



Proposal to Provide

# Enrollment Broker Services

Prepared For  
**Indiana Department of  
Administration on Behalf  
of the Office of Medicaid  
Policy and Planning (OMPP)**



Maximus Health Services, Inc.

## **Attachment E - Redacted Business Proposal**

RFP No. 21-2059

September 4, 2020 at 3:00 p.m. EST

**RFP 21-2059 BUSINESS PROPOSAL  
ATTACHMENT E**

**Instructions:** Please provide answers in the shaded areas to all questions. Reference all attachments in the shaded area.

***Business Proposal***

**2.3.1 General** - Please introduce or summarize any information the Respondent deems relevant or important to the State's successful acquisition of the products and/or services requested in this RFP.

Dependability matters when each enrollment broker solution, policy, and keystroke impacts the health and well-being of an Indiana individual or family.

Hoosiers depend on an enrollment broker contractor to connect them to healthcare plans and providers of their choice. The Family and Social Services Administration Office of Medicaid Policy and Planning (FSSA) depends on a partner to execute those services with compassion and expertise and with a focus on improved outcomes for its members.

Since 2007, Maximus Health Services, Inc. (Maximus), has combined our nationwide experience, dependable services, innovative solutions, and Indiana expertise to deliver Hoosiers the excellent service they deserve and need.

Maximus will continue to deliver the effective services and solutions you have come to depend upon:

- Excellent customer service
- Engaging member education materials
- Comprehensive reporting
- Collaboration as policies change and evolve
- Partnership to meet the needs of Hoosiers

Equally important, we will continue to bring you solution enhancements and ongoing innovations, including next-generation systems, creative outreach strategies, advanced tools, and an experienced team, to enhance the customer experience, increase active MCE choice, and achieve best outcomes for Hoosiers.

Depend on a partner who understands Indiana individuals and families, embraces FSSA values, and offers unparalleled nationwide enrollment broker expertise.



**2.3.2 Respondent's Company Structure** - Please include in this section the legal form of the Respondent's business organization, the state in which formed (accompanied by a certificate of authority), the types of business ventures in which the organization is involved, and a chart of the organization. If the organization includes more than one (1) product division, the division responsible for the development and marketing of the requested products and/or services in the United States must be described in more detail than other components of the organization. Please enter your response below and indicate if any attachments are included.



Maximus Health Services, Inc., the Respondent, is a wholly owned subsidiary of Maximus, Inc. Business information for each of these entities is provided in *Exhibit 2.3.2-1: Ownership Information*. Our Certificate of Authority is provided as *Appendix B Certificate of Authority*.

Legal Name	Maximus Health Services, Inc.	Maximus, Inc.
Headquarters Address	1891 Metro Center Drive Reston, VA 20190	1891 Metro Center Drive Reston, VA 20190
Ownership	Wholly owned subsidiary of Maximus, Inc.	Publicly Traded Company (NYSE: MMS)
Federal EIN	26-0307682	54-1000588
Date Established	2007- Incorporated in Indiana	1975 – Incorporated in Virginia
Organization History	Operated as a division of Maximus, Inc. until formed into a subsidiary in 2007	Established as corporation in 1975, incorporated in Virginia
Type of Business Ventures in Which Organization is Involved	Supports thousands of government health program consumers by assisting with eligibility for health care programs, performing health risk assessments, offering unbiased choice counseling, processing premium payments, and helping resolve concerns and support appeals	Partners with state, federal, local, and international government entities in the United States, Canada, the United Kingdom, Singapore, and Australia to provide critical health and human services programs to a diverse array of communities and individuals

**Exhibit 2.3.2-1: Ownership Information.** *There are clear lines of authority, shared resources, and open communications across Maximus, Inc., and its subsidiaries, providing full transparency to our clients.*

Maximus Health Services, Inc. was established in 2007 to support our growing state government clientele. Our wide array of health care operational and systems services encompasses support for Medicaid, Children's Health Insurance Programs (CHIP), state-based health insurance exchanges, eligibility and enrollment modernization, long-term care programs, and MMIS and health information technology consulting. With Maximus, FSSA can be certain that we will support the goals and objectives of Indiana's health care programs.

Maximus' corporate mission— "Helping Government Serve the People®"—is not just a motto, it's a way of life. We offer FSSA our extensive experience working with state Medicaid programs and agencies to help improve the lives of individuals and families. Our commitment enables us to meet required performance benchmarks and deliver qualitative outcomes with the goal of increasing access to services and improving the member experience.


Aligned with our corporate mission are our core values, including service excellence, trust, care, and passion. These core values drive the work we do every day in support of individuals and families seeking access to affordable, high-quality health care that improves their quality of life, often in the face of significant personal challenges.

*Exhibit 2.3.2-2: Maximus, Inc. Overview*, shows an overview of the organization of Maximus, Inc.



**Exhibit 2.3.2-2: Maximus, Inc. Overview.** *Indiana benefits from the resources offered through the breadth and depth of our corporate resources.*

Maximus can offer access to significant additional resources in the areas of information services, operations shared services, and corporate shared services that we will leverage as needed to deliver services to Indiana.

Organizationally, , as shown in *Exhibit 2.3.2-2: Maximus Corporate Organization Chart*.



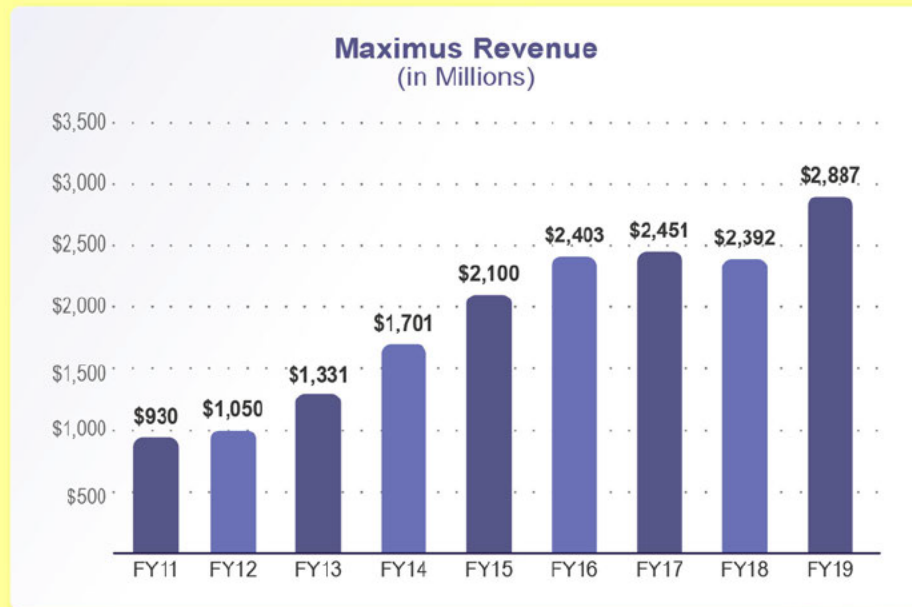
**Exhibit 2.3.2-3: Maximus Corporate Organization Chart.** *Maximus' solid corporate infrastructure supports FSSA's requirements.*

**2.3.3 Company Financial Information** - This section must include documents to demonstrate the Respondent's financial stability. Examples of acceptable documents include: most recent Dunn & Bradstreet Business Report (preferred) or audited financial statements for the two (2) most recently completed fiscal years. If neither of these can be provided, explain why and include an income statement and balance sheet, for each of the two most recently completed fiscal years.

If the documents being provided by the Respondent are those of a parent or holding company, additional information should be provided for the entity/organization directly responding to this RFP. That additional information should explain the business relationship between the entities and demonstrate the financial stability of the entity/organization which is directly responding to this RFP.

Choosing a stable, trusted partner with demonstrated financial stability affords the State the assurance that FSSA and Maximus will continue to provide best-in-practice services to Indiana residents. Given our proven fiscal integrity and transparency, the State can have confidence that we possess the financial resources and capacity needed to meet the requirements for the entire contract. Our financial stability is reflected in our revenue growth, top national industry rankings, comprehensive Annual Report, and high credit ratings. With revenues of \$2.9 billion in Fiscal Year (FY) 2019, Maximus, Inc. has experienced steady growth and expansion, as shown in *Exhibit 2.3.3-1: Maximus, Inc. Annual Revenue – 2011-2019*.

Maximus, Inc. has been recognized in the Barron's 400 Index, which selects the top six percent of all publicly traded companies in North America based on their fundamental soundness and attractiveness to investors. Maximus, Inc. has been selected for at least two consecutive years, a recognition achieved by only approximately 1.5 percent of all companies in North America.



**Exhibit 2.3.3-1: Maximus, Inc. Annual Revenue – 2011-2019.** Maximus, Inc. has experienced steady financial growth for over 44 years, offering reassurance to the State that we are a financially stable company with a consistent record of quality services.

Our financial strength provides our government clients the confidence that we can fulfill contractual responsibilities and provide high-quality, uninterrupted services.

Maximus Health Services, Inc., with D-U-N-S® Number of 07-840-2994, is the bidding entity and a wholly owned subsidiary of Maximus, Inc. We strongly recommend that you use the D&B report for Maximus, Inc. (D-U-N-S® Number 08-234-7477) provided in *Appendix A.1 Maximus Inc. D&B Report* for evaluation purposes but have also included a D&B report for Maximus Health Services, Inc. in *Appendix A.2 Maximus Health Services, Inc. D&B Report*. While there are more than 300 D-U-N-S® numbers associated with various Maximus office locations and subsidiaries, we actively monitor accuracy of information only with our parent company Maximus, Inc.

In accordance with SEC requirements, Maximus, Inc. reports quarterly and annual earnings information as part of its 10-Q and 10-K filings. We have included the most recent consolidated balance sheet and income statement for Maximus Health Services, Inc. and the Annual Report (10-K) for Maximus, Inc., *Appendix A.3 and Appendix A.4* respectively. Maximus Health Services, Inc. utilizes the cash balances of Maximus, Inc., including access to the \$400M credit facility noted on page 63 of the attached Annual Report.

No condition is known to exist which would present any judgments, pending or expected litigation, or other real or potential financial reversals, which might materially affect the viability or stability of our organization.

- 2.3.4 Integrity of Company Structure and Financial Reporting** - This section must include a statement indicating that the CEO and/or CFO, of the responding entity/organization, has taken personal responsibility for the thoroughness and correctness of any/all financial information supplied with this proposal. The particular areas of interest to the State in considering corporate responsibility include the following items: separation of audit functions from corporate boards and board members, if any, the manner in which the organization assures board integrity, and the separation of audit functions and consulting services. The State will consider the information offered in this section to determine the responsibility of the Respondent under IC 5-22-16-1(d).

Rick Nadeau is the Maximus, Inc. representative responsible for the thoroughness and correctness of all financial information provided in this proposal. His contact information is:

Rick Nadeau  
Maximus, Inc.  
Chief Financial Officer & Treasurer  
1891 Metro Center Drive  
Reston, VA 20190-5287  
Office: (703) 251-8620  
Mobile: (703) 217-8575

Maximus Health Services, Inc. is a subsidiary of Maximus, Inc. Maximus, Inc. is a public company traded on the New York Stock Exchange (NYSE). As such, the company is subject to the rules and regulations of the U.S. Securities and Exchange Commission (SEC), including the Sarbanes-Oxley Act, as well as the rules of the NYSE governing corporate integrity and financial reporting. The CEO and CFO of the company take

personal responsibility for the integrity of the company's financial statements and certify the company's quarterly and annual financial statements as filed with the SEC. The company's Board of Directors has an Audit Committee composed solely of independent outside board members (i.e., no member of the Audit Committee is a member of the company's management team). The Audit Committee is responsible for retaining and evaluating the company's outside audit firm (currently Ernst & Young). The Audit Committee assures that the outside audit firm has no consulting or other arrangements with the company that would impair its independence or the integrity of its work.

For more information about the company's structure and corporate governance initiatives, please visit the following link: <http://investor.maximus.com/corporate-governance>.

**2.3.5 Contract Terms/Clauses** - Please provide the requested information in RFP Section 2.3.5.

[Redacted content]

**2.3.6 References** - Reference information is captured on ATTACHMENT I. Respondent should complete the reference information portion of the ATTACHMENT I which includes the name, address, and telephone number of the client facility and the name, title, and phone/fax numbers of a person who may be contacted for further information if the State elects to do so. The rest of ATTACHMENT I should be completed by the reference and **emailed DIRECTLY** to the State. The State should receive three (3) ATTACHMENT Is from clients for whom the Respondent has provided products and/or services that are the same or similar to those products and/or services requested in this RFP. ATTACHMENT I should be submitted to [idoareferences@idoa.in.gov](mailto:idoareferences@idoa.in.gov). Attachment I should be submitted no more than ten (10) business days after the proposal submission due date listed in Section 1.24 of the RFP. Please provide the customer information for each reference.

Customer 1	
Legal Name of Company or Governmental Entity	Michigan Department of Health & Human Services Medical Services Administration Customer Service Division
Company Mailing Address	400 S. Pine Street
Company City, State, Zip	Lansing, MI 48013
Company Website Address	<a href="https://www.healthcare4mi.com/">https://www.healthcare4mi.com/</a> <a href="https://www.michigan.gov/mdhhs/">https://www.michigan.gov/mdhhs/</a>
Contact Person	Dan Ridge



Contact Title	Director
Company Telephone Number	517-241-7556
Company Fax Number	517-241-8556
Contact E-mail	RidgeD1@michigan.gov
Industry of Company	Healthcare
<b>Customer 2</b>	
Legal Name of Company or Governmental Entity	Virginia Department of Medical Assistance Services Health Care Services Division
Company Mailing Address	600 East Broad Street
Company City, State, Zip	Richmond, VA 23219
Company Website Address	<a href="http://www.dmas.virginia.gov">www.dmas.virginia.gov</a>
Contact Person	Bryan Talbert
Contact Title	Contract Administrator
Company Telephone Number	(804) 371-7779
Company Fax Number	(804) 452-5454
Contact E-mail	<a href="mailto:bryan.talbert@dmas.virginia.gov">bryan.talbert@dmas.virginia.gov</a>
Industry of Company	Healthcare
<b>Customer 3</b>	
Legal Name of Company or Governmental Entity	West Virginia Department of Health and Human Resources
Company Mailing Address	1 Davis Square, Suite 100E
Company City, State, Zip	Charleston WV, 25301
Company Website Address	<a href="http://www.mountainhealthtrust.com">www.mountainhealthtrust.com</a> <a href="http://dhhr.wv.gov">dhhr.wv.gov</a>
Contact Person	Jeff Wiseman
Contact Title	Assistant to the Deputy Secretary
Company Telephone Number	(304) 558-6052
Company Fax Number	N/A
Contact E-mail	<a href="mailto:Jeff.A.Wiseman@wv.gov">Jeff.A.Wiseman@wv.gov</a>
Industry of Company	Managed Care Enrollment

**2.3.7 Registration to do Business** - Selected out-of-state Respondents providing the products and/or services required by this RFP must be registered to do business within the State by the Indiana Secretary of State and the Indiana Department of Administration, Procurement Division. The address contact information for this office may be found in Section 1.18 of the RFP. This process must be concluded prior to contract negotiations with the State. It is the successful Respondent's responsibility to complete the required registration with the Secretary of State. Please indicate the status of registration, if applicable. Please clearly state if you are registered and if not provide an explanation.

Maximus Health Services, Inc. is incorporated in the State of Indiana and is registered to do business within the state by the Indiana Secretary of State and the Indiana Department of Administration, Procurement Division. As evidence of registration, please refer to *Appendix B: Certificate of Authority*.

**2.3.8 Authorizing Document** - Respondent personnel signing the Transmittal Letter of the proposal must be legally authorized by the organization to commit the organization contractually. This section shall contain proof of such authority. A copy of corporate bylaws or a corporate resolution adopted by the

board of directors indicating this authority will fulfill this requirement. Please enter your response below and indicate if any attachments are included.

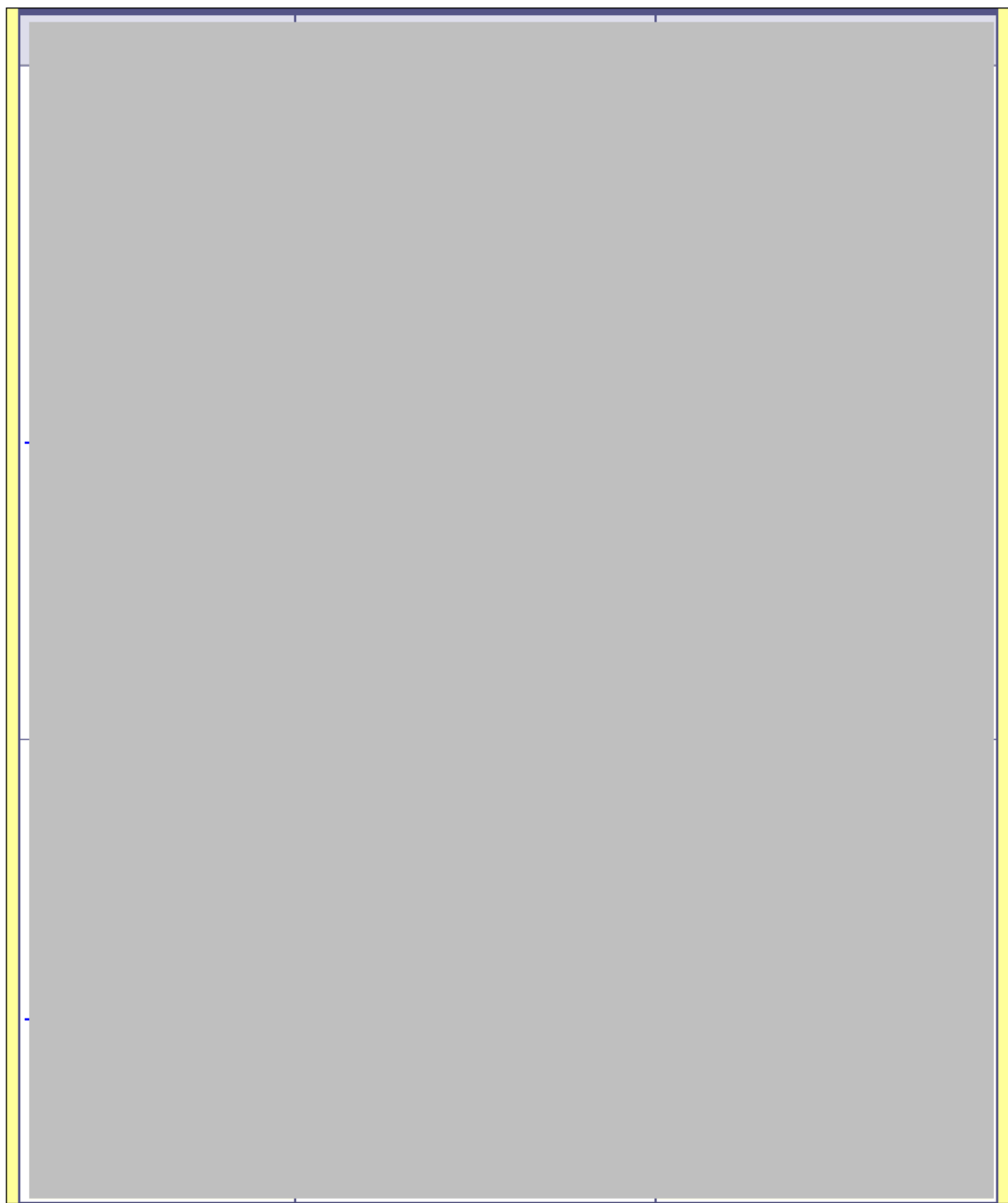
The General Counsel of Maximus Health Services, Inc., David Francis, is legally authorized to commit Maximus contractually, as confirmed by his position as Secretary of Maximus Health Services, Inc. Per *Appendix C: Certificate of Corporate Secretary*. Dyan Blomberg, Senior Contracts Director and Legal Counsel, has been authorized by the Board of Directors of the Company to sign all contractual documents pertaining to this proposal.

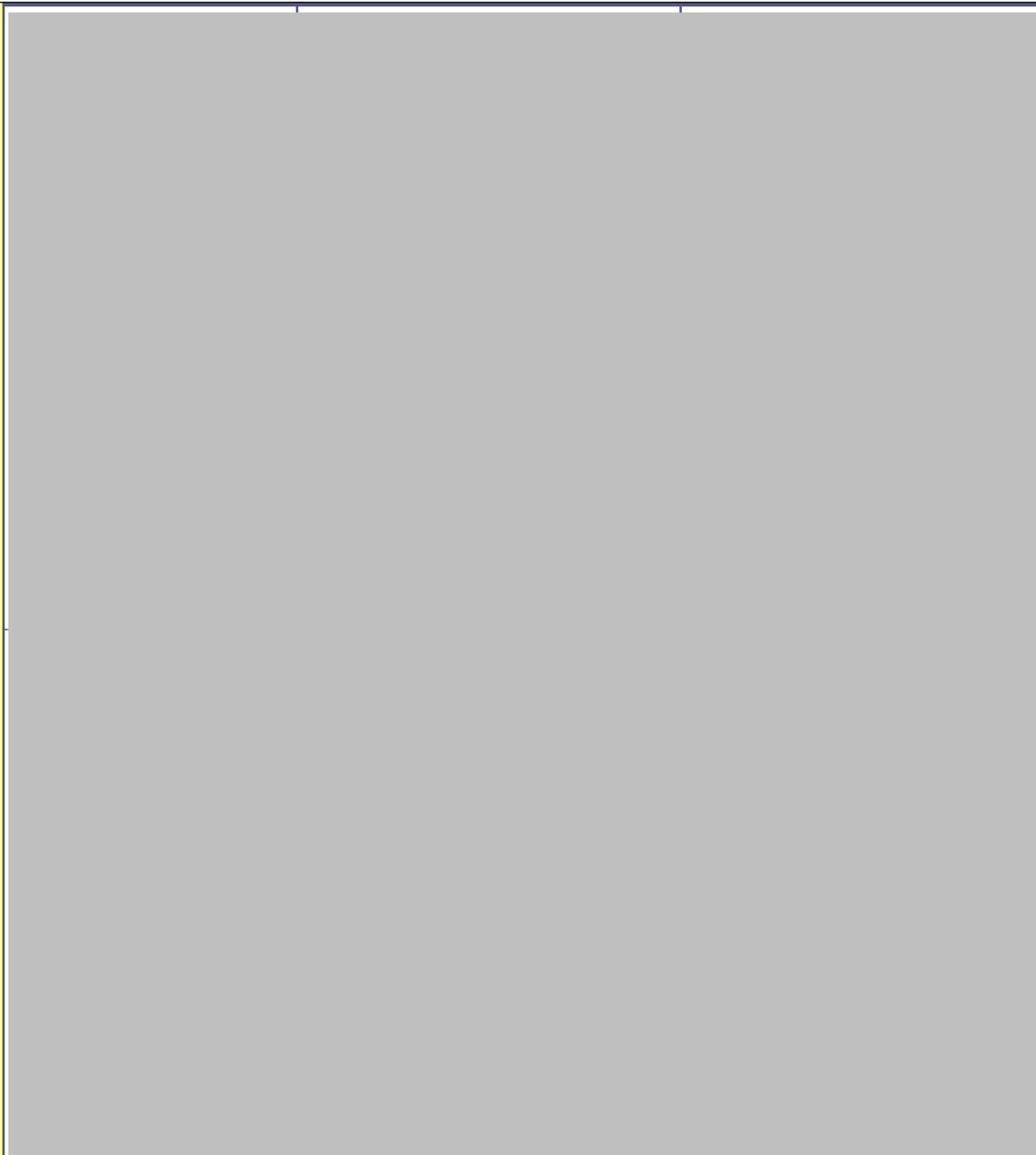
- 2.3.9 Subcontractors** - The Respondent is responsible for the performance of any obligations that may result from this RFP, and shall not be relieved by the non-performance of any subcontractor. Any Respondent's proposal must identify all subcontractors and describe the contractual relationship between the Respondent and each subcontractor. Either a copy of the executed subcontract or a letter of agreement over the official signature of the firms involved must accompany each proposal.

Any subcontracts entered into by the Respondent must be in compliance with all State statutes, and will be subject to the provisions thereof. For each portion of the proposed products and services to be provided by a subcontractor, the technical proposal must include the identification of the functions to be provided by the subcontractor and the subcontractor's related qualifications and experience. The combined qualifications and experience of the Respondent and any or all subcontractors will be considered in the State's evaluation. The Respondent must furnish information to the State as to the amount of the subcontract, the qualifications of the subcontractor for guaranteeing performance, and any other data that may be required by the State. All subcontracts held by the Respondent must be made available upon request for inspection and examination by appropriate State officials, and such relationships must meet with the approval of the State.

The Respondent must list any subcontractor's name, address, and the state in which formed that are proposed to be used in providing the required products and/or services. The subcontractor's responsibilities under the proposal, anticipated dollar amount for subcontract, form of organization, and an indication from the subcontractor of a willingness to carry out these responsibilities are to be included for each subcontractor. This assurance in no way relieves the Respondent of any responsibilities in responding to this RFP or in completing the commitments documented in the proposal. The Respondent must indicate which, if any, subcontractors qualify as a Minority Business Enterprises or Women's Business Enterprises under IC 4-13-16.5-1. See Section 1.21 and Attachment A for Minority and Women's Business Enterprises information. Please enter your response below and indicate if any attachments are included.

Maximus has detailed corporate and project-level procedures that we employ in selecting and managing our subcontractors to ensure the viability and capacity of our chosen partners. Our effectiveness in managing subcontractors begins with the subcontractor and teaming partner selection process. We assess prospective subcontractor past performance and select only those that meet the quality measures that we demand. Once qualified, we enter into structured subcontracts. This process makes certain that all parties agree on project expectations from the inception of the contract. As shown in *Exhibit 2.3.9-1: Maximus Subcontractors*, for this engagement, Maximus has selected veteran-owned, woman-owned and minority small businesses who can readily provide contract services in Indiana.





**Exhibit 2.3.9-1: Maximus Subcontractors.** *In administering our contracts, we hold all our subcontractors responsible for the same high level of commitment to quality and service that we require of ourselves. Our subcontracting partners are obligated to monitor and achieve defined performance standards and successfully fulfill scope of all service requirements.*

We have included Subcontractor Letters of Agreement for , each subcontractor verifying their willingness to carry out the responsibilities outlined in our proposal. We have also included Certification Letters and Subcontractor Commitment Forms for each of our selected IVOSB/WBE/MBE vendors all of which can be found in *Appendix E Attachment A Forms*.

While the specific contractual arrangement can vary from subcontract to subcontract, we



apply an overall structure and compliance process to these arrangements that is illustrative of our management and communication with subcontractors in general. We follow a formal procedure document that outlines the specifics of the statement of work as a binding legal agreement. Our standard subcontract agreement also requires that important conditions, such as those related to security or confidentiality found in the originating contract with our clients, are binding on subcontractors as well.

### **Subcontractor Management**

We understand these agreements alone are not sufficient to ensure success. We also apply subcontractor management controls and procedures to provide guidance, while remaining flexible enough to allow for changes in service needs. These controls provide a framework upon which we establish and build project success. Our subcontractor management controls and procedures have been time-tested on hundreds of Maximus projects. Implementing and monitoring these controls and procedures effectively is a significant component of our successful project management process.

Further, we work with our subcontractors to establish a clear understanding about roles and responsibilities for deliverable preparation and all work towards common project goals and objectives. We agree on the format and content of each deliverable prior to the start of the task that produces it. This approach establishes clear expectations and defines a template to build strong partnerships as the subcontractor produces contracted deliverables according to the established budget, schedule, and requirements.

#### **2.3.10 Evidence of Financial Responsibility – Please confirm that you will provide the Evidence of Financial Responsibility addressed in RFP section 1.25.**

Maximus Health Services, Inc. will provide Evidence of Financial Responsibility addressed in RFP section 1.25 prior to a fully executed contract.

#### **2.3.11 General Information - Each Respondent must enter your company's general information including contact information.**

<b>Business Information</b>	
Legal Name of Company	Maximus Health Services, Inc.
Contact Name	Carrie Archer
Contact Title	Vice President
Contact E-mail Address	CarrieArcher@maximus.com
Company Mailing Address	1891 Metro Center Drive
Company City, State, Zip	Reston, VA 20190
Company Telephone Number	(703) 251-8500

Company Fax Number	(703) 251-8240
Company Website Address	www.maximus.com
Federal Tax Identification Number (FTIN)	26-0307682
Number of Employees (company)	28,950
Years of Experience	13
Number of U.S. Offices	83
Year Indiana Office Established (if applicable)	2007
Parent Company (if applicable)	Maximus, Inc.
Revenues (\$MM, previous year)	\$551,820,000
Revenues (\$MM, 2 years prior)	\$496,683,000
% Of Revenue from Indiana customers	.4%

- a. Does your Company have a formal disaster recovery plan? Please provide a yes/no response. If no, please provide an explanation of any alternative solution your company has to offer. If yes, please note and include as an attachment.

Yes, Maximus provides a plan for business continuity and disaster recovery in *Appendix D: Business Continuity Disaster Recovery Plan*.

- b. What is your company's technology and process for securing any State information that is maintained within your company?

Maximus brings an ingrained understanding of security requirements realized from years of providing services to government organizations, including 13 years of experience in Indiana. We work hard to uphold the trust placed in us by our clients and the individuals we serve by safeguarding systems, confidential state information, individual protected health information, and our own facilities and personnel as part of our proven security strategies.

As the nation's leading provider of Medicaid beneficiary support services, Maximus has a strong understanding of security requirements, laws, and regulations issued by federal and state government that prescribe how we must handle, host, and exchange program and beneficiary data. Across our contracts, we have developed, deployed, and managed a diverse range of systems and operational processes that handle sensitive and confidential records. Our comprehensive approach to privacy and security safeguards the confidentiality, integrity, and availability of the data entrusted to us.

As we discuss in detail in *Section 3.2: Maximus Information Systems Security Policy*, we will continue to manage Enrollment Broker Services operational procedures and systems in conformance with applicable federal and state statutes and regulations, including the Privacy and Security provisions of the Health Insurance Portability and Accountability Act of 1996 (HIPAA). We have a systems security policy in place for our current Enrollment Broker Services operation. Our plan is FSSA-approved and aligns with the State's information system security policy.

Currently, we have FSSA-approved, secure connectivity and interfaces to the CoreMMIS and the State's claims processing system for receiving daily file transfers from the Fiscal Agent to update our Enrollment Broker Management system. Interfaces include; file layout, field definitions, identification if the extract is inbound or outbound, the frequency the interface will be exchanged, and other key details that adhere to the specifications outlined in RFP Attachment J. We have trained our staff on proper use of these systems for retrieving member eligibility and enrollment information and provider demographics and for entering member enrollment and health plan change information into the CoreMMIS.

**Exhibit 2.3.11.b-1: Best Practices for Information Security.** *Our established best practices and corporate oversight help us meet the high expectations associated with operating projects and help us secure any state information in our systems. We have incorporated this deep knowledge into our security solutions and design for the Enrollment Broker Services project.*

**2.3.12 Experience Serving State Governments** - Please provide a brief description of your company's experience in serving state governments and/or quasi-governmental accounts.

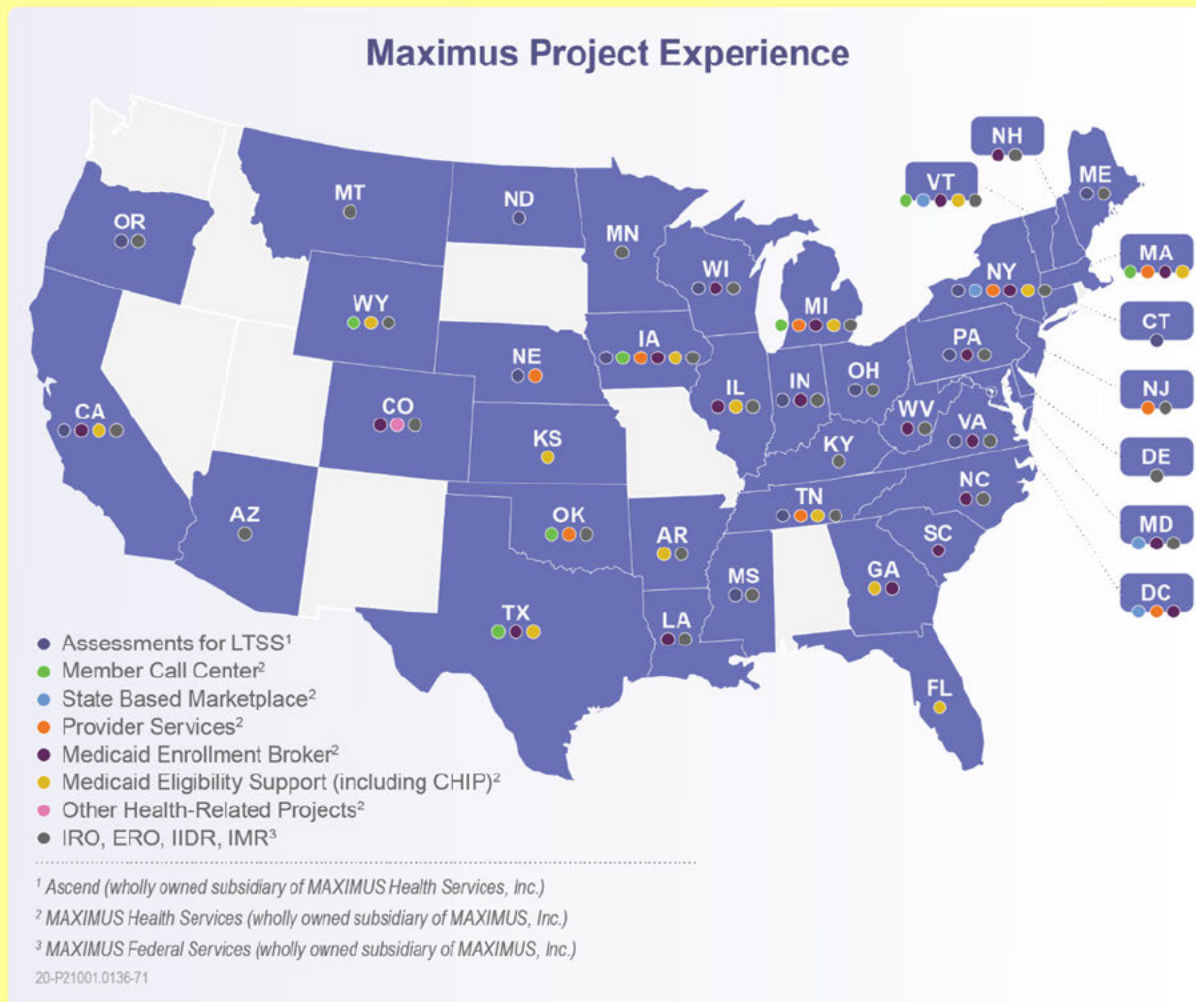


For more than 40 years, Maximus has partnered with state, federal and local governments to provide communities with critical health and human service programs. We leverage our extensive experience to develop high-quality services and solutions that are cost effective and tailored to each communities' unique needs.

We lead the industry in the operation of state enrollment broker operations, contact centers, choice counseling, premium processing, and eligibility support services. We have helped state agencies across the country expand their offerings and services to health care members, providing a seamless and efficient process. As an established, conflict-free partner, Maximus delivers conflict-free services to government entities at all levels – federal, state, and local. Our solutions foster improved outcomes for citizens and higher levels of productivity and accountability for government-sponsored programs.

We are the largest Medicaid enrollment broker services provider in the United States, serving 21 states and a Medicaid managed care population of 45.5 million individuals. On average, Maximus serves one out of every two Medicaid managed care members in the country. We currently operate more than 100 contracts with contact center components across 35 states and the District of Columbia. We offer unbiased choice counseling and program assistance to citizens, empowering them to access benefits. Eleven of our operations were recognized as Contact Centers of Excellence by Benchmark Portal, including Indiana.

More than 30 states have chosen Maximus to provide their consumers with high-quality health eligibility and enrollment support and services, making us the nation's leading contractor for Medicaid, and CHIP eligibility and enrollment services, and state-based health insurance exchanges. As illustrated in *Exhibit 2.3.12-1: Maximus Health Services Experience*, Maximus offers FSSA extensive experience supporting Medicaid and CHIP member populations across the nation.



**Exhibit 2.3.12-1: Maximus Health Services Experience.** Our large footprint of health projects enables us to appreciate how various components work together. Our nationwide health services operations include 21 Medicaid enrollment broker contracts.

The majority of our contact centers leverage IVR capabilities, and almost all Maximus projects require data storage and maintenance capabilities. We perform secure data storage, maintenance, and backup according to all regulatory guidelines and best practices.

We have also built an interface for every Medicaid Management Information System (MMIS) in the United States; our expertise in developing effective interfaces with various MMIS has enabled us to build efficient, responsive service elements across a wide range of contracts.



A crucial part of our ability to create effective solutions for individual states is our response to evolving requirements, expanding and improving services and offerings while providing a seamless customer experience. By staying abreast of the changing needs of the Managed Medicaid market, and by working closely with each state client to understand their specific needs, we tailor our solutions to meet our clients' present and future goals.

We have helped many of our state clients respond quickly and effectively to changes in the regulatory landscape. After the passage of ACA, states needed to take rapid action to help their enrollees and beneficiaries enroll in new programs. We leveraged our resources and ability to stand up fully functional contact centers quickly; we helped establish 11 contact centers in six months, training 13,000 employees and handling more than 25 million customer interactions.

Maximus also leverages our industry expertise as we participate in federal conversations regarding the future of Medicaid. With an eye toward the implications for our state partners and customers, Maximus monitors national policy actions that offer critical information, including: potential directions for funding of Medicaid, benefits and coverage decisions, the future of Medicaid expansion, status of Mega rule provisions, impacts of legislation on benefit programs such as the Farm Bill, and the future of insurance reforms and access to affordable coverage.

Operating a wide variety of health care projects in states across the country gives us the expertise and flexibility to handle anything that arises in Indiana. We will continue to be your dependable, innovative partner during times of program and policy change.



#### **BROAD GOVERNMENT EXPERIENCE LEADS TO BETTER UNDERSTANDING**

Through the delivery of conflict-free governmental programs experience, Maximus will continue to provide unbiased support and services to Indiana and its members.

We manage more than 3,000 contracts with local, state, and federal government programs in the following categories:

Health Services – 73

Human Services – 2,992

Federal Services – 100

This experience enables us to understand how the work we do fits into the bigger picture to improve outcomes for citizens.

- 2.3.13 Experience Serving Similar Clients** - Please describe your company's experience in serving customers of a similar size to the State with similar scope. Please provide specific clients and detailed examples.

## EXPERIENCE AT A GLANCE



Through our support of a variety of state eligibility and enrollment programs, we have demonstrated experience:

- Operating contact centers with an exclusive focus on government programs, integrated with state staff and systems
- Gathering and analyzing project data for state/agency reporting and joint process improvement actions
- Developing staffing and training processes backed by cutting-edge learning tools

Indiana will continue to have access to the deep institutional knowledge and best practices from Maximus as a result of our extensive experience serving similar clients. Maximus operates 21 enrollment broker programs, each with a similar scope to the Indiana Enrollment Broker program. Each of these projects delivers:

- Contact center services
- Health program/plan enrollment
- Member education
- Management reporting
- Data systems
- Quality management services


Additionally, in each of these programs, our clients have depended on us to help them expand programs and solve complicated issues. They have requested our partnership and expertise to better inform their program changes. As an example, in 2020, Maximus pivoted most of our

programs to a work-from-home status amid the unprecedented pandemic. We continue to work closely with our enrollment broker clients to understand the economic climate in each state and how that may impact state services so we are prepared for any spikes that may occur.

Our most similar project is our current Indiana Enrollment Broker Services program. Maximus has been providing the core operational support functions required by FSSA for 13 years and has worked closely with FSSA through a number of programmatic changes while meeting or exceeding contract standards.

As a part of this contract, we provide education and enrollment services for approximately 1.44 million members statewide. Our knowledgeable team informs members of the health plans available to them for each Indiana program and Primary Medicaid Providers (PMP) available in their area through those plans.


Our call center efficiently and accurately handles both inbound and outbound calls to educate members and answer questions. *Exhibit 2.3.13-1: Members Get Fast and Accurate Information from Maximus Helpline Representatives* highlights our approach to providing excellent service to Hoosiers.







Staff use our Enrollment Broker Services technical platform to successfully support project activities. This internal system guides staff in enrolling members and processing enrollments.

Using engaging outreach materials, we also educate members about program eligibility and the need to contact the Helpline for assistance in selecting a doctor and a health plan.

Of our nationwide enrollment broker projects, all are similar in scope and 15 are similar in Medicaid population size to Indiana. We highlight five of the most similar projects below.



***Exhibit 2.3.13-1 Members Get Fast and Accurate Information from Maximus Helpline Representatives.*** *Maximus continually focuses on the member experience and produces positive consumer outcomes.*

Illinois Client Enrollment Services Project	Number of Years Providing Services: 8
<div data-bbox="224 254 375 401">  </div> <div data-bbox="402 247 1341 426"> <p><b>Project Description:</b> Maximus provides Medicaid enrollment broker services, with a focus on enrollments for Primary Care Case Management (PCCM), Voluntary Managed Care, and the Integrated Care Program. We operate a contact center to educate members on their choice of health plans and providers. We also facilitate client enrollment based on client choice; if no active client choice is made, we maintain an algorithm to auto-assign potential enrollees to a primary care provider and Health Plan.</p> <p>We created a seamless member experience by helping ensure success of a wide range of projects – including Medicaid expansion, managed care expansion, plan changes, policy changes and new program roll outs – by reliably working as a trusted partner, recommending solutions, and implementing proven processes.</p> </div> <div data-bbox="207 531 407 562"> <p><b>Project Highlights:</b></p> </div> <div data-bbox="207 569 334 594"> <p>In 2019, we:</p> </div> <div data-bbox="207 600 849 699"> <ul style="list-style-type: none"> <li>■ Answered nearly 1 million calls</li> <li>■ Achieved an average customer satisfaction score of over 97%</li> <li>■ Developed new scripts to reduce call times</li> </ul> </div> <div data-bbox="1166 541 1317 688">  </div> <div data-bbox="207 705 1336 793"> <p>Maximus supported Illinois during a number of managed care roll outs. During a recent roll out, we gained valuable experience mitigating call volumes during a mandatory managed care expansion effort, which required conversion of 800,000 cases to a managed care program. Within a few months, we:</p> </div> <div data-bbox="207 800 738 863"> <ul style="list-style-type: none"> <li>■ Doubled staffing to handle call volumes</li> <li>■ Completed full staff training programs successfully</li> </ul> </div> <div data-bbox="207 869 1287 928"> <p>Our approach balanced timely responses with phone-based and user-friendly web chat support to control costs, reduce call wait time and callbacks, and increase customer satisfaction.</p> </div> <div data-bbox="207 934 1063 961"> <p>We implemented a variety of tools and processes to improve the beneficiary experience:</p> </div> <div data-bbox="207 968 1330 1155"> <ul style="list-style-type: none"> <li>■ Increased web enrollments to nearly 50% by making changes that made it easier for members to select a health plan and provider</li> <li>■ Increased first-call resolution by implementing a chat and call escalation queue that enabled more experienced agents to support complex issues</li> <li>■ Improved consistency and the overall member experience by regularly meeting with and educating MCOs and other stakeholders about the enrollment process, rules and regulations</li> </ul> </div>	
Michigan Enrollment Broker Services	Number of Years Providing Services: 23
<div data-bbox="224 1289 375 1436">  </div> <div data-bbox="394 1283 1341 1373"> <p><b>Project Description:</b> Maximus has partnered with the Department of Health and Human Services (MDHHS) since 1997 to provide comprehensive enrollment and eligibility support services to Medicaid, MICHild (CHIP), MI Health Link, and Dual Eligible program participants.</p> </div> <div data-bbox="394 1379 1341 1470"> <p>We assist beneficiaries through the whole enrollment experience, educating them about managed care and assisting them in their choice of a health plan and primary care provider; MICHild eligibility, including enrollment assistance and premium processing; and Medicaid member</p> </div> <div data-bbox="207 1476 1224 1528"> <p>services, including the operation of a toll-free call center for the State's Beneficiary Helpline as well as for beneficiaries enrolling into Medicaid health plans.</p> </div> <div data-bbox="207 1535 1341 1562"> <p>During more than 20 years of operations, we seamlessly and successfully supported Michigan's program expansions.</p> </div> <div data-bbox="207 1577 407 1608"> <p><b>Project Highlights:</b></p> </div> <div data-bbox="207 1614 875 1640"> <p>In 2019, our Michigan Enrollment Broker Services and MICHild team:</p> </div> <div data-bbox="207 1646 1151 1833"> <ul style="list-style-type: none"> <li>■ Answered more than 3.26 million calls</li> <li>■ Processed about 646,000 enrollments and 2,151 disenrollments with an average error rate of less than 0.2%</li> <li>■ Since 2017, this project has received an average client satisfaction score of 4.9 out of 5.0</li> <li>■ Due to our focus on service excellence, our contact center achieved the prestigious "Certified Center of Excellence" designation through Purdue University's Center for Customer-Driven Quality</li> </ul> </div> <div data-bbox="1174 1587 1325 1734">  </div>	



In addition, to enhance the customer experience even more, we implemented an ADA-compliant virtual assistant for the Healthcare4MI website, supporting 8,510 chat sessions and enabling beneficiaries to find answers to their questions quickly.



The project's scope has expanded multiple times over the years and now includes operating a full-service customer contact center for the Medicaid Beneficiary Helpline. Over the course of this contract, we have worked in partnership with our client to implement innovative technologies – including a self-service web site, web chat and virtual assistant, outbound dialer campaigns, robotic process automations – that have increased member engagement, efficiency, and overall performance.

#### Vermont Green Mountain Care and Vermont Health Connect Customer Support Center

Number of Years Providing Services: 25



##### Project Description:

Since 1995, Maximus has been operating the managed care enrollment broker and member services unit for the Department of Vermont Health Access (DVHA). As a result of the high quality of services we delivered, we now provide customer support services for Medicaid, CHIP, the state-based exchange, the Primary Care Plus managed care program, and several pharmacy programs. In addition, we:

- Offer customer support for a wide range of callers seeking information and services related to the programs
- Perform outreach and education using multiple channels
- Process enrollments and premium payments
- Gather and enter third-party liability information
- Develop enrollment and educational materials
- Research and resolve billing, access to care, and member issues

##### Project Highlights:

Cumulatively, through June 2020, Maximus has:

- Answered 6,410,282 calls
- Completed 857,200 enrollments

To maintain high accuracy rates and help ensure that we are delivering accurate service, we have a comprehensive quality assurance program. In 2019, our Call Monitoring Score averaged 94.8%-- far exceeding the 85% standard.



“He [Maximus customer service representative] was amazing and helpful. I was in crisis mode as I needed the coverage and knew this was the last day to get things done. He was just helpful and pleasant!”

*Quote from Vermont Health Connect Member*

## Virginia Enrollment Broker and Education Services

Number of Years Providing Services: 17



### Project Description:

To help eligible beneficiaries and enrollees make informed decisions about their health care options, Maximus has partnered with Virginia since 2003 to provide Medicaid managed care enrollment broker services to over a million consumers statewide.

Under this contract, we:

- Operate a customer service center
- Perform outreach and education services
- Enroll eligible beneficiaries in programs through multiple channels
- Conduct health status assessments
- Manage a self-service enrollment web portal and mobile app
- Generate and mail notices and enrollment materials

As we do in Indiana, we helped Virginia meet evolving program needs over the years. For example:

- When an MCO exited from one of the programs, we effectively updated materials and our systems, provided staff training, and successfully coordinated the reassignment of members to an alternate plan.
- We helped the State implement expedited enrollment. We worked with them to update the enrollment methodology, updated our systems, and provided training to State staff. This change reduced the time it took for Medicaid enrollees to enroll into managed care – from 90 days down to a maximum of 45 days.
- We assisted Virginia to implement Medicaid expansion. Our flexible and scalable systems and approach enabled us to successfully handle a significant increase in calls – from 8,000-12,000 calls per month to around 36,000 calls per month – and enroll consumers quickly. During that time, we met SLAs and maintained high-quality services.

The support and expertise we provided during critical program expansions and policy changes confirm we are a dedicated partner, committed to achieving the goals and objectives of the State.

“[Maximus VA EBES Call Center Agent Esther] was straight to the point, what could have been complicated went smooth...[I] was able to understand everything.

*Quote from Virginia Medicaid Member*

### Project Highlights:

In 2019, we:

- Handled 193,815 calls
- Completed 165,515 enrollments
- Exceeded performance standards for abandoned calls (3%) and average speed to answer (42 seconds)





To transform the program with continuous innovative self-service digital solutions and improve performance and customer engagement, Maximus has developed effective digital services in Virginia. In 2007, we launched one of the first enrollment websites. It has been modernized over time, and now serves as a self-service website in English and Spanish. Recently, it won three ClearMark Awards, including the Spanish Grand ClearMark award, for its user-friendly functionality, readability, and easy-to-understand presentation of program information and educational health care content. These digital tools have made it simple for members to enroll with a provider and into a plan. As of April 2020, 51% of Medicaid program enrollments were made online – helping to reduce call volumes and ultimately increasing customer satisfaction.

### Virginia Medicaid managed Care Website



20-P2100.0098-29

West Virginia Enrollment Broker	Number of Years Providing Services: 6
<div data-bbox="207 247 358 394">  </div> <div data-bbox="383 247 1343 850"> <p><b>Project Description:</b> In West Virginia, we:</p> <ul style="list-style-type: none"> <li>■ Perform unbiased choice counseling and enrollment</li> <li>■ Fulfill information requests</li> <li>■ Educate members about program eligibility, covered services, available doctors, and health plans</li> </ul> <p>■ Provide opportunities for members to voluntarily select a health plan and enroll with a primary care provider</p> <p>To provide members with convenient service, we accept, process, and coordinate enrollments received from multiple channels including telephone, mail, fax, and online through a website accessible by smartphone and other mobile devices. We also offer objective choice counseling by telephone and in-person at outreach events in local communities across the State.</p> <p>We develop easy-to-read materials and an easy-to-use website to effectively communicate plan and provider choice information. We work closely with the Maximus Center for Health Literacy to develop new or refresh existing resources such as enrollment forms, notices, letters, pamphlets, presentations, and other materials to enhance member resources. We employ a highly skilled Outreach and Education team that conducts strategic and quality-focused community outreach, providing in-person assistance via community presentations and meetings to help Medicaid managed care members make informed decisions in the selection of a health plan and Primary Care Provider to best serve their unique health needs. The Outreach team networks and coordinates with local Department of Health and Human Resources and social services offices and community organizations to display and disseminate outreach resources and schedule discussions, personal meetings, and presentations upon request.</p> </div>	
<div data-bbox="207 861 1343 1287"> <p><b>Project Highlights:</b> In 2019, we:</p> <ul style="list-style-type: none"> <li>■ Answered 41,641 calls</li> <li>■ Enrolled 268,540 members</li> <li>■ Sent 121,657 letters</li> </ul> <p>We collaborated with West Virginia to leverage our current enrollment broker infrastructure to efficiently create meaningful insights around Social Determinants of Health (SDoH) impacting Medicaid members in the State. Working with the State and our partner, TAVHealth, we developed a survey that included a broad set of social risk questions proven to link to specific needs.</p> <p>Using a balanced, multichannel campaign, we achieved a 54% response rate with 39,440 survey responses. Those who responded overwhelmingly indicated some level of need, identifying 95,278 needs.</p> <p>The survey provides data to the State about their SDoH and the demographic areas where the State can focus its resources.</p> </div> <div data-bbox="1179 877 1325 1024">  </div>	
<p>We draw on best practices from these and other projects to continue meeting and exceeding customer expectations and performance measures in Indiana.</p>	

- 2.3.14 Indiana Preferences** - Pursuant to IC 5-22-15-7, Respondent may claim only one (1) preference. For the purposes of this RFP, this limitation to claiming one (1) preference applies to Respondent's ability to claim eligibility for Buy Indiana points. **Respondent must clearly indicate which preference(s) they intend to claim. Additionally, the Respondent's Buy Indiana status must be finalized when the RFP response is submitted to the State.**

Additionally, Respondents that wish to claim the Buy Indiana preference (for any criteria listed below) must have an email confirmation of their Buy Indiana status provided by [buyindianainvest@idoa.in.gov](mailto:buyindianainvest@idoa.in.gov) included in the proposal response. The email confirmation must have been provided from within one year prior to the proposal due date.

Buy Indiana

Refer to RFP Section 2.7 for additional information.

Maximus Health Services, Inc. is not currently eligible for Buy Indiana status.

2.3.15 Payment - Please provide the requested information in RFP Section 2.3.15.

Maximus will accept credit card as an optional form of payment and will accept any credit card-user handling fees associated with acceptance of the State's Purchasing Card.

#### How Do Merchant Services Work?

Merchant services are services that enable businesses to accept payments through secure, encrypted channels. These services require setting up a merchant account. A merchant account is simply an account where funds from processed transactions are deposited. A merchant account acts as an intermediary between your business bank account, the credit card networks, and the customer's issuing bank. Without one, you are not able to accept credit cards and other electronic payments. Here's how merchant services work:

- A customer pays for services by completing a card transaction at a terminal.
- The credit card terminal securely sends the payment details to a merchant account, requesting payment authorization.
- The merchant account sends the transaction to the connected credit card association.
- The credit card association passes the transaction to the credit card issuer or issuing bank.
- The bank that issued the credit card determines whether to approve or deny the transaction based on the customer's account status.
- The message of whether to approve or deny the transaction is sent back to the business's credit card terminal.