality services along with the flexibility required to meet the ever-changing needs of our customers. Since our founding, PCG has sustained dynamic growth through sound financial management and astute contract administration.

PCG has consistently maintained a strong and stable financial position while experiencing steady growth, even in challenging economic environments. For the fiscal years ended 2018 and 2017, PCG's Revenue exceeded $459 million and $379 million, respectively. In addition, PCG has achieved double-digit growth rates nearly every year for over three decades and expects to continue that growth in fiscal year 2019. PCG has also remained profitable throughout its history and expects to remain profitable in fiscal year 2019.

PCG has a very strong balance sheet as evidenced by its low debt (approximately $65 million), $50 million revolving line of credit with a major regional bank, over $30 million of cash on hand and in excess of $130 million in trade receivables. As a professional services company, a significant portion of PCG's asset value relates to accounts receivable from client invoicing. Based on the reliable nature of PCG's client base (primarily government clients), only a very small percentage of receivables become uncollectible. As a result, management is confident that PCG has the resources and capacity to fund both near-term operations and future growth.

PCG adheres to the highest standards of fiscal integrity and financial accountability. The company's financial management system complies with generally accepted accounting principles (GAAP) as prescribed by the Financial Accounting Standards Board. PCG undergoes annual Financial Statement and Yellow Book audits. During PCG's history, those audits have resulted in no "going concern" statements nor qualified opinions.

In addition, although as a privately held corporation PCG is not required under the RFP to submit the reports and statements required of a publicly held corporation, in light of the fact that PCG has submitted a description of itself that demonstrates the organization's stability and financial strength, PCG will produce additional financial statements for review upon request from the State.

On the following page, please find a copy of our banking reference letter.

Citizens
Citizens Bank, N.A.

April 18, 2019

Reference
Public Consulting Group, Inc.
148 State Street
Boston, MA 02109

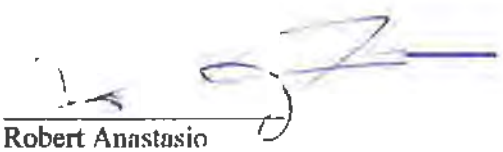
To Whom It May Concern:

This letter will confirm that Public Consulting Group, Inc. ("PCG") and Public Partnerships, LLC ("PPL") entered into a credit facility with the bank as co-borrowers.

The credit facility, as amended and restated consist of a revolving line of credit of $35,000,000 and a term loan facility of $50,000,000.

Should you have any further questions regarding PCG, please do not hesitate to call me at 617-725-5754

Very truly yours,



Robert Anastasio
SVP

28 State Street
Boston, MA 02109

2.c. Change of Ownership

2.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.

There is no anticipated change in ownership or control of Public Consulting Group, Inc. (PCG) during the twelve (12) months following the proposal due date. We acknowledge the notification requirement for awarder vendor(s).

2.d. Office Location

2.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.

For the performance of the scope of services set forth in this proposal and general contract oversight, Public Consulting Group, Inc. (PCG) will base our efforts out of PCG's office located at 10 East Doty Street, Suite 824 in Madison, Wisconson 53703.

Additional services and support may also be provided by our other offices, including PCG's regional office in Chicago, Illinois and our headquarters located in Boston, Massachusetts.

2.e. Relationships with the State

2.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.

Public Consulting Group, Inc. (PCG) has engaged with the State of Nebraska under several contracts in the previous five years. These dealings are listed and described in *Figure 2* below.

Project	Contract Number	Contract Dates	Services Offered	Agency
Family Support Network Pyramid Hosting Project	00019782	05/01/2019 – 06/30/2020	PCG provides secure website hosting, data management, report modifications, help desk assistance, and software modifications to the Family Support Network.	Nebraska Family Support Network
Asset Verification Services	00021410	09/25/2018 – 12/31/2023	Via NESCSO procurement vehicle, PCG is currently engaged in a Nebraska project of Asset Verification.	Department of Health and Human Services
Title IV-E Education Tuition Assistance Program	*00013285*	03/15/2016 – 07/01/2016	PCG developed a process for identifying, reporting, and claiming Title IV-E costs at each college and university interested in participating in the Title IV-E Education Tuition Assistance Program.	Department of Health and Human Services, Division of Children and Family Services
Title IV-E Consulting	00011105	09/01/2015 – 03/01/2016	PCG provided the Division assistance with their Title IV-E waiver, technical assistance with the Administration of Children and Families, and training no Nebraska specific information regarding Title IV-E during a CFO transition in the Division.	Department of Health and Human Services, Division of Children and Family Services
Billing Feasibility Study	00004576	04/01/2013 – 09/29/2014	PCG provided a billing feasibility study and cost analysis, developed business requirements, and developed and implemented a pilot billing program among Nebraska Public Immunization Clinics.	Department of Health and Human Services

Cross-System Analysis	00003754	10/18/2012 – 06/30/2014	PCG conducted a cross-system analysis of current prevention and intervention programs and services provided by the department for the safety, health, and well-being of children and funding sources to identify state General Funds being used, in order to better utilize federal funds and identify resources that could be better allocated to more effective services to at-risk children and juveniles.	Department of Health and Human Services

Figure 2: PCG's Previous Nebraska Engagements. This table presents several engagements in Nebraska within the last five years.

2.f. Bidder's Employee Relations to State

2.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.

No party proposed in Public Consulting Group, Inc. (PCG)'s response is or was an employee of the State of Nebraska within the past twelve (12) months, and no such relationships with subcontractors exist.

2.g. Contract Performance

2.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.

If at any time during the past ten (10) years, the bidder has had a contract terminated for convenience, non-performance, non-allocation of funds, or any other reason, describe fully all circumstances surrounding such termination, including the name and address of the other contracting Party.

No such termination for default has been experienced by Public Consulting Group, Inc. (PCG) during the past ten (10) years.

2.h. Summary of Bidder's Corporate Experience

2.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,

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.

The following *Figure 3* outlines three (3) previous projects in which Public Consulting Group, Inc. (PCG) has been contacted to work of similar size, scope, and complexity. Figure 3 s

State	Project	Timeframe
TN	Medicaid Modernization Program – Strategic PMO (SPMO)	2015-2019
PA	IT and Support Services – HCSIS and PELICAN	2012-2019
CA	California Medicaid Management Information System (CA-MMIS)	2010-2017

Figure 3: PCG's Narrative Project Descriptions Listing

Tennessee: TennCare Medicaid Modernization Program – Strategic Program Management Office

PCG has been the prime contractor as the Strategic Program Management Office (SPMO) for TennCare's large-scale Medicaid Modernization Program (MMP) since November 2015. We have also been the user acceptance testing (UAT) assistance vendor for the Tennessee Eligibility Determination Project (TEDS), which is the first major component of the MMP. The scope of PCG's engagement with TennCare is broad and includes program management and individual project management services, as well as UAT planning and execution services for the TEDS implementation, which is by far the biggest project in TennCare's portfolio. PCG's budget for this project is approximately $26M; in addition, a contract extension is currently being processed.

PCG Responsibilities

The Division of TennCare retained PCG as the Strategic Program Management Office service provider for the Divisions multi-year E&E and MMIS takeover and redeployment plan. This multi-year approach required the coordination of multiple procurements, funding sources, vendor agreements, and state programs. The State of Tennessee was a pilot program State for MEESRP, what would later be rebranded as the Medicaid Eligibility and Enrollment Toolkit (MEET). PCG supported the Division's successful implementation of their Tennessee Eligibility Determination System (TEDS) in early 2019. This deployment is a first step in the State's roadmap for its MMIS Modular Modernization effort still underway with PCG as the SPMO.

The Tennessee SPMO project requires PCG to provide services similar to those requested by Nebraska Department of Health and Human Services (DHHS) project including the following, among others:

- Develop and monitor the master project management plan and integrated project schedule;
- Support TennCare with federal reporting requirements;
- Provide support for planning, design, and implementation meetings and work groups for various modules and sub-projects;
- Assist TennCare in coordinating and managing the ongoing project governance (e.g., meeting schedule, agenda preparation, meeting minutes, meeting facilitation, and documentation of decisions);
- Monitor and report on the financial status of the modernization program;
- Ensure Implementation Readiness tasks are defined and documented; and
- Identify and monitor issues and risks associated with the program and facilitate regular risk management review meetings.

Because the TennCare project has not yet fully progressed to the MMIS modernization stage, its primary value will be derived from the teams' experiences managing multiple projects with multiple vendors concurrently. During this engagement, PCG developed many tools and techniques that can be re-used on similar projects like DHHS' transformational initiatives.

The TennCare project gave PCG a great proving ground to determine what works and what doesn't work in managing a complex, multi-vendor program. We administered program governance, using risk and issue management methodologies and adhering to the State's existing governance and reporting structures. We served as a key partner to the State, supporting the new certification process. To ensure that all stakeholders were informed of and prepared for CMS reviews, PCG worked with vendors and the IV&V to create the schedule, prepare deliverable packages to each review, facilitate the reviews, and coordinate with the Project Steering Committee.

To ensure that MMP projects run efficiently and on schedule, PCG offered support to the State and its MMP contractors in development and management of project schedules and built and maintained an Integrated Program Master Schedule. As the SPMO, PCG interfaced with DXC, formerly HP, and system integrator vendors including KPMG and Deloitte. In doing so, PCG provided oversight to multiple subsystems and their related projects.

PCG's specific methodology for Project Management has been crafted based on previous experience and best practices. PCG believes in our "3-5-3" Project Management Methodology (PMM), which starts with

industry best practices derived from three primary sources: The Project Management Institute's (PMI®) Project Management Body of Knowledge (PMBOK), The Institute of Electrical and Electronics Engineers, Inc. (IEEE) Standards, and the Software Engineering Institute (SEI): The Capability Maturity Model Integration (CMMI).

Throughout the lifespan of this engagement, PCG has continued to foster a strong client relationship with TennCare and has become a reliable source for quality and timely work, which resulted in scope expansion. Due to the complexity and size of the TEDS implementation, PCG has been asked to assist with planning, management, and execution of UAT. PCG's role is to work with the client and project partners throughout the entire SDLC on all UAT-related aspects of the TEDS project, as well as provide UAT execution services and subject matter expertise.

Time Period

Planned Implementation Date: November 2015 – October 2019
Actual Timeframe: November 2015 – Present
With PCG as the SPMO lead as well as assisting with the UAT effort, TennCare and the State of Tennessee have successfully implemented the TEDS system—the pilot went live in December 2018, and the statewide release in March 2019.

Customer Contact Information

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Pennsylvania: Department of Human Services – Information Technology and Support Services: HCSIS and PELICAN

PCG has been the prime contractor to provide information technology consulting services to Pennsylvania's Department of Human Services (DHS). This large scale ($5M+/annual PCG budget) and long-term (5-8 year) project primarily supports two large scale human services enterprise information systems, HCSIS and PELICAN.

PCG Responsibilities

PCG is contracted to provide information technology consulting services to the Department of Human Services (DHS). This large-scale ($5M+/annual budget) and long-term (5-8 year) project primarily supports two extensive human services enterprise information systems, HCSIS and PELICAN.

HCSIS is a statewide home and community services case management system that provides data collection for state- and local-level program management and case management functions for the Office of Long Term Living, Office of Child Development and Early Learning (OCDEL), Office of Mental Health and Substance Abuse, Office of Children Youth and Families, and Office of Developmental Programs including Autism services. Major functions within HCSIS include: Client Management, Supports Coordination Management, Provider Management, Financial Management, Quality and Incident Management, and Reports. HCSIS is a highly integrated enterprise solution that interfaces with many

other systems and services including Master Provider Index (MPI), Master Client Index (MCI), and iCIS (the state Medicaid eligibility system), and Pennsylvania's MMIS (PROMISe).

PELICAN is the main system used by the OCDEL. PELICAN supports children's programs, including Child Care Works (formerly CCMIS) for subsidized child care services (including Low Income, TANF, and General Assistance); Provider Certification for licensing and certifying compliance of child care providers; Early Learning Services for quality initiatives including PA Pre-K Counts, Keys to Quality / Keystone STARS Integration, which is Pennsylvania's program for promoting quality child care services; and Client Self Service and Provider Search capabilities. This system contains sub-systems that interface with the Commonwealth's Master Provider Index (MPI), Master Client Index (MCI), Commonwealth of Pennsylvania Access to Social Services (CQMPASS), and iCIS to enable more efficient case management and utilization of services. PCG's work with OCDEL also includes activities such as the coordination with early childhood assessment companies in support of early childhood outcomes reporting and the implementation of a new state framework for early learning standards. Pennsylvania's Early Learning Standards serve as the foundation for the state's voluntary Kindergarten Entry Inventory (KEI).

PCG provides support to DHS in the following areas:

- Strategy / Business Planning
  - Visioning
  - Business Process Redesign (BPR)
  - Business Process Management (BPM)
- Application Support Services
  - Application Modification/Enhancements
  - Business Requirements Document (BRD) and Traceability
  - User Acceptance Testing (UAT)
  - Business Solutions Life Cycle
- Implementation Support Services
  - Implementation / Field Support and Communications Management
  - Help Desk Services
  - Systems Reports

For this engagement, PCG is not the systems integrator and therefore, does not "install" software in the client environment. We do, however, provide project management and other consultancy services for both the HCSIS and PELICAN systems.

Time Period
Planned Implementation Date: April 2012 – June 2020
Actual Timeframe: April 2020 – Present
Over the years, PCG has successfully assited DHS with a variety of projects, including case management, eligibility, management information system, and enterprise services solutions.

Customer Contact Information
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California: Medicaid Management Information System (CA-MMIS) Takeover and Replacement

PCG was the prime contractor providing independent and objective technical expertise and analysis, as part of our IV&V and Project Oversight services, for the takeover of the existing system and the oversight of the Design, Development, and Implementation (DD&I) phases of the replacement system. The CA-MMIS Contract is one of the largest and most complex contracts in state government, expected to exceed $1.4 billion in DD&I and M&O cost over 10 years.

PCG Responsibilities

CA-MMIS helps to administer approximately 8.3 million Medi-Cal beneficiaries, paying approximately $17 billion annually in Medi-Cal fee-for-healthcare claims to providers for medical care services provided to Medi-Cal beneficiaries, as well as the claims for other Department of Health Care Services (DHCS) health care programs. Each week, CA-MMIS processes over four million claims and disburses on average $330 million to health care providers statewide. CA-MMIS supports well over 2,000 users.

The scope of our services included:

- Conducting independent review and analysis of the management and technical activities of the Fiscal Intermediary Contractor(s), and DHCS.
- Providing proactive and timely communication of technical and oversight observations, risks, issues, and system anomalies.
- Performing System and UAT oversight by reviewing, witnessing, and evaluating the planning, execution, and control of test plans, procedures, requirements traceability, environments, and tools. This includes independent testing to validate test results and identify system defects and anomalies.
- Evaluating and assessing information security controls and audits using Federal Information Processing Standards (FIPS) publication 199, Security Categorization of Federal Information Systems; NIST SP 800-30, Risk Management Guide for Information Technology Systems; NIST SP 800-53a, Guide for Assessing Security Controls in Federal Information Systems.
- Performing Business, Information, and Technical architecture oversight by validating architecture artifacts conform to Medicaid Information Technical Architecture (MITA), Service Oriented Architecture, and California Enterprise Architecture Framework principles. This included verifying the proposed system architecture (including hardware, software, and interfaces) configurations were maintained and governed through formal change control processes.
- Assessing vendor plans and deliverables across all aspects of the system and operational transition, including general design concepts, detailed design specifications, coding and application practices, infrastructure design and implementation, performance planning, capacity planning, and backup and recovery plans.
- Ensuring each plan provided adequate information to verify the operational system that meets business users' needs. PCG provided supporting analysis and alternatives that may have reduced risk to the future system replacement/modernization effort.

Project management activities included monitoring and evaluating scope management, schedule performance, and resource management throughout all phases of the CA-MMIS Project. This included conducting schedule risk analysis (e.g., Monte Carlo) to predict early-warning scenarios that could result in schedule delays.

Time Period

Planned Implementation Date: July 2010 – April 2017
Actual Timeframe: July 2010 – April 2017
PCG completed this multi-year QA/IV&V engagement for the CA-MMIS System Replacement Project—the largest and most complex in the nation—giving us years of exposure to state and vendor processes, learning what did and did not work well. Our experience and expertise were recognized when California selected us as they begin procurement and implementation of their modular approach to modernizing their Medicaid Enterprise System (MES).

Customer Contact Information

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

2.i.1. Approach to Managing the Project
2.i.2. Staffing Approach and Resumes

2.i.1. Approach to Managing the Project

2.i.1. Approach to Managing the Project

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

For all of our clients, Public Consulting Group, Inc. (PCG) applies our extensive past experiences towards the successful implementation of future project efforts. PCG's collective knowledge base advises our future project efforts and guides the continuous improvement efforts of our service delivery and culture. As such, PCG is ready to provide the right people equipped with the right tools for applying our experience and knowledge for Nebraska Department of Health and Human Services' (DHHS) transformational initiatives across business and technical boundaries.

PCG applies its experience and knowledge via four primary vehicles:

1. Guiding Principles
2. Personal Experience and Lesson's Learned
3. Application of Lesson's Learned in Risk Management
4. Active Participation and Flexibility

Guiding Principles

PCG works closely with our clients to develop a collaborative relationship emphasizing objectivity, balance, and support. To help ensure the success of DHHS' projects, the PCG team will provide direction, daily management, and pro-active communication, and will develop high-quality deliverables in a timely and efficient manner. PCG project principles include:

- Protect the client's interests through proactive communication and escalation both early and often
- Maintain stakeholder neutrality and mutual respect for not only our client but our Vendor partners
- Plan activities and resource requirements and commitments carefully
- Keep the true objectives of the program first and foremost
- Leverage industry standards and best practices
- Take a practical approach to project execution and follow through to resolution
- Execute the plan of the PMO to the same and exacting standards we have set for the program and our Vendor partners
- Set the standard for all vendors by example:
    - **High-Quality Work** – Deliver high-quality end products that address business objectives and meet end-user requirements
    - **On-time Delivery** – Complete deliverables on schedule and within the budget
    - **Effective Communication** – Communicate timely and accurate information to project participants, vendors, and stakeholders throughout the entire project
    - **Proactive Management** – Identify potential problems before they develop, and initiate appropriate corrective action

Personal Experience and Lessons Learned

As previously noted, PCG has memorialized our organizational experience by systematically bringing best practices to our clients and taking every opportunity to refine our practices from lessons learned on

every engagement. Our lessons learned repository includes details on prevention of issues, warning signs in the form of events and measurements, mitigations to decrease the likelihood or impact of issues, response techniques, white papers, and tools.

The following are a culmination of applicable lessons we have learned executing Program Management over multi-vendor and modularized Medicaid modernization initiatives.

Scope Management

The primary benefit of Scope Management is to ensure adherence to the scope and minimize, if not eradicate, Scope creep. To ensure this is the case for a project of this scale, PCG will work with DHHS to ensure a strong Change Management process and adherence to this process by all project team members, this also requires the support and active engagement of DHHS Executive Leadership. It is our experience that when Executive Leadership support is lacking, there is little even the most expert Change Management Plan can do to manage change effectively, and reduce Scope creep.

Schedule Management

The existence of a comprehensive Schedule Management Plan and supporting quality management processes in support of an integrated work plan/schedule is of known importance – and imperative to managing multi-vendor integration work. But what has not been immediately apparent in all of our project efforts is that this truly means integrating all aspects of work from all vendors and all project partners. An integrated schedule must include all tasks needed to complete the scope of work, not just the System Integrator's (SI) work, but all interface partners as well. The integrated schedule must include all dependencies between these partners so that DHHS has a full view of the potential impacts to the schedule when issues arise or changes are required. Lastly, no program can afford to skip the collection of metrics to assess progress, such as the Schedule Performance Index, SPI. *Figure 4* illusrates the schedule development and management process utilized by PCG.

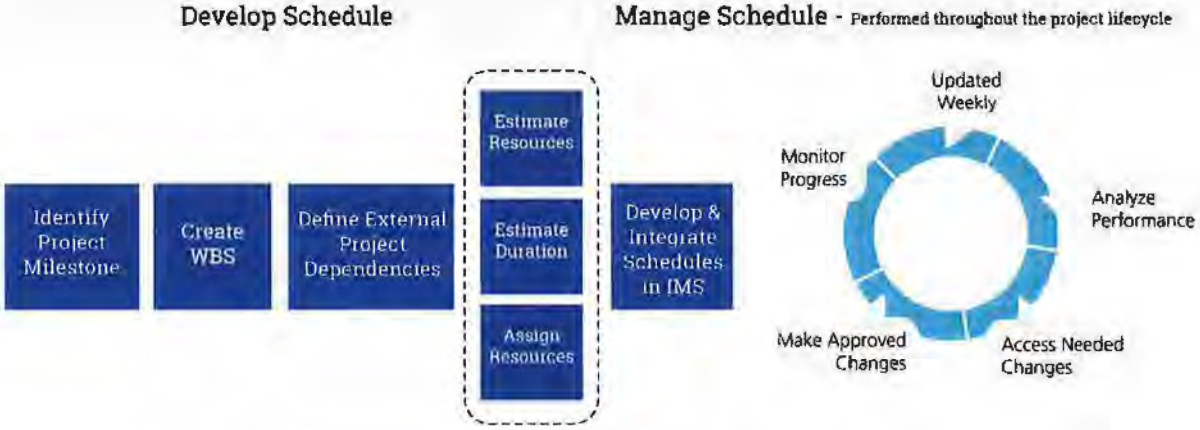

Figure 4: Schedule Development and Management Process.

Budget Management

It may seem like common sense, but the only way to manage a budget is through strong budget management processes and strict adherence to these processes. What makes such a process strong is the lesson we have learned, this requires:

- Regular planned vs. actual expenditure reconciliation;
- Detailed cost analysis and impact analysis on all change requests before approvals; and
- Confirmation of all cost allocations and that these allotments are monitored closely.

While PCG's Contract Manager will ensure the financial health of our engagement, we are also proposing a Federal Funding & Procurement SME who will assist project teams with a variety of tasks – including cost management and allocation.

Vendor Partner Integration
PCG will assist DHHS in ensuring that projects are managed as partnerships where the State is the lead, and all vendor partners are supportive of the State's effort. To accomplish this, we will work with DHHS and all vendor partners to ensure that for every meeting and activity undertaken, we identify the right people and engage them correctly. This is needed to ensure there are no gaps in communication, and that all partners are aware of forward progress roadblocks or issues well ahead of potential impact to the schedule or outcomes.

Quality Management
PCG recognizes, and has learned specifically, that appropriate quality assurance measures regularly demonstrate that Quality Management (QM) is occurring and ensure corrective action is taken when performance measures are not met. How PCG will support DHHS in addressing this, as well as the need for a QM process and adherence to process and performance measures to ensure quality outcomes of SI work, is discussed further in the sections that follow.

Interface Management
In a complex environment with multiple vendors and integration points – such as the one depicted in DHHS' enterprise vision – accurate documentation of the complete set of interfaces is a must. This documentation should be validated and agreed upon, including the Interface Specifications, with all partners. If not, the development of needed MOUs, and other agreements pertaining to operations and Configuration Management expectations become nearly impossible to get right, potentially leading to support and operations issues in the future. Additional considerations to be taken in working with the design, documentation, and development of interfaces with the SI include:

- Ensuring State approval of SI produced documentation
- Knowing and understanding the Project Delivery Methodology

Test Management
PCG recognizes that stakeholder participation and support of an integrated test plan is greater when it is known and evidenced that the State owns the Master Test Plan. The State owning the test plan may seem like a given; however, with various and diverse vendor partners involved, it is easy for project teams to come to think that the SI or the largest module partner should/will drive testing. This is not only the opposite of the Vendor Neutrality we promote and recommend for DHHS (See sections that follow), but often leads one vendor to set the standard for all vendors to follow, and this is never the standard needed or required by the client, but most advantageous to the vendor. To further minimize and resolve this potential issue, PCG recommends:

- Employment of comprehensive (IEEE standards for Testing) referenced as the basis for the Test Management Plan
- Ensuring that the SI's test plan maps to the State's Master Test Plan
- Maximizing the use of automated testing, if possible, to ensure accurate and real data outcomes such as testing results and defect totals
- Setting reporting expectations to ensure that the State understands what is being reported and when

Certification

PCG's experience in Medicaid transformation allows us to recognize the importance of complying with and managing the requirements of CMS as embodied in MITA 3.0, MEELC, MECT version 2.3. Similarly, we have extensive experience with the FNS Toolkit and Handbook. Based on our experience starting these processes at the beginning of a project ensures compliance with the federal certification requirements. Multiple requirements may map to multiple items and will be in differing stages of the overall life cycles. For example, a requirement may be fulfilled through the execution of multiple modules, one of which is in procurement while another is in the late stages of the certification final milestone review. Because of this complexity, PCG uses collaboration and workflow tools (such as JIRA) with Excel Checklists (as required by CMS) and business intelligence to manage the process holistically while enabling granular drill-down.

Application of Lessons Learned in Risk Management

PCG will provide effective project management, enforce standards, mitigate risks, and provide regular insight for the State as to the health of the assigned projects. We will provide actionable information for the State stakeholders that is unbiased and based on best practices for project management. Our Project Management Methodology supports and promotes objective oversight based on best practices, standards, and our experience. We will leverage this approach for organizing and managing project management activities in a uniform way across the program implementation and certification activities.

PCG brings to the table a mature and robust Risk and Issue Management process that actively seeks risks and elicits risks from stakeholders. Risks can be identified by anyone at any time through various mechanisms (e.g., water cooler discussions, brainstorming sessions, Joint Application Design (JAD) sessions, team meetings, risk reviews). Risk identification will include an evaluation of environmental factors, organizational culture, and the PMP including the project scope, schedule, cost, or quality. Careful attention will be given to the project deliverables, assumptions, constraints, Work Breakdown Structure (WBS), cost/effort estimates, resource plan, and other key project documents.

When identifying risks, PCG looks beyond the short term, as the goal is to identify risks as early as possible to allow adequate time to define and execute response strategies. In addition to Lessons Learned documentation and review, the following methods may be used to assist in the identification of project risks:

- Brainstorming
- Structured Reviews
- Affinity Diagrams
- CMS Checklists
- Risk Breakdown Structure (RBS)
- Assumption and Constraint Analysis
- Expert Interviews

- Strengths, Weaknesses, Opportunities, Threats (SWOT) Analysis
- The Delphi Technique

Active Participation and Flexibility

PCG's teams embody the fundamental philosophies of the Agile movement. Rather than follow a strict cookie-cutter script, we base all work today on the best and latest information. This means that we do not impose methods for the sake of following a method. We don't fill out the forms and check the boxes for their own sake. Long, complex programs need to learn and adapt.

But, the Agile philosophy also requires that our project teams not be disinterested third-parties, sitting on the sidelines, second-guessing. PCG strives in working with Stakeholder's, OCM Leadership, Executives, and Governance to integrate all parties attached to this effort, and ensure they all provide and receive value from participation in the project effort.

Methodology, Tools and Techniques

To accurately describe how PCG will manage this project, it is good to define the areas of project management methodology, tools, and techniques that PCG will use. The terms "Project Management Methodology" and "Project Management Techniques" are often used interchangeably, or a given approach (such as "Agile") is categorized as either a Methodology or a Technique.

For the purposes of defining PCG's approach to each of the three areas in this section, the following definitions will apply:

- **Methodology** – An approach or approaches employed to keep the project on track until completion
- **Tools** – Tools are used to enhance, simplify, or standardize the way a task is done. These are usually thought of as software applications but can also be something as simple as a checklist or a manual process.
- **Techniques** – A technique is a way of performing specific tasks. Basically, it is how something is done.

Methodology

PCG executes project management activities using a Project Management Methodology developed and refined over many years of unique experiences. This methodology is based on universally accepted best practices; but, it is also informed by hands-on, real-life, on-the-ground experience that comes *only* from working diligently and successfully with state agencies on their most critical technology projects. DHHS should, of course, expect PCG to apply PMBOK principles to the oversight of solution providers. But the real value proposition for DAS—what makes PCG a true asset to DHHS—is our ability to execute on those PMBOK principles. This is with a keen understanding of what the issues, challenges, and dilemmas endemic to state implementations are, and how to help the State overcome them.

"3-5-3"

PCG's unique Project Management Methodology includes *three* tenets, that distinguish *five* key Project Management processes, all of which is informed by *three* best-practice resources. It is PCG's "3-5-3" PMM, as shown in *Figure 5*.

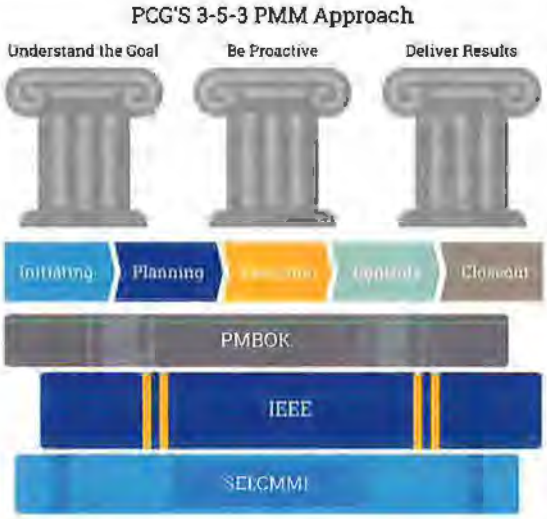

Figure 5: PCG's 3-5-3 Project Management Methodology.

3 The PCG "3-5-3" PMM starts with industry best practices, derived from three primary sources: The Project Management Institute's (PMI®) Project Management Body of Knowledge (PMBOK), The Institute of Electrical and Electronics Engineers, Inc. (IEEE) Standards, and the Software Engineering Institute (SEI): The Capability Maturity Model Integration (CMMI).

5 With those three sources as a foundation, PCG builds its PMM around *five* key project management processes which are as recognizable as they are fundamentally sound. We rely on these *five* key project management processes time and again to bring order and maintain discipline on each and every engagement. They are:

- ***Initiating:*** Begins at project conceptualization and focuses on building the foundation of the project.
- ***Planning:*** Centers on formalizing the project plan, budget, and schedule, including employment of project management tools.
- ***Execution:*** Occurs throughout the life of the project. Execution is an iterative process that often requires re-planning to accommodate unforeseen changes in priority or scope.
- ***Controls:*** Also occurs throughout the life of the project. The focus here is on tracking process against the plan, while controlling for scope, schedule, budget, and human resource needs.
- ***Closeout:*** Formalizes acceptance of the project. Lessons learned are documented, transition activities are completed, and all documentation is formally accepted and transitioned to operations support.

3 So far, the PCG "3-5-3" Project Management Methodology looks much like anyone else's. We agree. **The PCG differentiator, however, is this last component, the three "tenets**." These

tenets describe not just an approach but an attitude—the attitude we bring to technology project management engagements. It is how we view our responsibilities; it is how we conduct ourselves; it is how we interact with project stakeholders; and, it is how we hold ourselves accountable, working as your agent. These tenets are:

Understand the Goal: Success begins with an understanding of the project. Project management staff must be active listeners, avid consumers of information, and effective facilitators of discussions that result in a common understanding of the project goals by all parties. We understand the goal of this project as delineated by this RFP and will assist DHHS in a successful implementation.

Be Proactive: Progress is maintained by thinking ahead, communicating actively, being collaborative, leading decisively, and accepting responsibility for outcomes. PCG will be dogged in working closely with DHHS Staff and Leadership, anticipating pain points, managing project risk, and ensuring that DHHS is informed every step of the way.

Deliver Results: For PCG, success is realized when a project is delivered on time, in scope, on budget, *and* PCG has exceeded our clients' expectations. We believe that our project management methodology and approach to this project can achieve these objectives, in adherence to the DAS PMO governance requirements.

Tools

In this section, we present federally mandated frameworks that we will leverage, as well as a few project management and productivity tools as a sample suite for consideration.

- **Medicaid Information Technology Architecture (MITA)**

The MITA 3.0 framework will be leveraged throughout most of the DHHS initiatives and projects. This framework encompasses the CMS guidance Medicaid Information Technology projects and it paints the course for CMS certification of the newly modernized MMIS.

- **Medicaid Enterprise Certification Toolkit (MECT) & Medicaid Enterprise Certification Life Cycle (MECL)**

The Medicaid Enterprise Certification Toolkit was developed by the Centers for Medicare & Medicaid Services (CMS) Centers for Medicaid and Children's Health Insurance Program Services (CMCS) to respond to the many changes that have transformed the Medicaid Management Information System (MMIS). This toolkit provides a revised approach to Medicaid enterprise certifications to assist states as they work to modernize and improve MMIS.

The purpose of the toolkit is to provide a consistent, detailed process to certify an MMIS and to help states prepare for the federally required certification review of a state's MMIS. Use of the toolkit will help ensure that the new MMIS meets all federal requirements and satisfies the objectives described in the state's Advanced Planning Document (APD). Using the toolkit, PCG will work with DHHS to align their MMIS initiatives with CMS' certification processes.

The standards and conditions for Medicaid IT require that states use a modular approach to systems development. In the proposed rule change to 45 CFR Part 95, CMS has defined an MMIS module as "a group of MMIS business processes that can be implemented through a collection of IT functionality." The Medicaid Enterprise Certification Life Cycle supports modular development. *Figure 6* provides additional insight into PCG's MECL process.

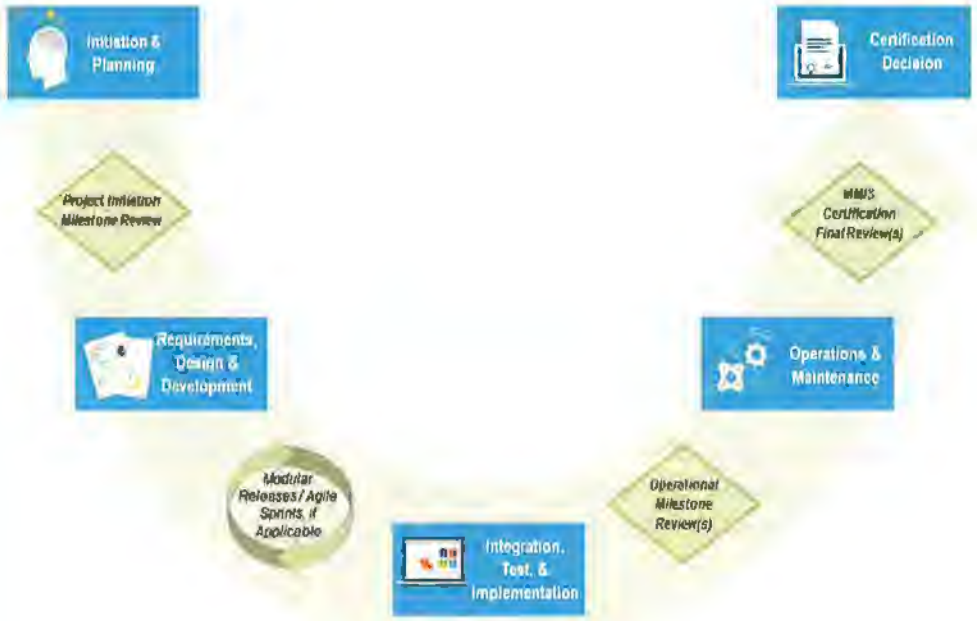

Figure 6: MECL

- **Medicaid Eligibility and Enrollment Toolkit (MEET) & Medicaid Eligibility and Enrollment Life Cycle (MEELC)**

PCG is one of the first firms in the nation to use the Medicaid Eligibility and Enrollment Toolkit (MEET) checklists and the Medicaid Eligibility and Enrollment Life Cycle (MEELC) to assist our clients in demonstrating compliance with MEET criteria. Since participating in the MEELC pilot with CMS for the Georgia Healthcare Eligibility system, PCG has provided or is providing MEET and MEELC services for seven additional states (Iowa, Michigan, Alabama, Washington, Louisiana, Tennessee, and the U.S. Virgin Islands) for their E&E and integrated eligibility projects.

- **MS Project, Project Server, PWA (Scheduling)**

Microsoft Project is a well-known scheduling software tool that is used to define and track discrete project tasks. Each task has a start and end date, duration, assigned resources, and dependencies (predecessors and successors). Project Server allows for the linking of multiple project schedules and is the tool that we have successfully configured for our clients for integrated schedule management.

- **SharePoint (Document repository, Risk and Issue Logs, Decisions, Action Items)**

Microsoft SharePoint is a robust software application that provides document management and versioning, as well as customized process flows, e.g., deliverable approvals. PCG has also employed SharePoint on many projects for use as risk, issue, and decision logs, as well as the capture and tracking of action items.

- **PowerBI (Management Dashboards)**

Using the data stored in the logs on SharePoint, PCG can create a management dashboard using PowerBI that can give real-time and historical pictures of the project. These can help identify areas of slowness, or critical issues that are taking too long to get resolved. A sample image of this tool is provided in *Figure 7*.

Figure 7: Sample PowerBI Dashboard.

Microsoft tools mentioned above are examples of product suites that we work with. PCG will work with DHHS to evaluate the tools available to the State and leverage them to manage project work more efficiently.

Techniques

- **Agile/Scrum**

For Systems Integration projects, Agile is an effective technique that is further enhanced by the Scrum framework. Agile itself is a development approach under which requirements and solutions evolve through the collaborative effort of self-organizing and cross-functional teams. Scrum is a lightweight, iterative and incremental framework for managing product development. PCG's team has certified scrum masters experienced in leading agile development projects.

- **Traditional/Waterfall**

The Waterfall approach to software development lends itself to systems where the requirements are well known up front and follow a linear sequence of phases:

Requirements → Design → Build → Test → Implement

As seen in *Figure 8* on the following page, the MECL closely follows the Waterfall approach. This graphic shows how the MECL can be employed in conjunction with existing state development techniques.

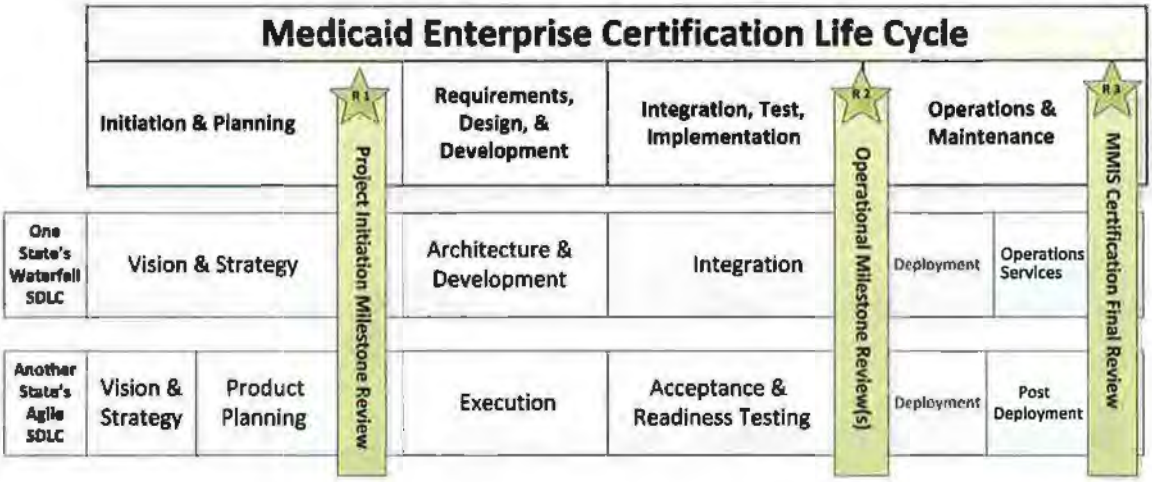

Figure 8: Examples of How MECL Fits atop States' SDLCs.

- **Hybrid**

A Hybrid approach combines the flexibility of Agile with the standardization and rigor of Waterfall. PCG will work with DHHS to clearly define and document the project requirements and employ the development approach best suited for that phase of the project.

2.i.2. Staffing Approach and Resumes

2.i.2. Staffing Approach and Resumes

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.

PCG's Approach to Staffing

Upon notification of assignment of an upcoming consulting project, Public Consulting Group, Inc. (PCG) intends to deploy a fully prepared, deeply knowledgeable, and highly enthusiastic group of professionals who work well together and have a proven track record of assisting Health and Human Services agencies with initiatives of similar size and scope. The staffing plan for this project is distinctive for the multiple and well-developed skillsets that will be applied to assist with the portfolio of Nebraska Department of Health and Human Services (DHHS) projects described in the RFP. In the *Resumes* subsection that follows, you can read more about team member qualifications.

Our approach to staffing reflects how critical we believe the appropriate *organizational structure* is to project success. (The importance of the *people* filling "the boxes" is discussed later.) PCG carefully built our organizational structure to comprehensively support the responsibilities and deliverables for which the DHHS Consulting Services Contractor is accountable. **The first step** in that process was to conduct a robust review of the RFP concurrent to a critical look at the general staffing pattern similar PCG engagements have required in the recent past. For example, shared services positions dedicated to providing support across the enterprise and gaining relevant business and technical understanding thereof are routinely included in our proposals for a scope of services such as yours and have proved indispensable to project success.

This particular exercise for *6098 – Z1* resulted in us identifying the types of resources that will be needed to ensure project success. **The next step** in creating the organizational structure was to determine the best way to organize the roles. **Dedicated Project Managers** are the resources that we are proposing to assist with the core projects specified in the cost proposal worksheets. Our team of nationally recognized Health and Human Services **Subject Matter Experts** will support the projects as needed and assist with areas like program strategy and integrity, policy, program administration, business processes, etc. Finally, our **Shared Services Unit** consists of resources shared across the project portfolio to support areas like certification, quality assurance, federal funding requests, procurement, and architecture, as well as pools of Business Analysts and Project Managers. *Figure 9* below names the staff and their proposed roles and responsibilities.

Role	Name	Responsibility
Contract Manager	Tony Curatola, PMP	PCG's dedicated lead. Primary contact with the DHHS Contract Manager. Responsible for PCG's team performance.
Dedicated Project Managers		
EES PM	Tracy Bell	Dedicated PM to support Phases 2 and 3 of the Eligiility and Enrollment Solution project, including a 'go-forward' analysis and the new eligibility platform.
DMA PM	Salil Shibad, PMP	Dedicated PM to support the implementation of the Data Management and Analytics module – an enterprise data warehouse with analytical capabilities to support MLTC.
System Integration and Portfolio PM	Dan Morrison, PMP	Dedicated PM to support the internal effort to plan and establish portfolio management structures to enhace coordination of business, technology, and information work, as well as multi-project integration and modular replacement of legacy systems.
EVV PM	Andrew Heaney, PMP	Dedicated PM to support remaining procurement activities and implementation of the Electronic Visit Verification solution.
Capitation Processing Module PM	Mike Horowitz, PMP	Dedicated PM to support the implementation of the capitation module procured during the Enrollment Broker RFP.
LTSS Redesign PM	Amanda Alvey	Dedicated PM to support the planning of the Long-Term Services and Support redesign and transformation.
POS PM	Bonnie Harris, PMP	Dedicated PM to support the procurement of a Point of Sale vendor for FFS drug claims, Drug Rebate, and DUR programs.
Eligibility and Plan Selection Integration	Kris Marshall, CSM	Dedicated PM to implement a solution to support immediate enrollment in a MCO upon determination of eligibility and portal integration with the Enrollment Broker MCO selection portal.
Program Subject Matter Experts		
SME	Rich Albertoni	Medicaid expert with over 25 years of experience working in government and public-sector consulting. Served as Director of Eligibility, Deputy Director of Fiscal Services, and Section Chief for the Hospital and Pharmacy Benefits in Wisconsin.
SME	Lisa Lee	23 years of experience with KY government, incl. servicing as the Medicaid Commissioner and Program Director for the KY CHIP. Oversaw the Ky Medicaid Expansion and other ACA related implementations.
SME	Jan Paterson, PMP	National Medicaid expert in strategic planning, evolving alignment of Medicaid Information Technology Architecture with state HIT/HIE strategies, procurement strategies as well as information technology governance development.
SME	Paul Lefkowitz	Over 20 years of experience with Human Services programs. Expert in program administration and a variety of social safety net programs. Evaluated a pilot to improve SNAP program integrity that is to be expanded nationwide.
SME	Megan Rymski	Expert in TANF and SNAP programs, as well as program integrity functions and service coordination in public assistance settings.

Role	Name	Responsibility
	Shared Services Unit	
Federal Oversight/Certification Lead	LeAnne Scott, PMP	Oversees certification processes and supports federal oversight activities. Works with federal authorities and IV&V vendor(s), as needed. Ensures that vendors adhere to the certification tasks.
MITA Advisor	Terri Reid, PMP	Provides MITA subject matter expertise to ensure MITA alignment. Works with all portfolio domains and plays key role in ensuring implementation of the MITA framework across the enterprise; responsible for delivery of the MITA SS-A update.
Technical Lead	Dana Long	Supports the translation of business objectives and processes into technical solutions. Supports MITA / Enteprise Architecture work. Analyzes infrastructure needs and back office area related to system integration, interfaces, databases etc.
Quality Assurance Lead	John Cvetko, PMP	Supports the Quality Assurance Life Cycle, including requirements management and test management. Assists with procurement activities.
Federal Funding & Procurement SME	Laurie Thornton, PMP	Facilitates procurement activities, development of procurement plans and analysis. Asissts at all stages of MES project procurement life cycle. Provides guidance to the management of AHCA projects with respect to coordination of APDs and required reporting. Coordinates MES Federal communications management.
Business Analyst [pool]	Emma Peplowski Ragan LeBlanc Hannah Brooks David Mercier	Direct project management support and coordination for Project Managers, including meeting coordination, meeting minutes, and generation and support for the development of project artifacts. Support business analysis activities, e.g., requirements gathering, business process mapping, test scenario development.
Project Manager [pool]	Jackie Phan, PMP Tom Kapusta, PMP David DeNicolais Lisa Dahlquist, PMP Hazzarie Marquez, PMP Makenzie Rudy, PMP	Support dedicated Project Managers, systems integration and portfolio management areas like schedule, risk, change, communications & stakeholder management, system security and privacy, OCM tasks, etc. Could also be assigned as needed; e.g., to support individual modular solution design, development and implementation, or support special projects.

Figure 9: Proposed Roles and Responsibilities.

The third step in designing our organizational structure was to ensure our positions reflected the skill sets required to execute the DHHS Professional Consulting Contractor responsibilities. A number of the proposed staff have earned (or are currently earning) their Project Management Professional (PMP) Certifications through Project Management Institute (PMI) and are deeply knowledgeable of the project management best practices. In addition, PCG promotes specialization – a number of our proposed resources hold professional certifications such as ITIL, CSM, CSPO, Prosci® ADKAR, or CISSP, as well as formal MBA and PhD education. Perhaps as importantly, **the proposed staff have worked together on the same projects we offer as qualifications,** respect each other professionally, and have formed an affable working relationship.

The fourth and final step was to populate the organizational structure with the best people possible. PCG is proposing highly capable and motivated staff selected to support DHHS projects. By contracting with PCG, DHHS will also gain access to our deep bench of HHS subject matter experts and consultants that comprise our traditional consulting practice. Across our Health, Human Services, and Technology Consulting Practice Areas, which we will leverage for this engagement, PCG employs over 500 staff who possess expertise relevant to the project scope. PCG will happily call upon our pool of resources to ensure that DHHS has the right people on the project teams. *Figure 10* illustrates the organization of our proposed team.

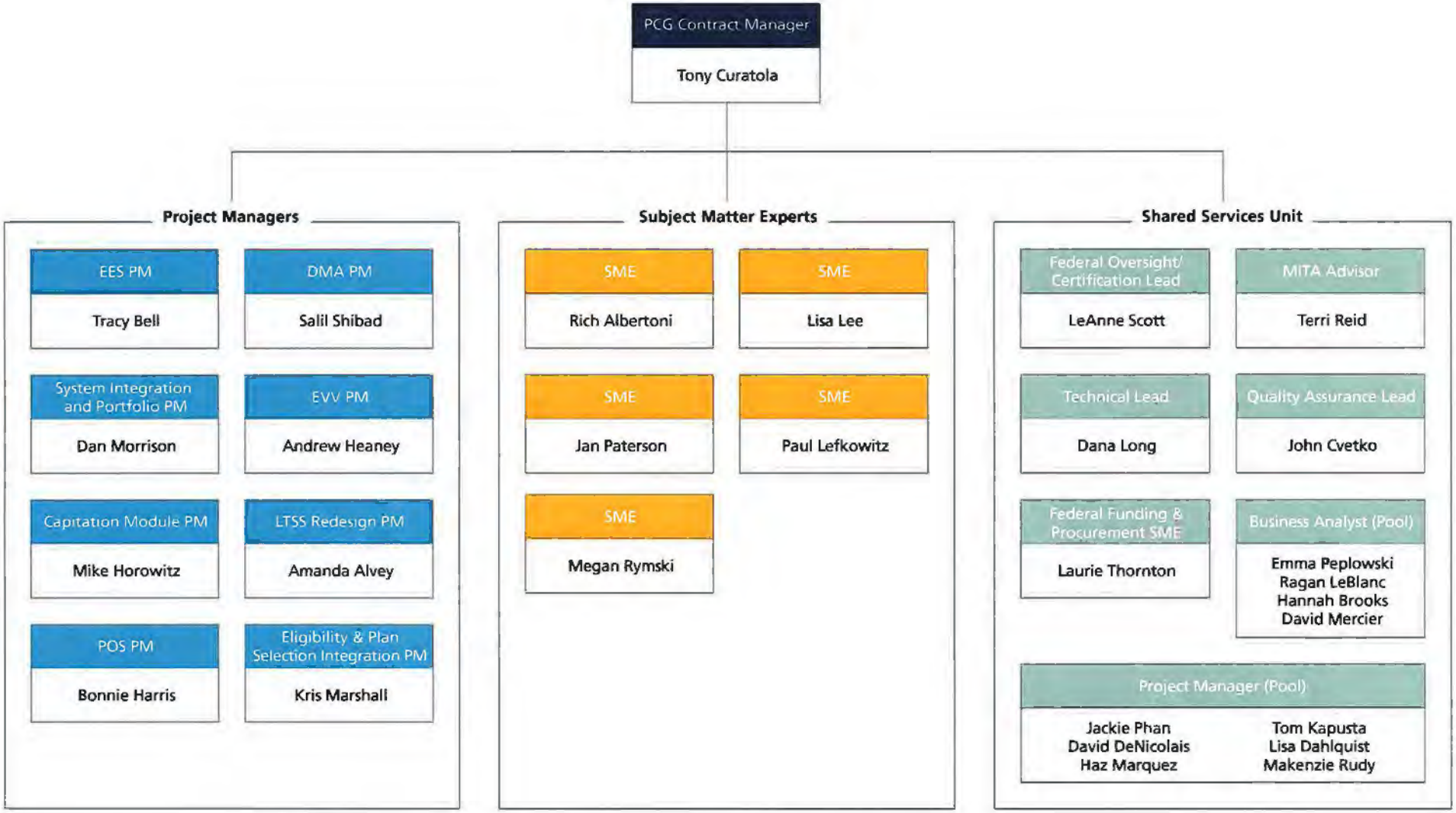

Figure 10: Proposed Organizational Chart.

FORTUNATO (TONY) A. CURATOLA PMP, PCG PROJECT MANAGER
ASSOCIATE MANAGER AT PUBLIC CONSULTING GROUP, INC.

Tony Curatola, an Associate Manager with PCG and certified PMP, has more than 29 years of experience in the Information Systems industry, over 22 years in project management, and 18 years in Medicaid. Tony has extensive project management experience in both the public and private sectors including: State Government, Property and Casualty Insurance, Healthcare Insurance, and Banking. Mr. Curatola is a proven leader with excellent communication and interpersonal skills with extensive experience in resolving conflicts within teams as well as across functional areas. He has successfully led and implemented numerous medium to large scale systems projects.

RELEVANT PROJECT EXPERIENCE

Department of Health and Human Services, State of South Carolina

IT Infrastructure Analysis and Roadmap (March 2017 – May 2017): Project Manager

Project: PCG's detailed assessment of the Agency's IT infrastructure that reside within a general framework organized into thirteen domains and components. The assessment of each of these areas formed the basis of follow on DEDs: Projected Roadmap, Infrastructure Recommendations, Organizational Design Recommendations and a Standards and Definitions Document.

Healthcare Finance and Administration (HCFA), State of Tennessee

Medicaid Modernization Program Strategic Project Management Services (November 2015 – Present): SPMO Engagement Manager

Project: Provide program level project management over the portfolio of Medicaid Modernization projects underway in Tennessee. The portfolio of projects include the implementation of a new integrated eligibility system, modernization of the MMIS, implementation of a statewide Health Information Exchange (HIE), implementation of a Care Coordination Tool, and many other projects in support of Medicaid Health Information Technology.

Mr. Curatola: Responsible for overall program and project management discipline, driving its consistent use throughout the portfolio of projects. Overseeing the development and monitoring of program and project standards, tools, and processes for the HCFA organization. Managing a team of 12 project managers and serving as the liaison to HCFA leadership.

Executive Office of Health and Human Services, State of Rhode Island

Project Management Office (2015 – Present): Engagement Manager

Project: Provide project management and implementation support for Rhode Island's eligibility system implementation and enhancements of key features of the Affordable Care Act and RI State Health Insurance Exchange. Complete updates to Rhode Island's IAPD for its HIX and Integrated eligibility system

Mr. Curatola: Managed federal funding processes and performed financial project management services to Rhode Island EOHHS in managing their combined HIX/Integrated Eligibility System project. Developed federal funding request documentation, including eligibility system IAPD and procurement documentation. Provided financial project management services including developing financial change control processes, invoice tracking and disposition, and cost allocation tracking and management, and IAPD cycle management spanning several updates.

New Mexico Health Insurance Exchange, State of New Mexico

New Mexico Health Insurance Exchange (NMHIX) Project (2013 – 2015): PMO Director

Project: In charge of the Project Management Office (PMO) for NM's Health Insurance Exchange (NMHIX). The PMO is providing oversight and management of the IT vendor building the NMHIX to be fully functional by 2015.

Mr. Curatola: Provided assistance with the Exchange's Consumer Assistance function including establishing a Navigator/In-Person Assistance (IPA) program, assisting with implementing the eligibility interface functionality required by a Hybrid Exchange model, and assisting with selected Plan Management, Financial Management, and SHOP implementation.

Arkansas Insurance Department, State of Arkansas

Arkansas Insurance Department Project (2012 - 2013): Senior Consultant

Project: Assist the Insurance Department with the design, development and implementation of processes and procedures in support of Arkansas' federal partnership exchange.

Mr. Curatola: Led the development of the Plan Management Business Operations and Process Manual. Created templates for the Memorandums of Understanding (MOU) that define the division of responsibilities between the state and the FFE for the State Partnership Exchange, and inter-agency agreements with state departments to perform specific functions on behalf of the Exchange.

Department of Health and Human Services, State of Delaware

Implementation Advanced Planning Document Update (2012 – Present): Senior Consultant

Project: The IAPD-U documents the MMIS changes needed to support the ACA with respects to the eligibility modernization project.

Mr. Curatola: Managed the drafting of an Implementation Advanced Planning Document Update (IAPD-U) for the Delaware Eligibility Modernization Project.

QBE Insurance, Sun Prairie, WI

(2009 – 2012): Agency Automation Manager

Mr. Curatola: Led the EZ-Lynx expansion project, expanding real time rating capabilities in 11 states with projected revenue increases of 11 million over 5 years. Led effort to update Personal Lines agency downloads and agent portal, allowing us to reduce paper and mailing expenses by $125,000 a year while improving timely delivery of policy information to agents. Negotiated contract savings of $45, 000 annually by combining services and merging regional contracts.

(2006 – 2009): Business Development Manager

Mr. Curatola: Developed business automation and process improvement proposals, including concept, feasibility, and cost benefit analysis for both portfolio and executive board approval.

EDS, Wisconsin Medicaid Account, Madison, WI

(2004 – 2006): Conversion Project Manager

Mr. Curatola: Managed a 23,700 hour project to convert all legacy data from four healthcare systems to a common platform. Worked with four separate customers to resolve conflicts and issues in the definition of scope and requirements. Ensured that SDLC (System Development Life Cycle) and CMM (Capability Maturity Model) level 3 processes and procedures were followed between all customers

Recipient Data Maintenance and Managed Care (2005 – 2006): Project Manager

Mr. Curatola: Managed project team of 15 to implement specific Recipient Data and Managed Care changes to the EDS Core InterChange system. Worked with client to approve deliverables and prioritize project initiatives and strategic goals, improving timeliness and quality of gate reviews

Wisconsin Y2K (1997 – 1999): Project Manager

Mr. Curatola: Led all phases of the project across 19 functional areas to remediate the Wisconsin Health Care systems. Developed a bridge to facilitate a staggered implementation thus reducing the risk and impact on current operations. Facilitated all communication for stakeholders to ensure a successful implementation with minimal impact to Providers, Clients, Third Party Vendors and internal and customer operations.

(1992 – 2004): Wisconsin Systems Supervisor / Systems Engineer

Mr. Curatola: As a supervisor for a team of 21 Programmer / Analysts, responsible for maintaining and enhancing the Medicaid applications, including the implementation of several key state programs.

PROFESSIONAL BACKGROUND

Public Consulting Group, *Boston, MA* 2012 – Present
QBE Insurance, *Sun Prairie, WI* 2006 – 2012
EDS, *Various Locations* 1987 – 2006

EDUCATION

University of Wisconsin, *Milwaukee, WI*
Bachelor Business Administration, MIS and Finance, 1986

CERTIFICATIONS / PUBLICATIONS / SPECIAL SKILLS

Certifications: PMP Certification, PMI Institute
Special Training:

- ***Leadership*** – Intro to Leadership, Basic Leadership, Team Building, Technical Consulting Program, Equal Employment in Action, Growth for Leaders, Performance Management for Leaders, Behavioral Interviewing, Conflict Resolution, Information Security and Privacy Awareness, SAP Time Recording, Personnel Management
- ***Project Management*** – PM2 Start-up & Planning, PM2 Execution & Close Down, Agile Project Management, Project Leadership, Management and Communication, Aligning Project Management with Organizational Strategy
- ***System Life Cycle*** – Defining Project Scope, Business Design, Technical Design, Testing, Production Support
- ***Technical*** – Basic, JCL, JCL Procedures, Structured Programming Techniques, WAAPDSUT, CHAMP, VSAM/ACCESS Method Services, PACBASE Fundamentals and Structured Code, DB2 SQL Application Programming, ALC, Client / Server Introduction, Client Server Business Issues.

REFERENCES

Max I. Arnold, State of Tennessee, Chief Technology Officer/Deputy CIO
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617-507-6937, Max.arnold@tn.gov

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3 West Road, Cranston, RI 02920
401-473-1387, Wayne.hannon@ohhs.ri.gov

Raj Shethia, State of New Mexico, New Mexico Health Insurance Exchange
Albuquerque, NM 87109
505-314-5227, rshethia@nmhix.com

TRACY BELL, ELIGIBILITY AND ENROLLMENT SYSTEMS PROJECT MANAGER
IT PROJECT MANAGER AT PUBLIC CONSULTING GROUP, INC.

Mr. Tracy Bell joined Public Consulting Group, Inc. in November 2018 as an IT Project Manager within Human Services with a focus on child welfare, SNAP, TANF, Child Support and workforce services. He has extensive experience leading large-scale IT operations as well as overseeing Government administered programs.

PROFESSIONAL BACKGROUND
Public Consulting Group, Inc.
November 2018 – Present

MAXIMUS, Inc.
(January 2016 – October 2018): Vice President, Business Development

Mr. Bell: Led MAXIMUS Human Services as Vice President of Business Development with a focus on child support and workforce services. He is an expert at developing and integrating multi-generational strategies into human services operations.

Department of Human Services, State of Tennessee
(May 2015 – December 2016): Deputy Commissioner, Chief Officer of Workforce Development, Employment, and Transformation

Mr. Bell: Led the Department's Workforce Development efforts, positioning the Department as a strategic player in the State's Workforce Development Initiative. He coordinated with ECD, Department of Labor, Department of Education, and many other State agencies to provide qualified candidates to employers who were looking to establish or re-establish self-sufficiency.

Department of Human Services, State of Tennessee
(April 2014 – May 2015): Director of Operations for Family Assistance

Mr. Bell: Directly oversaw of all aspects of operations for DHS' Family Assistance Program. He was responsible for a workforce of over 2,500 individuals who served approximately two million Tennesseans through the SNAP, TANF, and Medicaid Programs, within the 95 counties of the State.

Department of Human Services, State of Tennessee
(April 2012 – April 2014): Director 4 – DHS Systems Solutions Delivery

Mr. Bell: Served as Project Manager for all DHS System's related tasks, including system modifications, enhancements, changes, and modernization. He worked as a member of the Department's Executive Steering Committee for the Enterprise System Modernization initiative, ensuring the implementation of technology initiatives that provide ease of use and self-service for DHS customers as a part of the State's 21st Century Service Delivery Model.

MAXIMUS, Inc.
(September 2009 – April 2012): Senior Data Analyst/CMAC Liaison, Tennessee Works Project
Mr. Bell: Provided analytical skills, insight, and direction for the Tennessee Works Project. He provided management with clear concise initiatives, and proactive ideas based on his detailed analysis to ensure the project met its contractual and individually set goals on a consistent basis.

Aetna, Inc.
(March 2004 – November 2006): Data Architect/Analyst I
(August 2003 – March 2004): Multi-Functional Project Manager
(June 2000 – August 2003): Data Architect/Web Developer

EDUCATION
Mississippi Valley State University
Bachelor of Science in Computer Science

REFERENCES
David Sanchez
Former CS Asst Commissioner
Dasanz312@hotmail.com
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Tricia Reinhard
Former TN Deputy Commissioner
Triciareinhard@hotmail.com
615.483.2277

Dr. Raquel Hatter, Kresge Foundation
Former TN Comissioner
Troy, MI
RTHatter@kresge.org
615.752.8960

SALIL R. SHIBAD PMP, DATA MANAGEMENT AND ANALYTICS PROJECT MANAGER
PROJECT MANAGER AT PUBLIC CONSULTING GROUP, INC.

Salil serves as a trusted advisor to senior executives. He has eighteen years of progressive experience facilitating rapid technology adoption with Fortune 200 companies in healthcare, supply-chain, insurance, and financial services. He has led work streams in State Medicaid to implement innovative technologies to replace legacy systems and build new platforms using SDLC, Lean PM, ITIL and Agile frameworks. He has played key roles in the evaluation of vendor operated datacenters, and strategies to consolidate and migrate to a public, private or hybrid cloud solutions.

Salil works with senior management on emerging technologies, business integration, budgets, operational readiness and organizational design. Salil is an expert in global roles, building partnerships and consulting for mid-size to multi-billion dollar organizations. He is recognized for his attention to detail and the ability to develop his teams to drive IT organization maturation, develop strategic product roadmaps, and bridge the gap between business operations partners and technical teams, vendors, and key stakeholders.

RELEVANT PROJECT EXPERIENCE

New Mexico Health Insurance Exchange (NMHIX, BeWellnm), New Mexico
Project Management Office (PMO) (2018 - Present)

NMHIX utilizes the Federally Facilitated Marketplace (FFM) for the individual marketplace while maintaining its status as a State-Based Exchange on the Federal Platform. NMHIX implemented a new technology solution for its Small Business Health Options Program (SHOP) and, is in the process of setting up its new Individual Exchange. PCG is the Project Management Office. In his role as the project manager for this engagement, Salil setup the PMO and coordinated the deliverable review process, project management plans, integrated master plans and project reviews with beWellnm, the technology vendor and IV&V. Salil also assisted in the user acceptance testing of the technology, pilot program and overall go-live readiness for a successful implementation.

Department of Health (DOH), New York State
Medicaid Data Warehouse Assessment (2018 - Present)

As part of its Enterprise Medicaid Transformation Initiative, the Division of Operations and Systems (DOS) in New York State is conducting a review of its current architectures across all program areas within the Medicaid Data Warehouse technical environment. As New York Medicaid is looking to modernize its infrastructure, Salil was part of the PCG enterprise architect team to evaluate the existing architectures and recommend solutions based on a Cloud-first strategy. His responsibilities include coordinating PCG efforts to help the State develop IT strategy that is aligned with business goals, developing as-is and to-be documentation of the technology, evaluating cloud infrastructures, and recommending governance and operational frameworks that will support the New York State Medicaid for the next decade.

Department of Health & Human Services (SCDHHS), State of South Carolina
Infrastructure Technical Assessment (2017 - 2018)

SCDHHS is in the process of replacing its legacy Medicaid systems with modular subsystems. As Project Manager for assessment of SCDHHS's infrastructure, Salil led the PCG team in developing service level agreements (SLAs) based on service catalogs, identifying & remediating single points of failure, migration to virtualized environments, and development of standards and definitions. This engagement included an overall analysis and recommendations for implementing an infrastructure architecture roadmap and providing unbiased, brand-agnostic recommendations for procurement of future Cloud services in support of the SCDHHs' planned MES initiatives.

Division of TennCare, State of Tennessee

Strategic Program Management Office SPMO (2017 – 2018)

TennCare's Tennessee Eligibility Determination System (TEDS) is the system being built to provide an automated system for determining eligibility for, and enrollment of, Medicaid recipients for the state of Tennessee. As the SPMO Project Manager for the State's Medicaid Modernization Project (MMP), Salil supported the agency's effort in managing technology and business improvement projects with virtual teams in matrixed organizations. He provided support to TennCare as a technology leader for projects requiring compliance and regulatory remediation of multiple applications, technology platforms, and workstreams under high State and Federal regulatory scrutiny. Through his ability to provide expert Project Management and Healthcare experience, and the ability to negotiate with multiple stakeholders in large publicly listed organizations, Salil ensured TennCare had an experienced leader on the team to assist in the execution of all MMP Programs.

Community Health Systems, Franklin Tennessee

Senior Consultant, Ingenuity Associates, Hadal Zone Solutions (2009 - 2016)

As Program Manager on the M&A IT Integration team, Salil led execution of ICD-10 and Meaningful Use programs that accounted for revenues and reimbursement at 72 of the System's 200+ hospitals. His other assignments included: Infrastructure and Clinical IS Deployment to 40+ hospitals as part of a prior acquisition, Development of Provider and Patient Portals, HL7 integration and CPOE platforms; Project Director leading 30+ consultants, FTEs and SMEs to implement Meaningful Use and HIE at a seven-hospital Integrated Health System; Leading Disaster Recovery projects to meet Business Continuity requirements; Composing Budget Proposals, Licensing, Statements of Work, KPIs and SLAs driving value creation for clients; Collaboration with business partners to introduce repeatable processes using Incident, Problem, Change and Release Management to stabilize operations across the enterprise.

PROFESSIONAL BACKGROUND

Ozburn-Hessey Logistics (OHL), Nashville Tennessee

Director, Software Engineering (2007-2009)

Reporting to the CIO of a global organization, Salil managed teams of engineers, business and QA analysts and project managers to launch Publishing and Retail Supply Chain products in Asia, Europe and Australia; Participated in diagnosis of customers' supply chains to pinpoint opportunities and recommend specific, flexible and adaptable actions; Coordinated IT effort to transition customers from competitors' networks to company's newly acquired network of International Freight Forwarders for Consumer Goods Retailers; Establishing Contracts and Relationships with Managed Services Vendors to accelerate project delivery throughput by 5x.

Comdata, Brentwood Tennessee

Product Manager, Merchant Services (2006- 2007)

Salil led the implementation of the company's MasterCard anti-fraud solutions using neural networks. He led several programs including: Implementation of On-the-road Fuel Card solutions, PCI-compliant Point-of-Service (POS) solutions at 1,000+ Travel Center locations, Product Management and Implementation of Ocean-Shipping Payment Systems and In-Store Portals for Midas Oil-Change locations; Establishing relationships with two of the Top-5 Managed Services Vendors – Wipro and Cognizant.

Affinion Group, Franklin Tennessee

Delivery Manager, Global Information Systems (2000-2005)

As part of the IS team, Salil led Banking Regulatory Programs including: Implementation of provisions of the Graham-Leach-Bliley (GLB) Act of 1999, a federal law to control the ways that

Financial Institutions handle private information of individuals; Masking of Credit Card Information on Billing Statements; Development and Implementation of Identity Theft Prevention programs for 6,500+ Banks and Credit Unions; Managing a team of 20+ AS/400, .NET Developers, Business and QA Analysts; Applied Statistical Analysis for one of the Company's first Six Sigma Programs that reduced errors on Credit Reports; Salesforce.com Administrator assisting the account management team to generate $15M over three years.

Indus Software Inc.
Programmer Analyst – India, Thailand, San Francisco (1996–2000)

Salil started his career in Software Development, developing products for Loan Processing, Amortization Schedules, Repayment Management and Collections Systems used by major Consumer Goods companies such as GE Capital across Southeast Asia. His early experience included creating detailed requirements documents, unit, integrated and user-acceptance test scripts, peer code reviews, and ensuring stakeholder satisfaction; Y2K remediation for a third-party administrator of insurance products; Conversion of Green screens to GUI for Legacy Billing Systems at a subsidiary of Cendant Corporation.

EDUCATION

Owen Graduate School of Management, Vanderbilt University, Nashville, TN
Executive MBA

College of Engineering & Technology, Pune University, India
Bachelor of Engineering (Electronics & Telecommunications)

CERTIFICATIONS/PUBLICATIONS/SPECIAL SKILLS

Project Management Professional (PMP)

ITIL® v3 Foundation (AXELOS)

REFERENCES

Kevin Swinson
Director of Technology Operations
New Mexico Health Insurance Exchange
7601 Jefferson St NE, Albuquerque, NM 97109
(505) 314-5301, KSwinson@nmhix.com

Jim Holley
Sr. Director Pharmacy Informatics
Community Health Systems
4000 Meridian Boulevard, Franklin, TN 37067
(615) 924-1371, Jim_Holley@chs.net

Jerry Korea
Director of Administrative Enterprise Services
Wilkes University, Pennsylvania
(570) 885-7710, Gerald.Korea@gmail.com

DAN MORRISON, MBA, PMP, SYSTEM INTEGRATION AND PORTFOLIO PROJECT MANAGER
***SENIOR CONSULTANT* AT PUBLIC CONSULTING GROUP, INC.**

Driving development and overall operations of state government information technology services has been the hallmark of Mr. Morrison's 30-year professional career. He has deep experience working with state government leaders, planning and leading consultative IT engagements, building teams, and delivering a broad spectrum of public facing solutions. Mr. Morrison holds an MBA degree and is PMP certified.

Mr. Morrison most recently has focused his expertise on assisting multiple states implementing project management office (PMO) functions in the Medicaid domain under the Affordable Care Act (ACA). During his career Morrison directed enterprise online services PMO functions for the states of Hawaii and Colorado where he successfully led more than 300 projects through the software development life cycle working with state and local agencies.

RELEVANT PROJECT EXPERIENCE

Tennessee, Healthcare Finance & Administration (TennCare), State of Tennessee
Strategic Program Management Office SPMO (March 2016 - Present)

Mr. Morrison serves as Project Manager for the Tennessee Eligibility Determination System (TEDS) component of the state's overall Medicaid modernization program. In this leadership role Mr. Morrison oversees the work of other PCG project managers contributing to TEDS. He also provides liaison and coordination with TennCare, IV&V, and the systems integration vendor. His responsibilities span the scope of PMO activities including management of the TEDS governance process, Integrated Master Schedule, risks and issues, change control, deliverables approval processes, status reporting, and CMS milestone reviews.

New Mew Mexico Human Services Division, State of New Mexico
Project Management Services (March – June 2015): Project Director

Mr. Morrison organized a PMO to manage the phased modernization of New Mexico's Medicaid and Child Support systems supporting more than 500,000 cases annually. In his role he oversaw conduct of the MITA assessment, a National Human Services Interoperability Architecture (NHSIA) assessment, an Organizational Change Management Plan, and the creation of other deliverables.

New Mexico Health Insurance Exchange, State of New Mexico
Project Management Services (June 2013 – February 2015): Deputy PMO Director

Mr. Morrison played a leadership role in establishing PMO services to guide overall development and implementation of the Exchange. He organized the project control office and interacted daily with the NMHIX director, staff, and governing board. Mr. Morrison was instrumental in guiding the determination of Exchange systems requirements, implementing document control, and developing risk and security controls and standards. Mr. Morrison served as liaison to the selected IT vendor, acted as management lead for user interface testing, served as Financial Management subject matter expert.

Covered California Health Benefit Exchange, State of California
Procurement Assistance Consultant Services (October 2012 – June 2013): Project Lead

The California Health Benefit Exchange (Exchange) sought to develop a viable Small Business Health Options Program (SHOP) program. The scope of work was to implement formal project

management practices to provide procurement assistance for the multiple solicitation documents that were to be released to procure services for implementing SHOP. Mr. Morrison directed client team members and external consulting resources in the execution of all project tasks. He was responsible overall for planning, monitoring and controlling all project work and providing work performance reports to stakeholders. He was also responsible for developing proposal evaluation criteria, facilitating proposal scoring sessions, and negotiating contract terms with the selected vendor.

Hawaii Health Connector, State of Hawaii

Health Insurance Exchange Implementation (November 2011 – September 2012): Project Director

PCG was engaged to provide consulting services to assist the State of Hawaii in establishing its Health Insurance Exchange. The scope of work encompassed the following elements: Project Management Plan; Concept of Operations document; IT systems Tasks: Analysis and Requirements Gathering (IT Blueprint); IT Systems Tasks: Develop and Support RFP for the IT consultant; Support for CCIIO Establishment Reviews; Policy Advice and Analysis.

As Project Director, Mr. Morrison led the client team members, stakeholder participants, and external consulting resources in the execution of all project tasks. He was responsible overall for planning, monitoring and controlling all project work and providing work performance reports to the client, the client's Board of Directors, and the Federal funding agency. Morrison called and led meetings and facilitated brainstorming sessions with many different stakeholder groups to finalize system requirements. He was principally responsible to lead development of the request for proposals to select an IT vendor to build the Exchange.

PROFESSIONAL BACKGROUND

Public Consulting Group, *Boston, MA*

Senior Consultant (November 2011 – Present)

Led PMO activities for implementation of a state-of-the-art eligibility determination system. Assisted multiple states in planning and implementing their Health Insurance Exchange (HIX) operations. Led analysts and project managers in rapid ramp-up efforts for development of Exchanges in the states of Hawaii, Mississippi, and New Mexico with additional consulting support for Idaho, Nevada, and Tennessee exchanges. Built relationships and conducted liaison with client executive team, state governing boards, and CCIIO/CMS leadership. Interpreted federal guidance and provided policy advice to state clients. Developed implementation plans, performed requirements gathering, conducted business process flow modeling.

CAMBRIA SOLUTIONS, INC., *Sacramento, CA*

Director, General Government and Health Practices (November 2012 – June 2013)

As a member of Cambria's executive management team, was focused on HIX planning and implementation. The focus of this work was for the Covered California exchange and included support for vendor solicitation lifecycles for Exchange IT implementation and operations and SHOP
development.

NIC, Inc., *Olathe, KS*

President/General Manager (March 2001 – February 2011)

Led state subsidiaries in Hawai'i, South Carolina, and Colorado focused on delivering enterprise web portal services to state government, including custom software development and online transaction management in each state. Built relationships with key decision makers in Governors' offices, executive branch agencies, judicial branches, and state legislatures.

Morrison Associates, Inc., *Evergreen, CO*
President (November 1977 – Present)

Leveraged extensive background in government contracting, new business development, and life sciences to provide consulting services to a diverse portfolio of organizations. Provided IT consulting, proposal writing, business development, and sales support for multiple clients.

Mississippi Enterprise for Technology
Founding Executive Director (July 1994 – October 1997)

Established business incubator facility at NASA center and 3 satellite incubators affiliated with state
universities. Created procedures for screening candidate incubator companies, evaluating commercial viability of technologies, and developing business plans. Forged relationships with R&D labs in federal agencies and universities. Reported directly to Board of Directors.

Texas Innovation Network
Executive Director (August 1988 – June 1994)

Secured funding and spearheaded development and deployment of breakthrough online service for high technology firms. Pioneered efforts to build firm subscriber base for this new one-of-a kind service in early evolution of Internet.

EDUCATION
The University of Tennessee, *Knoxville, TN*
Master of Business Administration, Management and Statistics, 1983
Degree, Concentration, Year [write out in full: Masters in Public Administration, 2014]

The University of Tennessee, *Knoxville, TN*
Bachelor of Arts, Microbiology, 1977

CERTIFICATION / PUBLICATIONS / SPECIAL SKILLS
Project Management Professional Certification (PMP)

REFERENCES
Sean Pearson, Deputy Secretary, New Mexico Human Services Department
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(505) 827-7750, sean.pearson@state.nm.us

Robert Knapp, Former Chief Operating Officer, NIC, Inc.
25501 West Valley Parkway, Suite 300, Olathe, Kansas 66061
816-914-5803, Robert.knapp@gmail.com

Jack Arrowsmith, Executive Director, SIPA
1300 Broadway, Suite #440, Denver, CO 80203
720-409-5637, jarrowsmith50@gmail.com

ANDREW HEANEY PMP, ELECTRONIC VISIT VERIFICATION PROJECT MANAGER
SENIOR CONSULTANT AT PUBLIC CONSULTING GROUP, INC.

Andrew Heaney, a Senior Consultant at PCG based in the Boston office, has extensive experience working with State Medicaid programs, financial management, health information technology (HIT), health information exchanges (HIE), health insurance exchanges (HIX), integrated eligibility systems, business process design, and health and human service program planning. Recently, Mr. Heaney has worked with the State of Wisconsin Department of Health Services to strategically plan, procure, project manager, implement and operationalize an Electronic Health Record (EHR) at seven care and treatment facilities across the state. Additionally, he is currently working with the State of Wyoming on updating their HIT and HIE Implementation Advanced Planning Documents (IAPDs) to request funding for the portfolio of HIT and HIE projects managed by the Wisconsin Department of Health (WDH).Through extensive project management and consulting experience in various states across multiple Medicaid and Health Insurance programs, Mr. Heaney gained a complete understanding of the major goals, challenges, and initiatives that are involved in managing large IT system planning, budgeting, procurements, and replacements.

RELEVANT PROJECT EXPERIENCE

Department of Health Services (DHS), State of Wisconsin

Implementation Support and Project Management Services (July 2017 – present): Project Manager

Project: Providing implementation support services to DHS as they design, build, implement and operationalize a certified enterprise Electronic Health Record (EHR) solution at seven care facilities throughout the state. The scope of work for PCG includes providing advisory, project management, and analyst support to establish a program governance model, staffing model, program management plan, organizational change management plan, and a transition plan.

Mr. Heaney: As the project manager, Mr. Heaney is responsible for day to day management of the engagement, coordination of the various program work streams, providing subject matter expertise, and oversight of the EHR solution provider. Specific responsibilities include oversight of the EHR Vendor, management and facilitation of ongoing Change Control, Risk and Issue management, status reporting, device and equipment procurement support and coordination, cost management, project schedule management and other various project management tasks and activities.

Kentucky Cabinet for Health and Family Services (CHFS), State of Kentucky

Medicaid Enterprise Management Systems (MEMS) Program Management Office (PMO) (April 2019 – present): Comptroller

Project: The scope of work for PCG includes providing advisory, project management, and analyst support to establish a program governance model, staffing model, program management plan, organizational change management plan, and a transition plan.

Mr. Heaney: Responsible for the development of the MEMS Program Cost Management Plan to document and standardize cost management processes across the MEMS Program at the project and program level. Responsible for ongoing monitoring and controlling of MEMS Program cost and budget.

Wyoming Department of Health, State of Wyoming

Health Information Exchange Assessment and Strategic Plan (July 2014 – present): Sr. Consultant

Project: Strategic planning and implementation for Wyoming HIE. The specific tasks include the project management of HIT/HIE projects within Medicaid, and for the ongoing development of a second generation statewide HIE, including support for clinical data architecture, strategic planning, architecture and workflow review and analysis, interoperability mapping, and data security review and analysis. This work continues to include provider outreach and stakeholder engagement activities, providing gap analyses, alternatives analyses, requirements analyses, and procurement support for HIE development activities. This work also includes services to support an environmental scan of the rural Medicaid provider community and critical EHR and HIE trading partners to understand HIT adoption and use across the state. Additional deliverables include an

implementation plan for the State of Wyoming's future-state of HIE and Meaningful Use, including a roadmap for interoperability that optimizes reuse.

Mr. Heaney: Assisted the state with the development of their updated HIE IAPD and HIT IAPDs and worked with Centers of Medicare and Medicaid Services (CMS) officials to gain approval of IAPD budget requests in compliance with federal regulations. Conducted stakeholder engagement activities to assess the interest and business drivers among the hospital and provider community for participation in a statewide HIE. Performed an alternatives analysis to facilitate and present options on different HIE models.

Healthcare Finance and Administration (HCFA), State of Tennessee

Medicaid Modernization Program Strategic Project Management Services (November 2015 – June 2017): Project Manager

Project: Provide program level project management over the portfolio of Medicaid Modernization projects underway in Tennessee. The portfolio of projects includes the implementation of a new integrated eligibility system, modernization of the MMIS, implementation of a statewide Health Information Exchange (HIE), implementation of a Care Coordination Tool, and many other projects in support of Medicaid Health Information Technology.

Mr. Heaney: As the project manager within the Payment Reform program, Mr. Heaney acts as the project manager for the HIE implementation and roll out, Care Coordination Tool implementation, and Quality Applications project. Responsibilities include development and management of project schedules, risks and issues, communication, stakeholder engagement, project and program level status reporting and escalation, and other project management activities.

CoverKids Eligibility & Enrollment Project Management Services (August 2015 – August 2016): Project Manager

Project: Provide project management and consulting services to work with HCFA and the CoverKids (CHIP) IT Vendor to complete the implementation, set up, and initial stages of operations for a replacement Eligibility & Enrollment system. The scope of work includes meeting facilitation, schedule management, risk and issue management, stakeholder outreach and communication, planning and design, requirements gathering, and deliverable review.

Mr. Heaney: As the project manager, Mr. Heaney is responsible for all project management related activities mentioned in the project description as well as providing Medicaid Eligibility and Enrollment subject matter expertise. Coordination with other Medicaid programs and departments within HCFA to ensure enrollments are processed correctly and member communication is clear and accurate. Significant involvement in enrollment testing and coordination with the health insurance carriers participating in the CoverKids program.

Arkansas Health Insurance Marketplace (AHIM), State of Arkansas

Health Insurance Exchange Project Management and Consulting Services (November 2014 – August 2015): Sr. Consultant

Project: Develop requirements and functionality to convert the Federally Facilitated SHOP to a State Based SHOP in Arkansas, and then subsequently convert the Federally Facilitated Marketplace to a State Based Marketplace. Scope of work includes development of a procurement plan, RFP, evaluations of bidder responses, and overall project management

Mr. Heaney: Assist AHIM to develop a Request for Proposals to procure a functional Small Business Health Options (SHOP) solution for the State of Arkansas. Receive and assist in the review and evaluation of vendor proposals. Perform project management activities such as requirements management, technical analysis, risk and issue management, change control, and weekly status reporting.

New Mexico Health Insurance Exchange, State of New Mexico

Project Management Services (January 2014 – August 2014): Consultant

Project: Establish Project Management Office and provide project management and consultant services for the implementation of the New Mexico Health Insurance Exchange (NMHIX). Initiate operational Hybrid Exchange by October 1, 2013 with plans to build a fully functional State-Based Exchange by 2015.

Mr. Heaney: Coordinate and facilitate ongoing meetings with insurance carriers, weekly project status meetings, and risk and issue meetings. Participate in requirements validation sessions, design sessions, and product training. Develop business process flows and marketing materials specific to NM's HIX and SHOP. Business owner of the Eligibility functions within the HIX including eligibility determinations, APTC/CSR calculations, and NMHIX internal policy decisions.

Department of Human Services, State of Hawaii
Eligibility Systems Replacement (April 2012 – June 2013): Business Analyst

Project: Provided services to Hawaii's Department of Human Services (DHS), Med-QUEST Division (MQD) to oversee the planning and procurement of a DDI vendor for the replacement of legacy integrated eligibility system. Assessed and evaluated current Medicaid business processes, gathered requirements, developed and submitted an IAPD and IAPD-U to CMS. Developed an RFP, and assessed and secured the DDI vendor.

Mr. Heaney: Assisted the development of policy and business requirements needed to design a comprehensive RFP for Hawaii to replace its Medicaid eligibility system. Activities also included drafting the associated Implementation Advanced Planning Document (IAPD) and RFP. Conducted proposal evaluations to provide Hawaii with an independent assessment.

Hawaii Health Connector, State of Hawaii
HIX Planning and Program Management Office (April 2012 – May 2013): Business Analyst

Project: Contracted by the Connector to oversee the planning and procurement of an IT vendor for Hawaii's state-based Marketplace that is financially self-sustaining, encourages full participation in the Hawaii health insurance market by insurance carriers, creates a user-friendly marketplace for individuals and small groups to shop, compare, and purchase health insurance products. Project responsibilities included gathering requirements, developing and submitting an IAPD and IAPD-U to CMS, developing an RFP, and assessing and securing the IT vendor.

Mr. Heaney: Participated in weekly status meetings, budget management, reporting, requirements sessions and overall strategy sessions. Constructed the Concept of Operations document for Hawaii's Health Insurance Exchange. Participated in defining business requirements for the exchange system. Worked on the construction of a RFP to procure project IT vendor

EDUCATION
Clark University, *Worcester, MA*
Master of Business Administration, May 2017

Colby College, *Waterville, ME*
Bachelor of Arts in Economics, 2007

CERTIFICATIONS / PUBLICATIONS / SPECIAL SKILLS
Relevant skills include, but are not limited to: Business Process Mapping, MS Visio; Project Management, Certified PMP, MS Project; Financial Analysis, MS Excel

REFERENCES
Leon Lipp, Director, Office of EHR, Wisconsin Department of Health Services
1 W Wilson St., Madison, WI 53703
(608) 234-7568, Leon.Lipp@dhs.wisconsin.gov

Ruth Jo Friess, Health Information Technology Systems Manager, Wyoming Dept. of Health – Medicaid
6101 Yellowstone Rd. Suite 210, Cheyenne, WY, 82002
(307) 777-5414, Ruth.jo.friess@wyo.gov

Wesley McRae, Information Systems Clinical Tech Consultant, Tennessee Division of TennCare
310 Great Circle Road, Nashville TN 37243
(615) 507-6353, Wesley.McRae@tn.gov

MIKE HOROWITZ PMP, CAPITATION MODULE PROJECT MANAGER
IT PROJECT MANAGER.

A PMP-certified Project Manager with over 26 years of information technology experience and has been with Public Consulting Group for the past three years. Mr. Horowitz has over 15 years in Project Management of large-scale government health and human services system implementation projects. Mr. Horowitz has successfully managed several large-scale projects in the health and human services arena and is a subject matter expert in Medicaid business processes. Mr. Horowitz's project management skills are built on a technical foundation of applications development and data conversion. He possesses strong verbal and written communication skills and has a solid history of effectively leading project teams and collaborating with clients for successful project results. Mr. Horowitz has held numerous Supervisory, Management, and Executive roles throughout his career, ranging from teams of 3-5, to larger teams of 10-15 made up of both employees and contractors, up through the role of Deputy Director of Applications Development for Texas Medicaid, where he oversaw an organization of approximately 70 personnel.

Mr. Horowitz has led Data Conversion efforts on MMIS replacement projects for the states of Texas, Idaho, and Georgia. In addition, he is well-versed in Data Governance, Master Data Management, and the interfaces common to Medicaid Enterprise Systems.

RELEVANT PROJECT EXPERIENCE

Tennessee, Healthcare Finance Authority (HCFA), State of Tennessee

Strategic Program management Office SPMO (May 2016 – Present)

As the Program Manager for the SPMO, Mr. Horowitz leads the SPMO of Senior Project Managers, and Business Analysts in support of the Department of TennCare's Medicaid Modernization Program's (MMP) efforts. Projects include the Tennessee Eligibility Determination Systems (TEDS) Master Data Management (MDM), implementation and modification of the ServiceNow software application, and other projects as they are identified.

Xerox Corporation (Management Consultant)

Project Manager (May 2015 – January 2016)

Served as a Consulting Project Manager for Xerox Corporation for the California and New York Medicaid Management Information System (MMIS) implementation projects. The projects used Agile development methodology, and during this time I earned the Scrum Master Certification.

Enterprise Project Manager (December 2013 – August 2014)

Consulting to the Xerox Corporation for the Texas Medicaid Healthcare Partnership (TMHP). Provided MMIS technical and functional expertise and Enterprise Program Management services. Projects included planning and requirements analysis for implementation of the provider-related provisions of the Affordable Care ***Act***, Managed Care expansion for Long Term Care services, and Enterprise Data Warehouse/Data Governance.

CSG Government Solutions, Inc.

IV&V Project Manager/Principal Consultant (October 2014 – April 2015)

As an Independent Verification and Validation (IV&V) Project Manager/Principal Consultant, Mr. Horowitz managed a team of business and technical experts providing support to multiple agencies within the State of Vermont's Health and Human Services directorate during the transformation of their Pharmacy Benefit Management and MMIS systems. His duties included assessment of contractual and regulatory compliance, risk and issue identification, technical documentation review and status reporting.

International Biometric Group

IV&V Project Manager (September 2010 – November 2013)

Led a team of resources providing Independent Validation and Verification (IV&V) services for the Texas Health and Human Services Commission's Medicaid Eligibility and Health Information Service (MEHIS) system. This system replaced the paper Medicaid ID with a magnetic stripe plastic card, and provided web portals for both providers and clients for viewing client eligibility and health history based on submitted claims. Daily responsibilities included: defining and managing Quality Assurance reviews, risk assessments, regulatory compliance audits, performing vendor oversight, and coordination of communication between various state agencies.

South Carolina Department of Health and Human Services

Technical Manager - MMIS Replacement System (December 2009 – August 2010)

Served as Technical Manager for the MMIS Replacement System planning.

Defined the technical organization structure. Performed interviews and hiring of Senior Architects (Service-Oriented, and Data Architecture). Participated as a member of the senior leadership team that crafted the Enterprise Architecture and to-be system framework utilizing a combination of Medicaid Information Technology Architecture (MITA), The Open Group Architecture Framework (TOGAF) and Service-Oriented Architecture principles.

Unisys Idaho Medicaid

Project Manager (May 2008 – December 2009)

Served as Project Manager for the Idaho MMIS (Medicaid Management Information System). Led multiple teams in the analysis, design, development and implementation of the data conversion and interface processes. *Managed Quality Assurance efforts* during System and User Acceptance Testing. Managed team members through a matrixed organization structure, performed work planning using MS Project on resource assignment/allocation and task scheduling

Accenture

Project Manager (May 2007 – May 2008)

Served as project manager, leading a team of employees and sub-contractors in the execution of data conversion for multiple releases and waves for the Army (GFEBS) SAP project. Primary focus was to ensure that all conversion executions were completed accurately and on schedule. Coordinating with other teams and client business representatives with consideration for compressed cutover windows to minimize production interruption or "down time". Responsibilities included extensive client interaction with senior staff, including weekly briefings with the project director.

Systems Director (October 2006 – April 2007)

Operated as Systems Director for the Texas Children's Health Insurance Program (CHIP). Provided leadership to a team of consultants who performed management and monitoring oversight to the subcontractor charged with the development and maintenance of the CHIP system. Ensured governance processes were followed, including; risk and issue management, stringent testing, and pre-deployment approval. Provided review of project document artifacts, including project charters, work plans, impact assessments, design documents, and test cases.

Technical Project Manager (June 2006 – September 2006)

Operated as Technical Project Manager for the National Provider Identifier (NPI) implementation project for the Texas Medicaid system. Led five (5) teams and additional support personnel (approximately 70 FTEs from PMO, Purchasing, Admin, etc.) to design and implement system modifications to bring the existing system into compliance with the HIPAA NPI requirement. Communicated with the client via weekly comprehensive project status reports. Led the technical architecture group. Performed monthly budget forecasting.

Deputy Director of Application Services (November 2004 – July 2006)

Served as Deputy Director of Application Services for the Texas Eligibility/CHIP Medicaid Healthcare Partnership (TMHP). Directed an organization of five (5) teams; Claims, Financial, Eligibility/Provider, Production Support, and EDI (Electronic Data Interchange) in support of the Texas Medicaid system. Staff (approximately 70 personnel) included Accenture employees, from both Services and Solutions workforces, and contractor personnel. Additional duties included software release management, participation in CMMI recertification, and teaching leadership skills to new managers as a faculty member of the Leadership Academy.

Claims Engine Team Lead (April 2003 – November 2004)

Led a cross-functional team made up of 27 Application Architects, Software Developers, and Business Analysts, responsible for the operation and maintenance of the server applications for the Texas Medicaid system. Applications included eligibility determination, service authorization, claims processing and payment, provider data, and 3rd party recovery. Administrative duties included interviewing, performance appraisals and coaching/mentoring. Led the team through the initial transition period from a previous vendor to a successful system implementation.

PROFESSIONAL BACKGROUND

Public Consulting Group, *City, ST*	05/2016 - Present
Independent Consulting Austin, TX	04/2000 – 04/2016
CSG Government Solutions, Inc., Chicago, IL	10/2014 – 04/2015
International Biometric Group, New York, NY	09/2010 – 12/2013
Unisys, *Blue Bell, NY*	*05/2008 – 12/2009*
Accenture *Austin, TX*	*04/2003 – 04/2008*
Adhesive Software, *Austin, TX*	*04/2000 – 02/2001*
Electronic Data Systems (EDS), *Plano, TX*	*04/1998* – 04/2000

EDUCATION

University of West Florida, Pensacola, *FL*
Bachelors of Science, Management, 1988

CERTIFICATIONS / PUBLICATIONS / SPECIAL SKILLS

Project Management Professional (PMP)
Certified Scrum Master (CSM).

REFERENCES

Matt Wear
Application Development Manager
(512) 676-0051, Mwear553@hotmail.com

Tom Landry
Systems Architect
(512) 422-6924, Tom.landry@tmhp.com

Robert Carrico
Program Architect
(512) 970-1026, rcarrico@seton.org

AMANDA ALVEY, LTSS REDESIGN PROJECT MANAGER
SENIOR CONSULTANT AT PUBLIC CONSULTING GROUP, INC.

RELEVANT PROJECT EXPERIENCE

Department of Developmental Services, State of California

Home and Community-Based Services Assessment Plan (October 2018 – Present)

Ms. Alvey: Project management for conducting activities to assist with demonstrating compliance with the HCBS Settings Final Rule. Activities include the provision of information and education for key stakeholders within California including, but not limited to, regional centers, service providers, individuals receiving services and their families.

Office of Children's Services, Commonwealth of Virginia

Study of Private Special Education Day Program Rates (September 2018 – Present)

Ms. Alvey: Project management for conducting a legislatively mandated study of private special education day program rates. Activities including working with providers to conduct a cost study, conduct research on other state rate structures, and provide a report detailing current rate adequacy and appropriateness and options for a comprehensive rate setting methodology for private special education day program rates.

Department of Health Care Services, State of California

HCBS STP Compliance Activities (August 2018 – Present)

Ms. Alvey: Provide consultation and assistance for the completion of a site assessment tool, site assessments, compliance determinations and follow up reporting for all residential facilities, including Residential Care Facilities for the Elderly, Adult Residential Facilities, and Congregate Living Health Facilities.

Department of Mental Health, State of Mississippi

HCBS Compliance Monitoring (July 2018 – Present)

Ms. Alvey: Assist with determining ID/DD Waiver and IDD Community Support Program provider compliance with the HCBS Settings Final Rule. Includes reviewing and revising site assessment and interview tools, conducting training for state staff and provider agencies, scheduling and conducting site assessments and interviews with individuals receiving services.

Department of Health Services, State of Wisconsin

Certification and Compliance of HCBS Settings (April 2018 – Present)

***Ms. Alvey:* Project management for the oversight of certifications and compliance with the HCBS Settings Final Rule of all 1-2 bed Adult Family Homes (AFH). Includes site assessments to ensure compliance with the HCBS Settings Final Rule for all non-residential home and community-based settings.**

Department on Aging, State of Illinois

Community Care Program Rate Study (January 2018 – Present): Project Manager

Ms. Alvey: Project management for the analysis of rate methodologies for the state's 1915(c) Elderly waiver services, including Emergency Home Response services, Adult Day services, Adult Day Transportation, and In-home services. Includes an analysis of the states' current methodology and determination of whether the current rates are efficient, cost effective, and allow for the purchase of services at the lowest rate that will ensure access to waiver services by multiple providers.

Division of Disability and Rehabilitative Services, Bureau of Development Disabilities Services (BDDS), State of Indiana

Inventory for Client Agency Planning (ICAP) Assessments (September 2017 – Present): Project Manager

Ms. Alvey: Project management for the performance of ICAP assessment services to determine the appropriate level of support for individuals who may be served on the Community Integration and Habilitation Waiver as referred by BDDS.

Office of Developmental Programs, State of Pennsylvania

Provider Assessment Tools (April 2017 – August 2018)

Ms. Alvey: Assist with research and development of provider self-assessment tools for non-residential and residential settings to determine initial level of compliance with HCBS Settings Final Rule. Work with HCBS Work Group. Provide recommendations for provider self-assessment validation. Assist with development of communications plan, presentations and training materials.

Department of Health, State of New York

HCBS Statewide Transition Plan Activities (April 2017 – December 2017)

Ms. Alvey: Assist with the research and assessment of the HCBS Statewide Transition Plan. Activities include research of development of provider self-assessment tools and residential and non-residential site assessment tools. Develop tools to assess remediation progress. Develop, schedule and conduct a series of web-based and in-person training sessions for HCBS providers and state staff. Develop tools and evidentiary packets for heightened scrutiny process.

Department of Health and Human Services, State of South Carolina

Quality Assurance Activities for Site Assessments (December 2016 – June 2017)

Ms. Alvey: PCG is working with SC DHHS Medicaid and the SC Department of Disabilities and Special Needs to conduct over 1,000 site visits of residential and non-residential settings located throughout the State of South Carolina. Conduct quality assurance tasks for site assessment reports. Assist with training and consultation of site assessors.

Division of Disability and Rehabilitative Services, State of Indiana

HCBS Statewide Transition Plan Activities (August 2016 – January 2018)

Ms. Alvey: Assist with the research and assessment of the HCBS Statewide Transition Plan. Analyze provider self-assessment responses and make initial compliance determinations. Request and review provider documentation. Develop site assessment plan, schedule and conduct site assessments to make final determinations of compliance.

Family and Social Services Administration, State of Indiana

Home and Community Based Services Waiver Transitions (August 2016 – January 2017)

Ms. Alvey: Provide direction and subject matter expertise to FSSA Divisions in development and implementation of Statewide Transition Plan. Provide project management support and ensure all FSSA divisions progress with key tasks and deliverables in a timely manner to ensure project objectives are met according to the Statewide Transition Plan. Track key activities, schedule meetings with internal and external stakeholders to support successful implementation of the Statewide Transition Plan. Assist with research of CMS regulations and provide technical assistance/guidance. Providing an assessment of services related to the development of new waiver service definitions under Indiana's Community Integration and Habilitation waiver, to be submitted as an amendment to the Centers for Medicare and Medicaid Services.

Division of Disability and Rehabilitative Services, State of Indiana
Redesign of Community Integration and Habilitation (CIH) Home and Community-Based Waiver Program (August 2016 – October 2016)

Ms. Alvey: Provided project management support to ensure the effective completion of policy discussions to formulate waiver changes and the subsequent writing of waiver amendments; conducted research and evaluate CMS guidance; analyzed utilization data and provided technical assistance throughout the project.

Division of Aging, State of Indiana
HCBS Statewide Transition Plan Activities (August 2016 – December 2016)

Ms. Alvey: Developed materials for Statewide Transition Plan activities including provider remediation plan template and presentation materials for provider training.

Bureau of Developmental Disabilities Services, State of Indiana
Staff Training Services (August 2016 – December 2016)

Ms. Alvey: Assisted with the development of e-learning courses and support professional development curriculum and resources. Assisted with development of online core training module

PROFESSIONAL BACKGROUND

Public Consulting Group, Inc. August 2016 – Present

Family and Social Services Administration, State of Indiana Office of Medicaid Policy and Planning February 2012 – July 2016

Ivy Tech Community College Company December 2012 – December 2017

Indiana Criminal Justice Institute August 2008 – January 2012

EDUCATION

Indiana University-Purdue University Indianapolis
Master of Public Affairs

Indiana University-Purdue University Indianapolis
Bachelor of Science, Criminal Justice

REFERENCES

Lora McCurdy, Illinois Department on Aging
1 Natural Resources Way Suite 100, Springfield, IL 62702
(217) 558-3925, lora.mccurdy@illinois.gov

Jennifer Fulcher, Director, Division of Home and Community Based Services
MS Department of Mental Health
239 N. Lamar Street, Suite 1101, Jackson, MS 39201
601.359.6240, jennifer.fulcher@dmh.ms.gov

Mark Kissinger, Special Advisor to the Commissioner of Health, New York State Department of Health
Office of Primary Care and Health Systems Management
Empire State Plaza, Corning Tower 14th Floor, Albany, NY 12237
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BONNIE HARRIS, PSY.D., MBA, PMP, POINT OF SCALE PROJECT MANAGER
SENIOR IT PROJECT MANAGER AT PUBLIC CONSULTING GROUP, INC.

Bonnie Harris is currently a Senior IT Project Manager at Public Consulting Group and began her work with the firm in May of 2016. Dr. Harris is a Project Management Professional who specializes in supporting the business and information technology needs of government organizations. She is highly experienced in compliance management, process improvement, business analysis/evaluation, quality management, and product-development life cycle in government organizations. With this skillset, Dr. Harris currently oversees the project management and development of Tennessee's Primary Care Transformation and HIE projects.

RELEVANT PROJECT EXPERIENCE

Department of Information Technology Services, State of Mississippi

Medicaid Enterprise Solution Independent Verification and Validation (February 2018 – Present): Quality Assurance Subject Matter Expert

Project: The Mississippi Division of Medicaid is replacing its legacy Medicaid management information system, pharmacy benefit system, and data warehouse/decision support system.

Dr. Harris: Is a subject matter expert for quality assurance compliance for project oversight and deliverables.

Department of Social Services/Division of Medical Services, State of South Dakota

Pharmacy Point of Sale Independent Verification and Validation - Project Management and Certification Support (August 2017 – February 2019): Project Manager

Project: South Dakota is replacing its stand-alone, state operated pharmacy Point of Sale (POS) system with a COTS product that will be operated by the state as a vendor hosted solution for its Medicaid population of 148,000 individuals.

Dr. Harris: Performs project management during South Dakota's POS Independent Verification and Validation (IV&V) process and support them through the certification. Provides support to South Dakota in the IV&V contractor interviews and help manage POS IV&V project management staff, and the POS development contractor staff. On behalf of South Dakota, evaluates IV&V deliverables and make recommendations about the state artifacts that are required for MMIS milestone reviews and assist the State with any artifact requirements that needs to be completed during the certification process.

TN Division of TennCare/eHealth, State of Tennessee

Medicaid Modernization Program (May 2016 – Present): Project Manager

Project: TennCare is implementing a new system to modernize and enhance eligibility determination, redetermination and eligibility appeals for the Medicaid and Children's Health Insurance Program. This new system will leverage Service Oriented Architecture principles to develop and extensible architecture that will comply with CMS' Medicaid Information Technology Architecture (MITA) 3.0, CMS' Seven Conditions and Standards, and national standards for security, privacy, interoperability and information sharing.

Dr. Harris: Oversee the activities of all State and Contractor project team members for Health Information Technology, Care Coordination, and Quality Application Services. Work closely with State management to meet overall program goals and objectives and complete project management tasks. Tasked with managing, collaborating, and coordinating the execution of solution implementation projects with the State-employed Project Managers and solution vendors. Work to create a positive and productive environment for all project team members and

stakeholders that values cooperation, teamwork, and planning. Coordinate closely with other Project Managers across all TennCare projects. Gather team member updates and assesses the project's health. Draft weekly project status reports. Facilitate weekly project status meetings, finalize and submit weekly project status reports. Identify potential risks and/or issues and discuss during project meetings to evaluate and escalate issues through appropriate internal project managers.

Department of Human Services/Iowa Medicaid Enterprise, State of Iowa

Iowa Eligibility Integrated Application System Project (February 2016 – May 2016): Certification/Integration Manager

Project: Iowa is developing a new system to have a single integrated system that determines eligibility for Medicaid, human service programs, and Health Benefit Exchange. This project replaced Iowa's 35-year old human services eligibility system to meet federal guidelines, improve customer services, reduce technology costs and integrate eligibility processes for a population of 650,000 individuals.

Dr. Harris: Responsible for project oversight, management and integration of the State of Iowa. Leadership and management of the project team. Facilitated the executive teams with management activities. Established the project management structure and provided appropriate tools. Ensured the project was documented through a project library, meeting agendas, decision documents, etc. Reviewed all plans of any contractors with roles in the project. Monitoring all contractors' progress toward implementation goals. Prepared and presented status updates as needed to CMS, the State, and stakeholders. Subject matter expert in an Agile environment in designing and developing Iowa's integrated eligibility system, including oversight of system certification readiness. Collaborated with Accenture Software (ASW) Product team, including serving as lead for multi-state team to facilitate product enhancements.

Department of Human Services/Executive Office of Health and Human Services, State of Rhode Island

Unified Health Infrastructure Project (June 2014 – February 2016): Quality Assurance Manager

Project: Rhode Island implemented an integrated eligibility system and provided hosting services for the state's health benefit exchange. The system was designed to meet federal requirements and included enhanced functionality to improve efficiency, weed out waste and fraud and improve overall operations for its population of 290,000 individuals.

Dr. Harris: Performed IV&V services to assist Rhode Island in implementing an ACA-compliant Health Insurance Exchange and Integrated Eligibility System. Verified and reviewed implementation deliverables, processes, and execution in accordance with established and accepted criteria and industry best practices. Validated the quality of implementation vendor deliverables. Reviewed and assessed test plans to validate continuous integration test results. Verified timeliness and tests for all releases to ensure that the implementation vendor is maintaining discipline in their testing approach. Tracked issues and findings to completion by reviewing subsequent releases. Reviewed testing metrics and acceptance criteria prior to UAT. Worked with state to assess and evaluate system Warranty Reports. Maintained readiness dashboard to measure progress against defined Readiness criteria. Provided direction to guide state decision-making in the Exchange design, development, implementation, and operation processes.

Department of Human Services/Department of Healthcare and Family Services, State of Illinois

Illinois Framework Project (October 2013 – April 2014): Subject Matter Expert

The Illinois Framework was a collaboration among seven state agencies to build bridges to share information and modernize healthcare and human services systems.

Dr. Harris: Developed a comprehensive strategy and procurement support services for modernizing its Medicaid Enterprise. Analyzed MMIS operational model options to help determine implementation priorities. Conducted in-depth research, analysis, planning, and management of the implementation efforts. Provided guidance on developing the partnership between Illinois and Michigan who partnered to share the same technology.

PROFESSIONAL BACKGROUND

Public Consulting Group, *Boston, MA* May 2016 - Present
CSG Government Solutions, *Chicago, IL* October 2013 – May 2016
Centers for Medicare and Medicaid Services, *Chicago, IL* January 2012 – October 2013
Centers for Medicare and Medicaid Services, *Atlanta, GA* September 2007 – January 2012
Georgia Department of Community of Health, *Atlanta, GA* November 2001 – September 2007
Georgia Department of Human Resources, *Atlanta, GA* May 2001 – November 2001
Texas Department of Human Resources, *Grand Prairie, TX* February 1995 – April 2001

EDUCATION

University of the Rockies, *Denver, CO*
Doctor of Business Psychology, primary focus on how to make people and organizations more effective

Capella University, *Minneapolis, MN*
Master's in Business Administration

Kaplan University, *Davenport, IA*
Advanced Bachelor of Science in Information Technology

Harding University, *Searcy, AR*
Bachelor of Arts in Business Administration

CERTIFICATIONS / PUBLICATIONS / SPECIAL SKILLS

Project Management Professional (PMP) Certification, 2016

REFERENCES

Jenn DeBoer, DHS/EOHHS, State of Rhode Island
78 Sunset Avenue, North Providence, RI 02911
(401) 954-9360, Deboer_Jenn@BAH.com

Pamela Madden, Georgia Department of Community Health
1383 Richard Rd., Decatur, GA 30032
(404) 657-9926, Pamela.Madden@gmcf.org

LaShonda Mazique, Centers for Medicare and Medicaid Services
8271 Lakeshore Trail West
Indianapolis, IN
(317) 537-2071, LaShonda.Mazique@att.net

KRIS MARSHALL CSM, ELIGIBILITY AND PLAN SELECTION INTEGRATION PROJECT MANAGER
***SOLUTIONS ARCHITECT* AT PUBLIC CONSULTING GROUP, INC.**

Kris Marshall is a results-driven technology management professional with over 13 years of accomplishments in information technology (IT) systems, advanced technologies, and business architecture. Kris has extensive experience with systems development and integration, successfully fulfilling numerous roles, including project manager, lead technical, business and implementation analyst, quality assurance manager, and independent project oversight consultant. Kris is a practitioner of enterprise architecture, aligning strategic goals and objectives with decisions on products and services, partner and suppliers, organization capabilities, and key business and IT initiatives. Adept at guiding technical development and meeting implementation needs, Kris provides recommendations for system design and development, overall implementation management, guidance about maintenance and operation of both the modernized systems, knowledge gap assessment, and resolution of disparate data/systems.

RELEVANT PROJECT EXPERIENCE

Mississippi Division of Medicaid (DOM)

Medicaid Enterprise Systems (MES) Project (June 2018 – Present) Subject Matter Expert (SME) | Quality Assurance (QA) | Enterprise Architecture (EA)

Ms. Marshall: Kris provides oversight of the project to ensure that requirements are delivered in a manner that serves the goals of the project, such as ease of use at a reduced overall cost, streamlining of information sharing, and highly repeatable business processes. Additionally, Kris reviews and monitors project planning, delivery and software development life cycle (SDLC) processes including delivery artifacts such as deliverables and work products to ensure that DOM and vendors are working collaboratively and in concert with one another in an accountable manner and that the program maintains high-quality standards that track and equate with the contracted solution. Regarding EA, Kris also evaluates the technical solutions, modules, and DOM enterprise architecture, to increasing the likelihood that MES will securely achieve state goals and the Medicaid requirements, through the following: Assess integration needs to ensure that all modules work together seamlessly and work securely with external systems; Assess solutions to disagreements that may arise between development contractors who are developing or testing different MES components. Evaluate risks that may arise when schedule or technical slippage in one module(s) affects other modules.

San Francisco Department of Public Health (SFDPH)

Security and Role-Based Access Control Joint Remediation Projects (October 2017 – Present) Project Manager

Ms. Marshall: Kris is responsible for the creation of the joint project plan and schedule and for ensuring that deadlines are met as well as ensure that communication between PCG and SFDPH is focused and ongoing. For the Security Remediation Project, Kris oversees all activities related to the gap/risk analysis around role-based access and evaluates the contributions of all project members in the development of a role-based access standard operating procedure (SOP). Additionally, Kris oversees the team's collective focus on systems and information security compliance in addition to a Health Information Portability and Protection Act (HIPAA) privacy gap analysis and review/development of HIPAA protocols and procedures.

Michigan Department of Health and Human Services (MDHHS)

Medicaid Management Information System (MMIS) Cloud Enablement and Migration Project (August 2015 – May 2018) Project Manager

Ms. Marshall: Kris led a mid-size team of independent verification and validation (IV&V) architecture, Medicaid Information Technology Architecture (MITA), certification, security, and organizational change professionals providing IV&V, technical, validation (testing), oversight of system and user acceptance tests and evaluation assessments/technical writing to ensure:

First-in-class cloud-based MMIS solution (series secured internet applications offered as services), secondary IT systems and services meet MITA, Center for Medicare & Medicaid Services (CMS) Certification and client requirements, as well as standards are performing to defined design, cost, schedule, and performance specifications/capabilities. Kris also delivered technologies, tools, and support to: Data cleansing and conversion efforts; QA/quality control and operational assessments/technical writing; System and user acceptance tests; Integration and performance testing; Training plans/initiatives; System readiness/evaluation.

Georgia Department of Community Health

MITA Project Management Office (PMO) (November 2015 – June 2017) Technical Architect

Ms. Marshall: Kris helped ensure the alignment of the state's MMIS Enterprise to the MITA Framework and CMS' intention of MITA advancement, in support of the implementation of true EA. Kris also participated in a supervisory role with leadership advisory responsibilities and was involved in all efforts geared towards development, delivery and support of MMIS software solutions, including: Technical documentation (technical writing); System readiness for modules (secure internet applications/solutions); Kris provided technical and analytical skills and experience, specific but not limited to: Identified the business process/procedure-to-technical needs of the MMIS Enterprise; Broke down and assessment of a large-scale MMIS solution into manageable components (modules); Development of plans, strategies, and methodologies in support of MMIS Enterprise; Development of governance structure, technical group roles and responsibilities and organizational structure of the IT environment; Produced documents that monitor progress and ensure the quality assurance/quality control of the project; Advisor to the MMIS Enterprise on managing future IT needs.

Montana Department of Public Health and Human Services

Combined Healthcare Information in Montana Eligibility System (CHIMES) Project (February 2014 – March 2015) Project Manager | IV&V Consultant

Ms. Marshall: Kris served as the project manager and IV&V analyst, leading a mid-sized team of IV&V and test professionals providing IV&V, test, and evaluation solutions to ensure client IT systems and services meet client requirements/standards and were performing to defined design, cost, schedule, and performance specifications/capabilities. Kris also: Delivered technologies, tools, and support to quality and operational assessments, integration testing, and system evaluation; Provided direct IV&V support, including evaluation of projects through activities such as assessments, process and procedure audits, project and performance management, systems analysis and design, and facilitate early detection and correction of cost and schedule variances; Led a collaborative team that worked independently, building a positive relationship with the client and development teams to help ensure project success; Managed project deliverables; Managed the development and use of quality and technical standards;

Delaware Department of Social Services

Delaware Eligibility Modernizations System (DEMS) Project (March 2014 – December 2015) Lead Technical Analyst

Ms. Marshall: Kris provided IV&V services for the modernization of the legacy system. The engagement included assessments of system integrator project management plans, training plans, system requirements, technical and architectural designs, and other artifacts and deliverables. The eligibility system is a large-scale system/application development project with service-oriented architecture (SOA) and/or web-based services. Kris also: Evaluated project plans, including project management plans, risk management, release management, configuration management, data conversion, and organizational change management, and other implementation plans for adherence to standards and best practices,

California Employment Development Department (EDD)

Continued Claims Redesign (CCR) Modernization Project (January 2014 – May 2015) Independent Project Oversight Consultant (IPOC)

Ms. Marshall: Kris led the Independent Project Oversight (IPO) services for the CCR Modernization project. PCG's customized IPO service is designed to ensure that the project's cost, scope, and schedule are monitored to assist the stakeholders and sponsor in attaining the project's goals by observing and monitoring project processes. These IPO activities increase the project's probability for success by forewarning the state of potential adverse situations, ensuring the project has been properly structured and all necessary project plans, personnel, and other critical components have been identified, created, addressed, and/or will be obtained before implementation.

State of Nevada Silver State Health Insurance Exchange (SSHIX)
Silver State Health Insurance Exchange (February 2012 – May 2015) Quality Assurance Manager | Implementation Lead | Senior Technical IV&V Consultant

Ms. Marshall: Kris performed technical IV&V planning, systems integration, verification and validation, risk/supportability, and effectiveness analyses for the State Based Marketplace (SBM) system. Kris also: Performed analysis at all levels of total system product, including concept, design, test, installation, operation, and maintenance; Ensured the systematic conversion of system requirements into total systems solutions that acknowledge technical and cost constraints; Performed functional analysis, timeline analysis, detailed special studies, requirements allocation, and interface definition studies to validate customer requirements and hardware/software specifications; Assisted with the planning and adoption of production, productivity, quality, and customer-service standards as well as problem resolution and quality audits.

EDUCATION
Pepperdine University – Malibu, Ca
Dual Doctoral Candidate, Organizational Leadership (Ed.D.) | Global Leadership (Ph.D.)

Pennsylvania State University – State College, PA
Master of Professional Studies, Enterprise Architecture

University of the Pacific | California State University – Sacramento, CA
Bachelor of Science, Information Technology

CERTIFICATIONS
Project Management Graduate Certificate, Pennsylvania State University
ITIL, Foundation Level
Eclipse IV&V® Certified, Professional Level

REFERENCES
Aleeta Massey, Project Director
Mississippi Division of Medicaid (DOM)
550 High St #1000, Jackson MS 39201
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Almir L. Guimaraes, IT Director – Convergent Technologies & Security Operations
San Francisco Department of Public Health (SFDPH)
101 Grove Street, San Francisco, CA 94102
(415) 255-3570

Dave McLaury, Program, Contract, and Budget Manager
Michigan Department of Health and Human Services (MDHHS)
333 South Grand Avenue, Lansing, MI 48909
(517) 242-7048, McLauryD@michigan.gov

RICHARD ALBERTONI, MEDICAID OPERATIONS SUBJECT MATTER EXPERT
MANAGER AT PUBLIC CONSULTING GROUP, INC.

Since joining PCG in 2011, Mr. Albertoni has been the firm's consulting lead on state healthcare transformations ranging from Health Insurance Marketplace implementation, Medicaid expansion, Managed Care Implementation and Mental Health System Reform. He specializes in helping states find unique solutions to healthcare innovation that meet local needs. For example, he helped Arkansas and New Hampshire implement Medicaid Expansions that leveraged Marketplace Qualified Health Plans as the delivery system. He is currently being leveraged as a Health Insurance Marketplace subject matter expert by CMS as part of an effort to expand the use of Section 1332 State Innovation waivers.

RELEVANT PROJECT EXPERIENCE

Department of Health, State of Maryland

Medicaid Program Opportunity Assessment (July 2018 – Present): Medicaid Program Consulting

Project: Provide a high-level assessment of Medicaid program operations to identify areas of opportunity to improve customer service, enrollee health outcomes and program efficiency and effectiveness. Meet with lead administrators of all major business areas to accomplish this.

Mr. Albertoni: Represented PCG feedback to Medicaid Director, Department Secretary and Medicaid program staff. Facilitated work of the internal PCG team to emerge with major areas of focus for further study.

Center for Consumer Information and Insurance Oversight (CCIIO)

1332 Waiver Technical Assistance Project (May 2018 – Present): Insurance Reform Consulting

Project: Assist CCIIO with the development of Affordable Care Act (ACA) Section 1332 Waiver models and application templates. 1332 waivers permit states to design state-based alternatives to the federal health insurance exchange.

Mr. Albertoni: Develop reform ideas for CMS consideration. Advise federal government on state needs to strengthen their individual and small group markets. Provide Medicaid program insights to help CCIIO understand Marketplace-Medicaid coordination issues.

Mississippi Division of Medicaid, State of Mississippi

Mississippi Delivery System Consulting (November 2015 – Present): Delivery System Consultant

Project: Provide Medicaid delivery system consulting to the Mississippi Division of Medicaid.

Mr. Albertoni: Supervise tasks completed by the consulting team, including an organizational analysis, development of policies and procedures, review of supplemental payment models, development of a strategy and assistance with state plan amendments and policy briefing papers.

Arkansas Health Insurance Marketplace

Professional Services Contractor (April 2014 – April 2018): Healthcare Innovation Consultant

Project: Helped Arkansas design, develop and plan implementation for an employer benefit intended to strengthen low-income coverage in the employer-sponsored insurance market. Assist the Health Insurance Marketplace with the design, development, and implementation of a process to certify the qualified health plans that will be participating in Arkansas' exchange. Support Arkansas at federal gate and design review meetings.

Mr. Albertoni: Worked as lead consultant to the Arkansas Marketplace Board and Insurance to design, develop, and implement the delivery system for the Medicaid Private Option and Arkansas Works Employer Sponsored Insurance (ESI) initiative. Also served as consulting lead for the successful launch of the Small Business Health Options Program (SHOP) portal.

Tennessee Health Care Finance Administration, State of Tennessee

TennCare Eligibility Services Project Management (September 2015 – June 2016): IT Systems Consultant

Project: Provide Project Management for two eligibility system upgrades, which included the CoverKids Eligibility System Redesign and TennCare Eligibility Redeterminations.

Mr. Albertoni: Provided Medicaid eligibility policy consulting to assist the project team in establishing business requirements. Supervise the work of project management staff and assured that the projects were launched on schedule in December 2015.

New Hampshire Insurance Department, State of New Hampshire

New Hampshire Insurance Project (March 2013 – June 2015): Medicaid Expansion Consultant

Project: Provide Plan Management consulting services for New Hampshire's Federal Partnership Exchange.

Mr. Albertoni: Provide technical support of compliance examination and market analysis functions for Qualified Health Plan (QHP) certification. Work with staff from Compliance, Market Conduct, Rate Review and Legal to develop internal operational procedures and checklists for QHP certification process.

Kentucky Cabinet for Health and Family Services, State of Kentucky

Managed Care Compliance Consulting (July 2012 – June 2013): Project Lead

Project: Review current Medicaid managed care compliance practices performed by the Cabinet and comparison of those to national best practices.

Mr. Albertoni: Review Medicaid agency staffing and organizational structure to assure consistency with managed care compliance goals and duties. Provide implementation consulting to the Cabinet to support action items identified during the compliance review.

University Medical Center of Southern Nevada, State of Nevada

Hospital Waiver and Policy Consulting (July 2012 – June 2013): Consultant

Project: Work with UMCSN to assess policy and funding opportunities that might be realized under an 1115 waiver of other policy changes. The goal is to sustain the hospital during a time of significant program transition.

Mr. Albertoni: Provide consulting services to this safety net provider related to 1115 waivers and Affordable Care Act (ACA) policy guidance. Like many public hospitals, University Medical Center faces declining disproportionate share hospital funding as more individuals become insured under the ACA.

Division of Health Care Access and Accountability, State of Wisconsin

Wisconsin Health Care Access Expansion (September 2003 – December 2011): State Project Manager

Project: Developed and implemented a hospital assessment that successfully yielded more than $100 million revenue for the state while increasing reimbursement revenue to high volume Medicaid hospital providers.

Mr. Albertoni:

- Medicaid HMO Plan Management: Served as a key member of the state management team that administered and monitored contracts with fourteen managed care plans.
- CHIRPA Bonus Award: Led an effort to bring the state into compliance with the program requirements of the bonus award authorized in the Children's Health Insurance Plan Reauthorization Act (CHIPRA). This resulted in a $21 million award that was issued to the state in December 2010.
- Hospital Assessment: Served as the state project manager for development and implementation of a hospital assessment that successfully yielded more than $100 million revenue for the state.

- Hospital Pay for Performance: Facilitated the approval of state plan amendments necessary to implement the payments, which allocated $5 million in segregated revenue generated through the hospital assessment.
- Southeast Wisconsin HMO Enrollment Following Procurement: Directed the eligibility functions related to Wisconsin's first competitive procurement for managed care services, which focused on the Southeastern part of the state. 250,000 members selected a health plan in coordinated phases over a 90-day period. The initiative saved an estimated $50 million in the biennium without continuity of care disruptions for members.
- Public Provider Claiming: Directed efforts to improve the process under which the state completed cost settlements for state hospitals. Independently determined that the state had overlooked making settlement claims, resulting in a successful $30 million federal funding settlement claim.
- Pharmacy Benefit Carve-Out: Directed the design and development of a state budget initiative to carve the pharmacy benefit out of managed care in order to maximize manufacturer rebate revenue. The initiative was successfully implemented in February of 2008 and saved $25 million through June of 2009 while maintaining continuity of care for members.

Division of Health Care Access and Accountability, State of Wisconsin

Various Departments (September 2003 – December 2011): Various Positions

- Bureau of Enrollment Policy and Systems (January 2010 – December 2011): Director
  Bureau of Fiscal Management (November 2007 – January 2010): Deputy Director
  - Pharmacy and Hospital Section (September 2006 – November 2007): Section Chief
- Pharmacy Budget and Policy (September 2003 – September 2006): Policy Analyst

PROFESSIONAL BACKGROUND

Public Consulting Group, *Boston, MA* — December 2011 – Present
Wisconsin Medicaid, *WI* — January 2003 – December 2011

EDUCATION

University of Washington at Seattle, *Seattle, WA*
Master of Public Administration, 1990
Santa Clara University, *Santa Clara, CA*
Bachelor of Arts in English, 1986

REFERENCES

Tyler Kall, Project Manager
CMS Alliance to Modernize Healthcare
2275 Rolling Run Drive, Windsor Mill, Maryland 21244
(703) 380-3856
tkall@mitre.org

Dennis Schrader, Medicaid Director
Maryland Department of Health
201 W. Preston Street, Baltimore, MD 21201
(410) 972-6624
dennis.schrader@maryland.gov

Mike Degnan, Executive Director
New Hampshire Health Plan
1 Pillsbury Street, Suite 200, Concord, NH 03301
(603) 225-6633
jmdegnan@helmsco.com

LISA LEE, MEDICAID OPERATIONS SUBJECT MATTER EXPERT
ASSOCIATE MANAGER AT PUBLIC CONSULTING GROUP, INC.

Ms. Lisa Lee has 23 years of experience with Kentucky State Government, including 16 years with the Cabinet for Health and Family Services. During her career with Kentucky State Government, Ms. Lee served in various capacities, including Medicaid Commissioner and Program Director for the Kentucky Children's Health Insurance Program within the Department for Medicaid Services. During her employment with Kentucky Medicaid, Ms. Lee oversaw the implementation of Kentucky's Medicaid Expansion and implementation of other aspects of the Affordable Care Act. Ms. Lee also actively participated in the creation and implementation of the highly successful Kentucky Benefit Exchange, Kynect.

RELEVANT EXPERIENCE

Department for Health and Human Services, State of South Carolina
(October 2018 – May 2019): 1115 Demonstration Waiver Application Development

Ms. Lee: Developed Section 1115 Demonstration Waiver Application, requiring in-depth understanding of health care delivery restructuring and comprehensive understanding of the Medicaid program. Evaluated strategies to incorporate Community Engagement activities for certain Medicaid recipients, including coordination with existing workforce training programs. Devised operational and population health metrics and milestones consistent with the 1115 Waiver to evaluate applicants and measure goals associated with Community Engagement activities.

Department of Health, State of Maryland
(July 2018 – October 2018): Medicaid Program Consulting

Project: Provide a high-level assessment of Medicaid program operations to identify areas of opportunity to improve customer service, enrollee health outcomes and program efficiency and effectiveness. Meet with lead administrators of all major business areas to accomplish this.

Ms. Lee: Conducted interviews with Medicaid employees; studied Maryland Medicaid program administration and synthesized with information from interviews to develop reports and recommendations for improvement. Established project standards for comparing Maryland efforts against national Medicaid program best practices.

Department of Medicaid Services, State of Mississippi
(April 2017 – December 2017): 1115 Demonstration Waiver Application Development

Ms. Lee: Developed Section 1115 Demonstration Waiver Application, requiring in-depth understanding of health care delivery restructuring and comprehensive understanding of the Medicaid program. Evaluated strategies to incorporate work requirements for certain Medicaid recipients, including coordination with existing workforce training programs.

Department for Medicaid Services, State of Kentucky
(December 2015 - January 2016): Commissioner

Ms. Lee: Directed and oversaw projects for 190 staff members; Reviewed and approved policy decisions related to benefits and expenditures for 1.3 million Kentucky Medicaid members; Monitored $9 billion budget and utilization expenditures to predict future trends and needs; Met with legislative officials, providers, advocates, and other community partners regarding benefits, services, and policies relative to the Medicaid program; Analyzed policies for effectiveness and recommend changes; Represented Department at various meetings and councils, Monitored reports to ensure system accuracy; Oversaw implementation of new programs and amendments

to existing programs; Worked collaboratively with various agencies in the Cabinet for Health and Family Services serving the Medicaid population to reduce duplication; and Assured all Departmental policies and payments were in compliance with federal and state regulations. Served as Program Director for the Kentucky Children's Insurance Program (KCHIP).

(October 2013 – January 2015): Deputy Commissioner

Ms. Lee: Provided guidance and assistance to Department staff; Provided input into policy decisions regarding covered services; Met with legislative officials, providers, advocates, and other community partners regarding benefits, services, and policies relative to the Medicaid program; Approved regulations and policy for various programs within the Department for Medicaid Services; Represented Department at various meetings and councils; Monitored budget and utilization expenditures to predict future trends and needs, Monitored reports to ensure system accuracy; and Analyzed service utilization and recommend policy changes relative to various programs within the Department; Served as Program Director for the Kentucky Children's Insurance Program (KCHIP).

(August 2007-October 2013) Director, Division of Provider Operations

Ms. Lee: Provided guidance and assistance to Division staff ; Monitored Division contracts and programs to ensure compliance with state and federal regulations; Drafted regulations and policy for approximately 22 programs within the Department for Medicaid Services; Analyzed policies for effectiveness and recommend changes; Represented Department at various meetings and councils; Monitored budget and utilization expenditures to predict future trends and needs; Monitored reports to ensure system accuracy; and Analyzed service utilization and recommend policy changes relative to various programs assigned to the Division; Served as Program Director for the Kentucky Children's Insurance Program (KCHIP).

(2005 – August 2007): Assistant Director

Ms. Lee: Provided guidance and assistance to Division staff; Coordinated and facilitated meetings within Department and outside agencies; Monitored Division contracts and ensure compliance with state and federal regulations; Analyze policies for effectiveness and recommend changes; Prepared and present Departmental presentations to various organizations; Assumed Division Director responsibilities as needed; Monitored budget and utilization expenditures to predict future trends and needs; and Analyzed service utilization and recommend policy changes relative children's health issues; Served as Program Director for the Kentucky Children's Insurance Program (KCHIP).

Department for Public Health, State of Kentucky

(2004 – 2005): Internal Policy Analyst III

Ms. Lee: Reviewed and approved payment to providers and coordinate all funding sources for payments for the First Steps program; Served as liaison between Central Billing and Information System (CBIS) and Department for Public Health staff; Monitored CBIS contract and assure compliance with data and reporting requirements; Served as liaison with Medicaid Services and review claims for accuracy.

Department for Medicaid Services, State of Kentucky

(2001 – 2004): Medicaid Services Specialist III

Ms. Lee: Researched and compiled data relating to claims and program utilization; Analyzed policies for effectiveness and recommend changes; Oversaw and coordinated HANDS Program and Title V Program in addition to assisting providers and recipients with other Children's Health Programs including First Steps, EPSDT, School-Based Health Services; Served as liaison to

enrolled providers; Tracked program spending and forecast future needs; Analyzed complaints for trends and recommend action plans; Analyzed member and provider ratios by region and plot on map using GeoAccess software; Recommended provider recruitment plans based on access reports; Researched, wrote, and interpreted regulations; Reviewed yearly contracts and ensure adherence to policies; Researched and reconciled claims; and Presented informational presentations at various departmental meetings.

(1999- 2001): Internal Policy Analyst II

Ms. Lee: Wrote, edited, and reviewed member materials (handbooks, letters, notices); Analyzed, policies for effectiveness and recommend changes; Analyzed member and provider ratios by region and plot on map using GeoAccess software; Recommended provider recruitment plans based on access reports; Researched and reconciled claim disputes and errors; and Presented informational presentations at various departmental meetings.

PROFESSIONAL BACKGROUND

Public Consulting Group, *Frankfort, KY* — February 2017 – Present
Kentucky Department for Medicaid Services, *Frankfort, KY* — 1999- 2004 & 2005- 2017
Kentucky Department of Public Health, *Frankfort, KY* — 2004 - 2005

EDUCATION

Kentucky State University, *Frankfort, KY*
Bachelor of Arts, English; Minor Business Management, 1998

CERTIFICATIONS / PUBLICATIONS / SPECIAL SKILLS

Presenter at the following conferences:

* National Children's Health Insurance Conference * National Association of State Health Policy CHIP Director's Conferences * National Association of State Health Policy * National Association of Medicaid Directors * Appalachian Regional Commission

REFERENCES

John Langefeld, MD
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JANICE C. PATERSON, ESQ., PMP., MEDICAID INFORMATION TECHNOLOGY SUBJECT MATTER EXPERT SENIOR ADVISOR AT PUBLIC CONSULTING GROUP, INC.

Ms. Jan Paterson, Esq., PMP, has been working with clients since 2009 to implement American Recovery and Reinvestment Act (ARRA) Health Information for Economic and Clinical Health (HITECH) strategic planning and operations efforts. Her work has included developing EHR incentive payment programs for state agencies; developing HIT and HIE Implementation Advance Planning Documents (IAPDs); developing State Medicaid HIT Plans (SMHP) and strategic and operational plans for statewide HIEs.

Relevant Project Experience

Wyoming Department of Health, Division of Healthcare Financing

HIE Strategy Assessment, Planning and Implementation (May 2014 – Present): Project Director

Project: Strategic planning for Wyoming HIE. The specific tasks include the project management of HIT/HIE projects within Medicaid, and for the ongoing development of a second generation statewide HIE, including support for clinical data architecture, strategic planning, architecture and workflow review and analysis, interoperability mapping, and data security review and analysis. This work also includes services to support an environmental scan of the rural Medicaid provider community and critical EHR and HIE trading partners to understand HIT adoption and use across the state. Additional deliverables include an implementation plan for the State of Wyoming's future-state of HIE and Meaningful Use, including a roadmap for implementation that optimizes reuse.

Ms. Paterson: Responsibilities include managing PCG team to complete project deliverables; provide SME for WDH strategic planning, and provide SME and support for the Wyoming HIE Steering Committee;

Department of Human Services, MED-Quest Division, State of Hawaii

State Medicaid Health Information Technology Plan and Implementation of EHR Incentive Program (July 2012 – Present): Project Manager

Project: Assist Hawaii Medicaid (Med-QUEST) with implementation of its HIT/HIE initiatives related to adoption of EHR technology for Medicaid providers and to support statewide health information exchange. Scope includes developing an SMHP, HIT IAPD, and HIE IAPD and their associated updates, developing an RFP and evaluation plan for a State Level Registry (SLR) vendor, overseeing the SLR vendor's implementation, providing procurement assistance for a clinical data repository and master patient index, and monitoring federal IAPD funds for implementation of Hawaii Health Information Exchange.

Ms. Paterson: Develop the implementation advance planning document (IAPD) submitted for federal funding and participation. Manage the PCG and Med-Quest teams through strategic planning sessions, development of business processes and business process changes, provide legal and policy advice and insight regarding the operations and vendor procurement of the Hawaii Medicaid EHR Incentive Program. Manage the procurement process from development of the request for proposals (RFP) through vendor evaluation. Develop audit strategy and detailed audit planning documents.

State of Wisconsin, Department of Health Services

Strategy and Planning Services for Procuring an enterprise EHR solution at state facilities (July 2015 - June 2016) Project Manager

Project: Led the strategy and planning services to support continued progress toward procuring

and implementing a certified enterprise Electronic Health Record (EHR) solution at seven DHS care facilities throughout the state. PCG engaged key EHR stakeholders at each facility to validate their requirements, and to conduct an IT walkthrough of the facility to understand what the current technical infrastructure is and what gaps exist in order to support EHR. All of this data gathering culminated in PCG's milestone deliverable, the EHR Strategic Implementation Plan (SIP) deliverable outlining PCG's recommendations for EHR short and long-term planning and rollout.

Ms. Paterson: Managed the PCG team and deliverables that included: Conducted site visits to: Facilitate group meetings with EHR stakeholders; Gain a better understanding of each facility's unique EHR readiness, needs and concerns; Gain insight into the current IT capacity and infrastructure; and, Conduct patient care area walkthroughs, data center/IT space walkthroughs, and wireless access point (WAP) assessments.

Division of Medicaid, State of Mississippi

State Medicaid Health Information Technology Plan and Implementation of EHR Incentive Program (July 2010 – July 2012): Project Manager

Project: Led the development of Mississippi's (MS) strategic plan for Medicaid provider adoption of electronic health record technology through the approval of the SMHP and IAPD. Work included the environmental scan process, design of the EHR Medicaid Incentive Payment Program, completion of the vision sessions. Drafted the As-Is, To-Be, Road Map and final SMHP and Implementation Advance Planning Document (IAPD).

Ms. Paterson: Managed the initial planning efforts for the statewide health information exchange (HIE). Conducted the environmental scan. Managed the initial formation of the Governance, Business, and Operations Finance and Legal and Policy work groups. Participated in the document drafts of the strategic and operational plans for submission to the federal government.

Division of Medicaid and Long-Term Care, Department of Health and Human Services, State of Nebraska

State Medicaid Health Information Technology Plan and Implementation of EHR Incentive Program (November 2011 – January 2013): Project Manager

Project: Development, drafting and submission of the SMHP and the HIT IAPD for CMS approval.

Ms. Paterson: As the project manager, Ms. Paterson managed the SMHP project through the environmental scan process, the design of the EHR Medicaid Incentive Payment Program (MIPP), completion of the vision sessions; drafting of the As-Is, To-Be, Road Map and final SMHP and Implementation Advance Planning Document (IAPD).

Maine Health Data Organization, State of Maine

All Payer Claims Database Implementation (September 2012 – June 2014): Project Manager

Project: Worked with subcontractor to HSRI to support the implementation and transformation of a highly robust and secure Data Warehouse. Managed data streams relating to health care delivery and cost/payments in the State of Maine. Supported the complication of Hospital Financial and Organizational data and Health Quality Metrics in addition to the APCD.

Ms. Paterson: Managed the PCG team working with the Maine Health Data Organization (MHDO) and vendor partners to develop and implement a new All Payer Claims Database (APCD) in accordance with the PPACA requirements.

Governor's Office of Health Policy, State of Mississippi
Statewide Health Information Exchange Strategic and Operational Plan (July 2010 – July 2012): Project Manager/advisor

Project: Led the development, drafting, submission and approval of the Statewide Health Information Exchange Strategic and Operational Plans:
Ms. Paterson: Managed the initial planning efforts, conducted environmental scan, managed the Governance, Business and Operations Finance and Legal and Policy work groups. Participated in the document drafts and submission to ONC. Continued to provide legal and regulatory advice.

PROFESSIONAL BACKGROUND

Public Consulting Group, *Boston, MA*	July 2008 – Present
Fox Systems Consulting, New *York, NY*	January 2006 – July 2008
Bull Services, *Lowell, MA*	January 2005 – January 2006
Department of Health and Human Services, *State of NH*	January 1994 – January 2005

EDUCATION

Project Management Institute, *Nationwide*
Project Management Professional Certification, renewed effective as of November 12, 2018
Boston University, *Boston, MA*
Project Management Principles, 2007 and 2018
University of New Hampshire Law School at the Franklin Pierce Law Center, *Concord, NH*
Juris Doctor, 1990
University of New Hampshire, *Durham, NH*
Bachelor of Science, 1978

CERTIFICATIONS / PUBLICATIONS / SPECIAL SKILLS

- Member, New Hampshire Bar Association
- Member, National Academy for State Health Policy
- Member, American Association for Public Welfare Attorneys
- Member, Health Information Management Systems Society

REFERENCES

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PAUL LEFKOWITZ, HUMAN SERVICES PROGRAMS SUBJECT MATTER EXPERT
SENIOR CONSULTANT AT PUBLIC CONSULTING GROUP, INC.

RELEVANT PROJECT EXPERIENCE

Health and Human Services Agency, County of San Diego, California

CalWORKs Welfare-to-Work/ Refugee Employment and Child Care Payment Services: Project Manager

Project: Project Manager for program providing CalWORKs welfare-to-work (WTW) employment services to approximately 5,000 clients, including 1,700 refugee clients, in the east and south regions of the County. Manages two regional offices, a budget of $11 million, and a staff of 100, including 35 subcontracted case managers. Program includes providing employment case management services, job skills training, and supportive services to enable uninterrupted participation in the program. Uses data-driven analysis to improve program efficiencies and promote better client outcomes. Works with county to ensure alignment with county's Work First goals.

Department of Human Services, State of Mississippi

National Accuracy Clearinghouse (NAC) Project (2013 – 2015): Project Manager

Project: PCG conducted the evaluation of the National Accuracy Clearinghouse (NAC), an IT solution designed to reduce dual participation (simultaneous interstate benefit receipt) in the Supplemental Nutrition Assistance Program (SNAP). PCG completed a pre-pilot report, three interim reports, and a final evaluation report, documenting: processes and tools used to address dual participation before implementation of the NAC; prevalence and characteristics of dual participation in SNAP at "go-live" and throughout the pilot; degree to which pilot states were able to successfully prevent dual participation from occurring through the NAC match; and estimates of the overpayment avoidance generated by the NAC in pilot states and potential savings if expanded nationwide. The evaluation found that the NAC supported a decrease in dual participation - particularly in states that efficiently integrated data produced by the NAC into eligibility systems and business processes - and that potential savings outweighed the costs of implementation and operation.

Department of Transitional Assistance, Commonwealth of Massachusetts

Business Process Redesign (BPR) Assessment (2015)

Project: Following identification of several operational issues stemming from DTA's implementation of a task-based Business Process Redesign, PCG conducted a comprehensive assessment of the effort and provided recommendations across a range of focus areas, including prioritization of, and operations related to, quarterly wage match data for SNAP recipients. The analysis supported improvements in the identification of discrepancies between wage match data and information already known to the Department, better communication with clients whose benefits could be impacted by wage match data, and best practices for corroborating information received via the matches.

Department of Health and Human Services, State of North Carolina

Work Support Strategies – Integrated Eligibility Manual (2015 – 2016): Project Manager

Project: North Carolina is integrating eligibility determination and case management for multiple programs into a single system – NC FAST. To complement this effort, PCG assisted the state in integrating nine separate program manuals across on array of public assistance benefits (including SNAP, TANF, Medicaid, and Child Care Assistance) into a single, integrated, on-line policy manual.

Department of Health and Social Services, State of Alaska

SNAP E&T Consultative Services (2015 – Present): Project Manager

Project: PCG is working with DHSS to develop long and short-term plans for the expansion of the SNAP Employment & Training program and activity opportunities for Able Bodied Adults Without Dependents (ABAWDS), identifying potential partners for that expansion, developing a Request for Information to be submitted by those partners, and drafting amendments to the SNAP E&T plan as needed to reflect changes to the program.

Department of Job and Family Services, State of Ohio

Ohio Works First Work Participation Improvement Project (2013)

Project: PCG performed an in-depth analysis of Ohio's TANF program, Ohio Works First (OWF), for the Ohio Department of Job and Family Services (ODJFS). The project included assessments of and recommendations regarding technical assistance and training, county work activity business processes, two-parent work activity strategies, and eligibility and work activity policies. To conduct the assessment of county processes, the PCG team conducted site visits at sixteen County DJFS offices. In addition, PCG explored additional TANF Maintenance of Effort (MOE) opportunities.

Department of Health and Human Services, State of Maine

TANF and WPR Analysis (2014)

Project: Maine DHHS requested assistance in its efforts to meet the TANF Work Participation Rate.

As part of this engagement, PCG made recommendations for changes to TANF federal reporting; conducted business process improvement analysis of regional TANF delivery offices; analyzed TANF Maintenance of Effort (MOE) opportunities; and completed a cost-benefit analysis for the creation of a solely-state funded program.

Department of Human Services, State of Michigan

Temporary Assistance for Needy Families (TANF) Maintenance of Effort (MOE) Project (2014)

Project: PCG worked with the state of Michigan to identify and document state expenditures needed to maximize the state's federal TANF funding. This effort included a comprehensive review of state programs, identification of allowable spending, and establishment of documentation necessary to meet program requirements for eligible expenditures.

Office of Financial Management, State of Washington

Medical and Public Assistance Eligibility Study (2013 – 2014): Project Manager

Project: PCG conducted a study of Washington State's medical and public assistance eligibility systems and infrastructure in the context of the Affordable Care Act, identifying options for simplifying procedures, improving customer service, and reducing state expenditures.

Department of Health and Human Services, State of Maine

Block Grant Review (2014)

Project: PCG worked with Maine DHHS to complete a review of funding and expenditures across the Child Care Development Fund (CCDF), Social Services Block Grant (SSBG), and Temporary

Assistance for Needy Families (TANF) block grant. In addition, the project reviewed options for changes in eligibility determination and other business processes associated with childcare subsidy programs funded with CCDF and TANF.

PROFESSIONAL BACKGROUND

Public Consulting Group, *Nashville, TN* 2013 – Present

Tennessee Department of Human Services, *Nashville, TN* 2017 – 2012

EDUCATION

Tufts University, *Medford, MA*
Master of the Arts in Public Policy, 2002

Vanderbilt University, *Nashville, TN*
Bachelor of Science in Political Science, 1989

PROFESSIONAL ASSOCIATIONS

National Association of State TANF Administrators (NASTA)
Chair, 2010 – June 2012

REFERENCES

Tim Meeks
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Hector Medina
County of Fresno Department of Social Services
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Monica Windom
Alaska Department of Health & Social Services
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monica.mitchell@alaska.gov

MEGAN RYMSKI, TANF AND SNAP SUBJECT MATTER EXPERT
CONSULTANT AT PUBLIC CONSULTING GROUP, INC.

RELEVANT PROJECT EXPERIENCE

Department of Health Care Policy & Financing, State of Colorado

Business Process Reengineering Project

Ms. Rymski: Team member and site lead on engagement to provide Business Process Reengineering (BPR) to Colorado eligibility sites in an effort to improve quality and accuracy in public assistance cases. Serve as the lead for two model sites, including facilitating Lean efforts, and assist with regional Learning Sessions.

Human Services Department, Pierce County, Washington

Operational Assessment Project

Ms. Rymski: Team member on engagement to help assess current operations and identify wasy to enhance service delivery, maximize funds, and manage performance within the Pierce County Human Services Department. Review contracts and provide key findings and recommendations on how to develop a more effective systems model for service coordination. Assess operations for specific program areas and provide opportunities and key findings.

Department of Health and Social Services, State of Alaska

TANF MOE Claiming Project

Ms. Rymski: Review TANF Maintenance of Effort (MOE) claims for the Department.

Executive Office of Health and Human Services, Commonwealth of Massachusetts

TANF Contingency Fund Project

Ms. Rymski: Review TANF Maintenance of Effort (MOE) claims for the Department and update claims to include changing programs.

PROFESSIONAL BACKGROUND

Public Consulting Group, Inc., Denver, CO

Department of Human Services, State of Colorado

Project Manager and Contract Administrator

Ms. Rymski: Managed the $4 Million budget for automated system projects for Colorado's TANF program (cash assistance and workforce) and the SNAP Employment & Training (E&T) program. Co-led the design, development, and implementation of a mobile app for TANF and and SNAP that was designed around the customer and their needs. When designing requirements for automated system projects, maintained focus on the system user and ease of use.

Department of Human Services, State of Colorado

SNAP Program Specialist

Ms. Rymski: Performed policy research and analysis on all state and federal legislation to determine impact and necessary changes for SNAP in Colorado. Composed clear and precise policy memorandums and proposals on proposed policy changes. Collected and analyzed data to measure the effectiveness of implemented strategies, identify program trends, and impacts of poilicy changes. Applied change management and process improvement principles to current operations at the county level. Conducted analytical and evaluative reviews of county Departments of Human Services. Developed and oversaw the statewide SNAP Outreach program.

Department of Housing and Human Services, Boulder County, CO

Program Integrity Manager

Ms. Rymski: Oversaw all program integrity functions for the public assistance division (TANF, SNAP, Medicaid, and adult financial programs), including fraud, overpayments, quality assurance, and both new and seasoned worker training. Provided guidance and direction on upcoming policy and automated system changes, preparing policy responses and interpreting the changes to ensure understanding, compliance, and appropriate planning for implementation. Coordinated, managed, and responded to all audits, reviews, and assessments.

Department of Human Services, Larimer County, CO

Senior Income Maintenance Technician & Income Maintenance Technician

*Ms. Rymski:*Provided guidance and technical assistance to Income Maintenance Technicians for SNAP, Medicaid, TANF, and various Adult Financial programs. Served as a hearing officer for Local Level Dispute Resolution conferences. Wrote process and policy documents for internal county guidelines. Scheduled group meetings to critically evaluate work flow, implement plans to meet federal and state compliance standards, and establish goals and objectives. Reviewed cases for approval or denial and determined eligibility based on county, state, and federal rules. Made educated decisions based on data submitted by clients and checked informtino through interfaces from outside agencies, such as the Social Security Administration.

EDUCATION

University of Colorado Denver

Master of Public Administration

Colorado State University

Bachelor of Arts

CERTIFICATIONS

Employers Council: Trainer Certification

Completed 8 single or multi-day training sessions on training methodology and strategy. Classes focused on training development, modality, and evaluation.

REFERENCES

Sarah Leopold, Operations Manager
1575 Sherman St, 8th Floor, Denver, CO
Colorado Department of Human Services
734-383-0944

Krista Weinmeister, CBMS Specialist
Colorado Department of Human Services
1575 Sherman St, 8th Floor, Denver, CO
970-213-1952

Jen Gard-Gerber, Training Specialist
Colorado Health Care and Economic Security Staff Development Center
Orchard Fall Building, Suite 280, 7800 E Orchard Rd
Greenwood Village, CO
970-231-7827

LEANNE SCOTT PMP, FEDERAL OVERSIGHT/CERTIFICATION LEAD
***VICE PRESIDENT* AT PUBLIC CONSULTING GROUP, INC.**

Ms. Scott holds Project Management Professional, Eclipse IV&V®, and SCRUM Fundamentals certifications, and is a director with PCG, providing project management, independent verification & validation (IV&V), business analysis, and consulting services on multiple large and complex information technology projects. Ms. Scott has over 35 years' government experience in Medicaid and eligibility and enrollment and is PCG's subject matter expert for the Centers for Medicare & Medicaid Services (CMS) Medicaid Eligibility and Enrollment/Medicaid Enterprise Certification Lifecycle (MECL) processes, milestone reviews, and the Medicaid Eligibility and Enrollment Toolkit/Medicaid Enterprise Certification Toolkit checklists. Ms. Scott is also adept at leading matrixed teams through projects, assimilating large amounts of information, moving seamlessly through varying levels of detail, and at communicating effectively across all levels within an organization. Ms. Scott's project team's work in support of Delaware's MMIS replacement was one of the first in the nation to support CMS certification under the MECL milestone review process. Ms. Scott's experience includes business analysis, business and system requirements elicitation and management, business process re-engineering, change management, IV&V, operations management, organizational assessment, procurement and funding support, and project and program management. Ms. Scott is a trusted executive partner in the success of a project, providing executive level insight and counsel, and is skilled at applying technology details to the broader organizational and business contexts.

RELEVANT PROJECT EXPERIENCE

Benefit Eligibility Solution (BES) Integrated Eligibility Independent Verification and Validation (IV&V), Hawaii Department of Human Services (DHS)
Project Manager (May 2018 – Present)

Ms. Scott: Primary role: LeAnne provides IV&V services for the enhancement of the KOLEA E&E system to bring in integrated eligibility functions. LeAnne also reviews and assesses each module's project progress using: Centers for Medicare & Medicaid Services (CMS) Medicaid Eligibility and Enrollment (MEELC)/Medicaid Enterprise Certification Lifecycle (MECL), CMS IV&V Progress Reports (Medicaid Eligibility and Enrollment Toolkit/Medicaid Enterprise Certification Toolkit (MECT) checklists), works with multiple stakeholders and implements a coordinated IV&V approach to the Medicaid Management Information System (MMIS) certification, and project initiation and planning

Medicaid Enterprise Systems (MES) IV&V, Mississippi Department of Medicaid (DOM)
Certification Manager (March 2018 – Present)

Ms. Scott: Primary role: LeAnne provides IV&V services for the replacement of the legacy MMIS. LeAnne also reviews and assesses each module's project progress using: CMS MEELC/MECL, CMS IV&V Progress Reports, and MEET checklists. LeAnne works with multiple vendors and implements a coordinated IV&V approach to MMIS certification. LeAnne provides subject matter expertise for MMIS business and technical operations, as well as initiated and planned projects.

Medicaid Systems Modernization IV&V, Louisiana Department of Health (LDH)
MEET and MECT Lead (May 2019 – Present), Project Director (June 2016 – April 2018)

Ms. Scott: Primary role: LeAnne provides IV&V services for the replacement of the legacy eligibility and enrollment and Maintenance Management Information System (MMIS). LeAnne also reviews and assesses each module's project progress using: CMS MEELC/MECL, CMS IV&V Progress Reports, and MECT checklists. LeAnne works with multiple vendors and implements a coordinated IV&V approach across multiple subprojects to manage risks and issues for both the individual subprojects and at a broader program level (i.e., risks and issues that affect the program enterprise)

Enterprise Data Warehouse and Decision Support System (EDW/DSS) IV&V, Delaware
Engagement Manager (March 2016 – Present)

Ms. Scott: Primary role: LeAnne provided IV&V services for the replacement of the legacy MMIS with a modular, service-oriented architected system that meets CMS Seven Conditions and

Standards. LeAnne also reviewed and assessed project progress using CMS MECL MMIS IV&V progress report and MECT checklist, worked with multiple vendors and implemented a coordinated IV&V approach across the two subprojects to manage risks and issues for both the individual subprojects and at a broader program level (i.e., risks and issues that affect the program enterprise), created IV&V processes and plans, initiated and planned projects, directed, managed, and monitored team progress, monitored and controlled scope and schedule, managed project costs and risks, provided oversight of PCG's IV&V activities, managed client relationship, and managed PCG's contractual obligations.

Eligibility Modernization (DEM) IV&V, Delaware Division of Medicaid and Medical Assistance (DMMA)

Project Manager (January 2014 – August 2016)

Ms. Scott: Primary role: LeAnne provided IV&V services for the modernization of the eligibility system to meet Affordable Care Act requirements. LeAnne also worked with multiple vendors to manage risks and issues, created IV&V processes and plans, initiated and planned projects, directed, managed, and monitored team progress, monitored and controlled scope and schedule, and managed project costs and risks.

Medicaid Information Technology Architecture (MITA) 3.0 Self-Assessment, Georgia Department of Community Health (DCH)

Business Analyst (June 2013 – March 2014)

Ms. Scott: Primary role: LeAnne conducted the Georgia DCH with MITA 3.0 State Self-Assessment, including As-Is state, To-Be state, roadmap, and preliminary concept of operations. LeAnne also conducted As-Is business process interviews and scorecards, assisted with To-Be sessions, and completed MITA business Area reports.

Medi-Cal Eligibility Data System (MEDS) Modernization, California Department of Health Care Services (DHCS)

Senior Consultant (January 2013 – March 2014)

Ms. Scott: Primary role: LeAnne assisted the California DHCS with the development of an implementation advance planning document (IAPD) and feasibility study report to obtain federal and state approval/funding to modernize the State's centralized data repository, Medi-Cal Eligibility Data System (MEDS). LeAnne also developed and analyzed alternatives to modernize (replace) MEDS, developed cost estimates for the proposed solution, identified high-level requirements that comply with MITA and CMS 7 Standards and Conditions, created a Cost Allocation Plan in accordance with CMS regulations, and determined and assessed viable alternatives, including recommending a solution for presentation in the IAPD

Covered California, California Health Benefit Exchange (HBEX) | Covered California

Project Manager (September 2012 – January 2014)

Ms. Scott: Primary role: LeAnne assisted the California HBEX/Marketplace with a series of planning activities to support exchange implementation. LeAnne also provided operations project management for the design, setup, and implementation of service center operations and tools; scope includes hiring, technology, facilities, processes and procedures, and business operations. LeAnne provided project management planning and implementation for the CA Marketplace service center, including project initiation and planning, Directing, managing, and monitoring team progress, monitoring and controlling scope and schedule, and managing project costs and risks. Additionally, LeAnne developed a business architecture for the Marketplace and established an information and documentation management framework.

Medi-Cal Management Information System (CA-MMIS) IV&V, California Department of Health Care Services (DHCS)

Project Manager | Senior Consultant (September 2012 – August 2013)

Ms. Scott: Primary role: LeAnne provided IV&V services for the system replacement for the Medi-Cal program. LeAnne also created IV&V processes and plans, provided project management of IV&V independent study of the Business Rules Extraction enhancement, recommended use of an

automated rules extraction program coupled with subject matter expert remediation of the tool output into project consumable business rules

Medicaid Information Technology System, Ohio Department of Job and Family Services - Medicaid
Project Manager (April 2012 – August 2012)

Ms. Scott: Primary role: LeAnne provided systems integration services and maintenance and enhanced MITS to the State of Ohio. LeAnne also planned and managed enhancement projects, and planned and managed all projects within a release, including project plan development and tracking, executive level reporting, issue and risk identification and management

Healthcare Payer System, Hewlett-Packard (HP) | Healthcare Product Development
Project Manager | Business Analysis Discipline Manager (June 2009 – March 2012)

Ms. Scott: Primary role: LeAnne developed modular, MITA architected, SOA-based Healthcare Payer System to support both government and commercial health care payers. LeAnne also Managed projects for construction of data governance, data element registry, enterprise-level requirements, and user interface/experience project standards, including: Planning and initiation, Leading matrixed teams to complete tasks, Monitor/manage scope, schedule, risk, and cost. LeAnne led matrixed business analysis team in elicitation and documentation of the following in the development of Healthcare Payer System: Business requirements, Business process flows, Business rules, User experience (wireframes), MITA-based business architecture.

California Dental Medicaid Management Information System (CD-MMIS), California Department of Health Care Services (DHCS) | Dental Program
Systems Group Program Manager | Client Delivery Executive (December 2004 – June 2008)

Ms. Scott: Primary role: LeAnne provided maintenance and enhancement of the CD-MMIS to Delta Dental of California in their performance of their contract with DHCS. LeAnne also Managed systems group projects and organization consisting of project managers, technicians, business analysts, and support staff in maintaining and enhancing the legacy CD-MMIS. Met with executive management throughout the project, and Identified risks and mitigation strategies.

EDUCATION
Cosumnes River College, Sacramento, CA
Management Information Systems coursework

CERTIFICATIONS
Project Management Professional, Project Management Institute
Managed Healthcare Professional, AHIP (formerly HIAA)
Eclipse IV&V®
SCRUM Fundamentals

REFERENCES
Al Boulogne, Delaware Medicaid Enterprise System Project Director
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Troy McDaniel, Chief Administrator – Information Systems Unit
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TERRI REID PMP, MEDICAID INFORMATION TECHNOLOGY ARCHITECTURE ADVISOR
***SENIOR CONSULTANT* AT PUBLIC CONSULTING GROUP, INC.**

Mr. Reid is a certified Project Manager recognized as one of PCG's experts in MITA State Self-Assessments (SS-A) and Health Insurance Portability and Accountability Act (HIPAA)/Health Information Technology for Economic and Clinical Health Act (HITECH) Privacy assessments. Mr. Reid works closely with clients, leveraging extensive background in federal regulation and guidance compliance. Mr. Reid's experience supports clients and their goals of regulatory compliance and improved organizational maturity. Requirements gathering and management have played a major role in all of Mr. Reid's engagements

Mr. Reid brings nearly 20 years' state and local government technical project experience to this engagement and is the lead project manager/business architect in the PCG MITA Practice. Mr. Reid also served as the MITA Business Architect Lead for the duration of a four-year project for Georgia Department of Community Health, responsible for the completion of the 2014 and 2015 State Self-Assessments (SS-A), and leading efforts relative to maturing business architecture and information architectures, as well as delivering SS-A training.

Mr. Reid is currently serving as project manager and lead business architect for the Louisiana Department of Health MITA project in their efforts to reach their target business and technical architecture five-year goals. Mr. Reid is also serving as project manager and lead analyst for the Health Net Encounter Data Quality Assessment Project, assessing and identifying barriers and challenges experienced by selected Health Net providers. Mr. Reid has extensive experience using Agile Methodology, most recently in the planning and development of business process models and notation using BPMN 2.0 for the Louisiana Department of Health MITA project.

RELEVANT PROJECT EXPERIENCE

Health Net Encounter Data Quality Assessment Project
Project Manager/Lead Analyst (September 2018 – December 2018)

Mr. Reid: Primary role: Terri provided business and subject matter expertise to manage, develop, and deliver the Health Net Encounter Data Quality Assessment. Terri also conducted interviews and observed encounter data activities at selected provider locations, Identified and documented barriers and challenges experienced by selected Health Net providers in the submission of encounters, and recommended steps to improve the timeliness, accuracy, and volume of encounter data

MITA 3.0 State Self-Assessment Project, Louisiana Department of Health (LDH)
MITA Lead Business Architect/Project Manager (January 2017 – Present)

Mr. Reid: Primary role: Terri provides business and subject matter expertise to manage, develop, and deliver the Louisiana MITA 3.0 SS-A. Terri also leads the business architecture team in identifying and documenting state Medicaid business processes, systems and technology platforms, stakeholders and exchange partners, and current and future initiatives. He evaluates each business process against the MITA Version 3.0 Framework to establish the current maturity of Louisiana's Medicaid program, and prepares a gap analysis between the current business process capabilities performed within the Georgia Medicaid program and the future targeted capabilities for each. Mr. Reid creates the "MITA Roadmap" and five-year plan consisting of projects underway and initiatives that collectively move the state from its current business capabilities to targeted future capabilities.

Provider Management Business Process Improvement Project, Louisiana Department of Health
MITA Lead Business Architect (January 2017 – March 2017)

Mr. Reid: Primary role: Terri provided business and subject matter expertise to manage, develop, and deliver the Provider Management section of the Louisiana MITA 3.0 SS-A. Terri also supported the Louisiana Department of Health (LDH) to improve and document business

processes for the Provider Management Business Area.The project involved reviewing existing Provider Management module RFP documentation and ensuring alignment to the MITA 3.0 framework and the certification requirements. Mr. Reid served as the MITA Lead Business Architect leading the business process improvement and documentation process which included supporting the Business Architecture team document the business processes in an enterprise architecture tool using BPMN 2.0.

Georgia Department of Community Health (DCH)
MITA 3.0 State Self-Assessment (SS-A) and SS-A Update MITA Lead (August 2013 – July 2017)

Mr. Reid: Primary role: Terri provided business and subject matter expertise to manage, develop, and deliver the Georgia MITA 3.0 SS-A. Terri also identified and documented state Medicaid business processes, systems and technology platforms, stakeholders and exchange partners, and current and future initiatives; provided training and knowledge transfer to Georgia Medicaid executives, management, and staff on MITA, enterprise governance, procurement processes, and data modeling concepts; Created a five-year view of the maturation of Georgia's Medicaid program; Evaluated each business process against the MITA version 3.0 framework (business capability matrices) to establish the current maturity of Georgia's Medicaid program; Evaluated changes to state Medicaid business processes, systems, and current and future initiatives; and updated the five-year review of the maturation of Georgia's Medicaid program. Mr. Reid reviewed conceptual and logical data models to ensure they accurately reflect business processes identified in the prior SS-A, conducted interviews with business process owners to affirm progress in MITA maturity, and prepared a gap analysis between the current business process capabilities performed within the Georgia Medicaid program and the future targeted capabilities for each. Additionally, Mr. Reid updated the MITA roadmap and five-year plan consisting of projects underway and initiatives that collectively move the state from its current business capabilities to targeted future capabilities, assisted with conceptual logical data model development, and assisted with the inventory of DCH as-is business and technical services

Enterprise Privacy/Security Risk Assessment, California Department of Public Health
Project Manager | Privacy Lead Analyst (May 2016 – October 2017)

Mr. Reid: Primary role: Terri was responsible for performing an enterprise privacy and security risk assessment, as well as analyzing program areas to assist the department in determining a strategy to assess all possible areas. Terri also documented workflows, assessed business behavior against external standards such as HIPAA, National Institute of Standards and Technology, and the Information Practices Act, and developed gap analysis and recommendations from security and privacy assessment findings

California HIPAA Compliance Risk Assessment | ICD-10 Transition Planning, Solano County Department of Health and Social Services (DHSS)
Business Analyst (June 2013 – November 2015)

Mr. Reid: Primary role: Terri conducted an inventory of all automated and manual systems and processes in which ICD's are documented, used, or captured. Terri also contacted billing trading partners to understand ICD-10 transition plans and testing plans, provided a plan for remediation of automated and manual systems and processes such as paper and electronic claim forms and business processes, provided business and subject matter expertise to perform HIPAA privacy risk assessment for various DHSS entities throughout Solano County, performed a risk assessment of Solano County's electronic health care records' meaningful use, and provided a risk mitigation plan for identified risks on HIPAA compliance and meaningful use

MITA SS-A, Hawaii Department of Health Services
Project Manager | Business Analyst (June 2013 – February 2014)

Mr. Reid: Primary role: Terri identified and documented state Medicaid business processes, systems and technology platforms, stakeholders and exchange partners, and current and future initiatives. Terri also created a five-year view of the maturation of Hawaii's Medicaid program

Evaluated each business process against the MITA version 3.0 framework (business capability matrices) to establish the current maturity of Hawaii's Medicaid program, conducted interviews to inventory each business process and map to the MITA version 3.0 framework (business process models), and identified and confirmed organizational inventory and contacts, allocating business processes, building preliminary and future views, interviewing state business owners and subject matter experts, and documenting key planning influences. Additionally, Mr. Reid provided MITA training and result presentations to Hawaii Medicaid executives, management, and staff Developed and used an SS-A tool and the MITA version 3.0 framework provided by the United States Centers for Medicare and Medicaid Services to evaluate the maturity of Hawaii's Medicaid program, mapped Hawaii Medicaid business processes to the MITA 3.0 framework, and determined current and future MITA maturity levels. Mr. Reid assisted Hawaii by preparing a gap analysis between the current business process capabilities performed within the Hawaii Medicaid program and the future targeted capabilities for each and developed a MITA roadmap and five-year plan consisting of planned projects and initiatives that collectively move the state from its current business capabilities to targeted future capabilities.

XEROX
ICD-10 Enhancements Medicaid Management Information System (MMIS), California Department of Health Care Systems
Professional Services Manager (December 2011 – June 2013)

HEWLETT PACKARD
Strategic Offender Management Project, California Department of Corrections and Rehabilitation
Lead Business Analyst (June 2010 – December 2011)

Change/Release Management and Training, Electronic Data Systems (EDS) Hewlett Packard
Project Manager | Business Process Improvement Specialist (February 2007 – December 2009)

CalWORKs Information Network (CalWIN), Electronic Data Systems (EDS)
Project Manager | Procurement Manager (May 1999 – February 2007)

EDUCATION
Cosumnes River College, Sacramento
Associate of Science, Computer Science

CERTIFICATIONS
Project Management Professional, Project Management Institute (PMP)
Professional Scrum Master I, Scrum.org
Eclipse IV&V®
Certified Medicaid Professional (MCMP-1), Medicaid Learning Center
ITIL Foundation Certificate in IT Service Management, ITIL Foundation

REFERENCES
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Marty Hicks, MITA PMO Director
Georgia Department of Community Health
2 Peachtree Street NW, Atlanta, GA 30303
(404) 656-4464, MHicks2@dch.ga.gov

Chuck Lano, Chief Information Security Officer
California Department of Public Health
PO Box 997377 MS 0500, Sacramento, CA 95899
(916) 322-2649, Charles.Lano@cdph.ca.gov

DANA LONG, TECHNICAL LEAD
***IT SENIOR SPECIALIST* AT PUBLIC CONSULTING GROUP, INC.**

Dana Long, an IT Senior Specialist at Public Consulting Group, has over 30 years of experience designing, building and integrating complex software systems. Mr. Long is proficient at all levels of software engineering including system analysis, software development and project management. For the past 13 years, Mr. Long has been focused on customizing technology solutions to meet local district, state and program requirements. His work has focused on Medicaid Enterprise Systems, large call center operations and state-based health exchanges.

RELEVANT PROJECT EXPERIENCE

Division of Health Care Finance and Administration, State of Tennessee

Tennessee Eligibility Determination System (TEDS) User Acceptance Testing (June 2018 – Present): Team Lead - Batches, Interfaces and Converted Data

Project: Deliver Strategic Program Management Office services to support the State in completing the Medicaid Modernization Program.

Mr. Long is the Interfaces team lead responsible for verifying batch and webservice interfaces between state and federal systems and TEDS as well as developing SQL queries to validate data converted from the legacy MMIS system.

Department of Health and Human Services, State of South Carolina

IT Infrastructure Technical Assistance (January 2018 – June 2018): Lead Infrastructure Analyst

Project: Build on the Infrastructure Analysis delivered in Phase I (see below) to advance SCDHHS' IT Infrastructure and Services organization's ability to support its modernized, Medicaid Enterprise System. The work included include developing a Reference Architecture and a set of Service Level Agreements for their Service Catalog and creating plans to address infrastructure issues such as Single Points of Failure, End of Life Systems and Consolidation of systems.

Mr. Long was responsible for the production and delivery of all of the deliverables for this project.

Executive Office of Health and Human Services,
State of Rhode Island

PMO of HIX/IES (Jan 2017 – December 2017): IT SME

Project: Provide project management services and MMIS procurement guidance.

Mr. Long was responsible for providing guidance and direction as the agency prepared to replace its legacy MMIS. Mr. Long developed a Request for Information (RFI) – MMIS Approaches to Replacement Modularity Integration and Contracted Services to solicit vendor input. Mr. Long also provided ongoing support for the update and submission of their Advanced Planning Document to CMS.

Department of Health and Human Services, State of South Carolina

IT Infrastructure Architecture Analysis Roadmap (March 2017 – June 2017): Lead Infrastructure Analyst

Project: Provided analysis and recommendations to SCDHHS regarding the infrastructure architecture and design of a comprehensive information technology infrastructure plan that SCDHHS will use as a roadmap for expansion/updating of the information technology (IT) systems.

Mr. Long was responsible for the production and delivery of all of the deliverables for this project.

Arkansas Health Insurance Marketplace, State of Arkansas

Arkansas Works Employer Sponsored-Insurance (October 2016 – Present): IT SME

Project: The Arkansas Department of Human Services has delegated the Arkansas Works ESI related administrative commitments and requirements to the Arkansas Health Insurance Marketplace (AHIM). PCG serves as the PMO for the State of Arkansas Health Insurance.

Mr. Long was responsible for coordinating the development of the web portal with the PCG development team including: developing requirements, managing development sprints and facilitating user acceptance testing.

Executive Office of Health and Human Services,
State of Rhode Island
PMO of HIX/IES (March 2016 – September 2016): IT SME

Project: Rhode Island is building an integrated eligibility system for both Medicaid and Human Service programs.

Mr. Long: was responsible for developing test cases for complex Medicaid scenarios to ensure system functionality is working as expected and assisting state assigned testers with management and execution of the scripts.

Department of Finance and Administration, Division of Health Care Finance and Administration, State of Tennessee
CoverKids Eligibility Service Center (August 2015 – December 2015): Sr. Consultant

Project: perform project management services and oversight of the eligibility vendor and the overall implementation of the CoverKids eligibility program. The scope of work included overall project management, support in the review of vendor deliverables, and business process development.

Mr. Long: was responsible for providing technical oversight to the project as well as developing desk and on-site review instruments to ensure that the client receives appropriate deliverables.

Massachusetts Health Connector, State of Massachusetts
Open Enrollment Outreach Campaign (2013/14, 2014/15): IT Project Manager/Technical Lead

Project: In partnership with Dell Services, designed and ran an outbound call campaign to reach out to current and potential members. Designed and developed a system to aggregated membership data from multiple disparate state-based IT systems.

Mr. Long: was responsible for the IT system to manage the call lists and report call outcomes. He managed the system development team and assisted in all aspects of the system's design and implementation. Mr. Long was also responsible for creating and producing all data analytics.

Massachusetts Health Connector, State of Massachusetts
Call Center Operations and Reporting (September 2013 – May 2016): Senior Consultant

Project: In partnership with Dell Services, provide ongoing enrollment and call center operations data analytics.

Mr. Long: was responsible for designing, developing and delivering the data analytics required to run the member services call center and ensure that Service Level Agreements were met during surge and normal operating times.

Public Consulting Group, Education Practice Area
School-based Medicaid Services Billing System (August 2010 – August 2013): Team Lead

Project: PCG's Universal Billing System (UBS) is a proven claiming system in more than 1,500 school districts across 23 states. The UBS has been central to PCG's recovery of more than $3.6 billion in federal Medicaid revenue for our clients.

Mr. Long: was the team lead responsible for ongoing operation of the Universal Billing System application. Responsible for the HIPAA 4010 to 5010 conversion as well as integrating the system with new state's Medicaid agencies and claims processers.

Public Consulting Group, Education Practice Area
EasyIEP Web Based IEP Management (September 2008 – August 2010): Software Engineer

Project: an innovative tool for creating and managing Individualized Education Plans (IEPs) and special education information, is IDEA-compliant with unique features, such as:

Mr. Long: was a member of the development team responsible for maintaining and extending the EasyIEP application. In this roll, Mr. Long provided project management as well as software engineering expertise.

Public Consulting Group, Education Practice Area

NJSmart State-wide Student Data Warehouse (September 2007 – September 2008): Senior Consultant

Project: The New Jersey Standards Measurement and Resource for Teaching (NJ SMART) provides the systems, capacity, and training necessary for state, district, and school level personnel to efficiently and effectively collect, report, and apply relevant, high quality education data.

Mr. Long: was responsible for managing all aspects of the subcontractor that implemented the on-line portal portion of the project. Insured that contractor deliverables were delivered on time and provided the contracted functionality. Resolved technical issues as they arose.

Public Consulting Group, Education Practice Area

Random Moment Time Study (January 2006 – September 2007): Software Engineer

Project: RMTS is a web based application that is used by organizations in more than eighteen states to provide time study services.

Mr. Long: was the team lead on the RMTS project.

Public Consulting Group, Information Technology Innovation Consulting

Case Management Tracking System (October 2004 – January 2006): Software Engineer

Project: CMTS is a web-based application that is used to identify and track cases where an individual has third party coverage for a claim that was submitted to Medicaid.

Mr. Long: was the team lead for this software. He was also responsible for implementing a web services interface with the Massachusetts Department of Revenue which allowed the state to query the CMTS system for outstanding Medicaid claims prior to issuing tax refunds.

PROFESSIONAL BACKGROUND

Public Consulting Group, *Boston, MA*	2004 – Present
Photovac Inc., *Waltham, MA*	*2003* – 2004
Microinvest, Belmont, MA	2002 – 2003
Product Resources, Beverly, MA	2002 – 2003
LSI Logic, Waltham, MA	1998 – 2002
Fujitsu Nexion, Acton, MA	1995 – 1998
Harvard Extension, Cambridge, MA	1995 – 1996
Polaroid Corporation, Newton, MA	1990 – 1995
ENSR Consulting and Engineering, Acton, MA	1986 – 1990

EDUCATION

Northeastern University, *Boston, MA*
Bachelor of Science in Computer Science, 1988

Dean College, *Franklin, MA*
Associate of Art, Liberal Arts, 1983

REFERENCES

Ken Adams, Data Architect, TennCare
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Marian Sweeney, Strategy and Operations consultant
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JOHN CVETKO PMP, QUALITY ASSURANCE LEAD
TECHNICAL LEAD AT PCG

Mr. Cvetko joined PCG this year, bringing to the table a breadth of knowledge and variety of experience in project management, test plan definition and execution, and performance metrics and measurements. Mr. Cvetko has 25 years of experience in large-scale system implementations, and 13 years of IV&V/QA experience on government systems projects. He is a certified PMP, CISSP, and ZCEA.

RELEVANT PROJECT EXPERIENCE

Oregon DHS Comprehensive Testing Services for Oregon's IE Project (2018 – Present):

Providing comprehensive Verification & Validation testing services to support Agency's verification and validation of Agency's Integrated Eligibility System. Mr. Cvetko serves in a lead role supporting User Acceptance Testing and Implementation work streams. Supports all activities for pre-UAT, UAT, Pilot, and Implementation phases. Works in tandem with the team's Test Manager to develop and manage the Comprehensive Test Plan and associated sub Test Plans. Leads a team responsible for development of the test suite artifacts and test case execution. Oversees the day-to-day test scenario and case development and co-manages test execution. Develops corresponding test metrics and status reports.

North Dakota Integrated Eligibility Project (2017-2018): Project Manager for testing activities and Organizational Change Management. Mr. Cvetko managed the testing effort in adherence to federal testing requirements (FNS and CMS).

Mr. Cvetko identified and analyzed project risks and initiated corrective action and contingency plans where necessary. He reviewed the vendor's (Deloitte) release quality and made recommendations to the State for quality tracking metrics. Mr. Cvetko reviewed the States original resources estimates and made recommendation to adjust its plan (resources and approach) based on quality metrics. He was responsible for reviewing (SIT) results for UAT entry acceptance, and analyzed and recommended against UAT exit early in the process. This enabled the State to identify the need for a project extension. *Mr. Cvetko* developed and managed time-travel processes for the State and SI Vendor. He also reviewed nd monitored the performance testing and security vulnerability testing activities from the States perspective. Mr. Cvetko was responsible for refining resource estimation technique of testing activities; managing defect triage meetings between UAT testers, sponsors, and SI vendor; and reporting on testing status to the project sponsors on a weekly basis.

Oregon Department of Administrative Services (DAS) HHS Delivery Model Analysis (2017):

At the request of Oregon DAS, Mr. Cvetko co-authored the following report. The delivery of state Health and Human Services (HHS) has seen significant changes in the last half decade. States have modified Service Delivery Models through program and policy integration, Business Process Re-design (BPR), and technology improvement. States' Service Delivery Models tend to range from siloed systems to full integration across available HHS programs. This report analyzes the mix of operational practices across the U.S. relevant to the request of Oregon.

IV&V of the North Carolina FAST Program (2013-2017): Analyst

For this IE Program implementation, *Mr. Cvetko* is responsible for Reviewing the Agency and Program security plans, reviewing system security operational processes, system architecture and alignment to CMS system guidelines (seven conditions). He also identified risks and made recommendations for project process improvements.

IV&V/QA of the Mississippi CCWIS Project (2015-2016): Analyst

Mr. Cvetko worked with the technical teams to analyze the system "As-Is" architecture. He was responsible for reviewing the system functional and non-functional (including security) requirements, and making recommendations on the "To-Be" system architecture and system requirements. These recommendations were focused on alignment to CMS system requirements.

Independent QA and IV&V of Cover Oregon & MAGI-Medicaid Eligibility System (2012-2015): Analyst.

Mr. Cvetko was responsible for developing the QA Plan, including IV&V testing and security assessment approach. He conducted QA assessments, QC deliverable reviews, and the Security Assessment Review. Mr. Cvetko identified and prepared the proper security risk assessment workbooks and templates. He managed a team of IV&V and security testers, as well as the automated test development team. He met with the ESC, Project Sponsor, and Project Manager on a regular basis. His team created scripts traceable to requirements, conducted a sample of manual and automated tests on the current weekly releases, and provided attestation to the federal partner as required.

Washington Bureau of Labor and Industry, IV&V Security Assessment of All of Washington Bureau of Labor and Industries (L&I) Systems (2012-2013): Analyst.

For this engagement, *Mr. Cvetko* was responsible for the following: Performing security assessments of L&I enterprise architecture using NIST 800/IRS 1075, PCI-DSS 2.0, and ISB State standards. Performing a gap analysis and remediation of recommendations based on the review. Reviewing and performing a gap analysis of Agency security policies. Developing the Security Compliance Plan and the IDS/SIEM Plan. Meeting with the Project Sponsor and Project Manager on a regular basis

Oregon DHS Independent Security IV&V/QA/QC of Behavioral Health Integration Project (2009-2012): Analyst.

Mr. Cvetko was responsible for the following: Developed the IV&V Security Master Test Plan and security testing reports. Conducted a security review of vendor system architectures and meaningful use with respect to HIE initiatives. Conducted security testing on the system. Reported security testing results, analysis, and metrics. Performed QC review of vendor project management and technical deliverables. Produced and monitored Project Risk Assessments.

QA/QC for the Oregon Lab Information Management System Project (2011-2012): Project Manager.

Mr. Cvetko reviewed the requirements, design, development, and implementation of the system; and produced project risk assessments. He developed the QA Plan and QA Assessment Reports for the Agency; and met with and advised the ESC, Project Sponsor, and Project Manager on a regular basis for reporting and risk management.

Independent QA and IV&V, Oregon Health IT Initiative (O-HITEC) (2010-2012): Project Manager.

For this engagement, Mr. Cvetko planned the Meaningful Use Testing Approach and developed the Meaningful Use Test Assessment Work Packages for testing teams. He was responsible for developing performance metrics for the Program. He performed QA assessment reviews and analyses, and produced and monitored the project risk assessments. He was also responsible for developing the deliverable review checklists.

Independent QA/QC of the State Health Record Bank of Oregon (HRBO) Project (2011-2012): Analyst.

Mr. Cvetko performed QA assessment reviews of the HIE system for the DHS Child Welfare system. He developed the deliverable review checklists, performed QC reviews of vendor deliverables, and reduced and monitored Project Risk Assessments.

ADDITIONAL EXPERIENCE

Oregon Online Real Estate Licensing Project (2011-2013): Project Management Consultant. For this engagement, Mr. Cvetko was responsible for the following:

Developing initial business case and project budget for Oversight approval
Assisting with detailing and analyzing the business "As-Is" processes
Developing the detailed system non-functional, functional, and security requirements
Researching existing vendor solutions in the market
Assisting with the development of "To-Be" processes
Developing the State RFP and SOW documents
Reviewing the vendor's proposals and conducting an architectural analysis
Reviewing and monitoring the vendor's DDI
Developing and executing the UAT testing plan and transition documents

Oregon Online Accountancy Licensing Project (2012-2013): Project Management Consultant.

Mr. Cvetko provided project management of an initiative to replace the current licensing software system. This system was required to enable licensees to apply, renew, and pay for their licenses on-line. For this engagement, Mr. Cvetko was responsible for the following:
Developed the business case and initial project budget for oversight approval
Developed the system requirements, RFP, and Vendor Statement of Work
Researched existing vendor solutions in the market
Reviewed the vendors' proposals and conducted an architectural analysis
Reviewed and monitored the vendor's DDI
Developed and executed the UAT testing plan

EDUCATION

B.A. in Business Management, Eckerd College

CERTIFICATIONS

Project Management Professional Certification (PMP)
Certified Information Systems Security Professional (CISSP)
Zachman Certified Enterprise Architect (ZCEA)

REFERENCES

Ying Ki Kwong, State of Oregon Department of Administrative Services, Cover Oregon
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Walter Reed, Healthcare Business Education, Inc.
Salem, Oregon
(503) 213-3345, walter@communitydatalink.com

Ron Hittner, IV&V Manager
Keizer, Oregon
(503) 580-5722, rhittner@hittnerandassociates.com

LAURIE THORNTON PMP, FEDERAL FUNDING AND PROCUREMENT SUBJECT MATTER EXPERT
VICE PRESIDENT FOR TECHNOLOGY CONSULTING

RELEVANT PROJECT EXPERIENCE

Department of Health and Human Services (MDHHS), State of Michigan

Systems Modernization Project Independent Verification & Validation (IV&V) Services (August 2015 – Present): Engagement Manger

Project: PCG's professionals provide IV&V services comprised of technical, validation (testing), and evaluation assessments to ensure Michigan's Cloud-based MMIS and secondary IT systems and services meet federal certification requirements and are performing to the state's defined design, cost, schedule, and performance specification/capabilities.

PCG's services focus on the following review areas: Project management, Quality management, Requirements management, Software development, Development environment, System and acceptance testing, Data sharing/management, System readiness, Training plans, Operations/business environment and Security. In addition to providing project-specific services, PCG is also performing a series of assessments of the MDHHS program management offices and operations for Medicaid eligibility and enrollment (including BRIDGES, the core solution, and MiBRIDGES, the internet application), the Statewide Automated Child Welfare Information System (including SACWIS and MiSACWIS), and Michigan's Child Support Enforcement System (including CSES and MiCSES). In all these instances, Laurie participates in writing technical assessment reports and assuring quality.

Department of Health and Social Services (HHS), State of Delaware

HHS Systems Replacement Projects Engagement Manager, IV&V Services (August 2015 – Present)

Project: Laurie oversees the PCG team in providing IV&V services on two large-scale projects: A new modular MMIS to replace Delaware's Legacy system, and an incremental (phased) modernization of its Medicaid eligibility system, for example: Upgrades to its Application for Social Services and Internet Screening Tool known as ASSIST and creation of a Master Client Index (MCI) database which serves as a statewide identifier for Delaware-provided services. PCG provides semi-annual reports to offer independent and unbiased assessments of the projects' true status, performance tests, compliance with applicable standards and policies, and compliance with program expectations and requirements. PCG's IV&V risk-based services address multiple aspects of the SDLC, which include reviewing the system integrator's: Project management, Project requirements, System architecture, Design, Testing, System readiness, Training and organizational change management, Data management and System security. Laurie participates in developing and writing periodic IV&V technical assessment reports to assure quality throughout the project.

Government of Guam, Office of the Attorney General, Child Support Enforcement Division (CSED)

Project Planning for Absent Parent Automated System Information (APASI) (July 2014 – May 2016) Senior Advisor

Ms. Thornton: Laurie provided planning services to replace the CSED's APASI. The purpose of the feasibility study/alternatives analysis (FSA) was to provide an objective and analytical evaluation of child support system implementation options for Guam CSED. The FSA included the study results and provided a recommendation on which of the evaluated alternatives should undergo additional analysis as part of a separate cost/benefit analysis (CBA). As an initial component of the planning effort, an assessment of the existing business, functional and technical condition of the CSED organization and APASI was completed. The assessment documented the following: Deficits about unreliable data; Inadequate interfaces; Flawed financial; design; Lack of automated workflow processes; Customer service constraints; Lack of usability; Out-of-date technology; Manual report generation; Lack of current system documentation; Based on CSED's needs, a set of functional and technical requirements were developed and documented. Four alternatives were considered for CSED that met the Health and Human Services Administration for Children and Families (ACF) requirements and consisted of a variety of design and implementation possibilities. Transferring an existing federally certified system from

another state and making minimal changes to align the system with Guam's requirements was considered, resulting in the identification of a subset of candidates for further consideration, including the California Child Support Automated System (CCSAS).

California Department of Social Services

Child Welfare Services – New System Project (August 2013 – Present) Organizational Change Management, Subject Matter Expert (SME)

Ms. Thornton: PCG is performing IV&V services during the planning and procurement phase of the State's project to replace its legacy child welfare system. On this project, Ms. Thornton is serving as the overall Organization Change Management lead for the IV&V team, assessing OCM activities to ensure ADKAR and Prosci best practices are followed, and providing management advice and support to the State's Project Oversight Manager.

Hawaii Department of Human Services

Integrated Eligibility System Replacement Project (January 2013 – December 2015) Engagement Manage

Ms. Thornton: PCG is performing IV&V services during the planning and procurement phase of the State's project to replace its legacy child welfare system. On this project, Ms. Thornton is serving as the overall Organization Change Management lead for the IV&V team, assessing OCM activities to ensure ADKAR and Prosci best practices are followed, and providing management advice and support to the State's Project Oversight.

California Department of Health Care Services

MEDS Eligibility System Replacement (November 2012 – April 2014) Engagement Manager

Project: The project was to assist with replacement of the state's Legacy eligibility system, including completing advanced planning document, requirements analysis, alternatives analysis, evaluation, and selection assistance. Laurie guided the team in developing an APD, including alternatives analysis, cost/benefit analysis, and supporting sections. Laurie also provided the following services: Requirements analysis; Research and analysis.

Nevada Department of Health & Human Services (DHHS), Division of Welfare & Supportive Services

Health Care Reform Eligibility Engine (July 2012 – January 2014) Engagement Manager, IV&V Services

Ms. Thornton: Laurie led PCG's IV&V projects to assist the State of Nevada to implement the Affordable Care Act – one that would result in a new business rules engine to store all of the eligibility rules for publicly-subsidized health coverage programs at the Department of Health and Human Services, DWSS, and another that would provide the technical infrastructure for an online marketplace and customer service center to support the operations of the Silver State Health Insurance Exchange (HIE). PCG provided IV&V services on both these projects, which required the implementation of new business processes and procedures and were implemented using a phased approach. The primary goals of these IV&V projects were to: Provide independent review and analysis of all of the management, operational, and technical activities, verifying and validating that activities and services conform to program expectations as documented in the requirements

Confirm that all intermediate and final application software deliverables strictly adhered to the business and technical requirements and user expectations; Review the development of delivery of training plans; Evaluate system readiness; Validate the effectiveness of system implementation activities; Confirm that all system development activities and processes adhere to regulations, industry standards, and best practices; Using PCG's well-tested IV&V methodology based on IEEE 1012-2012 and PCG's internal toolset, PCG provided unbiased assessments of the projects' true status to increase the probability for success by forewarning Nevada's stakeholders of real or potential adverse situations, ensuring the project was properly structured, and all necessary project plans, resources, personnel, and other critical components had been identified, created, addressed, and obtained prior to implementation.

Nebraska Department of Health and Human Services
Medicaid Management Information System (MMIS) Alternatives Analysis (June 2012 – November 2012)
Project Manager

Ms. Thornton: The project was to review the existing MMIS and offer possible alternative solutions for continuing to meet the ever-changing needs of Medicaid. Laurie provided the following services: Analyzed existing systems; Developed alternatives and cost estimates; Developed final deliverables; Attended client meetings as needed; Project management; Requirements analysis; Research and analysis.

Silver State Health Information Exchange (HIE), Nevada Health Link
IT Gap Analysis | Advance Planning and Document Development | Procurement Support (September 2011 – July 2012) Engagement Manager | Project Manager

Ms. Thornton: Laurie performed an IT gap analysis to document existing eligibility-related systems that could support the expansion of Medicaid and the Exchange. The results of gap analysis were included in Nevada's Level One funding request for the Cooperative Agreement to Support Establishment of a State-Operated Health Benefit Exchange grant application and an IAPD to request enhanced federal funding from the US Department of Health and Human Services. Laurie also provided procurement support services that included the development of an RFP to acquire its IT solution, responded to vendor questions, assisted in the vendor negotiation and selection process.

California Employment Development Department (EDD)
Unemployment Insurance (UI) Modernization Call Center Network Platform and Application Upgrade (CCNPAU) Project (November 2009 – February 2010) Organizational Change Management SME

Ms. Thornton: Performed a high-level assessment of organizational change management (OCM) efforts provided in support of the UI CCNPAU project at EDD. The purpose of this assessment was to review the CCNPAU project from an OCM perspective.

EDUCATION
California Polytechnic State University – San Luis Obispo, CA
Master of Business Administration

University of California Davis – Sacramento, CA
Bachelor of Arts, Psychology

CERTIFICATIONS
Project Management Professional, Project Management Institute
Prosci® ADKAR® Change Management Certification

REFERENCES
Mary Brogan, Administrator
Developmental Disabilities Division, Hawaii State Department of Health
1250 Punchbowl Street, Honolulu, Hawaii 96813
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Randy Chau, Systems Officer
Department of Human Services, MedQUEST Division
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EMMA PEPLOWSKI, BUSINESS ANALYST [POOL]
BUSINESS ANALYST AT PUBLIC CONSULTING GROUP, INC.

Ms. Emma Peplowski joined PCG as a Business Analyst for the Health Innovation, Policy, and Information Technology team in summer of 2017. Prior to joining the PCG team, Ms. Peplowski graduated from the College of the Holy Cross with a Bachelor of Arts in Political Science. As a Business Analyst, Ms. Peplowski has led deliverable management efforts and has acquired on-the-ground experience in testing, research, and provision of documents and process flows. Ms. Peplowski has been bred in the health information technology and project management spaces.

RELEVANT PROJECT EXPERIENCE

TennCare, State of Tennessee

User Accepted Testing Services (July 2017 – Present): Business Analyst

Project: Delivers Strategic Program Management Office services to support the State in completing the Medicaid Modernization Program, including User Acceptance Testing services
Ms. Peplowski: Involved in providing quality assurance assistance on project documentation and deliverables. Assisted with the UAT script review and analysis process. Provided oversight as a testing team lead during the User Accepted Testing Effort of the State's new Medicaid Eligibility system by assigning scripts to testers and monitoring defect logging and retests. Monitored and managed team's test execution results. Created and monitored JIRA dashboard to track overall defect progress. Attended and contributed to weekly status meetings and daily testing stand up meetings.

beWellnm, New Mexico Health Insurance Exchange

Project Management Office (January 2019 – Present): Business Analyst

Project: Delivers Program Management Office services to support beWellnm's implementation of a state-based Individual Health Insurance Exchange
Ms. Peplowski: Assisted with deliverable drafting and development for the PMO services. Helped establish requirements traceability matrix for project planning phase. Provided meeting minute services during initial project and organizational discovery sessions.

Executive Office of Health and Human Services, State of Rhode Island

Project Management Office of HIX/IES (July 2017– December 2017): Business Analyst

Project: Provided project management services for Rhode Island's major health care information technology implementation. Responsible for managing schedule, scope, deliverable and risk/issues. Manage federal funding process and perform financial project management services to Rhode Island EOHHS in managing their combined HIX/Integrated Eligibility System project.
Ms. Peplowski: Manages deliverable activities between Rhode Island and the vendor throughout the implementation process. Supports the research on federal funding participation. Participates in user accepted testing for major releases of the integrated eligibility system RIBridges, logging any issues that were encountered.

ADDITIONAL EXPERIENCE

Office of the Governor, State of Massachusetts

Cabinet Relations Office (September 2016 - December 2016): Strategic Operations Intern

Ms. Peplowski: Aided the Executive Office in their Department of Children and Families (DCF) restructuring project by providing policy research, organization and analysis of data, and monitoring of project process. Presented findings on the potential impacts and mitigating policies in regard to challenges facing the DCF at an agency wide meeting.

PROFESSIONAL BACKGROUND

Public Consulting Group, *Boston, MA* July 2017 – Present

EDUCATION

College of the Holy Cross, *Worcester, MA*
Bachelor of Arts in Political Science, 2017

REFERENCES

Frank Jones, IT Manager II, TennCare
310 Great Circle Rd Nashville, TN 37228
(615) 687-5807
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Angela Turner, Deputy Director of Member Services, TennCare
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(615) 507-6459
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Michael Hurley, IT Project Manager, NFP Health
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RAGAN LEBLANC, MHA, BUSINESS ANALYST [POOL]
BUSINESS ANALYST AT PUBLIC CONSULTING GROUP, INC.

Ms. Ragan LeBlanc is currently a Business Analyst for the Health Innovation, Policy, and Information Technology team with PCG. Ms. LeBlanc has over three years of administrative experience in the private sector of healthcare and transitioned to the public sector focusing on stakeholder engagement after receiving her Masters in Health Administration in 2017. Her specific areas of focus include: project management, quality assurance, process improvement, and data analysis. Ms. LeBlanc has experience leading multiple UAT teams and possesses both organizational and content knowledge needed to ensure project success.

RELEVANT PROJECT EXPERIENCE

Division of Healthcare Finance & Administration (HCFA), State of Tennessee

Strategic Program Management Office, TennCare (June 2018 – Present): Business Analyst, UAT Lead

Project: Delivers Strategic Program Management Office services to support the State in completing the Medicaid Modernization Program.

Ms. LeBlanc: Providing support to HCFA's TennCare effort through UAT testing and quality assurance on project documentation and deliverables. Serves as the UAT lead for 3 teams (Mobile, Member Portal, & Partner Portal) overseeing 12 supplemental UAT testers for the Medicaid Eligibility System. Manages script assignments and execution and provides daily metrics report to Deloitte counterpart. Monitors multiple JIRA dashboards to track overall defect progress daily. Attend and contribute to weekly status meetings and daily stand-up meetings with State and Vendor resources. Collaborates with the Program Manager and appropriate State resources to ensure overall success of the project.

Bureau of Health Services Financing (BHSF Medicaid), State of Louisiana

Medicaid Systems Modernization, LaMEDS (November 2017 – May 2018): Business Analyst

Project: A statewide initiative to consolidate IT infrastructures envisioned to improve system fragmentation and replace existing components which must fit into the Enterprise Architecture, meet the CMS Seven Conditions and Standards, and be MITA and HIPAA compliant.

Ms. LeBlanc: Co-lead the self-service portal team (SSP) of ten project developers and verified all project tasks remained on schedule for implementation. Participated in user acceptance testing (UAT) by executing test scripts in both LaMEDS portals; worker and SSP (member, partner, and provider). Detected and documented software failures and issues to identify and correct defects.

PROFESSIONAL BACKGROUND

Public Consulting Group, *Nashville, TN* — June 2018 – Present
Business Analyst – Health Services

University of New Orleans, *Baton Rouge, LA* — November 2017 – May 2018
Business Analyst I – Medicaid Systems Modernization

EDUCATION

Medical University of South Carolina, *Charleston, SC*
Master in Health Administration (MHA), 2017

Southeastern Louisiana University, *Hammond, LA*

Bachelor of Arts, Psychology, 2013

PROFESSIONAL REFERENCES

Frank Jones
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HANNAH BROOKS, BUSINESS ANALYST [POOL]
BUSINESS ANALYST AT PUBLIC CONSULTING GROUP, INC.

Ms. Hannah Brooks, a Business Analyst for the firm, joined PCG in 2017. Prior to joining PCG , she graduated from Hobart and William Smith Colleges with a Bachelor of Arts in Anthropology-Sociology. As a Business Analyst, Ms. Brooks is experienced in user accepted testing (UAT) efforts, research, requirements gathering, and budget and utilization tracking.

RELEVANT PROJECT EXPERIENCE

Division of Healthcare Finance & Administration, State of Tennessee

Strategic Program Management Office (July 2017 – Present): Business Analyst

Project: Deliver Strategic Program Management Office services to support the State in completing the Medicaid Modernization Program.

Ms. Brooks: Primary role: Directly support the UAT manager and interface with multiple IT vendors in the UAT testing efforts for the Tennessee Eligibility Determination System (TEDS) to replace their legacy system; Review and analyze the UAT Scenario Matrix; review and execute test scripts for Waves 1 - 5 of UAT testing; provide weekly feedback and run triage meetings to senior state testing leads; provide quality assurance on test scripts as well as notices mailed to members. She has been involved in developing templates for meeting documentation, recording meeting minutes, coordinating and scheduling with multiple vendors, and conducting deliverable reviews.

Executive Office of Technology Services and Security, Commonwealth of Massachusetts

ServiceNow IT Asset Management (February 2017- June 2017): Business Analyst

Project: Provide project management and technical support services for EOTSS' implementation of the ServiceNow IT Asset Management module and associated lifecycle processes.

Ms. Brooks: Supported project managers in developing the gap analysis of configurations for the ServiceNow ITAM workflows based on public sector best practices. Ms. Brooks captured the current state of the hardware, software, and end-user device lifecycles for the Commonwealth; developed appropriate KPI's and objectives for measuring the performance of each asset category; and assisted in providing recommendations for the future state of their Asset Management lifecycle processes. Other activities included gathering requirements and interviewing key personnel to the Commonwealth and developing a Requirements Traceability Matrix for this scope of work.

Executive Office of Health and Human Services, State of Rhode Island

Project Management Office of HIX/IES (October 2017-December 2017): Business Analyst

Project: PCG established a Program Management Office that was tasked with project management of the development and implementation of the EOHHS and DHS portions of the State's Unified Health Infrastructure Project. PCG also provided strategic advisory services to EOHHS as the state prepared for Medicaid Management Information System (MMIS) modernization.

Ms. Brooks: Provided UAT and M&O testing services to the State and supported other IT vendors; helped develop the Rhode Island Bridges deliverable management process flow; review and execution of test scripts.

Department of Health, State of Wyoming

HIE Strategy Assessment and Implementation: Business Analyst

Project: Support Wyoming Department of Health (WDH) in its transition to it HIT 'To-Be' Vision through HIT interoperability project management and strategic planning, including procurement assistance for a statewide HIE solution.

Ms. Brooks: Supports project management activities including preparing and distributing meeting materials, agendas and minutes. Continuously researches HIE best practices across the county; Developed the Health Partner Needs Assessment (HPNA) Report for inclusion in the SMHP; Developed and distributed a 'Use Case' Survey for Wyoming facilities and providers, as well as a report on our findings.

PROFESSIONAL EXPERIENCE

Partnership for Public Service, *Washington, D.C*

Fellow (June 2016 - August 2016)

Ms. Brooks: Managed the content schedule for the "Go Government" Twitter account, while engaging with colleges, universities, and federal agencies; authored lead articles and created the "eNews" letter that was sent out to our Call to Serve network monthly of over 3000 federal agents; analyzed employment data from FedScope to use in producing the 2016 Career Guides for the Partnership's Go Government website; supported event staff in workshops by preparing materials, ensuring quality, and transcribing notes.

Boys and Girls Club, *Geneva, NY*

EDUCATION

Hobart and William Smith Colleges, Geneva, NY
Bachelor of Arts, Anthropology-Sociology, 2017

REFERENCES

Ruth Jo Friess
Health Information Technology Manager, Wyoming Department of Health
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Frank Jones
IT Manager II, TennCare
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Adrian Chaisson
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DAVID MERCIER, BUSINESS ANALYST [POOL]
***BUSINESS ANALYST* AT PUBLIC CONSULTING GROUP, INC.**

Mr. Mercier, a Business Analyst (BA) for the firm, joined PCG in 2017 and is based in the Boston office. He recently graduated from Clark University with a Bachelor of Arts in Management. Prior to joining PCG as a BA, Mr. Mercier was an intern at PCG for during the summer of 2015. As a BA, Mr. Mercier will be responsible for recording meeting minutes, documenting business process flows, creating project management templates, and tracking day to day activities for the project.

RELEVANT PROJECT EXPERIENCE

Wisconsin Department of Health Services, State of Wisconsin

EHR Implementation: Apprentice Business Analyst

Project: Support the Department of Health Services (DHS), Division of Care and Treatment Services (DCTS) with the first major implementation of their Electronic Health Record (EHR) system. PCG will assist the DHS with executing the addition of the EHR to each of the seven facilities that the DCTS operates. PCG will implement the Cerner Millennium EHR in the seven facilities.

Mr. Mercier: Creates project management plan templates, formats and finalizes deliverable artifacts, and records meeting minutes.

Wyoming Department of Health, State of Wyoming

HIE Strategy Assessment and Implementation: Apprentice Business Analyst

Project: Support Wyoming Department of Health (WDH) in its transition to it HIT 'To-Be' Vision through HIT interoperability project management and strategic planning. Strategic planning and procurement assistance for a statewide HIE solution.

Mr. Mercier: Supports project management activities including preparing and distributing meeting materials, agendas and minutes. Continuously researches HIE best practices across the county.

Division of Healthcare Finance & Administration, State of Tennessee

Strategic Program Management Office: Business Analyst

Project: Deliver Strategic Program Management Office services to support the State in completing the Medicaid Modernization Program, including User Acceptance Testing (UAT) services.

Mr. Mercier: Primary role: Directly support the UAT manager and interface with multiple IT vendors in the UAT testing efforts for the Tennessee Eligibility Determination System (TEDS) to replace their legacy system; review and analyze the UAT Scenario Matrix; review and execute test scripts for Waves 1, 2, 3, 4, and 5 of UAT testing; provide weekly feedback and run triage meetings to senior state testing leads; provide quality assurance on test scripts as well as notices mailed to members. He has been directly involved in supporting security and role access for various job titles in the TEDS system.

Executive Office of Health and Human Services, State of Rhode Island

Project Management Office of HIX/IES: Business Analyst

Project: PCG established a Program Management Office that was tasked with project management of the development and implementation of the EOHHS and DHS portions of the State's Unified Health Infrastructure Project. PCG also provided strategic advisory services to EOHHS as the state prepared for Medicaid Management Information System (MMIS) modernization.

Mr. Mercier: Provided UAT and M&O testing services to the State and supported other IT vendors; helped develop the Rhode Island Bridges deliverable management process flow; review and execution of test scripts.

PROFESSIONAL BACKGROUND

Public Consulting Group, Inc., *Boston, MA* July 2017 - Present

EDUCATION

Clark University, *Worcester, MA*
Bachelor of Arts in Management, 2017

PROFESSIONAL REFERENCES

Ruth Jo Friess
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JACKIE PHAN MBA PMP, PROJECT MANAGER [POOL]
PROGRAM MANAGER AT PUBLIC CONSULTING GROUP, INC.

Ms. Jackie Phan is a program management executive with 20 years of experience in designing, developing, and implementing healthcare technology. Ms. Phan is versed in Health Information Technology (HIT) and Medicaid Management Information System (MMIS). She is results driven with proven abilities in implementing Electronic Heath Records (EHR) and Security Identity Access and Management solutions. Ms. Phan is an advocator for standardizing and improving policies, procedures, and processes with end goal of optimizing healthcare information management systems. Ms. Phan is passionate about mentoring and motivating individuals to effectively work in unified cross functional teams as well as cultivating team, client and vendor relationships.

RELEVANT PROJECT EXPERIENCE

Medicaid Enterprise Management Solution Program, Commonwealth of Kentucky
Program Manager (November 2018 – Present)

Ms. Phan: Served the Commonwealth of Kentucky as Program Manager for their Medicaid Enterprise Management Solution program, assisting by proving the following: managing multiple projects for the Program; developing program goals, objectives, processes, and procedures for Human Resource Management, Identity & Access Management, and Power BI analytic projects; mapping out and defining the list of dependencies among projects; planning program execution and implementation strategies; overseeing day to day operations for staff management and Power BI analytics; tracking and monitoring program and project progress; reporting program status and project status; and interfacing directly with client to ensure successful program management.

Medicaid Modernization Program, State of Tennessee
MMIS & Enterprise Services (December 2015-Present)

As the Program Manager, Ms. Phan is responsible for managing certain HIT projects for TennCare, the State's Medicaid Program. Project outcomes will aid in in the effectiveness of healthcare improvement initiatives such as reduction in hospital admissions, gaps in care, patient risk, and overall operational efficiencies.

Ms. Phan develops and drives execution of the life cycle of projects including initiation, planning, execution, and monitoring through effective project management methodologies. They include: Infrastructure Improvements, internal improvements to reduce potential risk by supporting the conversion and migration from end of life infrastructures to newer technologies; EHR Meaningful Use Assessment, mechanism for providers to report Meaningful Use performance measures and the State to review, assess, and approve request for incentive payments; Healthcare Cloud by Optum, platform that allows for access of integrated health applications and information; Tech Democracy, Identity Access Management (IAM) security services; Audacious Inquiry, Data management through Master Patient Index (MPI) and Master Provider Directory implementations; IBM Master Data Management, Infosphere Master Data Management Server and Datapower SOA Appliance; and Procurement and replacement of MMIS.

Community Health Systems (CHS), Tennessee
Identity & Access Management (IDM) (February 2011- November 2015)

As the IDM Program Manager, Ms. Phan managed a team of Business Analysts and Security Engineers. She led IDM integration projects that included various EHRs such as Cerner, HRIS UltiPro, McKesson, HMS, Pyxis Connect, Carefusion, Ultipro, Keane, Allscripts, and Athena. Ms.

Phan and her team centralized auditing and reporting by implementing a federated source for monitoring user access across 60 applications. As a result, IT operating costs was drastically reduced from the elimination of paper forms, phone calls and wait time for account generation. 150,000 end user experiences were greatly improved by automating the user provisioning process, delegation of workflows, rules and policies for user self-service and password management. More importantly, security risk were minimized across 215 hospitals due to control access to the network and automatic access updates as impacted by: new hires, terminations, temporary and contract workers.

Community Health Systems (CHS), Tennessee

HL7/EHR Interoperability (May 2010 - January 2011)

Through HL7/EHR Interoperability projects, Ms. Phan automated the transfer of health-related information between one or more entities within the CHS network. The project provided access to and retrieval of patient health information to authorized users in order to provide safe, efficient, effective and timely patient care. The Health Level 7 (HL7) standard format for data exchange was utilized to develop electronic interfaces between approved parties. Ms. Phan managed over 50 HL7 interface projects, on time and on budget, across the CHS clinical systems, with various healthcare applications such as McKesson, HMS Clinical, PACS Carestream, and Allscripts. She performed security risk assessments to identify potential exposure of patient health information. As well as oversaw resource allocations to ensure tasks completion are focused on vendor processes and products. The Allscripts and ePrescribe project allowed clinics and physician practices to move from paper charts to EHRs. Objectives included electronic accessibility of patient data, support clinical decision making, reduce the potential for medical errors, and enhance the quality of care at affiliated hospitals and clinics. Ms. Phan implemented e-Prescribe EHR solution across 710 providers and 54 Physician Group Practices, developed and monitored project deployment plans for 60 Allscripts sites, assisted with the creation of EHR policies and procedures for maintenance and operations, and monitored and tracked Meaningful Use compliance regulations.

Bureau of TennCare, State of Tennessee

Project Director of Project Management Office (PMO) (February 2005-February 2009)

Ms. Phan directed large scale projects by initiating, planning, executing and closing the project life-cycle. She developed and participated in RFIs/RFPs initiatives as well as integrated business operational needs with technology to improve overall organizational performance. Ms. Phan's key contributions included: managing the activities of business end users; implementing managers, systems analysts, and developing personnel for large scale operational and technology projects; implementing the TennCare Pre-Admission Evaluation System (TPAES) and the TennCare Decision Support System; deploying the Fraud & Abuse Detection & Investigation System; managing the Edifecs front-end data cleansing project; establishing the TennCare Encounter Data Quality Management Program; assisting with the National Provider Identification (NPI) initiative; deploying the TennCare Operations Dashboard System (TCODS); designing performance management tools and methodologies to measure and monitor project goals and progress; coordinating internal and external focus group team members to regulate project scope and requirements; and managing vendors, contractors, and subcontractors to maximize ROI and accomplish project goals and objectives.

PROFESSIONAL BACKGROUND

Public Consulting Group, *Nashville, TN* — December 2015 – Present

Community Health Systems, *Nashville, TN* — May 2009 - November 2015

United Health Group, Nashville, TN — March 2009 – October 2009

State of Tennessee/TennCare, *Nashville, TN* — February 2005 – February 2009

EDUCATION

Belmont University, *Nashville, TN*
Bachelors in Business Administration and Information Systems

University of Phoenix, *Nashville, TN*
Masters in Business Administration and Technology Management

CERTIFICATIONS/PUBLICATIONS/SPECIAL SKILLS

Project Management Professional (PMP)
Project Management Institute

ITIL V3 Foundation

REFERENCES

Max Arnold, TennCare, State of Tennessee
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David Cruz, Executive Office of Techology Services and Security
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TOMASZ (TOM) KAPUSTA PMP, PROJECT MANAGER [POOL]
SENIOR CONSULTANT AT PUBLIC CONSULTING GROUP, INC.

Mr. Kapusta, PMP, has over ten years of international project experience working with governments, international organizations, and private businesses. He currently focuses on Medicaid eligibility and enterprise system implementations, working in business analysis, project management, testing/QA, IV&V, operations management, procurement assistance. Prior to joining PCG, he worked in multiple roles in international settings, combining public and private sector interest. His experience includes project management, government affairs, economic diplomacy and corporate governance in financial markets.

RELEVANT PROJECT EXPERIENCE

beWellnm (New Mexico Health Insurance Exchange), State of New Mexico

Project Management Office and Consulting Services (January 2019 – present): Account Lead

Project: Assist beWellnm in the transition from an SBM-FP model to a full State Based Marketplace. Scope of work includes operating a PMO, as well as assisting with federal oversight requirements, procurement of Individual Marketplace technology, and redesign of business operations.

Mr. Kapusta: Account Lead in charge of PMO and consulting teams. Responsible for allocating PCG resources and PCG team performance. Provides advice and subject matter expertise from previous exchange/marketplace and other ACA driven eligibility engagements.

Cabinet for Health and Family Services, Commonwealth of Kentucky

MEMS Project Management Office (December 2018 – present): Risk Manager

Project: Deliver Project Management Office services to support CHFS in completing the Medicaid Enterprise Modernization System (MEMS) Program.

Mr. Kapusta: Primary role: Risk Manager within the PMO; single point of accountability for program wide risk and issue management; Responsible for working with Program Management, project managers, and appropriate CHFS resources on the identification of program and project risks and issues across the MEMS Program and projects; manages the risk process on each phase of the program, as documented in the risk management plan.

Division of TennCare, State of Tennessee

Strategic Program Management Office (November 2015 – present): Risk Manager; UAT Test Lead

Project: Deliver Strategic Program Management Office services to support the State in completing the Medicaid Modernization Program.

Mr. Kapusta: Primary role: UAT Test Lead; oversees supplemental UAT testers and the overall health of the testing engagement for the largest project in TennCare's portfolio – the new Medicaid eligibility system. Prior roles: Risk Manager within the SPMO; single point of accountability for program wide risk and issue management; Responsible for working with the Engagement Manager and Program Manager, project managers, and State resources on the identification of program and project risks and issues across programs, projects, and the TennCare portfolio; managed the risk process on each phase of the program, as documented in the risk management plan.

Arkansas Health Insurance Marketplace, State of Arkansas

Marketplace Professional Services Consultant and Program Management Office (April 2014 – March 2016): Project Manager

Project: Plan and design Arkansas' transition from a federally-facilitated to a state-based health insurance marketplace. Establish a Program Management Office (PgMO) to oversee the implementation of the marketplace.

Mr. Kapusta: Project Manager within the AHIM PgMO; single point of accountability for SHOP system delivery; single point of accountability for SHOP business/policy delivery; direction to SHOP PM team. During the planning phase, supported the development of Arkansas transition approach from a federally-facilitated to a state-based health insurance marketplace. Performed analysis to facilitate project financial planning and inform Grant Application budget.

Department of Health and Social Services, State of Delaware

DMES and DEM IV&V (March 2013 – September 2015): IV&V Analyst

Project: Provide IV&V services for two large-scale DHSS IT initiatives: MMIS takeover (legacy HPE system to interChange transfer from another state) and a series of Eligibility Modernization projects

Mr. Kapusta: Provided technical and subject matter expertise as an IV&V Analyst, including monitoring project activities, processes, procedures, tools, deliverables, and making recommendations to address risks and issues; focus on scheduling, resource planning, and risk and issue management; contributed to IV&V assessments and certification activities.

Executive Office of Health and Human Services, State of Rhode Island

EOHHS PMO for MMIS and Health Insurance Exchange/Eligibility System Implementation (September 2012 – March 2015): Project Management Consultant; Financial Analyst

Project: Design, implement, and plan for operations of a technology platform to support both new and existing health insurance initiatives under the ACA. Support existing human services programs.

Mr. Kapusta: Responsible for managing updates to RI's Implementation Advanced Planning Document (IAPD) for their joint eligibility system and health insurance marketplace solution, known as the Unified Health Infrastructure Project (UHIP) to ensure sufficient project financing is available, project costs are allocated to benefiting agencies, and federal funding support was maximized.

Massachusetts Health Connector, State of Massachusetts

BPM Outreach Support and Reporting (May 2013 – May 2015): Business Process and Data Analyst

Project: Develop Business Process Modeling for the Massachusetts Health Connector.

Mr. Kapusta: Performed Business Process Modeling and reengineering for the Massachusetts Health Connector including the development of business requirements and procedures to support the transition of the Connector to the ACA-mandated model. Performing project management in support for the member transition campaign, call center operations and reporting, and CRM applications including status reporting, schedule management, and risk and issue management.

Health Connector, State of Hawaii

Project Management Office IT Consultant (November 2012 – February 2014): Project Management Consultant

Project: Develop business process flows for end to end system eligibility and enrollment. Draft E&E section of Exchange Blueprint Application as required by CMS. Lead drafting of system notices. Support the development of Standard Operating Procedures for system E&E processes.

Mr. Kapusta: Provided technical expertise to the Hawaii Connector's Project Management Office

in reviewing contractor deliverables (project management plans, work breakdown structure, and project schedule) to ensure compliance with Connector's policies and business needs.

Your Health Idaho, State of Idaho

Health Benefit Marketplace Establishment Consulting (July 2013 – November 2013): IT & Financial Analyst

Project: Analyzed and prepared requirements and design. Provided counsel on overall strategy for acquisition of Exchange technology.

Mr. Kapusta: Developed business, functional and technical requirements for Your Health Idaho to procure a contractor to implement a fully functioning state-based health insurance exchange, facilitate member transition and migrate data from federal systems.

Department of Health and Social Services, State of Delaware

Health Benefit Market Place Planning (December 2012 – May 2013): IT and Business Process Analyst

Project: Provide specialized expertise in the planning, design, development, and implementation of Delaware's federal partnership Health Marketplace. Responsible for designing, planning, and implementation since 2011 on all major systems and policy issues for this complex effort.

Mr. Kapusta: Performed Business Process Modeling and requirements writing for the DE Health Benefit Exchange planning for Plan Management and Consumer Assistance functions; Assisted in designing the To-Be landscape with recommendations for state agencies to leverage business processes and IT tools to operate Consumer Assistance and Plan Management functions.

PROFESSIONAL BACKGROUND

Public Consulting Group, *Senior Consultant* August 2012 – Present
Polish Ministry of Foreign Affairs,*Executive Assistant to Undersecretary of State* July 2011 - July 2012
Polish Association of Listed Companies, *Policy Advisor* August 2007 – July 2011

EDUCATION

CEMS Global Alliance in Management Education
Master's in International Management, 2008
Warsaw School of Economics
Master of Economics, 2007

CERTIFICATIONS / SPECIAL SKILLS

Project management (certified PMP #1647090); Business analysis; process modeling; Financial analysis and modeling; Requirements management and testing; Regulatory and economic research; impact analysis; Proficient in Microsoft Office Suite, Microsoft Project and Microsoft Visio

REFERENCES

Frank Jones, IT Manager II, TennCare
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Kevin Swinson, Director of Technology Operations, New Mexico Health Insurance Exchange
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Wendell Cheek Eligibility Administrator, TennCare, Member Services
310 Great Circle Rd., Nashville, TN 37243
(615) 770-5271

DAVID DENICOLAIS, PROJECT MANAGER [POOL]
***IT PROJECT MANAGER* AT PUBLIC CONSULTING GROUP, INC.**

Mr. David DeNicolais, a Senior Consultant out of our Raleigh office, has been with PCG as a Health Information Technology professional since 2013. Specializing in Healthcare Reform, Mr. DeNicolais is an experienced Project Manager with extensive experience working and leading public health projects focused on large-scale system implementation. Mr. DeNicolais also has extensive experience in strategic planning, business process mapping, requirements management, system testing, release management, enterprise system modernization, Software Development Lifecycle (SDLC), and quality assurance.

RELEVANT PROJECT EXPERIENCE

Division of Medicaid, State of Mississippi

Independent Verification and Validation (May 2019 – Present): Master Scheduler / Senior Quality Assurance Analyst / IV&V SME

Project: Deliver Independent Verification and Validation services for the MES Replacement Project for the state of Mississippi.

Primary role: Senior Quality Assurance Analyst with Master Project Scheduling maintenance and oversite.

Key responsibilities include; Master Schedule maintenance and updates, developing status reports, providing independent reviews of project deliverables and artifacts, reporting findings to CMS for remediation, validating that the project is being executed according to the MECL and MECT guidelines and standards produced by CMS.

Division of Healthcare Finance & Administration, State of Tennessee

Strategic Program Management Office (June 2017 – May 2019): Senior Quality Assurance Analyst / Testing Lead

Project: Deliver Strategic Program Management Office services to support the State in completing the Medicaid Modernization Program.

Primary role: Senior Quality Assurance Analyst / Testing Lead supporting the TennCare Information Systems (IS) team. Key responsibilities include; strategic planning related to UAT, facilitating testing related meetings, developing status reports, overseeing the development and implementation of the deliverable review process, providing vendor oversight, assisting with managing TennCare IS daily activities, developing robust metrics dashboard, contributing to the development of several management plans, testing related risk management, assisting in the design artifact review process and provided oversight related to 3rd party reviews of all testing artifacts and processes.

Arkansas Health Insurance Marketplace (AHIM), Arkansas

MARS – E 2.0 Audit (August 2016 – May 2017): Project Manager / Senior Consultant

Project: Arkansas has deployed a Small Business Health Options Program (SHOP) across the state. The project entailed the execution of a 3rd party audit of the system architecture, software, and project procedures to gain CMS compliance in MARS-E 2.0.

Mr. DeNicolais has: Managed a security audit team to execute a MARS-E 2.0 certification audit of Arkansas's SHOP exchange. He provided project management activities including risk and issue management, reporting, and schedule management as well as provided consulting expertise for evaluation of attestation artifacts for the security and privacy controls within the certification toolkit. Conducted all stakeholder interviews and completed the Security Analysis Report (SAR) required by CMS for certification.

Executive Office of Health and Human Services, State of Rhode Island

PMO of HIX/IES (June 2016 – January 2017): Consultant / Project Manager

Project: Rhode Island is building an integrated eligibility system for both Medicaid and Human Service programs.
Mr. DeNicolais has: Provided on-site support with several project management activities including risk and issue management, reporting, and schedule management. Reviewed and supported the alignment of all system integrator testing/release management documentation. Tracked defects and work requests until resolution in the JIRA suite. Provided oversight to UAT efforts while driving executive communications to the state healthcare stakeholders.

Office of the Chief Academic Officer, 27 Medium to Large US School Districts
School by Design (November 2013 – September 2015): Project Manager / Product Owner

Project: Developed and sold a Software as a Service (SaaS) platform to 27 large school systems across the United States. Provided school districts and state education agencies the ability to analyze their effective use of their staff, time, and budgets to deliver instruction and professional development for their staff.to their students. Results drove significant saving in time and money for school district and helped them achieve their strategic initiatives. Mr. DeNicolais provided Project Management and Product Ownership from the inception of the product to the deployment of the product and services. Mr. DeNicolais coordinated all requirements solicitation, software procurements, software development, AWS/cloud-based implementation, and services delivery to the 27 school systems. Mr. DeNicolais led a 10-person development team through the use of Agile development and provided incremental progress to the project's stakeholders throughout the US saving them well over $5M in budget and time usage.

Office of the Chief Academic Officer, DC Pubic Schools
Educator Portal (February 2013 – November 2013): Project Manager / Product Owner

Project: DC Public schools required a knowledge management and collaboration system to connect and streamline processes for their 4,000 teachers and 150 Central Office personnel. The solution provided improved instruction and education results.
Mr. DeNicolais: Managed and Owned the closing phase of the project. Facilitated the successful transition of the solution to DCPS Chief Academic Office and the technical stakeholders. Managed a 15-person development team during the knowledge transition phase of the project. Facilitated the Quality Assurance and configuration management processes through successful project closeout. Managed the project budget and reported progress via project dashboards to all project stakeholders.

AT&T Human Resources Executive Office
Business Intelligence Strategy (February 2013 – August 2015): Sr. Consultant

Project: AT&T required an analysis of their current and future Business Intelligence needs. The HR department had several large investments in reporting and analytical tools required a gap analysis between these tools and their needs with a 3-year implementation roadmap.
Mr. DeNicolais: Analyzed their existing use of their currently procured tools. He led several stakeholder focus groups. Guided senior HR staff through a software selection process. Gained senior stakeholder concurrence of a 3-year roadmap which including the phasing out of many tools, the consolidation of databases, and the ability to streamline their existing reporting needs while meeting their future strategic objectives.

Blue Cross and Blue Shield of Illinois.
Affordable Healthcare Act Data Warehouse (July 2012 – February 2013): Project Manager

Project: BCPS of Illinois needed a data warehouse and business intelligence solution to monitor the amount of high risk insured membership against their risk tolerance levels. Mr. DeNicolais: Managed a team of 8 database developers and 3 business analysts to document business requirements, data sources, and create the data model in the support of the challenges that

BCBS faces as it related to the ACA guidelines for insurance companies. Reported status to senior BCBS management. Tracked and closed project risks/issues as they related to the project. Defined data model requirements through the use of Cognos data modeling tools.

School District of Philadelphia Office of Information Technology
Enterprise Data Warehouse (February 2008 – July 2013): Project Manager / SME
Project: The school district needed a trusted information resource that spanned 11 source systems for Data Driven Decision Making. Mr. DeNicolais: Led the SME team to identify/document reporting requirements. Managed the development process. Created testing and training plans for all end users of the reporting solution. Deployed several KPI's via dashboards to multiple stakeholders including the district Superintendent and the Chief Academic Officer. Successfully transferred the entire solution to the staff at the school district.

Wake County Public Schools Office of Information Technology
Enterprise Data Warehouse and Principals' Dashboard (October 2006 – February 2008): Project Manager / SME
Project: The school district needed a trusted information resource that spanned their student and HR data systems for reporting to Principals on their school's performance. Mr. DeNicolais: Solicited and documented all business functional and non-functional requirements. Managed the development process. Designed, built, and deployed the dashboard to the School Principals. Transferred the solution to Wake County Public Schools for ongoing support.

PROFESSIONAL BACKGROUND

Public Consulting Group, *Boston, MA* June 2016– Present
Amplify Education, Brooklyn, NY February 2013 – September 2015
IBM Global Business Services, Armonk, NY January 1996 – February 2013

EDUCATION

State University of New York at New Paltz, *New Paltz, NY*
Bachelors in Elementary Education, 1992

Villanova University, Philadelphia, PA
Essentials of Project Management – Healthcare, 2016

AFFILIATIONS

Public Consulting Group, Boston, MA
Diversity and Inclusion Council Member – 4/2019 to Present

REFERENCES

Ken Adams, Data Architect
310 Great Circle Rd., Nashville, TN, 37228
w.ken.adams@tn.gov, 615-687-7910

David Whirlow, IBM Senior Project Manager
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whirlow@us.ibm.com, 724-309-2595

Robert Moser, Vice President, Public Sector World Gate Inc.
101 Wolf Pit Rd. Southbury CT 06488
RDMoser101@gmail.com, 203-565-4317

LISA DAHLQUIST PMP, PROJECT MANAGER [POOL]
SENIOR CONSULTANT AT PUBLIC CONSULTING GROUP, INC.

Lisa Dahlquist has provided consultative expertise to a broad array of public health care organizations. Lisa's hands-on services have ranged from strategic planning to MITA SS-A reviews. Lisa works closely with clients, leveraging her extensive background in federal regulation and guidance compliance. Lisa's experience supports clients and their goals of regulatory compliance and improved organizational maturity.

RELEVANT PROJECT EXPERIENCE

California Department of Health Care Services (DHCS)

*Managed Care Provider Data Improvement Project (*May 2016 – Present) Project Manager

Ms. Dahlquist: Lisa manages the project to implement an EDI X12 Standard Transaction 274 Provider Directory file to receive provider network information from health plans contracted by DHCS. The standard file replaces two legacy proprietary formats. Lisa also: Develops processes for Managed Care Quality Management Division Sections and Units to consume 274 data; Coordinates with legacy file and report stakeholders the transition to 274 file format and data; Provides technical assistance to health plan staff to implement EDI X12 274 Standard Transaction requirements; Manages 4-phase testing plan to test both health plans' and DHCS systems' ability to produce 274 files that meet standard implementation guide and DHCS-specific requirements in the companion guide; all 23 health care plans are submitting files in production; Coordinates with Post Adjudicated Claims and Encounter System (PACES) application team to make development changes to process 274 data; Collaborates with data warehouse staff to design and optimize database tables for 274 provider data.

Georgia Department of Community Health

Medicaid Information Technology Architecture (MITA) State Self-Assessment (SS-A) and Enterprise Data Modeling Project, (December 2014 – August 2015 | October 2015 – May 2016), Project Manager

Ms. Dahlquist: Lisa managed the MITA SS-A and Enterprise Data Management project. Lisa also: Coordinated activities of business analysts, information architects, and contracted subject matter experts (SMEs); Provided on-site interface with client and coordination of communication and client SMEs' participation in project activities, including:; Presentations; Training; Knowledge transfer sessions; Meetings; Interviews; Deliverable feedback and reviews; Participated in the production of project deliverables, including: Business, information, and technology architecture profiles; Enterprise governance board structure and operating plan; Conceptual data models; Logical data models. Participated in developing a winning proposal for a follow-on contract for the client's next phase of enterprise architecture

Project deliverables included: MITA SS-A; Data management strategy; Business process management strategy; Technical management strategy; Governance board structure and operating plan; Conceptual data models; Logical data models; Data standards management plan; Inventory of current business and technical services; Technical reference model; Application architecture approach.

Xerox State Healthcare | California Department of Health Care Services, CAMMIS

Medi-Cal (Medicaid) International Classification of Diseases, 10th revision (ICD-10) Implementation Project

ICD-10 (February 2014 – November 2014), Transition Project Manager

Ms. Dahlquist: Lisa managed the transition activities of DHCS organizations working with CA-MMIS to adopt ICD-10 standard. Lisa also: Developed and maintained a schedule in MS Project of transition activities for the ICD-10 project; Managed activities of internal training, provider training, publication, and website operational teams in support of the ICD-10 project; Organized and ran a stakeholder council comprised of medical associations, service providers, billers, and third-party billing organizations that advised the ICD-10 project and California DHCS on the ICD-10 rollout

Developed implementation plan, contingency plan, and communication escalation/war room operations plan for the September 2014 technical implementation of ICD-10.

Xerox State Healthcare | California DHCS
CA-MMIS Medi-Cal System Replacement, (February 2012 – February 2014), Requirements Analyst

Ms. Dahlquist: Lisa developed processes to refine contractual requirements to business requirements and supported execution of the process, working with various application and support teams. Lisa also: Provided guidance and training on requirement standards, process, and tools; Developed structure for organizing requirements information in requirements management tool/repository for efficient management and traceability, in collaboration with business rules extraction, testing, implementation, and application teams; Developed and supported process for input and output of requirements to elicitation and validation processes; Participated in the development of a process to categorize and trace compliance with CMS-MECT, MITA, and other federal and state standards; Developed and executed procedures to implement change processes for requirements at different points in the software development life cycle; Developed and provided metrics, reports, and traceability matrices throughout the project lifecycle

Hewlett Packard (HP) | California Department of Corrections and Rehabilitation
Change Control Process Outsourcing Application Development Contract, (August 2009 – February 2012)
Change Control Manager

Ms. Dahlquist: Lisa established the project's change control process in compliance with California's standards to ensure scope, application, and operational changes were made consistently with appropriate oversight and approval. Lisa also: Managed scope change requests, impact analyses and change orders as they were worked by different team members, tracking changes until completion. In two and a half years, 131 scope changes resulted in additional business totaling $74.5 million; Ran project change control board meetings with HP project leadership; Represented changes originated by HP with client management team

Developed and provided weekly/monthly metrics reports; Monitored the effectiveness and efficiency of the change management process and refined procedures and change management tools to better track, communicate, and analyze changes as the project evolved.

HP Enterprise Servers and Storage Procurement
CORE Project Support Team, (November 2006 – July 2009) Strategic Procurement Manager

Ms. Dahlquist: Lisa managed projects to support enterprise-level outsourcing strategies and assist HP businesses in executing those strategies. Lisa also: Managed the collection of supplier spend forecast data from approximately 80 commodity managers and implemented procedures to check for data accuracy; Provided data and analysis to supply chain executives, hardware business units management, contract negotiators, and ad hoc projects; Presented to HP's business units management during twice-yearly strategy meetings; Managed project to assess the financial risk of Servers and Storage organization's suppliers during the 2008 to 2009 economic downturn; Coordinated financial review of 297 suppliers to identify and address the risk to the assurance of supply due to poor financial health; Engaged the finance department in the ongoing process; Engaged the legal department to guide commodity teams in dealing with suppliers of financial matters; Created a toolbox of risk mitigation actions for ongoing reference after project close; Coordinated with HP credit department and business units the financial review of key suppliers; The initiative resulted in a review of HPs top 30 outsourcing suppliers, resulting in coverage of 97 percent of outsourcing business, providing data for risk mitigation measures, RFQ awards, and strategic decisions on short-term and long-term supplier strategy.

HP | HP Enterprise Services
OMEGA Outsourcing Projects Tool, (September 2003 – October 2006) Business Planning Analyst

Ms. Dahlquist: Lisa provided operational support to the Americas region for a time tracking and labor cost allocation tool used in HP services. Lisa also: Developed and documented processes for the Americas region; Worked with a worldwide team in creating and updating policies for tool use; Managed deployment of tool to newly created business operations center in Costa Rica,

including the addition of approximately 150 new users, new workgroup, and project structures to the tool; Coordinated migration of customer project structures and work groups from Canada's country-specific tool to standard tool; The project included redefining work task descriptions to standard work task categories for HP's outsourcing services' third largest customer with billing of $30 million per year.

EDUCATION
University of California – Berkeley, CA
Bachelor of Arts, Geography
University of Lund – Sweden
Studies in Geography, Law

CERTIFICATIONS
Project Management Professional, Project Management Institute
Certified ScrumMaster, Scrum Alliance
Certified Medicaid Professional, Medicaid Learning Center

REFERENCES
Aaron Toyama
Chief, Data Analytics Branch of California Department of Health Care Services
(916) 325-8213
Aaron.Toyama@dhcs.ca.gov

Marty Hicks
Director, MITA Program Management Office, Georgia Department of Community Health
(404) 656-4464
Mhicks2@dch.ga.gov

Bill Otterbeck
Assistant Deputy Director, California Department of Health Care Services
(916) 373-7772
Bill.otterbeck@dhcs.ca.gov

HAZZARIE MARQUEZ PMP, PROJECT MANAGER [POOL]
PROJECT MANAGER AT PUBLIC CONSULTING GROUP, INC.

Energetic, enthusiastic, and highly experienced Identity and Access Management project management specialist. Possesses strong hands-on experience with EHR and Identity & Access Management (IAM) administration, provisioning, access governance, privileged access management, and multi-factor authentication. 5 + years' experience implementing IAM solutions from design through implementation. Proficient diagnostic and problem-solving skills acquired from providing hands on desktop and network support. Strong multi-tasking skills with proven record of success in coordination of efforts between information technology and business owners in communication and project execution efforts.

RELEVANT PROJECT EXPERIENCE

Medicaid Enterprise Management Solution, State of Kentucky

Critical Incident Reporting Project (September 2017 – Present)

Mr. Marquez: Facilitate software development lifecycle activities with the project manager, such as requirement gathering, design, testing, and training sessions; Contributed to project work plans and other formal project management deliverables relative to project initiatives; Facilitate user acceptance testing processes with the Quality Analyst; Communicate and/or translate business challenges to IT and assist in developing solutions; Excellent people skills, ability to complete tasks in a timely fashion, and able to function in a rapid, high-pressure environment; Demonstrate commitment to teamwork; Work both independently and on a team; Manage a broad range of tasks with multiple priorities; Extract information from third party solution providers and convert it to the appropriate medium; Understand process workflow diagrams; Proficient with Microsoft office tools such as Word, Excel, Power Point, and Visio; Robust attention to detail and tracking; Provide application on-call support; Troubleshoot and provide issue resolution.

Medicaid Modernization Program, State of Tennessee

Infrastructure Improvement Project Manager (September 2016 - Present)

Mr. Marquez: Responsible for managing HIT projects for Health Care Financing Administration, a part of State of Tennessee's Office of eHealth, that requires infrastructure build and configuration. Project outcomes will aid in in the effectiveness of healthcare improvement initiatives such as reduction in hospital admissions, gaps in care, and patient risk.

Key Contributions: Communicates with other project managers, client support contacts, firewall engineers, system administrators, account security officers, implementation teams, and compliance management to achieve required goals. Provide project management assistance with HIT applications infrastructure build such as HIE, Care Coordination, SOA, TMEDS LTSS, and other migration/remediation initiatives. Collaborate with System Administration and Project Management groups to automate scan process to increase efficiency. Works with the IT team to determine the appropriate infrastructure design packages. Also work closely with the Information Security team to ensure the plan is in accordance with security compliance requirements such as: MARS-E and HIPAA. Responsible for proactively communicating upcoming infrastructure changes to management and working with the workforce to smooth transitions and decrease any negative impact on business and other consumers of HIT applications.

Community Health Systems (CHS) Brentwood, TN

EHR Security Administrator (June 2011-September 2016)

As Security Administrator, Mr. Marquez managed and created group id's and attributes such as global roles, provider types, menu security, order security, and practice groups to implement

access management controls. He performed conversion due diligence with hospital executives and department directors surrounding the integration of Identity Access Management Security solution with EHR applications by providing excellent support services during go-lives. Mr. Marquez lead multiple technical projects simultaneously while at the same time served as Subject Matter Expert (SME) on all issues relating to provisioning access and security.

Key Contributions: Deployed multiple EHR integrations across varying applications and locations in support of Meaningful Use. Familiar with various system integration tools such as Web Services, APIs, and HTML (SPML). Experienced with security applications: Imprivata, SSO Expresso, SSO Vergeance, LDAP, Active Directory, Identity and Access Management Novell NetIQ. Remediated user and systems accounts that are not SOX compliance. Provided hands-on system testing, training and activation/go-live Support for EHR/clinical applications, such as; CERNER, Medhost, and McKesson. Conducted security assessments to identify vulnerabilities for Cerner, Medhost, and McKesson integration projects. Consulted with project teams, client, and end users to identify user EHR roles based access requirements. Assisted in the evaluation and recommendation of EHR application software packages, application integration and testing tools. Performed IAM systems integration, and support compatibility with multiple EHR platforms and technology. Resolved problems with IAM software and responded to suggestions for improvements and enhancements and participated in development of IAM software user manuals and technical reports.

PROFESSIONAL BACKGROUND

Public Consulting Group, *Nashville, TN* — September 2016 – Present
Community Health Systems, *Nashville, TN* — January 2011 – September 2016
Wellstar Health Systems, *Marietta, GA* — March 2010 – June 2011
Abacus Solutions, LLC., *Marietta, GA* — September 2006 –Feb 2010

EDUCATION

New York City Technical College, *Brooklyn, NY*
Bachelor of Science, Management Information Systems, 2001

William E. Grady Vocational Technical High School, *Brooklyn, NY*
A+ Certified, CCNA

CERTIFICATIONS/PUBLICATIONS/SPECIAL SKILLS

Project Management Professional (PMP) Project Management Institute

REFERENCES

Marcel Brown, Lead Engineer at Community Health Systems
(407)-435-1127

William Humphrey, Engineer at WellStar Hospitals
(336)-686-5435

Chad Farneth, ITSM PM for KPMG
(312)-961-3740

MAKENZIE RUDY, MBA, PMP, PROJECT MANAGER [POOL]
***CONSULTANT* AT PUBLIC CONSULTING GROUP, INC.**

Makenzie Rudy is a business professional with her Master's in Business Administration and Project Management Professional Certification with an abundance of Healthcare based experience. She is well prepared with both analytical and interpersonal skills and is prepared to excel in tasks such as assembling and preparing agendas for project meetings, documenting meeting notes, and managing project documents. This experience covers a Tennessee government organization with State and Federal Government initiatives. Makenzie possesses both organizational and content knowledge needed to ensure project success, and also the flexibility and experience needed to negotiate the ever changing public environment to include requirements of government regulations as well as stakeholder interests.

RELEVANT PROJECT EXPERIENCE

Tennessee, Healthcare Finance Authority (HCFA), State of Tennessee
Strategic Program Management Office SPMO (April 2017 – Present)

Ms. Rudy: Assigned to the State of Tennessee TennCare Medicaid Modernization Project (MMP), Ms. Rudy provides Project Management support on a number of projects, including Master Data Management (MDM), Electronic Health Record (EHR) provider incentive program, and Legility DSiHold & RGC implementation. Her responsibilities on these projects include meeting facilitation, technical and business process documentation review, action item tracking, risk and issue management, schedule management, status reporting, and client/stakeholder management. In addition, Ms. Rudy also performs User Acceptance Testing for the Tennessee Eligibility Determination System (TEDS).

PROFESSIONAL BACKGROUND

Apex Surgical Center, *New York*
Project Coordinator (July 2015 – February 2016)

As a project coordinator for Apex Surgical Center, Ms. Rudy provided support for several projects. As a new hire, she supported the implementation of a new Electronic Health Record (EHR) system. Serving as a project lead, Ms. Rudy successfully initiated and implemented a process for gathering patient satisfactory feedback as well as a process for quarterly provider credentialing.

Hematology – Oncology Associates of CNY, *New York*
Health Information Management (HIM) Coordinator (December 2011 – August 2014)

During her time as a coordinator for HIM, Ms. Rudy was responsible for support while the company transitioned from paper to an electronic health record system. During that time, she was responsible for maintaining records, both paper and electronic. Ms. Rudy was well versed in relevant healthcare policies including HIPAA and security trainings.

EDUCATION

Southern New Hampshire University, *Hooksett, NH*
Master's in Business Administration & Project Management Certification

University at Albany, State University at New York, *Albany, NY*
Bachelor of Science in Business Administration

CERTIFICATIONS

Project Management Professional (PMP)
Project Management Institute

REFERENCES

Ira Baxter
Division of TennCare - Project Management Office
Attn: Ira Baxter
310 Great Circle Road, Nashville, TN 37228
615-507-6610
Ira.Baxter@TN.gov

Debbie Rivers
Division of TennCare
Attn: Debbie Rivers
310 Great Circle Road, Nashville, TN 37228
615-741-1689
Debbie.Rivers@TN.gov

Caitlin Green
Apex Surgical Center
Attn: Caitlin Green
5325 NY-233, Westmoreland, NY 13490
315-801-5060
Caitlin.Green@apexsurgery.com

2.j. Subcontractors

2.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.*

Public Consutling Group, Inc. (PCG) does not propose any subcontractor for any part of its performance, as set forth in this response.

3.0 Technical Approach—Project Description and Scope of Work

3.a. Understanding of the Project Requirements

3.b. Bidder Requirements

- 3.b.1. Medicaid Programs
- 3.b.2. Health Care Data Collection, Measurement, Analysis, and Preparation of Reports
- 3.b.3. Federal Oversight Requirements Including APD/MECL/MEELC/FNS Toolkit, MITA
- 3.b.4. EES Solution Implementation
- 3.b.5. MLTC Case Management Solutions
- 3.b.6. LTSS
- 3.b.7. Preparation of Medicaid Advanced Planning Documents
- 3.b.8. Certification Lifecycle (MECL / MEELC)
- 3.b.9. Development and Implementation Using the FNS Toolkit
- 3.b.10. Medicaid Information and Technology Architecture (MITA) Framework
- 3.b.11. MMIS Replacement Planning and Implementation
- 3.b.12. Medicaid Long-Term Care Initiatives and Case Management Solutions
- 3.b.13. State System Integration Activities
- 3.b.14. State RFP Development Activities
- 3.b.15. Capitation Processing Module

PUBLIC CONSULTING GROUP

3.a. Understanding of the Project Requirements

3. TECHNICAL APPROACH

3.a. Understanding of the Project Requirements

Complete Section V.C.: Please provide a summary of the bidder's understanding regarding this RFP, project and performance requirements, as described in Section V. A & B: Project Description and Scope of Work.

Bidder Response:

The Department of Health and Human Services (DHHS) is seeking a Contractor for a variety of Consulting Services under this RFP. In order for the selected Contractor to be successful and truly of help to DHHS, PCG believes that they must meet or exceed several threshold characteristics:

- A breadth and depth of knowledge that extends across the entire Health and Human Services spectrum, in terms of both programmatic and technical expertise gained nationally.
- Extensive experience putting industry standards into practice, applying them to build frameworks for large scale programs and projects, and executing on them.
- A demonstrated track record of building project partnerships in complex settings with multiple stakeholders that need to work towards common goal – for instance, successful implementation and certification.
- Adequate staffing, in terms of flexibility, capabilities and numbers, to deliver high quality services and be a reliable partner that provides a level of stability for the entire DHHS portfolio of projects.
- A perspective that combines industry developments with the client's "current state" circumstance and "future state" vision and the ability to translate strategic and tactical adjustments into operational aspects of running the projects assigned by DHHS.

Understanding the DHHS' Need

We understand this RFP and understand it is seated in the midst of recent EES project developments, as well as it reflects DHHS needs to support long term transformational initiatives such as EES and MMIS replacement, enterprise wide integration, the ongoing expansion of managed care, or the LTSS redesign initiative Program reforms and policy changes drive process and technology changes. On the other hand, every technology has a life cycle – upgrades and enhancements may not be feasible anymore and drive the need to procure new technology as well as to redesign processes and operations.

Supported Solutions

Over the last decade, we have been particularly focused on providing consulting services and lessons learned to states across the country, as they seek to modernize their legacy Medicaid Enterprise Systems (MES) and Eligibility and Enrollment (E&E) systems, while also adapting to major changes in regulations and demographics. This focus has kept us at the leading edge of changes in MES and E&E technology and business demands, both adapting to and influencing the guidance and requirements prescribed by the Centers for Medicaid & Medicare Services (CMS).

We understand that the EES replacement initiative is currently being reevaluated and that Gartner, Inc. has been hired to conduct the assessment of the EES II project, and began work on June 4, 2019. Gartner's objectives are to provide 5 deliverables, including an environmental assessment, a comprehensive alternatives analysis, and a roadmap with actionable recommendations for implementing an Eligibility and Enhancement modernization project. We are ready to work with DHHS to implement the future 'go forward' strategy for EES and eligibility related initiatives.

As regards MMIS modernization, it is worth pausing to acknowledge the complexity of adopting modularity for MMIS re-procurements. Modularity allows a cost-effective cafeteria approach for obtaining the components that will make up the "Medicaid Enterprise System" or MES. A state seeking to improve technology support for a Medicaid business function can chose to deploy the finance module from one state and vendor, and the data management module from another state and vendor. These choices depend on the specifics of a state's needs and priorities, and on the performance and reputation of the module vendors. Another advantage to utilizing the modularity approach is the elimination of years-long implementation periods that characterized the monolithic systems deployed by traditional Fiscal Agents. Modules allow for staggered deployment over time, in response to factors unique to that state at that point in time (e.g., budget constraints). Finally, in addition to more manageable implementation timelines, federal certification can also be streamlined with this approach.

Adapting to the Challenges of Modularity

Breaking new ground, however, comes with no shortage of challenges and risks for the State. There is no question that while modularity promotes competition in the marketplace, it presents a different kind of challenge for state technology and program leaders. Under modularity, large billion-dollar companies no longer have a stranglehold on state MMIS procurements. This has allowed smaller, likely more agile firms that are sensitive to competitive pressures, in part due to their size, to gain entry to the MMIS space. Now, rather than overseeing one gigantic firm standing up a system, DHHS must find a way to effectively manage multiple firms, many of them simultaneously, standing up modular pieces of the whole.

Due to these factors, the importance of planning is amplified under the modularity model. With many moving pieces, there must be greater project discipline; **a premium must be placed on high quality, standardized, and repeatable processes that consistently produce high quality work products, and tracking methods and tools that enable succesful monitoring and maintenance of the project(s) health.** Finally, the rapid and fragmented process of consolidation, coordination, and dissemination of information in a modular approach places greater pressure on traditional project management functions like Governance and Communication – as well as System Integration and Enterprise Portfolio Management. While all these "stresses" of active, overarching project management functions may seem like "costs," implementing them will allow DHHS to save money and improve outcomes compared to the Fiscal Agent model.

To effectively manage the risks and challenges posed in this approach, DHHS is looking to the vendor community to identify a trusted partner to help it navigate this path. **PCG is that partner.** PCG has been a trusted advisor to HHS agencies as they have developed governance structures, standards, architectural models, policies, and procedures to help implement the MITA 3.0 framework and prepare for the development of Integrated Eligibility Systems or MMIS modules. PCG is among a small number of vendors who can claim such broad experience in this new environment. We

understand the challenges for integration and interoperability as newer technologies such as SOA and cloud architectures become more prevalent. We have navigated challenging transitions from outdated legacy systems to modern solutions. And **our core competencies of project management, including experience, 'know how', and examples of success, are second to none.**

Services Requested

Broadly, DHHS is seeking a single Contractor to provide Consulting Services to assist it with establishing and managing multiple transformational initiatives. The scope and size of this undertaking poses multiple challenges; thus, DHHS needs a reliable and experienced partner that can assist with the entire project life cycle – from planning through implementation and certification, provide continuous support along the way, and navigate through external dependencies such as procurement timelines or changing federal guidance and regulations. Furthermore, the selected Contractor needs to build project partnerships with DHHS, federal, and vendor stakeholders in order to execute on DHHS' vision, ensure common understanding of the success criteria, and finally – succeed.

Specifically, the Department is seeking a Contractor that can deliver services in the areas of project management, business consulting, and technical assistance. This includes being able to work with DHHS to establish a framework and standards rooted in industry best practices and methodologies, as well as being able to execute on that framework, administer governance processes, and collaborate with all parties throughout the federally mandated life cycle frameworks. Consulting support will also need to be focused on the DHHS organization and its business performance by providing in depth business analysis, a factor that, in our experience, is often times overlooked. Business analysis is key to ensure that business needs truly drive technology procurements, and that chosen solutions are implemented to align with and support these business needs. Placing emphasis on the importance of DHHS' business needs from the beginning will ensure that the technology is not being implemented in a vacuum – an issue that requires the retrofitting of business process to fit technology limitations.

All of the areas need to work in concert, and the core responsibilities of the Contractor will be to not only understand the DHHS environment and build stakeholder partnerships, but also to be able to deploy project support teams based on DHHS' needs and integrate work streams and methodologies. To name one name a few examples of cross-area dependencies related to requirements management: business analysis activities will produce the business case, which will intern enable creation of high-level requirements. These need to be in compliance with federal and state requirements, and will be translated into federal funding requests and procurement documents. Once, say, a MMIS module vendor is selected, the project management function needs to manage the Software Development Life Cycle (SDLC), overall project scope and requirements traceability, as well as coordination with project stakeholders, etc. This includes requirements traceability and managing changes through design, testing, and implementation. Quality management looks into the quality of deliverables and processes. Requirements need to be strictly managed during testing, and evidence needs to be collected for federal certification purposes. Testing and implementation activities need to be in sync with the training program, user manuals, and overall organizational change management goals. Finally, successful certification will depend on all the activities and work performed at earlier stages. The list of dependencies can be extended. One of the keys to success will be the Contractor's understanding of these dependencies and the ability to orchestrate efforts across the entire portfolio of DHHS projects.

As described later in this proposal, the work streams outlined above serve as the foundation for our proposed staffing structure and will drive our approach to managing the engagement. We understand that DHHS needs assistance with the multiple initiatives described in the RFP. We also understand that support for these initiatives will be requested depending on DHHS' resource needs, type of services, phase of the project, and other factors. PCG stands ready to provide project management, planning, and implementation support, as well as support for federal oversight and compliance processes. In addition, we will provide a range of advisory services for enterprise wide initiatives, and extensive subject matter expertise in the Health and Human Services domain.

Contract Services Proposal

In this section, we highlight additional features of our proposal which are important to understanding PCG's qualifications to be the Consulting Services vendor.

A well-established firm in the HHS PMO and Technical Advisory space

Throughout our 30+ years of experience, PCG has worked with 42 Medicaid agencies, including the District of Columbia, and numerous Human Services programs. PCG has been one of the leading Medicaid policy consulting firms nationwide, but in the last decade we have evolved as our clients began to understand the power and importance of technology in supporting their programs. We have combined our deep understanding of Medicaid enterprise business functions with our core competency in project management to assist Medicaid agencies with their Medicaid modernization projects. As states have evolved from purchasing incredibly expensive systems for claims processing to seeking cost-effective, manageable, and modular components that can more nimbly analyze and manage cost, quality, and access, so too has PCG evolved in how it applies its knowledge and expertise on behalf of our clients.

Over the last several years, PCG has been a trusted advisor to state Medicaid agencies as they have developed governance structures, standards, architectural models, policies, and procedures to help implement the MITA 3.0 framework and prepare for the development of MMIS modules. With more emphasis being placed on modularity and as the number of solutions requiring certification increases, the coordination efforts for achieving systems certification will continue to be demanding and challenging. PCG has the experience in this new modular environment and understands the challenges for integration and interoperability as newer technologies such as SOA and cloud architectures become more prevalent. We have the experience and 'know how' to provide the breadth and depth of project management support required under this engagement.

Providing high quality staff

The Contractor's ability to successfully execute the solutions it proposes will prove to be the difference - and execution comes down to staff. PCG will arrive to the project with a broad inventory of resources and skills that align with the responsibilities outlined in the RFP. Most of the proposed staff have earned (or are currently earning) their Project Management Professional (PMP®) Certifications through Project Management Institute (PMI) and are deeply knowledgeable of the project management best practices. A number of them are certified professionals in other disciplines, like IT service management, enterprise architecture, or information systems security. Perhaps as importantly, the proposed staff have worked together on the same projects we offer as qualifications throughout the proposal, respect each other professionally, and enjoy each other's company. We believe the staff we have identified will exceed your expectations.

By contracting with PCG, DHHS will also gain access to our deep bench of HHS subject matter experts and consultants that comprise our traditional consulting practice. Across our Health, Human Services, and Technology Consulting Practice Areas, PCG employs over hundreds of staff who possess expertise relevant to the project scope. PCG will access that pool of resources anytime necessary to ensure that DHHS has the right people on the project teams.

Backed by a supportive corporate infrastructure

The PCG corporate organization chart accurately reflects the priority the firm places on client interaction and support. Our hierarchy is comparatively flat; this ensures our contract and project managers have unimpeded access to the President and CEO on an as-needed basis, through their Practice Area Director (PAD). In turn, Practice Area Directors maintain complete decision-making authority over their domain projects. PADs are empowered to set strategy, make decisions, (re)direct resources, address changes in circumstances, and solve problems all without the bureaucratic encumbrances their peers in other firms often face. Accountability and responsibility rests squarely in the Practice Area and is not diffused among multiple administrative and oversight functions. PCG corporate divisions do not serve as command and control units; rather they are business partners with, and problem-solvers for, project managers like Mr. Horowitz. These types of projects can attract firms with deeply entrenched administrative policies and procedures that over time lose their client-facing focus. That is not the case with PCG.

With highly relevant expertise and experience

PCG has worked nationally to assess business processes and IT functionality in the Medicaid, CHIP, TANF, and SNAP domains, and we were a leading PMO/IV&V vendor for ACA Exchange system builds as well. In all of these environments PCG has worked in different ways under different circumstances with multiple solution vendors of varying size and focus. As you know, these vendors offer a gamut of solutions and technologies supporting the Medicaid environment. Thus, we are familiar with a host of solution and technologies. Many of the vendors we have worked with, many of which are named in the proposal, are the same vendors who already work with DHHS or will be likely to bid on DHHS future procurement. PCG offers a comfortable readiness to both collaborate with these vendors and provide the management functions required to ensure DHHS successfully achieves its desired outcomes.

3.b. Bidder Requirements

3.b.1. Medicaid Programs
3.b.2. Health Care Data Collection, Measurement, Analysis, and Preparation of Reports
3.b.3. Federal Oversight Requirements Including APD/ MECL/MEELC/FNS Toolkit, MITA
3.b.4. EES Solution Implementation
3.b.5. MLTC Case Management Solutions
3.b.6. LTSS
3.b.7. Preparation of Medicaid Advanced Planning Documents
3.b.8. Certification Lifecycle (MECL / MEELC)
3.b.9. Development and Implementation Using the FNS Toolkit
3.b.10. Medicaid Information and Technology Architecture (MITA) Framework
3.b.11. MMIS Replacement Planning and Implementation
3.b.12. Medicaid Long-Term Care Initiatives and Case Management Solutions
3.b.13. State System Integration Activities
3.b.14. State RFP Development Activities
3.b.15. Capitation Processing Module

3.b.1. Medicaid Programs

3.b. Bidder Requirements

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

3.b.1. Medicaid Programs

Bidder Response:

Medicaid Experience

PCG's consulting work in state health care policy is broad and deep. Our expertise Includes Managed Care, Medicare/Medicaid, Health Care Reform, Financial Management, Long Term Care, Behavioral Health, Physician Group Practices, Public Health, Public-Private Hospitals and Other Facilities, and School-Based Health, among others. PCG specializes in the public sector, primarily serving state health, human services, and local K-12 school districts, as well as state education agencies. We have worked with each of the 50 states. **Today, PCG is engaged with 42 state Medicaid programs, and, in most instances, has been engaged with these states for many years, see *Figure 11.*** Additionally, our knowledge of payment and delivery system reform is second to none, because we work very closely with provisions of Title XIX and the Affordable Care Act.

PCG has been fostering committed relationships with state Medicaid programs for decades. *Figure 11* below demonstrates 42 of our active clients.

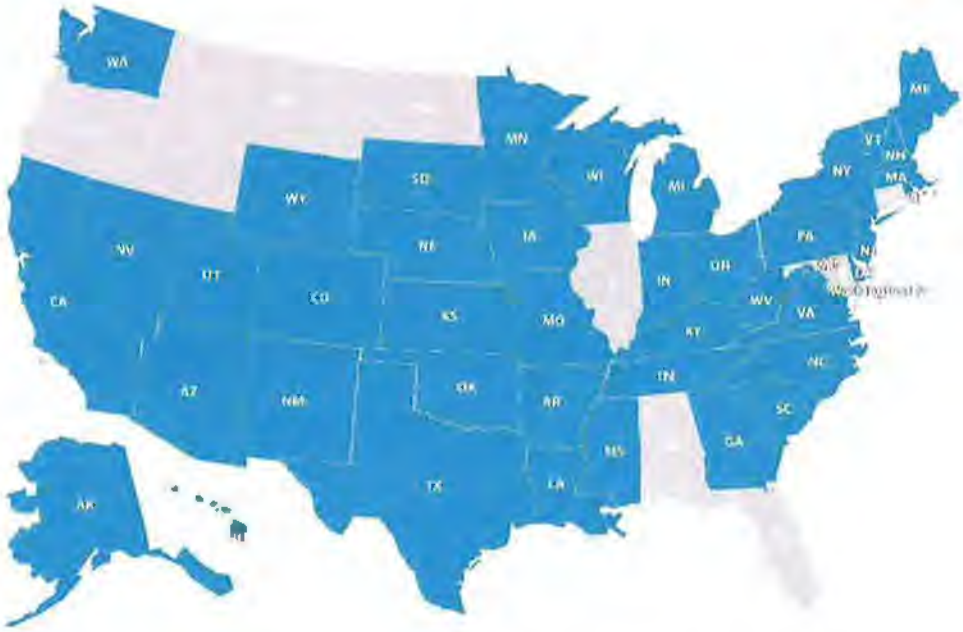

Figure 11: Medicaid Engagements.

As a firm that has focused on meeting the needs of state Medicaid agencies for over 30 years, PCG has a holistic understanding of Medicaid programs across the country. We understand the rules, systems, and challenges associated with managing a large Medicaid enterprize. PCG has experience

with and is familiar with almost every state's Medicaid program.

PCG employs over 500 staff in its health and human services practices with substantive backgrounds in Medicaid technology and program planning and operations. Our consultants bring this knowledge to our clients from expertise that includes prior senior executive positions in state and federal governments. We maintain professional affiliations that are regularly called upon to meet any critical client need. Numerous staff are members of Healthcare Financial Management Association (HFMA) and still others are Certified Project Management Professional (PMP) as designated by the Project Management Institute (PMI). PCG brings a world class methodology based on information technology standards from such organizations as the Institute of Electrical and Electronics Engineers (IEEE), International Organization for Standardization (ISO), Capability Maturity Model Integration (CMMI) of the Carnegie Mellon University Software Engineering Institute (SEI), Information Technology Infrastructure Library (ITIL), and the PMI.

PCG's professionals possess several endorsements that exemplify their competence and passion for serving Medicaid agencies. These accreditations are present through professional organization memberships, educational backgrounds, including master's degrees in public administration, public health, and Juris Doctor, including current state bar association memberships.

Figure 12 on the following page further details some of our most recent experience supporting and leading projects for a variety of Medicaid agencies. These services have include support of the following programs: Delivery System/ Benefits, Budget & Fiscal, Program Integrity, Information Technology, Provider Services, Long Term Care Waivers, Eligibility and Enrollment and Member Services.

Figure 12: PCG's Medicaid Experience

PCG's Overall Medicaid Experience									
Agency	Project	Delivery System/ Benefits	Budget & Fiscal	Program Integrity	Information Technology	Provider Services	Long Term Care Waivers	Eligibility and Enrollment	Member Services
AK Division of Legislative Audit	Performance Review of the DHSS Long Term Care Services	✓					✓		
CA Health Homes Consulting Services	CalOptima	✓							
CO Department of Health Care Policy and Finance	Hospital 1115 Waiver Development	✓							
CO Department of Health Care Policy and Finance	1115 Waiver/Provider Fee Reimbursement Model)	✓	✓			✓	✓		
CO Department of Health Care Policy and Finance	Hospital Provider Fee Modeling and Benefits Design Implementation (EAPG)	✓	✓					✓	
DE Office of Governor John Carney	Gubernatorial Transition Workgroup Support		✓						
DC Department of Healthcare Finance	Program Integrity Operational and Organizational Assessment		✓	✓					
KY Cabinet for Health and Family	Managed Care Program	✓							

PCG's Overall Medicaid Experience									
Agency	Project	Delivery System/ Benefits	Budget & Fiscal	Program Integrity	Information Technology	Provider Services	Long Term Care Waivers	Eligibility and Enrollment	Member Services
Services	Oversight								
MA Executive Office of Health and Human Services	1915c HCBS Waiver	✓					✓		
ME Department of Health and Human Services, Office of MaineCare Services (OMS)	Enrollment Broker/Member Services and MaineCare Operations Projects		✓					✓	✓
MN Department of Human Services	Value of Managed Care Study for Minnesota Legislature	✓							
MS Division of Medicaid	Health Care Delivery System Consultant	✓	✓						
NC Division of Medical Assistance	Medicaid Provider Oversight			✓		✓			
NY Department of Health	Delivery System Reform Incentive Payment Program Independent Assessor and Technical Advisory	✓	✓						
OH Department of Medicaid	Ohio Medicaid Provider Screening,			✓		✓	✓	✓	

PCG's Overall Medicaid Experience									
Agency	Project	Delivery System/ Benefits	Budget & Fiscal	Program Integrity	Information Technology	Provider Services	Long Term Care Waivers	Eligibility and Enrollment	Member Services
	Enrollment, and Oversight								
RI Office of Management and Budget	Government Efficiency / Cost Savings Project		✓						
SC Department of Health and Human Services	Home Care Based Services (HCBS) Assessments			✓		✓	✓		
WA Office of Financial Management	Behavioral Health System Assessment	✓	✓						
WA Office of Financial Management	Medical and Public Assistance Integrated Eligibility Systems		✓					✓	
WY Department of Health	Health Information Exchange (HIE) Assessment and Strategic Planning				✓				

3.b.2. Health Care Data Collection, Measurement, Analysis, and Preparation of Reports

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

Bidder Response:

Public Consulting Group, Inc. (PCG) has worked with healthcare data on behalf of state agencies from all 50 states in any number of capacities. We understand both the complexity and vulnerability of the populations being served, and the high degree of public accountability involved in making any changes to that program. PCG looks forward to working collaboratively with the Nebraska Department of Health and Human Services (DHHS), as well as with the other agencies and contractors to identify opportunities for healthcare data collection, analysis, and reports that will add meaningful value to DHHS.

Data Analytics

PCG understands the importance of performing data analytics to evaluate and advance efforts to better manage and control population health. The combination of clinical and financial data provides the foundation of raw data necessary to perform analytics on population health from sources such as claims, EHR's, social and community geographic data, prescription and medication data, and patient-reported health data. In most states, these are segregated data sources, which could be connected and coordinated via an integrated solution to perform data analytics and better manage and control population health. The PCG Team will inventory existing health data sources that include typically available patient information (e.g., claims data, clinical data), as well as data that may be collected locally (e.g., schools-based records) and through other public and private programs, including public health records, social service agencies, long-term care service agencies, community health centers, mental health agencies, disease registries, vital records data, and data collected via the Federally Facilitated Marketplace (FFM). The inventory will assess the movement and flow of health data from legacy state sources and registries to evaluate options and develop an approach to obtaining the right reporting and data analytics to support DHHS' goals.

To expand upon the PCG Team's experience with claims data and datawarehouse, PCG has management projects that range from rate setting to fiscal recovery projects to health data warehouse data definition, and PCG has built and maintained comprehensive data warehouses of several years of Medicaid claims data for states in support of Revenue Maximizations projects. We use the data warehouses for both exploratory reasons and for final deliverables, including:

- ✓ Profiling providers for further investigations of wasteful/abusive billing patterns.
- ✓ Extracting data for various Federal claiming projects, such as cost reporting, supplemental payments, Upper Payment Limit etc.
- ✓ Understanding how services are arrayed geographically.
- ✓ Providing analytics on readmission rates and other preventable events.

These projects include normalizing the data and calculating derived fields, whether on the fly or within the database structure. PCG understands derived fields in health care data, such as Members Per Month, Per Member Per Month Cost and Spending, Average Length of Stay, Clinical Risk Grouping, and more.

PCG Experience

PCG staff have built robust data warehouse tools within SQL server, ODBC, Access, DB2, Teradata, and other database formats. Our data analysis experience includes the ability to aggregate data to develop utilization and spending trending analyses, calculating and measuring acuity through the development of case mix indices, aggregating data by hospital classes (acute care vs. critical access), and analyzing base payment versus outlier spending.

The PCG Team has experience working with sensitive codes, terminology services, and the flagging and masking of sensitive data both within EHRs and other clinical systems (Clinical Data Repositories, Enterprise Service Bus, etc.). Our Team understands that local, state, and federal rules and laws are or could be in place that affect what clinical data and how much clinical data can be shared (Sexually Transmitted Diseases, HIV, Mental Health, Genetic Testing data, prescriptions, date ranges, provider types, etc.). Our Team has worked on these important issues on several clinical data solution implementations, and has the expertise to understand how to share as much data as possible while only sharing and showing the appropriate patient data.

The PCG team also facilitates the Legal, Policy, Privacy, and Security subcommittee in Wyoming for the State's Health Information Exchange (HIE). The goals of the subcommittee are to provide recommendations that support the implementation of legal, policy, privacy, and security practices for Wyoming's statewide HIE and to lead the development and implementation of security and privacy policies and procedures. The PCG team has helped the stakeholders in Wyoming align the HIE technology with the legal environment in Wyoming. This process has included examining the legal framework of electronic exchange and applying data segmentation tools to accommodate specific legal requirements and/or preferences and still accrue the benefits of electronic exchange.

PCG will leverage our extensive experience with healthcare data to uncover data issues that may not be readily apparent. Our team has spent a significant amount of time on the analysis and subsequent review to determine the correct business rules, then make recommendations based on their collective experience across many clients and datasets to reconcile and correct the issues identified. PCG looks forward to providing DHHS with the reporting and analytics expertise to understand and act upon data to make decisions at the point of care, as well as to inform statewide health care and health policy.

3.b.3. Federal Oversight Requirements Including APD / MECL / MEELC / FNS Toolkit, MITA

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

Bidder Response:

PCG's Experience in the Federal Healthcare Industry

Public Consulting Group, Inc. (PCG) views the projects in Nebraska Department of Health and Human Services' (DHHS) portfolio as partnerships between DHHS, all vendors, and our team. PCG will be working collaboratively with project stakeholders to ensure compliance with all federal and state requirements. In collaboration with other vendors, our team will establish an actionable plan, while working with IV&V to build project partnerships for preparing documentation for any federal reviews and actively track documents to ensure they are updated as needed for a given project.

PCG has been at the table with Centers for Medicare & Medicaid Services (CMS), Food and Nutrition Service (FNS), other federal agencies, and multiple states during rulemaking processes all the way through implementation. We have worked collaboratively with one of the largest, most complex states (California) as well as smaller states such as Georgia on Medicaid procurements, funding requests, and obtaining federal certification. We have earned credibility with federal partners, our partner states, and many stakeholders surrounding our work in the HHS environment.

PCG has worked nationally to assess business processes and IT functionality in the Medicaid space, as well as in the Children's Health Insurace Program (CHIP), Temporary Assistance for Needy Families (TANF), and Supplemental Nutrition Assistance Program (SNAP) domains. We are a nationally-recognized firm in Independent Verification and Validation (IV&V) services for these programs as well. And we are a leading Project Management Office (PMO) vendor for Affordable Care Act (ACA)-driven system builds as well.

In each of these environments, PCG worked with multiple solution vendors in different ways under different circumstances. As you know, vendors can offer a gamut of solutions and technologies supporting Medicaid business needs; we are familiar with a host of their solutions and technologies. Many of the vendors we have worked with, which are illustrated in *Figure 13*, are the same vendors who have or will be likely to bid on DHHS initiatives.

Figure 13: PCG's Vendor Relationships

Federal Oversight in PCG's proposal

The table below, *Figure 14*, maps sections of out proposal to the respective federal oversight areas:

Area	Proposal Section	Description
APD	**3.b.7.**	**Preparation of Medicaid Advanced Planning Documents (APD)** Presents PCG's experience and methodology for preparing federal funding requests.
MECL/MEELC	**3.b.8.**	**Certification Lifecycle (MECL/MEELC)** Presents PCG's experience and approach to compliance and integration of federal life cycle frameworks into project plans. PCG was one of the first vendors to assists states with MECL and participated in MEELC pilot projects.
FNS Toolkit	**3.b.9.**	**Development and Implementation using the FNS Toolkit** Presents PCG's experience with FNS frameworks and approach to maintaining compliance.
MITA	**3.b.10.**	**Medicaid Information and Technology Architecture (MITA) Framework** Presents the PCG MITA story and our SS-A approach that will be leverages for SS-A maintenance activities and maturity roadmaps.

Figure 14: Federal Oversight Areas in PCG's Proposal.

Documentation Experience

PCG's expertise and experience in advising states about strategic planning efforts for funding Medicaid health information technology programs is unrivaled. We have worked with states to decipher the federal funding requirements found in the Code of Federal Register (CFR), Health Insurance Portability and Affordability Act (HIPAA), and Health Information Technology for Economic and Clinical Health Act (HITECH), as well as the ACA. PCG will bring this national expertise to this engagement to develop the most advantageous funding strategy for DHHS.

Cost Allocation Plan Development

In this task, we will gather and refine cost estimates to acquire and implement the DHHS initiatives and identify the resource needs for planning and implementing them. Specifically, we will research the design, development, and implementation (DDI) costs and develop an initial budget and cost worksheet for the proposed solution using the outcome of the IT Solution Technical Options Analysis (we will also use this analysis to develop the alternatives analysis response in the I-APD narrative). Based on our experience, cost data will be one of CMS' main focus areas in reviewing and approving your Advanced Planning Documents (APD). To estimate personnel resource costs, we will work closely with you and your finance team to identify the staffing costs (by position title) that will be required to support the project.

Once the costs are estimated, we will work closely with you to develop a cost allocation strategy and corresponding Cost Allocation Plan (CAP) that distributes costs in accordance with CMS requirements. First, we need to confirm current funding methodologies that may already be in play. Second, we will meet with you to develop a methodology to allocate the project costs among participating federal, state, and grant funding sources specific to this project. The approach to allocating costs may vary, based on what the State has historically used and/or on data that may be available. For example, costs may be allocated based upon population count (e.g., Medicaid

recipients) or other appropriate methods. Prior to applying the allocation methodology to the budget, we will gain approval from key stakeholders and make any required adjustments. This can sometimes be a prolonged process that we will want to contain in order to meet our project deadlines. Using the approved allocation methodology, we will build the CAP in a format consistent with the CMS APD requirements. The affected stakeholders will then validate the distribution of costs and make certain it accurately reflects the breakdown among state and federal agencies. On previous APD development efforts we have learned that communicating and collaborating with CMS early on and frequently will improve your APD and save you valuable resources and time spent on the overall APD development process. Since it will be important to get CMS' input and buy-in on the project direction, we suggest touching base with your CMS regional representative at this point. The approved CAP will then be incorporated into the APD submitted to CMS. As with the narrative of the APD, we will work with the State and CMS to finalize the CAP until the State gains CMS approval.

APD Development

PCG knows that in planning our approach to develop APDs we must consider all of the relevant federal and state funding statutes, rules, and guidance. PCG pays close attention to guidance provided in the State Medicaid Director Letters. Our team understands the funding options for HIT, HIE, and the availability of funds from CMS via HITECH. We will evaluate the available funding mechanisms and make a recommendation on how best to proceed with funding mechanisms, match the best funding mechanism to this project, and assist DHHS in getting the appropriate funding approved by CMS. In the approach and methodology outlined in the paragraphs below, PCG is pleased to say that all of our federal funding strategies and documents submitted to CMS have been approved.

Figure 15: PlanIT APD Development Process

The PCG overall approach, called PlanIT, as depicted in *Figure 15*, is to provide national subject matter expertise and perspective on what has been successful, and to provide expertise relating specifically to what information is required and has resonated with CMS. As part of the initial planning effort and data gathering, we will review documents, meet with you to understand the business needs of DHHS and its key stakeholders, and review federal funding opportunities. Then we will begin to apply our time-tested methodology to develop the funding request to achieve the results. For example, we may recommend that a Planning Advanced Planning Document (P-APD) is appropriate, followed by an I-APD. At this time, we do not know the exact approach, but we know the goal is to draw down as much enhanced federal funding (90 percent federal, 10 percent state) as possible to acquire and implement solutions that support the six initiatives identified in RFP 6098 Z1.

This work will begin with a comprehensive review and validation of enterprise project deliverables. Work sessions will be held as needed to validate the requirements and solutions. Knowledge of the deliverables will be used to develop the narrative and budget spreadsheets for the I-APD. The PCG team will also leverage the RTM to develop the I-APD. One of the most important data gathering tasks

will be to validate that the information gathered and the recommendations provided regarding the proposed solution are accepted and completed.

Once we have completed our data gathering and defined the proposed solutions, we will begin to develop the draft I-APD. We will review documents provided during data gathering and meet with your business and technical leads to capture the State's current business and technical environments in relation to the funding request. This information will serve to provide context and clarify the need for the investment to CMS in the APD. Through our discussions with you, we will develop a clear understanding of your current business model, understand the business needs and limitations of your current technical solution(s) that you are seeking to replace or upgrade, and work with you to identify the business objectives that your new solution must meet. Once gathered and confirmed, this information will be incorporated into the State's APD.

To complete the APD we must also provide a proposed activity schedule and identify the personnel resource requirements to support the project. We will work with the State to identify a practical and workable project management approach that supports the needs of the project throughout the system development life cycle. Based upon best practices, CMS requirements, and our experience with integrated technology solutions, we will explain how and when the project activities should be conducted and identify project documentation and contractor deliverables. A high-level project schedule and timeline will be developed that describes each activity and sets milestones for significant tasks. For example, some of the most critical DDI activities may include:

- Developing the General and/or Detailed System Designs
- Developing the conversion plan, test management plan, installation plan, facilities management plan, training plan, users' manuals, and security and contingency plans
- Converting and testing data
- Developing, modifying, or converting software
- Testing software
- Training staff for systems testing and operations
- Installing, testing, and accepting systems
- Plans for securing the necessary hardware, facilities, etc. to support maintenance and operations as well as the development phase

In terms of resource planning, we will assist the State with the development of a project management approach that incorporates the planning, executing, reporting, and controlling of work; the identification, tracking, and resolution of problems and issues; proactive risk mitigation; and the communication and leadership necessary to ensure project success. We will propose a project management framework and methodology for the project that follows the Project Management Institute's (PMI's) Project Management Body of Knowledge (PMBOK®) and Institute of Electrical and Electronics Engineers (IEEE) standards to ensure a standardized and systematic approach for performing the major project activities. We will work with the State to identify state resource requirements to support the project and the roles and responsibilities of the entire project team. Once approved by the State, this information will be incorporated within the APD as required by CMS.

Finally, we will gather the outcomes of prior steps to compile your draft APD. Before the draft is fully

completed, we recommend scheduling a walk-through meeting with your CMS Regional representative to participate in an informal review of the APD at a high level. We have found that during the informal review, CMS is able to address questions in real time, provide guidance on specific areas of the APD that may need further explanation, and impart relevant knowledge of certain topic areas based on recent reviews of other state APDs that may also be applicable to your APD. The intent is for PCG to leave this meeting with specific comments and guidance that can then be incorporated into the APD in preparation for formal submission to CMS. Once we have incorporated guidance received from CMS we will work with you to facilitate the internal DOH/stakeholder review and comment process to incorporate revisions to the draft APD as appropriate. Based on the financial nature of the content, we also anticipate meeting with your finance personnel who may not be intimately involved in the day-to-day of the project, but whose input is required. We will support your review processes and protocols as you see fit to ensure that consensus is reached. Once the APD is approved, PCG will prepare the draft APD for DHHS's formal submission to CMS for review and comment. CMS requires 60 days for their review process.

Once CMS provides their formal review/findings letter to the State, PCG will meet with you to discuss their observations and determine an approach to address their comments as appropriate. All comments, and the disposition thereof, will be maintained in a comment log. Finally, we will also support any subsequent reviews of the APD that may be necessary prior to re-submitting the updated APD to CMS for final review and approval. Submitting the final APD to CMS typically involves PCG conducting a final internal quality review of the APD and walk-through of revisions with our clients to ensure alignment with changes requested during the review process. PCG will turn over the finalized APD to DHHS for submission to CMS and any supporting documents used in the development of the APD (e.g., MS Excel workbook) that DHHS may want to maintain in their internal records for future reference and subsequent updates to the approved APD. CMS' APD approval letter will formally mark the acceptance of the APD by CMS.

MITA Experience

PCG's MITA Experience is detailed in *Section 3.b.10* of this proposal.

MECL/MEELC Experience

PCG's MECL/MEELC experience is discussed in *Section 3.b.8* of this proposal.

Food and Nutrition Services (FNS) Toolkit Experience

PCG's FNS experience is discussed in *Section 3.b.9* of this proposal.

3.b.4. EES Solution Implementation

3.b.4. EES Solution Implementation

Bidder Response:

Public Consulting Group, Inc. (PCG) has extensive Eligibility and Enrollment/Integrated Eligibility knowledge and has worked with many HHS programs. As shown in the examples provided below, PCG has an unequalled track record applying our project management and IT consulting skills to support Eligibility and Enrollment Systems development in multiple states.

For information about about approach to managing the SDLC, please refer so *Section 3.b.11. MMIS Replacement Planning and Implementation*. Other considerations are covered in the remainng sections of the Technical Proposal and include federal toolkits processes (MEET/MEELC, FNS Toolkit), system integration activities, enterprise architecture, etc.

TN Division of TennCare Medicaid Modernization Program

The Tennessee Division of TennCare retained PCG as the Strategic Program Management Office (SPMO) while implementing a large-scale Medicaid Modernization Project (MMP) for TennCare since November 2015. The SPMO provides MMP Program Management Office services, ensures that the State-approved program and project management framework is used for the management and implementation of each MMP project, and provides any other necessary SPMO services that can assist the State in completing MMP projects. PCG is also responsible for providing oversight over the contract for the MMP and providing various project management activities.

The primary focus of the SPMO effort has been to oversee implementation of the Tennessee Eligibility Determination System (TEDS). The goal of the TEDS project is to modernize all aspects of Medicaid eligibility operations, enabling TennCare to automate all Medicaid eligibility determinations and related appeals functions. This includes providing automated functionality for Tennesseans to apply for Medicaid directly with TennCare, in addition to the option of filing an application through the Federally Facilitated Marketplace (FFM). These efforts are intended to eliminate the need for workers to process eligibility manually by automating and streamlining eligibility and appeals processes that are currently handled manually with minimal systems support.

The SPMO structure developed by PCG has been a success. We administer program governance, using best practice risk and issue management methodologies, and adhere as well to the State's existing governance and reporting structures. To ensure that MMP projects run efficiently and on schedule, PCG offers support to the State and its MMP contractors in developing and managing project schedules. We built and maintain an Integrated Program Master Schedule. We also keep TennCare leadership abreast of all relevant program developments and report on a timely basis regarding MMP project performance, human resource management, budget, scope, schedule, quality, risks, and issues.

Rhode Island EOOHS, UHIP Project Management Oversight

Rhode Island's Unified Health Infrastructure Project (UHIP) was a multi-phased, multi-year effort aimed at developing an integrated technology platform across healthcare and human services programs. Under this engagement, PCG served as the PMO for the multiple state agencies that collaborated for this project. Coordinating with the system integrator, PCG succeeded in guiding the UHIP project to a successful launch of Phase 1 Go-Live (HIX, MAGI, and CHIP) on time and in compliance with CMS requirements. We worked closely with State staff and key vendors to ensure

that major milestones were met, quality standards were enforced, risks/issues were tracked and mitigated, and project scope was managed in accordance with contractual agreements. PCG's scope also included PMO services for UHIP related MMIS system enhancements and modifications, as well as services ranging from coordination of federal funding requests to UAT management and test execution.

Key Achievements:

- Established a PMO structure that allows for successful oversight of the HIX/IES tasks.
- Provided annual and as-needed updates for RI's UHIP IAPD and coordinated development of federal funding requests.
- Provided project management services for the successful tracking of Change Requests and Service Requests.
- Provided project management services for the successful tracking of key deliverables.
- Provided defect and problem management analysis.
- Managed UAT Testing for several major releases.
- Developed complex Medicaid test scripts.
- Developed and managed UAT reporting.

Developed an MMIS Modularity White Paper that included industry analysis and considerations for MMIS modernization planning efforts

CA MEDS Modernization Planning Services
The California Office of Systems Integration, Department of Health Care Services, and Department of Social Services manage and administer California's Medicaid Program known as Medi-Cal, and human services programs that include the California Work Opportunity and Responsibility to Kids (CalWORKS), the Supplemental Nutritional Assistance Program (known as CalFresh), Cash Aid Program for immigrants, In-Home Supportive Services (IHSS) and Refuge Cash Assistance, which provides health care services to more than 13 million beneficiaries.

The Medi-Cal Eligibility Data System (MEDS) is CHHS' legacy system that was originally implemented in the 1980s to provide consolidated information on beneficiary eligibility in a 'county-administered' environment where eligibility is determined on a decentralized basis. As such, MEDS serves as the official repository of the State's Medicaid eligibility data and houses eligibility information for numerous publicly subsidized health and human services programs.

PCG's activities include providing IT consulting services to support the completion of state funding documentation to request project approval and funding for modernizing MEDS. In this project, PCG developed over 400 requirements and developed market surveys that were sent to over 10 states and 20 vendors. This project required extensive stakeholder involvement and resulted in the identification of the business and technical challenges, as well as solutions to meet those challenges. It resulted in the identification of a proposed solution that would meet the State's business needs within the defined project scope.

MI Department of Health and Human Services
The Michigan Department of Health and Human Services is implementing numerous enhancements to improve service delivery and efficiently implement federally mandated operating rules and meet

Medicaid-related compliance standards. First, they developed and migrated a cloud-enabled Medicaid Management Information System (MMIS), referred to as Medicaid as a Service (MaaS) that will leverage efficiency and create savings for both states and the federal government. Second, they implemented a Business Integration Center (BIC) and established a series of program management offices to standardize activities (project management, release management, Quality Management, and Capacity Management) across their health and human services systems (including their MMIS, Child Support, and Eligibility and Enrollment systems). Finally, they are implementing an Integrated Service Delivery approach to shift from a program to a person-focus and modernizing its eligibility and enrollment system to support this transition.

PCG's activities include the provision of IV&V and assessment services over Michigan's systems modernization and operational transition activities. In addition to serving as the State's IV&V vendor on its MMIS cloud enablement project, we have conducted assessments of maintenance and operations activities that support the DHHS' child welfare solution, eligibility and enrollment solution, child support system, legacy MMIS, and data warehouse functions. We also developed a pricing model for state tenants to access the MaaS.

HI Kauhale Online Eligibility Assistance (KOLEA) Solution

The Hawaii Department of Human Services implemented an integrated eligibility solution to comply with Affordable Care Act requirements and CMS regulations. The solution was architected to include technology components, referred to as the DHS Enterprise Platform, which is being leveraged for the Systems Modernization Project.

PCG's activities included the development of an IV&V Work Plan and delivery of monthly reports/briefings (through June 2016) to communicate the results of assessments performed during requirements development, system design, system development, testing, implementation, turnover and transition, and the initial activities performed during M&O. PCG also performed a Help Desk assessment and security assessments in addition to providing security-related services in compliance with NIST and federal security requirements.

Specific examples of some of the benefits provided on this project include:

- PCG's IV&V review of requirements management helped DHS determine that ~30% of the requirements were inadvertently overlooked by the DDI vendor which led to DHS ensuring their expected requirements were delivered
- PCG's IV&V review of over 100 project deliverables led to much higher quality deliverables than if the small DHS review team were the only reviewers
- PCG's IV&V review of project security deliverables and timelines gave the Project early indication that their schedule would not meet CMS expectations and allowed the Project to successfully adjust and obtain the Authority to Connect on time.

IA Medicaid Integrated Eligibility System

The Iowa Department of Human Services selected a Vendor to implement a hybrid COTS solution, known as the Eligibility Integrated Application Solution (ELIAS), to determine eligibility for Medicaid and CHIP, in addition to other public assistance programs such as Food Assistance and Family Investment Program (FIP). ELIAS has been/is being implemented in two phases: to include 1) Medicaid and the ACA Programs, and 2) Food Assistance (SNAP) and the Family Investment

Program.

PCG's activities include the development of an IV&V Work Plan and assessment tools, and the delivery of periodic IV&V reports and briefings. PCG is focusing on 10 assessment areas that include Project Management, Quality Management, Knowledge Transfer, Requirements Management, Operating Environment, Development Environment, Software Development, System and Acceptance Testing, Data Management (including conversion and interfaces), and Operations Oversight.

PCG's review of requirements management helped DHS identify gaps in Requirements Traceability Matrix and deficiencies in configuration management. Our review of detailed code helped DHS become aware of the level of the System Integrator technical debt, and limitations to portability and maintainability of code. We also identified that re-planning and establishing a proven project delivery framework were required before DDI could be successful. Finally, PCG facilitated better communications between the State and its contractors, which has resulted in increased project collaboration and participation.

3.b.5. MLTC Case Management Solutions

3.b.5. MLTC Case Management Solutions

Bidder Response:

Public Consulting Group, Inc. (PCG) has exceptional case management experience in multiple states, which is highlighted by our long-standing efforts supporting the Commonwealth of Pennsylvania's Department of Human Services enterprise-wide case management system. Pennsylvania's Home and Community Services Information System (HCSIS) is primarily used by service providers as well as commonwealth employees to manage services provided to PA consumers through numerous Medicaid waiver and state sponsored assistance programs utilizing both FFS and managed care models. PCG has assisted multiple states by conducting IT case management system feasibility studies for Pennsylvania as well as for the New York Executive Chamber (Governor's Office) across multiple disability service agencies (developmental disabilities, mental health, long-term living, early intervention, health, substance abuse, and aging). We would leverage our many years of both case management systems and business analysis experience along with our wide-ranging Medicaid program knowledge to assist Managed Long-Term Care (MLTC) in determining eligibility and providing services to at-risk individuals and families by supporting the administration of at-home, community-based, and institutionalized care.

Legacy System Experience

We have worked with complex legacy systems but also have experience working with the more modern modular approach to case management applications. Working within traditional waterfall, agile, and blended development life cycles, PCG has the flexibility to facilitate varied approaches as required by any client as they work to orderly transition themselves from legacy mainframe systems to a new integrated environment. Our exceptional experience can help effectively support the transition to a modular case management system that can provide MLTC:

- An enterprise-wide system with access to shared consumers across programs;
- Oversight into which services are being provided for each consumer and the associated cost;
- CMS compliance with requirements waiver monitoring;
- Tools to enforce and monitor program office policies and integrity efforts;
- Secure, real-time transfers of consumer data between programs;
- Standardized Incident Management tracking and reporting; and
- Provider monitoring and reporting.

We have worked on multi-platform systems utilizing many interfaces which must work hand in hand to provide the seamless flow of information to multiple external systems (e.g. CMS) and user interfaces (e.g. user portals, dashboards, etc.)

Enterprise Data Warehouse Development

In addition, PCG has supported the development of enterprise data warehouses that are used to support statistical analysis as well as mandated state and federal reporting requirements. Our expertise with identifying canned reports, dashboard, and Ad-hoc reporting needs allows business users to:

- Monitor the Individual's Support Plan information;
- Review Fiscal year-to-date budget and Projections;

- Effective monitoring of Incidents and Complaints;
- Track important KPIs; and
- Respond to internal and external data requests including federal, state, and legal inquiries and right-to-know requests.

PCG recognizes that efficient case management systems address long-term needs and will need to account for services and support to individuals in a home or community setting or allow an individual to live outside of an institution. The goal of most waiver programs is to empower individuals to remain in their home and participate in their community while receiving the available long-term care services and supports they require.

While waivers each have their own specific requirements (e.g. financial caps), the need to receive, maintain, and retain case information is a consistent requirement for any solution MLTC would seek to implement. PCG understands the importance of having in-depth knowledge of waiver programs, including the following waivers expected to be addressed by the new case management solution:

- ***The Aged and Disabled Waiver*** – This program allows the covered individual to remain in their home rather than an alternative long-term nursing facility.
- ***Katie Beckett*** – This program allows covered children with long-term physical or mental disabilities to live at home as opposed to remaining hospitalized due to their advanced level of health care needs.
- ***Program for All-Inclusive Care for the Elderly (PACE)*** – This program provides comprehensive health services for individuals aged 55 and over who are deemed eligible for Nursing Facilities by the state to live in their homes and communities.
- ***The Traumatic Brain Injury Waiver*** – This program funds home- and community-based assisted living services for persons with a traumatic brain injury. These individuals would typically require institutional care but provides the choice towards more independent, community-based living.
- ***The Comprehensive Developmental Disabilities Waiver (CDD)*** – This program allows individuals of all ages and developmental disabilities to live, work, and socialize as much as possible within their home communities.
- ***The Developmental Disabilities Adult Day Waiver (DDAD)*** – This program, for people ages 21 and over with developmental disabilities, provides social activities, supervision, and support but includes the added focus on competitive, integrated employment.
- ***State Plan Personal Assistance*** – This program aids eligible individuals with their daily living activities such as bathing, grooming, getting in and out of bed, toileting, meals, eating, and light housekeeping.
- ***Early Development Network (Early Intervention)*** – This program provides services for children age birth to three that have a disability or a delay in their environment.
- ***Nursing Facility Level of Care Determinations*** – This process identifies the level of care that an individual requires. Specifically, this process will determine if the individual should be considered for a Nursing Facility Clinically Eligible (NFCE).
- ***Medical Insurance for Workers with Disabilities (MIWD)*** – This program provides eligible individuals who have a verified disability, and who are earning an income by working, to keep their medical coverage.

- ***Transitional Medical Assistance (TMA)*** – This program offers at least six (and up to 12) months of additional Medicaid benefits for qualified low-income families who otherwise would lose their coverage because of changes in their income.
- ***Personal Assistance Program*** – This program provides personal assistance services to persons with disabilities and chronic conditions of all ages. The assistance provided can include an individual's self-care activities and other supportive services such as dressing and grooming, bathing and personal hygiene, mobility and transferring, and housekeeping activities, but also specialized procedures such as giving of injections, administration of oxygen, and insertion and care of catheters.
- ***Spousal Impoverishment*** – This program was established to ensure that in the case that one spouse requires a nursing facility, that the spouse remaining at home has a select amount of their combined resources protected to allow the home spouse to remain in the community.

PCG's Experience with Case Management Functionality

In addition to understanding the waivers that would need support, PCG has broad mastery over functionality required to support a new modular case management system. PCG has the knowledge and expertise to understand the business needs that drive a case management solution which may include, but is not limited to the following, per *Figure 16*:

Case Management Functionality	
Annual Reviews	Notices
Appropriations	Outcomes
Assessments	Plan Management
Case Creation	Planning
Case Closures	Referrals
Dashboards	Reporting
Demographic Information	Service Notes
Eligibility	Services and Supports
Evaluations	Transfers
Financial Management	Transitions
Funding Streams	Utilization
Intake	Waitlists
Monitoring	

Figure 16: Case Management Functionality. PCG has the knowledge and expertise to understand the business needs that drive a case management solution.

While not part of Case Management systems, per se, PCG has experience with other enterprise applications that often must interface with case management systems such as provider licensing, complaint and incident management, and electronic health records (EHR) systems.

In order to support MLTC initiatives, large or small, PCG will identify an experienced project lead with a solid understanding of case management functionality who is also well versed in current project

management tools and techniques to incorporate industry best practices. Our project methodology has built-in controls and checkpoints throughout the life cycle to aid in tracking and managing progress, issues, risks, and key milestones. We will work with MLTC to identify key deliverables and stakeholder sign-offs to ensure each project's progress is clearly communicated to all project team members and MLTC leadership. Communication is an essential success factor required when managing wide-ranging and highly visible initiatives such as those projects necessary for the positive transition to a new case management solution.

3.b.6. LTSS

3.b.6. LTSS

Bidder Response:

PCG has extensive experience providing consultation and support services for Long-Term Services and Supports (LTSS) programs, including 1915(c) Home and Community-Based Service (HCBS) waivers.

While other sections of our proposal detail our methodology and experience with managing technology implementations and providing related services, PCG's depth and breadth of expertise spans multiple areas. PCG has been assisting state governments with LTSS, including transition to MLTSS and redesign of Home- and Community-Based Service (HCBS) Waivers for over a decade. Our work ranges from fiscal intermediary services for self-directed budgets through our subsidiary, PPL, to provider oversight and monitoring of HCBS providers, to consultation on design, management and redesign for state Medicaid, Disability, Aging, and Long-Term Care programs. Some examples of our work related to these engagements include the following.

PCG has over a decade of experience assisting state governments with LTSS

Fiscal Intermediary and Consumer Direction Experience

PCG has extensive, hands-on experience with fiscal intermediary services to support HCBS programs. We provide these services in 24 states nationally through our subsidiary, Public Partnerships, LLC (PPL), and serve over 110,000 consumers. PPL designs, implements, and manages consumer-directed programs that support a wide range of participants:

- Adults and children with developmental disabilities
- Adults and children with physical disabilities and chronic health problems
- Adults at risk of nursing home placement
- Adults with HIV/AIDS
- Adults with acquired and traumatic brain injuries
- Children with Serious Emotional Disturbance (SED) and their families
- Children with autism and their families

Commonwealth of Massachusetts 19159(c) HCBS Waiver

PCG worked with the Commonwealth of Massachusetts to evaluate 10 of the Commonwealth's 1915(c) HCBS Waivers. This includes the identification of service gaps, a review of peer states and their services, and an identification of revenue maximization opportunities for EHS within the waivers and other state funded services. In addition, PCG collaborated with the Massachusetts Rehabilitation Commission to perform a needs assessment of services and supports for individuals with acquired brain injuries. A portion of this effort involved the review of the four 1915(c) Waivers serving individuals with acquired brain injury in Massachusetts. PCG also did a comparison of these MA waivers with other waivers offered specifically for individuals with brain injuries, this including a close look at the Brain Injury waiver offered by the Commonwealth of Kentucky.

Pennsylvania MLTSS Program Implementation

PCG worked with the Pennsylvania's Department of Human Services (DHS) and Aging (PDA) to successfully implement a Managed Long-Term Services and Supports (MLTSS) program for older Pennsylvanians and adults with physical disabilities. This new program, called Community HealthChoices

(CHC), allows Pennsylvanians to receive services in the community, preserve consumer choice, and allow participants to have an active voice in the services they receive. CHC includes a combination of new 1915(b) Managed Care and 1915(c) Home- and Community-Based waivers. More broadly, for the last five years, PCG has supported DHS in strategic planning and other support services for its HCSIS enterprise information system supporting eight different 1915(c) waiver programs.

Additional Experience

PCG is assisting several states with consulting, project management, and activities related to the HCBS Final Rule, completion of their Statewide Transition Plans, and reinforcement of person-centered planning. PCG is currently conducting HCBS Final Rule assessments and remediation projects with the California Department of Health Care Services, the Wisconsin Department of Health Services, and the Mississippi Department of Mental Health, and PCG previously completed similar HCBS Final Rule compliance projects for Medicaid and HCBS agencies in New York, Indiana, South Carolina, and Pennsylvania. PCG's HCBS Final Rule–related services have included assessing 1,000s of individual HCBS sites, coordination for the development of the transition plan, public comment periods, responses to public comments, communications to stakeholder groups, technical assistance and training for providers, creation of assessment tools, and documentation reviews.

Related to implementation of the HCBS Final Rule, PCG also provides person-centered planning (PCP) training and technical assistance services. This includes working with the California Department of Developmental Services and the New York Office for People with Developmental Disabilities to conduct training institutes and individual trainings for 1,000s of individual agencies, service coordinators, and individual practititioners. For both these engagements, PCG has partnered with Support Development Associates (SDA) and Michael Smull, a preeminent leader in person-centered planning/thinking practices, and PCG has also worked with SDA to become a person-centered thinking organization. PCG has also provided PCP/T orientation and training for HCBS state agencies in Illinois and Mississippi.

Proven Results

PCG's Medicaid provider monitoring operations in Illinois, Virginia, North Carolina, and Ohio include acting as an HCBS QIO and monitoring HCBS provider services. In particular, HCBS post-payment audit and recovery efforts have proven successful, as evidenced by a single state example in Ohio:

- ✓ $165M in annual cost avoidance via $128K in reduced billing per provider.
- ✓ 150 non-compliant providers have ceased billing the Medicaid program.
- ✓ 95% of findings and $84M of overpayments upheld at appeal.
- ✓ $27 million in annual billing referred to State Attorney General.
- ✓ $8M in recoveries secured and additional $80M in current accounts receivable.

PCG has developed best practices in HCBS quality improvement and provider monitoring, utilizing focused investigations, and proactive oversight that can better address HCBS compliance issues.

PCG also provides HCBS rate setting services for a wide range of programs. For the Illinois Department of Aging, PCG provided recommendations to set HCBS rates for Emergency Home Response Services, Adult Day Services, ADS Transportation, and In-Home Services, effective in 2020. Similarly, PCG is completing a project in June 2019 for the New Mexico Department of Health

to provide rate recommendations for all services within its three HCBS waivers: DD Waiver (traditional comprehensive waiver), Mi Via Waiver (self-directed), and Medically Fragile (MF) Waiver. Both rate setting projects took into accounting for the impact of HCBS Final Rule compliance, including necessary supports for integrated settings and competitive employment.

3.b.7. Preparation of Medicaid Advanced Planning Documents

3.b.7. Preparation of Medicaid Advanced Planning Documents

Bidder Response:

Public Consulting Group, Inc. (PCG) is uniquely positioned to assist the Nebraska Department of Health and Human Services (DHHS) in the preparation and development of the requisite Advanced Planning Documents (APD) and related RFPs to implement the DHHS strategic initiatives as these have been and continue to be core competencies. PCG has helped to define acquisition strategy and support the APD and procurement process for MMIS procurements in Rhode Island, Mississippi, and California, HIX procurement in Hawaii, Idaho, Mississippi, Nevada, and Rhode Island, and eligibility system procurements in Nevada, Rhode Island, and Georgia. PCG has also assisted states such as Mississippi, Hawaii, and Colorado plan for and execute their overall health information technology strategies, including development of State Medicaid Health Information Technology Plans (SMHP), consulting around health information exchanges, and other technical assistance projects. PCG has also leveraged this experience to work with Nebraska in the past to develop the overall State Medicaid HIT Plan. This recent and relevant experience means that we can bring not only proven tools and accelerators to support the work for Nebraska, but also a raft of lessons learned to inform our approach.

Medicaid APD Methodology

PCG's *PlanIT* methodology establishes a disciplined, reasoned set of activities designed to elicit all the necessary information for document submittal to CMS for approval. PCG specializes in APD preparation and development, and we will leverage this knowledge to provide updates to your existing APDs.

As demonstrated by our wide range of experience, PCG employs an approach that is flexible and adaptable to different state's procurement policies, formats, and approaches. Our best practice from experience is to identify these unique areas at the beginning of the process to ensure that we all start at the right baseline and don't encounter issues later on that can derail the process. In addition, since our team is seasoned in the development of procurement documentation, we already can anticipate and develop strategies to overcome typical pain points in the process, such as securing early stakeholder buy-in, navigating tricky legal issues, and developing a comprehensive set of requirements at the right level of detail to ensure the ultimate solution(s) will fit Wisconsin's needs. In addition, PCG understands the absolute importance of close collaboration with stakeholders throughout these processes including, but not limited to:

- ***State stakeholders internal and external to DHHS*** – There are a wide variety of stakeholders from within the state involved in these high-stakes procurements. We know how to craft and execute a strategy that involves these stakeholders, attain buy-ins on the approach, and make the most efficient use of everyone's time.
- ***Centers for Medicare & Medicaid Services (CMS)*** – Involving CMS early and often in the process may seem like a hindrance at first glance, but it has been proven, time and again, to be a very effective method to build trust with our federal partners and speed the approval process. Our national experience means that we are also well known to federal partners and already have relationships with central and regional office staff.
- ***Vendor Community*** – No procurement happens in a vacuum, and the vendor community can be an excellent partner in the procurement process. While integrity and impartiality is

tantamount, it does not preclude involvement with vendors in a way that does not unduly influence the process. Engaging with the vendor community can have the benefit of building trust and interest in the state's plans, leveraging vendor's experience to avoid potential pitfalls and understanding what vendor capabilities are so that DHS does not set itself up for failure by asking for things that may not be feasible.

PCG brings this knowledge and proven approach to DHHS unparalleled in the marketplace.

Steps to Success

The suite of APDs provides the vehicle to secure enhanced federal financial participation (FFP) from CMS for Medicaid technology projects, as well as other HHS agencies. It is critical that the APD documents high level requirements, present the alternatives considered, and are written so that the Request for Proposal (RFP) can be aligned with CMS-approved concepts. Further, APDs must describe how the procurement will advance the MITA maturity of the State of Nebraska and DHHS to meet the technology standards prescribed by CMS. With PCG as your partner, DHHS will be armed with almost three decades of experience developing and submitting APDs for CMS approval. Our extensive experience has influenced our APD development process that can summarized as a six-step process is further defined in Figure 15 below.

Figure 17: PCG's APD Approach. This six-step approach is derived from our extensive experience.

Step 1 – Initial Planning

We will set up a planning meeting to engage DHHS key operations and executive staff and discuss and agree upon the approach to developing the APD. The agenda of the planning meeting will cover topics such as identifying current state protocols in place for APDs, specific APD project stakeholders, and existing documentation that is already available. For example, it will be important for us to determine if any funding requests for related projects have been submitted and should be considered during APD development. We will also use the initial planning step to identify templates and checklists, approved by CMS, FNS and DHHS, for APD development. Examples include: APD templates, APD development checklists, and current CMS and FNS guidance documents. PCG will

then develop the APDs based on this planning.

2 ***Step 2 – Document Business Needs***

We will review the documents provided during the initial planning meetings, alongside the results of the previous phases of this project (i.e., MITA SS-A and Procurement and Evaluation Strategy), to capture DHHS's current business and technical environments in relation to the funding request. We will summarize this information to provide context and clarify the investment needs to CMS in the APD. This includes describing your current business model, business needs, and limitations of the current technical solution(s) in place, which require replacement or upgrading. This summary and roadmap will be incorporated directly into the APD template.

3 ***Step 3 – Analyze Alternatives***

We know that federal regulations (45 CFR §95.605(2)) requires states to provide a summary of the results of the requirements analysis, feasibility study, and alternatives analysis into the APD. In our alternatives analysis, we will need to show the federal partners that we have answered the following questions: Did DHHS analyze requirements, feasibility and alternatives? Were at least two alternatives to the status quo evaluated for costs and benefits? Is the basis for selection of the chosen alternative reasonable?

Based on our work accomplished in completing the MITA SS-A and Procurement and Evaluation Strategy, we will be positioned to identify the requirements that a new solution must meet and also identify the marketplace to qualify solutions for meeting DHHS's business needs. We will confirm results of our previous work to include as the approach in the APD before moving forward.

4 ***Step 4 – Identify Project Management Approach***

This step focuses on two components as a part of the APD: 1) acquisition planning for DHHS's desired technical solution; and 2) resource planning (project organization, state personnel resource) to support the project. We will work with DHHS to identify a practical and workable project management approach that supports the needs of the project throughout the system development life cycle. Based upon best practices, CMS requirements, and our experience with technology projects, we will work with DHHS to determine how and when project activities should take place. This includes compiling a high-level project schedule and timeline, which describes each activity and sets milestones for significant tasks.

5 ***Step 5 – Estimate Costs and Develop Cost Allocation Plan***

We will use this time to gather and refine cost estimates associated with the acquisition and resource needs. Based on our APD experiences, cost data will be one of the top priorities in reviewing and approving an APD. PCG will work with DHHS to provide cost estimations and allocations that align with CMS and/or FNS regulations.

- ***Cost Estimation -*** To estimate development costs, we will employ PCG's cost estimation methodology, which leverages several metrics-based models for estimating – Function Point Analysis, Analogy Model, and a proprietary version of the Wideband Delphi Model. Each analysis will produce an independent high/low cost estimate for the project phase. A consensus estimate between the three results will be reached by triangulating each data point based on the low and high estimates from all models. By triangulating all these separate data points, we will be able to double-check and validate our estimations. To

estimate personnel resource costs, we will work closely with you and your finance team to identify the staffing costs (by position title) that will be required to support the project. Taken together, we will develop a total estimated project budget for maintenance and operations costs as well as one-time costs.

- ***Cost Allocation*** - Our first task under this step is to confirm federal match percentages available to each entity or program for their system development effort. Second, we will develop a methodology to allocate the project costs among participating federal and state funding sources. The approach to allocate costs will vary, based on what DHHS has historically used and/or on data that may be available. For example, the basis upon which costs could be allocated based upon population count (by program), functional count (based upon requirements) or other methods. Once agency leadership has agreed upon the total budget, we will propose the most appropriate allocation methodology or percentage breakdown of responsibility for the project for state and federal approval. Prior to applying the allocation methodology to the budget, we will gain approval by the affected agencies of the methodology and make any required adjustments. The approved allocation methodology will be built into the APD in a format consistent with the federal APD layout requirements.

Step 6 – Compile Draft APD for CMS Review and Finalize/Submit for CMS Approval

Each of the steps preceding Step 6 will be inputs to drafting the APD. Prior to completing the draft APD to submit to CMS, we recommend scheduling a three-hour walk-through meeting with your CMS Regional representative to participate in an informal review of the APD, at a high level. This will ensure that our approach is consistent with CMS' vision of the Nebraska APD and allow CMS to address questions in real-time, provide guidance on specific areas of the APD that need additional development, and impart relevant knowledge on topic areas based on their experiences in other state reviews. At the conclusion of the information walk-through, DHHS and PCG will leave this meeting with specific comments and guidance that can then be incorporated to the APD, in preparation for formal submission to CMS.

Of course, prior to formal submission to CMS, PCG will adhere to the DHHS internal review and comment process to address and incorporate revisions that are required. We will work with the required stakeholders to ensure that the appropriate state personnel review and provide sign-off to the APD, internally. Due to the financial nature of the APD content, this may include meeting with personnel that may not be intimately involved in the day-to-day project activities, such as executive level staff or finance/budget managers.

Once CMS provides their formal review/findings letter to DHHS, PCG will meet with you to discuss their observations and determine an approach to address their comments as appropriate. All comments and the disposition thereof will be maintained in a comment log. Finally, we will assemble documentation packages for submission to the appropriate state and federal authorities and support any subsequent reviews of the APD that may be necessary before re-submitting the updated APD to CMS for final review and approval.

3.b.8. Certification Lifecycle (MECL / MEELC)

3.b.8. Certification Lifecycle (MECL/MEELC)

Bidder Response:

Supporting DHHS to Achieve CMS Certification

Public Consulting Group, Inc. (PCG) will assist the Nebraska Department of Health and Human Services (DHHS) in achieving CMS certification for the new systems. PCG will review existing work plans, then develop and provide a Centers for Medicare & Medicaid Services (CMS) Certification Plan that will address the necessary items to meet all certification activities and ensure these items are sufficient to obtain CMS Certification. PCG will participate in and provide support through certification review meetings, onsite visits, walk-throughs, and teleconference calls throughout the entire CMS Certification process, as prescribed by DHHS.

PCG has cross-functional experience supporting MITA, MECL, and MEELC in different capacities (project management, technical advisory, IV&V). Our staff have experience with all aspects of certification and will leverage that knowledge and lessons learned to achieve that final goal of DHHS's transformational projects and initiatives.

PCG is one of the first firms in the nation to use the MECL, MECT checklists, and MMIS IV&V Progress Reports since the MECL release in March 2016. PCG has completed MECT Checklist reviews, CMS-required document or artifact reviews, and prepared and submitted CMS MMIS IV&V Progress Reports for Delaware and Louisiana. In addition, PCG has participated in XLC preparation and gate reviews – this is relevant because both the MECL and the recently released MEELC are based on the CMS XLC and its gate review processes. The MEELC process is virtually identical to the MECL, and further shows PCG's depth of experience using these CMS required reporting processes. PCG participated with CMS in the MEELC pilot in Georgia, Tennessee, and the U.S. Virgin Islands, and is actively using the MEELC released in mid-August 2017 in our work in Washington, Louisiana, and Alabama. We have earned credibility with CMS, our partner states, and the many stakeholders that surround these Medicaid improvement initiatives. The CMS Central Office has come to know and respect our work and judgment.

PCG is involved in CMS-sponsored industry work groups to represent our clients' interests with CMS, and we are part of the evolution of the gate/milestone review process. We are confident that we can manage the certification process for DHHS project as we have done for other clients.

PCG will supply cloud-based applications for scheduling and facilitating meetings, providing agendas, and distributing minutes. PCG has the technological infrastructure to support DHHS Certification. We have dedicated teleconferencing lines through ShoreTel, online collaboration tools, videoconferencing capabilities through WebEx and Skype, and real-time file sharing through SharePoint.

Methodology

PCG's approach for defining policies and procedures to support DHHS during the certification process, is shown in *Figure 18.*

Figure 18: Steps to Define Policies and Procedures. These are in place to support DHHS during the certification process.

PCG will pursue the following the approach:

- ✓ **Research** – Retrieve CMS, Vendor, and DHHS information that is applicable to certification.
- ✓ **Examine** – Evaluate the information carefully for feasibility and relevance to certification process.
- ✓ **Clarify** – Ensure the information is clear and comprehensible.
- ✓ **Present** – Integrate the information to help support DHHS to make informed decisions throughout the certification process.

PCG understands that managing and maintaining an accurate up-to-date work plan that includes all the activities necessary to prepare for and support certification is crucial to the project's success. PCG's well-honed project methodology is designed to meet DHHS's need. PCG will work with the technical vendors to ensure that their respective CMS Certification Work Plan identifies all tasks, timelines, dependencies, milestones, deliverables, and resources needed to address all certification activities. The Master Work Plan that the PMO will build and maintain will include all tasks and interdependencies between the Medicaid Enterprise Certification Lifecycle and the Software Development Life Cycles of the DHHS transformational projects and initiatives.

PCG understands that building project partnerships and defining roles and responsibilities is key to the successful completion of CMS certification lifecycles. We will work with the project teams and all stakeholders throughout the solution development life cycle and implementation to assess the project and its deliverables against the MECT or MEELC certification criteria using the following key quality assurance and control methods:

Procurement Review

1. Through assistance during development of, and review of, procurement or solicitation documents – this is an important method as it assures that technology vendors are aware of and responsive to the current MECT/MEET criteria in their proposed solutions before design and development occur. PCG will conduct a gap analysis to identify any gaps between the current MECT/MEET criteria, the MMIS module solicitation requirements, and the vendors' responses. This allows the project to develop risk mitigation action for any current MECT/MEET criteria not addressed by the RFP or vendor proposal.

MECT Criteria Traceability

2. Through establishing MECT/MEET criteria in the form of high-level requirements in the MES projects' requirements repository tool; to allow tracking and traceability of each criterion from its presence in an RFP or other solicitation document to its realization in the solution design, testing, and implementation. This simple task – managed relentlessly throughout the project – will allow all parties to quickly identify the status of any MECT/MEET criterion at any given time. We understand that this might be a shared responsibility with the IV&V vendor and will make sure

that our efforts are coordinated. We will give DDHHS every assistance, including the proposed role of Federal Oversight/Certification Lead.

State and Vendor Readiness

3 Through reviews of the vendor's Project Work Plan to assure that all necessary tasks for certification are sufficient. In addition to the completeness of the necessary certification tasks, PCG reviews the Master Work Plan for task durations, dependencies, and planned start and finish dates. A lesson learned from previous engagements, especially for MMIS systems, is that CMS certification is an activity that is best managed when it starts early in the project (MECL/MEELC and SDLC coordination). This may seem counter-intuitive for an activity that will not complete until after a minimum of six months of operations has occurred; however, our experience has shown that many project teams underestimate the work required to prepare for the Final Certification Milestone Review. An early start ensures early mitigation of risks, and smoother management of the certification effort overall.

In addition to reviewing the vendor's Project Work Plan, PCG can assist DHHS and vendors in building a sustainable and comprehensive Certification Plan. The Certification Plan typically provides additional detail, and includes items not generally represented in a work plan such as communication strategies and reporting cadence. We will ensure that all components are aligned with the DHHS approved project management methodology and processes.

MECT/MEET Expert Participation and Guidance

4 Through our ongoing participation in certification team or workgroup meetings, certification review meetings, onsite reviews, walk-throughs, and teleconference calls, PCG will provide support, clarification, and guidance for the CMS certification process. Through guidance in navigating the MECL/MEELC process and understanding the MECT/MEET criteria, PCG will work closely with DHHS, IV&V, and other stakeholders to clarify not only the type of evidence needed, but how to handle exceptions and to what degree those exceptions represent risk to obtaining certification.

MECT Checklist Assessments

5 Through assessments of the MECT/MEET checklist evidence provided by the State (or their vendor to whom the State may choose to delegate) in preparation for a milestone review. PCG has been part of the evolution of the role of IV&V vendors in the certification process. We will collaborate with the IV&V vendor and collaborate in order to timely complete their assessments, as well as allow ample time for the State to augment its evidence, where practical. It is not uncommon for MECT/MEET criteria to be misinterpreted. For example, the criterion may be seeking evidence that industry-standard prior authorization transactions are used, while the evidence provided discusses the use of HIPAA-compliant claims transactions. PCG will work with the State to point out the discrepancy or misinterpretation, and allow the State to determine whether they wish to augment the evidence.

Participate in Required Certification Milestone Reviews as Outlined in the MECL/MEELC

PCG has recent experience in planning and coordinating key milestones reviews such as Preliminary Gate Reviews, Operational Readiness Reviews, and final MMIS Certification Reviews. As the SPMO lead for our TennCare customer in Tennessee, PCG ran the Eligibility Project Steering Committee (PSC) and the Technical Architecture Review Board (TARB) where stakeholders are informed and progress on key deliverables are tracked in preparation for each critical review milestone. PCG managed these

activities for both internal and external parties.

PCG understands the MECL/MEELC process and its importance in planning the certification activities for the State's vendors and **we are fully prepared to assume the responsibility for coordinating the certification tasks for each solution provider as we have done in other states**. PCG will build out individual schedules that are sub-components of the DHHS enterprise roadmap based on the CMS framework shown in *Figure 19* below (note that the MEELC framework closely follows MECL)

Figure 19: Medicaid Enterprise Certification Life Cycle.

Throughout the course of the certification process, PCG will facilitate scheduled status meetings with DHHS and Vendor staff to provide updates of the work, identify any barriers encountered, and discuss proposed solutions to the identified barriers. PCG will submit regular (as agreed upon) progress reports and weekly status reports.

PCG can also assist with incorporation of certification tasks into the Master Work Plan, and building a Certification Plan that includes step-wise compliance with MECT/MEET. This will be informed by PCG's experience with such certification activities. Central to this plan is early recognition and traceability of the Certification Requirements for the functional/ operational/ business area scope that is addressed (and funded) in the system or solution component to be certified. In addition, PCG will participate in any onsite visits with any CMS review process.

PCG understands that DHHS and its vendors will be in constant contact with CMS to achieve certification of the new system. PCG will assist in closely monitoring all milestones and federal or grantor interactions, so if or when we are asked to step in, there will be sufficient knowledge of how the meetings are run and what is expected. PCG will, at the approval of DHHS, attend and record notes from all federal calls and meetings and make the documents available to project staff.

3.b.9. Development and Implementation Using the FNS Toolkit

3.b.9. Development and Implementation using the FNS Toolkit

Bidder Response:

While other sections of this proposal demonstrate Public Consulting Group, Inc.'s (PCG) Project Management Methodology—our approach to enterprise architecture, software development, integration, implementation, and certification—in this section, we focus on our expertise and experience working with frameworks developed by the Food and Nutrition Service (FNS).

Over the last 20 years, PCG has been active in helping states and counties to design, implement, and evaluate service delivery and program models for the Supplemental Nutrition Assistance Program (SNAP). We are intimately familiar with the various toolkits published by FNS for SNAP, including, but not limited to, the Program Access Toolkit, the SNAP Model Notice Toolkit, the Employment and Training Toolkit, and the Recertification Toolkit. The Program Access Toolkit and Employment and Training Toolkit provide valuable information that can help guide Nebraska's efforts in Phase 3 of the eligibility and enrollment solution.

Program Access

FNS defines program access for SNAP as "improving internal processes and procedures to reduce barriers for low-income families" in order to increase food security (FNS, Program Access Toolkit, p. 4, 2013). The Program Access Toolkit breaks out changes into five (5) key categories and we outline our knowledge and experience within each category below.

Local Office Policies[1]

While SNAP is a federal program, FNS provides states the ability to improve program access through policy options and waivers. Nebraska has demonstrated a commitment to implementing a variety of these Options and Waivers, as evidenced in the fourteenth edition of the SNAP State Options Report. For example, Nebraska already aligns both income and resources for SNAP with Medicaid and Temporary Assistance for Needy Families (TANF), allowing some types of income and resources to be excluded for SNAP due to their exclusion for either TANF or Medicaid.

One key area of opportunity to further promote operational efficiencies in Nebraska is the development of a joint application for SNAP and Medicaid. This could be done based off of the existing joint application for TANF. PCG has experience in this area specifically, having helped Rhode Island and North Carolina make changes that allow families to apply simultaneously for Medicaid and SNAP. In Rhode Island, we not only helped them revision and integrate an application for SNAP and MAGI Medicaid, we included TANF, Child Care, and non-MAGI Medicaid programs.

Local office processes

The operations and procedures a state deploys for SNAP can play a critical role in improving or hurting program access. Fairly simple things, like the layout of an office, can play a huge role in how clients interface and receive the program. That's why we worked with Rhode Island to redesign their lobbies based on executive function research for an improved customer experience and to reduce wait times.

[1] Given Nebraska's organizational structure for SNAP as a state-administered program, all references to local office are interpreted as the state.

A second major way to improve program access is through reengineering business processes for both staff and customers. This is particularly critical when there are system changes, such as the one Nebraska will implement in Phase 3 with its eligibility and enrollment system. PCG is a national leader in business process design and redesign efforts. We have worked in numerous states and counties to help them discover and create the most effective and efficient process designs to help both staff and clients.

PCG was a leader in the Work Support Strategies initiative, a five-year initiative to design, test, and implement a more effective, integrated, and customer-centric approach to delivery benefits to support low-income individuals and families. We served as the project manager and technical assistance provider for two of the six states: North Carolina and Rhode Island. Our work in these states focused on aligning public work support programs (SNAP, TANF, Medicaid, and childcare subsidies) with one another where possible and streamlining processes to ensure that low-income working families could access and keep benefits for as long as they were eligible.

We have helped both Maine and Massachusetts as they shifted from a traditional case-based eligibility model to either a task-based (Maine) or "first available worker" (Massachusetts) model. These models incorporated multiple programs, including SNAP. In both states we also helped stand up technology to support the models. Since April 2018, we've been engaged with Rhode Island as it improves its business processes due to its new integrated eligibility system. This includes building new systems for Quality Control and the Claims, Collections, and Recovery teams to improve SNAP compliance.

Improvements in Technology

The Program Access Toolkit outlines various ways that technology can help improve access either by sharing information, reaching populations who have challenges getting to the office, and allowing clients to access information without interacting with a worker directly. We helped Maine and Massachusetts implement several technology solutions that supported their new business models. These included electronic document management and a statewide call center in both states. Massachusetts additionally made changes to their Interactive Voice Response (IVR) system, which allowed clients to check information about their benefits and last document received, initiate changes to their address and phone number, and request income verification letters and SNAP application packets.

In Missouri, we worked with the Family Support Division to analyze, redesign, and provide recommendations for improvement as their Income Maintenance (IM) unified Call Center took on additional tasks. We reviewed the current policies and procedures of the call center and provided a host of recommendations and a strong action plan that centered on topics such as call center operations, workforce (hiring, retention, and training), technology, and performance metrics and quality monitoring.

We helped North Carolina roll out their statewide integrated eligibility system, North Carolina Families Accessing Services through Technology (NC FAST). Like Phase 3, NC FAST aimed to break down silos between programs and services to benefit both staff and clients. NC FAST additionally helped increase efficiency and provide better services by consolidating the redundancies of having multiple systems and reducing administrative requirements.

Demonstration projects

Demonstration projects allow states to test strategies to increase the efficiency of SNAP or to improve the delivery of benefits to eligible households. A key component to demonstration projects is that they require extensive and rigorous evaluation. PCG was selected to conduct the evaluation of the National Accuracy Clearinghouse (NAC), a state-to-state data sharing program aimed at reducing dual participation in SNAP. We conducted a pre-pilot assessment of the five states' existing processes for identifying and acting on dual SNAP participation. Upon implementation, we completed three- and six-month progress reports that documented the business processes used by the five states to integrate the NAC into eligibility operations, the initial impacts of the NAC on state resources/workloads, and the prevalence of dual participation in SNAP at "go live" and the months immediately following. We also developed a model to calculate the savings generated by the NAC in pilot states and the estimated value of expansion to all 50 states and the District of Columbia.

Process and Technology Improvement Grants

FNS awards Process and Technology Improvement Grants to state agencies and community-based and faith-based partners that help improve the quality and efficiency of SNAP operations and processes and that simplify application and eligibility determination systems. PCG assisted two states in implementing grants awarded by either FNS or the United States Department of Agriculture (USDA).

In Massachusetts, we assisted the Department of Transitional Assistance (DTA) apply for and win the nation's first ever Health Incentives Pilot (HIP). This grant allowed DTA to test the effects of providing financial incentives to encourage participating SNAP households to utilize their benefits for the purchase of fruits and vegetables. A major component of this response was the outreach to and recruitment of key partners including retailers and farmers markets that sell fruits and vegetables, community partners such as food retailer networks, food banks, non-profits, and medical centers. As part of this campaign to garner support, PCG helped DTA take a multi-step approach to formalize partner commitment to the HIP program.

PCG assisted the Michigan Department of Human Services apply for and win a SNAP Participation Grant to assist in the implementation of a technological program to promote greater accessibility to SNAP. The grant allowed Michigan to evaluate the impact of self-service kiosks that were implemented at 100 of Michigan's most populated field offices.

Employment and Training Toolkit

FNS has produced the Employment and Training Toolkit, which is a critical resource for states in the development, implementation, and management of the employment and training (E&T) component of SNAP. This toolkit is necessary given the flexibility and options that states have in designing their E&T program. We utilized the toolkit when helping the Alaska Department of Health and Social Services to expand their SNAP E&T program and activity opportunities for Able Bodied Adults Without Dependents (ABAWDs). With this project, we identified opportunities for SNAP recipients to participate in work activities in the Anchorage area, drafted an amendment to the State's SNAP E&T plan reflecting program changes being implemented, and assisted in the development of materials to support the participation of ABAWDs subject to program time limits in activities that will allow them to continue receiving SNAP.

Upcoming E&T Changes

PCG has been paying close attention to the SNAP E&T changes outlined in Section 4005 of the Agriculture Improvement Act of 2018. PCG has a deep background in many of these changes from our work in TANF and Workforce Innovation and Opportunity Act (WIOA).

Case Management Experience. PCG currently provides case management for CalWorks Welfare-to-Work / Refugee Employment Services and Stage 1 Child Care Payment Services for the County of San Diego. We serve approximately 5,000 clients and 1,100 refugees with comprehensive client assessments that identify strengths and barriers to employments, providing job readiness and/or preparedness classes; job search assistance; employment advising and case management; and providing ancillary payment services such as childcare and transportation.

Training and Staff Development. We have extensive experience with developing and delivering training for case managers. We have provided coaching and executive function training in numerous states, including Hawaii, New Hampshire, Utah, and Lane County, Oregon, and our own TANF operation in San Diego County, California. Recently, we converted our internally developed coaching curriculum into eLearning modules for the Administration for Children and Families, Office of Family Assistance.

Identification of Employment and Training Services. In San Diego, we have demonstrated an ability to identify the employment and training services in the area, as will be required under this Act. We work with a number of agencies in order to provide the services necessary to assist CalWORKs clients address their current employment barriers and direct them on the path toward employment. Those agencies include: job-readiness organizations; refugee/resettlement agencies; workforce development/one-stop career centers; community colleges; mental health and drug and alcohol programs; and an array of relevant community-based organizations that provide additional assistance to clients.

3.b.10. Medicaid Information and Technology Architecture (MITA) Framework

3.b.10. Medicaid Information and Technology Architecture (MITA) Framework

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

In support of:

1. Planning, project management, and implementation of a modular replacement strategy for the Medicaid Management and Information System (MMIS);
2. Planning, project management, and implementation of the integrated Eligibility and Enrollment Solution (EES) project initiatives;
3. Strategic planning and integration activities to support the State's enterprise vision;

a. Support of the State's ongoing management of the MITA State Self-Assessment (SSA);

b. Support the advancement of the MITA roadmap and advancing the State's technical capabilities;

c. Assist federal compliance activities as identified through the Medicaid Enterprise Certification Lifecycle (MECL) process;

Bidder Response:

Since our inception, Public Consulting Group, Inc. (PCG) has been at the forefront of national shifts in healthcare, including the move towards modularity. Most of these shifts have been policy-driven, with an IT component. Medicare Part D and the Affordable Care Act are two obvious examples where PCG's expertise helped to both implement policy and support the accompanying technology. Another example, and one closer to home here, is PCG's role in the MITA roll-up to MMIS modularity. PCG has been a **trusted advisor** to state Medicaid agencies as they develop governance structures, standards, architectural models, policies, and procedures to help implement the MITA 3.0 framework and prepare for the development of MMIS modules.

PCG has provided MITA consulting services since 2007. PCG was an early MITA influencer, working with the California Department of Health Care Services (DHCS) and CMS to identify gaps in the 2.0 framework, and providing input to shore up gaps for MITA version 3.0. An outcome of our MITA SS-A work in Georgia and California was the completion of Information Architectures that will provide the foundation for expanded HIT/HIE projects.

A primary goal of MITA is ensuring that future Medicaid systems are built according to national data and technical standards that facilitate system interoperability. MITA is an important component of the rapidly expanding interchange involving MMIS and Eligibility and Enrollment Solutions. MITA makes use of proven system approaches to **transform existing administrative and clinical systems into an enterprise capable of sharing health information across organizational silos** in order to reduce costs and improve program performance based on measurable outcomes. MITA provides the building blocks on which Medicaid agencies may participate in, and in some ways, lead the electronic health care revolution. The MITA framework emphasizes the evolution and advanced maturity of the Medicaid enterprise by requiring the exchange of clinical and administrative information, use of national data standards, and technical capabilities that promote interoperability between interstate agencies, federal partners, HIE, and other external health care stakeholders.

PCG's MITA SS-A Methodology and Approach

Our MITA SS-A methodology and approach is recognized by CMS as one of the most successful methods for conducting MITA SS-As. The thorough, thoughtful, and business-driven MITA SS-A methodology proposed by PCG will assure that the Nebraska Department of Health and Human

Services (DHHS) continues to meet CMS requirements for enhanced funding while providing a plan for DHHS to meets its strategic goals and objectives.

PCG's MITA SS-A methodology, shown in *Figure 20* below, has been successfully implemented on similar engagements with California, Hawaii, Rhode Island, Missouri, Georgia, and Louisiana Medicaid Agencies. In addition, we have acquired significant Roadmap experience in California and Georgia – giving us the knowledge and insight to produce assessments that lead to Roadmaps that are technically, operationally, and organizationally sound. In the course of conducting the SS-A, our MITA team enables State staff to effectively take on SS-A update responsibilities by performing knowledge transfer to develop the necessary skills of State staff and providing State and agency the specific knowledge need to correctly produce the SS-A products.

State	Project	Timeframe
CA	DHCS MITA SS-A; Enterprise Roadmap	2013
CA	DHCS MITA SS-A; Business Process Management, Information Architecture Development	2014-2015
CA	DHCS MMIS Project	2010-2016
DE	DHSS Medicaid Management Information System (MMIS) Project	2014-2015
GA	DCH MITA SS-A	2014
GA	DCH MITA SS-A; Enterprise Data Modeling project	2015
HI	DHS MITA SS-A	2014
IA	DHS MMIS Replacement Project	2012-2014
LA	DHH MMIS Replacement Project	2012-2014
RI	DHS MITA State Self-Assessment (SS-A) and Enterprise Roadmap	2011
TN	TennCare Medicaid Modernization Program, MEESRP (MEET)	2015-2018

Figure 20: PCG's MITA SS-A Methodology.

A proven benefit to our public-sector clients is the use of our "MITA OpenToolkit" where our well-structured assessment and road-mapping tools are founded on common desktop tools (e.g., MS Office Suite). This openness is aligned with the transparency and openness of the entire MITA Framework as well as the contemporary open source movement underlying implementation solutions.

Figure 21: PCG's MITA OpenToolkit.

PCG's MITA OpenToolkit, as shown in *Figure 21* above, promotes work efficiency, compliance transparency, extendibility, sharing, and portability of content while avoiding proprietary tools with licensing, training, feature/reporting, and cost constraints. With each engagement, **we leave behind our tools, your content, and your deliverables for trained and knowledgeable state staff to sustain and extend**. PCG is known for the very high quality of its MITA deliverables and the MITA OpenToolkit is one key reason for that reputation. PCG will also use the CMS and our PCG MITA tools and templates below in developing and maintaining SS-A's.

- PCG Artifact Tracking Spreadsheet
- PCG MITA As-Is View Template
- PCG MITA Business Process Scorecard
- PCG MITA Communication Plan
- PCG MITA Concept of Operations (COO)
- PCG MITA Gap Analysis Template
- PCG MITA Information Architecture Scorecard
- PCG MITA Roadmap Template
- PCG MITA Standards and Conditions Scorecard
- PCG MITA Technical Architecture Scorecard
- PCG MITA To-Be View Template
- CMS MITA Business Capability Matrix (BCM)
- CMS MITA Business Process Model (BPM)
- CMS MITA Business Process Template (BPT)
- CMS MITA Companion Guide
- CMS MITA Framework
- CMS MITA Information Capability Matrix (ICM)
- CMS MITA Maturity Model Matrix (MMM)
- CMS MITA Technical Capability Matrix (TCM)
- CMS MITA S&C Capability Matrix

A strong understanding of where individual state Medicaid systems have been and where they are going will be the differentiator between PCG and other vendors. MITA 3.0 revolutionized the Medicaid industry when it was released, and PCG is eagerly awaiting the pending release of MITA 4.0 to understand how

CMS visualizes the future of health information technology.

The other sections of our technical proposal outline PCG's approach to assisting with federal compliance activities as identified through the Medicaid Enterprise Certification Lifecycle (MECL) process as well as the MEELC, APD, FNS Toolkit, and MITA.

3.b.11. MMIS Replacement Planning and Implementation

3.b.11 MMIS Replacement Planning and Implementation

Bidder Response:

Public Consulting Group, Inc. (PCG) has extensive experience working with Medicaid agencies from pre-procurement and planning through implementation and ongoing operations of the Software Development Life Cycle (SDLC). In addition, we have worked with states like California and Georgia to develop MITA 3.0 State Self-Assessment (SS-A) profiles. In this section, we describe how we will leverage our experience to provide oversight and support to the Nebraska Department of Health and Human Services' (DHHS) transformational program and its certification process. In addition, we have significant MMIS replacement planning and support experience as described below.

PCG's MMIS Project Experience

Listed below are three example PCG MMIS engagements that illustrate our experience.

Mississippi MMIS Procurement - PCG provided consulting services to Mississippi in support of planning and procurement efforts for a new MMIS. Our activities included: Developing a Procurement Strategy that included the development of an evaluation strategy and plan; Updating the IAPD to address MITA requirements and the Seven Conditions and Standards, the results of an Alternatives Analysis, Cost Model Assumptions, and high-level requirements; and Revising the RFP, which focused on the system integrator's Scope of Work, Enterprise Core Modules, and business and system requirements.

Rhode Island MMIS Procurement - The Global Consumer Choice Compact Waiver (Global Waiver) provided opportunities for Rhode Island to improve its Medicaid programs and services while implementing fiscally responsible controls and quality monitoring practices. Rhode Island DHS contracted with PCG to conduct the Global Waiver and MITA IT Planning project activities. PCG provided technical assistance in developing a strategy for the MMIS re-procurement, definition of requirements, development of the IAPD and RFP, and assistance with evaluation and procurement activities. PCG led the MMIS functional team in: Assessing alternatives and developing the Alternatives Analysis; Building the IAPD to request federal approval and funding for the takeover and enhancement of its current MMIS. System modifications included provider enrollment enhancements, improvements to the quality of encounter data collected from managed care organizations, the implementation of a universal case management system, and other enhancements that were required to meet federal requirements; Defining functional requirements through Joint Application Review sessions and interviews with user representing multiple agencies (behavioral health, child welfare, elderly affairs, public health, and corrections); Defining technical requirements, which included interface requirements with the Exchange, the legacy eligibility system, and other systems to support ACA requirements; and Providing assistance with procurement strategy, solicitation development, and evaluation approach.

California MMIS Replacement - California sought assistance from PCG to provide procurement support during the Procurement, Takeover, and System Replacement phases of the CA-MMIS Project. PCG's areas of support during the CA-MMIS Procurement phase included: Evaluation of the full RFP; Evaluation of replacement system requirements, submission requirements and evaluation criteria; and Assessment of the vendor proposals against scoring criteria.

Design, Development, Implementation (DDI) Support

PCG will rely on years of experience in supporting states in their Medicaid modernization efforts to make sure the long-term and strategic goals of the DHHS are being represented in all future design and implementation efforts. PCG has worked with a number of states in developing and managing their Medicaid Modernization Roadmaps and strategy for technology modernizations. We have assisted with MITA State Self Assessments, but also with non-SS-A planning and building comprehensive plans that extend beyond SS-A activities. We have advised our clients on aspects that are sometimes overlooked. For instance, for South Carolina's Department of Heath and Human Services, we conducted an assessment of the agency's IT infrastructure that needs to support service oriented architecture and modern software solutions. Based on our assessment, we produced for the state the following deliverables: DEDs: Projected Roadmap, Infrastructure Recommendations, Organizational Design Recommendations, and a Standards and Definitions Document.

We understand architecture designs as well as technical impacts to EDS processes, the enterprise hub, or portal integration due to introduction of new solutions. PCG has experience with BA, IA, and TA compliance for each of the seven conditions and standards. Finally, PCG has recent experience creating the necessary support documents as part of states' MITA efforts, including:

- ✓ Modularity Standards
- ✓ Enterprise Technical Management Strategy
- ✓ Governance Structure for Technical Services Management
- ✓ Enterprise Data Standards Repository Management Plan
- ✓ As-Is Inventory of Business and Technical Services
- ✓ Technical Reference Model (TRM) and Standards Profile
- ✓ Application Architecture Approach

Our expertise in practical application of industry standards coupled with knowledge of CMS requirements and certification processes will allow for a holistic and objective PMO approach that considers newer technologies and approaches such as modular design, SOA, SaaS, and cloud solutions. That holistic approach will be translated into efficient and objective oversight over the entire MES Software Development Life Cycle (SDLC) and its Design, Development, Implementation (DD&I), and Certification components.

CMS Certification Oversight

As addressed elsewhwere in this Proposal, PCG has been immersed in the MITA initiative since 2003 and our consultants have been contributors to the MITA framework before its V2.0 inception, including current participation and monitoring of workgroups such as the Medicaid Technology Alliance (MTA) and committees involved in MITA standards. Our team has proven experience performing MITA Assessment work, including adapting the MITA Framework to manage its content gaps and application weaknesses. PCG has completed several MITA 3.0 SS-A's and provided MITA services to several state-level public health departments. We provide a level of experience that is unsurpassed by our competitors.

SDLC and MECL

The SDLC provides a delivery methodology specific to systems or IT transformations. PCG will ensure that the SDLC for the MMIS modernization program aligns very closely with our established Project Management Methodology as well as CMS standards. Our Project Management Plan will include details on our methodology—centrally, our approach to project management based on five industry-

standard processes: Initiation, Planning, Execution, Control, and Closeout.

PCG's PMM procedure is focused on practical aspects. While we do rely on industry best standards, our PMM is more than a guide to best practice project management. We use the PCG PMM as a strong starting point for facilitating the use of a common project management language and the development of a customized methodology for each our clients. It provides the underlying structure of our project management approach and procedure. The primary challenge of project management is to achieve all of the project goals and objectives while honoring preconceived constraints, with the primary ones being scope, time, quality, and budget. There are a number of approaches to managing project activities, including Phased, Lean, Agile, and Iterative. **PCG has experience with all of these approaches, but will use the traditional phased (Waterfall) approach, reflective of our project management methodology, to provide effective oversight of the MES enterprise throughout the full SDLC.** Below is the process that PCG will use:

1. Obtain knowledge about DHHS requirements and processes;
2. Gain insight into components such as culture, strengths, weaknesses, industry sector, and operational context;
3. Identify competency gaps; and
4. Implement proven best practices and approaches.

Regardless of the methodology, CMS requires that all Medicaid modernization projects participate in the Milestone and Gate Review process to help ensure that the IT investment provided for by Federal Financial Participation (FFP) is being managed properly. Milestone and Gate Reviews will be carried out at key decision points in the MMIS project life cycle. A Gate Review may be performed in conjunction with CMS, and include the participation of various members of the MMIS project teams and DHHS contractors.

PCG will work closely with the DHHS vendors to develop detailed Gate Review schedules and to identify key milestones/deliverables required for each gate review. PCG will also work with DHHS and all vendors to clearly articulate the project roadmap and expectations as part of the project initiation phase. Our process for planning and executing gate reviews is summarized in below:

- ✓ Map required deliverables to Gate or Milestone Review requirements
- ✓ Use Deliverables Tracker to monitor status weekly
- ✓ Initiate Deliverable Review Process to achieve DHHS approval
- ✓ Upload approved deliverable into document repository
- ✓ Assess readiness of deliverables for Gate or Milestone Review
- ✓ Verify Gate or Milestone Review input readiness is complete
- ✓ Request the appropriate governance body to formally approve deliverables for Gate or Milestones Review
- ✓ Generate Evidence Reports for CMS Certification
- ✓ IV&V Conducts Evidence Report Assessment
- ✓ Conduct DHHS Gate or Milestone Review meeting

- ✓ Finalize Evidence Report based on IV&V feedback
- ✓ Gate or Milestone Approved by DHHS and/or CMS as required
- ✓ Gate/Milestone Review Completed

Below we have outlined our approach to proving oversight of the DHHS transformational enterprise at each stage of the SDLC specifically. With the goal in mind, of course, to successfully implement and certify each module of the MMIS.

Requirements Analysis Considerations

PCG's will partner with the DHHS and the MMIS vendors to ensure requirements gathering sessions are fruitful and maximize the time spent by State staff. This will be accomplished by the use of clear agendas provided in advance of any sessions, disciplined adherence to best-practice meeting principles, and the capturing of decisions, action items, and other discussion notes. As the requirements are validated, PCG will work with technology vendors to ensure the requirements analyzed are documented properly in the Requirements Traceability Matrix (RTM), using COTS tools that may be in use by the State. This traceability will extend from the detailed requirements, through the design documentation, and end with test cases and results that provide proof that the requirements have been met.

System Design Considerations

PCG will provide oversight for all processes related to the design of the MMIS solution, including JAD sessions, documentation development, review, and publication. PCG will attend and actively participate in the processes required to clearly document requirements and design for each of the implementation projects. PCG will work with the State and solution vendor staff to create, maintain, and publish updates to the Requirements Traceability Matrix (RTM) through the User Acceptance Testing Phase.

PCG has qualified staff who specialize in gathering, developing, and reviewing key project deliverables, such as requirements and design documentation. **PCG understands the importance of well-documented and well-defined system design, as it sets the framework for the development phase of the project.** PCG will review system design artifacts prepared by the vendors, provide feedback, and prepare project design status reports as required. PCG specializes in working with multiple vendors to ensure that deliverables are well-documented and delivered with high quality. When necessary, PCG has the expertise to aid in developing design deliverables.

Development Considerations

The objective is for each MMIS vendor to deliver a CMS-compliant modular solution. In some cases, this will be a COTS solution with minimal customized coding. "Configuration" is the usual solution for tailoring an application to a state's Medicaid requirements. PGC has significant experience providing oversight in multi-vendor environments. As a matter of best practice, we recommend the following:

- Each vendor will be responsible and accountable for its scope of work and for its impact on other components of the overall solution.
- Service-level metrics to be aligned with the entire integrated system. The metrics should include:
  - Measurements of the impact on business value; and
  - Alignment of service levels across components and vendors.

PCG recognizes that we may have the unique responsibility of working with other vendors to achieve the goals of the MMIS – including ensuring that development matches the System Design Document; that the system is developed by setting up its parameters and tables with the values defined in the preceding phases; that interface and conversion activities are on track; and that quality assurance is continuously performed.

Typical exit criteria for a development phase using a Phased (Waterfall) SDLC include the following:

- Completion of initial code development;
- Successful Unit Testing results (success criteria to be determined by the client); and
- Readiness to enter Integration Testing.

Testing Considerations

PCG understands the testing challenges that a modular MMIS implementation presents to the State. Each module will have unique requirements that must be met to successfully prove the functionality of their standalone module. Additionally, each module will have enterprise-level requirements that must function properly when fully integrated into the modular enterprise. PCG can coordinate the development of testing related materials with a focus on quality and traceability to ensure that the solutions meet State-approved requirements. We will coordinate joint discussions with the State and vendors to prioritize testing activities based on criticality and risk. In doing so, PCG will also assist the State to identify any requirement gaps through the review of testing artifacts to ensure full test coverage.

PCG recommends coordinating with appropriate stakeholders to develop a common set of "testing standards" to **promote consistency across all testing activities.** Establishing a set of testing standards to be used across the project will:

- Develop consistent definitions for testing related terminology (test cases, scripts, scenarios, defect severity, pass/fail statuses, etc.);
- Define specific templates for testing artifacts (Requirements Traceability Matrix (RTM), test cases, test scripts, release notes, etc.), which will increase efficiency of deliverable reviews;
- Establish consistent testing strategies and methodologies to be used throughout the different phases of testing (Unit, SIT, end-to-end, UAT, regression, performance testing, etc.); and
- Establish common implementation requirements and dependencies, entrance and exit criteria, and affiliated milestones.

Training Considerations

PCG understands that knowledgeable, trained staff are critical to the success of any project. The full benefits of any solution and success of a project will only be realized when State staff and those of selected vendors have been thoroughly trained in the appropriate processes, procedures, and system functionality. We understand that specific training strategies will differ according to system type and audience/staff role. Training materials and strategies for Project Management processes will be focused on different objectives than system training. Similarly, training for senior management might be very different from the training for data managers. PCG will use this knowledge to assist with training coordination appropriately.

PCG recognizes the following key tenets of a robust training process:

1. Design and Execute High-Quality Training
2. Develop Training Plan
3. Develop and Maintain the Training Calendar
4. Knowledge Transfer
5. Build and Maintain Training Documentation Repository
6. Create a Sustainable Training Program

Implementation Considerations

During the Implementation Phase, PCG will work with the State and MMIS vendors to ensure that the Release Management processes are followed and documented. Release management is a critical factor to the success of any system development project, and even more so when multiple vendors are providing products that make up the overall solution. In collaboration with the State and other members of the MMIS program, PCG can define a release governance process to be followed by each vendor. This will help ensure a consistent and repeatable release management process.

Manage Integrated Release Schedule

Effectively managing the integrated release schedule will be a high priority for PCG's team. PCG has previously provided Master Program Schedule management for other state clients and can bring that experience to bear for the State. In addition, rigorous enforcement of timely project schedule updates by the vendors will be a cornerstone of our release schedule management process.

Weekly Integrated Release Schedule

PCG can assist with providing an integrated release schedule at a frequency designated by the State that identifies the status of release tasks and milestones for the time covered by that reporting period, and to include completed tasks and milestones, delayed task and milestones, and any dependencies that are in jeopardy of not being met on time.

Provide Document Management and Tool Standards

If needed, PCG can help DHHS establish a centralized SharePoint document repository and document usage guidelines. The usage guidelines will provide instructions for gaining access, types of access (permissions/roles), and will include detailed processes for adding and accessing documents. All MMIS Vendors will be required to utilize the document repository to share and maintain project artifacts. We will leverage our experience in many states, where we have established and managed enterprise document repositories. We will work with the State to create a logical repository and document taxonomy that includes naming and versioning standards for folders and documents. Our goal is to provide a minimal, highly efficient structure that adheres to established PMO processes as well as the governance model. The document repository will provide a centralized system for all project SDLC artifacts, final deliverables, status reports, PMO process and guidance documents, and other DHHS-specified files.

3.b.12. Medicaid Long-Term Care Initiatives and Case Management Solutions

3.b.12. Medicaid Long-Term Care Initiatives and Case Management Solutions

Bidder Response:
Per Question 24 in Addendum 3 – Questions and Answers, 3.b.12. Medicaid Long-Term Care Initiatives and Case Management Solutions has been deleted.

3.b.13. State System Integration Activities

3.b.13 State system integration activities

Bidder Response:

PCG's Role in Supporting System Integration Activities

Public Consulting Group, Inc. (PCG) has considerable experience supporting Consulting Services that support MMIS, E&E transformational projects, and initiatives for DHHS organizations in states such as Tennessee, New Mexico, Arkansas, Michigan, and Wisconsin to name a few. We have established a strong track record of working within existing governance and reporting structures. We will leverage our experience working within multi-vendor enterprise environments and managing multiple enterprise projects that have interdependencies that are to be implemented into existing infrastructure—and support the internal system integration and portfolio management initiative.

- ✓ We understand that clear and established governance policies and processes are necessary for the success of the enterprise and individual projects.
- ✓ We will leverage the project management function while bringing our "best practices" experience to enhance the overall governance process.
- ✓ We will work with the established governance boards as part of the overall SDLC, gate reviews, and certification process. Our process for participating in DHHS gate reviews is described in other sections of this response.

PCG also understands our role in supporting System Integrator activities such as CMS MITA certification, risk management, and financial management. We understand that vendors will each have their own variations for accomplishing these tasks and our role will be to ensure the right processes are in place across the Nebraska Department of Health and Human Services (DHHS) project portfolio and clearly understood among all vendors. We will work closely with each vendor to understand commonalities and apply best practices for both governance and project execution.

Our work in Tennessee's TennCare program involved developing and implementing program-wide processes across all vendors to support the State's goals in achieving a realized Medicaid Modernization Program (MMP). PCG was responsible for developing the enterprise processes for schedule, change, issues/risks, and communications management as well as facilitating governance meetings such as steering committees, change approval boards, and technical architecture review boards.

In the narrative below, we describe our knowledge and experience in supporting System Integration Activities.

Deliverable Management

PCG will collaborate with the System Integrator to ensure that each implementation follows the approved SDLC including supporting enterprise processes, policies, and procedures. PCG will ensure all vendors are working in accordance with the approved Project Management Plans. We will provide the necessary document management and deliverable review process (DRP) services to support the deliverable management process.

PCG will deploy a proven, efficient process for moving a deliverable from assignment to DHHS approval. The completion of these activities will result in the timely review and approval of quality deliverables, which will be then stored in the designated document repository.

Lifecycle Policy & Process Documentation Support

PCG recognizes that the areas of environment management, concurrent development, and configuration management are critical success factors when developing a modular environment in which several systems will share the same physical environment, and when testing events and release management will be occurring almost simultaneously. PCG can develop for DHHS a set of industry-approved documentation standards. We follow the ITIL Service Lifecycle Management process when managing the implementation and operations phases of each system being integrated into the DHHS enterprise environment. We will ensure policies, processes, and procedures are clearly documented, accessible, and communicated among all stakeholders.

We recommend a Change Management Process to ensure that issues, risks, problems, and changes are addressed and reported on to the appropriate Governance body, such as a Steering Committee, as directed by DHHS. Each of the areas below are critical to project success in a multi-vendor and modular environment and will require clear and detailed process documentation for each discipline.

- Environment management
- Concurrent development policies
- Configuration management policies
- Master schedule management

Provide Document Management and Enterprise Tool Standards

PCG will ensure the technology vendor staff use enterprise tools to support DHHS's processes, policies, and procedures. We can help DHHS establish a centralized document repository such as SharePoint and document usage guidelines. The usage guidelines will provide instructions for gaining access, types of access (permissions/roles), and will include detailed processes for adding and accessing documents. All contractors will be required to utilize the document repository to share and maintain project artifacts.

We will leverage our experience in many states, where we have established and managed enterprise document repositories. **We will work with DHHS to create a logical repository and document taxonomy that includes naming and versioning standards for folders and documents**. Our goal is to provide a minimal, highly efficient structure that adheres to established processes as well as the governance model. The document repository will provide a centralized system for all project SDLC artifacts, final deliverables, status reports, project management process and guidance documents, and other DHHS-specified files.

Milestone and Gate Reviews

As stated in other sections of the proposal, PCG has been a part of several state modernization programs where coordinating the milestone and gate reviews has been part of our core responsibility. PCG will work closely with DHHS and its vendors to develop detailed gate review schedules and to identify key milestones/deliverables required for each gate review.

Solution Requirements

Requirements help define the purpose of a project and are the foundation of the project plan. **Managing requirements includes the processes of gathering, analyzing, documenting, tracing, and approving requirements.** The stated requirements will determine what is to be produced or achieved by defining the scope of a project and what the system must do.

If the requirements are inaccurate or incomplete, the project is likely to fail no matter what is done in subsequent phases. A successful requirements management strategy includes:

- ✓ Requirements Management Traceability Process
- ✓ Requirements Management Change Management Process
- ✓ Requirements Management Best Practices
- ✓ Requirements Management Tools

At a high level, PCG proposes a **Solutions Requirements Framework** that consists of the following activities:

1. Assimilate and consolidate enterprise-level and contract-level requirements obtained from DHHS business and functional leadership, and technology vendors.
2. Obtain business process models and requirements documents.
3. Integrate requirements from all stakeholders, and utilize process and tools to develop a Requirements Traceability Matrix (RTM) in adherence to the PMO Requirements Management Plan.
4. Collaborate with the System Integrator, IV&V, and DHHS business leaders to add, modify, or delete enterprise level requirements and to resolve any conflicting requirements.
5. Obtain DHHS approval of the enterprise-level Requirements Traceability Matrix (RTM).
6. Manage changes to the RTM resulting from approved change requests throughout the life of the project.

PCG anticipates that requirements for some subsystems may have been previously gathered and written by each solution provider in isolation, specific to their technology, with limited integration with other systems. As a result, **we will begin by auditing requirements that have already been documented and mapping them to the enterprise-level requirements**.

Since DHHS will be working with several vendors over different time periods, we anticipate that our initial responsibility will be implementing consistency across the DHHS enterprise. We will collate all requirements documented prior to our start date and will collect and integrate on-going and future requirements definitions.

Our 33-year history of Medicaid business and technology process redesign and related scopes of work has provided PCG with a unique understanding of the **nuances of facilitating requirements**, design, and testing sessions **in multi-vendor and multi-business partner environments**. *Figure 22* provides an outline of the process we recommend to ensure that solution requirements gathering and validation are performed in a methodical and effective manner.

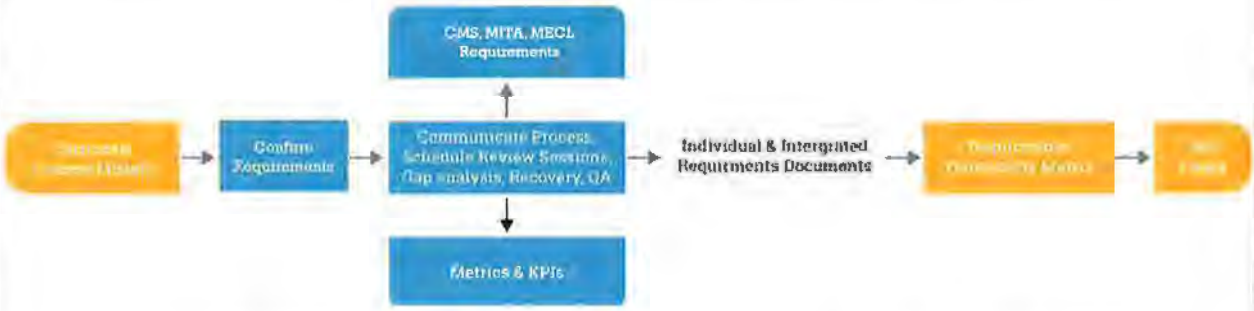

Figure 22: Process to Manage Requirements Gathering and Integration Activity.

Evaluating the Solutions and Determining the Business Impact

We use the MITA Version 3.0 Framework and the lastest State Self-Assessment (SS-A) to ensure solutions will support a multi-vendor environment. PCG project managers have comprehensive knowledge of MITA SS-A Methodology and best practices.

PCG will integrate deeply into the DHHS enterprise to address all dimensions of the business architecture and provide a comprehensive report of its review with findings and recommendations for changes, including policies and procedures. PCG will ensure a successful strategy translation by enabling DHHS to visualize the end-state of its business architecture before the plan is implemented.

PCG's business architecture review process will consist of gathering information from documents and key agency personnel, and reviewing and then analyzing that information to understand the strategic influences of DHHS. PCG will review strategic goals and objectives, which will ultimately be cross-referenced to target capabilities across Business, Information, and Technical architectures.

PCG will leverage our templates and the latest SS-A, to develop business architecture scorecards and profiles for each business process. PCG's templates have been developed through the PCG MITA Center of Excellence and are part of our MITA Open Toolkit.

PCG will evaluate the MITA Roadmap and concept of operations and any other business architecture documentation to ensure these are not only aligned with DHHS' business processes and data flows, but also with CMS' MITA Business Processes.

Providing Recommendations for Changes

PCG has provided SS-A and strategic roadmap services under MITA V2.0, V2.01, and V3.0 for a variety of states including small states such as Rhode Island and Hawaii through mid-size states such as Georgia, and the largest, California. Our success in these diverse MITA environments is testimony to PCG's reputation for:

- Providing trusted, high-quality MITA SS-As
- Fostering innovation and collaboration
- Facilitating well-structured improvement plans and projects
- Maximizing federal financial participation
- Providing a sustainable basis for the future of each Medicaid agency

PCG understands the interconnectivity of programs, counties, providers, health plans, hospitals, and contractors in order to operate the Medicaid program as a critical part of our analysis when beginning any project. Understanding the social, political, and operational landscape helps us to see the direct and indirect impacts for the larger initiatives such as MITA, and allows us to make the best use of DHHS staffing resources as we progress through the project.

Data Governance

PCG recognizes that Data Governance should encompass all data assets across the enterprise to create a cohesive and consistent view of information and to provide a method to manage inconsistencies and potential data quality issues. PCG can manage adherence to data definition and usage protocols by:

- ✓ Collaborating with DHHS in the documentation of policies, processes, and procedure;
- ✓ Obtaining direction from the appropriate Governance body;
- ✓ Supporting and coordinating with DHHS and the Enterprise Architecture teams;
- ✓ Coordinating, facilitating, informing, and educating System Integrators;
- ✓ Analyzing data definition documentation, e.g., data mapping documents; and
- ✓ Collecting and reporting metrics.

Managing Adherence to Data Definitions and Usage Protocols

PCG can manage adherence to enterprise services data definitions, and consistent usage protocols for solution providers. We will accomplish this through data requirements gathering, change control, data governance boards, testing, and consistent field naming conventions (e.g., addr1 vs address1), not only in reports, but also in the software to the extent the COTS applications permit renaming. This also applies to concatenated and derived field names. **The objective with adherence is consistency and quality of data, regardless of the module, application, or report.**

As directed, PCG will adopt and manage approved policies, processes, and procedures as outlined in the written data governance plan to ensure solution providers understand the importance of data quality and adhere to data protocols. Our staff are motivated and empowered to implement data governance.

PCG will work with DHHS to ensure policies, processes, and/or procedures related to data governance are well-documented and shared with solution providers. For instance, a data governance handbook or guide can describe:

- ✓ How the data governance entity is structured and functions, and the roles and responsibilities of the various stakeholders, boards, and organizations;
- ✓ How governance decisions will be made; and
- ✓ How to submit a request for change related to governance.

PCG can develop a data governance guide or add information to existing governance manuals or handbooks to describe recommended procedures for data collection and management and, as needed, governance training.

As PCG has assisted several states with a technical review of the agency's infrastructure and systems. To ensure that the various stakeholders adhere to DHHS architecture standards, it is essential that we approach the analysis and planning of integrated architecture in the most effective manner. PCG has developed an approach in practice that:

- Is based on **tools and methods that are relevant and accessible** to all levels of stakeholders and decision makers, including project managers and technicians;
- **Follows a consistent, clearly-defined, and repeatable methodology** for capturing architectural data in a common context;
- **Produces quantifiable, metric-based output** that is clearly linked to end-user activities and business impacts; and
- Provides for **transparency throughout the process** to ensure input, communication, and remediation of conflicts, real or potential, on the fly.

Coordination with Vendors / System Integrator(s)
Effective coordination requires a common context, terminology, and understanding among all stakeholders. PCG will ensure that architectural information and decisions are represented and documented in a formal, standards-based fashion that is understandable to all stakeholders, and most importantly, clearly addresses their concerns.

Ensure the Enterprise Architecture Supports a Multi-Vendor Environment
Support for multiple vendors and multiple solutions is ultimately based on standards and their disciplined use. We will ensure clear definitions of the desired dimensions and characteristics of interoperability among solution components.

Verify that Modular Solutions are Integrated into the Enterprise
To effectively integrate modular solutions, modules, and/or components must be well-defined, with clear boundaries and scope, and a common understanding of their characteristics and capabilities among all stakeholders. Properly defining and managing modularity requires a solid architecture description of each component across all domains (e.g., business, information, application, and technology). We will ensure this description is to be rigorously enforced, yet flexible enough to adapt quickly to changes in the business environment.

Manage and Document Changes to Solution Architecture Policies, Processes, and Procedures
Effectively managing and documenting changes to architecture policies, processes, and procedures requires a combination of standards-based architecture development processes, formal decision-making frameworks, and governance practices. PCG will introduce the functions necessary to ensure that the options, choices, and decisions driving the changes can be understood long after they are made. We will ensure that changes involve all relevant stakeholders.

Solution Architecture Assistance
Developing and refining solution architectures in a modular, service-oriented architecture (SOA) framework requires standard methods and tools to ensure that key details are not overlooked. PCG can facilitate close coordination to ensure interfaces are aligned and compliant with standards.

PCG will use tools such as **The Open Group Architecture Framework (TOGAF) Architecture Development Method (ADM) and Architecture Continuum**.

Service Catalog Development and Maintenance

The service catalog is a key component in realizing many of the benefits of an SOA. It must be readily accessible and provide sufficient information to allow consumers to find and connect to the services they need, while also enabling DHHS enterprise leadership to understand and manage the service portfolio and the capabilities the services provide. This requires architecture standards for properly defining services and coordinating their operations across DHHS, as well as best practices for ensuring service discovery and access.

- PCG will advise and assist DHHS leadership in developing and enhancing formal, standards-based service definitions to ensure that services are easy to find and consume.
- PCG will advise and assist DHHS leadership with establishing and enhancing appropriate service governance (both design-time and runtime) in accordance with standard SOA reference architectures.
- PCG will use best practices derived from the Information Technology Infrastructure Library (ITIL) to guide development and maintenance of the service catalog.

Approach to Architecture Oversight

PCG's approach to Architecture Oversight, outlined in *Figure 23* below, is based on a combination of key architecture standards, nationally recognized architecture frameworks, proprietary architecture practices derived from years of practical experience, and a thorough understanding of the relevant architecture domains and disciplines. The techniques, methods, and tools promoted by PCG help businesses and non-architects understand how to capture, structure, and store their architecture information to make it more accessible, easier to update and maintain, and easier to apply and use.

Figure 23: PCG's Approach to Architecture Oversight.

Standards

PCG's approach to Architecture Oversight begins with fundamental architecture standards, such ISO/IEC/IEEE 42010. The 42010 standard describes how to properly develop architecture descriptions, formalized through defined viewpoints and views that ensure that stakeholder concerns are addressed in ways that are meaningful and readily understandable for all stakeholders. PCG also relies on a variety of National Institute of Standards and Technology (NIST) standards that address areas of interest, such as security, SOA, and Cloud-based architectures. **PCG has adapted the MITA Standards Reference Model (SRA) to improve management and application of standards**. Thanks to our strong background in applying standards, PCG can readily incorporate all DHHS-defined standards and reference architectures into our review and governance practices.

Frameworks

PCG's approach to Architecture Oversight is also based on a variety of industry-standard frameworks that provide a common context and terminology to unify activities across all stakeholders (in particular across vendors that may have their own internal terminology and architecture descriptions for their solutions). PCG's Architecture Practice has adapted these frameworks, within its methods and tools, to make them more useable and accessible to non-architects. The customized toolkits produced consist primarily of checklist and automated spreadsheets that make collecting and organizing architecture information easier and more automated. The major architecture influences are:

- The Open Group Architecture Framework (TOGAF)
- Medicaid Information Technology Architecture (MITA) Framework
- National Human Services Interoperability Architecture (NHSIA) Framework
- Federal Enterprise Architecture (FEA) Framework

TOGAF Methods and Tools

The backbone of PCG's approach to Architecture Oversight is the TOGAF Enterprise Architecture standard. Developed collaboratively over many years and across multiple industries, it is one of the most widely used frameworks, providing a detailed method and a set of supporting tools for developing and managing an enterprise architecture.

The TOGAF Architecture Development Method (ADM) was developed for systematically and consistently creating and evolving enterprise and solution architectures within an organization. PCG has adapted the ADM to serve the needs of government agencies such as the administration of health benefits, the CMS MITA initiative, and others.

TOGAF also provides an Enterprise Continuum (EC) as a means of classifying solutions and architectures on a continuum that ranges from generic, foundation architectures to tailored, organization-specific architectures. The EC consists of an Architecture Continuum, specifying the structure of reusable architecture assets (e.g., rules, models and patterns, and relationships among the information systems), and a Solutions Continuum, describing the implementation of the Architecture Continuum by defining reusable solutions building blocks.

The PCG Enterprise Architecture (EA) Team has augmented the TOGAF Architecture Continuum with custom proprietary tools and specific criteria against which to evaluate architecture projects and their impact to the enterprise. We feel these tools will be a benefit to DHHS in this effort.

The CMS MITA Initiative

The Centers for Medicare & Medicaid Services (CMS) MITA Initiative supports and encourages states to develop an architecture program to align activities across the organization to strategic goals of the business. CMS recommends development of an architecture program to support transition planning and define projects needed to implement an organization's target capabilities. The intent is that by creating, communicating, and aligning to key architecture principles and models that describe the desired future state, organizations can evolve toward their targets more quickly and easily. While the details of MITA focus on the administration of health care services, the practices advocated by the MITA initiative were strongly influenced by and are well aligned with TOGAF.

The PCG EA Team has augmented the MITA framework with custom proprietary tools and specific criteria with which to perform self-assessments and evaluate architecture compliance with MITA requirements. For example, PCG EA has developed the tools and specific criteria to help determine whether and where an architecture conforms to the *MITA Seven Conditions and Standards for Enhanced Federal Funding*.

The NHSIA Initiative

The NHSIA initiative proposes to develop a national architecture that enables information exchange across currently siloed federal, state, local, and private human service information systems. The NHSIA framework facilitates and supports integrated eligibility determination and information sharing across programs and agencies, improved service delivery, fraud prevention, and better outcomes for human services customers (e.g., children and families). It consists of business, information, and technology models to guide programs, states, and localities in the efficient and effective delivery of services.

NHSIA is built squarely on the MITA framework while bringing together pieces from other architecture models, such as the Federal Enterprise Architecture (FEA), to create a foundation for common understanding, interoperability, standards, and reuse. Key features include:

- Interoperability of business processes and systems across human services
- Mapping and traceability across architecture domains that improves analysis and integration planning
- Technology patterns to help guide architecturally compliant design choices

The PCG Architecture Team has augmented the NHSIA framework with custom proprietary tools and specific criteria against which to evaluate architecture projects and their impact to the enterprise.

Core Practices

PCG's approach to Architecture Oversight defines a core set of architecture practices, which apply across all domains/disciplines and ensure any resulting artifacts realize their maximum value. These practices are designed to interact and support each other in an orchestrated fashion, producing relevant artifacts, feedback, and documentation coordinated with appropriate workflow touchpoints. The core architecture practices are further defined and explained below.

Architecture Modeling

To ensure the project and solution metadata (i.e., architecture information) is properly understood and communicated, it must be collected, organized, maintained, and published through appropriate modeling techniques. Whether presented as a reference model, roadmap or other format, accurate modeling of

architecture information provides the most effective means of tracing technical solutions to the enterprise goals, principles, and policies that led to their selection.

PCG strongly believes in the use of industry standards in modeling practices, to ensure models can be universally interpreted. The PCG Team is well versed at modeling using industry-standard notations such as: ArchiMate®, Business Process Modeling Notation (BPMN), and the Unified Modeling Language (UML). The PCG Team is also experienced with a variety of market-leading modeling tools (e.g., Troux, IBM Rational System Architect, MEGA, and Sparx Enterprise Architect). All models captured should be able to be rendered in Microsoft Word format and/or in a navigable web environment.

PCG has tailored our modeling practice to provide the most benefit in support of public-sector projects. This includes domain-specific reporting templates, packages, elements, and patterns including MITA standard business processes and governance-specific modeling notation.

Architecture Alignment

To make models and other architecture descriptions useful, they must be clearly linked or aligned to the components of the organization (e.g., systems/applications, business units, and projects/initiatives). The architecture alignment of a component is identified by associating it with all applicable elements of an architecture reference model or other architecture description. For example, aligning an application to the Business Process Model identifies all the business processes that use it. This alignment information, or "profile," can be evaluated on its own or compared with others to analyze the impact of proposed changes or identify redundancy and other inefficiencies. The results of the analysis can be distributed in reports to inform stakeholders and support decision-making, as well as provide transparency by documenting issues for future review.

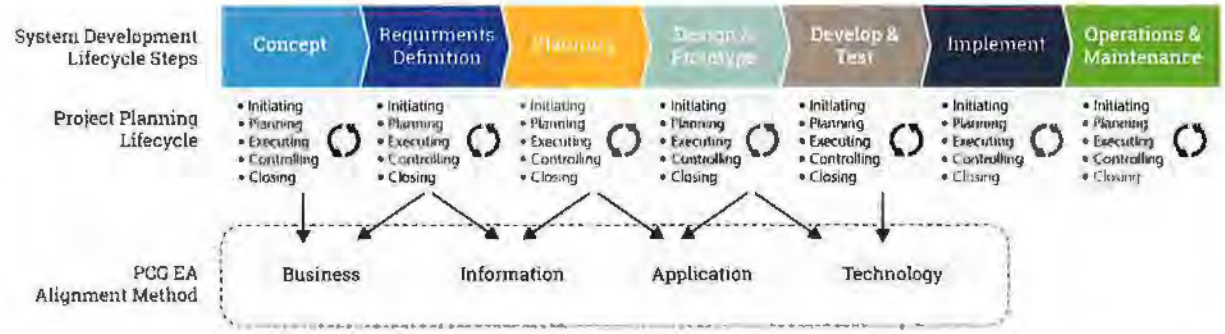

Figure 24: PCG Enterprise Architecture Alignment Method.

PCG actively uses the models and architecture descriptions developed by stakeholders and project teams to categorize and align all relevant components of the project and solutions. We have developed a standard, repeatable methodology for identifying and recording each component's alignment in architecture profiles, making it easier even for non-architects to perform alignments. This methodology includes defined touchpoints for integrating with solution development and governance processes and can be customized to work with any such processes already in place. As pictured in *Figure 24* above, PCG has also developed a standard method for evaluating the prioritization of projects/initiatives based on their alignment to strategic goals and objectives.

Architecture Governance

Ultimately, the value of proper modeling and architecture alignment rests with applying the knowledge gained. This is typically accomplished through an effective governance process. Governance relates to decisions that **define expectations, grant authorities, and monitor/verify performance.** We recognize that we will interface with the Steering Committee as the governance body of this project. Specifically, Architecture governance develops target architectures and alignment goals, identifies who approves architecture choices during the transition process, and establishes gates and checkpoints in the solution development process for architecture reviews. Architecture governance also defines the information requirements necessary to monitor and manage the architecture, which are ultimately reflected in the architecture models and metrics.

PCG provides guidance on the structure, process, and core functions of governance needed for organizations to be effective. PCG's governance practices integrate with its modeling and alignment practices to promote objectivity, transparency, and traceability in the decision-making process. The models and alignment profiles produced in the first two practice areas provide direct, timely, and relevant input to demonstrate compliance with governance directives and support governance decisions.

Figure 25 below shows how the three core practices (Modeling, Alignment, and Governance) interact to improve business performance.

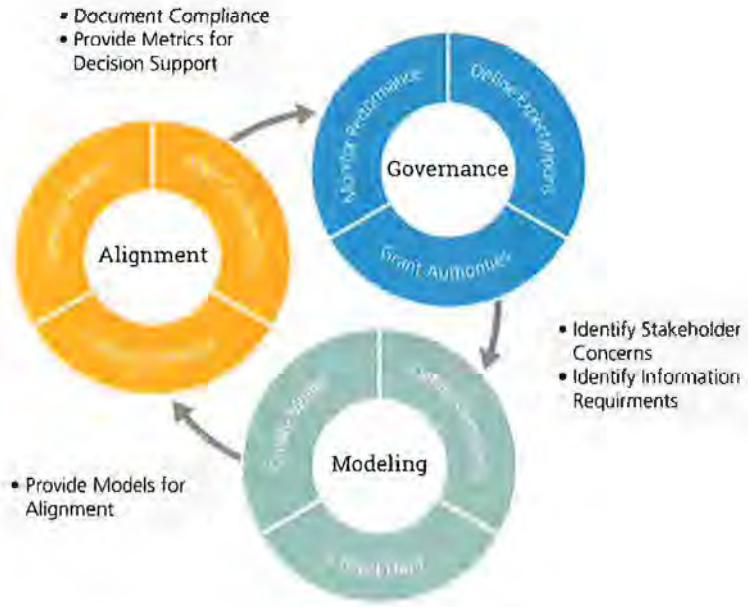

Figure 25: Interaction among Core Practices.

Architecture Domains and Disciplines

PCG's architecture approach encompasses several standard domains or disciplines, each built around structured information and activities related to a specific subject area. The core architecture practices described previously apply across all disciplines. When evaluating the domains/disciplines for a project or solution, PCG adheres to the following principles:

- **Build only the architecture you need** – Don't spend time and resources developing the architecture to the "n^{th}" degree. Develop it to the point it at which it can meet the information requirements necessary for good governance.
- **Build the architecture from a business-first perspective** – The business functions/capabilities are the reason the enterprise exists. Fulfilling them drives and justifies everything else. Technical solutions exist to support and respond to business needs, not dictate conditions to the business.

Strategic Planning

The ability to execute on PCG's strategic plan is a critical success factor for the enterprise. **PCG's Architecture Strategic Planning discipline establishes and provides documentation of how the enterprise's business and IT infrastructure align to its strategic plan, enabling the team to better monitor and adjust resources to improve plan execution.** We have developed and will execute our standard method for scoring/prioritizing IT projects and initiatives based on their alignment to the strategic plan. PCG actively uses the strategic alignment and prioritization to develop roadmaps, which prioritize and guide the transition from the organization's current state to its target state while maintaining traceability between the goals and the projects/initiatives that advance them.

Business Architecture

The Business Architecture domain describes how the business works and what it does in non-technical, business-user terms. PCG firmly believes in a business-first architecture approach as defined by business subject matter experts (SME).

PCG's approach to Business Architecture includes the following activities:

- Identifying the organization's high-level goals and objectives
- Modeling the business functions/capabilities
- Modeling the business processes that carry out the functions
- Modeling major organizational structures
- Identifying the relationships between all these elements

Information Architecture

The Information Architecture domain describes what the organization needs to know to run the business processes and operations identified in its business architecture. It defines where and how data is managed within the business processes, including data structures and storage throughout the organization.

PCG's approach to Information Architecture includes the following activities:

- Developing the conceptual data model (CDM) and logical data model (LDM)
- Developing a baseline data dictionary
- Identifying of information exchange protocols and standards
- Developing Data Management Strategies
- Mapping data models to current physical operational systems

Data Sharing

PCG uses established data and information exchange standards/formats to extend current data and

information activities, enabling data sharing, seamless integration, and reuse at the enterprise level, while maintaining data quality and integrity. Application of standards and definitions of common data structures will provide the basis to address many data-sharing needs and issues, promoting increased data exchange with external state, regional, and national entities.

Application Architecture

The Application Architecture domain defines the organization's application portfolio from a perspective that may represent cross-organization services, information, and functionality, linking users of different skills and job functions in order to achieve common business objectives. It is typically derived from the analyses of both Business and Information Architectures and defines the relationships among the various services and orchestration of processes.

PCG's approach to Application Architecture includes the following activities:

- Defining patterns of components for use as templates for design and development
- Defining an infrastructure that promotes developing and using services effectively
- Mapping technology standards to components

Technical Architecture

The Technical Architecture domain provides a logical, vendor-independent description of the infrastructure and system components necessary to support the Application and Information Architectures. It defines the set of technology standards and services needed to execute the business mission.

PCG's approach to Technical Architecture includes the following activities:

- Identifying approved/preferred technical solution patterns
- Identifying approved standards for IT-related components with a strong focus on interoperability
- Identifying and defining Technical Services

Service Management

The Service Management discipline deals with principles and methodologies for developing and using shared, interoperable services, which are logical representations of repeatable business activities that have a specified outcome. These services are based on well-defined business functions or processes and built as modular components that enable reuse for different purposes. A Shared Services Strategy can provide a structure that facilitates the identification, development, and management of these services as well as defining the architecture to support sharing and reuse.

PCG has extensive experience with service-oriented approaches to solution development and familiarity with the latest service standards, governance (both design-time and run-time), and best practices. PCG's approach to development and adoption of an infrastructure for effectively managing and using a service-driven architecture includes the following activities:

- Identifying standards and criteria for defining services
- Managing services through a services inventory/catalog
- Identify structures and process for governing enterprise services

Support for Enterprise Data Services (EDS) design and development

PCG has extensive experience working with large Enterprise Systems within state government and understands their importance in DHHS' envisioned modular and interoperable technology platform. As one of the core components of the enterprise architecture, it is imperative that the EDS framework remain operational and interoperable with each of the necessary modules. The importance of the EDS and the inevitable need for changes stresses the importance of a well-defined approach to managing and overseeing change by a qualified firm such as PCG.

PCG has valuable experience managing changes to Enterprise Solutions across the country, including in Tennessee, Rhode Island, Mississippi, and California. For example, in Tennessee, PCG serves as the Strategic Program Management Office and provides project and change management services across the entire Medicaid Modernization Program (MMP). The MMP includes the implementation and customizations of Health IT solutions such as a

- Master Data Management (MDM),
- Identify Access Management (IAM),
- Health Information Exchange (HIE),
- Care Coordination Tool (CCT),
- Medicaid eligibility determination system,

and several other systems, all of which interoperate and interface with the enterprise data management system. So, every time a new implementation or enhancement is planned, PCG works with the project and executive teams to evaluate and manage those changes and to ensure the proper communication and escalation occurs to obtain approvals and plan for limited system downtimes.

Approach

The first step in the process is to understand the system and the role the system plays in the organization from both a **business and technical perspective**. Knowing the capabilities, policies, and procedures for how DHHS data will be managed and accessed will enable PCG to anticipate and proactively plan for changes so they can be managed to eliminate or limit the impact to business operations and/or other systems. PCG will employ the change management processes and procedures. We believe that effective and diligent adherence to the change management processes is essential to ensure the appropriate communication, review, and approvals are obtained prior to change taking place.

Given that DHHS may buy or build a new EDS framework, we know from managing similar implementations that there will be changes and customizations required in the early stages of the project. In addition, more changes will be required when new modules require connectivity and interfaces to the EDS. All changes planned for the EDS need to be approved at an appropriate Governance level. We understand this responsibility will use a proven process to ensure all necessary approval is achieved for any change. *Figure 26* on the following page illustrates PCG's proposed approach to managing changes made to the EDS.

Process

Figure 26: PCG's Proposed High Level Approach to Managing Changes to the EDS.

PCG will work with DHHS to finalize and document a formal process that works for all major stakeholders with a special focus on Governance. PCG will coordinate requests for change and ensure that each request for EDS change follows the official change management process and is communicated using appropriate channels. Although this may seem like a simple process, **each step adds unique value to the process and ensures a streamlined and efficient way to manage changes** to such an important component of the MES.

Security

Below we illustrate our experience and familiarity with the security control in DHHS programs. We identify and describe the measures we will take to ensure that proposed solutions align to DHHS's information assurance strategy and comply with the current version of the CMS Minimal Accepted Risk Standards for Exchanges (MARS-E) Document Suite.

PCG understands the importance of ensuring privacy and security. Our experience has given us the institutional knowledge and experience to appreciate the inherent complexities of implementing privacy and security within new Medicaid systems and obtaining certification from federal entities for certification and operation implementation. Below are listed some of the security engagements that PCG has performed in various states:

Tennessee Division of TennCare - Provided security project management services for existing and new health care systems by coordinating with the office of the CSO, state Strategic Technology Services, and multiple vendors. Security tasks range from ATC renewals, coordinating creation and review of System Security Plans (SSP), Privacy Impact Assessments (PIA), Information Security Risk Assessments (ISRA), Security Design Plans (SDP), and IRS Safeguards Security Reports (SSR) for existing and new Medicaid Modernization Program systems/modules.

Hawaii Department of Human Services - Independent Assessment of Security and Privacy Controls based on the CMS MARS-E standard and continued to perform annual attestations. Additional security services provided for HDHS have included penetration and vulnerability testing, knowledge oversight sessions, and the development of privacy and security policies.

California Department of Social Services - PCG provided an independent security control assessment to verify the CMIPS II system is properly implementing information security across the multi-agency environment. PCG reviewed security documentation and conducted interviews, focusing on security controls that relate to the top five controls as defined by the Center for Internet Security critical security controls.

Delaware Health and Social Services - Independent Verification and Validation (IV&V) assessment of the security requirements; Security Policy; Disaster Recovery Plan (DRP); Business Continuity Plan (BCP); and the architectural design and implementation of the Delaware Medicaid Enterprise System.

Nevada Department of Health and Human Services (NDHHS) - Independent Assessment of Security and Privacy Controls required by CMS MARS-E and Internal Revenue Service privacy controls.

Iowa Department of Human Services - Independent Assessment of Security and Privacy Controls based on the CMS MARS-E standard for their new eligibility system.

PCG will provide leadership and resources, while MES will deliver specific security information, perform analytics, create and deliver analytics, reports, and other information necessary to develop documents and produce requested artifacts such as:

- MARS-E compliance requirements
- System security audits
- Security controls assessment
- Distributed testing activities
- **SSP Parts B&C (also known as the SSP workbook) by validating the security and privacy control implementation**
- **ISRA for the MES using the current template required by CMS**

PCG will help DHHS guide each System Integration efforts through a structured process to write and submit, at a minimum, the following DHHS-required security documents:

- System Security Plan (SSP)
- Information Security Risk Assessment (ISRA)
- Privacy Impact Assessment (PIA)

PCG will track risk mitigation efforts to ensure vulnerabilities are remediated and that system hardening and compliance scans are adhering to state and federal standards. These may be tracked as reportable or non-reportable PoAM's, or another method as defined by DHHS.

Recommend Security and Privacy Profiles
PCG can review each document and artifact including system security processes/procedures, control responses, test data, system documentation, and/or audits before writing a recommendation for the security and privacy profile of systems and data.

Bring Security Documents and Artifacts into Contract Compliance
In addition to reviewing the SSP, ISRA, and PIA and related artifacts for contract and industry compliance, PCG will also evaluate and assess non-information security specific documentation and control responses to ensure contract compliance. PCG can also review and provide recommendations to existing SSPs for CMS yearly updates or in the event of major system changes.

Track Risk Mitigation Efforts
PGC will manage, coordinate, and review risk and mitigation efforts from a project management perspective and we will oversee submission of required reporting to federal and/or state regulators as required by federal or state mandates, such as PoAMs in concert with DHHS.

Supporting Services
PCG will review project schedules for security and privacy tasks and milestones to validate that

timeframes for security deliverables are appropriate for the project. PCG will also assess project schedules for inclusion of iterations of security deliverables or artifacts for CMS and State gate reviews and/or milestones.

Documents, Artifacts and Data Requirements for Security Compliance Submissions

PCG has provided a table below, *Figure* 27, that provides examples of the types of information and input to documentation and artifacts for successful evaluation, and submission of security and privacy compliance documents to federal agencies.

Figure 27: Information and Input to Documents and Artifacts.

Documents, Artifacts, and Data Requirements	
Information and Inputs	• Project/Organization Security Policies • State and Federal Security Requirements • Requirements Management Plan • Requirements Traceability Matrix • Requirements Deliverables/Artifacts • Enterprise System Development Lifecycle management plan(s) • DHHS Enterprise security policies • State IT security requirements & laws • Privacy Impact Assessments (PIA) • Interconnection Security Agreements (ISA) • Information Security Risk Assessments (ISRA) • System Security Plans (SSP) with security control responses completed • Security Design Plans (SDP) • IRS Safeguards Security Report (SSR) • Plans of Action and Milestones (PoAM's) • Network Vulnerability Assessment Scans & Resolution Report(s) • System Integrator DEDs • Database Design Documents • Interface Control Documents • System Architecture Design Documents • Technical Designs • Functional Designs • SOA Model documentation • Data Dictionary

3.b.14. State RFP Development Activities

3.b.14. State RFP Development Activites

Bidder Response:

Services Related to Procurements & PCG Project Experience

The Public Consulting Group, Inc. (PCG) team is experienced at writing RFPs and specifically those involving implementation of Medicaid Management Information System (MMIS) solutions and Fiscal Agent services. Over the course of the past 30 years of working with Medicaid agencies, PCG has developed a core business of providing procurement assistance for large-scale Medicaid IT procurements, including drafting APDs, RFPs, and accompanying Proposal Evaluation Plans (PEPs). Not only will PCG use a proven, best-practice approach to developing the core RFP deliverables, we will bring with us a stockpile of organizational process assets and sample deliverables that we have gained through our procurement services projects. Our state qualifications include **RI, DE, GA, MS, WY, CO, AR, IA, WA, ID, NM, HI, and CA.**

Within the last three years, PCG has provided Medicaid-related health information technology consulting services for the following governmental agencies supporting a variety of procurements:

- **Mississippi Division of Medicaid:** Wrote an RFP and supported procurement for implementation of Agency-wide Clinical Data Infrastructure, including a Master Patient Index (MPI), Clinical Data Repository (CDR), Clinical Data Terminology Services, and a Provider Clinical Data Secure Portal for a State Medicaid Agency;
- **Mississippi Division of Medicaid:** Wrote an RFP and supported procurement for implementation of Medicaid Analytics and Medicaid Population Health Management Solutions for the State Medicaid Agency;
- **Mississippi Division of Medicaid:** Wrote an RFP and supported procurement for implementation of Office of the National Coordinator for Healthcare Information Technology (ONC) Authorized Testing and Certification Body (ATCB) Electronic Health Record (EHR) System with an integrated ePrescribing solution for a State Medicaid Agency;
- **Mississippi Division of Medicaid:** Wrote an RFP and supported procurement for a Clinical Data Interoperability Platform, including components such as an Enterprise Service Bus (ESB) and HealtheWay eHealth Exchange Gateway to support clinical data interoperability with State HIEs and other clinical data trading partners (providers, payers, 3rd party clinical data trading partners, etc.) for a State Medicaid Agency;
- **Mississippi Division of Medicaid:** Wrote multiple RFPs and supported procurements for Independent Verification and Validation (IV&V) vendors for IV&V of such projects as an Agency EHR implementation, Clinical Data Infrastructure implementation, and Interoperability Platform implementation;
- **Mississippi Division of Medicaid:** Wrote multiple RFPs and supported procurements for contractor personnel, including clinical data project managers, clinical data business analysts, and clinical data technical architects for a State Medicaid Agency;
- **Wyoming Department of Health (Medicaid):** Assisted in the creation of an RFP and proposal evaluations for a Medicaid Health Information Exchange (HIE) with integrated ONC ATCB Medicaid provider EHR with integrated ePrescribing;
- **Wyoming Department of Health (Medicaid):** Wrote an RFI for a Health Information Exchange;
- **Hawaii MedQuest:** Procurement assistance for the state-level repository for Medicaid EHR

incentive payments;

- **Tennessee:** Procurement assistance with development of state-based requirements for qualified health plan contracts;
- **Wisconsin:** Procurement assistance with development of enterprise EHR for state agency facilities.
- **Rhode Island:** Developed a white paper on MMIS modularity, with an analysis of the regulatory and industry landscape, comparative analysis of state initiatives, as well as state-specific recommendations for MMIS planning efforts.

We have also worked with a number of states (Arkansas, Hawaii, Idaho, and Rhode Island) to provide procurement services for their State-Based Marketplaces (Health Insurance Exchange Systems). In each of these states we have worked with staff to define procurement scope and project needs, gather requirements, manage the evaluation process, onboard vendors, and oversee project scopes.

Procurement Methodology

PCG will assist the Nebraska Department of Health and Human Services (DHHS) with developing RFP's for miscellaneous Medicaid enterprise modernization initiatives, as requested. **Because PCG has been involved in multiple state procurements, we have a keen eye toward the best way to organize requirements**, in such a way that vendors are able to apply their methodologies while ensuring that the procurement meets the needs of DHHS.

Solicitation documentation is the heart of many activities during a new initiative's implementation.

Procurement documents and artifacts are at the heart of the implementation of a new initiative. If DHHS can enter the RFP process confident in the scope of the project and its ability to control it, then the entire project will respond to standard project and portfolio management controls, and thus, be manageable to completion. PCG recognizes that there have been unprecedented changes across the health insurance, Medicaid, and Human Service programs in the past years – we have worked on health care reform initiatives spanning the HITECH Act to the PPACA and we are uniquely positioned to provide this blend of experience and knowledge to DHHS.

The PCG team uses the following proven, best-practice system to develop an RFP. This process will be followed for each RFP required for this project. While we understand there will be overall differences in the specific requirements and scopes outlined in each solicitation, the following approach will still accommodate the overall process for drafting the solicitation documents. As previously mentioned, this system will allow DHHS to issue solicitations in an efficient, effective, and timely manner while managing the process appropriately. *Figure 28* elaborates on PCG's approach to RFP development.

Figure 28: PCG's Approach to Developing a RFP. We can use our proven, best-practice approach to ensure that DHHS procures solutions/services that meet its strategic objectives and provide a portfolio of services to support the changing Medicaid landescape.

1 ***Conduct RFP Initiation***: During the Solicitation Initiation Phase, PCG will provide the following services:

- **Identify Key Stakeholders:** Identify DHHS resources responsible for working with PCG on the RFP development.
- **Conduct Planning Sessions:** Discuss project scope and objectives and determine roles and responsibilities specific to each solicitation.
- **Conduct a Kick-Off Meeting:** Communicate roles and responsibilities and provide subject matter expertise.

2 ***Define Requirements***: During the Define Requirements Phase, PCG will provide the following services:

- **Collect Existing Documentation:** Work with the DHHS to collect and review available documentation from both DHHS and other related engagements that PCG has worked on.
- **Define Necessary Requirements:** The basic, high-level business, technical, and regulatory requirements needed to achieve DHHS' vision for procurement.
- **Incorporate New Requirements:** Incorporate input from stakeholders and the results that add unique requirements for the DHHS.
- **Finalize Detailed Requirements:** Validate the final set of detailed business, technical, and regulatory requirements with DHHS for inclusion in the final procurement documentation. PCG will bring a proven tool for recording and organizing these requirements.

3 ***Complete/Compile RFP***: During the Complete/Compile Phase, PCG will provide the following services:

- **Assemble and Complete Procurement Documents**: Gather the necessary documents to complete a comprehensive Table of Contents for the RFP.
- **Develop the Proposal Evaluation Plan (PEP):** A document that outlines the evaluation strategy of RFP responses.
- **Conduct Ongoing Validation and Evaluation Sessions:** Work with the DHHS to ensure that the finished work product is correct and timely.

4 ***Approve RFP for Release***: During the Approve RFP for Release Phase, PCG will provide the following services:

- **Conduct a Review and Feedback Process:** Give draft versions of all solicitation deliverables to the stakeholders to provide feedback.
- **Update the Final Draft of the Solicitation**: Incorporate DHHS feedback in a final draft

of the solicitation for approval.

- ✓ **Gain Official Approval:** Identify and gain consensus among appropriate DHHS approving staff members.
- ✓ **Gain CMS/Federal Approval (as needed):** While PCG understands that CMS' complete involvement with each procurement is still to be determined, PCG will be prepared to assist DHHS with preparing for CMS review and approval if needed. Typically, CMS will require 60 days for review and approval of an RFP release. PCG will work closely with DHHS to keep CMS engaged throughout the solicitation development to help shrink the total CMS time of review required after the solicitation is finalized and State approved.

The approach described above will be presented and clearly outlined for each procurement during the procurement planning phase. We have used this repeatable system in a number of states' efforts to develop and manage procurements for large-scale systems and procurement portfolios. It has yielded much success and resulted in successful procurements with minimal issues.

Once the RFP is released, PCG will assist DHHS with Pre-Proposal/Bidder's Conferences as necessary. PCG is prepared to provide agendas, meeting minutes, and other administrative duties to ensure DHHS holds an organized and efficient session for all prospective bidders.

PCG certainly recognizes that there are number of different ways to approach managing project activities, including Phased, Lean, Agile, and Iterative, and our team of procurement experts will work with the DHHS to finalize our approach and strategy for RFP development upon project initiation.

3.b.15. Capitation Processing Module

3.b.15. Capitation Processing Module

Bidder Response:

We understand that in 2016 the State contracted with three MCOs, to participate in Heritage Health program and that the State pays each a per-member per month rate for every member enrolled in each MCO. We also understand that in the same year, DHHS has contacted with Automated Health Systems (AHS) to provide Medicaid enrollment broker services – and that the Capitation Processing Module is part of that contact. AHS works with DHHS to determine the monthly capitation payment each MCO should receive and calculate any needed payment recoupments.

Understanding of Requirements

PCG understands that AHS assists Nebraska Medicaid members including Program for All-Inclusive Care for the Elderly (PACE) members with enrollment in their desired Heritage Health plan and selection of their Primary Care Provider (PCP). This is done through a member web portal, call center or mail. The web portal also contains a provider directory that is searchable. AHS also operates a member call center to respond to questions and concerns regarding Heritage Health managed care, health plan enrollment and PCP selection.

Medicaid applicants apply online through the member portal or by a worker entering their information through the member portal. The member portal interacts with the Eligibility and enrollment system (EES) module; Nebraska Timely, Responsive, Accurate, Customer Service (NTRAC) module for eligibility and benefit plan determination and the Enrollment Broker and Capitation module for MCO and primary care provider selection as applicable.

The Enrollment Broker and Capitation module communicates MCO enrollment and capitation information to the appropriate MCO and fee-for-service (FFS) enrollment information to the Claims broker services (CBS). NTRAC communicates supplemental eligibility information not contained within a standard HIPAA X-12 834 enrollment file to the MCOs and CBS. Both modules communicate data to the Data Management and Analytics (DMA) module. The Enrollment Broker and Capitation Module communicates capitation payment information to the financial module, which issues the actual capitation payment. The financial module communicates payment data to the DMA module.

Providers submit claims to the appropriate MCO for risk-based members enrolled in the MCO and to the CBS for FFS members. The CBS pays the FFS claims and invoice DHHS for reimbursement. Reimbursement are paid by the financial module. The MCOs and CBS submit claims data to the DMA module. The DMA module receives payment data from the financial module.

Finally, the DMA module receives data from all modules, existing systems, and contractors to provide the holistic solution to support program integrity analytics and case tracking, quality measures and health outcome reporting for MCOs, program analytics and reporting, and required Federal reporting and data exchange.

Applicable PCG Experience

In the previous sections, we have outlined our approach to project management and SDLC, architecture, certification, and other support that we will provide to DHHS. We acknowledge that DHHS is seeking assistance with implementation of the Capitation Module. Since our Our

methodologies and service offerings related to information systems implementation do not exist in a vacuum, in this section we discuss other related experience with HHS programs.

PCG has direct, hands-on experience working with managed care and other transformational initiatives. We have worked with states like New York, Colorado, and Texas in their DSRIP programs and have assisted more than 16 states as they pursued initiatives designed to transform care delivery and reimbursement mechanisms. Whether transformation entails introducing new programs and/or service delivery models, changing provider behavior through the introduction of new payment mechanisms, expanding access to care, or lowering healthcare costs and improving patient outcomes, we have successfully tackled the issue head-on in collaboration with our state clients. Our experience includes:

- ✓ Managed Care Expertise, including Provider-Sponsored Health Plan (PSHP) Experience
- ✓ Hospital Finance Expertise, including Hospital Access Payment Program Development
- ✓ Health Plan Regulation and Insurance Marketplace Integrated Delivery Expertise
- ✓ Implementation of Innovative Healthcare Delivery Models

In the previous sections, we have presented our experience with eligibility and enrollment, and the entire Medicaid Enterprise. PCG's current programmatic and innovation work with a number of states is another source of relevant knowledge and experience.

The **Mississippi** Division of Medicaid (DOM) contracted with PCG to support the expansion and administration of managed care for the State's Medicaid and Children's Health Insurance Program (CHIP) programs. PCG's technical and consulting services for this engagement focused on mitigating the financial and organizational impact of managed care. Beyond supporting the logistics of managed care expansion, PCG also provided research and recommendations toward the design, development, and implementation of new healthcare delivery initiatives. These initiatives aim to improve access to care for the State's rural and vulnerable beneficiaries, and improve health outcomes for the population.

In **New York**, we were hired to serve as the Independent Assessor for the state's landmark, $6.42 billion DSRIP 1115 waiver demonstration. In this capacity, PCG staff have been working with the Department of Health (DOH) to implement and operationalize the various facets of the DSRIP program, from clinical to technical to operational. In addition, we have developed and are executing an evaluation framework for the entire program and participating providers.

PCG was also engaged in the State of **Texas** DSRIP initiative. PCG reviewed almost 200 DSRIP applications for the State of Texas, and provided critical support to the successful launch of their 1115 waiver program. Our project team is also working with the Colorado Department of Health Care Policy and Finance (HCPF) in the development of its waiver application. The PCG team is currently planning out the development activities around that state's program application, Project Toolkit, and other supporting documents.

Last but not least, PCG has a separate project team currently working on a State Mental Health System Assessment with the Office of Financial Management for the State of **Washington**. As they examine the current configuration and financing of the state's mental health delivery system, PCG continues to gain familiarity with the expanse of state hospital, local government, community hospital, mental health provider, and behavioral health organizations throughout the state.