MAXIMUS | Health Services

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 F - Redacted Technical Proposal

RFP No. 21-2059

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

State of Indiana
RFP 21-2059
Enrollment Broker Services
Attachment F
Technical Response Template

Please review the requirements in Attachment D (Scope of Work) carefully. Please describe your relevant experience and explain how you propose to perform the work. Where applicable, the Respondent should indicate how their proposed offering will address program goals, including:

- *Providing enrollment broker services for the three specified Indiana Health Coverage Programs*
- *Ensuring enrollee education, access to information and enrollment services*
- *Coordinating with the State, enrollees, Managed Care Entities (MCEs), and other State contractors*

Respondents are strongly encouraged to submit inventive proposals for addressing the Program's goals that go beyond the minimum requirements set forth in Attachment D of this RFP.

For all areas in which subcontractors will be performing a portion of the work, clearly describe their roles and responsibilities, related qualifications and experience, and how you will maintain oversight of the subcontractors' activities. Please maintain a page count of less than 200 pages.

SECTION 1.0 - Overview

Please provide an overview of your proposal.

Please provide a list of States to which you currently or in the past have provided similar services. In connection with this list, please provide information on:

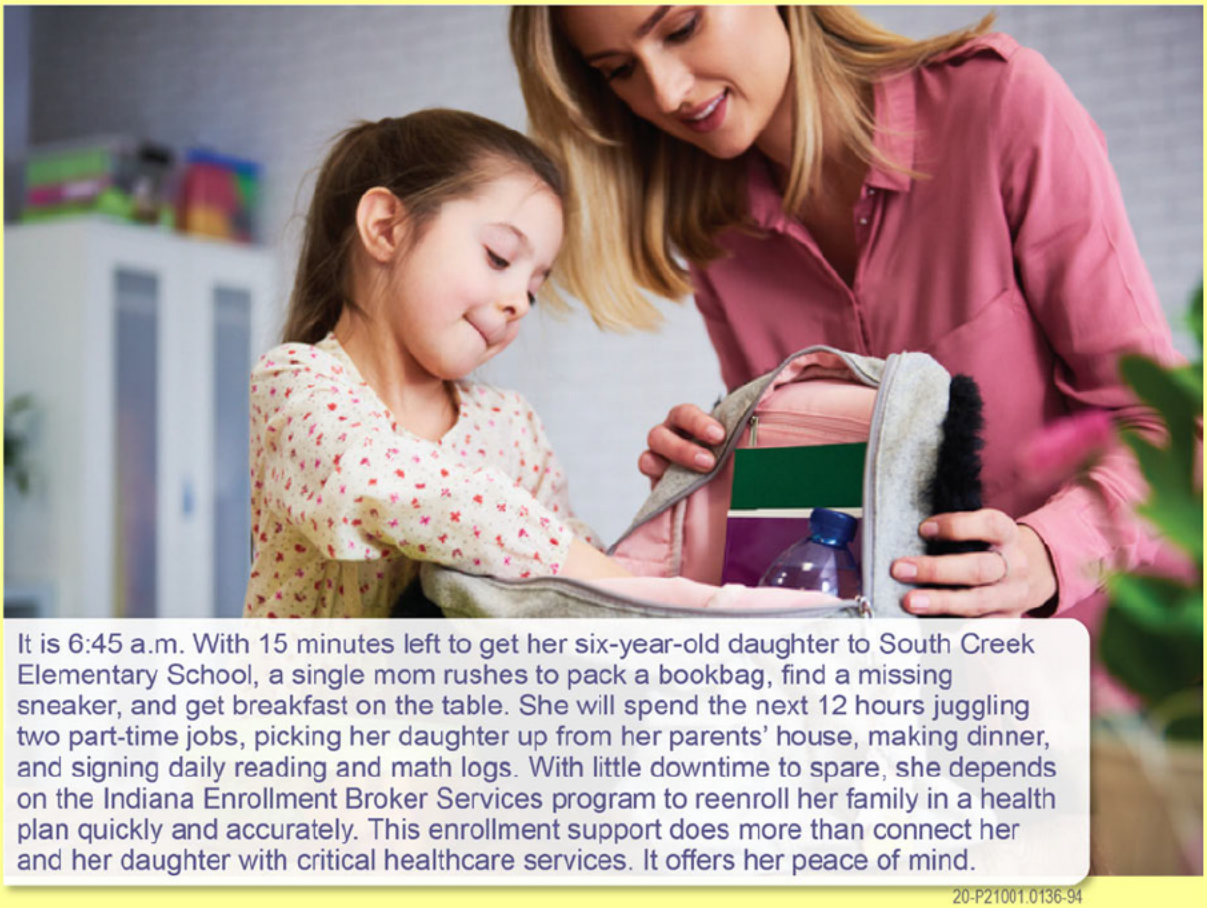
- *Programs you have initiated in other states that can be replicated in Indiana to help the State meet its goals*
- *Programs you intend to initiate that would be specific to Indiana*
- *Examples of how you have worked with other states in a collaborative manner to address changing program needs and priorities*
- *Any sanctions or formal complaints that you have been subject to*
- *Any corrective actions that you have been subject to*
- *Experience with State and federal compliance*
- *Any lawsuits within the last five years related to similar services you have provided*

1. Overview

1.1 Overview of Maximus' Proposal

Enrollment broker services provide Hoosiers a lifeline to critical assistance and support. Especially during periods of crisis or change, cultivating a quality member experience is essential to program success. Depend on Maximus Health Services, Inc. to continue our commitment to deliver quality performance, prioritize individuals, modernize solutions, and tailor services for Indiana members and enrollees.

Hoosiers depend on Hoosier Healthwise, Hoosier Care Connect, and Healthy Indiana Plan to connect with healthcare plans and providers of their choice. The Indiana Family and Social Services Administration (FSSA) depends on a partner to embrace this responsibility and deliver quality enrollment broker services. **At a time when reliable access to healthcare is more important than ever, dependability matters.**



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Indiana individuals and families are navigating unprecedented challenges, further complicating how and when they enroll in health insurance. The moment Hoosiers connect with a Helpline Representative, excellent service will require something more essential than a comprehensive understanding of enrollment policy and procedures. Excellence will depend on a partner who has invested over a decade developing an intimate understanding of the Indiana members and enrollees we serve.

During our tenure as your partner, Maximus Health Services, Inc. (Maximus) has invested in productive, positive relationships with FSSA, program stakeholders, and the individuals we work with on the front lines every day. We leverage our familiarity of FSSA and member priorities to tailor an Indiana enrollment broker proposal reflecting the following key benefits:

Positive Member Experience: Successful enrollment broker services are more than a series of well-executed transactions. The delivery of quality service demands a laser focus on the member experience. Maximus fosters positive enrollment experiences where Hoosiers can depend on our team to provide timely, accurate, and easily accessible information.

Modernization of Proven Technology: Change for the sake of change alone can disrupt program integrity. Partner with a company who offers innovative solutions that are right-sized, at the right time, for the right reason. FSSA can depend on Maximus to leverage our extensive industry insight to modernize proven technology platforms in alignment with FSSA priorities.

Nationwide Industry Expertise: By design, the enrollment broker industry continuously evolves to support policy and best practices. With the quality of individuals' access to healthcare at the core of every interaction, collaborate with a nationwide industry expert who delivers dependable, quality performance amidst program evolution.

Maximus designed our Indiana enrollment broker solution to harness these key benefits while delivering consistent, quality results. For 13 years, our approach has delivered on this promise. **Since 2007, Maximus' Indiana enrollment broker solution achieved 99% of contract performance standards.** As important, this proven solution provides FSSA a seamless transition into the new contract period **on day one.**

EXPERIENCE AT A GLANCE

Depend on a partner with the proven expertise to meet Indiana program requirements while offering enhancements based on industry best practices. Maximus:

- Manages 21 enrollment broker programs
- Performs 70% of all Medicaid and CHIP enrollments nationwide
- Serves 52 million Medicaid and CHIP beneficiaries
- Proven performance managing Indiana's enrollment broker program for over a decade

Solution Overview

Maximus' Indiana enrollment broker solution blends our nationwide industry expertise with our firm grasp of FSSA priorities.

Nationwide, we are state governments' go-to leader in providing enrollment broker services and unbiased, culturally competent choice counseling services. Maximus leverages data, modern technology, and analytics to anticipate enrollment questions and barriers, then streamlines and automates workflows to make the process more intuitive. Since we are conflict-free, with no affiliation or ties to health plans or provider organizations, we ensure program integrity while helping members select the health coverage that is best for them and their family.

Although our enrollment broker portfolio spans 21 distinct projects, **Maximus' Indiana enrollment broker solution reflects Indiana-specific requirements and needs.** FSSA fiscal constraints, program evolution, and Indiana's unique member and enrollee populations inform the key components we incorporate in our Indiana enrollment broker solution.

With over a decade experience serving Hoosiers, Maximus understands the importance and value FSSA places on person-centric, high-touch service. Throughout the contract term, we have leveraged our industry expertise to offer FSSA ongoing enhancements – not because they are program requirements – but because they improve the Hoosier experience. *Exhibit 1.1-1: Ongoing Solution Enhancements* provides an overview of our ongoing commitment to transformation that highlights some enhancements that are in place today and some that we plan to implement in the coming months.

Exhibit 1.1-1: Ongoing Solution Enhancements. *Depend on Maximus to make ongoing investments in the right people, processes, and technologies to promote positive outcomes for Indiana members and enrollees.*

Actions speak louder than words: Maximus independently invested in these enhancements, reflecting our ongoing commitment to improve Hoosiers' experiences enrolling in health plans. Though this proven approach consistently meets performance standards, Maximus understands **an enrollment broker solution is only as good the people we depend on to execute it.**

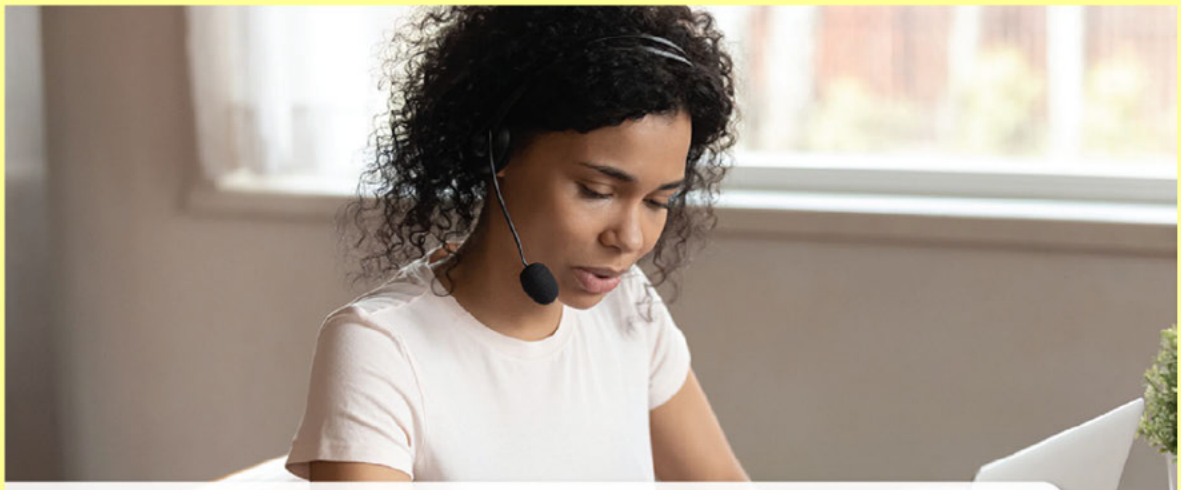
Team Overview

As noted by Ron Ashkenas in a Harvard Business Review article discussing the importance of preserving institutional knowledge:

"Organizations spend a lot of time and resources developing knowledge and capability. While some of it gets translated into procedures and policies, **most of it resides in the heads, hands, and hearts** of individual managers and functional experts."

Maximus' Indiana enrollment broker **institutional knowledge plays a critical role in informing how and why we provide critical services and support**.

Although Maximus' Indiana enrollment broker team possesses deep operational and institutional program knowledge, their passion for service marks the difference between mediocre and exceptional care.



As Customer Service Representatives, we communicate through the sound of voices through our headsets. Even though you can't see it, you can hear the desperation in a voice, the crack of the tone when people are confused, the long pause of despair after not getting the answer they needed or wanted, the sigh of relief when they are actually able to get what they needed accomplished. All of these things have anchored me to remind myself that even though we may not see them know what they look like or what their life contributions are, we are interacting with real human beings that got sent to us for help. And that is what I love about my job. I know we aren't supposed to take the job home with us, but I do keep the thoughts of the people I have talked to throughout my day, wishing them the best that they don't run into any troubles after they get off the line with me. I make it my goal to be the last person they have to call for an issue. I am very thankful for my line of work and what I can do to help people in this business.

Maximus Customer Service Representative

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Although Maximus handles millions of calls annually to support health insurance enrollment nationwide, we understand that to each Hoosier there is only one call that matters. The moment a Hoosier finds time to connect with one of our Helpline Representatives for assistance, they depend on a company who not only invests in delivering quality enrollment broker services, but one who demonstrates equal investment in the person making that call.

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1.2 Relevant Experience/Similar State Projects

Since 1975, MAXIMUS has been a trusted partner to state and federal governments, providing critical health and human service programs to a diverse array of communities. Our operational projects encompass Medicaid enrollment broker services, eligibility support services for Medicaid/CHIP, customer support for state-based health exchanges, eligibility and enrollment modernization, Medicaid member and provider enrollment systems and web portals, and home-based assessments for long-term care programs.

We are the largest Medicaid managed care services provider in the United States. We serve as the enrollment broker in 21 states, supporting a managed care population of 47 million members. We provide choice counseling, enrollment assistance, and member services to one out of every two Medicaid managed care members in the country.

Empowering citizens to take an active role in their health and welfare with easy access to health care program assistance is at the heart of what we do each and every day. We operate more Medicaid enrollment broker contracts, answer more program-related calls, and process more enrollments, plan changes, and renewals than any other contactor. We maintain longstanding partnerships with our state clients because we demonstrate time and again our commitment to helping them achieve their overarching vision and evolving program goals. More importantly, we never lose sight of the reason we do this work—to help America's most vulnerable individuals and families understand and access vital health care services.

EXPERIENCE AT A GLANCE

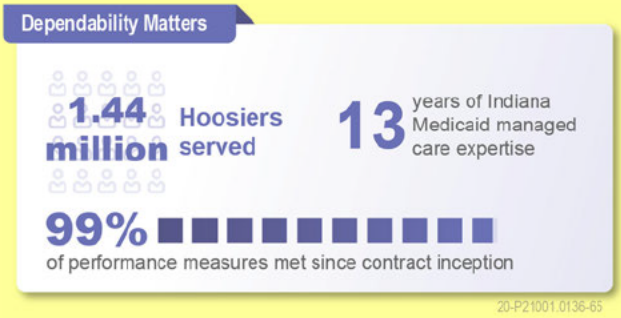
FSSA can depend on Maximus to continue to extend our nationwide Medicaid managed care expertise to the essential services we provide Hoosiers. Maximus:

- Operates **21** Medicaid enrollment broker contracts
- Serves **47 million** managed care members nationwide
- Maintains longstanding client **partnerships that have lasted 15 or more years in 14 states**

Our deep-rooted knowledge of the populations served by state Medicaid managed care programs is the result of decades spent in service to these individuals. Our enrollment broker—and other health and humans services projects—support individuals and families who are financially insecure, individuals with disabilities (including those eligible for, or receiving, home and community based services), foster children and wards of the state, individuals with mental illness, and people of diverse ethnic and cultural backgrounds. We understand that continuity of care is critical when enrolling populations with special health care needs. We have developed effective strategies, using special scripting, person-centered engagement techniques, and assistive technology as appropriate, to support these members in understanding the services available to them and how to enroll and access those services.

For more than 40 years, Maximus has specialized in helping citizens connect with public health and human service programs. For more than 20 years, we've supported states with the delivery of Medicaid program services to eligible individuals. For more than 10 years, we've been Indiana's trusted and dependable enrollment broker. We have sharpened and strengthened our expertise in engaging, educating, and communicating with program enrollees and members with each contract we've operated. Every lesson learned and every success story becomes a building block in our ongoing mission to empower vulnerable individuals and families to attain a sense of security in their health and welfare.

Indiana Experience and Expertise



The greatest testimony to our experience is our incumbency in Indiana, where we have demonstrated our ability to adapt to program and policy changes over the course of the past 13 years. Maximus has been FSSA's consistent, dependable partner through numerous changes, including the implementation of the Healthy Indiana Plan (HIP) and HIP 2.0; the addition of presumptive eligibility for pregnant women, children, and hospitalized members; the transition from Indiana Care Select to the mandatory Hoosier Care Connect program; the migration from the legacy Indiana*AIM* system to Core*MMIS;* and many more.

Exhibit 1.2-1: Indiana's Dependable Enrollment Broker highlights some of the major milestones where we played a key role in implementing processes, system changes, and member support solutions to make sure Hoosiers received continuity and stability in accessing and understanding Medicaid managed care services.

***Exhibit 1.2-1: Indiana's Dependable Enrollment Broker**. Maximus remains FSSA's dependable partner in navigating program changes and delivering effective solutions for member enrollment and support.*

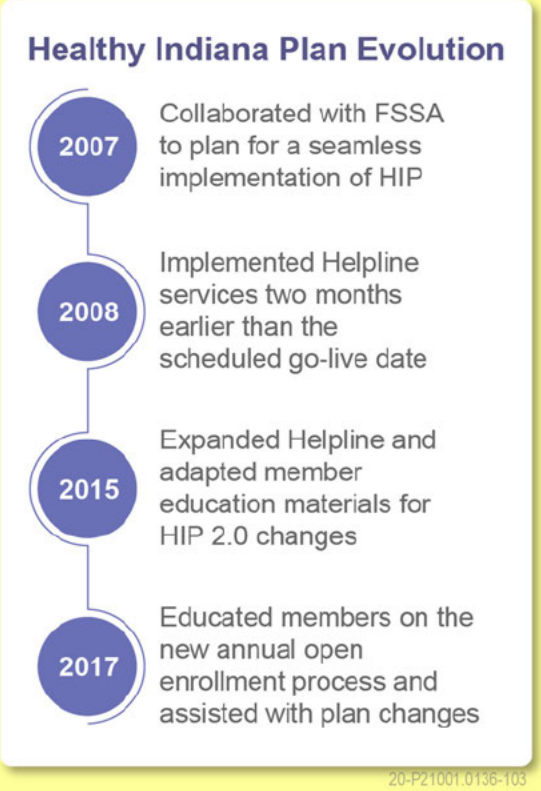
Three examples of our collaborative approach to partnering with FSSA to deliver positive outcomes for Hoosiers are described below and include:

- Our support during the implementation of HIP and subsequent program changes
- Our collaboration with FSSA, the MMIS contractor, and the Department of Child Services during the transition from Indiana Care Select to Hoosier Care Connect
- Our recent response to helping Indiana navigate the COVID-19 pandemic

Healthy Indiana Plan Evolution

In 2007, when Indiana began planning for the roll out of HIP, Maximus was at the ready to implement member services to support this new program. HIP was designed to empower Hoosiers to act as informed health care consumers by encouraging the use of preventive care and decreasing inappropriate use of the emergency room. We leveraged our expertise in member education and choice counseling to implement services that aligned with the State's vision and desired outcomes.

We started working in close collaboration with FSSA in 2007, so we were well prepared to go live with HIP member services in 2008. During the implementation phase, FSSA requested that we initiate our Helpline functions **two months before the scheduled go-live date** to support an initiative by the Governor. We quickly trained our Helpline Representatives and succeeded in meeting that request. Additionally, during this time, we:



- Helped locate and enroll a new group of members (foster children and wards of the court) within six months
- Accelerated the phased transition from Medicaid Select to Care Select from nine months to six months
- Coordinated with FSSA, the MMIS contractor, and Care Management Organizations, to implement a redesign of the enrollment process for the Care Select program in 60 days
- Implemented a new process to lock in Medicaid members for 12 months after a 90-day change period, completing all necessary system changes and Helpline training in six months

In 2015, when FSSA further enhanced HIP's consumer-directed model by providing new incentives for members to take personal responsibility for their health, Maximus was once again ready to adapt its operations to meet new program requirements. HIP 2.0 expanded access to quality health care coverage to 350,000 uninsured Hoosiers. We expanded our Helpline services to support the increase in call volumes. We adapted our member education to include explaining POWER accounts, HIP Link premium assistance, and a greater focus on preventative care and appropriate use of health care services, such as emergency rooms.

In 2017, when FSSA switched to annual open enrollment for HIP, we supported this change by developing and mailing open enrollment postcards, assisting members with plan changes, and capturing data related to tobacco usage for enrolled members. We developed a member

postcard with the help of the Maximus Center for Health Literacy, and we assisted in planning and timing the distribution of the open enrollment notification for over 440,000 members in September and sent an additional mailing for new members in November.

Hoosier Care Connect Implementation

When FSSA rolled out Hoosier Care Connect to replace Indiana Care Select, Maximus assisted in testing the Indiana*AIM* system during the transition and modified our enrollment broker system to support the enrollment of Hoosier Care Connect members. We adjusted our Helpline scripts and recordings to help brand the program and help members understand the transition. To do this, we used both program names for a period of four months and our Helpline Representatives provided additional explanation of the change. While the waiver for the Hoosier Care Connect program was not yet approved by CMS, FSSA did not expect any issues and decided to move ahead with the transition from Indiana Care Select beginning in February 2015. We began inputting enrollment selections and educating members that there may be a slight delay if the program had not received final approval yet. We placed outbound calls to educate the members about the new program and benefits to help minimize auto-assignment during the transition to Hoosier Care Connect. We also assisted the Department of Child Services in enrolling wards of the court using manual lists during the transition so they could maintain health care coverage.

COVID-19 Pandemic Response

In March 2020, when Indiana began to experience the impacts of the COVID-19 pandemic, the State turned to Maximus for help. The State needed help keeping up with the spike in call volume to the Indiana State Department of Health (ISDH) call center due to resident questions and concerns about the pandemic. Given the dire need to respond to this surge and support Hoosiers through this frightening time, on March 13th the Department of Health asked us to stand up a COVID-19 call center to help field questions from the general public. We went live mid-day on March 18th – **just five days later**. We handle approximately 10,000 calls per month, answering general questions about the pandemic and referring callers to the Contact Tracing call center or Local Health Department, when necessary.

RAPID RESPONSE

In March 2020, Maximus helped the Indiana State Department of Health stand up a COVID-19 call center in just five days.

One month later, we set up a COVID-19 Contact Tracing operation for Indiana in three weeks.

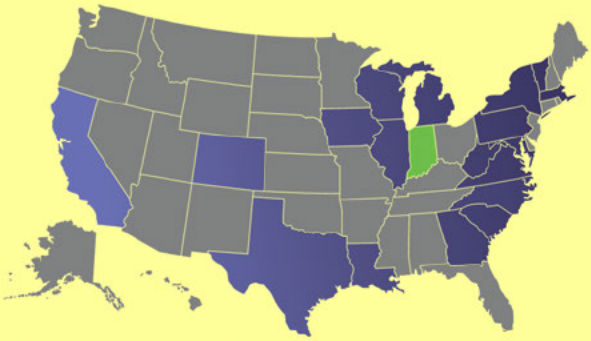
In April 2020, Indiana once again called on Maximus to help with the substantial effort to stand up a COVID-19 Contact Tracing operation. **Within three short weeks, our team was up and running and performing critical contact tracing activities**, including contacting newly positive individuals to perform disease investigation, collecting information on their close contacts and geographic location at the time of contact. We also contact the individuals identified as close contacts to assess their symptoms and movements. We advise all contacts on isolation protocols and next steps per federal/state guidelines. To date, we have more than 600 staff and are in the process of further ramping up to support additional anticipated call volumes in the fall as the pandemic progresses.

1.2.1 Similar State Projects

Our ability to provide high-quality services in ways that respect the budgetary constraints of our state clients is one of our greatest strengths as a company. It is also one of the main reasons why we provide services to three times as many Medicaid enrollees as all of our competitors combined and have our contracts renewed in some of the country's largest and most challenging Medicaid environments such as New York, Texas, and California.

Exhibit 1.2.1-1: List of Similar State Projects shows 21 state projects where we provide enrollment broker services. We have been operating our enrollment broker projects in Vermont, California, Michigan, Texas, Colorado, Massachusetts, and New York for 20 years or longer and have held 9 of the other contracts for 10 or more years.

Maximus Enrollment Broker Projects



Years in Operation	
24	California Health Care Options
9	District of Columbia Healthy Families Enrollment Broker Services
15	Georgia Families
22	Health First Colorado Enrollment
9	Healthy Louisiana Enrollment Broker
8	Illinois Client Enrollment Services
13	Indiana Enrollment Broker Services
15	Iowa Medicaid Enterprise - Member Services and DHS Contact Center
15	Maryland Health Benefits Exchange Consolidated Service Center
15	Massachusetts Customer Services
23	Michigan Enrollment Broker Services
22	New York Medicaid Choice
10	New York State of Health
2	North Carolina Enrollment Broker
11	Pennsylvania Enrollment Assistance Program
13	South Carolina Enrollment Broker
23	Texas Enrollment Broker Operations and Texas Health Steps Outreach and Informing
25	Vermont Green Mountain Care and Vermont Health Connect Customer Support Center
17	Virginia Enrollment Broker and Education Services
6	West Virginia Enrollment Broker
2	Wisconsin Enrollment Broker Services

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Exhibit 1.2.1-1: List of Similar Projects. *FSSA, and the Hoosiers we serve, benefit from the depth and breadth of our experience and best practices from our 21 enrollment broker projects.*

Over the years, we helped each of these states respond to program, policy, and regulatory changes and address a variety of challenges in the implementation of their Medicaid programs. In many instances, our enrollment broker projects served as a springboard to carry out other processes and services that are related to improving access to health insurance, consistency of coverage, continuity of care, and quality of services.

Our broad-based nationwide experience informs everything we do, from how we staff our operations to how we design member materials, Helpline scripts, and system functions and interfaces. FSSA can be confident that our operational solutions are rooted in knowledge, experience, and best practices that have proven successful in Indiana and across the country.

OPERATIONALIZING HEALTH CARE POLICY

After the passage of the Affordable Care Act, states needed to take rapid action to help members enroll in new programs. Maximus stood up 11 contact centers in 6 months, training 13,000 employees and handling more than 25 million member interactions, helping states meet federal requirements and citizens find health care.

Collaborative Partnerships in Other States

Maximus prides itself in delivering the highest-quality services to our clients and supporting them in meeting their program goals. Our corporate mission, *Helping Government Serve the People*®, is grounded in the notion that our driving-purpose is to embrace our clients' goals for serving their citizens and develop effective solutions to achieve those goals.

We present three representative examples of our relevant experience in other states where we provide services similar to those we provide as Indiana's current Enrollment Broker. These examples demonstrate our collaborative partnerships with our state clients and how we have worked together to address changing program needs and priorities.

Michigan Enrollment Services

Maximus has partnered with Michigan since 1997 to provide comprehensive enrollment and eligibility support services to 2.9 million Medicaid, MIChild (CHIP), MI Health Link, program participants. The project's scope has expanded and evolved continually over the years. Today we operate a full-service customer contact center serving multiple health and human services programs, conduct outreach and education services, process premiums, manage a self-service web portal, enroll eligible beneficiaries in programs, provide eligibility assistance, and generate and mail member notices and materials.

> **"Maximus has been a committed partner with the State of Michigan for over 20 years and has demonstrated exceptional support for the Department's mission. Maximus often makes recommendations to improve efficiencies and better serve customers. Recently, with the Department facing heavy budget shortfalls, Maximus agreed to reduce service costs to ensure we can continue to serve our customers properly. Thanks!"**
>
> *Michigan Enrollment Broker Services Client*

The largest increase to our call center volumes occurred when we took over the Michigan Medicaid Beneficiary Helpline, which handles

inquiries from more than 1.6 million Medicaid members. After passage of the Affordable Care Act (ACA), the State turned to Maximus to create an ACA Helpline to handle general inquiries and phone applications. Most recently, when Michigan expanded Medicaid in 2014, we handled the enrollments of more than 650,000 new members and, in 2015, took on the administration of the "MI Health Accounts," an innovative approach to Medicaid expansion.

Since 2016, we have added several helplines, including:

- **Atypical Provider Call Center (APCC) (2016):** Provider Helpline that supports Home Help Providers
- **Customer Support Call Center (CSCC) (2017):** Handle Tier 1 calls and triage Tier 2 calls and help with general questions on Medicaid, food assistance programs, State emergency relief, general application assistance, Family Independence Program, fraud, Adult Home Help, child day care, nursing home and other programs
- **MI Bridges Support Helpdesk (MBSH) (2017):** Assist members and Community Partners with technical support and portal navigation assistance
- **Provider Support Services (PSS) (2018):** Handle call center support for Medicaid Medical Health Care Providers, including typical providers such as hospitals, doctors and doctors' offices, and nursing homes

With these expansions, we handle more than 127,000 additional calls per month to support Michigan in delivering consistent and accurate information and superior service to a wide range of callers, including members, providers, state agencies, and the general public.

Like our Indiana Enrollment Broker Helpline, our Michigan contact center has achieved the prestigious "**Certified Center of Excellence**" designation through Purdue University's Center for Customer-Driven Quality.

Virginia Enrollment Broker and Education Services

Maximus has partnered with the Virginia Department of Medical Assistance Services (DMAS) since 2003 to provide Medicaid managed care enrollment broker services to 1,500,000 consumers statewide. Our Project supports Virginia's Medicaid managed care (MEDALLION 4.0) Program and the Commonwealth Coordinated Care Plus (CCC Plus) Program for Medicare-Medicaid dual eligible and waivered individuals. In addition, the project serves the following populations: Low-Income Families with Children (LIFC); Aged, Blind, and Disabled (ABD) individuals; foster care and adoption assistance children; and the Elderly or Disabled with Consumer Direction (EDCD) waiver population.

In Virginia, we helped implement an expedited enrollment process, using our proven enrollment broker system and secure interface with Virginia's MMIS. We also assisted the State with its Medicaid expansion, adapting our systems to accommodate the program and procedural changes and scaling our operations to support volume changes.

We provide information and assistance for enrollees and eligible members, ensuring they can make informed decisions about their health care options. We operate a customer service center, perform outreach and education services, enroll eligible members 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. Our website and

mobile app have become increasingly popular with members over recent years – with 51 percent of Medallion program enrollments made online. We continue to look for new ways to enhance member engagement and communication and provide self-service tools using these online channels.

For each Virginia program we support, we have developed easy-to-understand enrollment materials to educate members and support them in making informed choice. We use automated outbound calling to maximize voluntary enrollment. During the enrollment process, we conduct health status assessments on all recipients enrolling into managed care health plans. In 2019, we helped Virginians complete 165,515 enrollments.

In 2019, we handled 193,815 calls, achieved on average a 3 percent monthly abandonment rate, and a monthly average speed of answer of 42 seconds. We track these SLAs and performance indicators through our quality control and reporting systems and provide monthly reports to DMAS through our reporting and analytics platform's interactive dashboards.

West Virginia Enrollment Broker

MAXIMUS has been operating the West Virginia Enrollment Broker Services contract for the Bureau for Medical Services since 2015. We operate a toll-free Helpline providing choice counseling, telephone enrollment, outreach, and general inquiry support. We provide unbiased choice counseling and enrollment information about available managed care options specific to a member's residential location; fulfill information requests; and educate members about program eligibility, covered services, and available doctors and health plans. In addition to telephone support, we provide in-person member assistance at outreach events in local communities across the state.

We accept, process, and coordinate enrollments received from multiple channels including telephone, mail, fax, and online through a website that is fully responsive, in compliance with the Americans with Disabilities Act (ADA), and accessible by smartphone and other mobile devices to provide members with convenient service. We have an interface with the State's MMIS vendor for data exchange with our enrollment broker system.

Our West Virginia Project develops easy-to-read materials and maintains an easy-to-use website to effectively communicate plan and provider choice information to enrollees and potential enrollees. Our operations team works closely with the Maximus Center for Health Literacy to develop and update resources such as enrollment forms, notices, letters, pamphlets, presentations, and other materials to enhance member resources.

SPOTLIGHT

In West Virginia, we implemented a program to assess social determinants of health in West Virginia's member population. Working in partnership with TAVHealth (now part of Signify Health), we developed a set of social risk questions to be administered as part of the enrollment process. As of late 2019, we captured 26,379 surveys and identified 59,765 needs.

In 2020, we began phase 2 of our pilot, which entails providing pathways to address member needs, generating measurable outcomes, and improving health outcomes and quality of care by building curated networks of Community Based Organizations (CBOs) across West Virginia with whom to collaborate and create better outcomes for program members.

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 (DHHR) and social services offices and community organizations to display and disseminate outreach resources and schedule discussions, personal meetings, and presentations upon request.

> **"The company (Maximus) has partnered with a third party to help address social determinants of health, which are key in addressing health care issues. This is outside the scope of the current contract but was presented as a value-add opportunity for the West Virginia Project. This Project is still in its infancy, but we have been pleased to date with the results we are seeing and how we can impact our membership!"**
>
> *West Virginia Enrollment Broker Services Client*

Throughout our contract, we assisted the state with significant program expansions, including:

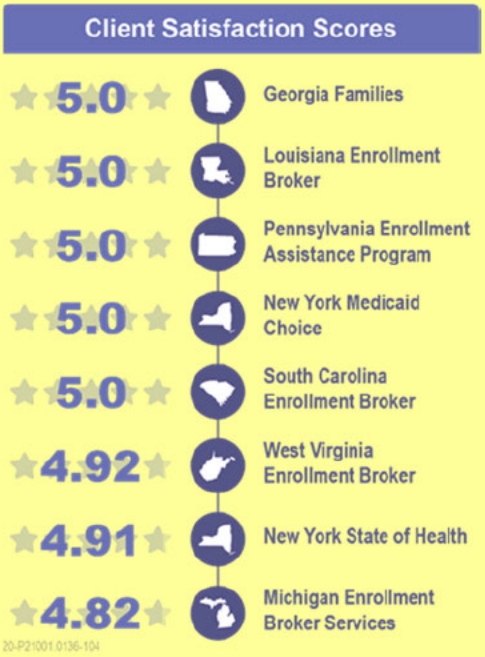
- Affordable Care Act Medicaid expansion, which nearly doubled our eligible population from 220,000 to 400,000
- Expansion to include the Supplemental Security Income (SSI) disabled population, which added another 50,000 eligible members

We are now working with the state to prepare for a CHIP expansion later this year, which will add approximately 22,000 eligible members.

Client Satisfaction with Maximus

These three states are just a small representation of our demonstrated commitment to collaborative partnerships with our state clients. In every state where we are the enrollment broker or serve in another capacity in supporting citizen services, we work in lockstep with all stakeholders toward collaborative achievement of the state's goals. FSSA has experienced our dedication and dependability firsthand. We extend our experiences doing the same for our other state clients to Indiana as we embark on the new contract and face new challenges together.

Every year, we check in with our clients to evaluate our performance and identify opportunities to improve our services, and we consistently achieve favorable client satisfaction scores across our projects, as shown in *Exhibit 1.2.1-2: Client Satisfaction*. Our clients complete a satisfaction survey, providing answers and feedback on our competency, knowledge, accessibility, quality, fulfillment of expectations, willingness to provide value-added services, and



1.2.1-2: Client Satisfaction. *Our state clients are consistently satisfied with our performance, dependability, and collaborative approach to delivering member enrollment services.*

other factors. Clients rate each performance component on a five-point scale, with 5.0 as the highest score possible.

1.2.2 Programs You Have Initiated in Other States that Can Be Replicated in Indiana

Maximus is always respectful of each individual state's priorities, planned initiatives, technology roadmap, and budgetary considerations. We provide solutions that best address the specific needs of our state clients, but always look for new opportunities to innovate and enhance member services that will work within a state's unique environment.

We developed—and continue to fine tune—a suite of digital tools to enhance member engagement and help our state partners keep pace with the expectations of the individuals served by their public programs. We offer evidence of the value and success of our digital solutions for FSSA to consider as options to be integrated into Indiana's current model and future roadmap, as appropriate.

Our full suite of digital solutions is available for FSSA's consideration at any time the state wishes to review potential return on investment for new approaches to member engagement and support.

The Maximus Digital Solutions™ team are experts at assessing a state's environment and objectives to help ascertain best-fit solutions that will work within the state's overall ecosystem and budget. They would work in close collaboration with our Indiana Enrollment Broker operations team and FSSA to review potential new ways to support member enrollment within the boundaries of the scope of services FSSA expects from its enrollment broker.

Some of the most effective solutions we have implemented for other enrollment broker contracts include member websites, mobile apps, online searchable provider directories, digital messaging, and virtual agent chat bots, as described here.

Member Websites and Mobile Apps

Member websites with online provider directories and plan comparison tools that are integrated into the enrollment process can positively impact member understanding of plan options and drive timely enrollment into a Managed Care Entity (MCE).

Across the country, our comprehensive, interactive, and mobile-responsive websites, and our award-winning mobile apps, have proven effective at broadening member engagement while simplifying access to services. With our websites and mobile apps, members, enrollees, and authorized representatives have 24x7 access to resources and tools to help them understand managed care, its impact on their health care choices, the importance of choosing a plan, and how to enroll in a plan that meets their specific needs.

Members have a consistent experience—with access to the same program information and the ability to

SPOTLIGHT

- In Louisiana and Virginia, more than 40% of enrollments are completed using our website or mobile app
- In Illinois, nearly half of our enrollments are done through our website
- In Louisiana, 67% of member online visits are from mobile devices

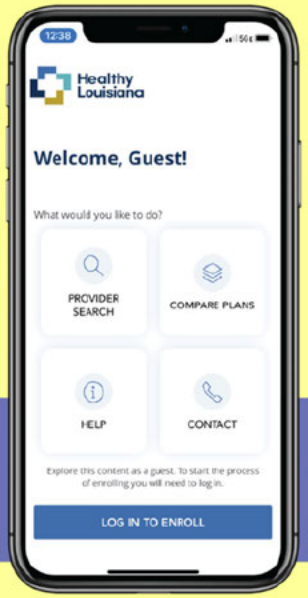
complete all of the same self-service actions—regardless of whether they use a smartphone, tablet, or computer, or whether they access services via our mobile app or the website.

In 2007, our Virginia Enrollment Broker launched one of the first Medicaid managed care enrollment websites. We recently won three ClearMark Awards, including the Spanish Grand ClearMark award, for our user-friendly functionality, readability, and easy-to-understand presentation of educational health care content, as shown in *Exhibit 1.2.2-1: Virginia Medicaid Managed Care Website*.

***Exhibit 1.2.2-1: Virginia Medicaid Managed Care Website**. We received three awards from the Center for Plain Language for exemplary plain language communication in our Virginia member website.*

Exhibit 1.2.2-2: Award-Winning Mobile App, shows the awards we won for our Healthy Louisiana mobile app, which was the first Medicaid enrollment app in the country.

Our **Healthy Louisiana mobile app** received the highly coveted **PR News Digital award** and a **ClearMark Award of Distinction** in 2019.



PRNews' DIGITAL PR AWARDS 2019 Mobile App Winner

ClearMark Award Award of Distinction 2019

Healthy Louisiana Medicaid Enrollment Mobile App

"The 2019 PRNEWS Digital Awards finalists represent the year's most outstanding digital communicators and campaigns in a variety of media such as video, website design, mobile apps and more. Each winner and finalist represent the digital trail-blazers of the industry."

Exhibit 1.2.2-2: Award-Winning Mobile App. *Maximus won multiple prestigious awards for our Healthy Louisiana mobile app.*

Online Provider Directory

We know that for most members, identifying a provider who meets their needs is one of the most important drivers of plan choice. Members prefer to maintain existing provider relationships; and helping create a strong match between members and their primary medical provider (PMP) preserves continuity of care and contributes to positive outcomes with value-based care. Most of our member websites and mobile apps include a searchable, Affordable Care Act-compliant provider directory. With our provider directory, members are able to use search criteria that is most important to them to identify a PMP with whom they can establish a long-term relationship. Members can search for providers based on any combination of criteria available from the underlying provider network data, such as practice location, provider type, provider specialty, gender, language, hospital affiliation, group practice or community care site, or health plan. Members can display search results based on proximity in a list format or with an interactive map view. Members using our mobile app can search by GPS-based location to find providers near them.

Digital Messaging

In our health services operations—whether enrollment broker, health insurance exchange, or eligibility support services—we use email and SMS (text messaging) to connect with members at all stages of the application, enrollment, and member support journey. For members who "opt-in", digital

SPOTLIGHT

During Louisiana's Medicaid expansion, we used a combination of digital messaging, live call center support, and IVR self-service to help members understand their eligibility and any impacts of program changes.

communication is faster, more efficient, and less expensive than traditional call center support and paper mailings. Digital messaging reduces the need to process outbound or returned mail physically, which helps to drastically reduce costs and increase staff efficiency. Targeted digital messaging also has the potential to greatly improve message penetration by delivering messages to sub-populations specifically affected by the communication.

We also include a secure messaging portal in many of our member websites and mobile apps. Members are able to view and print digital copies of all correspondence and documentation associated with their case. This is an efficient and cost-effective way to send notifications, reminders, and general outreach messages and engage with members regarding time-sensitive program requirements. A history of all member correspondence is maintained in the CRM module of our enrollment broker system so Helpline Representatives can refer to this as they assist members.

Virtual Agent

Our live web chat solution has an advanced knowledgebase and chat bot engine that supports the delivery of pre-programmed responses to frequently asked questions by a virtual agent. Our virtual agent can provide basic information about Indiana programs, answers to common questions, and links to online resources and forms, enabling members to get basic questions answered 24x7 without the assistance of Helpline staff. Using more advanced artificial intelligence (AI), we can also implement virtual agents that can detect intent and enable a more complex interaction. Members always have the option to transfer to a live Helpline Representative during business hours if the virtual agent is not meeting their needs.

SPOTLIGHT

To enhance the member experience in Michigan, we implemented an ADA-compliant virtual assistant for the state's website. Zoey, our virtual assistant, helps members quickly get answers to commonly asked questions 24x7. Zoey has handled more than 18,500 member chats.

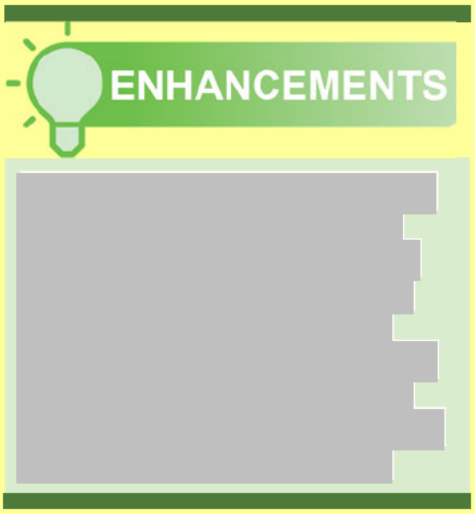
Flexible Solutions for Indiana's Needs

Maximus knows that certain member populations may be more receptive to digital and online communication services. Our digital solutions can be rolled out for specific programs and/or to specific populations, and we can implement pilot solutions to test member adoption and the overall effectiveness of the new member engagement channel. This gives FSSA the chance to assess outcomes before making a larger commitment or investment.

1.2.3 Programs You Intend to Initiate that Would be Specific to Indiana

As Indiana's trusted partner for the past 13 years, Maximus knows FSSA's goals, requirements, budgetary constraints, and program populations are not identical to those of any other state. For that reason, we implement solutions that are informed by our experience and knowledge of what works in other states, but also tailored to meet Indiana's unique needs. As we look to the new contract, we have several new initiatives planned to help further enhance the services we provide to Hoosiers, while also addressing new contract requirements associated with Hoosier Care Connect member auto-assignment and Helpline call monitoring.

We have actively collaborated with FSSA for several years in our ongoing joint efforts to increase the number of Hoosier Care Connect (HCC) members who choose their own MCE rather than being auto-assigned. We understand how important it is to educate HCC members on the value of selecting an MCE that can provide continuity of care with providers they know and trust and can best meet their individual needs.



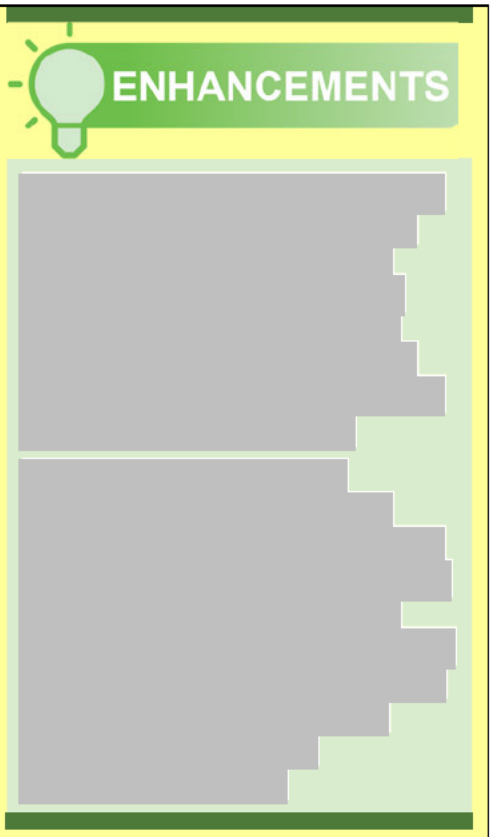
Enhanced Quality Management

Quality is the heart of our culture at Maximus and flows through our organization from leadership down to the Helpline Representatives who interact with Hoosiers every day. Quality permeates every facet of our enrollment broker services by keeping the needs of enrollees and members at the forefront of every process.

Our quality framework draws on lessons learned from our 21 Medicaid enrollment broker services contracts and is designed to bolster our ability to deliver person-centered services as we connect enrollees and members with MCEs and health care services that meet their needs. Our corporate commitment to quality is substantiated by the fact that 11 Maximus contact centers, including Indiana's Enrollment Broker Helpline, have been recognized as Benchmark Portal Certified Centers of Excellence by the Center for Customer-Driven Quality at Purdue University.

Handling member phone calls and enrollments accurately, consistently, and timely with a high level of customer service is fundamental to how Maximus meets FSSA's program and performance goals. We have an effective quality management program in place as a way to evaluate how our Helpline Representatives are performing and how Indiana's Medicaid managed care members perceive our services. Our quality management program includes both quality control (QC) and quality assurance (QA). QC activities monitor live calls in progress for adherence to operational procedures and quality expectations. QA activities are conducted retrospectively, using a random sample of recorded calls.

For the new contract, we will build on our existing quality management program, which is overseen by Tierra Pinkins, our Quality and Training Manager.



Moving Forward with Maximus Because Dependability Matters

Maximus is eager to move forward as FSSA's steady and dependable enrollment broker. Our comprehensive Indiana program knowledge and past collaborative successes are not things we take for granted. We worked hard to become Indiana experts, and we are invested in continuing to work even harder to support FSSA in meeting your immediate needs as well as your future vision for your Medicaid managed care programs.

We look back at the things we've accomplished with FSSA with both pride and an open mind for always seeking better ways to improve member services. We look to the new contract as an opportunity to build on what we have accomplished as your trusted partner to continue to help strengthen Indiana's essential public health care programs. Dependability matters. FSSA can rest assured that Maximus remains as dependable as we have always proven to be.

1.2.4 Sanctions or Formal Complaints

Maximus is not subject to any sanctions or formal complaints

1.2.5 Corrective Actions

In the below table,

1.2.6 Experience with State and Federal Compliance

The enrollment broker industry continuously adapts to support evolving state and federal policy. Partner with an organization with proven expertise complying with state and federal regulations and requirements.

As a company whose sole focus and mission is to support government programs, Maximus develops and implements its services within the context of a regulatory framework. We understand the necessity for states to facilitate compliance for both program integrity and optimization of federal funding. Our approach considers the nuances posed by each state's unique landscape, populations, policies, and goals while fulfilling overarching federal requirements.

Our combination of program knowledge and policy expertise, combined with our mastery at operationalizing federal and state regulations and requirements, brings the Indiana Family and Social Services Administration (FSSA) an Enrollment Broker partner that helps Indiana achieve your goals and objectives to support full compliance with existing and future federal and state requirements.

Maximus is conflict-free, with no affiliation or ties to health plans or provider organizations. We always perform unbiased choice counseling and enrollment activities.

SPOTLIGHT

Centers for Medicare and Medicaid Federal Health Insurance Marketplace Partnership

When the Affordable Care Act (ACA) was passed in 2013, the Centers for Medicare and Medicaid Services (CMS) needed a partner to help field a massive influx of questions from the public about the newly created federal health insurance marketplace.

The Maximus team, with extensive knowledge of federal requirements and proven expertise in tailoring programs for compliance with individual state regulations, was chosen for the job.

Our team was ready in just six months, establishing 11 contact centers throughout the country and training more than 13,000 people on complex subjects such as federal Medicaid regulatory requirements, individual state policies, and plan mechanics. We provided consistent, high-quality service while educating health care consumers on the new regulations and achieving high metrics in customer satisfaction.

Our efforts involve much more than adhering to regulatory requirements. We promote a culture of compliance and excellence through continuous quality improvement, evaluation, and development of best practices. As such, we have built a strong network of support systems and tools to achieve regulatory compliance. These systems and tools are ingrained in the procedures and best practices across all our projects. We outline our compliance support measures in this section and illustrate them in *Exhibit. 1.2.6-1: Compliance Support.*

Exhibit 1.2.6-1: Maximus Compliance Support. *Maximus built a network of support that provides continuous review, monitoring, and assessment to maintain compliance with state and federal regulations.*

Quality and Risk Management

Maximus' commitment to quality and compliance permeates the entire organization. Quality management begins at the top with our CEO and executive team. Our corporate Office of Quality and Risk Management (QRM), established in 2005, reports to the CEO and manages all QRM initiatives and sponsors independent oversight for selected projects. We have a Quality Forum, which meets quarterly to promote communication among quality management professionals throughout the company to foster discussion of quality-related best practices. Our project teams leverage and implement these shared best practices and are responsible for quarterly Project Self-Assessments to our Office of QRM, providing a snapshot of project health with respect to finances, client relationships, risks, privacy issues, and regulatory requirements.

QRM staff analyze risks communicated through the quarterly Project Self-Assessment Survey (PSA) and identify projects with risk indicators that may require additional guidance or oversight from QRM and further escalation. Reports demonstrating risk trends are shared with leadership, and analysis is presented to the executive committee and board of directors. Billing and data integrity are addressed and monitored through the PSA process, as are corporate compliance training, progress reports to executive leadership, and other activities. This comprehensive system of checks and balances makes certain that everything we do for our clients is assessed, evaluated, and documented to verify that we meet or exceed program requirements.

Corporate Compliance

The mission of Maximus Corporate Compliance is to provide oversight and support of the company's fundamental commitment to the highest standards of ethics, integrity, and lawful conduct by promoting adherence to all applicable laws and regulations as well as internal standards and policies.

- **Standards of Business Conduct and Ethics**: Establishes clear expectations and guidelines for all Maximus employees and affiliates, prohibiting corruption, bribery, facilitation payment, fraud, discrimination, anti-trust/anti-competitive practices, money laundering, insider trading, and more. It also requires employees and affiliates to avoid and disclose conflicts of interest. The Code also sets forth expectations and guidelines for positive behaviors, including treating everyone with respect, valuing diversity, protecting human rights and speaking up to report Code violations without fear of retaliation. Underlying the Code are more detailed internal policies—for example, a Global Anti-Corruption Policy—to guide associates in their day-to-day activities.

SPOTLIGHT

LAUREN FUJIOKA

CORPORATE COMPLIANCE OFFICER

Lauren Fujioka heads our Corporate Compliance Committee. Since joining Maximus in 2013, Lauren has held significant responsibilities for the Corporate Contracts team, including serving as the deputy managing attorney. She served as a key contributor to establishing and revising corporate policies and serves as the Contracts Department liaison to other departments across the company.

- **Corporate Ethics Training**: Each employee must complete the annual Corporate Ethics y training. This program covers vital compliance areas such as: Ethics and the Code of Employee Conduct, HIPAA for Business Professionals, Identifying Rules for Violations of HIPAA, Workplace Safety, Preventing Abusive Conduct and Bullying, Promoting a Discrimination-Free Workplace, Preventing Workplace Harassment, Cybersecurity, and Global Compliance.
- **Information Systems Security and Privacy**: Our information systems security and privacy policies comply with required state and federal regulations. We discuss this in more detail in *Section 3.2, Information Systems Requirements*.

We develop strict protocols for compliance with federal HIPAA requirements for handling PHI throughout our projects. Our continuous quality monitoring processes make certain that we adhere to these protocols in our daily operations.

Internal Audit

Internal auditing is an independent, objective assurance and advisory activity designed to add value and improve Maximus operations. Teams of impartial auditors periodically review operational and regulatory performance according to applicable policies, federal regulations, and state laws. This process brings a systematic and disciplined approach to evaluating and improving the effectiveness of our governance, risk management, and internal control. Our audit procedures assess compliance with a range of federal and state requirements for each project.

In addition to monitoring operational quality, regular Internal Audits also prepare us for outside regulatory reviews, such as federal and state audits.

MAXIMUS DEMONSTRATES COMPLIANCE EXCELLENCE WITH INDIANA STATE AUDIT

In February 2020, FSSA conducted an audit of the Indiana Enrollment Broker Project. The auditors reviewed performance and compliance levels in several areas of the project, with an emphasis on billing. The audit revealed no internal or financial findings, with all project operations reviewed demonstrating compliance.

Human Resources Compliance

Human Resources Compliance covers all aspects of human resources practices on our projects and in our departments. As a federal government contractor, Maximus adheres to all federal, state, and local government compliance laws and regulations for hiring and overseeing personnel. We create Affirmative Action Plans for all locations with 50 or more employees. Additionally, we perform annual compliance audits, such as EEO-1/VETS4212 reports, and we participate in state Department of Labor audits and audits for the Office of Federal Contract Compliance Programs (OFCCP), to protect diversity and enforce the law. As such, we work with various local governments in the states that we operate projects to make certain that our policies and practices comply with state and federal regulatory requirements.

In addition to following federal guidelines, we customize our hiring protocols for each project to meet relevant state requirements. For example, some of our health projects, such as our Pennsylvania Independent Enrollment Broker Project, adhere to state licensure requirements for certain personnel who administer assessments or outreach services. In addition, the project also requires specialized state-required background checks for criminal or child abuse issues for outreach personnel who serve in the local community. We make certain that any individual hired complies with all regulatory requirements before the time of hire.

Sarbanes-Oxley Compliance

Because Maximus is a publicly traded company, we are subject to Sarbanes-Oxley (SOX) regulations, which require that the company have an effective framework for internal control over external financial reporting (ICFR). We perform an annual evaluation of ICFR effectiveness using suitable control criteria, and we support this evaluation by collecting evidence documenting the effectiveness of the control operation. External auditors also offer an opinion of our ICFR each year. We present a written assessment regarding our ICFR effectiveness at the end of each fiscal year, and this assessment is also in our 10-K report. This review is based on rigorous standards, and our company officers must certify our compliance and that the report does not contain any untrue statements.

Environmental, Social, Governance

Our Environmental, Social, Governance (ESG) initiative is a multi-departmental effort to provide transparency about our operational and regulatory activities and performance. These three key areas are used to measure the sustainability and ethical impacts of an investment within a company. Through ESG, we provide information regarding company oversight, executive salaries, company investments, ethics, and governance to relevant agencies and interested stakeholders. This promotes transparency and a “top-down” approach to compliance, as we provide information from all levels of the company and all operations.

COVID-19 Case Study: Maximus’ Rapid Response to Multiple Regulatory Changes

During the COVID-19 global health pandemic, Maximus responded quickly and worked tirelessly to protect people on our existing projects and to assist state and local governments in launching nationwide contact tracing and test result notification centers. These operations demand the resources, expertise, and flexibility to respond to new regulatory protocols based on federal recommendations and individual state requirements that emerge as the pandemic progresses. We detail our efforts below.

Pivoting Operations to Respond to Work from Home Guidance

Many government programs never envisioned – and in some cases disallowed – remote work. As part of our COVID response, we initiated an extensive effort, in collaboration with our state and federal government clients, to enable Maximus employees to work from home to the maximum extent possible while complying with regulatory requirements.

Thus far during this pandemic, we:

- Transitioned more than 60 percent of our U.S. employees to work at home
- Collaborated with Federal and State agencies to gain necessary approvals, acquire the resources, and implement the process changes required to shift employees to work from home
- Set up staff with equipment, system access and secure connectivity per HIPAA regulations so we could continue to deliver vital services with no disruption to vulnerable individuals and families

SPOTLIGHT

Maximus Prioritizes Employee Safety and Wellbeing

Underscoring the importance of the services we provide, many of our contracts have been designated as "essential" by government in the midst of the COVID-19 pandemic. Keeping these programs open enables vulnerable individuals and families to access vital healthcare and safety-net services during these uncertain times.

Our rapid emergency response demonstrates this principle. Effective March 16, we initiated our U.S. COVID-19 paid leave plan. This plan meets and even exceeds in certain areas the requirements mandated by the Families First Coronavirus Response Act (although this is not required by law and wholly funded by Maximus).

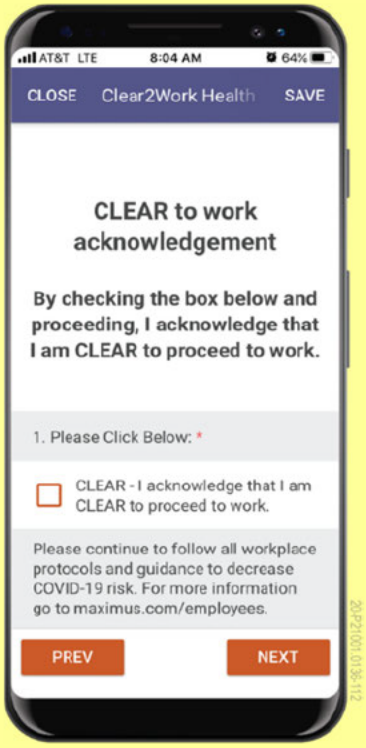


Exhibit 1.2.6-2: Clear2Work Mobile App Health Assessment. *To help maintain a safe work environment, Maximus developed Clear2Work, a health screening assessment tool to prevent anyone with symptoms of or contact with COVID-19 from entering a facility.*

Increased Safety Precautions for Onsite Work

For roles in which essential employees must complete work on site because of IT security and contract restrictions, we take every precaution to provide a safe work environment. We adhere to local government agency recommendations in each of our geographies, such as the CDC, EPA, and OSHA in the United States, for social distancing measures, face coverings, and facility cleaning/disinfecting. We actively monitor and update our procedures as new or updated guidelines emerge.

To help facilitate the safety of those employees working in our office locations, Maximus developed a Clear2Work mobile app, as shown in *Exhibit 1.2.6-2 Clear2Work Mobile App Health Assessment*, which helps direct employees who are sick not to enter our operational site; it also helps them seek medical attention. Our paid leave opportunities further support employees and help direct them to stay away from the office when sick. The fundamental goal of this mobile health assessment app and extended paid leave opportunity is to protect the health and safety of all our employees. Our expertise, vigilance, and ability to adapt to changing regulatory landscapes offers FSSA a responsive and reliable partner to align with state and federal requirements while providing superior service to Indiana citizens. Our supporting systems and operational best practices promote consistency and a high level of quality performance and alignment with project goals.

1.2.7 Lawsuits

[redacted]

- [redacted]
- [redacted]
- [redacted]
- [redacted]
- [redacted]

SECTION 2.0 – Contractor Tasks

Please explain how you propose to execute Section 2 in its entirety, including but not limited to the specific elements highlighted below, and describe all relevant experience.

- Section 2.1 – Enrollment Broker Helpline Services
    - Describe how you will maintain and manage the Helplines for all three programs
    - Describe your call center staffing plan that will provide sufficient "live-voice" access to members for a minimum of fifty-five (55) hours a week Monday through Friday from 8:00 AM to 7:00 PM ET
    - Describe how you will ensure you have adequate staffing to resolve member inquiries and complaints in a timely manner
    - Describe how you will treat each caller with dignity and respect their right to privacy and confidentiality
    - Describe how you provide options in English, Spanish and Burmese and make these options known to the caller
    - Describe how you will evaluate the adequacy and effectiveness of the Helpline coverage on a daily basis through gathering statistics related to the operation of the Helpline, recording all calls, monitoring at least 5 "live" calls monthly and preparing regular reports to the State. Please include example reports if necessary
    - Describe how you will process warm transfers for callers
    - Describe how you will track and report information collected from the calls into the Contractor database
    - Describe your plan for disaster recovery if the Call Center were to have a failure
- Section 2.2 – Member Education
    - Elaborate on your plan to educate members
    - Describe how you will provide oral interpretation services over the Helpline
    - Describe your plan for providing MCE choice counseling including linking members to preferred healthcare providers
    - Describe how you will conduct end of call surveys to evaluate caller satisfaction
    - Describe how you will work with the State to update/revise existing member materials
    - Describe your ability to provide member materials at the appropriate reading level
    - Describe your ability to provide member materials in other languages such as Spanish and Burmese
    - Describe how you will notify enrollees that oral interpretation is available for any language and that written information is also available for all member materials
    - Describe how you will notify enrollees about how to access interpretation services and written information for all member materials
    - Describe your ability to receive and comply with requests by the member to receive electronic copies of member education materials
    - Describe the content of your member brochures and provide any relevant examples
    - Describe your plan for providing MCE Summary sheets and for directing members to provider lists
    - Describe your ability to create other materials as needed by the State
    - Describe your capacity to prepare accurate and thorough written responses to various inquires

    - Describe your plan for responding to ninety-eight percent (98%) of all written provider and recipient correspondence (inquiries) within ten (10) business days of receipt of the written correspondence
- Section 2.3 – Member Enrollment and Disenrollment in Managed Care Programs
    - Describe how you will record a member's MCE selection in your database as well as in MMIS
    - Describe your ability to comply with the facilitate enrollment for presumptively eligible members (For Hoosier Healthwise and HIP) Describe how you will process MCE selection, change requests, and disenrollments for members in the programs, including those for just cause
    - Describe your ability to interface with and record relevant data into MMIS

2. Contractor Tasks

One in five Hoosiers relies on the services available through FSSA's Indiana Health Coverage Programs. FSSA depends on its Enrollment Broker to support Hoosiers in accessing this vital safety net. Maximus is well versed in the importance of these programs, and we approach every aspect of the services we provide with the utmost care and sense of responsibility. Since 2007, we have applied our nationwide expertise to helping Hoosiers understand and enroll in Indiana's managed care programs. We look to the new contract as an opportunity to continue to support FSSA in advancing new goals and initiatives, building on our solid foundation of proven Helpline, member education, and enrollment solutions.

FSSA's vision that all Hoosiers reach their greatest emotional, mental, and physical well-being is an aspiration shared by Maximus. As Indiana's Enrollment Broker for the past 13 years, we have had the privilege of contributing to this vision through the work we do every day to help the State's most vulnerable individuals and families connect with available safety net services. At a time when more and more Hoosiers face economic challenges and the fears and reality of the COVID-19 pandemic, FSSA's vision and the work we do to advance that vision become even more crucial.

FSSA can depend on Maximus to remain a trusted partner in delivering member education and enrollment support for people seeking assistance with Hoosier Healthwise, Healthy Indiana Plan (HIP), and Hoosier Care Connect. Over the years, we helped FSSA navigate the goals and challenges that come with health care reform. We adapted our Helpline and member education services in response to major initiatives, such as Indiana's implementation of HIP and the replacement of Indiana Care Select with Hoosier Care Connect, and we have met evolving needs that resulted from countless changes in program policy, care management models, and plan changes. We look forward to continuing our successful partnership and working jointly to enhance Indiana's Medicaid managed care programs through the delivery of enrollment broker services that align with FSSA's values of excellence, integrity, resilience, and purpose.

EXPERIENCE AT A GLANCE

- Maximus contact centers serve one out of every two Medicaid members in the United States.
- We provide choice counseling and enrollment support for nearly 47 million managed care members across the country.
- We have served more than 1 million Hoosiers for more than a decade through our Indiana Enrollment Broker Helpline.
- 11 Maximus contact centers, including Indiana, have been recognized as Benchmark Portal Certified Centers of Excellence by the Center for Customer-Driven Quality at Purdue University.
- The Maximus Center for Health Literacy has provided culturally and linguistically sensitive member education for diverse populations for 20 years.

In this section of our proposal, we describe how we will approach all of the RFP-defined contractor tasks for Helpline services, member education, and managed care program enrollment/disenrollment with transparency, accountability, and outcome-focused motivation. FSSA has seen first-hand the eagerness and responsiveness with which Maximus addresses Indiana Health Coverage Program (IHCP) requirements and the needs of the people we serve. We actively collaborate with all stakeholders—Managed Care Entities (MCEs), the Fiscal Agent, the Eligibility Vendor, and the monitoring contractor, as applicable—to make sure all aspects of member support functions integrate smoothly and jointly facilitate positive program and member outcomes.

Exhibit 2-1: Maximus Indiana Enrollment Broker Services summarizes how we help Indiana's diverse member population understand and enroll in essential program services, approaching every interaction with compassion and respect for the member's unique needs.

Exhibit 2-1: Maximus Indiana Enrollment Broker Services. *Maximus approaches all aspects of enrollment broker services with member-focused solutions that get Hoosiers enrolled in the health care they need.*

2.1 Enrollment Broker Helpline Services

In many ways, the Indiana Enrollment Broker Helpline serves as the face of FSSA to the state's most vulnerable citizens. Our objective is to always represent FSSA in the best possible light and deliver services that reflect positively on Indiana's health care programs.

We approach Helpline services with a philosophy and culture that fosters empathetic, person-centered assistance to enrollees, potential enrollees, and members in a way that aligns with and supports individual needs. Our Helpline Representatives receive specialized training on working with the diverse populations served by Hoosier Healthwise, HIP, and Hoosier Care Connect. With an average tenure of four years and some who have been with us since 2007, our Helpline Representatives have the experience to truly understand the unique needs of the people we serve. They know how to help members get enrolled with a plan that provides the services they need.

Our Indiana Enrollment Broker Helpline operation is recognized as a **Certified Center of Excellence** by Benchmark Portal in collaboration with the Center for Customer-Driven Quality at Purdue University, as shown in *Exhibit 2.1-1: Center of Excellence*. To earn the Center of Excellence designation, a call center must meet objective quantitative criteria, standards set by Benchmark Portal researchers. Key performance indicators include operational efficiency, service level standards, process management, customer satisfaction, leadership resources, and employee training. Our achievement of this designation demonstrates our commitment to deliver services of the highest quality and meet or exceed contractual performance standards. Over the course of the past 13 years in Indiana, we've proven that our Helpline operations do just that.

Exhibit 2.1-1: Center of Excellence. *The Maximus Indiana Enrollment Broker Project is recognized as a Benchmark Portal Certified Center of Excellence by the Center for Customer-Driven Quality at Purdue University.*

With a Helpline platform already tailored for the Hoosier Healthwise, HIP, and Hoosier Care Connect programs; operational processes rooted in industry best practices; and an exceptionally experienced Project team that has served their fellow Hoosiers for more than a decade, Maximus is the most qualified and prepared contractor to continue supporting Hoosiers with person-centered, high-quality Helpline services.

2.1.1 Maintaining and Managing the Helplines

The Enrollment Broker Helpline is the primary gateway for members seeking Medicaid managed care information and enrollment assistance with Hoosier Healthwise, HIP, and Hoosier Care Connect. One of the most essential functions of our Helpline is to educate enrollees and members on Indiana's available MCEs, helping them understand their eligibility and how to move forward with choosing the best plan and provider to meet their needs. Maximus is an expert at providing effective, unbiased choice counseling. We do this every day in our enrollment broker projects across the nation, and we have supported Hoosiers in this way for 13 years. We empower enrollees and members to take charge of their health by:

SPOTLIGHT

HELPLINE TEAM

Maximus brings stability and continuity with our seasoned Helpline team who have helped Hoosiers understand and enroll in health care for more than a decade. Our Helpline Representatives have an average tenure of 4 years and some have been with us since 2007.

- Helping them understand which programs they are eligible for, the requirements for enrolling or disenrolling from a program and how to appropriately use program services to minimize potential fraud and abuse
- Educating them on the options provided by MCEs and helping them ask the right questions to get the information they need
- Providing comprehensive education on special health care needs, disease management services, and behavioral health
- Assisting with plan changes

- Helping Hoosier Care Connect members and their caretakers understand how the program's coordinated care management services help effectively manage health conditions
- Providing assistance with submitting a grievance or appeal

Helpline Staff

Dependability matters. Our Indiana Enrollment Broker Project management team has demonstrated our continued commitment to improving health care accessibility for Hoosiers by building and maintaining a team of exceptionally knowledgeable Helpline Representatives who understand Indiana's Health Coverage Programs and the populations we serve.

SPOTLIGHT

CALLER SATISFACTION

In a recent post-call customer satisfaction survey, **92%** of respondents answered "yes" to "Did the Helpline Representative answer your questions today?"

Our Helpline staff undergo comprehensive training that includes initial new hire training and ongoing refresher training directly tied to our quality management process and continuous improvement initiatives. We provide a detailed description of our overarching training program in *Section 4.6: Training Requirements*. We summarize key aspects of our training program as it pertains to preparing our Helpline Representatives to support enrollees and members in understanding program services in *Exhibit 2.1-2: Maintaining Knowledgeable Helpline Staff*.

Exhibit 2.1-2: Maintaining Knowledgeable Helpline Staff. *Our comprehensive training program prepares our staff to navigate the complexities of each program with confidence and support enrollees and members with empathy and respect.*

Exhibit 2.1-2: Maintaining Knowledgeable Helpline Staff (continued). *Our comprehensive training program prepares our staff to navigate the complexities of each program with confidence and support enrollees and members with empathy and respect.*

Call Center Facility

We will continue to maintain a project office within 20 miles of the State Capitol in Indianapolis. his model provides flexibility in meeting facility requirements while giving the clear benefits of continuity of operations during emergency situations, as we have experienced in response to COVID-19, where we quickly deployed our staff in secure home workspaces while maintaining service levels and performance standards. In addition, across our nationwide projects that use a home-based worker model, we have experienced improved staff attendance, and we have access to a greater pool of local candidates from which to recruit new staff.

Our call center facility includes office space for management staff, cubicles for line staff, and a conference room for hosting meetings and training events. The facility has a breakroom, restrooms, and adequate parking. In accordance with our corporate security policy, our facility will be protected by physical security controls, including:

Helpline Telephony Platform

Over the course of our current contract, we actively evolved our Helpline systems to maintain updated technology and meet changing program needs. As we look to the new contract,

By implementing this new platform during our current contract, we eliminate transition costs and risk because we are able to fully deploy, test, and operationalize all system functions before new contract go-live. This approach allows us to carefully replicate all existing program-specific configurations such as pre-recorded messages, integrated interactive voice response (IVR) prompts, automated call distribution (ACD) queues, Helpline Representative skill sets and queue assignments, and call center reports in a phased and controlled way. This also allows for adequate time to test all functions and roll them out with no disruption to member services, which would not be the case for a new contractor faced with implementing a new Helpline system while simultaneously getting up to speed on Indiana's programs and transitioning full enrollment broker operations.

SPOTLIGHT

HELPLINE PLATFORM

Maximus deployed our next-generation Genesys Cloud helpline platform in more than a dozen call centers, including Indiana's Contact Tracing call center, to provide our state and county clients with rapid-response support for COVID case tracking and Unemployment Insurance related assistance.

As an enterprise class, cloud-based solution, our new platform provides numerous benefits, as shown in *Exhibit 2.1-3: Benefits of Maximus Next-Generation Helpline Platform*.

Benefits of Maximus Next-Generation Helpline Platform

Exhibit 2.1-3: Benefits of Maximus Next-Generation Helpline Platform. *Our new Helpline platform enables more efficient call handling and enhances our delivery of quality member service.*

Our Helpline platform provides full support for inbound and outbound Helpline call routing, queueing, and monitoring. We will continue to seamlessly receive calls from the State's toll-free number and will maintain queues for Hoosier Healthwise, HIP, and Hoosier Care Connect as well as for calls from the general public, physicians (PMPs and non-PMPS), ancillary providers, MCEs, and community agencies. We have after-hours messaging in

English and Spanish allowing callers to leave a voice mail. A Helpline Representative responds to all voice mails no later than the end of the next business day.

Live Chat

In addition to telephone Helpline services, we currently provide live web chat support for HIP enrollees and members, as shown in *Exhibit 2.1-4: HIP Live Web Chat*.

Our Helpline Representatives are cross-trained in phone-based and live web chat assistance so they can seamlessly and quickly switch from chat to phone, when necessary.

The most commonly asked questions via chat include:

- Who can I call for more information?
- Who is eligible for the Healthy Indiana Plan?
- Can I apply on-line?
- What is 138% of the poverty level?
- What type of services are covered?

Exhibit 2.1-4: HIP Live Web Chat. *We worked in collaboration with FSSA to make chat easily accessible through a quick click button on the HIP page of the State's website.*

We have strict protocols to make sure live chat does not bring HIPAA or PHI/PII risk. We only use chat to respond to general inquiries about HIP. In addition to those procedural policies, our chat solution is cloud hosted in a HIPAA-compliant environment. If a member enters PHI or PII into a chat, the data is masked, and our Helpline Representative instructs the individual to call the Helpline. Chat data is encrypted in transit and at rest, so member confidentiality is never compromised.

We will continue to support FSSA in its consideration of extending the live web chat service to other programs and are ready to roll out our solution to Hoosier Healthwise and/or Hoosier Care Connect programs at any time. Our cloud-based chat solution is scalable and can readily support the addition of other programs.

First Contact Resolution

Our Helpline Representatives approach every call and chat with the intention of first contact resolution. We promote an overarching philosophy of quality in all aspects of our operation, and this positively impacts the accuracy and timeliness with which inquiries are supported and resolved. We make it clear to our staff which types of calls can be resolved by us as the Enrollment Broker, and which calls must be escalated or referred to a State Agency, MCE, the Fiscal Agent, or another entity. Even with calls that require referral, we do our part to help the member get their inquiry resolved in one call by providing a clear path to resolution.

To achieve first contact resolution, we empower our Helpline Representatives with the skills and tools to handle each interaction with competence and confidence. which is complemented by our Helpline Representative's empathetic perspective and respect for each member's right to privacy and confidentiality. *Exhibit 2.1-5: Caller Verification* shows how our KMS guides Helpline Representatives through caller verification at the beginning of each call.

Exhibit 2.1-5: Caller Verification. *Our KMS guides Helpline Representatives through member interactions.*

We put careful thought into the development of our KMS and how we present the content to our Helpline Representatives. Each script, guidance prompt, and task flow is rooted in our Indiana program expertise. We continually fine-tune and enhance the way we use this tool to facilitate how we support Hoosiers with understanding program services and plan enrollment.

Our KMS articles reinforce concepts learned in training, so our Helpline Representatives know how to apply those lessons to the various types of encounters they experience on live calls. Our KMS reduces the amount of time Helpline Representatives spend searching for

work instructions. It helps our staff be more efficient and accurate in responding to every member inquiry, which supports our ability to resolve all member issues in one contact and ultimately improves member satisfaction with the services they receive.

2.1.2 Call Center Staffing Plan to Provide Adequate Staffing

Managing Helpline staff levels is essential to ensuring quality of service, meeting performance standards, and maintaining low wait times, low hold times, prompt response times, and high member satisfaction. We will continue to staff the call center with qualified and sufficient numbers of Helpline Representatives to provide members with access to live assistance a minimum of 55 hours each week, Monday through Friday 8:00 a.m. to 7:00 p.m., Eastern Time zone.

Exhibit 2.1-6: Helpline Staff Modeling. *We factor in multi-channel Helpline services, associated operational activities, and performance standards to produce accurate staff forecasts and models.*

We supplement our BPM models with the daily use of our WFM system to facilitate staff scheduling and monitor adherence to schedules. Our WFM system gives us constant insight into Helpline activity so we can maintain adequate staff levels at all times. By keeping our staff levels in alignment with Helpline volumes, we

stay in compliance with performance standards and maintain high levels of member satisfaction with our services.

We have consistently met or exceeded Helpline performance standards throughout our current contract, including when we shifted to a home-based worker model in response to COVID-19. We used our BPM and WFM tools to adapt our staff planning based on the volume changes we experienced, and we continue to track and model volume data as the pandemic progresses and member needs evolve.

SPOTLIGHT

LOW ABANDONMENT RATE

Maximus has consistently maintained a **low abandonment rate, with a three-year average of 3.87%** - well below the contractual performance standard.

2.1.3 Treating Callers with Dignity and Respect

We know our daily interactions with members, enrollees, and potential enrollees reflect FSSA and Indiana's Medicaid managed care programs. Conveying complex program information and providing enrollment assistance with an attitude that shows patience, compassion, and respect is integral to creating a positive member experience. Our Helpline Representatives are dedicated to providing their fellow Hoosiers with a high-quality, empathetic, and satisfying experience each and every time they contact us.

Our training program includes modules specifically designed to develop customer service skills with a focus on effective communication as well as cultural diversity and sensitivity. This training is part of a foundational program that helps develop emotional intelligence and prepares our staff to be tuned into each member's life story, being sensitive to the individual's cultural background, educational level, economic circumstances, and specific life circumstances. By developing our staff with these essential soft skills, we are able to deliver a level of customer service that goes above and beyond simply answering questions and providing information.

Our customer service training prepares our Helpline Representatives to navigate challenging situations in a calm, empathetic, and respectful manner, following the guidelines shown in *Exhibit 2.1-7: Treating Callers with Dignity and Respect*.

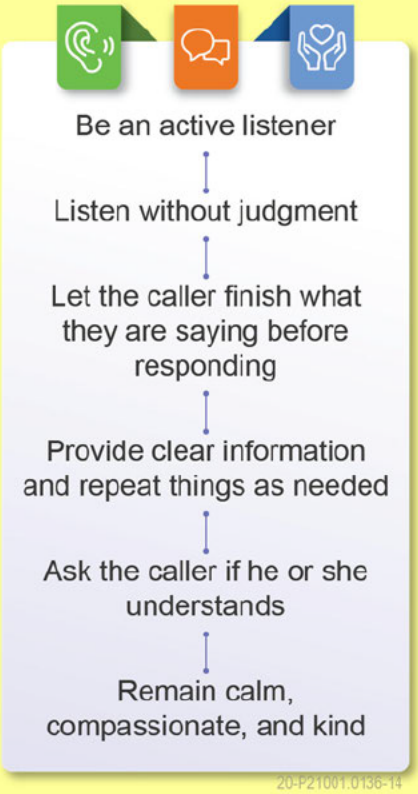


***Exhibit 2.1-7: Treating Callers with Dignity and Respect**. Our staff members approach each call with respect for the person on the other end of the line.*

Our training program also includes a segment on providing equally accessible and appropriate services based upon each individual's specific needs and communication preferences, in accordance with the Americans with Disabilities Act of 1990 (ADA) and Section 504 of the Rehabilitation Act of 1973 (Section 504). We prepare our staff to be

sensitive in all encounters, quickly identify needed accommodations, and provide members with the appropriate resources based on individual need.

This prepares our staff to provide proper guidance on the enrollment process and help members understand the choices available to them based on their individual circumstances.

2.1.4 Language Options

Being able to ask questions and receive answers in one's native language is the surest way to make certain that the information being communicated is accurate and understood. Our Helpline staff reflects Indiana's most common languages. Our staffing plan currently includes Spanish-speaking Helpline Representatives, and we will add Burmese-speaking Helpline Representatives for the new contract to reflect the Burmese population in the State. We will maintain adequate bilingual representation in these languages during Helpline operating hours.

As shown in *Exhibit 2.1-8: Multilingual Communication,* we supplement our bilingual Helpline staff with professional interpretation services available at no cost to callers. We use Lionbridge, an external service provider, for interpretation services in more than 200 languages.

In addition, we provide Hoosier Care Connect members oral interpretation of written materials, as well as the option to obtain information in alternative formats and languages. Our in-house bilingual Helpline personnel can translate documents over the phone for members who speak Spanish and Burmese. For other languages, our Helpline Representatives work directly with Lionbridge interpreters to translate documentation for members.

We also provide Telecommunications Device for the Deaf (TDD) services to enable individuals with hearing or speech disabilities to communicate with our Helpline Representatives.

We provide information on how to access all these services through print materials, during Helpline calls, and by directing members to FSSA's IN.gov website. We adhere to the most current requirements set forth in 42 CFR 438.10 for all oral and written communications with potential enrollees, enrollees, and members.

Exhibit 2.1-8: Multilingual Communication. *Members with limited English proficiency have equal access to assistance.*

2.1.5 Evaluating Adequacy and Effectiveness of Helpline Coverage

Our approach to evaluating the adequacy and effectiveness of Helpline coverage is rooted in our overarching quality management process, which includes

. We use a suite of proven tools to track, monitor, and report on Helpline performance. These include:

These tools give us a comprehensive view into how Helpline activity and performance affect the member experience. They allow us to ascertain whether we have met the performance factors identified in *Exhibit 2.1-9: Helpline Performance* in accordance with contractual SLAs and our own internal quality standards.

2.1-9: Helpline Performance. *We examine multiple factors to measure the effectiveness of our Helpline services.*

Call Monitoring

Call monitoring is a key aspect of our quality management approach. We record 100 percent of inbound and outbound Helpline calls for monitoring purposes, and we conduct live call monitoring of calls in progress. Our Helpline platform has call monitoring and recording functionality to facilitate quality reviews for both live and recorded calls. The user-friendly interface makes it easy to search for and access recordings based on a number of criteria, including inbound number dialed, date/time range, Helpline Representative, and call duration. We use a browser-based search and replay application to retrieve recorded calls for playback.

Our IVR greeting informs all callers their call will be recorded for quality assurance purposes. We retain call recordings in accordance with contractual retention requirements and provide the State the ability to retrieve archived recordings up to seven years.

For both live and recorded call monitoring, we use a standardized evaluation checklist to promote objective assessment and scoring of Helpline staff performance based on the criteria shown in *Exhibit 2.1-10: Quality Evaluation Criteria.*

Exhibit 2.1-10: Quality Evaluation Criteria. *We take a holistic view of member interactions with our Helpline Representatives to assess performance and quality of service.*

We have specific criteria that automatically result in a "fail" score for a monitored call. These include violation of HIPAA policy for validating caller identification, failure to answer a call that comes to the queue, failure to greet the caller within the required timeframe, and failure to provide member education per documented procedures. If any of these circumstances occur, we take prompt corrective action, which may include termination of the employee.

With Tierra's oversight of both quality monitoring and training, the two functions are closely coupled at all times, as shown in *Exhibit 2.1-11: Quality Improvement Feedback Loop*. Observations from our QC and QA monitoring activities inform how we use our training tools, along with side-by-side coaching to improve agent performance and efficiency. We deliver focused remedial and refresher training based on areas identified through call monitoring as opportunities for improvement.

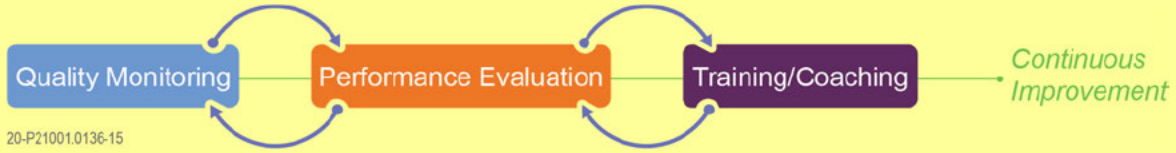


Exhibit 2.1-11: Quality Improvement Feedback Loop. *We maintain a constant feedback loop between quality monitoring activities and ongoing training to help continually develop our Helpline staff.*

We describe our training program in detail in *Section 4.6: Training Requirements*.

Prior to the new contract, [redacted] The tool enhances the way we use our checklists to monitor the interactions our Helpline Representatives have with members. Our new quality management and monitoring tool facilitates tracking, reporting, and trend identification so we can promptly initiate quality improvement efforts. It integrates with our reporting and analytics platform to present dashboards and reports focused on the quality of Helpline services and member satisfaction. We provide additional information on this tool in *Section 5: Quality Management*.

> Our enhanced quality management and monitoring tool provides greater efficiency and objectivity around quality reviews and enables proactive quality improvement initiatives.

Telephony Dashboards, Reports, and Analytics

Our Helpline platform feeds data to our reporting and analytics platform, which produces dashboards and reports showing call volumes and key performance metrics like talk time, wait time, and abandoned calls. Our reporting and analytics platform also pulls data from our workforce management system and CRM, so we are able to produce dashboards that give a clear picture of our performance and the member experience. Together our systems provide actionable data that help us continually improve how we are serving Hoosiers.

We describe how we use our enrollment broker system CRM module to track and report on member Helpline interactions in *Section 2.1.7: Tracking and Reporting Caller Information into Database*. Here, we present some of the dashboards we use to analyze and report on Helpline activity and performance metrics.

Exhibit 2.1-12: Intraday Summary Dashboard presents hourly and daily contact metrics with visualizations that make it easy to identify patterns and trends.

Exhibit 2.1-12: Intraday Summary Dashboard. *Our reporting and analytics platform allows for drill-down analytics to examine specific data and trends more closely.*

Exhibit 2.1-13: Weekly Summary Dashboard shows week-by-week Helpline activity and performance.

Exhibit 2.1-13: Weekly Summary Dashboard. *Our dashboards are customizable so FSSA can include data elements that are most important to them.*

We describe how we use customer satisfaction surveys to assess member perception of our Helpline services for both phone and chat assistance in *Section 2.2.4: End-of-Call Surveys*. We provide additional information on how our quality monitoring practices impact overall performance and adherence to SLAs in *Section 5: Quality Management*.

2.1.6 Processing Warm Transfers for Callers

Our telephony platform is capable of facilitating a warm transfer from our Helpline to outside entities. With a warm transfer, our Helpline Representative does not hang up until the member is connected to the right entity. Prior to making the warm transfer, we provide the contact information to the caller in case there is a problem or no one is available to receive the call. While warm transfers require our staff to remain on the line longer than would be the case with a cold transfer, the practice results in increased customer satisfaction and higher likelihood that the member's issue is resolved on the first call.

We will work with FSSA to develop a standard operating procedure around warm transfers, including identifying the specific circumstances for which warm transfer is required to entities including MCEs, the Eligibility Vendor, and the Fiscal Agent. We will maintain a list of all entities to whom these transfer protocols apply in our KMS and incorporate this process into our training materials and modules.

2.1.7 Tracking and Reporting Caller Information into Database

Our enrollment broker system provides all essential functionality for customer contact tracking and reporting as required by the RFP. We provide a detailed description of our enrollment broker system and its CRM module, as well as a series of screenshots to demonstrate key system features, in *Section 3: Information System Requirements*.

Our Helpline Representatives document the details of every Helpline interaction, including member name, telephone number, address, communication channel, nature of the interaction, date the contact occurred, status and resolution of the interaction, and follow-up actions. Helpline Representatives record member communication preferences and needs, such as special needs status and language preference.

Exhibit 2.1-14: Active Contact shows where Helpline Representatives document member contacts. As shown in the Exhibit, pre-populated drop-down menus make it quick and easy for our staff to complete the various fields in the system so we get a complete accounting of all contacts and can create reports based on specific criteria, such as contact reason and contact action. Helpline Representatives use call comments fields to append additional notes about the customer and/or interaction.

SPOTLIGHT

INDIANA CUSTOMIZED CRM

Members usually have more than one question or issue, so we designed our CRM to allow Helpline Representatives to document multiple contact reasons and actions for a single interaction. This provides a more accurate and complete representation of the member experience.

Helpline Representatives can easily navigate to an adjacent screen that contains a list of all prior contacts, which enables first call resolution and high-quality customer service.

Exhibit 2.1-14: Active Contact. *Helpline Representatives document the details of each Helpline interaction using fields that have been customized for Indiana's programs.*

The wealth of data in our CRM, combined with the data in our Helpline platform, allows us to provide comprehensive reporting and analysis of Helpline activity. We get a full picture of the member experience so we can continuously identify opportunities for improvement, as illustrated in *Exhibit 2.1-15: Member Experience Tracking*.

Exhibit 2.1-15: Member Experience Tracking. *Seamless integration of our solution components gives a complete picture of the member experience, informs staffing needs, and helps identify continuous improvement opportunities.*

With our reporting and analytics platform, we can provide a complete view of Indiana Enrollment Broker operational performance, Helpline customer service levels, and outcomes for the three programs we support. At-a-glance visual depictions make it easy to view contact activity, including:

- Types of requests we receive
- How long it took to resolve the inquiry
- Whether the request was escalated or referred and to which entity
- The Helpline Representative who handled the request
- Contact handling time

We can cross-reference data elements from our IVR and ACD contact queues to provide a unified, end-to-end view of member contacts. This provides greater insight into Helpline interactions so we can present data that is truly indicative of the member experience. For example, we can match quality and handle-time data to call types and sub-types to better identify problems and opportunities for continuous improvement. This allows us to improve first call resolution, which ultimately improves the member experience and reduces operational costs.

Exhibit 2.1-16: CRM Data Dashboard shows how our platform tracks and presents valuable data gathered from our CRM, such as total contacts handled for the current day and contacts handled by inquiry type. As with all our dashboards and reports, the specific data elements are entirely customizable. Dashboards allow for drill-down analytics to examine specific data elements and trends more closely.

Exhibit 2.1-16: CRM Data Dashboard. *Interactive dashboards with drill-down analytics allow us to assess Helpline activity and performance so we can continually improve the member experience.*

We provide additional information on how our advanced analytics and graphical dashboards provide actionable data to support contract oversight and continuous improvement in *Section 5.2: Data Reporting and Monitoring.*

2.1.8 Helpline Disaster Recovery Plan

In response to the COVID-19 pandemic, we migrated our Indiana Enrollment Broker Project staff to a home-based work model. Within days of initiating our pandemic response plan, we safely moved our staff to their homes. Our corporate IT professionals and security experts facilitated a prompt and seamless transition to set up our remote workers with the necessary equipment, system access, and secure connectivity per HIPAA regulations. Now, our staff is already working in such a way as to always maintain continuity of Helpline operations and uninterrupted service to our fellow Hoosiers. With our new platform, we deliver full telecommunications and call center functionality as a cloud-managed service. All call center functions are accessible from any location, as long as the user has the right login credentials to authenticate their identity and sign on to our Helpline applications. The platform's microservices architecture

SPOTLIGHT

PANDEMIC RESPONSE

Our Helpline staff are currently working in secure workspaces within their home office environment. We transitioned to this model as part of our pandemic response, and we have continued to meet all Helpline SLAs throughout this challenging time.

limits the scope of impact from any system component issue or outage. Self-healing functions resolve incidents prior to them impacting Indiana Enrollment Broker Helpline services. Similarly, our enrollment broker system and CRM are cloud hosted and securely accessible by office and home-based staff.

Cloud architecture provides redundant capacity, redundant power, and active-active failover, meaning a duplicate copy of all Indiana Enrollment Broker Helpline applications and services is always running in parallel to the live production applications/services. Production and disaster recovery (DR) servers are deployed in different regions within the cloud infrastructure. Each region is completely isolated from the other regions to provide a high level of fault tolerance and stability. If any component or application fails, it is automatically recovered by the DR configuration. This active-active failover precludes the need for traditional battery backup, which is often used in premises-based telephone systems. Instead, any failed services automatically fail over to fully functioning services, and Indiana Enrollment Broker Helpline services are uninterrupted.

With our cloud-based platform's **99.999% uptime availability**, we mitigate the chance of any kind of significant or long-term outage; however, we will always maintain full transparency with FSSA in the event a component failure results in even a momentary downtime.

2.2 Member Education

The most critical role of an Enrollment Broker is educating members. Members need to feel empowered to take an active role in their health care decisions and comfortable in making informed decisions. Maximus is the nation's leader in delivering conflict-free, unbiased choice counseling and providing informative program materials that can be easily understood and acted on.

We understand that the diverse population we serve—low-income individuals with varied cultural backgrounds including families with children, seniors, persons with disabilities, children in foster care, pregnant women, and people with chronic disease—often has limited literary skills and relies on their children, friends, or other secondary sources to navigate the health care system and meet their medical needs. We have learned through experience that if program information is too difficult to understand, members may ignore the material, miss deadlines, default to auto-assignment, or will be unaware of the services available to them. We also understand that mailings and written correspondence must provide vital assistance to enrollees and members during a time-limited process that leads either to a proactive choice of an MCE or a passive auto-assignment.

Our member education techniques—whether through Helpline assistance, member materials, or responses to written inquiries—help guide enrollees and members toward active, informed health care choices, as illustrated in *Exhibit 2.2-1: Member Education*.

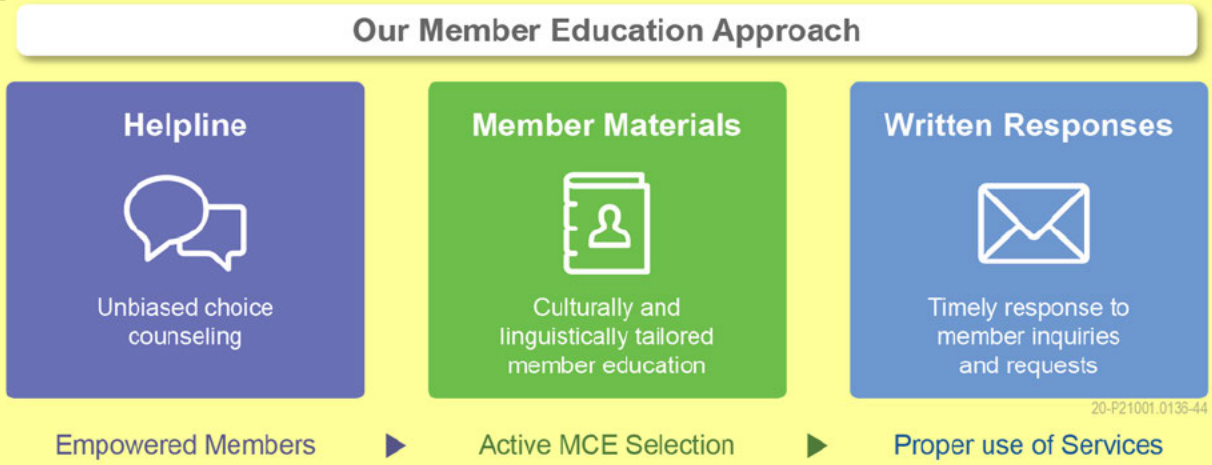


Exhibit 2.2-1: Member Education. *With our experienced Helpline Representatives, our expertly designed member materials, and our dedication to member satisfaction, Maximus empowers members to be informed users of their available health benefits.*

2.2.1 Educating Members

Over the years, Maximus has produced and distributed postcards, brochures, MCE summary sheets, and other print material to help Hoosiers make informed health plan selections. Working in partnership with our Center for Health Literacy and our mailing subcontractor, we have reliably produced and mailed educational program materials that convey program information in a culturally and linguistically sensitive way so as to be understood by all program populations. We will continue to develop and distribute educational materials, working in collaboration with FSSA, to make sure materials are distributed within a timeframe that enables the enrollee to use the information in making plan decisions.

To design the most effective and sensitive approach to member education, we are proud to continue to offer the expertise of our Center for Health Literacy. The Center for Health Literacy is unique to Maximus and is an industry leader in designing and promoting culturally and linguistically appropriate materials, web sites, notices, call scripts, customer surveys, and other written materials for various populations seeking health care services.

Our Center for Health Literacy has designed brochures, forms, web sites, and other materials for the Centers for Medicare & Medicaid Services (CMS), the Environmental Protection Agency (EPA), and many State programs, including Indiana's Hoosier Healthwise, HIP, and Hoosier CareConnect programs. *Exhibit 2.2-2: Center for Health Literacy Awards* showcases the many awards we've received for excellence in print, mobile, and web communications.

2019 Awards

Our **Maximus Center for Health Literacy** won 7 ClearMark Awards for excellence in print, mobile, and web communications in 2019.

Virginia Medicaid Managed Care Website

Michigan Medigap Subsidy Program Application

Healthy Louisiana Medicaid Enrollment Mobile App

Award of Distinction for Letters and Correspondence

Partner to Massachusetts Health Connector

2020 Awards

Our **Maximus Center for Health Literacy** won 5 ClearMark Awards of Distinction for plain language excellence in print and digital communications in 2020.

Georgia Childcare and Parent Services (CAPS) Provider Handbook

Before and After Print

Healthy Michigan Plan Work Requirements Exemption Form

Forms and Applications

Healthy Michigan Plan Work Requirements Letters

Letters and Correspondence

New York State of Health Mobile Upload App

Digital Apps and Microsites English

New York State of Health Mobile Upload App

Digital Apps and Microsites Spanish

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Exhibit 2.2-2: Center for Health Literacy Awards. *With our knowledgeable and experienced Indiana Enrollment Broker Project staff and the expertise of our Center for Health Literacy, we remain ready and prepared to update, revise, and distribute new brochures and other educational materials as needed and directed by FSSA.*

Exhibit 2.2-3: Easy to Understand Member Education Materials. *Our Center for Health Literacy empowers members by simplifying the language in outreach and education materials so they can understand and act on program information.*

The Center for Health Literacy produces member materials that are engaging, accessible, clear, and tailored to those who read at or below the fifth-grade level. They use proven best practices, as illustrated in *Exhibit 2.2-3: Easy to Understand Member Education Materials,* to develop effective, accessible, and helpful educational content for Indiana Medicaid members.

Designing for readability means we construct and organize text and information so that messages are easy to read and easy to understand. We arrange words and groups of words in a way that allows the reader's eye to access the content easily and in a way that makes sense. To enhance readability, we incorporate basic strategies and building blocks for the graphic design and organization of content. These include using appropriate fonts, ample white space, and the careful layout of text to achieve the best proximity, alignment, and visual order.

During our current contract, we worked with FSSA to create a postcard to be mailed to Healthy Indiana Plan members during their redetermination period or open enrollment. The postcard informed them that they could change their plan and provided clear instructions on how to get help.

Exhibit 2.2-4: HIP Postcard, shows how our postcard provides clear, easy-to-understand information informing members how to get assistance during open enrollment with choosing or changing their MCE, and the timeframe during which they must complete these actions.

SPOTLIGHT

HIP OPEN ENROLLMENT

In 2017, Maximus supported the first HIP annual open enrollment by developing and mailing materials, supporting members with health plan changes, and capturing data related to tobacco usage for enrolled members. During this time, we:

- Responded to member inquiries in a timely manner, while continuing to meet all contractual requirements
- Developed and mailed a postcard to eligible members
- Assisted in the planning and timing of the distribution of the open enrollment notification for over 440,000 members in September and then sent an additional mailing for new members in November

Exhibit 2.2-4: HIP Postcard. *Our HIP Postcard provides clear actionable information to help members understand what to do during open enrollment.*

Exhibit 2.2-5: Center for Health Literacy Materials shows a collection of materials designed by the Center for Health Literacy for West Virginia's Mountain Health Trust program.

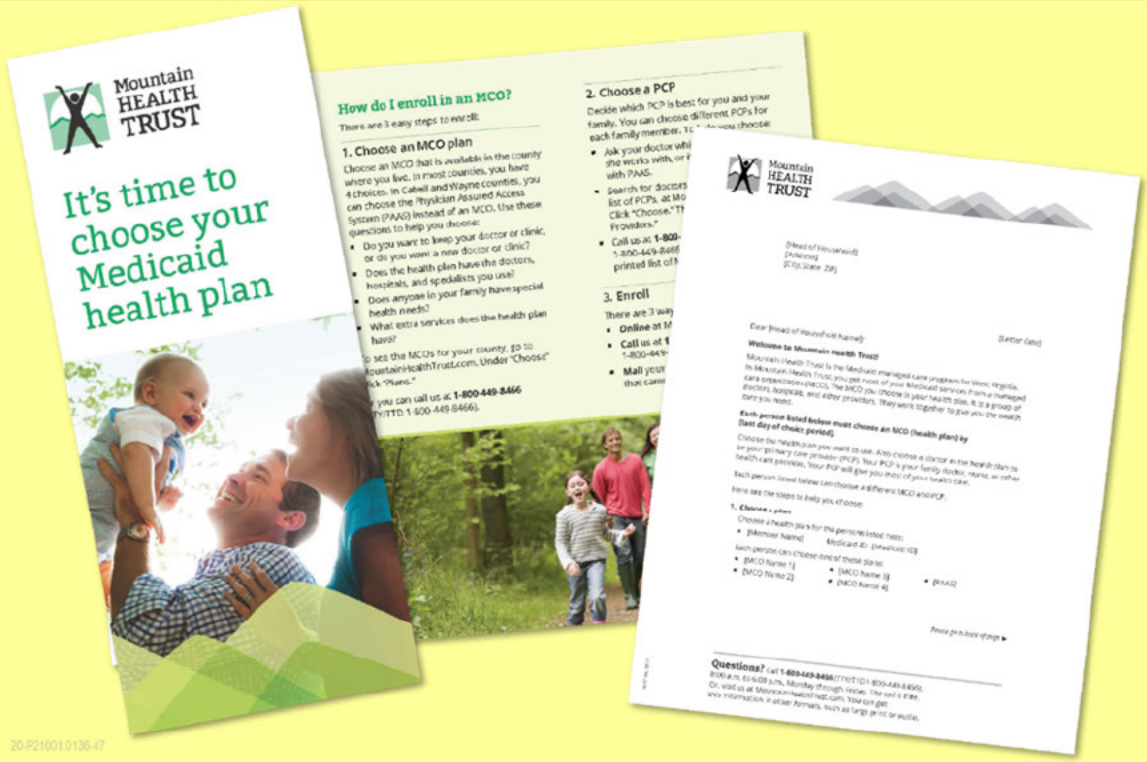


Exhibit 2.2-5: Center for Health Literacy Materials. *The Center for Health Literacy creates educational materials that encourage active plan selection.*

Hoosier Care Connect Member Education

As part of the Hoosier Care Connect (HCC) member education process, our Helpline Representatives explain that individuals in the following aid categories who do not have an institutional level of care and are not enrolled in Medicare must be enrolled in Hoosier Care Connect:

- Aged individuals
- Blind individuals
- Disabled individuals
- Individuals receiving Supplemental Security Income
- Medicaid for Employees with Disabilities (MED) Works enrollees

We encourage these individuals to choose an MCE and help them in understanding their options. We will continue to conduct targeted outreach to those Hoosier Care Connect enrollees who do not make their MCE selection at the time of application to provide additional education and assistance prior to auto assignment.

Our outreach includes mailing a Hoosier Care Connect introductory letter advising them of their mandatory participation in the program and the need to call us to select an MCE. The letter provides general information about the program, instructions on how to choose an MCE, the timeframe for choosing a plan, and who to call with questions.

We follow up the letter with a series of outbound calls, with repeat calls occurring every day at different times of the day, depending on whether we are able to reach the individual. We have found that this population is particularly hard to reach and have continually worked to expand our outreach.

With FSSA's goal to further improve choice enrollment for Hoosier Care Connect members, it is that much more important that we continue to refine how we outreach and educate this population. his will help increase active MCE choice and help us more proactively enroll members.

ENHANCEMENTS

ENHANCED OUTREACH TO HCC MEMBERS

To improve choice enrollment for the new contract,

2.2.2 Oral Interpretation Services

As described in *Section 2.1.4: Language Options*, our Helpline staffing organization reflects the most prevalent languages spoken in Indiana. We currently have Spanish-speaking Helpline Representatives and will add Burmese-speaking Helpline Representatives for the new contract. Our bilingual staff will continue to be available during all Helpline operating hours. We use Lionbridge interpretation services for telephone-based language interpretation

in other languages, which is free-of-charge to callers. Our Helpline Representatives facilitate the conversation to make it seamless and easy for members.

2.2.3 MCE Choice Counseling

Fundamental to the member support services is our proven approach to unbiased choice counseling. We empower enrollees and members to take charge of their health by educating them on how to evaluate MCEs, showing them what to look for when making a selection, and helping them ask the right questions to get the information they need. This helps them gain a sense of ownership and responsibility and make informed choices on the plan and provider(s) that will best meet their unique needs. Likewise, helping enrollees through the enrollment process and assisting them in accessing materials, understanding their options, and making informed choices reduces the likelihood of plan changes resulting from dissatisfaction, which promotes increased continuity of care and improved health outcomes.

CONFLICT FREE

Maximus maintains our independence from Medicaid managed care entities and health care providers by limiting our contracts to government clients and carefully configuring our subcontracts to preserve this structure.

Our Helpline Representatives conduct their interactions with enrollees and members in a professional and sensitive manner, providing unbiased information on MCEs, provider networks, the role of managed care, and answers to plan-related questions. During all calls, our Helpline Representatives:

- Describe the features of managed care
- Help enrollees/members understand MCE rules
- Direct enrollees/members to online provider lists and MCE Summary Sheets
- Emphasize the importance of preventive health care

Our experienced and well-trained Helpline Representatives are prepared to speak knowledgably about each MCE and what the benefits mean to each member. When providing MCE choice counseling, we prompt individuals to think about what is most important to them, such as:

- What plan(s) is my doctor with?
- Is my specialist available in this network?
- Are there any special programs that would benefit me?

For the majority of members, the most important factor in selecting an MCE is knowing that the plan works with their current PMP. If a member's doctor works with more than one MCE, then comparing the differences among those MCEs to help determine a preference is their next priority. Our Helpline Representatives use our enrollment broker system to determine the MCE affiliations of any doctor working with Hoosier Healthwise and HIP members. They can search by county, contracted plan, and other key data elements to provide immediate and reliable information to facilitate member MCE choice. They provide the member with:

- Details on each of the MCEs available in the member's county of residence

- Details on providers and PMPs (where applicable) available in the member's county

If a member inquires about a particular provider, our Helpline Representative informs the member whether the provider is in the MCE's network.

To ensure consistent impartiality, our Helpline Representatives use FSSA-approved scripting and materials, such as MCE summary sheets, program postcards, member rights and responsibilities documentation, and other policy resources, which are available through our KMS and kept up to date at all times. Our Helpline Representatives follow a standardized script that helps prevent bias by walking them through the enrollment steps; this practice ensures that they present all options to the enrollee. Our Helpline Representatives are not permitted to recommend an MCE to enrollees.

During choice counseling, our Helpline Representatives inform members how to access the Medicaid health care system appropriately, including keeping appointments, appropriate use of the emergency room, understanding which services need PMP approval and/or prior authorization, how to file a grievance, and how to access any available transportation benefits. *Exhibit 2.2-6: Appropriate Use of Services* shows how our Helpline Representatives use KMS scripting to accurately describe program services to members.

Exhibit 2.2-6: Appropriate Use of Services. *Our KMS scripts guide our Helpline Representatives through educating members on how to use services.*

Effective choice counseling also involves making sure enrollees get the most out of the program materials and information available to them. We work in partnership with FSSA, leveraging the expertise of our Center for Health Literacy to design and distribute educational materials that empower enrollees to feel informed and confident about important decisions affecting their health care.

For HCC choice counseling, our Helpline Representatives encourage the HCC enrollee to make an MCE selection, but if the individual indicates a desire to postpone MCE selection until their preferred provider joins the network, we provide instructions for the member to call the Helpline within 60 days to make their MCE selection to avoid auto-assignment. We explain to the member that if their PMP choice is a specialist not currently enrolled in the Hoosier Care Connect program, the MCE will contact the specialist and give them information on enrolling as a specialist PMP in the Hoosier Care Connect program. If the specialist does not choose to enroll as a PMP, then the MCE works with the member to choose another PMP. As described in *Section 2.2.1: Educating Members*,

2.2.4 End-of-Call Surveys

Quality and member satisfaction are at the heart of our culture at Maximus. We conduct customer satisfaction surveys in all our Medicaid member services contact centers because we value the direct feedback this provides. We want to have a true picture of members' perceptions of our services so we can continually find ways to improve.

We currently provide all individuals who contact the Indiana Enrollment Broker Helpline the option to complete a post-call customer satisfaction survey. Upon call completion, the caller is routed to our IVR survey tool and presented a series of survey questions that accept touch-tone responses.

SPOTLIGHT

MEMBER SATISFACTION

Maximus has a proven record of exemplary customer service in Indiana. In a recent customer satisfaction survey, **96.97% of respondents answered "yes" to "Were you satisfied with your overall service today?"**

Our surveys are brief, easy to complete, and allow members to provide feedback immediately after they receive assistance. Our survey has seven questions designed to ascertain satisfaction with the service received and whether the Helpline Representative fully resolved the individual's issue or inquiry.

We analyze customer satisfaction survey data in conjunction with our overall quality assurance monitoring scores. This gives us a holistic view into individual staff performance so we can implement targeted refresher training, coaching, and other corrective action to drive continuous improvement.

At FSSA's discretion, This will provide an additional channel for gathering important feedback from individuals who prefer online self-service but encounter the need for support.

2.2.5 Coordinating to Update/Revise Existing Member Materials

We have a seamless process in place for working with FSSA to coordinate and implement member material updates timely and in accordance with our high-quality standards, as illustrated in *Exhibit 2.2-7: Design and Production of Member Materials*.

Exhibit 2.2-7: Design and Production of Member Materials. *Our proven process for creation, production, and distribution of materials helps keep members informed of all current program news.*

Over the course of our current and prior contract periods, we successfully worked with FSSA to produce a variety of materials depending on program need, including letters, brochures, MCE Summary Sheets, and PMP directories.

Our Center for Health Literacy provides expertise in the following ways:

- Reviews member education materials for fifth-grade reading level and clarity of content
- Translates materials into Spanish, Burmese, and other languages on request
- Serves as expert consultants on language and literacy
- Provides guidelines for using plain language, simple vocabulary, clean and uncluttered designs, and adapting content to make program resources understandable to specific program populations
- Provide alternate formats in accordance with Americans with Disabilities Act requirements to meet the needs of visually limited individuals

We will continue to work with FSSA in this collaborative way to update and produce program materials for the new contract. We understand that all materials are the property of the State and must be sent to FSSA for review and approval. Our review and approval process includes the use of an inventory control number on each item and a clear indicator of the date issued or revised. The inventory control number serves as a constant identifier to confirm that the information contained in each document is timely and current. As part of our annual Quality Management and Improvement Plan Summary Report, we submit a list of all member education and outreach materials we have used and plan to use in the upcoming year.

2.2.6 Appropriate Reading Level for Member Materials

We know it is essential to develop program materials that clearly articulate intended concepts and messages, using appropriate phrasing and vocabulary at a reading level that is easy to understand for all members of all programs.

Actively promoting health literacy for all population subgroups demonstrates respect for member needs.

To reach as many members as possible, including those with low literacy levels, we write materials at the fifth-grade reading level. This helps all readers comprehend the intended messages quickly and easily. In addition to adapted wording, we use graphics to help visualize key concepts within program materials. We incorporate content that meaningfully addresses the most common member questions and concerns about managed care enrollment and health care benefits.

2.2.7 Member Materials and Services in Other Languages

We have provided member materials in both English and Spanish throughout our current contract, including MCE Summary Sheets and member education brochures and letters. For the new contract, we will create materials in Burmese as well. The Maximus Center for Health Literacy provides professional translation services, using qualified translators, editors, proofreaders, and reviewers to produce accurate translations of the English source document. All translated documents are adapted for readers with limited literacy and created with calls to action that are linguistically and culturally relevant, as shown in *Exhibit 2.2-8: Spanish HIP Postcard*.

Exhibit 2.2-8: Spanish HIP Postcard. *The Center for Health Literacy provides professional translation for all our member materials.*

We inform potential enrollees, enrollees, and members on how to access oral interpretation services and materials by including direction in the print materials we produce and by directing members to the IN.gov website. Our Helpline Representatives also inform enrollees and members of these communication options during Helpline calls and chats. We adhere to the most current requirements set forth in 42 CFR 438.10 for all oral and written communications with potential enrollees, enrollees, and members.

2.2.8 Receiving and Complying with Member Material Requests

We receive requests for member materials by phone, chat, and email. Depending on the request, we either initiate that the item be mailed to the member or we direct the individual to the material on the State's website. When a Helpline Representative updates a member case record in our enrollment broker system indicating a mailed material request, the fulfillment task is automatically triggered, which schedules the item to be mailed to the member.

2.2.9 Member Brochures

As the nation's leading provider of Medicaid managed care member services, we are experts at creating educational brochures and other materials that effectively describe how managed care works, Medicaid program services, how specific populations are impacted by voluntary and mandatory enrollment rules, and how MCEs participate in the coordination of enrollee care. We created a member brochure for Michigan to help members understand the impacts of Medicaid Work Requirements on eligibility for available services, as featured in *Exhibit 2.2-9: Michigan Member Brochure*.

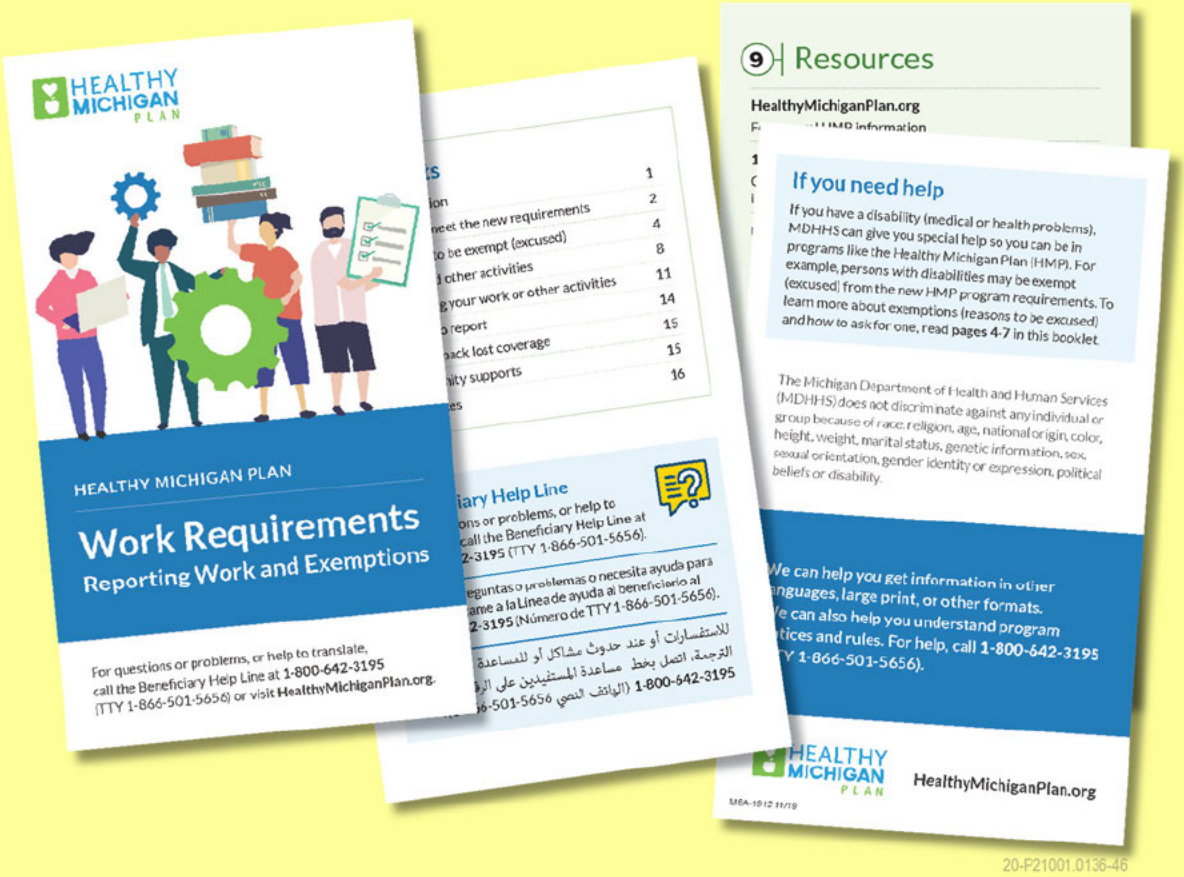
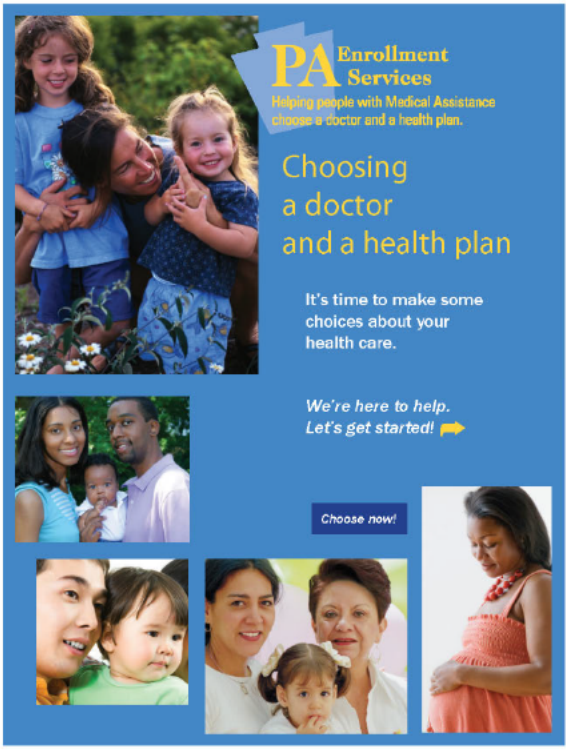


Exhibit 2.2-9: Michigan Member Brochure. *We apply our nationwide expertise to producing materials for individual state program needs, always customizing content for the target audience.*

In Pennsylvania, we created a four-page brochure to guide members through choosing a plan and provider. Our brochure gives step-by-step instructions on making these selections and enrolling and also provides information on getting care and services, as shown in *Exhibit 2.2-10: Pennsylvania Member Brochure*.



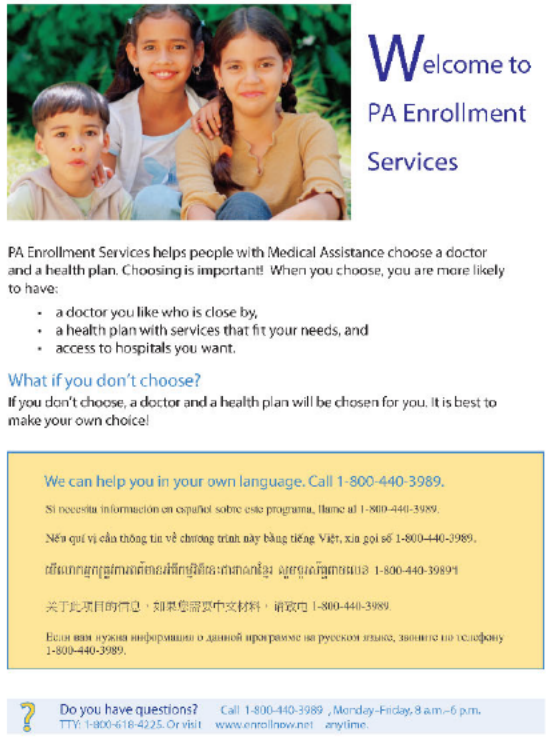


Exhibit 2.2-10: Pennsylvania Member Brochure. *Our Pennsylvania brochure encourages members to choose a provider and plan and gives clear instructions on how to get started and get assistance.*

In Indiana, we do not currently produce member brochures; however, we have produced them in the past and are always ready to receive and respond to such requests from FSSA. Under prior contracts, we produced and distributed the Hoosier Healthwise brochure to welcome members to the program and provide education on available plans and services. The brochure provided information including:

- **How to enroll** – explained the need to select a health plan and PMP, including the 90-day window to change plans after initial enrollment in an MCE
- **How to choose an MCE** – listed the available MCE choices, explained what a health plan is, and provided step-by-step guidance on how to choose and who to call for help
- **How to use the Helpline** – prominently displayed the telephone number throughout the brochure encouraging members to call today
- **How to obtain services appropriately** – explained what Hoosier Healthwise provides for members including a PMP, referrals to specialists, and a medical advice telephone line available 24 hours a day, seven days a week

We discontinued this brochure at FSSA's direction when auto-assignment rules changed.

2.2.10 Providing MCE Summary Sheets and Directing Members to Provider Lists

Informational resources such as MCE Summary Sheets and provider lists help enrollees select a health plan with providers in their area who meet their specific needs. Having the ability to continue to work with their current primary medical providers and specialists offers enrollees a sense of security and preserves continuity of care with health care professionals they know and trust. We will continue to direct enrollees to MCE Summary Sheets and provider lists, both of which are available in English and Spanish for Hoosier Healthwise, HIP, and Hoosier Care Connect on the State's IN.gov website.

We maintain copies of all MCE Summary Sheets in our KMS for our Helpline Representatives to refer to when providing choice counseling. Provider data is kept up-to-date in our enrollment broker systems, and our Helpline Representatives have ready access to this information as well.

We already have procedures in place for working with the current MCEs—Anthem, CareSource, MHS, and MDwise—to maintain MCE Summary Sheets with up-to-date information on plan services. We coordinate with each MCE quarterly to receive updated information on benefits covered, cost sharing (if applicable), and service area. We make certain that information included in the MCE Summary Sheets meets the requirements defined in 42 CFR 438.10(e)(2)(ii) and makes it easy for enrollees to compare plans.

Maximus designs and develops plan comparison charts for nearly all our enrollment broker and health insurance exchange contracts, and we are always prepared to extend our expertise in this area to Indiana. *Exhibit 2.2-11: Maryland Plan Summary Sheet.*

Vea al dorso para la versión en español

HealthChoice

Maryland's Medicaid Managed Care Program

You need to choose an MCO now!

Name of MCO

Customer Service Numbers
Hours of Operations

Doctors, Hospitals, Labs
Which **doctors, hospitals and labs** are in the MCO's network?
Go to marylandhealthconnection.gov or check the MCO's website listed here.

Open Areas

The MCO is open for new enrollments if you live in these counties.

Accepts out of area enrollments
The MCO may allow you to choose them even if you do not live in their open service areas. However, you may have to travel further distances for care and provide your own transportation. For details, call Maryland Health Connection at (855) 642-8572.

Which major pharmacies can you use?

Go to the MCO's website listed above for a complete list or call MCO customer service numbers.

Pharmacy Co-Pays for Adults
*If the MCO waives adult copays it will be noted here. MCOs may also offer some over the counter drugs. Go to the MCO's website for details.

Adult Vision Services
Required: 1 eye exam every 2 years/no glasses
*If the MCO offers additional services they are listed here. These listed services can be changed or discontinued at the beginning of each year.

Adult Dental Services
Required: None
*If the MCO offers limited dental services they are listed here. These listed services can be changed or discontinued at the beginning of each year.

Call for details

MCOs are required to be accredited by NCQA (National Committee for Quality Assurance).
Quality Ratings:
Excellent (Highest)***
Commendable**
Accredited*

Interim | Commendable

Services covered by
Managed Care Organizations (MCOs)

All HealthChoice MCOs must cover basic health services including:

- ✓ Visits to the doctor, including regular check-ups
- ✓ Healthy Kids check-ups including immunizations
- ✓ Prescription drugs (No pharmacy copays for children under 21 & pregnant women)
- ✓ X-ray and lab services
- ✓ Urgent care center services
- ✓ Emergency services (also covered when out of state)
- ✓ Hospital services
- ✓ Well women care
- ✓ Prenatal and postpartum care
- ✓ Family planning and birth control (No pharmacy copays)
- ✓ Home health services
- ✓ Vision exam & glasses for children under 21
- ✓ Dental care for children under 21 and pregnant women. Call the Maryland Healthy Smiles Dental Program (855) 934-9812

See chart inside for adult pharmacy copays, adult vision and adult dental services – These vary by MCO.

Behavioral Health Services in Maryland
(800) 888-1965

- ✓ Specialty mental health services (like counselors, psychologists, psychiatrists)
- ✓ Substance use disorder treatment and recovery services

Pregnant? Call (800) 456-8900

Transportation services may be arranged through the local health department. MCOs may also offer bus tokens, taxis and van services to medical appointments.

MCO Comparison Chart

In Maryland's HealthChoice program, health care services are provided through managed health care organizations, called MCOs.
Use the chart to help pick your MCO.

Here are some questions to ask before you pick an MCO.

- Which MCOs provide services in my area?
- Which MCOs include my doctor and the hospital, specialists, and pharmacies I want to use?
- What additional services does each MCO offer?

* HealthChoice does not cover you when you are out of State except for emergencies.

Look inside to get answers to these questions

Enrollment & Eligibility Contact – Maryland Health Connection
1-855-642-8572

Deaf and hard of hearing use relay service

MARYLAND Department of Health

03/01/20

20-P21001.0136-61

Exhibit 2.2-11: Maryland Plan Summary Sheet*. Our Maryland plan summary sheet includes a cover page with educational content on program services and a call to action to encourage members to choose a plan.*

Provider Lists

We maintain up-to-date provider data in our enrollment broker system so our Helpline Representatives can readily share this information with callers. We are able to view provider information by county for each contracted plan and give the caller information based on their geographic preference. We inform members of the availability of MCE online provider directories and how to obtain printed copies upon request from the MCE.

To support the needs of our 21 Medicaid enrollment broker contracts, Maximus developed a robust searchable, Affordable Care Act (ACA)-compliant provider directory, which we have successfully implemented on more than a dozen contracts. In many states, we manage web

portals where members can obtain program and plan information, compare plans, and enroll. We often include our member-facing provider directory as an integrated part of the web portal, so members can easily search for providers based on criteria available from the underlying provider network data, such as practice location, provider type, provider specialty, gender, language, hospital affiliation, group practice or community care site, or health plan participation. We work in coordination with our state clients and their MCEs to maintain up-to-date provider network data for member viewing. To meet increased adoption and use of online member interaction channels, we also make our provider directory accessible via mobile app. *Exhibit 2.2-11: Example of an Online Member-Facing Provider Directory* shows an example of both a web portal provider search and mobile app provider search.

We present this for FSSA's awareness that we have the ability to create a member-accessible online provider search tool for Indiana's programs if this is something the State wishes to consider in the future.

Exhibit 2.2-11: Example of an Online Member-Facing Provider Directory. *Our online provider directory allows members to search for providers based on criteria that is important to their individual needs via web site or mobile app.*

2.2.11 Creating Other Materials

Maximus has demonstrated our ability and willingness to work with FSSA through all aspects of member education campaign implementation, from content development, to materials design and testing, to production and distribution. We are able to produce, update, print, and distribute topic-specific informational materials including, but not limited to, appropriate emergency room use, pharmacy use, the importance of keeping scheduled appointments, the importance of a medical home, and procedures for filing appeals and grievances. We will continue to develop the member education topics, content, and plan for distribution at the direction of FSSA and in conjunction with the MCEs.

> "This subsidy application works hard to reach an audience that may struggle with financial forms because of low literacy, low numeracy, or a combination of both. Thanks to effective graphic design, the application helps users see exactly what they need to provide, taking the guesswork away from the consumer.
>
> *ClearMark Award Judge – Maximus Michigan Medigap Subsidy Program Application, 2019*

With the expertise of our Center for Health Literacy, we develop all materials with the target audience in mind—addressing their information needs, receptivity, culture, and literacy level. For example, we recently developed an application for Michigan's Medigap Subsidy Program and received a ClearMark Award for best plain language communications print materials.

Similarly, in West Virginia we worked with our state client to improve their managed care enrollment form to more effectively guide enrollees through choosing a managed care organization and a primary care provider, as shown in *Exhibit 2.2-12: Enhancing Member Materials for Better Outcomes*.

Before ▾

Mountain HEALTH TRUST

ENROLLMENT FORM

If you need help or have any questions, please call 1-800-449-8466.
We're here to help!

1. Please read this form and fill it out.
2. Do not forget to sign the form.
3. Answer the questions on the back of this page.
4. Mail the form in the enclosed postage-paid envelope.

Remember, you can call us at 1-800-449-8466 for help.

Is the following information right? If "No", please correct it.

Name:

Address:

Daytime phone number:

Medicaid ID Number:

Birth date:

Please complete the following information.

Race: White___ African-American ___ Asian ___ Other ___

Ethnicity: Hispanic ___ Non-Hispanic ___

Primary Language Spoken: _____

Please write your choice of provider here: _____

Provider's address and phone number: _____

Is this the provider you are seeing now? ☐ Yes ☐ No

The following is (are) the managed care program choice(s) in your county. Please make an "X" next to your choice.

Your signature on the line above. A parent or guardian must sign for anyone under the age of 18.

Please complete the health risk assessment on the back.

AFTER

WV HEALTH BRIDGE

Enrollment Form

Use this form to choose a managed care organization (MCO) and primary care provider (PCP) for each person. Here's what to do:

1. Fill out the form. Be sure to answer all questions.
2. Sign and date the form.
3. Mail it to us at Mountain Health Trust, 231 Capitol Street, Suite 310, Charleston, WV 25301.
4. Mail it to us **as soon as possible.**

Person 1 Tell us about the person whose name appears below

Member name | Medicaid ID

▸ What language does Person 1 speak at home? ☐ English ☐ Spanish ☐ Other _____

Tell us about Person 1's ethnicity. Is this person Hispanic or Latino? ☐ Yes ☐ No

Tell us about Person 1's race. *Please check all that apply.*
☐ Asian ☐ African American ☐ White ☐ Other _____

▸ These are the managed care organizations (MCOs) in your county. Choose one for Person 1:
☐ Aetna Better Health of WV ☐ UniCare
☐ The Health Plan ☐ West Virginia Family Health

▸ Choose a primary care provider (PCP) for Person 1 and write in the information below:

Name of primary care provider (PCP) | PCP's phone number ( ) ___

PCP's address | City | State | ZIP code

Is this the provider Person 1 is seeing now? ☐ Yes ☐ No

▸ Does Person 1 use smokeless tobacco? ☐ Yes ☐ No | Does Person 1 smoke? ☐ Yes ☐ No

▸ Is Person 1 seeing a doctor for any of these reasons?

Problem pregnancy ..... ☐ Yes ☐ No
Planned surgery ..... ☐ Yes ☐ No
Home or hospice care .... ☐ Yes ☐ No
On organ transplant list .. ☐ Yes ☐ No
Getting chemotherapy ..... ☐ Yes ☐ No
Getting physical, occupational or speech therapy .... ☐ Yes ☐ No
Getting physical, occupational or speech therapy .... ☐ Yes ☐ No
Heart condition such as congestive heart failure.... ☐ Yes ☐ No
Lung disorder such as asthma..... ☐ Yes ☐ No

▸ Is Person 1 pregnant? ☐ Yes ☐ No *If yes,* write the baby's due date *(mm/dd/yyyy):* _____

Person 1 continued on the next page ▸

Questions? Call **1-800-449-8466** (TTY/TDD 1-304-344-0015), 8:00 a.m. to 6:00 p.m., Monday through Friday. The call is free. Or, visit us at MountainHealthTrust.com. You can get this information in other formats, such as large print or audio.

20-P21001.0136-45

Exhibit 2.2-12: Enhancing Member Materials for Better Outcomes. *Our Center for Health Literacy are experts at enhancing existing member materials to improve readability, comprehension, and action.*

2.2.12 Preparing Accurate and Thorough Written Responses

We have a dedicated member of our Project team

Generally, our written correspondence is limited to responding to MCE Summary Sheet requests and handling misdirected mail, such as a plan selection, bills, or questions intended for another agency. However, we have FSSA-approved procedures and work instructions to make sure Hoosier Healthwise, HIP, and Hoosier Care Connect enrollees and members receive program information that is consistent with what we provide through the Helpline and program materials, regardless of how they inquire or request information.

For general emails, we respond by email if the inquiry is a simple question or answer.

2.2.13 Responding to Written Inquiries

With dedicated staff assigned to promptly respond to written inquiries, we have been successful in responding within the time frames dictated in our contractual performance standards. We respond to 98 percent of all written inquiries within 10 business days of receipt, and we respond to the remainder within 15 business days of receipt.

To make sure written responses are technically accurate and grammatically correct, we train our staff in appropriate and effective written responses and provide them with standard responses for different types of inquiries we receive. We maintain resources and reference materials on our KMS to support our staff in adhering to proper protocol with all written responses. This includes HIPAA-compliant procedures for written communication to safeguard confidential member information. Our Helpline Representative Leads conduct a quality check on all written responses.

We track all written inquiry responses in our enrollment broker system CRM module. This enables complete tracking and reporting on all member inquiries and supports an immediate escalation process for inquiries that require referral or follow up actions. We will continue to refer all questions from State and Federal legislators, the Governor, the FSSA Secretary, or news media inquiries to the Director of Support Services or delegate.

2.3 Member Enrollment and Disenrollment in Managed Care Programs

Maximus is the largest provider of Medicaid managed care enrollment services. We help more individuals enroll in managed care programs than any other contractor in the nation. In our service to FSSA and the Hoosiers who rely on Indiana Health Coverage Programs (IHCP), we leverage our experience operating 21 enrollment broker contracts to bring best

practices, efficient processes, and a proven enrollment broker system to our Indiana operation.

FSSA has experienced our commitment to timely and accurate processing of member enrollments, plan changes, and disenrollments. We've proven that we know Indiana's programs and the populations served by each program. We worked in close collaboration with FSSA when we first began operating the Enrollment Broker Project to develop and implement processes and technology specifically designed around Indiana's program policies and business rules, and we have continued this dedicated partnership for more than a decade.

SPOTLIGHT

INDIANA ENROLLMENT EXPERTISE

Maximus has processed Indiana member transactions efficiently and accurately since 2007; each month we handle approximately:

- 8,000 Enrollments
- 25 Just Cause Changes
- 630 Disenrollments

Our enrollment broker system supports all activities associated with member enrollment and disenrollment, and our staff members are already trained and skilled at navigating the nuances for each program and population. Our system, which is described in detail in *Section 3: Information System Requirements*, is highly configurable. It is already configured to meet Indiana's current program needs, and we are always prepared to make modifications to business rules, workflow functionality, and data fields, as we have demonstrated time and again throughout our current contract.

We work closely with the MMIS contractor on a regular basis to implement, manage, and maintain interfaces for secure data exchange. We already have the core interfaces in place to exchange member demographics, enrollment and eligibility data, Right Choices Program status, and other data elements that support member enrollment into managed care programs.

We don't simply rest on our track record in Indiana; rather, we present it as proof of our commitment to FSSA and Hoosiers. Dependability matters. We know that transitioning to a new contractor can be risky and fraught with challenges. We have been FSSA's dependable partner through many complex program changes. We bring institutional knowledge and the stability of an in-place infrastructure and Indiana-customized enrollment broker system and processes. Our stability and proven dependability can provide FSSA peace of mind that managed care enrollment services will continue to be delivered to Indiana's most vulnerable citizens at the level of quality you have come to expect. With Maximus, FSSA can concentrate on the state's broader program goals and initiatives and leave enrollment broker services in the capable hands of the nation's most qualified Medicaid managed care services provider.

2.3.1 Recording a Member's MCE Selection

Our enrollment broker system works in tandem with Core*MMIS* for tracking member MCE selections and enrollments. Initial MCE selections are recorded directly in Core*MMIS* when the enrollee completes his or her application. Our Helpline Representatives record enrollments in our enrollment broker system as they are assisting members. We have secure data exchange interfaces between our system and Core*MMIS* to maintain synchronized, up-to-date data in both systems.

Our enrollment broker system has intuitive navigation features and on-screen guidance so our Helpline Representatives can quickly get to the right screen and correctly enter the member's MCE selection. The system has business rules based on each program's policies for enrollment, MCE selection, and plan changes, and these rules prevent improper processing of these events.

2.3.2 Facilitate Enrollment for Presumptively Eligible Members

The presumptive eligibility process is important to individuals who have an immediate need for health services but have not yet applied for coverage under one of Indiana's programs. This includes individuals with health emergencies as well as pregnant women and children who appear to be eligible for Hoosier Healthwise or HIP but are not yet enrolled. The benefit coverage provided by the presumptive eligibility process protects health care providers as well by securing the necessary temporary funding to pay for the patient's care at the time of service.

We facilitate enrollment for presumptively eligible members by directly entering enrollment information into Core*MMIS*. Our Helpline Representatives are adept at handling presumptive eligibility enrollments and have a full understanding of the actions required to complete the process.

To enroll a member who is presumptively eligible, our Helpline Representatives log in to Core*MMIS* to assign a qualified PMP and MCE. To process the presumptive eligibility, the member ***must*** choose a PMP and MCE (the MCE may also contact the member for a PMP selection). If the member does not choose both, we cannot process the enrollment. For this reason, we review the PMP panel information in the Core*MMIS*, including whether the provider is accepting new patients. If the member is contacting us from a provider's office and the provider is not accepting new patients (based on a full panel in the system) and the provider is willing to take the individual under his or her care, our Helpline Representatives are permitted to enroll the member with that provider. In taking this action, the Helpline Representative overrides the full panel designation within the system. When members live in a county that does not have any PMPs who are accepting new patients, we enroll members with a fee-for-service provider.

Because of the importance of presumptive eligibility in terms of its impact on potential members, we have a quality control process to make sure new staff handle these enrollments correctly.

SPOTLIGHT

Maximus worked in collaboration with FSSA to support presumptive eligible members when Presumptive Eligibility for Pregnant Women (PEPW) began in 2009. Providers contacted our Helpline for immediate assistance with getting a member enrolled while the member was in the provider's office. These enrollments automatically activated in the MMIS (which was AIM at the time) so the member would have continuity of care with the correct provider of their choice while their Medicaid application was pending.

As the State transitioned from AIM to Core*MMIS* in 2017, we worked with the MCEs, FSSA and the MMIS contractor to receive a list of presumptive eligible assignments so we could process the enrollments without delay. Working with the MMIS contractor, we put in place a process for Maximus to alert MCEs of the PEPW members and their selections. During this interim period, we used PEPW member forms to quickly process the enrollments and set up a process to scan the forms into the MMIS.

New Helpline Representatives follow this process until they have proven they are able to handle facilitated enrollments error free.

2.3.3 Processing Change Requests and Disenrollments

Maximus knows the importance of encouraging those enrolled in managed care to remain with their health plan and provider when possible. Doing so fosters greater continuity of care through established relationships with health plans and providers. Because of this Indiana, like many other states, does not permit those enrolled in managed care health plans to change at will. Our staff are trained on, and knowledgeable of, the seven circumstances that may cause a member to change PMPs or MCEs while remaining eligible for managed care including when one or more of the following items occur:

- The PMP disenrolls from the program or an MCE
- The member moves and their current PMP is no longer easily accessible
- The PMP's scope of practice does not meet the member's current health care needs
- The member receives poor quality of care
- The member lacks access to contract covered services
- The MCE does not provide covered services
- The MCE does not provide related services that should be provided at the time the member receives other covered care

QUALITY CONTROL

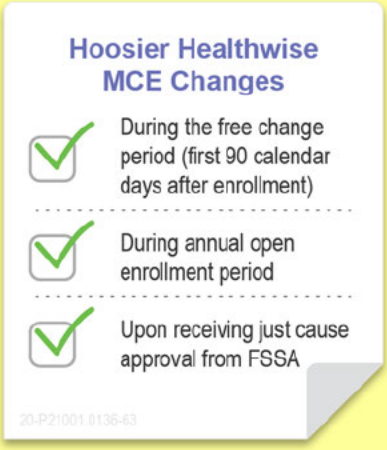
Our enrollment broker system has field level edits to ensure accuracy in documenting member MCE selections. For example, our system presents the Helpline Representative with a list of MCEs available based on the member's residential address. The system will not allow the Helpline Representative to record an MCE change if the MCE is not available in the member's area.

We process member requested plan changes following FSSA-approved procedures for each program, as described in the following subsections. Our Helpline Representatives begin by trying to understand the member's request in relation to the seven circumstances that may lead to a PMP or MCE change. The majority of individuals who wish to change their MCE do so because they wish to keep their PMP. Our staff may search to find providers who offer services required by the member. If our Helpline Representative determines that the member's needs may be fulfilled by changing PMPs within their current health plan, we refer the member to their MCE to complete the change in accordance with State policy.

Our enrollment broker system facilitates efficient and proper processing of member MCE change requests and disenrollments.

Hoosier Healthwise Member MCE Changes

Our existing procedures provide comprehensive instruction on proper processing of Hoosier Healthwise MCE change requests when they occur within allowable MCE change periods. Our enrollment broker system has business rules that mirror the Core*MMIS* rules so Helpline Representatives cannot inadvertently process a change if the member is not in an allowable period. Our system will not allow MCE changes during the Closed Status unless the member has received just cause approval from FSSA.



Healthy Indiana Plan Member MCE Changes

We assist HIP members with changing their MCE selection at any time before making their first POWER Account contribution and during open enrollment periods. Our process is shown in *Exhibit 2.3-1: HIP MCE Changes*.

Exhibit 2.3-1: HIP MCE Changes. *We assist HIP members by informing them when they can and cannot change their MCE.*

As described in *Section 2.2.13: Creating Other Materials*, we developed a HIP postcard to notify HIP members of their eligibility to change MCEs. We will continue to work with FSSA to update and distribute this postcard for the new contract.

Hoosier Care Connect Member MCE Changes

Maintaining provider-patient relationships is critical for individuals receiving services under Hoosier Care Connect so they receive coordinated and continuous care. The program's success in managing member care, improving health outcomes, and controlling costs depends on continuous MCE and PMP involvement with their members. We adhere to State and MCE policy with regard to requests for PMP changes and refer these to the MCE for handling. When our Helpline Representative determines that the member's needs may be fulfilled by changing PMPs within their current health plan, we instruct the member to contact

Hoosier Care Connect MCE Changes

- Within the first 90 calendar days of assignment
- During annual open enrollment period
- Upon receiving just cause approval from FSSA
- If the PMP moves to another health plan

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the MCE to change PMPs and we provide the corresponding telephone number. PMP changes within the same MCE become effective one calendar day after entry into Core*MMIS*. If the member must enroll with another MCE to receive care from a preferred PMP, we provide education and information on changing plans and we proceed with processing the change. Our staff checks the member's enrollment status to determine if an MCE change is allowed.

The MCE assists the member with PMP selection, if applicable. We advise members that MCE changes are effective on the first of the next month and that MCE changes processed after the 24th of the month will not take effect until the 1st of the second month.

MCW Changes for Just Cause

FSSA includes provisions for members to change MCEs outside of the free period for just cause. While Indiana seeks to promote continuous enrollment, the State also recognizes that there are justifiable circumstances that may make it necessary for members to change health plans. We acknowledge all of the just cause reasons identified in the RFP and have designed our procedures to accommodate members experiencing these circumstances.

When a member contacts our Helpline to request a just cause plan change, our Helpline Representative encourages the member to resolve any grievances they may have with their MCE before making a formal request to change MCEs for just cause. We refer the member to their MCE to complete the formal grievance process. If the outcome of the MCE's formal grievance process is a denial, the member may contact our Helpline if they are not satisfied. In these cases, we conduct a full review of the member's grievance and appeals record from the MCE and make a preliminary recommendation to FSSA as to whether the member's request should be approved or denied within seven business days of receiving the record. We forward these to FSSA for final approval or denial. If the member's request is approved, we update the member record in our enrollment broker system and notify the fiscal agent about the member's disenrollment and new MCE enrollment via our secure file exchange process.

SPOTLIGHT

PROCESS IMPROVEMENT

Maximus worked in collaboration with FSSA to create a positive outcome for Hoosier Care Connect members by providing member resolution through the Just Cause process.

We continue to assess ways to further automate or improve this process.

Disenrollments

It is not uncommon for members to lose eligibility for program services, and when this occurs, they are disenrolled from managed care. Most disenrollments are handled automatically when we receive a disenrollment transaction file from Core*MMIS* via the secure file transfer process we have in place with the MMIS contractor. We use the Core*MMIS* file to automatically

update member records in our enrollment broker system to reflect the most up-to-date enrollment and eligibility information. The Core*MMIS* file reflects when a member:

- Loses eligibility in IHCP
- Has a change in aid category that causes him/her to become ineligible for Hoosier Healthwise, HIP, or Hoosier Care Connect
- Becomes eligible for long term care or the Home and Community Based Services (HCBS) Waiver program
- Becomes eligible for Medicare
- Was inappropriately or mistakenly enrolled, which may occur due to a data entry error or due to a change in eligibility information

Other disenrollments may require our intervention because the member becomes eligible for another program and their eligibility is not yet recorded in Core*MMIS*. We have procedures in place for these situations, as summarized in *Exhibit 2.3-2: Disenrollments*.

Exhibit 2.3-2: Disenrollments. *We process all disenrollment in accordance with program rules.*

We understand that the effective date of an approved disenrollment must be no later than the first day of the next month following the month in which the enrollee or the MCE files the request (42 CFR 438.56). We notify the requestor of a decision to deny a disenrollment request and the reason for the denial by phone, then follow up with a denial letter that describes the member's right to appeal.

2.3.4 Interfacing with and Recording Relevant Data into MMIS

Maximus currently has the necessary interfaces in place for secure data exchange with Core*MMIS*, as shown in *Exhibit 2.3-3: Data Exchange Interfaces*.

Exhibit 2.3-3: Data Exchange Interfaces. *We have bi-directional interfaces to facilitate transfer of data to and from our enrollment broker system and CoreMMIS.*

We use the to pull data files, such as enrollment and MCE changes from our enrollment broker system so they can be sent to Core*MMIS*. Once data is extracted, we use an automated process to send the data file to a Secure File Transfer Protocol (SFTP) server where it is retrieved by the MMIS contractor.

We use the same SFTP mechanism to receive data from Core*MMIS*, including daily eligibility files, demographic updates, data on providers and members who have lost eligibility and are disenrolled, reconciliation files, and provider files to update our provider directory. We have FSSA-approved data integrity procedures for tracking and correcting data exchange errors.

Our staff are already trained and adept at accessing, navigating, and entering data in Core*MMIS* in accordance with State policy.

Meeting Indiana's Evolving Needs

As we embark on the new contract, we will continue to serve as FSSA's trusted partner in delivering secure data exchange solutions that meet program needs. We will continue to provide secure file exchange using our current interfaces for as long as the State requires us to do so. We are fully prepared to support more modern, real-time interfaces at any time the State wishes to make this change.

Through the operation of 21 enrollment and member support contracts and 13 eligibility services contracts, we have implemented interfaces to MMIS modules, integrated eligibility systems, MCEs, and other entities using both real-time web services and batch processes. Our technical solution aligns with accepted standards that promote interoperability and support Service-Oriented Architecture (SOA) integration. Working with our State partners, we often implement interfaces using service-based exchanges. Our interface design and data exchange infrastructure support multiple open standards and industry standard protocols such as secure file transfer (SFTP), web services (SOAP/REST/HTTPS), and messaging queuing mechanisms (JMS/MQ). Our interface capabilities allow for a variety of external systems using a variety of formats such as XML/XSLT, ASCII CSV, programmatic JSON, and ASC X12 EDI. We will leverage our broad base of experience as we continue to partner with FSSA in meeting Indiana's evolving needs.

SECTION 3.0 – Information System Requirements

Please explain how you propose to execute Section 3 in its entirety, including but not limited to the specific elements highlighted below, and describe all relevant experience.

- Section 3.1 – Enrollment Broker Database
    - Describe your ability to develop a database that identifies member and provider information in the seven areas listed in Section 3.1
    - Describe your planned use of a customer relationship management (CRM) system
    - Describe your ability to perform Right Choices Program tracking
- Section 3.2 – Information System Requirements
    - Please provide a copy of your information systems security policy
    - Describe your company's ability to meet the State's information system requirements
    - Describe in detail your disaster recovery plan and provide any relevant examples

3. Information System Requirements

Dependability matters. Maximus has proven time and again that we are a dependable, yet flexible partner to FSSA in providing technology to support member enrollment services and working collaboratively with Indiana Medicaid program stakeholders to meet evolving information system requirements.

As the nation's leading Medicaid enrollment broker, Maximus is unmatched by any other contractor in our understanding of Medicaid information system requirements and how to translate those requirements into an end-to-end technology solution that seamlessly serves both the State and the members who rely on the program's essential health care services.

We have worked side by side with FSSA for more than a decade, helping Indiana implement member enrollment and support solutions that are flexible to both immediate and forward-looking needs. As Indiana's Enrollment Broker, our priority is always the member experience and helping Hoosiers get access to health care services. Yet, we know we are just one part of the state's larger Medicaid Enterprise, and we maintain a keen focus on how we can best integrate with other stakeholders to facilitate seamless operations and enhanced member services across all functions.

We supported FSSA through major system transformations, including sweeping changes to the MMIS as it evolved from the legacy Indiana*AIM* platform to the current Core*MMIS*. During those challenging times, Maximus was at the table as FSSA's partner, helping navigate impacts to enrollment broker operations and mitigate any outcomes that would negatively affect member access to program services. We supported FSSA through numerous program changes, including the implementation of the Healthy Indiana Plan (HIP), the addition of presumptive eligibility for pregnant women and children, and the switch from Indiana Care Select to Hoosier Care Connect. Through these changes, and many others, we adapted our systems and processes to meet new program requirements. Throughout our current contract, we have always been at the ready to step in and do whatever we can to help enrollees and members get the services and support they need.

Maximus has demonstrated our commitment to being a responsive partner to FSSA, and as we approach the new contract term, we stand ready to continue to provide solutions that strengthen member access to the information they need to make informed health care decisions and get enrolled. We bring the latest iteration of our proven enrollment broker platform as the stable foundation on which to launch enhanced functionality for member enrollment and support.

EXPERIENCE AT A GLANCE

- Maximus operates 34 contracts that provide a full range of technology solutions to support Medicaid member enrollment and support services
- We have implemented our enrollment broker system in 14 states, including Indiana, where our customized system has supported Hoosier enrollment services for 13 years
- We interface with 35 state and third-party systems, including Indiana's Core*MMIS*, using data exchange standards that support interoperability across the Medicaid Enterprise and other state programs

3.1 Enrollment Broker Database

Since 1995, Maximus has provided our state clients with an enrollment broker system that integrates Medicaid enrollment and customer relationship management functionality into a secure, comprehensive, unified platform. Our system is specifically designed to support and seamlessly integrate with Medicaid processes.

Our enrollment broker system is not a COTS platform as many contractors offer. It does not require substantial professional services for setup and configuration. Our system is custom-built to support Medicaid managed care program enrollment, and it is **already configured for Indiana**.

When we first implemented our enrollment broker system in Indiana, we customized data fields, business rules, workflow, and reporting functionality to meet FSSA's specific requirements. Over the course of our current contract, we rolled out numerous customizations and enhancements to meet evolving program and policy needs, as summarized in *Exhibit 3.1-1: Indiana Enrollment Broker System Customizations.* We approach every system enhancement with an eye toward fiscal responsibility and always take action to mitigate member service interruption.

INDIANA ENROLLMENT BROKER SYSTEM

Through **seamless integration with Core*MMIS* functionality**, Indiana has benefitted from the efficiency and flexibility our enrollment broker system brings to Medicaid enrollment and member support for 13 years.

Exhibit 3.1-1: Indiana Enrollment Broker System Customizations. *With Maximus, FSSA gets a customized and fully configurable enrollment broker system that flexes with state program changes.*

Exhibit 3.1-1: Indiana Enrollment Broker System Customizations (continued). *With Maximus, FSSA gets a customized and fully configurable enrollment broker system that flexes with state program changes.*

modernization of proven technology

As FSSA begins planning for the next contract term, By beginning this process now, we have the clear benefit of time on our side. We have a fully functional system in place that currently meets the needs of the program.

Beyond Indiana, our enrollment broker system is deployed in 13 other states and successfully supports the full range of daily operational requirements of our Medicaid enrollment broker projects. This means we can leverage aspects of those deployments, as necessary, capitalizing on best practices that have proven successful for similar programs and taking advantage of more modern ways to streamline member enrollment and support.

ENHANCEMENTS

Over the course of our current contract, Maximus has been a collaborative partner working with FSSA and the MMIS vendor to meet evolving program needs. We are currently supporting FSSA to implement a secure file transfer interface for HIP Open Enrollment files prior to the 2020 Open Enrollment period.

We've played an active role in shepherding this initiative toward on-time completion by participating in testing activities and promptly making modifications to our systems and processes without the need for a formal change order.

Our next-generation enrollment broker system is a Software as a Service (SaaS) built on a microservices architecture, which provides multiple benefits, as illustrated in *Exhibit 3.1-2: Maximus Enrollment Broker System Benefits*.

Exhibit 3.1-2: Maximus Enrollment Broker System Benefits. *We built our next generation enrollment broker system on industry-leading microservices architecture to optimize flexibility, availability, and scalability.*

is aligned to CMS Medicaid Information Technology Architecture (MITA) standards, and its flexible microservices architecture can be adapted in response to changes in state programs, technical architecture, and populations served. Its service-oriented architecture (SOA) and open source software enable us to continue to be responsive to Indiana's evolving requirements with even greater flexibility.

3.1.1 Member and Provider Information Database

Our enrollment broker system provides comprehensive tracking and reporting on member and provider data in accordance with the requirements set forth in RFP Attachment D Section 3.1, as described in *Exhibit 3.1-3: Member and Provider Information Database*.

Exhibit 3.1-3: Member and Provider Information Database. *Our enrollment broker system fosters a positive enrollee/member experience by providing timely, accurate, and easily accessible enrollment information.*

Exhibit 3.1-3: Member and Provider Information Database (continued). *Our enrollment broker system fosters a positive enrollee/member experience by providing timely, accurate, and easily accessible enrollment information.*

We present a series of Maximus enrollment broker system screenshots throughout the remainder of this proposal section to illustrate how our system functionality facilitates seamless, efficient, and complete enrollment processing, contact tracking, and ongoing member support.

Exhibit 3.1-4: Member Program and Benefit Screen shows how our system maintains the most up-to-date information on a member's program eligibility and plan enrollment.

Exhibit 3.1-4: Member Program and Benefit Screen. *Helpline staff can see full details of a member's current plan enrollment.*

Exhibit 3.1-5: Member Correspondence shows how our system tracks inbound and outbound correspondence as well as the distribution of educational program materials.

Exhibit 3.1-5: Member Correspondence. *We maintain a complete record of all member correspondence.*

Exhibit 3.1-6: Task Workflow shows how a member complaint can be documented, prioritized, and escalated through an automated workflow that sends the task to the staff member responsible for handling the issue.

Exhibit 3.1-6: Task Workflow. *Automated workflow facilitates timely completion of tasks and supports first call resolution.*

Maximus will provide designated State staff secure access to our enrollment broker system. We use role-based security to provide access to functionality required by each specific role.

3.1.2 Customer Relationship Management System

Our enrollment broker system includes full, integrated CRM functionality for Helpline contact tracking and reporting. Our system is easy to navigate so Helpline Representatives can get to the screens and fields they need in the fewest number of clicks, helping maintain an efficient process and seamless service to members, enrollees, and potential enrollees. Our Helpline Representatives use our CRM to:

-

Configurable drop-down fields standardize how we categorize key aspects of member contacts, such as call reason or enrollment status, as illustrated in *Exhibit 3.1-7: CRM Configurability*.

In addition, our CRM facilitates tracking of activities related to outreach and correspondence via letters and emails. Helpline Representatives can view records of all correspondence associated with a member case within the case record.

Exhibit 3.1-7: CRM Configurability. *Configurable drop-down fields for contact reason and other key data elements make it easy to search for, identify, and report on recurring issues, related contacts, and other trend data that can inform program decisions.*

Exhibit 3.1-8: Member Contact Tracking. *Our CRM provides full details on every member interaction with the Helpline. Fields containing Protected Health Information (PHI) or Personally Identifiable Information (PII) are masked to protect data confidentiality.*

Exhibit 3.1-9: Member Contact History shows how Helpline Representatives can view a member's complete contact history by date, contact channel, contact reason, and disposition.

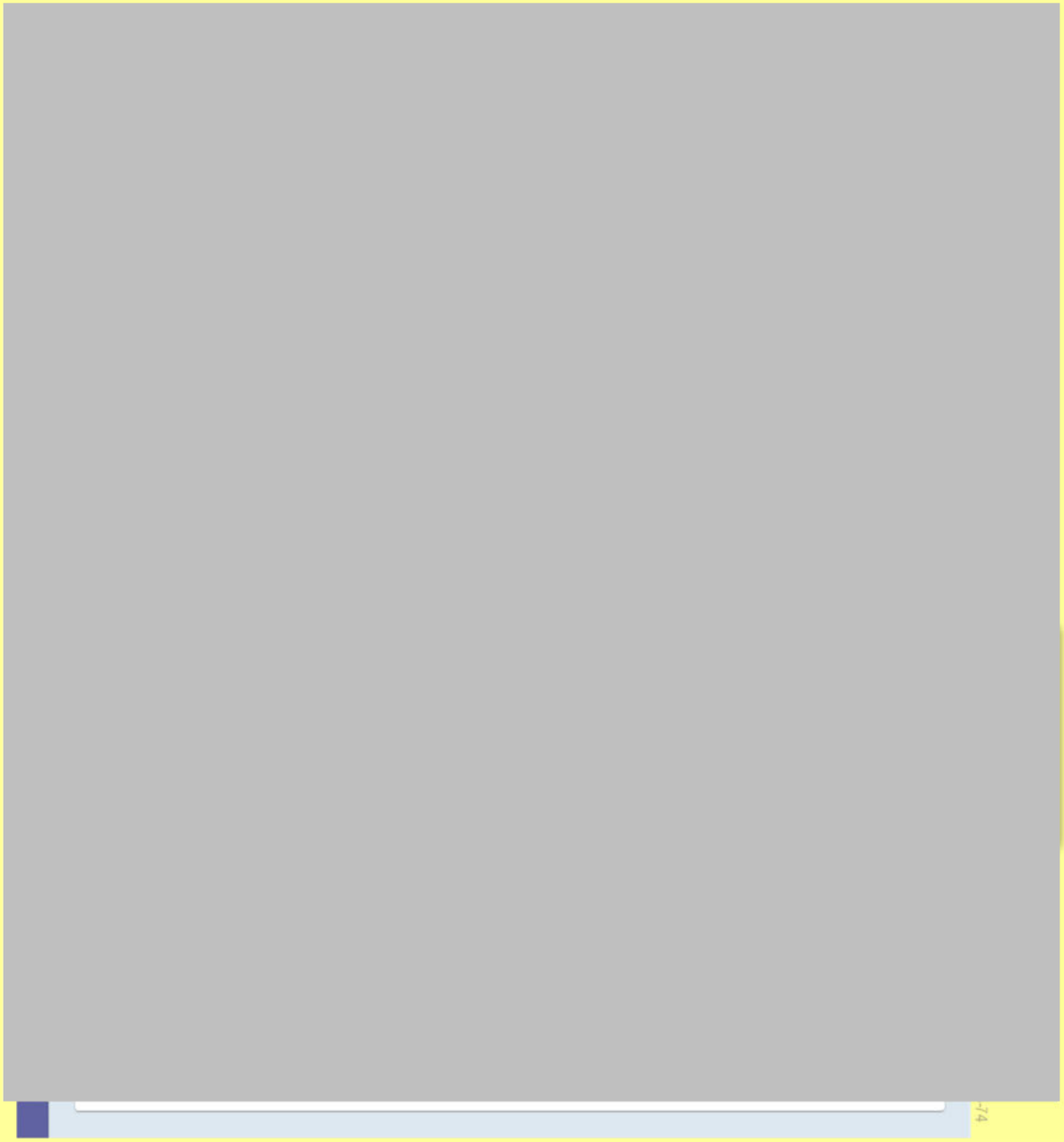

Exhibit 3.1-9: Member Contact History. *Helpline Representatives have access to a complete record of member data, including a list of all prior contacts, which enables first call resolution and high-quality customer service.*

As our CRM is an integrated component of our overall enrollment broker system, designated State staff will have secure access to the system. We will work with FSSA to coordinate extending this access to the pool of staff who have access to our current system and any others identified as needing this access for the new contract.

3.1.3 Right Choices Program Tracking

As FSSA's trusted partner, Maximus has supported the enforcement of appropriate use of Medicaid services through the work we do in tracking restricted members and prohibiting plan changes for members in the Right Choices Program (RCP). We have a thorough understanding of RCP rules and policies, and we will continue to perform this important function to help the State promote continuity of medical care and medication management and uphold program integrity.

Restricted members are determined through utilization reviews conducted by Indiana Health Coverage Programs (IHCP) contractors and provider information on members engaging in specific behaviors such as frequent or inappropriate use of the emergency room, duplicative services from multiple providers in the same specialty, frequent changes in primary care physicians, and drug-seeking behavior. Once these members are identified as using Medicaid inappropriately, we do not accept or process any plan changes unless directed by the State.

We receive restricted member data from FSSA, MCEs, and other IHCP contractors, and we track these members in our enrollment broker system. When we import this data into our system, the member record is flagged to clearly notate the member's restricted status and plan changes are prevented, as shown in *Exhibit 3.1-10: Right Choices Program Flag.*

Exhibit 3.1-10: Right Choices Program Flag. *The RCP indication is visible to any Helpline Representative who views and/or updates the member case record. This system flag prohibits plan changes from being initiated.*

As Indiana's Enrollment Broker, our role is to make certain we do not move RCP members from one plan to another, even if they request a plan change. When our Helpline Representatives assist callers, they first check the case record to review the Program and Benefits screen.

If during the call the Right Choices member has any concerns or issues, we refer them back to their health plan or to the appropriate agency. We will continue to support Indiana's RCP tracking efforts, adapting our systems and processes as necessary to best assist the State in upholding program integrity.

3.2 Information System Requirements

Maximus has a strong understanding of information system and security requirements, laws, and regulations issued by federal and state government that prescribe how we must handle, host, exchange, and protect program and member data. Across our contracts, we have developed, deployed, and managed a diverse range of systems and operational processes that handle sensitive and confidential records.

In Indiana, and nationwide, we deploy our technical solutions with data protection at the forefront of our minds, using cloud hosting to take advantage of state-of-the-art system availability, disaster recovery, data backup, monitoring, and security controls.

Information Systems Security Policy

Data security and privacy protection are core Maximus strengths and are integral to the work we do every day as the nation's leading provider of Medicaid administrative services. We understand the importance of maintaining the privacy of the individuals we serve and safeguarding the confidential information entrusted to us.

Our corporate Information Security Office maintains a comprehensive set of security policies that serve as the baseline for the security controls we implement for each project we operate. These policies govern how we handle confidential information and prevent unauthorized access to, copying, and distribution of protected information. Our security policies are enforced in all Maximus offices, with project- and client-specific requirements tailored to meet the needs of each project. *Exhibit 3.2-1: Security and Monitoring Protocols* highlights key areas of our approach to safeguarding confidential data.

Exhibit 3.2-1: Security and Monitoring Protocols. *Our security protocols comply with applicable federal and state statutes and regulations.*

We will continue to manage Indiana Enrollment Broker 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 provide a copy of our Information Systems Security Policy in *Appendix A: Information Systems Security Policy*. Our policy aligns with the State's information system security policy.

We use the NIST Special Publications 800-30 and 800-53, Revision 4, as the foundation and basis for the security controls we implement. *Exhibit 3.2-2: Security Controls* summarizes the data security controls we have in place and will maintain for the new contract.

Exhibit 3.2-2: Security Controls. *Maximus implements stringent security controls to protect sensitive and confidential data.*

Our Project Manager is responsible for operational compliance with state and federal security requirements, with support from our corporate Privacy Official Office and Information Security Office. Our Information Security Office oversees project compliance with applicable state and federal security guidelines, policies, and regulations, such as the HIPAA Security Rule. Our Privacy Official Office oversees project compliance with applicable privacy-related state and

federal requirements, such as the HIPAA Privacy Rule. They also conduct forums that are open to our management team to inform them of any changes in policies or laws governing confidentiality that may require revisions to project procedures. Both Offices jointly investigate incidents that potentially involve improper use, access, or loss of data; review privacy risk for new contracts; and establish company privacy policies, procedures, and training programs related to privacy and security.

Meeting Indiana Information System Requirements

Maximus will adhere to all applicable requirements for Indiana Enrollment Broker information systems, as defined in RFP Section 3.2.

We currently have FSSA-approved, secure connectivity and interfaces to Core*MMIS* and the State's claims processing system for receiving daily file transfers from the Fiscal Agent to update our system. These interfaces adhere to the specifications defined in RFP Attachment J. In addition, our staff is already trained 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 Core*MMIS*.

We will continue to maintain a collaborative and cooperative relationship with the State and the Fiscal Agent with regard to managing and maintaining systems and interfaces used to support Enrollment Broker functions. We have FSSA-approved change management guidelines in place that govern the procedures for scheduling routine maintenance activities to occur outside of regular business hours. We coordinate all such activities with the State and the Fiscal Agent to minimize impact to system accessibility and services. We will continue to work with FSSA and the Fiscal Agent to plan, document, and obtain approval of any planned changes to our systems or network configuration that could impact interface functionality, compatibility, interoperability, or availability.

SPOTLIGHT

ENROLLMENT BROKER SYSTEM UPTIME

Our enrollment broker system has maintained **99% uptime** during hours of operation throughout the past seven years of our contract.

We understand that data maintained in our systems in the operation of this contract is the property of the State.

System Disaster Recovery Plan

Maximus already has an FSSA-approved formal Business Continuity and Disaster Recovery (BCDR) Plan in place. [redacted] We will submit our revised plan to FSSA for approval during the implementation phase of the new contract.

Our corporate team of Disaster Recovery Institute International (DRII) Certified Business Continuity Professionals (CBCP) guide our approach to maintaining continuity of critical business operations during disaster events. This team supports the development and ongoing maintenance of Business Continuity, Disaster Recovery, and Contingency Plans for Maximus contracts across the nation. They work closely with our operations staff to develop plans in accordance with specific contract requirements and adhere to industry guidelines and best practices in the development of the processes and procedures we incorporate into our plans.

ENHANCEMENTS

AWS CLOUD HOSTING

Maximus is proactively improving our technology infrastructure and moving our systems to the cloud to strengthen our disaster mitigation and recovery capabilities and to give more flexibility to scale with the demands of our contracts. This includes our Indiana Enrollment Broker Project systems, [redacted]

Cloud Hosted Systems

Our core enrollment broker systems are hosted in AWS cloud architecture with redundant capacity, redundant power, and failover mechanisms to facilitate timely failover and recovery. AWS hosting is deployed in an Infrastructure as a Service (IaaS) model to provide the highest level of flexibility and control over our IT architecture. IaaS allows us to provide a high availability infrastructure design that will meet uptime, performance, and disaster recovery SLAs and requirements.

As shown in *Exhibit 3.2-3: AWS Cloud Hosting*, [redacted]

Exhibit 3.2-3: AWS Cloud Hosting. *With AWS cloud hosting, Indiana member data is secure, enrollment broker systems and infrastructure scale on demand, performance and availability are optimized, outages and data loss are mitigated, and disaster recovery occurs swiftly.*

Continuously Available Enrollment Broker Systems

We use an "always on" configuration for data backup and recovery of Indiana Enrollment Broker Project data applications, which means that a scaled-down version of our fully functional environment will always be running in the DR cloud in the AWS data center.

In the event of a disaster, Using this approach, we provide a near immediate failover process that occurs automatically based on the status of each AWS region. This greatly decreases recovery times, prevents data loss, and allows us to operate with minimal need for scheduled outages.

Telecommunications and Data Networks

The configuration of our AWS hosting environment is specifically equipped with backup network connectivity to both the primary production and disaster recovery environments, as illustrated in *Exhibit 3.2-4: AWS Network Infrastructure*.

Exhibit 3.2-4: AWS Network Infrastructure. *Redundant voice and data infrastructure provides timely failover of core Enrollment Broker services.*

Our production and DR environments have comparable network infrastructure, including firewalls, routers, switches, and load balancers, and enough server capacity to run mission-critical services, including storage appliances for data and servers to run backend services. The DR environment operates at the same level of performance, availability, and security as the primary environment. AWS provides on-demand, elastic scalability of data center services, so both environments can operate under a full load.

Hosting Environment Physical Security

AWS provides state-of-the-art physical security in their data centers as shown in *Exhibit 3.2-5: Hosting and Recovery Site Physical Security*.

Exhibit 3.2-5: Hosting and Recovery Site Physical Security. *AWS data centers are protected by a Perimeter Layer with stringent physical security controls.*

Backup and Archiving

Maximus backup procedures require that all servers are backed up and the media or data stored at an off-site facility.

Snapshots are performed during daily maintenance windows as the file system must be flushed and locked prior to conducting the backup. Volumes are tagged with the system name and device location of the EC2 instance to which they are attached. We configure lifecycle policies for each system to automatically create snapshots and retain them for pre-determined periods of time based on the BCDR plan. All snapshots are encrypted at rest using the AWS Key Management Solution, and access is monitored using AWS CloudTrail.

Annual BCDR Testing

We conduct annual BCDR testing to confirm our ability to provide timely recovery from disasters and other emergency events, using testing scenarios such as those shown in *Exhibit 3.2-6: Annual BCDR Testing*. We work with designated FSSA staff and other key stakeholders whose involvement is critical to the successful continuation of Enrollment Broker operations to make sure our plans are comprehensive and address all essential service areas.

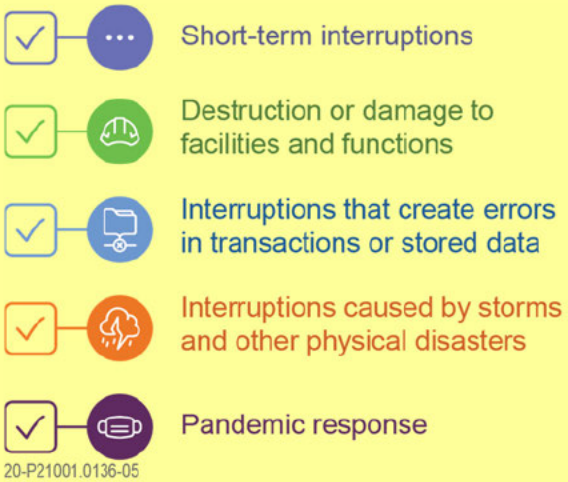

Exhibit 3.2-6: Annual BCDR Testing. *Our testing activities use scenarios that mirror possible disasters and contingencies.*

We will provide the results of our annual BCDR simulation testing to FSSA on request. In addition, we conduct post-test meetings to review the testing activities and analyze what worked as planned and what did not. We revise our BCDR Plan based on this analysis and provide an updated BCDR Plan to FSSA any time we make revisions. In addition to BCDR testing, we will implement bi-annual BCDR training for all Indiana Enrollment Broker Project staff and designated State personnel.

Business Continuity and Disaster Recovery in Action

The most recent and relevant example of our Business Continuity and Disaster Recovery response in action is our swift deployment of our Indiana Enrollment Broker staff to secure home workspaces in response to the COVID-19 pandemic. With the expert guidance of our corporate IT and security professionals, we completed a seamless transition to a remote worker model, with all staff set up with the necessary equipment, system access, and secure connectivity per HIPAA regulations. Across the country, we similarly transitioned all our health and human services contracts so we could continue providing essential services to the nation's most vulnerable individuals and families.

In addition, over the years Maximus teams across the country have faced a variety of disasters or disruptions that impacted our operations, as summarized in *Exhibit 3.2-7: Examples of Disaster Recovery in Action*. Our staff approach every emergency situation swiftly and with an eye toward protecting the people, property, and data that support our public service contracts.

Texas	Extended Service/System Outage	**In August 2017, Hurricane Harvey devastated Texas.** Maximus has a long-standing relationship with the State through our Texas Enrollment Broker and Eligibility Support Services contracts. When the Governor of Texas declared a disaster, we promptly stepped up to support D-SNAP issuance. We offered extended call center hours, disaster relief, outreach, and other critical services. We also provided office space for displaced State employees whose offices were closed due to considerable damage caused by the storm.
West Virginia	Extended Service/System Outage	**In January 2014, our child support offices located in Charleston, West Virginia were affected by a chemical spill.** Water was unsafe to drink, bathe in, or otherwise use. The next day our staff brought bottled water, food, and supplies for people without water in their homes. We were able to minimize absenteeism and provide uninterrupted service to our West Virginia customers.
Massachusetts	Terrorist Attack	**In 2013, our MassHealth Customer Services Team put our DR Plan into action during the Boston Marathon bombing.** Maximus was able to continue operations, despite street and building inaccessibility, allowing our contract to maintain all service levels and meet client requirements.
New Jersey and New York	Power Outage and Inclement Weather	**In 2012, Hurricane Sandy threatened our New Jersey and New York shared project site.** Our offices experienced extended power outages, service outages, street closures, and site closures. We initiated our DR Plans and re-directed data entry and systems functions to designated back-up sites to maintain continuity of operations.
New York	Power Outage and Inclement Weather	**In 2011, Hurricane Irene forced our New York Enrollment Center project to implement its DR Plan.** Prior to the storm, Maximus shifted our Albany call center operations to our Atlanta office, without any downtime or loss of service to our New York customers. Our risk assessment compelled us to act proactively and our technology platform allowed us to transition operations quickly, easily, and seamlessly.
New York	Terrorist Attack	**On September 11, 2001, Maximus employees were at work a few blocks away from the World Trade Center at our New York Medicaid CHOICE project.** We immediately activated our DR Plan and evacuated all 220 staff from the area. The very next day, we began working to transfer call center phone lines and establish an alternate site in Brooklyn. By September 13, we had reestablished operations in our alternate site and continued to provide high-quality service to Medicaid beneficiaries until we could return to our Manhattan office.

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Exhibit 3.2-7: Examples of Disaster Recovery in Action. *Maximus is an experienced, knowledgeable partner with demonstrated capability to provide essential public services during an outage or disaster.*

As we move forward to the new contract, we will apply lessons learned from our COVID-19 pandemic response experiences in Indiana and nationwide—as well as the lessons we've learned responding to numerous and varied emergency situations—to our business continuity planning for the Indiana Enrollment Broker operation. If there is ever a time when dependability matters, it is when we are faced with emergencies that could interrupt critical services to people in need of medical care. Maximus remains FSSA's responsive and trusted partner. We are here to help keep Hoosiers safe, healthy, and connected to their Medicaid managed care services.

SECTION 4.0 – Administrative Tasks

Please explain how you propose to execute Section 4 in its entirety, including but not limited to the specific elements highlighted below, and describe all relevant experience.

- Section 4.1 – Staff Requirements
  - Please provide resumes and three (3) professional references each for each key staff position
  - Describe how your staffing plan will help you to provide all the services required in this contract
  - Describe your expected subcontractors and the services they will provide
- Section 4.3 – Policy Oversight
  - Describe your plan to maintain and keep up-to-date on the existing written policies and procedures for all of the Contractor functional areas
  - Describe how you will assist the State with ongoing program operation, policy and procedure development and review
  - Describe how you will incorporate revised policies and procedures, as appropriate, into the revisions of all materials such as the member letters and brochures
- Section 4.4 – Administrative Plan Development and Execution
  - Describe how you will create and present a detailed administrative plan that describes the resources and supplies needed to complete the member education and enrollment, Helpline maintenance and management, database development and management, and quality improvement activities described in this contract
- Section 4.5 – Meeting Requirements
  - Describe your ability to attend and actively participate in required meetings
- Section 4.6 – Training Requirements
  - Describe your plan for providing appropriate training to your staff including: program orientation and updates, cultural sensitivity, program policies and procedures, relevant information regarding all Health Plans available to potential enrollees and other topics as requested by the State

4. Administrative Tasks

FSSA relies on its enrollment broker to skillfully and reliably support some of the most vulnerable Hoosiers in understanding and enrolling in essential health care programs. Maximus has proven that we are FSSA's dependable partner in executing the administrative tasks of the contract. Our management team has demonstrated that we are adept at recruiting, training, and maintaining a skilled workforce capable of providing accurate program education, unbiased choice counseling, empathetic support, and timely enrollment assistance to Indiana's Medicaid managed care members.

FSSA can be confident that Maximus will continue to provide enrollment support to Indiana Health Coverage Program (IHCP) members with the same dedication to quality and positive outcomes you have come to count on from your enrollment broker. Having served as your trusted partner since 2007, we have continuously adapted our staffing, training, and operational approach to meet the evolving needs of FSSA in response to numerous, complex program changes. As we have demonstrated time and again, we have a clear understanding of the impact policy changes and program expansions have on Medicaid managed care enrollment operations. We know how to quickly adjust our processes, systems, and staffing to support these changes.

We embark on the new contract term with an expert team who has responsibly and responsively handled the administrative and project management tasks of this contract with a level of skill that can only come from deep-rooted experience. Our knowledge of the programs and populations we currently serve—Hoosier Healthwise, Healthy Indiana Plan (HIP), and Hoosier Care Connect—is rooted in the 13-year journey we've been on with FSSA, navigating the evolving policies that have resulted from Medicaid reform, the Affordable Care Act Medicaid expansion, and other federal and state regulatory shifts. We are ready to move forward as FSSA's dependable partner working in collaboration to implement solutions that enhance member services, while being respectful of the state's program vision and fiscal resources.

EXPERIENCE AT A GLANCE

- Our senior leadership team has more than a decade of direct experience supporting FSSA's evolving Medicaid managed care program needs.
- Our management team has demonstrated continued commitment to implementing effective solutions that improve member enrollment and support.
- Our Helpline Representatives have an average tenure of four years and some have been with the contract since 2007.
- Our staff modeling, recruitment, training, and retention processes are informed by operating 21 enrollment broker operations.

4.1 Staff Requirements

To meet the staffing requirements of the Indiana Enrollment Broker Project, we bring a team of key staff with a deep working knowledge of Indiana's Medicaid managed care programs. Our team leverages our proven tools for staff modeling and workforce management to develop staffing forecasts and manage day-to-day staff planning, so that we always maintain optimal staff levels to support member needs and meet service level requirements. We rely on our expert staffing subcontractors to help us successfully recruit skilled staff. *Exhibit 4.1-1: Hoosiers Helping Hoosiers* shows how these three pillars support staff planning, recruitment, and our ongoing responsiveness to evolving program needs. All project staff members are

Indiana residents, two of our staffing subcontractors are Indiana based, and our Vice President of Operations, who provides executive leadership to the Project, is also Indiana based.

Exhibit 4.1-1: Hoosiers Helping Hoosiers: *Maximus brings Indiana expertise with our enrollment broker operations staff and our staffing subcontractors. Our staff modeling and management tools are proven effective in Indiana and nationwide.*

4.1.1 Key Staff

Our staffing plan is built on the foundation of the exceptional experience and knowledge of our existing Indiana Enrollment Broker Services Project team, who will continue to support FSSA and Indiana's Medicaid managed care members with the same level of dedication and empathetic care as we always have. We present our organizational chart in *Exhibit 4.1-2: Indiana Enrollment Broker Services Project Organization*.

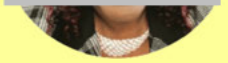
Our corporate executive leadership team has extensive experience working in partnership with our state clients across the nation to support Medicaid and CHIP program eligibility, enrollment, and ongoing member services. have established strong relationships with our FSSA counterparts to form a collaborative partnership built on trust and dependability.

Our key staff, clearly marked on the organization chart, provide stability and continuity of exemplary service to the Hoosiers we serve. They know Indiana's programs, the populations we serve, and how to operationalize program policy in ways that improve how members understand, enroll, and interact with health care. Our Enrollment Broker Services line staff interact daily with Indiana Medicaid managed care members with professionalism, empathy, and a person-centered focus on connecting individuals with health care that meets their unique needs.

Exhibit 4.1-2: Indiana Enrollment Broker Services Project Organization. *Our organizational structure facilitates effective delivery of all training services and provides clear lines of authority and accountability.*

Dependable, Adaptable, and Experienced Leaders

Maximus looks to leaders who have successfully proven their expertise leading complex programs in challenging or uncharted waters. Our team of key staff has proven that they are responsive and experienced leaders FSSA can depend on. Each of our key staff has worked in collaboration with FSSA and other state contractors, such as the MMIS contractor, to implement forward-



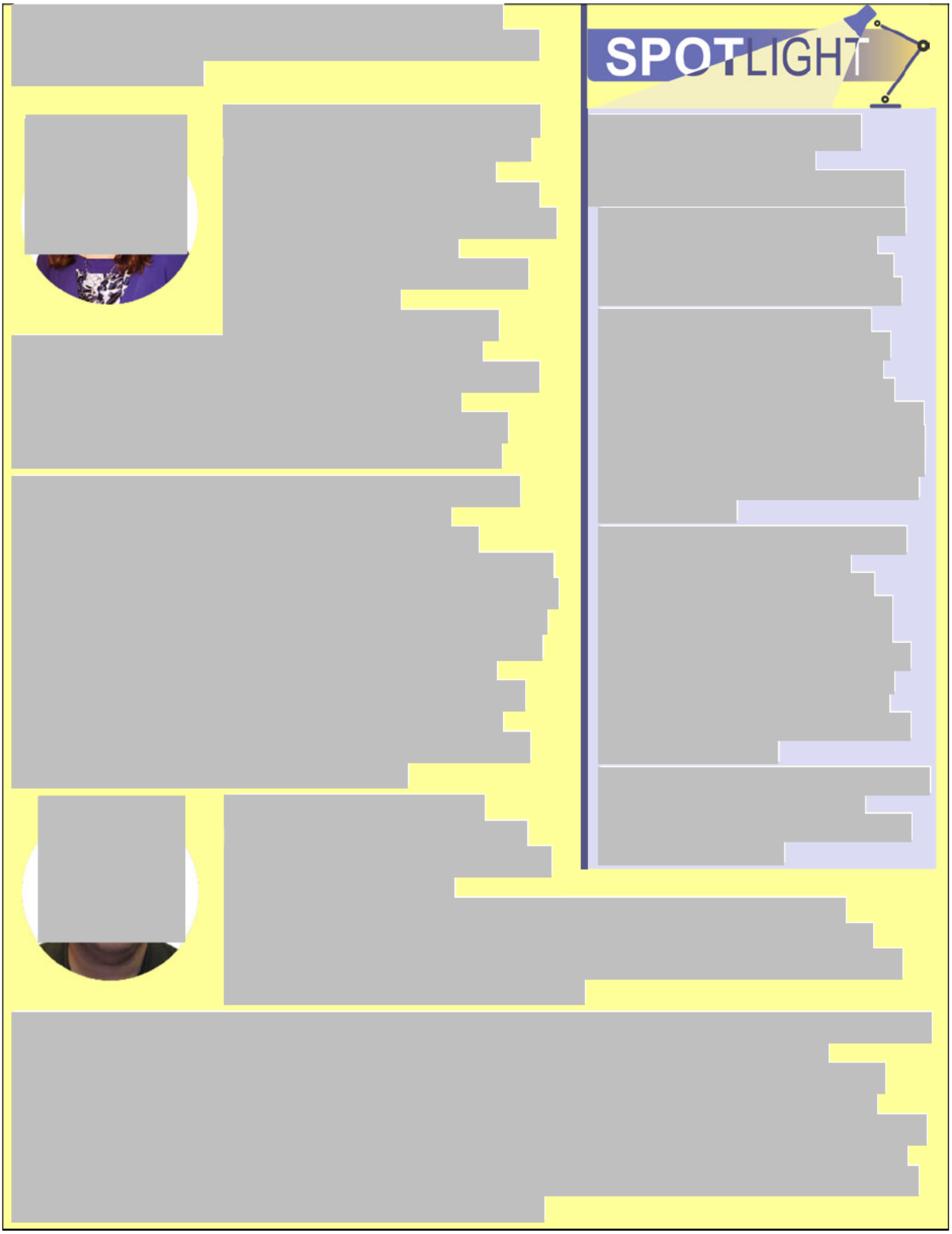

SPOTLIGHT

Exhibit 4.1-2: Enrollment Broker Services Key Staff Email Addresses and Phone Numbers. *Maximus key staff remain dedicated 100 percent to the project and will continue to be accessible.*

Key Staff Resumes and References

We provide resumes and three professional references for each of our proposed key staff in *Appendix B: Key Staff Resumes*.

Key Staff Approval

We have an established process for FSSA approval of all key positions. When filling key positions, we hire individuals with proven relevant success. We strive to find leaders who are member-focused and whose leadership will strengthen our commitment to the success of our enrollment broker operations. We recognize the importance of these roles, and we search the market for the candidate with the best experience to fulfill the needs of the contract, our client and ultimately, the members we serve.

Our Project Manager, , will comply with written notification to FSSA within five business days of a key position vacancy. Maximus will commit to resolving the vacancy within

30 business days, and we will submit written updates on any new hire we propose. When a new hire passes our background check, and meets our experience and performance, we submit their information for FSSA approval.

Key staff will remain dedicated 100 percent to the project and headquartered at our Indianapolis office. Maximus acknowledges that FSSA has the authority to approve all key positions.

4.1.2 Staffing Plan/Other Staff Positions

Helpline Representatives are the first point of contact for many enrollees and members trying to navigate today's complex health care environment. Throughout our current contract, Maximus has staffed the Indiana Enrollment Broker Services Project with Helpline Representatives—and other staff positions—with the competencies and soft skills needed to support Hoosiers in understanding program services and enrolling into a plan.

As shown in *Exhibit 4.1-3: Maximus Approach to Staffing*, e describe each of these core aspects of staff management throughout this section of our proposal and in *Section 5: Quality Management*.

Maximus Approach to Staffing

Exhibit 4.1-3: Maximus Approach to Staffing. *that result in a skilled and stable Project team and exceptional service to Medicaid managed care members.*

Accurate Staff Forecasting and Predictive Analytics

Managing staffing levels in the Indiana Enrollment Broker Services Project is essential to ensuring quality of service, meeting performance standards, and maintaining low wait times, prompt response times, and high member satisfaction. Based on proven practices from our

health services operations nationwide, that enables us to meet implementation timelines, maintain steady-state staffing levels during non-peak times, and ramp up to meet high volume demands in response to open enrollments and program changes. Through collaboration with FSSA, we have tailored our approach to meet the needs of Indiana and proactively manage anticipated volume changes that may require staffing adjustments.

his helps us forecast resource needs accurately and provides an optimally structured workforce that can meet performance standards.

In *Exhibit 4.1-4: Establishing Appropriate Staffing Levels for Indiana Enrollment Broker Services*, we show the inputs we use to determine optimal Helpline Representative levels based on

s

Exhibit 4.1-4: Establishing Appropriate Staffing Levels for Indiana Enrollment Broker Services. *to determine appropriate staffing levels to facilitate excellent service.*

Industry-leading Workforce Management Tool

GENESYS™ As described in *Section 2: Contractor Tasks*, we are implementing our next-generation Helpline telephony platform, powered by Genesys, during the current contract term. This new system will be in place and fully operational well in advance of the new contract. Our telephony platform has a

positive member experience

ENHANCEMENTS

making it easier for our Operations Supervisor to identify performance trends and adjust staffing quickly to meet demand.

Exhibit 4.1-5: Real-time Adherence. *Indiana Enrollment Broker Services*

We have met 99 percent of performance standards since we began supporting the Enrollment Broker Services project. Our comprehensive, proven staffing approach will continue to predict appropriate staff levels as we continue to exceed performance standards.

Staff Recruitment

Our Senior Human Capital Specialist, Colleen Gilbank, works with our dedicated staffing partners to recruit qualified candidates for our Indiana Enrollment Broker Services Project using the best practices described in *Exhibit 4.1-6: Staff Recruitment*.

Exhibit 4.1-6: Staff Recruitment. *Our approach to providing capable and qualified project staff is based on a proven methodology used in our 21 enrollment broker operations nationwide.*

Our staffing partners recruit Helpline Representatives who reflect the cultural, linguistic, and demographic characteristics of the member populations we serve. They also seek candidates

who demonstrate the necessary skills to be able to provide competent, empathetic, person-centered member support. These skills include:

- [redacted]
- [redacted]
- [redacted]
- [redacted]

We use competency-based job descriptions to recruit staff, and we follow our recruitment efforts with comprehensive training, as described in detail in *Section 4.6: Training Requirements*. We also perform criminal background checks for all new hires and make offers that are contingent on passing the background check.

In *Section 4.1.3: Subcontractors*, we discuss our proposed subcontractors, including those that will be providing staff recruitment services.

4.1.3 Subcontractors

Members depend on our consistent, timely, and accurate services. We partner with vendors who share our commitment to delivering consistently superior services. Our proven subcontracting management process enacts clear direction and expectations on our strategically chosen partners. We seek out diverse vendors with proven track records of dependability, superior consumer-focused service, Indiana-based and national experience, and commitment to achieving clients' goals.

We have a proven ability to coordinate, manage, and monitor the efforts of subcontractors. Our successful management approach provides stability and reinforces our ability to effectively deliver services that meet or exceed established service levels.

- [redacted]
- [redacted]

EXPERIENCE AT A GLANCE

Our experienced partners bring Enrollment Broker Services demonstrated success:

- [redacted]
- [redacted]
- [redacted]
- [redacted]

We identify and select subcontractors with specialized skills who meet a programmatic need and who provide quality and cost benefit advantages to the program. In addition, Maximus has established a proven procurement model that verifies quality subcontractors are selected, monitored, and evaluated to adhere to contractual requirements. We will use multiple proven, results-oriented subcontractors with the experience and qualifications to meet the ongoing needs of the project.

Managing Our Partners

Maximus' approach to managing and monitoring subcontractors emphasizes mutually beneficial relationships that help us achieve program goals and objectives. In administering our contracts, we hold our subcontractors responsible to the same performance standards as Maximus holds itself as the prime contractor.

Our subcontracting partners are required to meet performance standards and successfully fulfill designated requirements. We flow down all relevant contract requirements, terms, and conditions to our subcontractors and require them to abide by these provisions. Our subcontractors are subject to our quality assurance policies, operational procedures, and key performance requirements of the program.

Our subcontractors have a direct line of communication to our Project Manager, , to discuss services and performance. Since the work performed by our subcontractors flows across functions, we have established a schedule of routine communications, collaborative activities, and other touchpoints to eliminate work silos and the inefficiencies they create:

- Subcontractors must hold status meetings with our Project Manager, and our Operations Supervisor, .
- Subcontractors must provide a random sample of their completed work. We perform our own quality performance evaluations to verify products and services conform to contractual requirements and initiate corrective actions for subpar performance.
- We perform compliance audits of subcontractor services at regular intervals.

Subcontractor monitoring activities include surveillance, inspection, certification of work in progress, and thorough review of completed work. In addition to subcontractor oversight, the project management team verifies that subcontractors use quality assurance tools and checklists appropriate to their assigned tasks, work to the performance metrics specified for

this contract, supervise in-progress work, and make corrections to satisfy contract requirements. We develop data collection and review procedures to verify that comprehensive and timely data are available for analysis purposes.

The collective institutional knowledge of our Indiana-based leadership uniquely qualifies them to build strong partnerships, evaluate work, and effectively manage our subcontractors.

Our experienced staffing subcontractors can access large labor pools quickly and deploy staff rapidly. We routinely review subcontractor assessment tools identified applicants reflect the skill and competencies required for the Enrollment Broker Services Project.

Diverse and Experienced Subcontractors

We partner with MBE/WBE/IVOSB-certified subcontractors that have demonstrated successful, proven services. Maximus will continue to use dedicated partners for staff augmentation and print and mail fulfillment services in the new contract. Below, we detail our proposed subcontracting partners and their requested information. They have been chosen strategically to create a unique blend of partners that have established experience in Indiana and across the country. We have partnered with vendors that are consumer-focused, committed to a diverse workplace, and who possess a proven track record of providing superior services. Additionally, our subcontractors are independent of any MCE or other health care provider in Indiana.

DX Enterprises, Inc.

DX Enterprises, LLC
2412 S. Crabtree Drive
Princeton, Indiana 47670
(812) 385-4272
Services Provided: Staff Augmentation
Federal Tax ID Number: 45-4419983
Status: Indiana Veteran Owned Small Business
Amount of Subcontract: $292,882

DX Enterprises (DXE), a certified IVOSB, has 16 years of experience providing a full range of staffing services. We have partnered with DXE for more than a year, providing highly

qualified candidates to the Indiana Enrollment Broker Services project. They are a reliable partner who understands the appropriate skills and demeanor needed to be a successful Helpline Representative. Their dependability and understanding of expectations of the services we provide our members have been critical, screening for candidates that will be ready to provide timely and accurate services.

In addition, DXE understands Maximus' assessment and placement determination protocols. This insight has helped them provide a continuous pipeline of qualified candidates for short-term staffing ramp-up based on programmatic need. DX Enterprises has been responsive to Maximus' concerns and needs, consistently providing high-quality and experienced Helpline Representatives.

The Panther Group

The Panther Group, Inc.
5 Mill and Main Place, Suite 430
Maynard, Massachusetts 01754
(781) 373-6020
Services Provided: Staff Augmentation
Federal Tax ID Number: 81-4042047
Status: Minority Business Enterprise
Amount of Subcontract: $695,878

The Panther Group, a certified Indiana MBE, has been providing full-service staffing solutions for 27 years. They have been a dependable partner for Maximus for 16 years, providing superior staff augmentation services for a wide range of Maximus health and human services across the nation, including in New York, Kansas, Massachusetts, Virginia, and California. At these projects, the company has successfully responded to Maximus staffing needs, consistently supplying a sufficient volume of qualified employees.

The Panther Group has been recognized as a member of Corporate Plus, whereby membership is granted by the National Minority Supplier Diversity Council for the highest caliber MBEs with the proven capacity to handle national contracts for major corporations. Their excellent reputation and longevity in this industry has helped The Panther Group build relationships with local communities and in the marketplace to help attract highly qualified, diverse candidates that reflect the populations we serve.

In addition, The Panther Group has expertise using a variety of diversity outreach and recruitment programs to identify and recruit qualified diverse candidates.

We look forward to partnering with The Panther Group in Indiana. They will bring their proven capacity, consistency, and dependability to Enrollment Broker Services to continuously provide a pool of qualified candidates to supplement our staffing.

V. Elizabeth Talent Acquisition Solution

V Elizabeth Talent Acquisition Solution
532 Van Buren Street
Gary, IN 46402
(800) 288-3576
Services Provided: Staff Augmentation
Federal Tax ID Number: 83-3102252
Status: Women's Business Enterprise
Amount of Subcontract: $936,041

Maximus is proud to partner with Indiana-based and MBE- and WBE-certified staff augmentation vendor, V. Elizabeth Talent Acquisition Solution. They have three years of providing successful staff augmentation services in Indiana. We selected this vendor for their commitment to putting consumers first, their diversity, a proven track record of providing qualified candidates in a timely manner, and their focus on community engagement.

V. Elizabeth Talent Acquisition Solution has intentionally built their staffing pipeline around an inclusive and diverse recruitment process. They began these efforts by forging lasting relationships with various organizations, Diversity Business Resource Groups, and networking with Hoosier businesses and targeted communities. They utilize these relationships to extend their support networks through trusted client referrals. In addition, they use a variety of special assessments to identify and recruit talent with bilingual capabilities and special skills.

This approach will help provide Maximus with an augmented pipeline of diverse, qualified candidates, including bilingual talent, supporting the project to provide a positive member experience.

Your Image Works, Inc.

Your Image Works, Inc.
3307 W 96th St., Suite A
Indianapolis, IN 46268
317-396-2647
Services Provided: Print and mail fulfillment
Federal Tax ID Number: 35-2050331
Status: Women's Business Enterprise
Amount of Subcontract: $105,441

We propose Indiana-based, WBE-certified Your Image Works, Inc. to provide print and mail fulfillment services. Your Image Works has demonstrated success operating as a print and mail fulfillment vendor for Indiana businesses for 22 years. Due to its high-quality services, the company has worked with a wide range of clients, such as the NCAA Final Four, the Indiana State Department of Health, University of Indiana, Butler University, and Comcast. Proving their customer-centric approach, Your Image Works has earned an A+ rating with the Better Business Bureau, receiving no complaints over the past 22 years.

We also selected Your Image Works, Inc. for state-of-the-art printers and equipment and reliable mailing services. They are extremely responsive and prioritize customer needs. We

are confident that Your Image Works will provide timely, high-quality print and fulfillment services to the Enrollment Broker Services project.

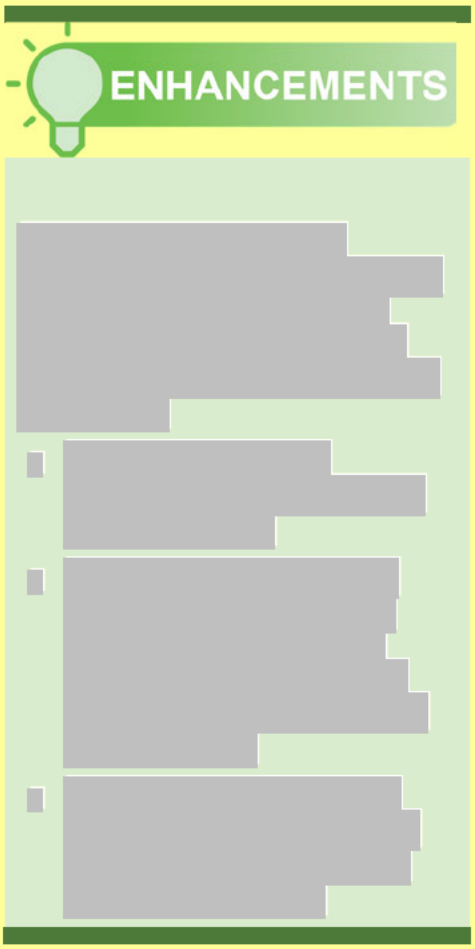
We are committed to partnering with local minority, woman, and Indiana veteran-owned business enterprises that have experience providing value-added, quality services. Our successful subcontractor management process over the last decade for the Enrollment Broker Services project ensures that our subcontractors meet service level and performance requirements. Our diverse partners bring their proven track records of dependability providing superior, consumer-focused services to Enrollment Broker Services. They will help us strengthen our bonds with the local community and continue to provide dependable services to our members.

Upon written request, Maximus will remove or reassign any employee or subcontractor that the State believes unacceptable. We will continue to adhere to FSSA, state and federal statutes when selecting our partners.

4.2 Policy Oversight

Policies and procedures are foundational elements of our operation, forming the institutional knowledge base for the Enrollment Broker Services project**. Leveraging deep institutional knowledge, Maximus transforms the policies and goals established by FSSA into specific, defined activities**.

Maximus not only invests in the creation of our policies, procedures, and work instructions—we also invest in how and when we communicate them to our staff. With ongoing discipline and attention to detail, our project leadership team distills evolving regulations, policies, and business process models into a set of high-level procedures and step-by-step work instructions.



To provide up-to-date project and business process information to our staff quickly and efficiently, our project team uses [redacted]

These tools educate project staff about new policies and procedures, helping the entire project team quickly adapt to policy and program changes and meet evolving operational needs. Maximus [redacted] Supported by these comprehensive project training and resources, our project operational and management teams are held accountable for their understanding of and adherence to Indiana Enrollment Broker policies and procedures.

For the new contract, Maximus will continue to provide the right blend of managerial and technical support to our Helpline Representatives so they can deliver the consistent, high-quality assistance that members and potential members have come to expect.

4.2.1 Maintaining and Keeping Updated Policies and Procedures

Policies and procedures are only dependable when they are kept current and are easily accessible. With the support of our KMS, Hoosiers can depend on our Helpline Representatives to always provide updated and consistent information to members in the face of evolving references, policies, scripts, and referral information.

Our cloud-based KMS platform offers highly scalable information management and allows project leadership to capture complex processes, update documents, and easily make changes to rules and regulations. Benefits include:

- [redacted]
- [redacted]
- [redacted]
- [redacted]
- [redacted]
- [redacted]

SPOTLIGHT

BENEFITS TO THE MEMBER EXPERIENCE

Our KMS provides Helpline Representatives quick access to the information they need to assist members. In doing so, it:

- Reduces average handle time
- Increases first call resolution
- Reduces escalations
- Reduces error rates and grievances
- Ensures consistency of information

Exhibit 4.3-1: KMS Supports Helpline Representatives includes screenshots of our step-by-step guidance and scripting support, library of project-related materials, and predictive and saved search functionality.

[redacted]

Exhibit 4.3-1: KMS Supporting Helpline Representatives. *Analytics features of the KMS capture Helpline Representatives movements within the database. We use these insights to improve content, workflow, and quality, improving the member experience.*

4.2.2 Assisting the State with Ongoing Program Operation, Policy and Procedure Development and Review

We have successfully developed and implemented hundreds of policies and operational procedures for our clients, including many for FSSA and the Enrollment Broker Services project over the past 13 years. We worked with FSSA to build the processes that we use today and will continue to follow our established workflow for the new contract. Our processes define how we collaborate with FSSA to:

- Monitor and update current policies and procedures
- Establish new policies and procedures

With this solid foundation, we are well equipped to continue assisting FSSA with maintaining updated procedures that comply with new and existing contractual requirements and levels of quality expected for FSSA as the program moves forward.

We will continue to support FSSA with policy and procedure development. *Exhibit 4.3-2: Maximus Approach to Developing Procedures for FSSA* depicts our approach to updating policies and procedures in collaboration with FSSA.

Exhibit 4.3-2: Maximus Approach to Developing Procedures for FSSA. *We have established a comprehensive approach based on best practices to assist Indiana on policy and procedural changes.*

4.2.3 Incorporating Revised Policies and Procedures into Material

Members depend on accurate, up-to-date materials and Helpline service. As opportunities and new expectations emerge, we incorporate these changes into member outreach materials and staff training, as shown in *Exhibit 4.3-3: Maximus Approach to Updating Member Policies*. After reviewing feedback received from members, Helpline Representatives, our quality and training team, and FSSA, we discuss and finalize any potential changes at managed care policy and operations meetings.

Exhibit 4.3-3: Maximus Approach to Updating Member Policies. *As program polices change over time, our leaders proactively assess the impact of policies and enact plans to implement changes quickly.*

Upon written request, we can provide FSSA the option to leverage the Maximus Center for Health Literacy (the Center) should the need arise. The Center is unique to Maximus and is an industry leader in designing and promoting culturally and linguistically appropriate materials, notices, call scripts, customer surveys, and other written materials for various populations seeking health care services.

4.3 Administrative Plan Development and Execution

As the incumbent, our Administrative Plan is in place and has been revised throughout our tenure to incorporate changes. We will continue to work with FSSA to update the Plan during the new contract as needed. In *Exhibit 4.4-1: Detailed Enrollment Broker Services Administrative Plan*, we identify how we fulfill Administrative Plan requirements.

Exhibit 4.4-1: Detailed Enrollment Broker Services Administrative Plan. *With our Administrative Plan in place, we will continue to deliver responsive customer service and enable informed health plan selection.*

4.4 Meeting Requirements

Ongoing communications and meetings with FSSA and the stakeholders involved in providing essential services to Indiana members and providers provide the foundation for program success. Our key staff members promote open dialogues among stakeholders and their dependability matters – they are ready to help out and take action when FSSA needs something done quickly. We will continue to hold either face-to-face or virtual meetings, and FSSA will have full access to our key staff, in-person, over the phone, or through email.

While our Enrollment Broker Services management team is empowered to resolve any issues or concerns with FSSA, our Corporate Executive Management team will continue to be available to FSSA at all times as well.

4.4.1 Status Meetings

Maintaining excellent service levels for the Hoosiers who depend on Enrollment Broker Services requires mindful coordination and communication. Regular meetings create cohesion and focus stakeholder time, effort, and resources on the tasks at hand to promote collaboration, remain transparent, and sustain stakeholder involvement and commitment.

Maximus attends a status meeting with FSSA on the third Tuesday of every month, in which:

- Project Manager and FSSA team members review the current status of the project, including:
  - Program policies
  - Updates on ongoing projects
  - Operational challenges
  - Progress on any work plans and action plans
- Project Manager provides updates on operational performance measures and service level agreement compliance.
- We will continue to provide an agenda to FSSA one business day prior to the meeting and submit meeting minutes back to FSSA within two weeks of the meeting for review and approval.

In addition, the MCE DXC Monthly Technical Meeting occurs on the third Wednesday of every month. The Project Manager attends this meeting with MCEs and DXC to review and keep abreast of upcoming MMIS changes. She actively listens for MMIS changes that may impact Enrollment Broker Services operations. Our project leaders in attendance store meeting minutes virtually.

We will also be available to participate in other meetings as needed, such as the monthly Managed Care Policy/Operations meetings and the Quality Improvement Committee meeting, to support FSSA with its various Medicaid policy and quality strategy initiatives.

4.5 Training Requirements

The complex needs of Enrollment Broker Services members and potential members require a strong team of competent staff with the skills and knowledge to offer individuals the least burdensome path to getting the care they need. Our effective and dynamic training approach leverages our proven training curriculum to deliver instruction that supports excellence in operational performance and client satisfaction. Our team of trained Helpline Representatives provide a level of assistance, based on more than a decade of experience, that Indiana will not find in any other vendor. This experience reaches beyond Enrollment Broker Services project staff to our corporate training experts that will continue to support the project.

In addition to our division level training team, Maximus provides our local Enrollment Broker training staff with support from our corporate wide training department, the Center for Employee Development (CED). CED is equipped with a team of instructional designers, classroom trainers, and training coordinators, the CED oversees the design, development, and delivery of a core business curriculum designed to instill in our employees the knowledge and skills necessary to better serve our clients. The CED also serves as a unifying agent in promoting integration, collaboration, and knowledge sharing among our geographically dispersed workforce.

We also integrate tools, such as our KMS and LMS, into our training program. Our LMS features:

- Easy and constant access to all learning materials
- Attendance tracking during training classes
- Knowledge checks for learners, allowing for continuous measurement of performance during new hire and ongoing training to improve efficiency and increase retention

Our KMS allows for quick and easy access to information that was reviewed in training, providing support for our Helpline Representatives when they move from the classroom to taking calls. *Exhibit 4.6-1: Maximus Training Tools Improve Efficiency and Performance* illustrates the technology we weave into our everyday Enrollment Broker Services operations to empower staff members to keep learning and delivering consistent and accurate information.

Panviva	
absorb	

Performance. *Our training and learning tools help drive continuous improvements in accuracy and efficiency and enable us to serve consumers faster with first call resolution.*

Reinforced throughout our organization, person-based communication provides Hoosiers Helpline assistance that serves a person, not just a case number. We have developed effective communication training that includes the soft skills required to provide services efficiently, effectively, and empathetically, including:

- Sensitivity to the economic and ethnic diversity of the service population
- Cognizance of word choice and tone of voice

We will continue to promote inclusive and comfortable conversations, so the enrollment process is a pleasant, informative experience.

Maximus training approach is a continuous one. We believe that up-to-date and ongoing training is a devotion to our quality assurance process and continuous improvement initiatives.

Training Program

> "Prior to working at Maximus, I did not have any call center experience. Maximus took a chance on me and provided the training I needed and the support of supervisors and management staff to help me guide my career."
>
> - Maximus staff member

This prepares our team to provide members with accurate information on programs and the enrollment process.

Exhibit 4.6-2: Performance-Based Training Components, illustrates the concepts of this approach.

Exhibit 4.6-2: Performance-Based Training Components.

In contrast to standard training program approaches that emphasize memorization of facts and test scores, our performance-based approach:

- Offers a dynamic, ongoing training process
- Promotes greater staff investment in their job roles
- Emphasizes representative's importance to project success and member satisfaction
- Supports the development of critical thinking and research skills that aid in more effective member service

Exhibit 4.6-3: Standard vs Performance-Based Training depicts the benefits of our performance-based training against standard training programs.

***Exhibit 4.6-3: Standard vs Performance-Based Training**. Enrollment Broker Services thrives on highly trained individuals focused on quality outcomes and continuous improvement.*

Exhibit 4.6-4: Holistic Training.

***Exhibit 4.6-4: Holistic Training.** We develop training to go hand-in-hand with quality improvement, providing more informed training phases to increase program efficiency.*

Exhibit 4.6-4: Holistic Training (continued). *We develop training to go hand-in-hand with quality improvement, providing more informed training phases to increase program efficiency.*

Training Delivery

We understand that adult learners learn in different ways and use a multi-faceted, blended approach to connect with multiple learning styles. Maximus leverages instructor-led training, computer-based training, and various on-the-job methods to deliver instruction, as depicted in *Exhibit 4.6-5: Blended Training.*

Exhibit 4.6-5: Blended Training. *During new hire training, we use*

- On-demand learning for a seamless training experience both for new hire and refresher training. Learners can access on-demand learning as well as review previous learning modules and training curriculum.
- Tracking and reporting of learner assessments and survey scores, which help to obtain and track learner proficiency
- Delivery of both live, on demand, virtual, and blended learning in a central location with easy learner/employee access

Maximus uses multiple instructional strategies to instill knowledge and continue retention. We use standard training modules based on role or function and augment training modules based on need, continuously incorporating newly identified program knowledge and/or additional skills.

The typical course modules consist of:

- Instructor-led segments
- Self-paced online learning
- Role-playing
- Simulations
- Interactive exercises
- Group activities
- Demonstrations
- Periodic quizzes and assessments

These personalized, targeted lessons reinforce facts on an individualized schedule, so they become part of long-term memory, improving each Helpline Representative's ability to provide consistent, high-quality enrollment support services.

Maximus familiarity conducting and managing training initiatives surpasses mastery of curriculum delivery and development. With an emphasis on quality execution, Maximus demonstrates our ability to exceed training management expectations. Beyond maintaining strict quality and consistency practices statewide, Maximus' proficiency managing training initiatives also drives process efficiencies to optimize positive outcomes. Our training process will provide FSSA with clear visibility into all program operations to cultivate consistency while providing us with the ability to develop and deploy training in the most expedient manner.

ENHANCEMENTS

Through our industry-leading LMS, our curriculum is interactive and can be delivered in both an online/virtual or live environment. It allows us to continue to provide quality training, even when it's not in-person. Like our classroom environments, our virtual learning environment includes breakout rooms for:

- Classes
- Small group discussion
- Live role play

This small group instruction helps all learners feel like part of the larger team, even when working from home.

SECTION 5.0 – Quality Management

Please explain how you propose to execute Section 5 in its entirety, including but not limited to the specific elements highlighted below, and describe all relevant experience.

- Section 5.1 – Performance Standards
    - Describe how you plan to meet or exceed the Helpline and Member Education performance standards for this contract
- Section 5.2 – Data Reporting and Monitoring
    - Describe your ability to meet the report submission requirements and provide any relevant example reports
- Section 5.3 – Complaints and Grievances
    - Describe your ability to develop and maintain policies and procedures to manage complaints and grievances as required by the State
    - Describe how you will receive grievances through the Helpline and describe how you will track and report this data, on a monthly basis, to FSSA

5. Quality Management

Hoosiers depend on Helpline Representatives to deliver accurate, timely enrollment information. FSSA depends on a partner to continuously meet performance standards without micromanagement. Maximus will continue to deliver the right people, process, and technology to support ongoing improvement and consistent quality performance.

Quality management is more than an activity, it is a mindset. Project leaders, supervisors, and frontline staff all share accountability to enhance the member experience, deliver quality performance, and drive value. Continue depending on a company who delivers consistent quality performance. Continue partnering with a company who embraces quality as a cultural imperative.

A quality culture is essential to build a longstanding, successful quality management framework. Maximus instills a clear understanding of quality expectations in each member of our project team. We emphasize why quality matters to each Hoosier, what is at stake, and how we are each part of the solution. This approach creates an environment empowering staff to not only meet standards, but also to exceed them. As highlighted in our *Experience At A Glance*, Maximus' Indiana Enrollment Broker Services performance data confirms the strength of our proven approach.

EXPERIENCE AT A GLANCE

Maximus' Indiana enrollment broker performance confirms our commitment to quality services:

- Average **4% Abandonment Rate**, exceeding the current 7% performance standard
- Average **6.6% Auto-assignment Rate**, exceeding the 15% performance standard
- Average **29 second Average Speed of Answer**, exceeding the 60 second performance standard

With a quality culture in place, exceptional enrollment service depends on exceptional enrollment broker industry expertise. Maximus designed our Indiana Enrollment Broker quality management program by leveraging best practices from our portfolio of 21 enrollment broker programs. Each lesson learned informs how we develop our quality teams, project-tested processes, and reporting and analytics platforms. Equally important, Maximus draws upon our 13 years of current program experience to tailor these industry best practices to reflect FSSA programs, priorities, and expectations.

An overview of Maximus' Indiana Enrollment Broker Services quality management methodology centers on four key principles:

1. **Develop a Quality Approach**: our robust Quality Assurance (QA) and Quality Control (QC) processes promote quality work product, validate performance, and support ongoing quality improvement initiatives

2. **Meet and Exceed Performance Standards**: sustain consistent quality Helpline and Member Education performance with enhanced live call monitoring and retrospective call recording functionality

3. **Enhance Data Reporting and Monitoring**: our modernized reporting and analytics platform tracks key metrics, monitors project trends, and uses intuitive dashboards to offer FSSA transparent insights into program operations

4. **Manage Complaints and Grievances**: our team leverages seasoned professionals to oversee FSSA policies and procedures to swiftly address and resolve complaints, collaborating internally and externally to track and report these activities monthly

Quality services reflect the quality people, processes, and technologies used to monitor and maintain project performance. Discussed below, Maximus developed corporate and project approaches to inform the measures we take to monitor and manage project quality.

Develop a Quality Approach

Quality management is the cornerstone of program stability. A successful quality management program requires widespread commitment flowing from corporate leadership teams to frontline staff.

At a corporate level, our Office of Quality and Risk Management provides independent oversight and spearheads companywide quality initiatives.

At the project level, Maximus implements a comprehensive approach to foster consistent, quality performance. As demonstrated in *Exhibit 5-1: Maximus' Quality Management Pyramid*, our quality program is built on the foundation of QA processes to help ensure work is done properly and accurately, QC processes to monitor and validate the quality of our work, and ongoing quality improvement initiatives to incorporate lessons learned and continuously improve operations.

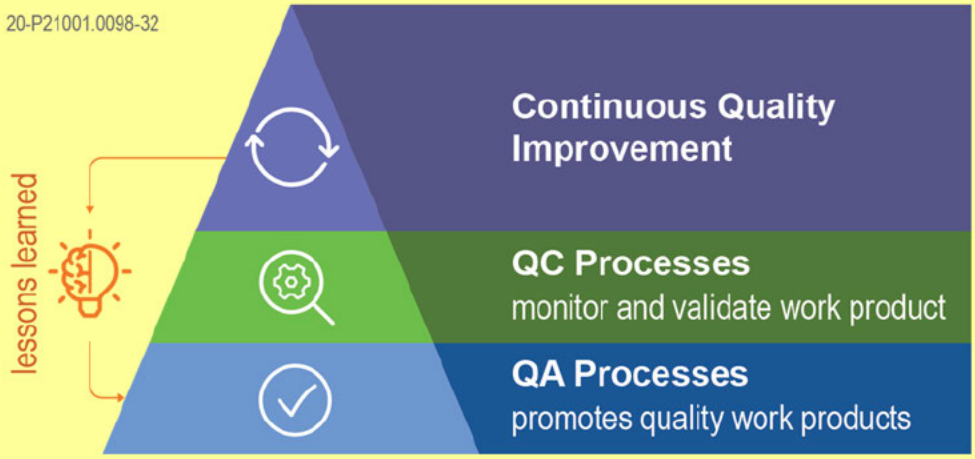


Exhibit 5-1: Maximus' Quality Management Pyramid. *Depend on a quality program designed to promote quality, validate work product, and harness lessons learned for ongoing quality improvement.*

At the supervisor level, we drive continuous improvement by synthesizing data from each representative's performance. The results of these reviews not only provide team members individual learning opportunities, but also help inform the content of our new hire project training programs.

This tiered framework embraces Project Management Body of Knowledge (PMBOK) principles to:

- Develop and implement effective quality management plans to provide roadmaps to meeting FSSA quality objectives
- Conduct QA and QC activities to proactively monitor performance and identify areas for operational improvement
- Leverage processes and technologies to identify potential performance issues and take proactive, corrective measures

SPOTLIGHT

INDIANA ENROLLMENT BROKER SERVICES FOUNDED ON INDUSTRY BEST-PRACTICE PMBOK PRINCIPLES

The cornerstone of our project monitoring approach is a collection of Project Management Body of Knowledge (PMBOK)-based controls to help ensure that required tasks are identified, sufficient resources are secured, progress occurs as scheduled, risks are averted or mitigated, and accountability at all levels is enforced.

As outlined below, **our quality approach not only reflects industry best practices, but it also delivers quantifiable results.**

5.1 Performance Standards

Performance standards exist to ensure Hoosiers receive accurate, timely enrollment assistance. With access to critical services at stake, depend on a company who consistently delivers quality performance, not only as part of our commitment to FSSA, but also as our commitment to the member experience.

Our record underscores our commitments. As illustrated in *Exhibit 5.1-1: Maximus Exceeds Performance Standards*, Maximus consistently exceeds performance expectations on three key metrics, including:

Performance Standard	Maximus Average Performance Standards Results
Helpline Abandonment Rate Performance Standard – 7 percent	3.1 percent
Helpline Average Speed of Answer Performance Standard – 60 seconds	29 seconds
Hoosier Care Connect Auto-Assignment Rate Performance Standard – 15 percent	6.6 percent

Exhibit 5.1-1: Maximus Exceeds Performance Standards. *Our dedication to quality performance has resulted in our success in meeting and exceeding the standards set by FSSA.*

As part of our ongoing dedication to optimize performance and meet Helpline and Member Education performance standards, we will continue to make ongoing investments in platforms and solutions designed to deliver quality services to Hoosiers.

Optimize Helpline Performance

Hoosiers continue to use the Helpline as their primary interaction with the Indiana Enrollment Broker Services program. While it is unlikely people count the seconds before a Helpline Representative answers their call, Hoosiers notice when the quality of their experience is a priority.

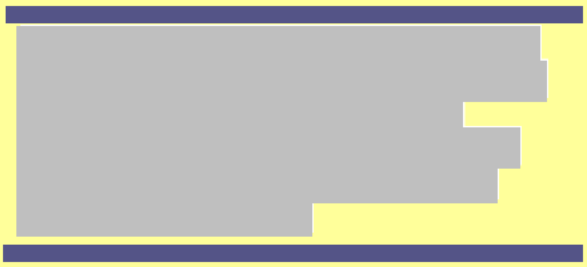
Maximus built our reputation developing call centers to optimize the member experience. Benchmark Portal recognizes 11 Maximus contact centers as "Certified Centers of Excellence" in collaboration with the Center for Customer-Driven Quality at Purdue University. This rigorous certification process evaluates a call center's performance goals against industry best practices on 22 key performance indicators such as caller satisfaction, first call resolution, and speed to answer by live voice.

Maximus leveraged our industry best practice to implement recent investments in value-add functionality, like our enhanced knowledge management system. Enhancements like this demonstrate Maximus' ongoing commitment to support our quality management initiatives and drive overall Helpline performance.

Knowledge Management System

Designed to provide staff the information they need in three clicks or fewer, our knowledge management system (KMS), [redacted], offers real-time navigation to effortlessly guide Helpline Representatives through complex enrollment policies, procedures, and systems. By optimizing access to policies and procedures, our KMS dramatically improves efficiency and accuracy while simultaneously cutting operating costs and training times.

Our KMS increases first-call resolution and the member experience by simplifying complex work and expediting access to enrollment information. To provide choice counseling impartiality, our Helpline Representatives use our KMS to access up-to-date enrollment materials, including, but not limited to plan comparison charts, consumer rights and responsibilities documentation, and other policy resources.



During telephone enrollment assistance, our Helpline Representatives use our KMS to follow a script designed to help the caller make an informed plan selection. Our standardized scripts help prevent enrollment bias because the scripts walk Helpline Representatives through the enrollment steps, which guide them through presenting all options to the enrollee in an unbiased manner. In addition, scripts help staff cover topics such as consumer rights and responsibilities regarding both the enrollment process and the ensuing enrollment. Maximus also uses our KMS to house project instructions, policies and procedures, and other essential information, making project specific information easily retrievable.

Studies show call center representatives spend a valuable portion of the workday simply searching for information and determining if it is up to date and viable. Our KMS reduces this search time, as it has a key word search function, allowing Helpline Representatives to search for information quickly and easily while on the phone with Hoosiers.

Exhibit 5.1-2: Our KMS Client Identification Screen shows how it offers guidance to Helpline Representatives when they greet callers. This screen provides helpful instructions on how to interact with the member and navigate through the necessary information and steps for answering questions.

Exhibit 5.1-2 Our KMS Client Identification Screen. *This screen helps Helpline Representatives interact with callers effectively and find the answers to their questions.*

To provide optimized support throughout the contract term, This feature allows our team to continue to deliver steadfast performance to Hoosiers even as programs and policies evolve.

Recorded and Live Call Monitoring

In addition to providing Hoosiers accurate, timely enrollment assistance, Helpline Representatives' tone of voice, confidence, and professionalism are also important elements of enhancing a member's experience. Maximus uses a combination of recorded and live call monitoring to review customer service representative interactions, identify quality issues,

assess staff performance, and initiate coaching, refresher training, and quality improvement plans.

In June 2020, our team refined the Call Monitoring Form to streamline call flow and take a deeper approach to monitoring call quality. [redacted] *xhibit 5-1-3: Call Monitoring Form* provides an extract of the form our staff uses when monitoring Helpline calls.

***Exhibit 5-1.3: Call Monitoring Form**. We review calls and evaluate Helpline Representatives on all required elements, including accuracy, thoroughness, and overall customer service.*

As part of our quality management approach for the new contract period,

Through our use of live and traditional call monitoring through our quality management and monitoring solution, we will:

- Provide each member with the best possible support
- Further our understanding of the skills and areas for improvement for each HR
- Learn from each member-HR interaction to increase performance and drive improvements
- Use customer surveys to get first-hand feedback on the quality of the support we offer members

Boost Member Education Performance

Maximus will continue to uphold our commitment to superior member education with unmatched appreciation of the nuances of Indiana and its health care programs. Our Helpline staff has extensive experience providing choice counseling and enrollment education during the application process.

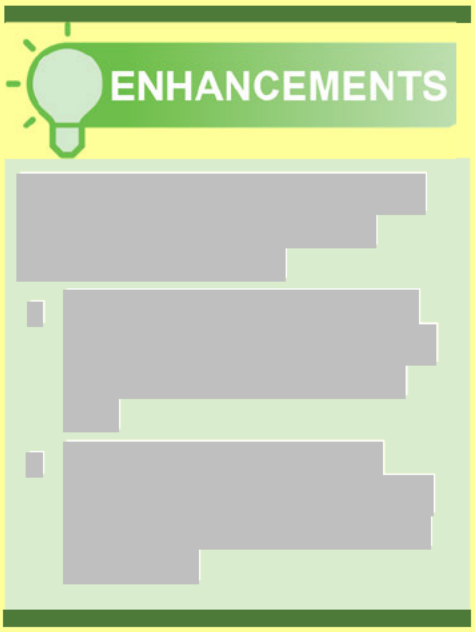
Center for Health Literacy

Since 2000, the Maximus Center for Health Literacy (the Center) has worked with government agencies and industry to promote health literacy among diverse populations. They offer communication services with a unique public health perspective and a singular focus on developing effective communications with consumers of health and human services programs.

The Center conducts consumer testing to elicit public feedback on the design, readability, and ease of using our materials. Comprised of a team of writers, designers, researchers, and translators, the Center works closely with our teams and partners to craft clear and meaningful communications for all literacy levels and languages. The Center creates a wide variety of materials such as brochures, forms, web content, and flyers that are clearly written, visually appealing and accessible to all, including people with disabilities – some of

which have been used to support member education on the Indiana Enrollment Broker Services program.

Maximus and FSSA leadership will continue to discuss opportunities to leverage this specialized skillset and custom deliverables moving forward.



5.2 Data Reporting and Monitoring

FSSA depends on transparency to uphold program integrity and quality service. Maximus data reporting and monitoring activities provide FSSA timely, actionable insight into our daily operations, performance trends, and the outputs of ongoing quality initiatives.

Meeting Report Submission Requirements

Maximus combines our enhanced quality tracking solution, powered by Genesys, with our DecisionPoint reporting and analytics platform's near-real time performance dashboards to deliver monthly, quarterly, and annual reports to provide FSSA the oversight required.

Our proven ability to meet report submission requirements on time is further supported by

As a part of our approach to data reporting and monitoring,

t all levels of the Indiana Enrollment Broker Services operation.

The platform optimizes our ability to monitor and evaluate performance, identify trends or bottlenecks, and inform management intervention and resource reallocation for ongoing improvement.

Maximus offer FSSA complete visibility into key aspects enrollment operations. Our reporting and analytics platform aggregates, analyzes, and transforms data from multiple sources to produce near real-time, actionable information. A versatile set of printable and electronic reports and dashboards will ultimately enable Maximus and FSSA to deliver predictable results and improve forecasts, leading to better service levels and faster access to health care services. *Exhibit 5.2-1: Weekly Contact Center Summary* provides an at-a-glance view of contacts by reason and actions. *Exhibit 5.2-2: Contact Handling Dashboard*, illustrates a weekly performance standard assessments dashboard.

Exhibit 5.2-1: Weekly Contact Center Summary. *Our reporting dashboards can be customized to provide a range of data and analytical information to evaluate performance and drive continuous improvement initiatives*

Exhibit 5.2-2: Contact Handling Dashboard. *This dashboard helps identify trends in the type of application assistance Hoosiers request, which helps inform improvements to the enrollment process.*

Maximus' proven systems work in tandem to facilitate comprehensive analytics and reporting of the end-to-end member journey. The reports facilitate proactive evaluation and analytics of enrollment operations, enabling us to maintain high levels of productivity, plan for future changes, and make timely adjustments to operational processes and/or staffing, as needed.

Flexible analytics features enhance our ability to monitor and evaluate performance, identify trends, bottlenecks, or outliers, and intervene quickly, as necessary, to improve service delivery. This promotes more informed, timely decision making, which yields improved performance and efficient use of staff resources.

Our reporting and analytics solution will track key metrics to give FSSA a complete view of individual, team, and overall project performance trends to inform continuous improvement. We will collaborate with FSSA on all continuous improvement efforts using performance data and analytics along with detailed information from QA audits and member satisfaction surveys to inform the need

Providing Relevant Example Reports

Maximus collaborates with FSSA to develop clear, accurate, timely, and, most importantly, meaningful reports. Maximus will continue to create reports to meet evolving program needs A sample of relevant example reports is provided, below.

Exhibit 5.2-3: Indiana Enrollment Broker Dashboard and *Exhibit 5.2-4: Member Services Report* provide examples of the dashboards and reports we design and deliver to FSSA.

INDIANA ENROLLMENT BROKER DASHBOARD-June 2020

MAXIMUS
HELPING GOVERNMENT SERVE THE PEOPLE®

Total Calls By Program	
Hoosier Healthwise	2,229
Hoosier Care Connect	20,054
Healthy Indiana Plan	3,557
HIP Chats	666

Performance Standards	
Abandonment Rate (7%)	1.8%
Average Speed of Answer (60 seconds)	20
Auto Assignment Rate - CC (15%)	8.8%
New Eligibles Contacted (90%)	NA

Top Ten Inbound Hoosier Healthwise Calls By Reason	
Inquiry-General Program Information	404
Inquiry-Benefits	343
Manual Outbound	271
Referral Plan	264
Phone_Enrollment	195
Inquiry - Open Enrollment	80
Inquiry - PMP/Plan Contact Information	80
Inquiry - Replacement Card	73
Inquiry - HH Questions	68
Inquiry - PMP Availability	47

Top Ten Inbound Care Connect Calls By Reason	
Inquiry-General Program Information	346
Inquiry-Benefits	219
Referral - Plan	164
Phone_Enrollment	144
Inquiry- Eligiblity	65
Inquiry - HH Questions	63
Referral - DFR/DCS/Document Center	37
Inquiry - Replacement Card	34
Change Case Phone	34
Inquiry Plan/PMP Contact Information	34

Top Ten Inbound Healthy Indiana Plan Calls by Reason	
Manual Outbound	703
Inquiry General Program Information	610
Inquiry - Benefits	495
Referral - Plan	425
01 HIP 2.0 Inquiry	282
12 HIP 2.0 Referral to Plan	250
10 HIP 2.0 Benefits/Covered Services	194
Tobacco - No	191
Inquiry - Eligibility	181
03 HIP 2.0 Plan/Provider Information	172

Complaints By Entity	
CareSource	0
MDWise	1
Anthem	0
Managed Health Services	1
DXC	0
DFR	0
MAXIMUS	0

Written/Email Correspondence	
Hoosier Healthwise	0
Care Connect	0
Healthy Indiana Plan	0

Open Enrollment Just Cause Changes	HHW	HIP	HCC
Pending	4	7	0
Approved	0	1	0
Denied	0	1	0
Requested	4	9	0

Exhibit 5.2-3: Indiana Enrollment Broker Dashboard. *Our reports provide a broad overview of operations information designed to provide FSSA of an overview of the services we provide for any given time period.*

Maximus Member Services Report
June-2020

MAXIMUS®
HELPING GOVERNMENT SERVE THE PEOPLE®

	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20
Total Member Services						
Calls Received	14,032	11,268	9,786	7,508	6,852	8,252
Average Length Per Call	04:39	04:34	04:37	04:33	04:39	04:26
Average Speed of Answer	00:27	00:33	00:42	00:13	00:20	00:19
Total Calls Abandoned	475	418	424	72	126	137
Average Wait Time for Abandoned Calls	01:28	01:34	02:01	01:12	02:47	01:32
Abandoned Calls Rate	3.4%	3.7%	4.3%	1.0%	1.8%	1.7%
Inbound Completed	13,590	10,822	9,267	7,394	6,683	8,012
Outbound Completed	18,477	19,607	10,164	13,398	19,157	15,480
Overall Total Calls	**32,067**	**30,429**	**19,431**	**20,792**	**25,840**	**23,492**
Hoosier Care Connect						
Calls Received	3,133	1,980	1,714	1,453	926	1,383
Average Length Per Call	04:07	03:59	04:18	04:43	04:41	04:17
Average Speed of Answer	00:25	00:32	00:43	00:14	00:20	00:15
Total Calls Abandoned	138	119	100	26	21	32
Average Wait Time for Abandoned Calls	01:18	01:15	01:40	01:04	03:22	01:27
Abandoned Calls Rate	4.4%	6.0%	5.8%	1.8%	2.3%	2.3%
Inbound Completed	2,989	1,853	1,597	1,426	897	1,334
Outbound Completed	18,477	19,607	10,164	13,398	19,157	15,480
Hoosier Care Connect Total Calls	**21,466**	**21,460**	**11,761**	**14,824**	**20,054**	**16,814**

Exhibit 5.2-4: Member Services Report. *This extract of a more comprehensive report shows statistics gathered over a six-month period.*

Real-time data and insights make continual improvement possible. We will collect 100 percent of data from all interactions, regardless of channel, and use this information to learn from each interaction, with a goal of driving continuous improvement. E*xhibit 5-2-5: Sample Interaction Metrics Dashboard* illustrates a dashboard capturing specific interaction details.

Exhibit 5.2-5: Sample Interaction Metrics Dashboard. *Our quality management and monitoring solution will allow us to collect metrics on interactions, in addition to providing timeline, quality summary, and audit trail data to drive continuous improvement and member satisfaction.*

Maximus will create additional, enhanced reports, if requested. We will also provide FSSA with access to dashboards to enable real-time performance monitoring.

5.3 Complaints and Grievances

A positive member experience is perhaps most important when a member or enrollee contacts our team with a complaint or grievance.

As an enrollment broker industry expert, our teams have experience managing complaints and grievances during changes to healthcare programs such as the move to managed care, extension or restriction of benefits, and loss of health plans.

Maintain Policies and Procedures to Manage Complaints and Grievances

Maximus leverages our extensive experience to develop industry best policies and procedures to efficiently handle complaints and grievances concerning the enrollment process, healthcare programs, and our performance.

Resolving a complaint accurately and quickly involves knowing the key processes associated with policies.

For Indiana Enrollment Broker Services,

xhibit 5.3-1: Complaint Resolution provides an overview of the process we follow to handle complaints.

Exhibit 5.3-1: Complaint Resolution. *During the new contract period, our team will use established procedures located in our KMS to address member complaints quickly and accurately.*

Alternatively, for grievances related to member dissatisfaction with a managed care entity (MCE), our staff assists members in understanding and following the grievance process and redirects them to the proper MCE support number. During the current contract period, only a few cases were escalated to FSSA. In those instances, we worked closely with a member of the FSSA staff to understand the problem and find solutions. This teamwork between

Maximus and FSSA staff underscores our dedication to collaboratively providing optimal outcomes to the Hoosiers we serve.

We treat each complaint and grievance seriously and quickly. The policies and procedures for managing both complaints and grievances are developed and improved upon in collaboration with FSSA. We document these policies and procedures in our KMS, so Helpline Representatives have quick access to the latest versions.

We also train our staff to respond to the varying needs for support and assistance that members require when filing a complaint or grievance. our teams prioritize Hoosiers and take time to help facilitate communication and resolution. In all instances, Maximus reinforces our commitment to first-call resolution and member satisfaction.

Receiving, Tracking, and Reporting Complaints and Grievances through the Helpline

As with all components of our quality management approach, Maximus team members log the receipt of complaints or grievances in our program systems and provide reports on this data to FSSA monthly.

Helpline Representatives track all actions into our enrollment system along with the appropriate resolution code.

The use of our enrollment system for tracking complaint and grievance information enables us to generate reports of complaints and grievances by any number of factors. Our Quality and Training Coordinator and management team review these reports and uses them for developing strategies for continuously improving our processes. The data is also included in periodic reports to the State.

Maximus staff worked closely with FSSA to update the "Just Cause Job Aid" with a focus on improving not only the member experience, but also the member's interaction with Helpline Representatives during the grievance process.

Quality Management and Monitoring Solution

Any interaction with the Indiana Enrollment Broker Services program should begin with a well-informed Maximus team member and end with a satisfied Hoosier. FSSA can continue to depend on Maximus to understand the role quality management plays in building and maintaining positive Hoosier experiences.

SECTION 6.0 – Start Up and Transition Activities

Please explain how you propose to execute Section 6 in its entirety, including but not limited to the specific elements highlighted below, and describe all relevant experience.

- Section 6.1 – Incoming Transition Activities
    - Provide a plan for incoming transition activities that demonstrates your understanding of the scope and complexity of the incoming transition activities required for the Scope of Work
    - Describe your plan for working with the incumbent vendor during the incoming transition period
    - Describe your ability to submit documentation for, and ultimately pass, a readiness review
- Section 6.2 – Outgoing Transition Activities
    - Provide a high-level description of the plan for outgoing transition activities that demonstrates your understanding of the scope and complexity of the outgoing transition activities required for the Scope of Work
    - Describe how you will continue your services until the transition has been fully completed
    - Describe your plan for ensuring a smooth outgoing transition of activities and responsibilities to the succeeding contractor with the least amount of disruption possible
    - Describe how you will maintain communication with the succeeding contractor and State as it pertains to the requirements

6. Start Up and Transition Activities

Hoosiers depend on and deserve a positive experience regardless of project start and end dates. FSSA depends on a partner to prioritize quality performance regardless of task. As a firm, Maximus' commitment to exceptional member service permeates all facets of program execution, including incoming and outgoing transition activities.

Depend on a partner who understands the impact incoming and outgoing transition activities have on Hoosier Healthwise, Hoosier Care Connect, and Healthy Indiana Plan members and enrollees. **As your current partner, Maximus offers something no other vendor can: a seamless, low-risk incoming transition of operations that maintains a positive member experience.**

EXPERIENCE AT A GLANCE

- **30+ years' experience** implementing and transitioning government healthcare programs
- Successful implementation of current **21 Medicaid Enrollment Broker** projects and **13 Medicaid Eligibility** projects
- **Experienced implementation team** who follows project management best practices
- Successfully **implemented 100+ new contact centers**

Inherent risks come with a change in vendor support. Processes that function well today would need to be rebuilt from the ground up with the transition to a new contractor. In addition, opportunities for innovation that are easily identified by a partner with in-depth program and population expertise, would be missed by a new company. The potential for negative service and quality impacts to Hoosiers, FSSA, and other stakeholder groups increases exponentially.

positive member experience

With Maximus, FSSA benefits from a contract transition that focuses on proven performance and ongoing enhancements to drive efficiencies and customer satisfaction. We have an experienced key leadership team and an established infrastructure of policies, procedures, training materials, and quality assurance protocols ready to go on day 1 of the new contract. This enables us to continue delivering top-notch, uninterrupted services to Hoosiers without distraction or delay.

Healthcare Services and Support Implementation Expertise

With unmatched expertise serving Medicaid and CHIP program populations, Maximus designs project plans to optimize the member experience from the moment we begin service to the moment we transition out. Our team understands how each incoming and outgoing transition activity impacts the enrollment process, member choice, the needs of the various program populations, and the absolute necessity of outcomes-focused performance.

nationwide industry expertise

Our approach is based on our governance, communication, and risk management processes, informed by more than 40 years of health and human services program experience and best practices. These processes and best practices incorporate principles established by organizations such as the Project Management Institute (PMI) and the International Standards Organization (ISO). Our processes also adhere to the principles and best practices set forth in the PMI's Guide to the Project Management Body of Knowledge (PMBOK® Guide). We layer in practical project management guidelines shaped by our experience managing hundreds of health and human services contracts of varying sizes and

complexities. We also actively facilitate collaborative consultation with key stakeholders to maintain open communication and alignment with the states' goals and objectives.

Maximus know actions speak louder than words. Each year, across the globe, Maximus successfully transitions large-scale projects from incumbent contractors and does so without service interruption. In the U.S. alone, we have implemented more than 20 eligibility and enrollment projects for disadvantaged populations in some of the country's largest states – California, Florida, Texas, and New York. We have amassed both institutional knowledge for best practice methods for managing a transition and a catalogue of must do processes and workflows that guide our implementations. *Exhibit 6.1-1* highlights our ability to launch new projects and transition operations of similar scope.

Project Location and Type	Type	Transition/ Implementation Duration (Months)
North Carolina Enrollment Broker	New Project	10
Wisconsin Enrollment Broker	Transition	4
Maryland Health Benefit Exchange	Transition	3
Wyoming Customer Service Center	Transition	3
Tennessee Eligibility Redetermination Processing Center	New Project	4
Missouri Statewide Contact Center	Transition	2
Kansas Statewide Contact Center	Transition	2
West Virginia Enrollment Broker	Transition	2

Exhibit 6.1-1: Recent Implementation/Transition Experience. *Maximus proven implementation and transition experience will continue to benefit Indiana into the new contract period.*

Maximus also knows that our implementation experience means more when FSSA and Hoosiers benefit firsthand from our expertise. Thirteen years ago, we demonstrated our commitment to exceptional member and client service when our team completed a quick and effective implementation of the Indiana Enrollment Broker Services project ahead of schedule. To support FSSA in rolling out Indiana's health care reform program, our team started the project two months early in an interim facility. Notwithstanding, we successfully navigated implementation challenges and built collaborative relationships with FSSA and external program partners.

Just as we demonstrated a commitment to support FSSA in the incoming transition of this program, Maximus will demonstrate this same commitment in the event FSSA elects another vendor for the next contract term. Maximus will leverage our operational expertise to facilitate professional and timely outgoing transition activities.

6.1 Incoming Transition Activities

As your established partner, Maximus requires minimal incoming transition activity to maintain optimal project performance. FSSA will not have to deploy the staff and resources necessary for a typical transition. Our continued, uninterrupted support provides a continuity of services that benefits FSSA and the Hoosiers we serve.

Incoming Transition Plan

FSSA will benefit from Maximus' proven, day-one solution and can be assured that our team possesses the talent, expertise, and commitment to implement projects and ongoing initiatives successfully and professionally. Maximus requires very few incoming transition activities to continue providing enrollment broker services in Indiana, allowing a smooth and seamless delivery of services under the new contract. As illustrated in *Exhibit 6.1-2: Maximus Eliminates Transition Risk*, on day one of the new contract term, Hoosiers will benefit from:

***Exhibit 6.1-2: Maximus Eliminates Transition Risk**. As the incumbent, Maximus will spend 100% of our time continuing to provide Hoosiers positive member experiences.*

Maximus' Indiana Enrollment Broker solution outlines several ongoing innovations contributing to our refreshed approach to service delivery. Included in this refresh, Maximus will relocate to a new facility located within 20 miles of downtown Indianapolis. This new facility will include infrastructure and parking facilities to better accommodate hybrid office-based and work-from-home arrangements. To maintain steadfast quality and performance, our facilities implementation manager will oversee the move while leveraging more than 20 years of her experience in the areas of rapid project implementations and transitions, facilities coordination, project management, systems design, business analysis, and reporting. She will bring her expertise, proven methodologies, and a detailed project plan to facilitate a seamless move to our new facility.

Working with the Incumbent Vendor

As your current partner, our team will not need to coordinate with another vendor during the incoming transition period. Instead, our team will spend 100 percent of our time and attention serving Hoosiers and delivering superior member services.

Readiness Review

Depend on Maximus to execute another seamless transition into a new contract period. Maximus will provide FSSA all necessary documentation confirming our project is fully staffed by trained team members and that our new facility (located within 20 miles of downtown Indianapolis) is ready to begin operations. We will execute readiness test cycles and complete all readiness review activities prior to the operational start date of the project. All documentation related to operational readiness will be provided to FSSA within 90 days of the effective date of the contract.

In addition, [redacted]

6.2 Outgoing Transition Activities

A successful transition requires a cooperative attitude and a commitment to working as a collaborative partner with FSSA, the subsequent vendor, and other stakeholders to facilitate open communication and efficient transition of all aspects of operations. If necessary, Maximus will provide a well-managed turnover that reduces the likelihood of service disruption to Hoosiers and minimizes any potential adverse impacts to program operations and FSSA stakeholders.

Our outgoing transition processes provide:

- Seamless transition of operations – no interruption of service
- Transparency and collaboration with FSSA and the subsequent vendor during turnover
- Coordinated transfer of knowledge, staff resources, program documentation, and assets

The Maximus turnover protocol follows industry best practices, such as methods and standards set by the Project Management Institute (PMI) in the PMBOK® Guide. We will tailor our protocols to meet any unique requirements as defined by FSSA and to complete all turnover activities in accordance with the timelines and operational needs of the program.

Outgoing Transition Plan

If our services are discontinued, Maximus will implement an orderly, timely, and efficient transfer of responsibility to the new vendor. Upon notice of the termination of the contract for any reason, we will, within five business days, submit a transition plan for FSSA review and approval.

The focus of our transition management and planning process is to identify and schedule all activities critical to a smooth transition of services to the subsequent vendor. Our phased approach provides ample time to absorb and internalize program operations and details in preparation for assumption of operations. Maximus will incorporate project management best practices into the coordination and execution of the transition plan, including:

- **Extensive task detail** including resources, target dates for completion, and other agreed upon information
- **Phased approach**, with responsibilities transferred incrementally, by work component before the last day of operations allowing ample time for program assimilation and integration by the subsequent vendor
- **Highly experienced transition team**
- **Regular status meetings**
- **Effective communication protocols** with FSSA and the subsequent vendor

During transition planning, FSSA and the Maximus Transition Manager will finalize the transition scope, approach, timeline, resources, and turnover deliverables included in the final transition plan.

Continuity of Services

During any transition period we will maintain adequate staffing to meet any obligations to FSSA, and if a reduction in staff is deemed necessary, we will seek the approval of FSSA prior to making any staffing adjustments. Should a transition occur, we will coordinate with FSSA on the delivery of any final reports or documentation and we will work diligently and with complete transparency throughout contract close out.

We will assist FSSA in coordinating transfer of responsibility to provide a continuity of services. It is in the best interest of the members served that we execute a well-facilitated transition. While the subsequent vendor acquires a new facility, hires staff, and commences training, we will remain focused on our operations, so performance does not erode during the transition period.

Smooth Outgoing Transition

As we seek to be a cooperative partner and provide a smooth transition, Maximus will incorporate project management best practices into the coordination and execution of our transition protocol. Our corporate office has developed the Standardized Operations and Analytics Program Management Office (SOA PMO) Library, which serves as an online, central resource for contract transitions. Documentation within the SOA PMO Library follows industry-standard project management principles and incorporates best practices and innovative approaches used in our successful completion of various project transitions and turnovers.

Maximus has successfully implemented all Indiana Enrollment Broker Services initiatives whether at the beginning of our contract or throughout program changes over our tenure. We will employ the same expertise and general approach to governance and transparency should we need to transition to another vendor. In many ways, a transition follows the same project management strategies used for a project start up. We will designate a Transition Manager responsible for identifying and overseeing a transition team who will be responsible for

accomplishing transition tasks on time and with full transparency to FSSA. Our team understands the potential risks of an outgoing transition, including:

- Data conversion
- Loss of staff knowledge
- Systems issues
- Telephony issues

We will be available to support FSSA to make the transition as smooth as possible. We will perform all tasks in a cooperative and professional manner with the primary goal of seamless continuation of services to Indiana Medicaid managed care members.

Maintain Communication

Maximus will remain flexible to issues surrounding schedule and impact during the transition period, and should an issue arise, we will work with FSSA and the subsequent vendor to recommend a positive course of action. With an experienced team, a complete schedule based on all transition requirements and deliverables, and a well-defined strategy in place, we will provide the level of support and cooperation with FSSA and the subsequent vendor to make the transition phase as seamless and non-disruptive as possible.

As part of our transition planning process, our transition team will meet with FSSA and the subsequent vendor to finalize the transition plan. During these meetings, we will integrate our transition plan with the successor's start up schedule to establish a mutual understanding of tasks, coordination of timelines, and sufficient communication protocols from all parties to facilitate a smooth transition. This process helps keep all stakeholders well informed and in agreement in regard to their roles and responsibilities within the transition period. Furthermore, this reduces the risk of delays and issues within the transition period and contributes to our ability to effectively transition operations. The Transition Manager will conduct regular meetings with key stakeholders and communicate with FSSA regarding transition task progress risks, issues, and overall transition status.