

Gainwell Technologies LLC

Response to the State of Indiana Department of Administration on
Behalf of the Family and Social Services Administration Office of
Medicaid Policy and Planning

Medicaid Management Information System Maintenance and Operations and Medicaid Business Operations

Request for Proposal 22-70376



Technical Proposal – Redacted

March 8, 2022
3:00 p.m. Eastern Time



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RFP- 22-70376 – MMIS– Attachment F - Technical Proposal

Respondent: Gainwell Technologies LLC

Instructions:

Request for Proposal (RFP) 22-70376 is a solicitation by the State of Indiana in which organizations are invited to compete for a contract among other respondents in a formal evaluation process. Please be aware that the evaluation of your organization's proposal will be completed by a team of State of Indiana employees and your organization's score will be reflective of that evaluation. The evaluation of a proposal is based upon the information provided by the Respondent in its proposal submission. Therefore, a competitive proposal will thoroughly answer the questions listed. The Respondent is expected to provide the complete details of its proposed operations, processes, and staffing for the scope of work detailed in the RFP document and supplemental attachments.

Please review the requirements in Attachment K – Scope of Work carefully. Please describe your relevant experience and explain how you propose to perform the work. 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 use the yellow shaded fields to indicate your answers to the following questions. The yellow fields will automatically expand to accommodate content. Every attempt should be made to preserve the original format of this form. **A completed Technical Proposal is a requirement for proposal submission. Failure to complete and submit this form may impact your proposal's responsiveness.** Diagrams, certificates, graphics and other exhibits should be referenced within the relevant answer field and included as legible attachments.

OVERVIEW

Please provide an overview of your proposal in the boxes below.

Company Background

- a. Describe your experience conducting Medicaid Management Information System (MMIS) Maintenance and Operations (M&O) and Medicaid Business Operations for similar clients.
- b. Describe any notable accomplishments for your company you feel would be relevant to this proposal.
- c. Describe any lessons learned from any sanctions, corrective actions, or formal complaints that you have been subject to (including for non-MMIS M&O services), both in Indiana or other states.

1.0 Technical Proposal Overview and Introduction

Indiana's Family and Social Services Administration (FSSA) is seeking a contractor to provide management of the Medicaid Management Information System (MMIS) Maintenance and Operations (M&O) and Medicaid Business Operations for the State's Medicaid program. FSSA's mission is to compassionately serve a diverse community of Hoosiers by dismantling long-standing, persistent inequity through deliberate human services system improvement. With more than 31 years of experience supporting Indiana Health Coverage Programs, Gainwell is well positioned to help FSSA meet its goals and is uniquely positioned to provide the requested services while protecting the integrity of the current MMIS operations by offering a solution that:

- Accelerates modernization, lowers risk, and drives fiscal responsibility
- Provides a trusted partner and advisor who can move your organization forward
- Brings a vision for the Medicaid future state to continue Indiana's journey for a modernized MMIS
- Supplies a provider credentialing process that provides accuracy, consistency, and program integrity
- Makes certain the State's modernization strategy and program stakeholders are not disrupted

Gainwell's Technical Proposal includes the following sections as required in the RFP:

- Section 1.0, Overview and Introduction
- Section 2.0, Company Background
- Section 3.0, Medicaid Experience and Company Accomplishments
- Section 4.0, Lessons Learned
- Section 5.0, Scope of Work - Background
- Section 6.0, Project Management
- Section 7.0, Systems Maintenance and Operations
- Section 8.0, Data Management
- Section 9.0, Scope of Work – Reimbursement and Claims Processing
- Section 10.0, Fiscal Agent/Financial Accounting Responsibilities
- Section 11.0, Scope of Work – Member Services
- Section 12.0, Scope of Work – Provider Services
- Section 13.0, Scope of Work – Electronic Visit Verification (EVV)
- Section 14.0, Scope of Work – Call Center
- Section 15.0, Scope of Work – Service Desk
- Section 16.0, Scope of Work – Billing and Invoicing
- Section 17.0, Scope of Work – Corrective Action and Sanctions
- Section 18.0, Scope of Work – End of Contract Turnover

Gainwell understands that the requirements listed in the Request for Proposal (RFP) are critical to the success of the State of Indiana's Managed Information System Maintenance and Operations and Medicaid Business Operations project. Our team is invested in continuing to help Indiana modernize, control costs, and improve health

outcomes. We understand your mission and will focus our efforts on helping Indiana achieve its goals.

2.0 Company Background

Gainwell Technologies LLC (Gainwell) is an independent private company. Our company was founded on October 1, 2020, as a result of the sale of DXC Technology's State & Local Health and Human Services (HHS) business, creating a standalone company committed to improving public health outcomes across the United States through innovative and reliable technology solutions. U.S. State & Local HHS is our business, allowing us to deliver unmatched excellence to our many state Medicaid agency customers. The Gainwell name is new, but we have been building our reputation as a trusted adviser to state and local governments for more than 50 years.

In 1991 we began our transformational journey with Indiana. Since that time, we have completed two of the largest implementations to the MMIS, transitioned to ICD-10, implemented the Health Insurance Portability and Accountability Act (HIPAA) 5010 Transaction Standards and the Healthy Indiana Plan, implemented the Prior Authorization and Utilization Management project within a three-month time frame, and most recently helped quickly mobilize healthcare efforts during the COVID-19 pandemic.

Our Indiana Team is deeply invested in FSSA's mission of compassionately serving our diverse community of Hoosiers by dismantling long-standing, persistent inequity through deliberate human services system improvement. More than 270 Gainwell employees call Indiana home and are dedicated to making this community a better place for fellow Hoosiers to live and thrive.

Gainwell's IT solutions support the delivery of vital public Health and Human Services (HHS) programs to the communities our customers serve. Today we are a market leader recognized for service excellence coupled with unparalleled expertise, intellectual property, and strong connections with our customers and policy decision makers.

Because we concentrate only on HHS, Gainwell has the advantage of developing and implementing adaptive solutions that meet Indiana's unique needs. Through our vendor-agnostic environment, we offer a comprehensive, industry-proven approach to design, implement, and operate systems to meet your specific needs. We embrace your goals as our own goals.

3.0 Medicaid Experience, Company Accomplishments, and Lessons Learned

The following paragraphs describe Gainwell's extensive Medicaid experience and the accomplishments our company has realized over the past 50 years.

3.1 Medicaid Experience

Gainwell is currently managing the MMIS M&O and Business Operations program for the State of Indiana. We have installed our service-oriented architecture–based (SOA-based), Medicaid Information Technology Architecture–aligned (MITA-aligned), and flexible interChange. Healthcare providers use Gainwell solutions designed for FSSA to enroll online and receive real-time claims adjudication, permitting on-the-spot resolution. Our goal is to continue this long and successful relationship with the MMIS M&O and Medicaid Business Operations project.

By selecting Gainwell you gain confidence in knowing the work will be done promptly and accurately. Our efficiency in project management, implementation, and operations has been proven over many collaborative projects with the State of Indiana. Our approach provides a stable framework to effectively manage and administer the MMIS program while providing the solid foundation for growth and change as the program expands or develops.

Gainwell has become a leader in supporting the development of a MITA-conformant modular Medicaid Enterprise System (MES), our Medicaid Management Solution. We are operating or implementing 60+ modular MES solutions for 23 Medicaid programs. This extensive experience in implementing modular Medicaid solutions means we bring lessons learned and best practices that will reduce the risk of future modular implementations. Our service portfolio includes multiple MES modules that are pre-integrated with each other.

Gainwell has significant experience certifying MMISs under the latest certification rules. Our West Virginia MMIS system was the first system in the country to be certified under the pilot MECT 2.0 process. Our Puerto Rico MMIS system was the first system in the country to be certified under the pilot Outcomes Based Certification process.

Gainwell's Medicaid modules meet the federal reporting requirements and performance standards defined by Centers for Medicare and Medicaid Services (CMS) and the certification checklists. We built our Medicaid solutions around the CMS MECT checklists and have applied the Medicaid Enterprise Certification Toolkit (MECT) — both MITA-based and Module checklists. We also incorporate the CMS Enterprise Life Cycle (ELC) Process into our project management processes.

Experience with CMS Certification

Since 2010, Gainwell has achieved 17 CMS-certified states — more than all other vendors have achieved within the same period.

Gainwell has worked with clients to achieve 17 successful MMIS certifications since June 2010. All were certified to day one of operations, maximizing federal financial participation. Gainwell was successful in certifying the current Indiana MMIS following implementation of the *CoreMMIS*.

We helped Puerto Rico achieve MMIS certification on two projects using the Outcomes-Based Certification (OBC) pilot. Both were certified back to day one of operations, which maximizes federal financial participation. The pilot was later rebranded as the Streamlined Modular Certification (SMC) pilot. We carried over OBC

criteria to the SMC pilot, and we leveraged lessons learned for our other MMIS certifications.

Leadership in Supporting Medicaid Modularity

Gainwell has become a leader in supporting the development of a MITA-conformant modular Medicaid Enterprise System (MES), our Medicaid Management Solution, and in implementing 60+ modular Medicaid solutions for 23 Medicaid programs.

This extensive experience in implementing modular Medicaid solutions means we bring lessons learned and best practices that will reduce the risk of future modular implementations. Our service portfolio includes multiple MES modules that are pre-integrated with each other.

We also have been a leader in MMIS certifications, supporting various states in piloting CMS' evolving certification approaches. In total, we have completed 17 MMIS certifications to day one of operations using the MECT and outcomes-based pilot (OBC) pilot. These certifications included:

- First Outcomes-Based pilot MMIS certification, January 2020
- First MECT 2.3 MMIS certification, August 2019
- First MECT 2.2 MMIS certification, June 2018
- First MECT 2.0 pilot MMIS certification, October 2016
- First MECT MMIS certification, June 2010

3.2 Company Accomplishments

interChange MMIS Experience in Indiana

Gainwell brings more than 31 years of experience working with the Indiana FSSA to provide MMIS and fiscal agent services. As a result, Gainwell is the low-risk MMIS contractor and will be successful with the work effort for FSSA. Since 1991 Gainwell has worked with the State on countless projects. For example, we completed two of the largest implementations to the MMIS, transitioned to ICD-10, implemented the HIPAA 5010 Transaction Standards, Hoosier Care Connect, the Healthy Indiana Plan, helped quickly mobilize healthcare efforts during the COVID-19 pandemic, and supported the Electronic Visit Verification for Personal Care Services.

Enabling Transformation through Breadth of Medicaid Capability

Gainwell's Medicaid project experience is directly relevant to the MMIS and Supportive Services project. It reflects our extensive industry expertise and demonstrates our ability to work in parallel to perform project and program management, business requirements elicitation and development, systems testing, and system implementation.

As a successful, long-standing MMIS provider, Gainwell currently works with state government customers in 46 states and two U.S. territories. For 23 of these states, Gainwell provides fiscal agent services. In addition, we are operating or implementing more than 60 modular Medicaid Enterprise System (MES) solutions for 23 Medicaid programs.

Gainwell has completed the implementation of more core MMIS services, Medicaid modules, and associated Medicaid business operations and contact center services than all other vendors combined. Our core MMIS and Medicaid operations services support more than 58 million Medicaid recipients — that is more than 80 percent of the nation's Medicaid population.

Many vendors offer either technology or operational services: we offer both. Gainwell brings systems and processes together to increase automation and decrease redundancies and governance efforts, resulting in time and cost savings.

Our extensive experience designing, developing, implementing, hosting, and maintaining information technology and business solutions for Medicaid includes support for mail operations, call center operations, and supporting business operations. In total, Gainwell supports:

- 60+ modular Medicaid projects for 23 Medicaid programs
- Medicaid business process services for 27 Medicaid programs
- MMISs for 29 Medicaid programs
- Medicaid coordination of benefits for 41 Medicaid programs
- Medicaid program integrity support for 27 Medicaid programs

Companies that claim to serve higher numbers of Medicaid and health program agency contracts are including HHS contracts that are not relevant to Medicaid services and consulting contracts that do not require the in-depth experience with Medicaid systems and data that Gainwell brings.

Leading Experience in Modularity and Multi-Vendor Collaboration

For several years, Gainwell has been investing in a Medicaid Information Technology Architecture (MITA)-conformant modular MES business solution set, known as the Gainwell Medicaid Management Solutions, that offers modularity, interoperability, and extensive automation.

This investment has positioned Gainwell as the Medicaid modularization leader for core MMIS services. Our experience includes working with 23 Medicaid programs to deliver modular MES projects. These projects position the programs to fulfill CMS and MITA requirements for modularity, interoperability, increased automation, and multi-vendor collaboration in support of CMS directives.

Our 50-year history in Medicaid has involved supporting multiple projects with multiple vendors in parallel. As modularity is introduced, collaboration among multiple vendors becomes even more important and complex. In our modular projects, we have worked with system Integrators, have been the system Integrator, and have worked with vendors implementing modules around the system Gainwell maintains. Gainwell is experienced in developing and maintaining strong integration into the State's vendor

“team” for successful project outcomes. States look to Gainwell for its extensive Medicaid understanding to support the modular projects.

Public Service Focus

Gainwell’s focus on serving public sector clients is important. Medicaid program support differs from commercial health plan management due to unique regulatory complexity, different claims processing rules, and a unique population. We have found, for example, that contact center services must cater to the needs of special populations of providers and recipients. Our MMIS contact centers cater heavily to specialized provider groups, such as Behavior Analysis (BA) providers. This type of provider is typically financially dependent on its Medicaid funding and has a unique sense of urgency in its communications. As a result, Gainwell’s agent training includes a focus on BA provider issues and Medicaid resources available to the BA community. Gainwell field representatives have established relationships with BA providers so that field representatives can provide individualized care and attention. This focus prevents unnecessary escalations to FSSA. This is just one example of the value of Gainwell’s Medicaid-specific experience.

In practice, we have been a Medicaid innovator for more than 50 years. Gainwell’s predecessor company EDS built its first Medicaid claims processing system in 1967. Since then, we have worked with state governments to apply transformational innovations to improve service to Medicaid members, program administrators, and providers. Figure 1, Appendix 1 - Supporting Graphics, Technical Proposal Appendix depicts some of our key transformational contributions to Medicaid IT solutions.

Gainwell helps state governments enhance information accuracy, reduce operational costs, and improve innovation. We are especially proud of our 31 years of service in Indiana, providing healthcare administrative services to Indiana’s Medicaid program. Our extensive knowledge and experience, as follows, set us apart from other vendors in the State Health and Life Sciences marketplace:

- We have more than 50 years of experience working with state governments on innovative health and human services (HHS) solutions.
- We process more than 2.4 billion state healthcare transactions annually.
- We process more than 38.4 million patient visits a year through our clinical and administrative applications.
- We have a 17-year background in general immunization information system (IIS) and more than 12 years of experience with our award-winning version of the Wisconsin immunization registry (WIR).
- We maintain 1.3 billion immunization records.
- We touch nearly 22 million lives annually through our Medicaid process management services.
- We process more than 1.1 billion Medicaid claims and \$100 billion in benefits a year for our state customers.
- Of our 29 Medicaid programs, we support encounter claims for 20 accounts and capitation payments for 16 accounts. We processed 1 billion encounters in 2020 and paid \$148.4 billion in managed care capitations.

- Our call center staff answers more than 8.8 million provider and recipient telephone calls annually for our state healthcare customers.
- We serve 3 million providers and 58 million Medicaid beneficiaries.

3.3 Lessons Learned

Lessons learned is an essential part of any complex project, both the positive and the negative. The main goal is to realize continued improvement in both skills and competencies. The lessons learned process is only effective if woven into the processes and culture of the organization and effectively leveraged at the beginning of new projects.

Gainwell understands a sanction, corrective action, or formal complaint may be triggered because of nonperformance, missed performance metrics/key performance indicators (KPIs), or non-completed deliverables. In the unlikely event that Gainwell receives a sanction, corrective action, or formal complaint, our security officer will submit notification of the problem immediately to the State within 24 hours and provide continuous updates until a full report can be submitted, which supports the research, mitigation, and corrective action.

A corrective action plan (CAP) will be completed or approved by the manager(s) that failed to meet the service level agreement (SLA). A CAP will include a problem analysis identifying the root cause of the deficiency and the recommended solution(s) and process improvement(s) to be taken to correct the deficiency. If Indiana rejects the initial CAP, additional information and actions will be added to the CAP form. Gainwell expects the State will provide information in a letter as to why the CAP is being rejected. The CAP will be returned to the responsible manager for completion. After the manager has completed the CAP, the Quality Assurance (QA) Manager will send it to the State for a second submission.

Gainwell will update root cause analyses continually until we completely resolve the issue. Root cause analysis content typically includes the following:

- Issue description
- Chronology of events/timeline
- Findings and root cause
- Corrective action
- Preventive measures

When we identify an issue, we notify the provider community of the cause and effect — and the solution, if known — before it affects their business.

We work to build lessons learned into our processes to improve and be flexible with suggested improvements identified by outside entities because we know that doing this business day in day out, one can “miss the forest for the trees.” Gainwell believes with the changes in staffing for compliance and quality requested in this RFP including staffing needed positions to supplement our current staff’s knowledge of the system and processes, will enhance our delivery abilities and further grow our business relationship with the State and State stakeholders.

Two recent examples of CAPs involved Gainwell’s Provider Enrollment and Managed Care functional areas.

Provider Enrollment

During analysis of items for remediation, two scenarios were discovered related to certain provider licensure that were not in compliance with State laws.

The first scenario occurred when providers were updating their profiles to add a specialty. In this scenario, the Provider Portal did not require validation of that specialty. This allowed providers to bill and be reimbursed for a specialty service for which they may not have been qualified to provide. When discovered, Gainwell took steps to prevent this situation and updated the Provider Portal to require additional licenses when specialties are added. The additional licenses are manually reviewed for compliance with State law.

The second scenario occurred when a provider was updating their profiles for linkage to additional groups. In this scenario, the system did not verify if they were licensed to practice in the State where the group was located. This allowed providers to bill and be reimbursed for a service that they may not have been licensed to provide. Gainwell updated the Provider Portal to validate the State where the group is located against the provider's license.

We worked closely with the State, the managed care entities, and providers, not only to recoup claim dollars paid to improperly licensed providers, but to mitigate future occurrences.

Additionally, we performed a LEAN assessment to identify further best practices that we could use to improve our business processes and workflow.

Managed Care Capitation

During a routine monthly review of capitation payments, which became subject to CAP, it was discovered that capitation had been paid for the same member for both an active member identification number (RID) and an inactive RID. The RIDs had been linked and displayed on a daily report due to an overlapping assignment between the two linked RIDs. The significance of the specific error message was not understood, and thus was not worked daily. Gainwell worked with the State to recoup the overpaid capitation. The method to work the specific error was clearly documented to prevent future occurrence. Gainwell reviewed all reports and error messages for a full understanding to prevent any similar situations and made appropriate updates to documentation. Additional checks were put in place in the *CoreMMIS* to prevent capitation payments when a RID is inactive.

Another issue related to this CAP was created when it was discovered a delivery capitation rate was inappropriately paid for a baby. This occurred when mother and baby RIDs were linked inappropriately by the Division of Family Resources (DFR). Gainwell followed the process to unlink the RIDs but failed to follow through with the manual process to unlink all the tables behind the scenes; therefore, the mother demographics remained connected to the baby RID. Gainwell worked with the DFR and IEDSS team to resolve the related demographic issues and move the appropriate claims and capitation payments to the appropriate records. Although Gainwell does not link 1099 to 1099 RIDs, we can make sure that unlink requests are worked appropriately according to business rules. Documentation was updated to clearly capture the steps in the unlink process. We also added an age check in the *CoreMMIS* for delivery capitation to mitigate this situation.

4.0 Subcontractors' Qualifications, Experience, and Scope of Work

Per RFP section 2.6.4, Subcontractors, Gainwell affirms we will be responsible for the performance of obligations that may result from this RFP and will not be relieved by nonperformance of any of our subcontractors. Our proposal identifies our subcontractors and describes the contractual relationship between Gainwell and each subcontractor. Subcontracts entered into by Gainwell will comply with State statutes and will be subject to the provisions of those statutes.

Additionally, per RFP section 2.6.4, Subcontractors, Gainwell presents in this section of our response the function, qualifications, and experience for each of our proposed subcontractors.

The Business Proposal, section 2.3.10, Subcontractors, provides additional required information for each of our proposed subcontractors.

Subcontractor Management Approach

Creating a solution for FSSA involves choosing the right people and the right services contractors. That means we vetted vendors for specific service capabilities and reviewed their experience and ability to perform the work. Through this due diligence, Gainwell has chosen the subcontractors listed in this section as proven team members to provide professional services and meet the requirements requested in the RFP.

As the primary contractor, Gainwell accepts responsibility for the work performed by our subcontractors to support the project. Gainwell will be the single point of contact for the State, with full responsibility for meeting the State's requirements.

Gainwell is fully accountable for the actions, inactions, and performance of our subcontractors. We understand we are responsible for the work they perform. Therefore, we carefully choose which services to outsource and to whom we outsource. We will manage our subcontractors to verify they produce the same level of work the State demands of Gainwell.

We give our subcontractors the tools and information they need to achieve the high expectations set for quality and performance. Through open and regularly scheduled communication — as part of our Project Management Plan during the Transition phase tasks — the subcontractor will have a clear understanding of the requirements and delivery dates.

With our subcontractors, Gainwell provides a best-in-class team that will continue to successfully integrate market-leading products and services. Our subcontractors are a critical part of the team, and we are committed to their success in delivering their respective elements of the solution. Our approach to effectively managing subcontractor relationships and achieving the mutual goal of high-quality performance for FSSA focuses on three key principles:

- **Single point of contact** — Providing the State with a single Gainwell point of contact for service delivery needs

- **The right subcontractors** — Selecting companies with the delivery strengths and proven work ethic that will deliver the best benefits to the State
- **Integration with Indiana staff** — Fully integrated subcontractor personnel into Gainwell's business processes to form a cohesive team focused on the common goal of delivering the best value to the project

The Gainwell Team

Creating a solution for FSSA involves choosing the right people and the right services contractors. That means we vetted vendors for specific service capabilities and reviewed their experience and ability to perform the work. Please see the Business Proposal section 2.3.10 Subcontractors for Gainwell's approach to managing subcontractors. Through this due diligence, Gainwell has chosen the subcontractors listed below as proven team members to provide professional services and meet the requirements requested in the RFP:

- HHAeXchange — Electronic Visit Verification (EVV) services
- LexisNexis — Provider integrity screening services
- Verisys — Credentialing verification services

Gainwell is investing in the State by incorporating Women's Business Enterprise (WBE), Minority Business Enterprise (MBE), and Veteran Business Enterprise (VBE) subcontractors to complement our team. We carefully selected these subcontractors based on their experience with Indiana programs and agencies and their ability to deliver as required. Our W/M/VBE partners include:

- aFit Staffing — WBE providing staffing and resourcing services
- Briljent — WBE providing staffing and resourcing services
- CSpring — WBE providing staffing and resourcing services
- Midwest Presort — WBE providing mailing and presort services
- STLogics — WBE providing staffing and resourcing services
- BCforward — MBE providing staffing and resourcing services
- S2Tech — MBE providing staffing and resourcing services
- The Consultants Consortium (TCC) — MBE providing staffing and resourcing services
- Esource Resources — VBE providing staffing and resourcing services
- Professional Management Enterprises (PME) — VBE providing staffing and resourcing services

Gainwell offers FSSA a stable project with the ability to gain efficiencies, leverage skillsets, and improve overall service to Indiana citizens. Gainwell and its subcontractors will support FSSA in its MMIS M&O and Medicaid Business Operations project with the highest degree of effectiveness, continually increasing our performance and exceeding quality expectations.

Proposed Major Subcontractors

HHAEExchange

Functions to be Provided by Subcontractor

HHAEExchange will provide Electronic Visit Verification (EVV) services to FSSA as part of Gainwell's solution. Established in 2008, HHAEExchange is a leading cloud-based, healthcare Software as a Service (SaaS) vendor focused on the homecare industry and long-term services and support (LTSS).

HHAEExchange will be responsible for the EVV Aggregator scope under Gainwell's Indiana MMIS Contract. This scope includes:

- Implementation (including any necessary data integrations), training, and support resources (including Help Desk) for the life of the contract, including required support for CMS EVV OBC Certification
- A SaaS platform that includes State Aggregator Portal (reporting and BI Tool) and provider portals with EVV tools — IVR, Mobile App, and FOBs

With the proposed solution, Gainwell shares provider information from the MMIS with HHAEExchange. Gainwell will complete a daily transaction for EVV claims and submit it to HHAEExchange to validate if the provider has an EVV record for the service and units rendered. This data is returned to Gainwell or the Managed Care Entities (MCEs) with HHAEExchange, indicating if the provider has an EVV record for the service and units rendered for Gainwell or the MCE to complete claim processing. EVV claim information will be returned to the provider on an 835 RA file. The following list provides additional information about functions provided by HHAEExchange:

- Customer Assistance Center — Gainwell will continue to provide Tier 1 support for EVV, and HHAEExchange will provide Tiers 2 and 3 support for more complex needs.
- EVV Reports and Files — Gainwell sends one extract file daily from MMIS to HHAEExchange containing information for EVV-eligible services. Each extract adheres to the format and data requirements that HHAEExchange specifies. HHAEExchange sends response files back to Gainwell indicating the processing status of each extract file they receive. If data needs to be resent, Gainwell will develop an HHAEExchange process to send a provider extract on demand without it needing to be triggered by a data change in MMIS.
- Report/File Issue Resolution — Files between Gainwell and HHAEExchange are exchanged using Secure File Transfer Protocol (SFTP). Gainwell will coordinate with both the State and HHAEExchange to resolve issues expeditiously and implement corrective actions.
- KPI Reporting — Gainwell will continue to send the EVV data to the EDW in the weekly extract files to report on the performance standards. Gainwell will also share reporting from HHAEExchange on KPI reporting.

Company Overview, Qualifications, and Experience

HHAeXchange serves individuals receiving services, caregivers, families, agencies, and state staff using multiple levels of agency and self-directed care models.

HHAeXchange's innovative web-based platform connects all areas of the homecare ecosystem using a modular approach, including aggregation, EVV tools, and system integrations, each of which can be implemented individually or together to provide a comprehensive solution.

HHAeXchange has in-depth understanding and experience partnering with states and working with Medicaid programs. HHAeXchange was the first EVV vendor to achieve HITRUST certification, a certifiable framework that provides the structure, transparency, guidance, and cross-references needed to be certain of data protection compliance. HHAeXchange has achieved HIPAA Type 2, HITECH, HITRUST, SOC1 Type II, and SOC2 Type II certifications.

HHAeXchange currently integrates with more than 70 other EVV vendors, and its integration process includes state requirements and 21st Century Cures Act requirements and tools for Third-Party EVV vendors. The HHAeXchange solution is aligned with the Centers for Medicare & Medicaid Services (CMS) EVV Outcomes Based Certification (OBC) requirements, having compiled 100s of artifacts proactively to streamline the certification process.

HHAeXchange's state experience includes the following:

- **New Jersey** — Division of Medical Assistance and Health Services (DMAHS) — HHAeXchange was awarded the EVV project for the State in a highly competitive bid process, including 11 other vendors. Fully deployed, and with successful CMS OBC certification, HHAeXchange aggregates the EVV data for more than 30,000 participants across the State, and the company provides complete Cures Act compliance. HHAeXchange further supports DMAHS in all of their reporting, FWA, network management, and stakeholder training and engagement. 79% of providers are currently live and billing in New Jersey. DMAHS and the three MCOs served by HHAeXchange in New Jersey are all achieving more than 90% compliance for EVV data supporting claims.
- **West Virginia Department of Health and Human Resources (DHHR)** — HHAeXchange was awarded the Open Model EVV project in a competitive bid process for the State of West Virginia. Fully deployed, HHAeXchange will ultimately aggregate the EVV data for nearly 18,000 participants across the State. As the State's chosen EVV, HHAeXchange will provide complete Cures Act compliance, achieve CMS Outcomes Based Certification, and support DHHR in the State's reporting, FWA, network management, and stakeholder training and engagement. HHAeXchange completed CMS Conditional Readiness (CR) for West Virginia and anticipates successful CMS OBC award.
- **Minnesota Department of Human Services (DHS)** — The state selected HHAeXchange to provide EVV tools to Minnesota's 80,000 participants, with planned growth to 94,000 by the contract end, in addition to its industry-leading aggregation and business intelligence tools. Minnesota has multiple self-directed programs, and HHAeXchange's ability to provide purpose-built tools to both

Agency and self-directed populations will set the state up for a successful EVV deployment that reduces provider concerns and burden. HHAeXchange is in the early stages of this contract, having completed critical implementation milestones as we maintain compliance with the State's schedule for deployment.

- **Pennsylvania Community Health Choices Program (PA CHC)** — With the initial Cures Act deadline quickly approaching on January 1, 2020, three Pennsylvania managed care organizations (MCOs) independently chose HHAeXchange to help them comply with Pennsylvania's mandate for a compliant EVV solution. With all three of the state's MCOs now using HHAeXchange, the company had the advantage of onboarding all Pennsylvania providers under one central system. HHAeXchange is also the data aggregator for all three MCOs, sending the MCOs' data back to the State's aggregation vendor. HHAeXchange has helped Pennsylvania MCOs improve participant care, streamline provider-payer operations, and reduce fraud, waste, and abuse with advanced reporting.
- **Florida Agency for Health Care Administration (AHCA)** — In Florida, HHAeXchange connected to the state's aggregation vendor, and was hired by four of the state's national MCO plans, and one Third Party Administrator (TPA) to create an ecosystem where providers receive authorizations, communicate, and submit 837s. HHAeXchange currently supports more than 38,000 active participants and close to 900 providers throughout Florida. HHAeXchange provides a free EVV portal for those providers who do not currently have an EVV offering, and this portal provides 21st Century Cures Act compliance. HHAeXchange has worked with AHCA on a compliance plan that supports providers and the state in attaining EVV compliance over time.
- **New York State Office of the Medicaid Inspector General** — HHAeXchange supports multiple agencies and Managed Long-Term Care Plans serving this population. As part of the HHAeXchange EVV deployment in New York State (NYS), HHAeXchange has maintained the status of a qualified NYS Medicaid EVV Verification Organization (VO) since 2012. HHAeXchange serves many large NYS Managed Long-Term Care (MLTCs) companies and supports the Consumer Directed Personal Assistance Program (CDPAP) for clients in NYS.
- **Alabama Medicaid Agency Modular EVV and Transition to Open Model** — In addition to providing a Cures Act compliant EVV for more than 15,000 participants, including the self-direction population, HHAeXchange provided Medicaid expertise as Alabama transitions from a previous vendor and from a closed model to an open one. HHAeXchange successfully guided the State through the transition, helping reduce provider abrasion for the State. Alabama's system has successfully completed CMS ORR and is moving toward CR in the OBC process. HHAeXchange went live with its deployment in February 2022.
- **North Carolina Managed Care Programs** — HHAeXchange was selected by four out of the five MCOs in North Carolina as the State has worked towards transitioning to managed care. HHAeXchange was also selected by all seven Local Management Entities (LMEs) for Behavioral Health in the State to provide our EVV tools and platform.

LexisNexis

Functions to be Provided by Subcontractor

LexisNexis will support provider integrity screening as part of Gainwell's solution. LexisNexis is the national leader in Medicaid provider screening, and the company's identity data resources provide health care data intelligence solutions and services to the government, payer, provider, life sciences, and pharmacy markets.

As part of Gainwell's solution, LexisNexis services meet the requirements of Rule 6028 of the Affordable Care Act (ACA) for provider credentialing and background checks. LexisNexis pulls information from a large database of public and proprietary records to give a detailed view of individuals or businesses and their history. This service aids in the investigation process by quickly identifying fraud and other incidents within the last five years that involve the owners, indirect owners, and managing employees.

LexisNexis compiles reports on companies and individuals associated with a Tax ID or Social Security number. These reports can include such information as civil judgments and liens, bankruptcies, court and regulatory rulings, negative news, and felony charges. LexisNexis also can validate and authenticate the identification credentials of potential providers.

Files regularly submitted to LexisNexis contain provider information and the names of individuals and entities listed on the disclosure forms, including managing allies and individuals with more than a State-defined percentage interest in the business. They will work with Gainwell to define processes for providers with negative information identified during screening and determine the frequency of file submissions to LexisNexis. LexisNexis will verify provider data against its national database of public and proprietary records. Additionally, LexisNexis will perform systematic queries to the database, which lessens manual intervention by Gainwell staff members and increases efficiency in the enrollment process.

Company Overview, Qualifications, and Experience

LexisNexis' experience includes more than 600 health care organizations across the United States. Currently 19 state Medicaid agencies rely on LexisNexis provider data to meet Federal screening requirements, keep provider networks data up-to-date and consistent, and make them aware of potential risks as they emerge.

The LexisNexis team brings a wide variety of domain expertise to their work, and the company supports a wide range of risk customers that include payers, providers, retail pharmacy, and life sciences customers. LexisNexis customers include:

- 90% of all U.S. commercial payers/health plans
- More than 3,000 provider organizations (such as hospitals, health systems, and IDNs)
- 8 of the top 10 life sciences organizations
- 10 of the top 10 pharmacy chains

- 30 BCBS associations across the country (as well as Anthem)
- All 50 states' governments and most local municipalities

Clients who benefit from LexisNexis health care market intelligence solutions include:

- More than 75 Life Sciences organizations use these solutions to drive their marketing strategies to physicians and health care facilities.
- More than 800 hospitals, from community hospitals to educational systems and commercial systems, spanning markets from New York City to rural Texas, leverage these solutions for physician-level marketing and physician alignment, planning functions, and recruitment strategy.

LexisNexis provides business intelligence solutions to a wide range of health plans and payers, and the company's commercial customers include:

- 8 organizations with more than 10 million enrollments
- 27 organizations with between 1 to 10 million enrollments
- 8 organizations with between 500,000 to 1 million enrollments
- 36 organizations with between 100,000 to 500,000 enrollments

Verisys

Functions to be Provided by Subcontractor

Verisys will provide credentialing services as part of Gainwell's solution for FSSA. Gainwell and Verisys will start with the base set of Primary Source Verification (PSV) data elements that align with National Committee for Quality Assurance (NCQA) or Utilization Review Accreditation Commission (URAC) standards. We will add documentation requirements and optional PSV data elements for Indiana-specific credentialing needs as part of the Implementation Phase.

Claims of doing PSV in this short of an amount of time is pre-credentialing of a much smaller subset of data elements that are readily available from online sources. This prescreening also will be part of our process so that a robust set of information will be transmitted to Verisys to begin the more intensive PSV as part of the centralized provider enrollment and credentialing process.

Verisys is adept at customizing the PSV elements and documentation requirements to each customer. For each customer, Verisys takes advantage of proven processes to meet or exceed the credentialing PSV and documentation requirements of NCQA and URAC.

Gainwell and Verisys will work with the State, MCEs, and provider stakeholders to verify a final complete list of PSV elements and documentation methods. We will be flexible throughout the relationship to adjust the PSV requirements and documentation methods as Indiana updates the needs and requirements of regulatory organizations.

During the Design Phase, Gainwell and Verisys will collaborate with FSSA and the MCEs to define the protocols for processing provider applications with missing information, supporting documentation, or inaccurate application details. Gainwell has the experience needed for this important task. As the incumbent, we understand the current processes and have the knowledge to expand these processes for the new paradigm in enrollment and credentialing. We know the Indiana provider community,

including the most common reasons for returning applications to providers today. We can build on these issues before continuing to discuss other options about best practices regarding risk sorting and credentialing issues.

Verisys' experience includes performing CVO services for several health plans with providers in the State of Indiana. Verisys has best practices useful in Indiana for risk sorting for various applications of rules for missing information, incomplete supporting documentation, erroneous application details, PSV results, and findings.

Company Overview, Qualifications, and Experience

In May 2021, Verisys and Aperture Health combined to become one company called Verisys. The original Verisys Corporation (Verisys®) formerly Government Management Services, Inc. (GMS), was created in 1992 expressly for the purpose of mitigating fraud, waste, and abuse in the United States health care system through a powerful blend of innovation, data, technology, and technology-enabled services. For more than 20 years, Aperture Health helped organizations solve some of the most complex challenges around credentialing, provider data management, search, and directory. Together, Verisys and Aperture deliver a market-leading service offering that connects provider data management and governance, risk, and compliance capabilities.

Verisys is fully certified by the National Committee for Quality Assurance (NCQA) as a credential verification organization (the performance of primary source verification).

The company meets all of the 11 NCQA elements:

1. Application and Attestation Content
2. Application and Attestation Processing
3. Verification of Drug Enforcement Administration (DEA) Certificate
4. Verification of Education and Training
5. Verification of Malpractice Claims History
6. Verification of Board Certification Status
7. Verification of Licensure
8. Verification of Work History
9. Sanctions – Medical Boards
10. Sanctions – Medicare/Medicaid
11. Sanctions – Ongoing Monitoring

Additionally, Verisys is an independent full-service Credential Verification Organization (CVO) certified by NCQA for credentialing and recredentialing determinations, a key requirement for ongoing committee management and credentialing delegation oversight support services. Verisys is very familiar with CMS requirements and serves large health plans that adhere to these market-leading requirements.

Verisys has robust experience implementing and providing CVO services to customers similar in scope and size as the State of Indiana. Verisys is both an industry-leader in the marketplace and an organization led by thought leaders in the health care community, partnering with some of the largest, most strategic, and most progressive health care and fraud prevention organizations in the United States today. Customers include:

- **Georgia Department of Community Health** — Verisys, under its former company name Aperture Credentialing, provided Georgia Department of Community Health a full-state credentialing program. The program was started in summer 2015 and is still in effect. The department wanted to create a single credentialing and committee process to reduce administrative requirements for all stakeholders, to make sure compliance requirements were met by Medicaid MCOs in the State, and to accelerate the approval process. Verisys deployed centralized Primary Source Verification and Committee Management (Credentialing Alliance Services) to create a single touchpoint for Medicaid providers to become credentialed. As a result, the State achieved its goals: lowering MCOs costs and achieving reliable credentialing and compliance.
- **Arizona Alliance of Health Plans (AzAHP)** — Verisys, under its former company name Aperture Credentialing, began working with the AzAHP in October 2012. This alliance was formed by Medicaid MCOs with the intention of identifying how to make life easier for providers by eliminating duplicated efforts and reducing administrative burden. Verisys partnered closely with alliance members to define a common, standardized credentialing process across all member plans. Within this process, standard forms are used for application gathering, and then the Verisys team completes the NCQA compliant primary source verification process. Finally, Verisys prepares a credentialing committee profile packet that is returned to each member plan. With Verisys' support, the AzAHP benefited from a standardized process and saw a significant reduction in the length of time it took to credential providers.

Proposed Women-Owned Business Enterprise Subcontractors

aFit

Functions to be Provided by Subcontractor

In Gainwell's solution, aFit will provide staffing and resourcing services. A local WBE-certified Indiana company, aFit provides consulting and IT services for public sector and commercial clients.

Company Overview, Qualifications, and Experience

aFit's mission is to connect high-quality talent with meaningful roles that provide excellent client outcomes. Services includes:

- Strategic planning consultation services
- Project management
- Management advisory services (operations assessments and business process automation)
- Information technology consultation services

- Education and training services
- Software coding and development services
- Systems analysis services
- Technology service delivery
- Management, business professional, and administrative services
- Database administration services
- Systems implementations
- Staff augmentation

The aFit team understands government and brings the following experience:

- **Indiana Lieutenant Governor's Office** — aFit provided executive oversight, project management, business analysis, and testing for the Salesforce-based Grants Management System.
- **Indiana Office of Technology (IOT)** — aFit is currently providing project management, business process mapping and assessments, requirements gathering, and prioritizing to implement Salesforce for a variety of business needs and solutions at the Indiana Department of Homeland Security, the Indiana Office of Community and Rural Affairs, the Indiana Destination Development Corporation, and the Indiana Department of Natural Resources.
- **Hoosier Lottery** — aFit recently completed a full assessment and provided a recommendations report for the Retailer Licensing component of their business. This included a review of their current business processes and existing technology.
- **Indiana Department of Child Services (DCS)** — aFit provided project management expertise to support the DCS PMO with business process mapping and assessments, requirements gathering, and identifying opportunities for automation.

aFit has partnered with Accenture as the WBE on multiple projects to support business and technology analysis, requirements gathering, process mapping, workflow automation, technology architecture, and the full systems implementation lifecycle. These projects include:

- Indiana Auditor of State
- State Personnel Department
- Indiana Department of Child Services
- Indiana Bureau of Motor Vehicles
- Missouri Department of Revenue
- Ivy Tech Community College in Indiana
- Indiana Department of Corrections
- FSSA Office of Medicaid and Policy Planning
- Indiana Department of Child Services

aFit has also partnered with eimagine to provide executive oversight, business and operational analysis, process review, and automation support. Projects include:

- Indiana FSSA Office of Medicaid and Policy Planning
- Indiana FSSA Division of Aging

- Indiana Secretary of State
- Indiana State Department of Health
- Indiana Department of Environmental Management
- Indiana Office of Attorney General
- Indiana Department of Veteran Affairs
- City of Indianapolis
- Ivy Tech

Briljent

Functions to be Provided by Subcontractor

Briljent will provide staffing and resourcing services as part of the FSSA contract with Gainwell. Briljent has a dedicated team available to recruit and hire full-time resources to support customer projects, and the company has supported the Gainwell team on Medicaid implementations in California, Kansas, Nevada, and Indiana.

Company Overview, Qualifications, and Experience

Briljent's first State of Indiana contract began in 2001. The company brings exceptional understanding of Indiana's state government gained over years of highly successful engagements with the majority of its state agencies. Several key Briljent staff members have come from Indiana state agencies, including various divisions of FSSA, specifically DFR.

The company has more than 1,800 contacts in a pool with 235 resources that have been placed on projects over the past three years. The Briljent team has supported critical Medicaid projects such as the Indiana Eligibility Determination Services System (IEDSS), Medicaid Management Information System (MMIS), and Affordable Care Act (ACA) training.

The company is well versed in Indiana's Integrated Medicaid policies and procedures, including the integration of Supplemental Nutrition Assistance Program (SNAP) and Temporary Assistance for Needy Families (TANF) benefits. The Briljent staff understands the culture, preferences, and best practices of FSSA regarding training techniques, tools, and operations.

With years of experience supporting projects across the United States, the company understands the complexities of Medicaid operations, specifically, Briljent has supported the Gainwell team on Medicaid implementations in California, Kansas, Nevada, and Indiana.

Briljent provides or has provided the following services for FSSA:

- IEDSS — Provides training development, computer-based training design, curriculum roadmap, and change management
- Indiana Affordable Care Act Training — Provided training development and delivery to state staff within DFR, the Office of Medicaid Policy and Planning, and the Indiana Department of Insurance

- Indiana Client Eligibility System (ICES) — Provided technical support and development
- Indiana MMIS — Provides system training, project management, call center staffing
- Indiana SEC Training — Provided training development and delivery for DFR Local Office staff

CSpring

Functions to be Provided by Subcontractor

CSpring will provide staffing and resourcing as part of Gainwell's proposed solution. CSpring is a team of highly experienced consultants who have a proven track record of success in delivering technology solutions to both the public and private sectors.

Company Overview, Qualifications, and Experience

CSpring is an IT consulting and services firm with more than 25 years' experience providing IT solutions and expertise to clients across the United States. Over its history, the firm has remained committed to hiring only the best talent and working tirelessly for client success. CSpring's culture promotes positivity, confidence, optimism, energy, and embracing change. The four core values that drive the firm's actions are to be committed, collaborative, consultative, and caring. In 2021, these qualities earned CSpring recognition as a Best Place to Work in Indiana and a Top Employer in Indianapolis.

CSpring has delivered outstanding support to government and health and human services programs in seven states. Additionally, CSpring has served as an outstanding subcontracting partner since 2013 to Gainwell in support of the State of Indiana's MMIS program.

CSpring's experience spans system modernization and integration projects, enterprise engineering/architecture and planning, and assessments for state government agencies. The company brings extensive experience in project management, business analysis, application architecture and development, data and application integration, health care regulation compliance, program governance, risk and issue management, analytics, data warehousing and business intelligence, and quality assurance and test analysis.

The following are examples of CSpring's work in support of government health and human services and related programs:

- State of Illinois — Medicaid Enterprise Data Warehouse
- State of Indiana — Medicaid Enterprise Data Warehouse
- State of Indiana — MMIS modernization DDI and M&O
- State of Indiana — Pharmacy Benefit Management — Call Center and Clinical Ops
- State of Indiana — FSSA Self-Service BI Portal
- State of Indiana — FSSA Data Governance Strategy
- State of Indiana — MCO for Hoosier Healthwise and HIP
- State of Indiana — DCS INvest Quality Assurance Services

- State of Indiana — ICD-10 Lead and Coding Advisor
- State of Iowa — Management and Integration Services for Iowa Eligibility System
- State of Illinois — Illinois Human Services Framework
- State of Indiana — OMPP Enterprise Engineering/Architecture
- State of Indiana — OMPP BE Reporting and Analytics
- State of Florida — ICD-10 Assessment and related HHS projects
- State of Indiana — FSSA Program Management for Cord Blood Bank Program
- State of Indiana — ISDH various data reporting projects

Midwest Presort

Functions to be Provided by Subcontractor

Midwest Presort will support Gainwell's solution with mailing and presort services. One of Indiana's leading presort houses and letter shops, the company provides complete printing and processing mail services for Indiana companies, educational institutions, and organizations (large and small, public and private, for profit and not-for-profit).

Company Overview, Qualifications, and Experience

Midwest Presort was founded in 1988, and the company's leadership team has a cumulative 70 years of experience within the company. By combining the latest technology with a full range of services, Midwest Presort has gained a reputation for providing the highest quality mailing services available in the State of Indiana. The company has the staff, equipment, and facility required to provide a highly customer-focused approach and to meet nearly any mailing need that our customers may have. Midwest Presort's vision is to provide an economic benefit to the State's organizations, residents, and government reducing their postage and mailing costs, and to provide jobs for individuals in the economically challenged near-eastside of Indianapolis.

The following list provides a few examples of Midwest Presort's capabilities:

- Approximate annual volume of mail pieces presorted — 60,000,000
- Approximate annual volume of mail printed — 2,500,000
- Approximate annual volume of envelopes inserted — 5,000,000
- Two locations in Indianapolis — One 25,000 square foot facility and another 25,000 square foot facility
- Daily mail pick-up routes — Logansport, Kokomo, Lafayette, Ft. Wayne, Terre Haute, Muncie, Anderson, Westfield, Carmel, Fishers, Indianapolis, Columbus, Franklin, and Bloomington
- Highly experienced team — Average 14-year tenure and low employee turnover
- Physical access security — Key card access required to enter the building (controlled by VP), visitor log sign-in required, video camera recording 24x7 inside of facility

- Four letter presort machines — Aggregate hourly throughput of 120,000 letters per hour; use of multiple optical character reading (OCR) applications
- Flats presort machine — As many as 15,000 pieces processes per hour; use of RAF OCR software and hand-written OCR software

The following are just a few of Midwest Presort's clients:

- Carrington Mortgage Services — Since 2007, provides daily inserting and metering services in addition to letter and flats presorting services for this large mortgage servicing company located in Westfield, Indiana
- Indiana University — Since 2007, provides daily letter and flats presorting services and processes all the foreign mail for this widely recognized university in Bloomington, Indiana
- Irwin Hodson Group — Since 2010, provides daily presort services for this technology and fulfillment services firm located in Ft. Wayne, Indiana. Irwin Hodson Group (IHG) is the current contract holder for the State of Indiana to print and mail BMV registrations (processed as letters) and license plates (processed as flats).
- Madison County Government — Provides daily letter and flats presorting services for this large county government located in Anderson, Indiana; also provides data processing, form design and layout and printing of large county wide mailings, including residential property assessment (Form 11's), business personal property, mobile homes, farm ground, and jury notices

STLogics

Functions to be Provided by Subcontractor

STLogics will provide staffing and resourcing services to support Gainwell's solution for FSSA. A leader in IT and IT-enabled services, STLogics' focus areas are application development, managed services, big data services, and enterprise staffing solutions.

Company Overview, Qualifications, and Experience

Founded in 2004 and headquartered in Carmel, Indiana, STLogics is a diversified technology holding company that conducts business through owned subsidiaries. To meet specific IT requirements, provide superior service, and continue to innovate, STLogics has become four companies each with one dedicated specialty.

STLogics' proven models, methodologies and industry best practices are the key to its success. The company focuses on digital transformation, cloud enablement, robotics process automation (RPA), and project portfolio services. STLogics uses state-of-the-art tools, technologies, and subject-matter expertise to create breakthrough business impacts by targeting innovation opportunities and by managing change effectively. The company provides industry-specific technology services in healthcare and life sciences, insurance, banking, construction, manufacturing, government, finance, transportation, and logistics. STLogics emphasizes rapid innovation with a targeted

approach, strong project management processes, a global presence for development and delivery, and a keen focus on user experience.

STLogics has a long history of working with the State of Indiana and similar public sector clients, including several State agencies in multiple States. State of Indiana experience includes the following:

- Indiana Family and Social Services Administration (FSSA), Office of Early Childhood out of School Learning (OECOSL)
 - Designed, developed, and implemented a new QA system that stores data related to various Agency-managed applications and programs to provide parents with informed childcare choices; provide the M&O services to this project
- Indiana Department of Child Services (DCS)
 - Provided development, maintenance, and support services to Child Support System and the Child Welfare Systems
 - Provide interface and integration with other systems such as Odyssey Case Management System
 - Staff a skilled team of IT professionals including project managers, QA specialists, security analysts, Salesforce developers and architects, administrative assistants, help desk consultants, and business analysts
- Supreme Court Division of State Court Administration
 - Provide technology consulting and professional services across 52 counties in the State of Indiana
- Family and Social Services Administration (FSSA)
 - Provide eligibility services, local office staff augmentation, and/or training services to fulfill the functional requirements of the eligibility operation
 - Provide employment and training services to Indiana low-income families and individuals who require support in meeting basic household needs, including those participating in IMPACT, GTW, TANF and SNAP
- Division of Mental Health and Addiction (DMHA)
 - Provide Medical Staffing Services for the DMHA within the Family & Social Services Administration (FSSA).

Other STLogics clients include:

- U.S. Department of Health and Human Services (HHS)
- Centers for Medicare & Medicaid Services (CMS)
- State of Maryland
- State of Florida
- State of Massachusetts
- State of Pennsylvania
- State of North Carolina
- State of Virginia
- State of Texas
- State of Illinois

STLogics has provided Quality Maintenance and Operations (M&O) service to multiple government agencies and commercial organizations to support compliance. The following are two examples of this work.

- STLogics acted as a true partner in data systems and IT to the State of Florida. The company provided a gap analysis to their reporting structure and provided necessary recommendations to fix those gaps.
- For Indiana University, STLogics supported application and data systems assessment, fit-gap analysis, and development of a future-state roadmap. The company implemented, developed, and tested the system after conducting an exhaustive requirements analysis. STLogics provides M&O for Indiana University's system today.

Proposed Minority-Owned Business Enterprise Subcontractors

BCforward

Functions to be Provided by Subcontractor

BCforward brings staffing and resourcing services to support the Gainwell solution. A business solutions and staffing firm, *BCforward* leverages its resources and processes to address business problems and staffing needs.

Company Overview, Qualifications, and Experience

Founded in 1998, *BCforward* currently maintains a team of more than 8,500 resources. The company provides staffing, project, and outsourcing solutions to more than 250 clients globally. *BCforward* consultants bring a wide range of skill sets including:

- Six Sigma experience
- Critical Path and Critical Chain Project Management Methodologies
- Predefined templates that accelerate implementation
- Industry best practices
- Certified Project Management Professionals (PMPs), Six Sigma Green and Black Belts, and Capability Maturity Model Integration (CMMI) experts

BCforward teams deliver solutions for multiple industries in both public and private sectors. The company has a national footprint that enables it to provide clients with a dedicated team of service professionals and/or temporary workforce for short-term projects. *BCforward* can scale up and down based on a client's project pipeline, and the company's 24-hour sourcing model helps it scale to meet project demands on a short notice.

The following lists projects *BCforward* is performing or has performed for the State of Indiana.

- Criminal Justice Institute: Victims Compensation Database
- Criminal Justice Institute: SAKI system
- Prosecuting Attorneys' Council: Prosecutor's Case Management System
- Family and Social Services Administration: Atlassian Tool Assessment and Setup
- Department of Workforce Development: Atlassian Tool Assessment and Setup
- Family and Social Services Administration: Medicaid Fraud Audit Detection Services
- Family and Social Services Administration: Medicaid Management Information System (MMIS)
- Family and Social Services Administration: Pharmacy Benefit Management Services (PBM)
- Family and Social Services Administration: Hoosier Healthwise and Healthy Indiana Programs
- Family and Social Services Administration: Hoosier Care Connect
- Family and Social Services Administration: Eligibility Services, Training and Staffing
- Family and Social Services Administration: Care Management for Social Services (CaMMS) Support Services
- Family and Social Services Administration: Intake Agent Services
- Family and Social Services Administration: State Operated Facilities (SOF) Meal Services
- Family and Social Services Administration: Child Care Quality Improvement and Assurance Services
- State Personnel Department: Third Party Administrative Services for the State Employee Health Plans
- State Personnel Department: Dental Plan Administration
- State Personnel Department: Vision Insurance Services
- State Personnel Department: Wellness Campaigns and Challenges
- State Personnel Department: Onsite Clinic Services
- State Personnel Department: Employee Assistance Program
- Department of Correction: Offender Pay Telephone Services
- Department of Correction: Total Offender Management System (TOMS)
- Department of Correction: Digital Content
- Department of Education: Assessment of Student Achievement
- Department of Education: Indiana English Learner Database
- Department of Education: Educator Licensure Testing Program

- Department of Education: Early Childhood and Interim K-2 Assessments
- Department of Education: ILEARN, IREAD-3, and I AM Assessments
- Department of Child Services: Federal Revenue Maximization Services
- Bureau of Motor Vehicles: Driver Safety Program Services
- Department of Administration: Maintenance, Repair and Operations (MRO) Products
- Department of Administration: Fingerprinting Services
- Department of Revenue: Revenue Collection Services
- Department of Workforce Development: Assessment Tool Measuring Career Interest and Aptitude
- State Department of Health: Public Health Preparedness and Emergency Response Consultant Services
- Gaming Commission: Gaming Laboratory Certification Testing Services
- State Auditor: PeopleSoft HCM-Payroll Modernization
- Office of Technology: Contact Center as a Service

S2Tech

Functions to be Provided by Subcontractor

S2Tech will provide staffing and resourcing services for the Gainwell solution. In partnership with TCS, S2Tech will employ its successful, practical approaches and its best resources to fulfill the requirements that make it possible for every resource to perform at a maximum level of competency.

Company Overview, Qualifications, and Experience

S2Tech has provided project and application support since its founding in 1997, and the company supports public and commercial health care and human services agencies across the nation. S2Tech has provided IT services to both government and commercial sectors in 38 states, providing support on more than 135 projects.

The following is a summary of S2Tech's qualifications:

- Provided MMIS support to two states in its 24-year company history
- Supporting MMIS M&O projects in Iowa, Missouri, North Dakota, South Dakota, and North Carolina (combined 73 years of MMIS support on these active projects)
- Supporting active modernization projects in Pennsylvania (MMIS – PMO), Indiana (Child Welfare – PMO), Virginia (MMIS – IVV), and Mississippi (MMIS and Eligibility – PMO and SI), and North Carolina (MMIS – SI)

The following paragraphs provide examples of S2Tech's experience.

State of Iowa – MMIS Project Experience

This project represents S2Tech's direct experience supporting system development, implementation, and maintenance for the Iowa MMIS solution. For more than 17 years, S2Tech has been providing resources in support of requirements validation, design sessions, data conversion, testing support, system development, and maintenance/operational support of the Iowa MMIS. S2Tech has had an opportunity to work on numerous successful enhancement projects; each of which included a testing and quality assurance component to make certain of successful implementation of the enhancement. Enhancements include point-of-sale conversion, NPI implementation, EDI 5010 conversion/implementation, ICD-10 implementation, T-MSIS implementation, and the Iowa Health Link project.

S2Tech currently has various resources supporting the Iowa Medicaid Enterprise Project including data architects, system team leads/developers, and quality assurance resources. Support includes the following:

- Project planning
- Project management and administration
- Issue management
- Risk management
- Requirements definition and analysis
- Architecture and design
- Development and system testing
- Enhancement implementation and support
- Systems operations and maintenance

State of Missouri – MMIS Project Experience

Since 2006, S2Tech has provided resources in support of application development and managed services for the Missouri MMIS. S2Tech resources have supported the following functions for the State:

- Develop multiple interfaces
- Analyze and document complex system requirements
- Estimate software development costs and completion schedules
- Develop design specifications for program code modification
- Code software modifications and perform unit, system, and integration testing
- Perform VSAM to DB2 data conversion
- Plan and estimate data conversion
- Perform ETL mapping and data modelling for data conversion
- Develop ETL flow for VSAM to DB2 data conversion
- Support system application maintenance and operations on an ongoing basis

The Consultants Consortium

Functions to be Provided by Subcontractor

The Consultants Consortium (TCC) will support Gainwell's FSSA solution with staffing and resourcing services. TCC provides government, non-profit, and commercial

organizations with cutting-edge technology and professional services. The company has a proven track record of success for large government agencies and commercial companies.

Company Overview, Qualifications, and Experience

Founded in 1996 in Indianapolis, and with a leadership team with more than 200 years' combined IT and public-sector experience, TCC focuses on the IT initiatives of state and local governments. TCC has extensive experience in replacing obsolete systems with state-of-the-art software applications, managing complex system processes, and ensuring critical daily operations have successful outcomes. TCC has provided IT services to the government's most important agencies for more than 20 years.

TCC has partnered with Indiana's FSSA since 1999. Over the past 20 years, the company has implemented robust early childhood education data systems for the Office of Early Childhood and Out of School Learning. In March 2020, TCC partnered with OECOSL to implement the online Family Portal that allows families to apply online for On My Way Pre-K and Child Care and Development Fund (CCDF) subsidy programs.

As a MBE subcontractor, TCC has also supported other initiatives within FSSA such as the MMIS design, development, and implementation. The company has successfully partnered with Gainwell Technologies since 2013 to help provide MMIS technical staff. TCC also supports Health and Human Services agencies in five other states outside of Indiana.

Proposed Veteran-Owned Business Enterprise Subcontractors

Esource Resources

Functions to be Provided by Subcontractor

Esource Resources will provide staffing and resourcing services as part of Gainwell's solution for FSSA. Esource Resources has a proven track record of successfully managing and executing high-visibility, data-focused projects. The company's staffing approach emphasizes long-term, direct employment of staff to foster workforce stability, maintain turnaround time and quality performance standards, and increase client-specific expertise.

Company Overview, Qualifications, and Experience

Esource Resources, LLC (Esource) is a VA, Center for Verification and Evaluation (CVE) verified Service-Disabled Veteran-Owned Small Business (SDVOSB). Esource

is registered and verified in the Vendor Information Pages (VIP) database. Esource Resources, Inc (Esource), a minority business enterprise (MBE), veteran business enterprise (VBE), service-disabled veteran-owned small business (SDVOSB) and disadvantaged business enterprise (DBE), was founded in Indianapolis in 2002 based on the simple idea of providing high quality, value-adding consulting services.

The company brings sound processes for contract administration (including onboarding, security clearances, training, and monthly reporting), which enables Esource to shepherd staff through the lengthy onboarding process as quickly as possible.

The following client examples demonstrate Esource's experience:

- RJ Health (Indiana) — Esource provided staffing services and application services for eight years and included the following:
 - EHR (Cerner HIM)
 - Reporting and medical record support
 - Performed Clinical Informatics (including reporting)
 - Operational support
 - End-user support reporting needs assessment
 - Improvement and efficiency recommendations to leadership
- Eskenazi Health (Indiana) — Esource has provided staffing and application services to Eskenazi since 2015. Esource's support includes the following:
 - Oversaw and provided resources for the Epic/EHR implementation project
 - Provided Epic trainers to support Eskenazi's EHR go-live and activation with an elbow-to-elbow support role that focused on performance, support, and training for the client's customized Epic software platform
 - Supported other Epic modules including ADT, Beaker, Cadence Validation, Epic Interface
- United States Air Force (Virginia) — Esource provided graphic design services, including the following:
 - Created livestream graphics for AFMS SLW livestream conference
 - Editing and reformatting AFMS historical posters
 - Creates the logo design for the AFMS SLW event
 - Redesigning the 2020 Air Force Toolkit booklet

Esource's overall experience includes the development, implementation, and configuration of multiple solutions required to meet system requirements (such as SQL Server, ProClarity, and SharePoint Server and Connector). Esource has also delivered Microsoft SQL Server reporting, integration, and analysis services.

Professional Management Enterprises

Functions to be Provided by Subcontractor

In support of the Gainwell solution for FSSA, Professional Management Enterprises (PME) will provide staffing and resourcing services. PME has delivered more than \$10 million in human capital services for clients nationwide, and the company has

developed proven candidate sourcing and recruiting strategies. PME successfully attracts, assesses, and retains top quality talent with the appropriate skills and competencies required by clients.

Company History, Qualifications, and Experience

A proven partner to Gainwell and the State, PME provides support in human capital management, business operations, organizational development, information technology, and healthcare staffing spaces. PME was founded in 2005 and offers a full menu of customizable, professional services. The company offers customizable professional services that include continuous process improvement, project management, behavioral science insights and applications, innovation and implementation support, and management consultation. PME's main offerings are:

- Staff augmentation — Contract, contract to hire
- Managed services — Customized project solutions, ongoing support services, niche consulting

PME brings the following experience:

- More than 20 years' 'experience in information management, information security, and project and risk management services
- Proven record of delivering successful and quality outcomes on projects
- Information and thought leaders who know the domain and challenges from all angles
- Best practices in solving problems and delivering quality results
- Success in transforming challenges into successes with outstanding communication skills

The company has successfully managed and delivered end-to-end large-scale projects for service-oriented architecture (SOA), data warehouse (DW), and business intelligence (BI) solutions. PME has provided these services to the health care field for more than nine years, including more than five years for state government Medicaid clients while partnering with prime contractors.

PME has a strong history of accomplishments in PMO operations, improvement, and management. PME has a high success rate in delivering large scale, complex, parallel, fast-paced, moving-target with shifting priorities, M&O, and long-term programs and projects spanning multiple business and technology units, systems, and third-party vendors. PME has extensive knowledge and experience with open source, tools, best practices, regulations, and standards, including Microsoft Office 365 tools, Jira, SharePoint, SDLC, PMI, SAFe, Agile Scrum, Medicaid information systems, data analytics, business development, NIST 508, Cybersecurity, TOGAF, ITIL, MITA, CMS, UML, BPMN, CMMI, HIPAA, Affordable Care Act, Gramm-Leach-Bliley, and the Sarbanes-Oxley Act.

PME has served the State of Indiana for 15 years, and projects include the following:

- FSSA — Risk-Based Managed Care Services for Aged, Blind and Disabled Medicaid Beneficiaries (Hoosier Care Connect); contracted with Anthem, MHS, and MDWise; 2015-2021
- FSSA — Risk-Based Managed Care Services for Aged, Blind and Disabled Medicaid Beneficiaries (Hoosier Care Connect); contracted with Anthem, MHS, and United Healthcare; 2021-2026
- FSSA — Risk-Based Managed Care Services for Medicaid Beneficiaries (Hoosier Healthwise/HIP); contracted with Anthem, CareSource, MDWise, and MHS; 2016-2022
- FSSA — Risk-Based Managed Care Services for Medicaid Beneficiaries (Hoosier Healthwise and Healthy Indiana Plan Programs); contracted with Anthem, CareSource, and MDWise; 2023-2028
- FSSA — Prior Authorization Utilization Management — Medicaid Fee for Service Claims; contracted with Gainwell; 2020-2023
- FSSA — Provide eligibility specialist staffing for Change Center and Regional Change Center; contracted with Conduent; 2019-present
- Bureau of Motor Vehicles/Commission — On Demand Production and Distribution of License Plates and Registration Documents; contracted with the Irwin Hodson Group; 2020-present
- FSSA, Office of Early Childhood and Out-of-School Learning — Technical Assistance Services; contracted with Shine Early Learning, Inc.; 2019-2022

PME also brings experience with the following government agencies:

- TennCare — Technical staffing for Tennessee Medicaid Program; 2015-present
- Department of Defense — Subcontractor to Humana Government Services providing temporary IT staffing; 2013-present
- U.S. Navy, NAVSEA Naval Surface Warfare Center (NSWC) CRANE — Subcontractor to General Dynamics providing secret level IT staffing; 2018-present
- United States Patent and Trademark Office — Human capital staffing services; 2013-present
- U.S. Custom and Border Protection — Human capital staffing services; 2016-2021

Scope of Work Sections

Please explain how you propose to fulfill the requirements of the Scope of Work by answering the question prompts in the boxes below.

SECTION 5 – Background

- a. What measures or steps have you taken to meet the goals and objectives outlined by Centers for Medicare and Medicaid Service's (CMS') Medicaid Information Technology Architecture (MITA) and the CMS Enhanced Funding Requirements. These objectives can be found at <https://www.medicaid.gov/medicaid/data-systems/medicaid-information-technology-architecture/index.html>.

- b. Provide specific examples of how you have worked with State Medicaid Programs. Describe any experience related to the Indiana Office of Medicaid Policy and Planning (OMPP) programs listed in Section 5.2 of the SOW.
- c. Please outline your experience and ability to integrate with the Systems provided in Section 5.3.
- d. Please describe experience operating largescale systems in a data center or cloud environment and aspects of resulting in a highly reliable, recoverable (including failover) and secure environment.

5.0 Scope of Work Background

Section 5, Scope of Work, describes how Gainwell plans to bring our Medicaid Management Information System (MMIS) expertise to the State in support of the Indiana Family and Social Services Administration for the MMIS Maintenance and Operations and Medicaid Business Operations Program. Gainwell and our Indiana team are excited to offer a solution that enhances service to members and providers, empowers program administrators to respond quickly to program changes, and improves business processes. In 1991, FSSA and Gainwell began the journey of MMIS modernization and later the Medicaid Information Technology Architecture (MITA) maturity, and we look forward to continuing that momentum to improve outcomes for Hoosiers.

As the incumbent, we are uniquely positioned to continue serving members, providers, and stakeholders without disruption by capitalizing on our program experience and Indiana MMIS knowledge. After serving Indiana for more than 30 years, we understand firsthand the nuances that another vendor would spend months seeking to understand before they could start operations. With Gainwell, Indiana avoids risk and possible negative impacts to provider and member stakeholders typically associated with the takeover and transition project phases. Instead, together we will begin to positively *transform* the operations. Rather than focusing on turnover activities, we can immediately begin implementing new innovative enhancements included in our proposal to improve provider and member service. Gainwell is prepared to begin work on these innovations upon contract approval including making sure providers and stakeholders have the training they need to take full advantage of new functionality. With a single vendor contracted for the services of this RFP, Indiana will not be required to concurrently manage multiple vendors for operations of the MMIS and Fiscal Agent services.

Scope of Work Duties

Gainwell has carefully reviewed each of the Required Services tables within the RFP SOW and describes below how we propose to meet each of these requirements in the new contract term.

The responses to SOW Section 5 are provided in these sections:

- 5 Scope of Work - Background
- 5.1 MITA Goals and Objectives
- 5.2 State Medicaid Program Experience
 - 5.2.1 Indiana Office of Medicaid Policy and Planning (OMPP)
 - 5.2.2 Medicaid Plan and Program Information
 - 5.2.2.1 Fee for Service Overview
 - 5.2.2.2 Managed Care Overview
- 5.3 System Integration Ability and Experience
 - 5.3.1 MMIS Overview
 - 5.3.2 Existing Systems Environments
 - 5.3.2.1 Systems Inventory
 - 5.3.3 Development Skills
 - 5.3.4 System Functionality

- 5.4 Experience Operating Largescale Systems

State Approval of Duties

Gainwell understands what items require State approval and that it is our responsibility for seeking and receiving approval. Further, we understand that our work associated with tasks, responsibilities, and deliverables does not in any way relieve Gainwell from full financial responsibility for work products that do not meet the State requirements set out in this SOW.

Contractor Mandatory Minimum Requirements

Gainwell offers inherent, collective expertise in interChange. Our knowledge of operating interChange in 19 states is a valuable asset that no other vendor can match. Our customer accounts share best practices with each other, such as lessons learned from implementing enhancements, intelligence on security and compliance standards, and strategies for addressing policies and common issues. Sharing this information benefits Gainwell and our customers, including FSSA, through practical applications that result in efficiencies and proven solutions.

No vendor has successfully taken over Gainwell's interChange system. One vendor attempted this through a competitive procurement, and after two years, the State reversed course and re-engaged Gainwell to run interChange.

5.1 MITA Goals and Objectives

For the last several years, CMS, Medicaid agencies, and the industry players that support them have focused on delivering toward CMS' vision by applying MITA principles. Gainwell's Medicaid Management Solutions have been designed to fulfill MITA 3.0 principles and support modularity requirements. The Medicaid Management Solutions meet CMS' modularity objective, which was designed to support:

- Increased interoperability
- Reduced risk and cost
- Faster speed to market
- Additional competition

The Gainwell MMIS program focuses on a MITA-oriented vision of integrating and managing core components to take advantage of the latest technology platforms and service orientation in the most efficient, reusable, and cost-effective manner. The technical architecture is built on the MITA principles of flexibility, scalability, portability, and extensibility to align and integrate with the Medicaid environment.

For several years, Gainwell has been investing in a MITA-conformant modular Medicaid Enterprise business solution set, known as the Gainwell Medicaid Management Solutions. This set offers modularity, interoperability, and extensive automation. Highlights of our solution include:

- Built for Medicaid and State government with commercial influencers

- Commercial off-the-shelf (COTS)-based, Software-as-a-Service (SaaS) model
- Aligned with MITA, the Outcomes-Based Certification (OBC) pilot, and CMS Conditions and Standards
- We have a long history of participation in groups dedicated to developing proven practices, creating innovative solutions, and improving service to our customers.
- With our Medicaid customers and individually, we participate in the CMS Technical Advisory Groups (TAGs). Many of our technical staff members and business analysts attend the System Technical Advisory Group (S-TAG) regularly. Many of our operations staff members attend the varied TAGs devoted to business areas they represent.
- Playing a key role in the Private Sector Technology Group (PSTG), Gainwell and other healthcare vendors work with CMS. One of the areas we are working on with CMS is to recognize the federal policy and regulatory changes required and remain cognizant of how the changes will affect state programs and vendors. The PSTG also is focusing on MITA and CMS' Standards and Conditions in its work with CMS — how to work with states on the MITA 3.0 S-SAs and the associated five-year plan for accomplishing the “To Be” status.

During the previous MMIS procurement, the State used the traditional MMIS, which offered vast functions and a single point of contact and integration. Indiana's modularity approach used niche vendors to provide specific capabilities (such as pharmacy benefit management and business intelligence) that enhance traditional functions. The *CoreMMIS* provides the connective tissue between traditional and niche components. The Indiana *CoreMMIS* integrates pharmacy benefit management, business intelligence, case management, and core MMIS functions into the comprehensive EMS solution.

The primary function of the *CoreMMIS* is to adjudicate claims efficiently and accurately. At the same time, it sets the foundation for advances in MITA maturity to help the State meet changing industry standards. Our Gainwell Team — including key minority, veteran- and women-based vendors — and industry-leading technologies (as evaluated by Gartner) supply Indiana the following advantages:

- An in-depth understanding of Indiana's processes and requirements. Most importantly, we can help you achieve your goals in a fiscally responsible, accelerated, and reliable manner.
- An advanced service-oriented-architecture (SOA)-enabled Medicaid system, enhanced to support states' efforts to meet the CMS Seven Standards and Conditions (7SC), including MITA 3.0
- Flexibility needed to keep pace with evolving budgetary, regulatory, and CMS requirements
- Functional capabilities that allow Indiana to take full advantage of current Health Information Technology (HIT) and the Health Information Exchange (HIE) to better serve members, stakeholders, and providers
- We have a long history of participation in groups dedicated to developing proven practices, creating innovative solutions, and improving service to our customers.

- With our Medicaid customers and individually, we participate in the CMS Technical Advisory Groups (TAGs). Many of our technical staff members and business analysts attend the System Technical Advisory Group (S-TAG) regularly. Many of our operations staff members attend the varied TAGs devoted to business areas they represent.
- Playing a key role in the Private Sector Technology Group (PSTG), Gainwell and other healthcare vendors work with CMS. One of the areas we are working on with CMS is to recognize the federal policy and regulatory changes required and remain cognizant of how the changes will affect state programs and vendors. The PSTG also is focusing on MITA and CMS' Standards and Conditions — how to work with states on the MITA 3.0 S-SAs and the associated five-year plan for accomplishing the “To Be” status.

5.2 State Medicaid Experience

Delivering transformational Medicaid solutions to 30 state Medicaid programs, Gainwell has had 21 successful module implementations and seven additional in-progress module implementations. Over the past 20 years, using MECT and outcomes-based certification, we have successfully brought each system to go live and achieved 17 CMS certifications from day one. For Indiana, we have completed two of the largest implementations to the MMIS. Our specific experience with the Office of Medicaid Policy and Planning (OMPP) is discussed below.

5.2.1 Indiana Office of Medicaid and Policy Planning (OMPP)

Fostering business relationships and creating an environment for open dialogue with the stakeholders is critical to successful planning and implementations. Gainwell has ongoing business relationships with stakeholders such as FSSA, the managed care entities (MCEs), providers, and the various provider associations. Additionally, Gainwell understands the roles, functions, responsibilities, goals, and objectives of each existing entity. Gainwell has developed strong working relationships with all entities over the years of our contract. We work with the State and State stakeholders to discover efficiencies. During 2021 Gainwell identified some questions on interfaces coming from our vendors. We proactively instituted technical meetings to discuss any potential findings both from Gainwell and State stakeholders to identify potential improvements and efficiencies. These State stakeholders include Deloitte, Maximus, Optum, OptumRx, the managed care entities (MCEs), and Myers & Stauffer. We realized that while we (State stakeholders) met when we needed to, there would be benefit on a more repeatable time frame to discuss findings. We routinely meet to verify system processes are working so we can react quickly to changes in each Stakeholder's system.

Gainwell meets with the State on a prescribed time frame. Each business unit has scheduled meetings, and there are overall operational meetings on the 1st and 3rd Wednesday of each month to discuss critical items and operational stats. Gainwell sends reports weekly to the State as well. We have a monthly executive meeting and strive to improve communication where we can.

Since the 2017 implementation, we have provided the following significant changes to CoreMMIS:

- 2018
 - CoreMMIS Certification back to go live
- 2019
 - PCS EVV Pilot and Soft Launch
 - CoreMMIS processing of HIP Encounters
- 2020
 - JIRA implementation to support State's goals
 - Response to Public Health Emergency (PHE)
 - Supported OMPP with a rapid response to the PHE COVID-19 initiatives across business units and systems
 - Completed additional COVID reference changes
 - Mobilized 90% of the account workforce to a remote work solution as a result of the PHE in March 2020 and have maintained essential workers onsite in the office to perform mailroom, data entry, and computer operations. This transition occurred quickly and with no decline in key performance metrics (KPM) services as a result of the transition. This work arrangement will continue until the end of the PHE to make certain of business continuity of services
 - Transitioned the Annual Provider Seminar to a virtual format
 - Continued to perform provider visits and site surveys in virtual formats
 - Enhanced process improvement measures allowing Gainwell to deliver key OMPP initiatives quickly including the 14 PHE COVID-19 projects, Transportation Enrollment projects, Naloxone projects, the Waiver Expedited Eligibility Pilot, Enrollment of Additional Mental Health and Addiction Treatment Professionals, and Opioid changes
- 2021
 - Implemented Federally Qualified Health Center (FQHC)/Rural Health Clinic (RHC) wraparound payments
 - Implemented Call Center Active Desktop
 - Automated the POWER Account Reconciliation File (PRF) Void process
 - Processed changes to prepare for HIP Bridge

5.2.2 Medicaid Plan and Program Information

We provide Gainwell's experience with Medicaid plans and programs in the following sections.

5.2.2.1 Fee for Service Overview

Gainwell understands the business of Medicaid in Indiana. Working with the various entities, including the OMPP, our 50 years of experience has helped transform the lives of the members that Indiana serves. The State of Indiana provides benefits to the fee-for-service (FFS) population in a number of ways including paying premiums and or copays for those individuals who are eligible for Medicare when the Medicare payment is less than the Medicaid allowed amount. In addition, the Presumptive Eligibility program whereby an individual, who appears eligible for Medicaid, is provided immediate short-term access to health care services pending submission of a full Medicaid application, and most recently the Expedited Waiver Eligibility Program that helps Indiana members receive the service they need in their homes rather than having to move into a nursing facility. These are two examples of our commitment to support and align with Indiana to build stronger, healthier members and communities across all populations in the State of Indiana.

5.2.2.2 Managed Care Overview

The first step in Gainwell's collaborative efforts is defining and documenting clear expectations for participants, which minimizes ambiguities and supports processes to resolve any questions that do arise. Maintaining flexibility to respond effectively to unanticipated changes also is necessary. Gainwell maintains continual communication with FSSA and vendors through work group meetings and integrated status reporting to enhance awareness and foster collaboration.

Outside entities are identified as stakeholders in change orders that affect the entity. This includes the managed care entities (MCEs), enrollment broker, OMPP's data management analysis team, FSSA's MFCU team, Myers & Stauffer, electronic data interchange (EDI) trading partners, providers, long-term care facilities, and others as appropriate. As stakeholders, they provide input and sign-off as required. For example, Gainwell strives to engage the MCEs and enrollment broker early in the change order process to provide them sufficient time for their analysis, coding, testing, and identifying impacts that could influence the schedule. This engagement of the stakeholders allows for overall project success.

The Gainwell Managed Care team has long-established working relationships with the MCEs and the enrollment broker. Some members of the Gainwell Managed Care team have worked with the same MCE and enrollment broker staff for more than 15 years. This relationship benefits FSSA and the other stakeholders because we know who to call, and our team understands their concerns and impacts. This leads to quick, more collaborative resolution to issues and concerns.

Additionally, we regularly include managed care stakeholders in change order development meetings and managed care work groups to collaboratively resolve and verify system and operational issues. We can anticipate their needs and are familiar with the type of test plans and data that are needed for successful vendor testing. We also understand the need to provide system change information as soon as it is available to allow sufficient time for the plans to prepare and make system changes on their end.

Hoosier Healthwise and Children's Health Insurance Program (CHIP)

Gainwell's Managed Care Team supports the Hoosier Healthwise program with quality data, analysis, and proactive pursuit of issue identification and resolution. *CoreMMIS* program support includes management of Member Eligibility received from DFR, Auto Assignment logic, and processing, preparing, and paying capitation. With more than 30 years of experience supporting Indiana Healthcare Programs, Gainwell has provided services in the Medicaid space as your fiscal agent (FA). We also hold the contract for Premium Vendor Services (PVS), a subsystem of Indiana's *CoreMMIS*. For this program, we support member administration, collection, and financial processes for Children's Health Insurance Program (CHIP) and MEDWorks members within *CoreMMIS*. We have held this contract for 17 years.

Gainwell also supports CHIP programs for accounts in California, Delaware, West Virginia, Louisiana, and Idaho.

Healthy Indiana Plan (HIP)

Gainwell's Managed Care Team supports the Healthy Indiana Plan program with quality data, analysis, and proactive pursuit of issues identification and resolution. *CoreMMIS* support includes management of Member Eligibility received from DFR, Auto Assignment, and processing, preparing, and paying Per Member Per Month Capitation, PRF Capitation, and Power Account Capitation Reconciliation.

Hoosier Care Connect

Gainwell's Managed Care Team supports the Hoosier Care Connect program with quality data, analysis, and proactive pursuit of issues identification and resolution. *CoreMMIS* support includes the management of Member Eligibility data received from DFR, Auto Assignment, and processing, preparing, and paying Per Member Per Month Capitation.

5.3 System Integration Ability and Experience

The State of Indiana has trusted Gainwell to administer fiscal agent duties as well as maintenance and modification work for the MMIS for more than 30 years. Gainwell designed, developed, and implemented the systems listed in Section 5.3. We have supported and maintained the current *CoreMMIS* systems and environments for the past five years and are intimately familiar with what is required to manage and maintain them. Gainwell's length and breadth of experience with the State of Indiana Medicaid program makes us the lowest risk, greatest value option as the MMIS Contractor. The following are a few of the integrations performed for FSSA:

- Call Center Active Desktop
- Federally Qualified Health Center (FQHC)/Rural Health Clinic (RHC) wraparound payments

- HIP Encounters Processing
- Rapid response to the PHE COVID-19 initiatives across business units and systems
- 834 Enrollment Rosters with the MCEs
- PCS EVV Pilot and Soft Launch
- POWER Account Reconciliation File (PRF) Void process
- HIP Bridge changes

5.3.1 MMIS Overview

At its heart, the *CoreMMIS* maps directly to the MITA architecture framework, which takes advantage of commercial off-the-shelf (COTS) products throughout the MMIS enterprise to take full advantage of those features. The application architecture in Figure 2, Appendix 1 - Supporting Graphics, Technical Proposal Appendix illustrates how the Gainwell MMIS Business Services Framework spans the solution and provides the SOA-enabling integration of the Gainwell MMIS application with the various service-enabled COTS packages. Finally, the diagram also depicts how the interChange Connections EDI/ESB capability opens the MMIS to unparalleled interoperability, a cornerstone of the effective MMIS of the future.

We have selected Microsoft Active Directory for the technical security services. Through the configuration of this COTS suite for the *CoreMMIS*, the security services such as user authentication and authorization are performed. Besides the technical services, the MITA Application Architecture provides the collection of software services that implement a business process or capability. The application architecture for the Indiana *CoreMMIS* is a carefully thought-out solution that provides loose coupling within an SOA framework. The solution includes a highly robust SOA software stack and the definition of business services that leverage architecture and a best-in-class, SOA-enabled COTS packages to fulfill the vision of FSSA for a next generation MMIS.

5.3.2 Existing System Environments

Gainwell will continue to use the existing environments to meet the requirements and needs of this SOW for Indiana as shown in Figure 3, Appendix 1 - Supporting Graphics, Technical Proposal Appendix.

The following topics define the activities that each environment supports.

- **Individual development** — This environment is used by developers to experiment, develop, and unit test solutions. The individual developers per the developer's guide set the standards for batch, online, and service integration to support the environment.
- **Integration development** — This environment is used to initiate the integration of the separate MMIS components from developers and support the opportunity to test module changes as they relate to the MMIS application as a whole.
- **Business system testing** — This environment provides end-to-end testing. Within this environment, testers will review the major scenarios of the MMIS. The number

of testers increases compared to the integration level testing that is more focused to specific testing to implemented changes.

- **User acceptance testing** — The environment is used by the State to validate the business features to meet the finalized requirements. This environment also allows vendors to submit test transactions. This is the final quality assurance stop before application migration to the production environment.
- **Production** — This is final stage of change management release housing the components that together support the members, providers, and support user personnel of the interChange MMIS (Note: Performance Testing will be performed in the production environment during the Implementation Phase).
- **Production DRA (Staging)** — This is a production-like environment used to support MMIS disaster recovery business needs.
- **Validation** — This environment emulates the production environment for system performance testing. Automated testing tools such as HP LoadRunner for performance testing augment this kind of testing.
- **User training** — This environment provides users with the latest copy of the application for user training of the features that are ready for implementation. The environment is rebuilt as needed to support the user community training needs.
- **Support training** — This environment provides support personnel a location to understand solution relationships when investigating hardware and software setup issues.
- **Off the shelf** — This environment contains the original application for source analysis research.
- **Gold** — This environment is the source location from which other environments will be built. This environment has the latest version of the MMIS application.
- **Orchestration management** — This environment provides user support for requirements management; issue, incident, and process management; version control; testing management; testing; build management; and release management.

Our teams will set up and maintain these environments with security applied at the individual environment level. Gainwell will use established work patterns developed on previous successful implementations to create the environments for the Indiana MMIS implementation. The proposed solution will meet the requirements for environments identified in this Scope of Work.

Gainwell's solution will use the environments as specified in Section 5.3.2, Existing Systems Environment, in the SOW. The solution will use environments that facilitate the requirements identified in the RFP. The solution will provide the equipment necessary to maintain the environments. The solution will provide the State, its designees, and vendors access to the appropriate environments to support testing, cycles, and other needs.

5.3.2.1 Systems Inventory

Gainwell supports the Production Environment Servers (not including test environment systems) listed in the following table.

Table 1. Production Environment Servers

Description	Quantity	Operating System	Application Software
Web Portal Servers	10	Microsoft Windows Server	Microsoft .Net Framework
MMIS Application Servers	11	Microsoft Windows Server	Microsoft .Net Framework
MMIS Database Servers	10	Linux	Oracle
Application Lifecycle Management (test script management)	1	Microsoft Windows Server	HP Quality Center
Application Lifecycle Management	1	Microsoft Windows Server	Microsoft TFS Build
Provider Rules Engine	2	Microsoft Windows Server	Corticon
Provider Enrollment Workflow	1	Microsoft Windows Server	K2 Blackpearl
Geocoding Service	1	Microsoft Windows Server	Address Doctor
DNS Servers	3	Microsoft Windows Server	Integrated with OS
Active Directory Servers	2	Microsoft Windows Server	Integrated with OS
Windows Server Update Server	1	Microsoft Windows Server	Integrated with OS
Enterprise Service Bus Servers	4	Microsoft Windows Server	Microsoft BizTalk
File Transfer Servers	4	Microsoft Windows Server	MoveIT Transfer
File Transfer Database Server	3	Microsoft Windows Server	Microsoft SQL Server
EDI	2	Microsoft Windows Server	Edifecs
Windows Batch Server	1	Microsoft Windows Server	Microsoft .Net Framework
UNIX Batch Server	1	HPUX	Integrated with OS

Learning Services	1	Microsoft Windows Server	OpenText LearnFlex
PI Program Payment system (MAPIR)	2	Microsoft Windows Server	Java/JBoss
Reporting	2	Microsoft Windows Server	IBM OnDemand/DB2
System Documentation	1	Microsoft Windows Server	Microsoft .Net Framework
Collaboration	1	Microsoft Windows Server	Microsoft SharePoint
Web Content Management	2	Microsoft Windows Server	Umbraco/Microsoft .Net Framework
Virtualization Platform Appliance	1	VMware vCenter	VMware

Systems Network/Telecom Environment

The MMIS system currently resides in Gainwell's data center with disaster recovery services in a separately located data center. We are intimately familiar with the required network and telecom equipment needed to support FSSA's business and are currently working to update/refresh equipment to meet the needs of the State. Gainwell will continue to support and maintain this equipment as listed in the following table.

Table 2. Network/Telecom Equipment

Network/Telecom Description	Quantity	Make
Firewall	12	Checkpoint
Load Balancer	4	Cisco
Firewall	2	Cisco
Router	6	Cisco
Switch	2	H3C
Router	2	HP
Switch	24	HP
Firewall	2	Juniper
Intrusion Prevention	4	Trend Micro TippingPoint
Terminal Server	3	Tripp Lite
IVR	1	CXone

Contact Center – 75 agents	1	CXone
End User IP Phones	300	CXone

Interfaces with External Systems

Gainwell has worked with the State to develop the interfaces between the *CoreMMIS* and external systems. We support and maintain all current interfaces. Gainwell will continue to work with the State to reengineer business processes as we do today. We meet quarterly with other State vendors that interface with the *CoreMMIS* to communicate changes and build relationships to strengthen communication. Gainwell believes that greater communication with other State business partners, as one team supporting the Indiana Medicaid program, delivers the best outcomes for members and providers.

Gainwell supports interfaces listed in the following table.

Table 3. Gainwell-Supported Interfaces

Description of Interface Types	Unique Interface Count	Occurrence
Financial	32	As often as Daily
Data Warehouse	25	As often as Daily
Pharmacy	25	As often as Daily
Managed Care Entities (MCEs)	89	As often as Daily
EDI (270, 276,277, 934, 835, 837, and so forth)	13	As often as Daily
Claims Data	16	As often as Daily
Provider Data	18	As often as Daily
Prior Authorization	22	As often as Daily
Member Data	49	As often as Daily
System Reference Updates (CMS Updates, Pricing, NCCI, and so forth)	27	As often as Weekly
Other Miscellaneous	10	As often as Daily

5.3.3 Development Skills

As the incumbent, Gainwell’s development team possesses the experience and skillsets to support the State’s environments and platforms. The development duties to support and maintain the *CoreMMIS* systems require theoretical and practical knowledge to understand the elementary components of the highly complex requirements needed to develop, design, modify, implement, customize, and optimize highly integrated software systems to the needs of diverse business processes. The

nature of specific duties for development roles are complex in that the knowledge required to successfully perform these responsibilities is usually acquired, at a minimum, through a bachelor's degree or its equivalent in Computer Science, Information Systems, and/or a related field of study.

Gainwell provides the development skills listed in the following table.

Table 4. Gainwell Development Skills for the Indiana MMIS

Description of System Environment	Platform	Skill
Web Portal	.Net	C#
MMIS	.Net	C#
Batch Processing	HPUX	UNIX Batch C
MMIS Database	Oracle	Oracle DBA
Miscellaneous Support Databases	Microsoft SQL Server	MS SQL DBA
Provider Enrollment Workflow	Nintex	K2
Reporting	IBM OnDemand DB2	DB2 OnDemand
PI Program Payment System	JBoss	Java

5.3.4 System Functionality

Gainwell's MMIS system functionality features are discussed below.

Claims Processing

The Indiana *CoreMMIS* features a user-driven and maintainable claims processing environment. Claims are received, entered, processed, suspended, and adjudicated to payment or denial. Reports are generated for fee-for-service (FFS) claims, encounter data, and adjustment records. The claims processing functions are integrated with, and dependent on, data and processes maintained in other functional areas of the Indiana MMIS system including Recipient/Member, Provider, Prior Authorization, and Financial, to name a few.

The Claims Management Business Area of the Gainwell Indiana *CoreMMIS* solution aligns with MITA principles. The system and operation meet the vendor requirements and key performance measures (KPMs) identified in the Scope of Work for the Claims Management Business Area. The Indiana *CoreMMIS* offers the following key benefits:

- A rules-driven claims engine that supports authorized users in configuring rule changes, reducing the reliance on technical staff members for process and policy change requests

- Real-time adjudication of claims, enabling accurate, earlier settlement with providers to help improve satisfaction and increase participation
- Real-time adjudication of encounters, enabling accurate, earlier insight into services provided to 90 percent of members, providing a full picture of healthcare services
- Quick rollout of policy changes, supporting rapid activation of healthcare reform initiatives
- Multifaceted security features, allowing broader control of more components of the system and giving the right people access to the right data so they can make necessary updates quickly and efficiently

Gainwell provides FSSA with a highly efficient claims processing system that accepts electronic claims and encounter transactions in HIPAA-mandated formats — claims submitted on the Provider Healthcare Portal and paper claims. The Indiana *CoreMMIS* lets providers submit claims and transactions using the method they find most convenient.

To maintain positive relationships with the provider community, detailed, accurate, and timely communication about the outcomes of processed claims is necessary. The Indiana *CoreMMIS* provides immediate, real-time adjudication of every claim type, from interactive responses to claims submitted through the Internet to batch responses provided within minutes of the claim submission. Gainwell adjudicates encounters for all claim types received from MCEs submitted in a HIPAA-compliant 837 file format. MCEs receive a 999 or TA1 acknowledgement to their 837 files after submission. Encounters are adjudicated in the MMIS based on existing claim edits and audits specific to encounters and the MCE receives a HIPAA compliant 835 and could also receive a 277U transaction based on claim disposition for encounter completion status.

Reference/Benefit Plan Administration

The fully integrated *CoreMMIS* links transaction details — such as claims, adjustments, payments, capitation payments, premium collections, receivables, cash receipts, recoupments, and voids — to related records and the various levels of detail reporting the State requires. The MMIS has standardized reporting available in OnDemand and dynamic reporting in *CoreMMIS* panels.

EDI Gateway

Gainwell requires Trading Partner Agreements (TPA) for entities wishing to exchange electronic transactions. TPAs are valid for four years from the date the agreement was executed and must be renewed. TPAs must use a software vendor billing service or clearinghouse that has tested and been approved to submit data.

Gainwell accepts HIPAA compliant transactions such as 837, 270, and 276 and responds with file acknowledgements that consist of 999, TA1, 271, 277, 835, and 277U. The 834 and 820 transactions are also sent to MCEs for eligibility and capitation.

The Indiana MMIS has a file tracking component where any file that is exchanged can be tracked. This can be used to respond to TPAs for file related questions. The tool also gives Gainwell additional information about why a file was rejected.

Provider Services

Once a provider is successfully enrolled with the IHCP, the corresponding provider information is updated for member review on the in.gov/Medicaid/members webpage. The member would view the Get Coverage tab, Find a Medicaid Provider. Once selected they will be routed to the Provider Directory where they can select the IHCP Provider Locator. The provider enrollment information is updated nightly to support the most updated information.

Membership Enrollment

Gainwell understands that maintaining current and valid MMIS member data and its role in accurate claims processing is critical. MMIS currently receives member eligibility data from the Indiana Eligibility Determination Services System (IEDSS) daily. The member data is validated against a set of approved validation edits before being loaded into the *CoreMMIS*. Gainwell currently reconciles the member data in *CoreMMIS* against the member data in IEDSS to identify and resolve data mismatches. Member eligibility data is processed and then sent out on a HIPAA compliant 834 file to the Managed Care Entities. The maintenance of the member subsystem in conjunction with the timeliness of updates enables providers to quickly determine eligibility and scope of services covered, enabling the provider to focus more on the care of the individual and not the billing processes.

Prior Authorizations

Prior authorizations are entered into the *CoreMMIS* by the prior authorization (PA) team upon provider submission. Services requiring prior authorization are maintained in the business rules of the *CoreMMIS*. In the claim editing process, the system will look for an approved PA. If found, the system will decrement the units or dollars authorized and tie the PA to the claim. When a PA is required and not found or not approved, the claim will deny.

Gainwell recognizes that one of the primary mechanisms for controlling costs and potential fraud is through the PA process. PA is a mechanism to review, assess, and pre-approve or deny selected medical services before payment. PA serves as a cost-containment and utilization review mechanism by enabling payment for only those treatments and services that are medically necessary, appropriate, and cost-effective. As the current Contractor, we can confirm the Indiana *CoreMMIS* and associated PA functions comply with established State and federal criteria, policy, and regulations.

Third Party Liability

CoreMMIS provides for a multifaceted Third-Party Liability (TPL) program concentrating on both cost avoidance and cost recovery activities. Federal and State regulations mandate cost-containment measures for state healthcare programs and this requirement is achieved through TPL procedures. TPL refers to an entity other than the member or the Medicaid program that may have a contractual obligation to

pay for medical services rendered to the recipient. Cost avoidance prevents claim payment when third-party resources exist or pays only the portion remaining after the other resources are applied.

CoreMMIS includes a subsystem that houses member TPL information, including carrier information and coverage codes. Gainwell obtains member third-party commercial insurance information from several sources including its own National Eligibility Data Platform (NEDP) containing more than 1,200 commercial insurance carriers' eligibility data. Gainwell regularly receives eligibility files from carriers updating the NEDP, which is then matched with the IHCP member file to identify coverage. Additionally, TPL insurance data is received from IEDSS, MCEs, providers, and members. The Gainwell TPL team verifies and updates member TPL data received from providers and members.

Cost recovery bills the responsible third party after initially paying the claim. Pay and chase billing is appropriate for some claim types, and Gainwell achieves cost recovery by submitting monthly Medicaid reclamation claims to commercial insurance carriers to recover Medicaid claim payments previously paid. Additionally, Gainwell processes quarterly disallowance projects that work with providers to recover paid Medicaid claims from Medicare and commercial carriers. Gainwell also pursues cost recovery in casualty cases when members pursue tort claims in personal injury cases.

Gainwell is highly focused on maintaining quality and current TPL data to maximize cost avoidance and cost savings. Making certain that the Indiana Medicaid Program is the payer of last resort is the objective of all Gainwell TPL processes.

Call Center/Contact Tracking Management System

Gainwell proposes the Gainwell Intelligent Contact Center (GICC), a secure, cloud-based contact center platform combining provider and member interactions through advanced omnichannel routing, CTI integration, customer analytics, workforce engagement management (WEM), along with digital and self-service automation. Gainwell will provide the State with new technologies that support a hybrid workforce of both digital and live agents.

The Gainwell intelligent digital agents are differentiated in that they have been trained and integrated with core MES modules to answer complex queries through pre-built application programming interfaces (APIs). Intelligent digital agent channels in voice and chatbots are integrated with live chat, VUE360 Contact Manager (the Gainwell CRM), and telephony platform to provide a seamless experience for providers and members to begin conversations and queries in digital channels through the Gabby™ chatbot/voicebot self-service and escalate to live agents as needed. These escalations move the query log with the conversation to live agents through Natural Language Processor (NLP). This alleviates the repetitions required by providers and members, as live agents will pick up those conversations where intelligent digital agents channels left off.

Most importantly, the GICC is part of an enterprise grade, cloud-native platform with a unified experience for the contact center agent and is ready to deploy for remote/work at home as well as State on-site agents. The platform's dynamic omnichannel agent interface supports the intelligent delivery of a wide range of contact media types including voice, chat, email, SMS texting, voicemail, and social media channels in a

unified agent desktop queue. The new GICC will allow providers and members to use their preferred interaction channel and be routed to the appropriately skilled agent (if a live agent is needed) to resolve their issue through advanced skills-based routing. Conversations will be tracked and updated in Gainwell's CRM tool and agents will use integrated workflow tools to support fast online research and automatically track system case records referenced during the call.

5.4 Experience Operating Largescale Systems

As previously noted in various sections, Gainwell administers Medicaid business process services for 27 states, and we maintain the MMIS systems for 29 states. We are experienced both in integrated models of MMIS similar to Indiana as well as modular systems. We are a market leader in large-scale Medicaid systems.

To serve our customers better, Gainwell has user groups encompassing a variety of Medicaid business functions. These functions include technology teams, claims managers, reference management teams, provider services teams, care management staff, third-party liability (TPL), and other key support teams. These user groups host recurring meetings to discuss innovative ideas, new CMS-required enhancements, issues, and resolutions to common problems within their business functions. We look for improvements or opportunities to share with our clients.

For more than 30 years, Indiana has been successfully operating the MMIS. We have implemented two different MMIS during that time frame, working in conjunction with the State and the State's stakeholders. Besides our proven Indiana *CoreMMIS* solution, Gainwell brings a knowledgeable and experienced Indiana team to run the MMIS and perform the O&M business functions. These professionals bring years of Indiana-specific expertise in managing fiscal agent relationships, implementing new Medicaid system enhancements, performing account operations business functions, and managing Indiana-specific Medicaid programs and policies.

SECTION 6 – Project Management

- a. Describe how your approach to project management would address day-to-day issues, as well as changing program needs and priorities. Make sure to address all components described in Section 6 of the SOW, including but not limited to the following:
 - i. Integration Management
 - ii. Scope Management
 - iii. Time Management
 - iv. Cost Management
 - v. Quality Management
 - vi. Quality Planning
 - vii. Quality Assurance
 - viii. Quality Control
 - ix. Communication Management
 - x. Issue Management
 - xi. Risk Management
 - xii. Procurement Management

- b. Provide an overview of your organizational leadership. Include relevant qualifications and experience.
- c. Describe your proposed Key Staff. Be sure to attach resumes for proposed Key Staff candidates.
- d. Provide a narrative describing the Project Personnel contemplated by this section and any other proposed staff. As applicable, please attach resumes of any specific proposed candidates. Address the following aspects:
 - i. Staff experience and training
 - ii. Include a staff FTE breakdown
- e. Describe how you plan to conduct a comprehensive evaluation of the MMIS to ensure any new solutions or operations are ready for CMS Certification as is applicable.
- f. Provide an overview of how you plan to fulfill your responsibilities with change control and change management. Make sure to respond to all points contemplated by Section 6.4² of the SOW.

6.0 Project Management

As the industry leader in Medicaid Management Information Systems (MMIS), Gainwell Technologies LLC (Gainwell) proposes a project management approach based on extensive experience, nationally and locally, in applying the highest industry standards. Since 1991, Gainwell has been a trusted advisor and partner on Indiana's modernization journey. The implementation of interChange in 2017 was a key milestone along that journey. During our longstanding relationship with Indiana, Gainwell has tackled major project initiatives:

- Integrated two MMIS takeovers
- Transitioned the State Medicaid program to ICD-10
- Implemented the HIPAA 5010 Transaction Standards
- Implemented HIPAA Privacy and Security Standards
- Implemented the Healthy Indiana Plan
- Played a pivotal role in helping the state quickly mobilize efforts during the COVID-19 pandemic
- Implemented the Prior Authorization and Utilization Management project within a three-month timeframe

Through our work with Family and Social Services Administration (FSSA) over the past 30 years, Gainwell has developed meaningful experience and understanding of the State's expectations for program and project management. Together, we have fine-tuned our joint understanding of project management elements. With this knowledge and experience, we can support FSSA's achievement of goals in a fiscally responsible, accelerated, and reliable manner.

Gainwell has carefully reviewed the project management responsibilities described in the RFP and Attachment K – Scope of Work (SOW), Section 6, Project Management. The general approach Gainwell describes in this proposal section conforms with and supports these project management requirements, and is organized into the following sections:

- **6.1 Project Management.** This section provides our response to the requirements described in Attachment K, Section 6.1, excluding the sections addressed in 6.b through 6.d.
- **6.2 Overview of Organizational Leadership.** This section provides our response to the requirements described in Attachment K, Section 6.1, Staffing Management.
- **6.3 Key Staff and Resumes.** This section provides our response to the requirements described in Attachment K, Section 6.1, Key Staff.
- **6.4 Project Personnel.** This section provides our response to the requirements described in Attachment K, Section 6.1, Project Personnel.
- **6.5 MMIS CMS Certification.** This section provides our response to the requirements described in Attachment K, Section 6.3.

- **6.6 Change Control and Change Management.** This section provides our response to the requirements described in Attachment K, Section 6.2.

6.1 Project Management Approach

Our structured project management approach provides clear standards, automated processes, and measured controls to manage activities, tasks, deliverables, work plans, budgets, staffing, issues, risks, and milestones for an individual project and for the enterprise. This integrated approach reduces project risk by avoiding deviations from RFP requirements and by reinforcing agreed-on project standards and disciplines. Moreover, this approach yields the following benefits:

- A common understanding of project responsibilities across the organization
- Traceability from requirements through testing results
- Consistent use of repeatable processes and documentation
- Verification that critical tasks are monitored and controlled
- Predictable project performance
- Timely, comprehensive project management communication and reporting
- Ability to plan, execute, and monitor enterprise project schedules proactively
- Ability to apply lessons learned across future efforts

Gainwell agrees to meet or exceed the project management requirements described in RFP Attachment K, Section 6.1 General Project Management including the Required Services table. Many of these requirements are fulfilled by processes that are in place today. Gainwell affirms that the organization, tools, and processes, described herein at a general level, will satisfy the RFP requirements for project management. We will continue to tailor project management methods and tools to support our shared governance model, illustrated in Figure 4, Appendix 1 - Supporting Graphics, Technical Proposal Appendix.

The Gainwell Project Management Office (PMO) and FSSA collaborated and produced a program and project management model that addresses many of the requirements in this section including all components of Integration Management, Scope Management, Time Management, Cost Management, Communication Management, Issue Management, and Risk Management. Gainwell's project management services conform to the applicable IOT policies, procedures, and standards and comply with the IOT Assistive Technology Standard, as applicable.

Working with FSSA to initiate, manage, and monitor projects has enabled Gainwell to develop meaningful experience and understanding of the State's expectations for program and project management. In response to FSSA's candid feedback and our strong partnership, Gainwell and FSSA continue to modify the model to incrementally improve overall project communications, quality, and speed of delivery. Gainwell has demonstrated these improvements in the recent successful completion of large initiatives including the 5% Cost Share M.E.D. Works project, Federally Qualified Health Clinic (FQHC) and Rural Health Clinic (RHC) Medical and Dental Wrap projects, and the numerous initiatives in response to the COVID-19 challenges.

In the remainder of this section, Gainwell presents our response to the individual project management components described in Attachment K, Section 6.1:

- 6.a.1 Integration Management
- 6.a.2 Scope Management
- 6.a.3 Time Management
- 6.a.4 Cost Management
- 6.a.5 Quality Management
- 6.a.6 Quality Planning
- 6.a.7 Quality Assurance
- 6.a.8 Quality Control
- 6.a.9 Communication Management
- 6.a.10 Issue Management
- 6.a.11 Risk Management
- 6.a.12 Procurement Management

6.1.1 Integration Management

Gainwell agrees to meet FSSA's Integration Management expectations as defined RFP Attachment K, 6.1 Project Management. Our well-established processes in place today address many of these requirements. Following contract award, we will work with FSSA to update our project management processes to incorporate new requirements.

The Project Management Plan (PM Plan) developed to address the needs of the current contract is an overarching document that describes or references the project management processes used to initiate, plan, execute, monitor, control, and close multiple projects for the Indiana *CoreMMIS*. The Plan provides Gainwell and FSSA with a high-level overview of the process that includes a reference to the documentation and other key components critical to successful implementation and operation. It also defines the approach and standards the project teams use to deliver the Indiana MMIS projects. We will submit a new Project Management Plan (PM Plan) for State approval for both the Implementation Phase and ongoing operations.

FSSA and Gainwell have developed a strong relationship and shared project management practices that have resulted in successfully implemented projects, enhancements, and the smooth fulfillment of ongoing operations responsibilities. Together, we have maximized our successes by adhering to project management disciplines, project governance, organizational change management, and applying industry best practices and processes to meet the State's unique needs.

Our PMO will continue to apply proven project management practices and processes and take advantage of lessons learned with FSSA and other state clients. Our proven practices align with the Centers for Medicare & Medicaid Services (CMS) and state requirements and regulations, the Project Management Body of Knowledge (PMBOK™), and other industry standards.

Our approach to project management provides clear standards, automated processes, and measured controls to manage activities, tasks, deliverables, work plans, budgets, staffing, issues, risks, and milestones for an individual project and for the enterprise. This integrated approach reduces project risk by avoiding deviations from FSSA-approved requirements and by reinforcing agreed-on project standards and disciplines. Moreover, this approach yields the following benefits:

- Mutual understanding of project responsibilities across the organization

- Traceability from requirements to solution components to testing results
- Consistent use of repeatable processes and documentation
- Verification that critical tasks are monitored and controlled
- Predictable project performance
- Timely, comprehensive project management communication and reporting
- Ability to proactively plan, execute, and monitor enterprise project schedules
- Ability to apply lessons learned across future efforts

Because of the rapidly changing Medicaid environment at the state and federal levels, it is critically important to have a successful project management structure that aligns technology with evolving policy. Our strong, effective project management structure enables FSSA to meet the challenge of changing needs and priorities and be responsive to Centers for Medicare and Medicaid Services (CMS) and program stakeholders. We will continue to use our proven project management foundation for this project, shown in Figure 5, Appendix 1 - Supporting Graphics, Technical Proposal Appendix.

In our years of collaborating with FSSA, we have responded quickly to shifting local and federal legislative mandates, developing effective and creative CMS-certified healthcare delivery solutions. In these situations, the Gainwell Indiana PMO has used Gainwell's project management methodology to successfully implement strategic, high-priority projects. Gainwell and FSSA will continue to build a solid history of project success stories. FSSA can rely on Gainwell to deliver smooth, strategic, and forward-thinking management because of our key differentiators shown in Figure 6, Appendix 1 - Supporting Graphics, Technical Proposal Appendix.

Our project management approach includes an FSSA-approved project management methodology that aligns with standards promoted by the Project Management Institute (PMI). Alignment to these standard project management methodologies confirms that our methodology addresses the key processes required for a comprehensive project management approach.

Indiana will continue to benefit from the structured framework we bring for project activities that focus on defining the right work to do and the right way to do it. We follow this by verification that the work accomplishes the plan and that it meets the business need through quality management reviews and audits. Our approach spans the entire project life cycle from start-up/initiation through closing, with special focus at each step on transparency, open communication, and coordination with FSSA.

Gainwell will update and maintain the existing comprehensive PM Plan, addressing the following:

- Scope Statement (Statement of Work)
- Configuration Management Plan
- Scope Management Plan
- Time Management Plan
- Cost Management Plan
- Requirements Management Plan
- Quality Management

- Staffing Management Plan
- Risk and Issue Management Plan
- Approach to Project Documentation Management and Maintenance
- Project Team Organizational Chart, Roles and Responsibilities (Staffing/Resource Plan)
- Communications Plan
- Change Management Plan

Project Management Tools

Our teams support project governance and track project progress and status using various commercial off-the-shelf (COTS) products and proprietary tools, including the following:

- **Atlassian Jira and Confluence.** These tools allow for tight project and program integration between FSSA and Gainwell. In the current *CoreMMIS* environment, Jira provides dashboards, status, and workflow for project governance and management. Jira provides the Work Plan for most projects and provides real-time visibility to FSSA and Gainwell as updates are made. Confluence is a project document repository and is integrated with Jira. Required project reporting is produced directly from Jira. Gainwell will collaborate with FSSA to configure Jira and Confluence for use during the Implementation Phase of this project.
- **DevOps.** Requirements for projects will be loaded to DevOps. DevOps is also a Test Management tool, storing test plans and results. This produces the Requirements Traceability Matrix (RTM).
- **Microsoft SharePoint.** Gainwell uses this tool for secure external and internal collaboration and version control. We will continue to use SharePoint for the following:
 - Collaboration between Gainwell and FSSA
 - Internal Gainwell team documents
- **Microsoft Project.** Project is the industry-standard tool for detailing and managing projects. We use this tool for the following:
 - Within the current *CoreMMIS* environment, MS Project is used for larger projects to develop and maintain the detailed project schedule.
 - During the Implementation Phase, if FSSA and Gainwell are unable to configure Jira to meet the needs of the new contract while still actively supporting the existing account, MS Project will be used for the Work Plan, work breakdown structure (WBS), and schedule. Scope management, resource allocations, and identification for tracking activities, milestones, and deliverables will be within a single Microsoft Project plan to maintain compliance with the State's direction.

Project Governance

Gainwell and FSSA have developed a governance structure tailored to FSSA's requirements and existing resources, as shown in the prior figure, Governance Structure for Indiana MMIS Projects.

The overall structure represents a logical arrangement of key decision-making groups across the project teams. The structure aligns stakeholders across each of the groups. The Executive Leadership Team provides strategic direction.

The FSSA and Gainwell project leadership in the respective PMOs and their project managers manage the agreed-on daily decisions. The Gainwell PMO participates in various governance meetings as specified in the Communication Management Plan. By exercising the shared vision for a clear, transparent, and collaborative governance approach combined with FSSA priorities, Gainwell communicates a firm governance foundation for managing the project. The governance structure lays the groundwork for overall project performance.

Gainwell will collaborate with FSSA and its PMO to keep our team's governance methods, processes, and tools consistent with the State's direction. If the State has preferred processes or tools, we will make the appropriate adjustments to be in proper alignment with the State.

Gainwell's project governance focuses on creating a framework for effective project decision making by engaging the right people, using defined structures, and evaluating the right information. Our governance methods and processes include the following:

- Communication management
- Risk, issue, and problem management
- Change management
- Schedule management
- Resource management
- Change Control Board

6.1.2 Scope Management

Gainwell will meet FSSA's scope management requirements described in RFP Attachment K, 6.1 Project Management, including the Required Services table. Although we are writing to a general approach, the organization, tools, and processes referenced above and in existing processes will satisfy the RFP requirements for Scope Management. Scope Management and Requirements Management, components of the PM Plan, maintain the overall integrity of the project scope using a rigorous, repeatable process. In the Scope Management Plan, we will describe the process we will follow to define, document, track, verify, and control product and project scope. The following paragraphs describe the key elements the Scope Management Plan will address:

Definition: Scope definition is critical to the project's success, as it delineates the work we expect to complete, who the work affects, and time frames for start and finish. Scope definition began with the development of this proposal's response to the RFP requirements and will be reflected in the initial version of the project plan.

Verification: Scope verification is the process of obtaining FSSA's formal acceptance of the completed scope and deliverables. Verification includes checking the completed work performed against the WBS to verify we have completed each deliverable and milestone and we meet the scope baseline requirements. Scope verification activity is closely associated with Gainwell Quality Management and includes the following activities:

- Reviewing requirements according to functional specification through Requirements Validation (RV) sessions
- Securing timely approvals
- Conducting inspections, reviews, and audits
- Confirming that results conform to requirements
- Confirming that work products are completed correctly
- Documenting completion of deliverables
- Gaining formal sign-off
- Reviewing work products and results to verify they are completed according to specification

Acceptance: Our PMO works with FSSA to conduct reviews to confirm that work completed meets the requirements and to obtain formal acceptance of the deliverables in accordance with contract requirements. The PMO, the MMIS team, and FSSA confirm to the implementation executive leadership team that the project team has successfully completed the required project reviews, deliverables, and milestones for the phase. The review provides traceability and verification to FSSA that the team has satisfactorily produced the required deliverables and adequately met the acceptance criteria defined in the Phase Review Checklist for each phase.

Control: Scope control entails following the established Change Management Process, which is a key part in our approach to scope management and is described in section 6.6 Change Control and Change Management. To control scope, the PMO, FSSA, and the MMIS team do the following:

- Have a clear definition of the scope for each phase within the scope baseline and WBS
- Continuously monitor and measure scope performance against the scope baseline and WBS
- Determine if updates to the scope baseline are needed and what corrective and preventive actions should be recommended

Gainwell will maintain a Requirements Repository housed in DevOps. This is a rich toolset that meets FSSA's requirements for overall Requirements Traceability. To control scope changes, FSSA and the PMO will need to focus on controlling scope while looking for the effect of scope changes on other project management areas. Scope control is proactive thinking about where changes to scope are coming from on the project and what we can do to limit the effects. Gainwell's PMO and Quality teams track traceability through the life cycle of a project making certain it is in place, has followed process, and is accurate prior to project closure.

6.1.3 Time Management and Cost Management

Gainwell agrees to meet FSSA's time management and cost management requirements described in RFP Attachment K, 6.1 Project Management, including the Required Services table. Gainwell will develop, submit, and obtain State approval for, adhere to, and maintain a Time Management Plan, including a Project Schedule, for this contract. We will submit weekly milestone and deliverable progress reports as part of the Weekly Status Report or on a frequency and in a format prescribed by the State. Additionally, Gainwell will develop, submit, and obtain State approval for, adhere to, and maintain a Cost Management Plan.

Gainwell already has in place the organization, tools, and processes referenced to satisfy the RFP requirements for Time Management and Cost Management. Gainwell's approach to Time and Cost Management for projects includes defining processes to estimate, allocate, control, and report the pertinent project time and cost information, for enhancements outside the original project scope, promptly and accurately.

The Gainwell Time Management Plan and Cost Management Plan, components of the Project Management Plan, provide a well-documented, agreed-on road map and operating mechanisms to verify the presence of appropriate approvals related to project time and cost. The process will enable our PMO, FSSA, and the delivery team to have a clear understanding of planning, managing, and controlling time and cost. The plans integrate with our other project management processes — such as scope management and change management.

6.1.4 Cost Management

Please see section 6.a.3 Time Management and Cost Management. Because these two project components are so closely related, they are addressed jointly in the previous section.

6.1.5 Quality Management

Gainwell agrees to meet FSSA's quality management requirements described in RFP Attachment K, 6.1 Project Management, including the Required Services table. Gainwell views quality assurance as a multi-tier effort, including operational clarity, operational oversight, internal consistency, alignment with business intent, bounds-checking, data quality activities, and acceptance. Gainwell is committed to improving the quality of our services to further benefit FSSA and Hoosiers participating in Indiana's healthcare programs.

Quality Management Resources

We have in place the organization, tools, and processes to satisfy the RFP requirements for Quality Management. Gainwell recognizes the State's goals for quality, which are expressed in the RFP. We have had discussions with the State on this topic over the last year and Gainwell has worked diligently to review quality

standards for the different functional areas with the State and our QMO/Quality Assurance Manager.

Based on our review of the RFP, Gainwell has identified additional staffing needs for quality review and reporting. These staff will be 100% dedicated to quality roles to perform these functions and are reflected in 6.4.2 Staff FTE Breakdown. They will report to the QA Manager but be matrixed with the functional teams. They will work with the functional teams and project leadership to review quality, evaluate lessons learned, and implement continual process improvement.

Quality Management Methodology

For more than 40 years, Gainwell has been evolving a quality management (QM) methodology that stresses early involvement of our customers and stakeholders, careful attention to our customers' needs and interests, and precise application of strong standards. Through this comprehensive QM program, Gainwell delivers meaningful monitoring and performance measurement; on-demand, iterative, and flexible quality reporting; and collaborative, continuous improvement processes. In recognition of the State's interest in quality management, Gainwell brings these program features in combination with robust COTS tools to provide the Indiana MMIS project with a best-in-class QM Plan. Upon State guidance, Gainwell will include the State's Operational Validation and Verification vendor in quality assurance processes.

Gainwell has demonstrated the QM approach on many projects, including multiple interChange implementations. Although our approach begins with our methodology and standards, Gainwell customizes it for the Indiana *CoreMMIS* environment. We incorporate process knowledge and lessons learned from previous implementations. Coupling the methods and processes with Jira provides FSSA with a high degree of flexibility for QM, with a focus on the areas of specific interest. The following table describes the three focuses of quality management.

Table 5. Quality Management Focus Activities

Focus	Activity
Quality Planning	Identifying quality requirements or standards and documenting how the project will demonstrate compliance. Performed in parallel with the other project planning processes.
Quality Assurance	Auditing the quality requirements and the results from quality control measurements to verify that appropriate quality standards and operational definitions are used. Provides an umbrella for continuous process improvement, which is an iterative means for improving the quality of each process.
Quality Control	Monitoring and recording results of executing the quality plan activities to assess performance and recommend necessary changes, including quality standards for project processes and product goals. Identifies causes of poor process or product quality and yields recommendations to eliminate them.

The Gainwell Quality Assurance Manager, John Griffiths, will promote communication and collaboration with FSSA, the PMO, and the MMIS teams to support and resolve quality concerns, to support relationships with the providers and provider associations, and to advocate independence in quality assessments and recommendations. The

quality management plan will serve as the baseline for QM principles and tasks to execute delivery of quality.

Gainwell leverages the use of an independent Quality Management Team reporting to Account Manager Julie Sloma. The basis of audits and reviews undertaken has been developed from the Capability Maturity Model Integration for Development (CMMI-Dev) framework to assess compliance with product and process requirements.

Quality Management Plan

Reviews, audits, and testing provide the foundation for the quality management plan because these activities provide the guidance for determining if the solution adheres to the correct standards and requirements. Reviews and audits are broken into two categories—product assurance and process assurance. Testing is broken down into multiple phases and is described in full in the system development life cycle document. The following table describes our quality assurance reviews.

Table 6. Quality Assurance Reviews

QA Review Type	QA Review Activity
Deliverable Review	Provides the framework for iterative and interactive creation, review with FSSA, and delivery of contractual deliverables
Work Product Review (WPR)	<p>An internal Gainwell process that builds into the life cycle a continuous emphasis on quality toward:</p> <ul style="list-style-type: none">• Identifying and correcting problems early in the life cycle; problems caught and resolved earlier cost less to fix than those caught later• Improving the quality of deliverables, and thereby increasing customer satisfaction and satisfying of requirements• Reducing time and costs resulting from rework• Measuring the efficiency of the WPR process eliminates problems before they reach the next stage of work. The WPR captures the results of the reviews to identify future process improvements.
Code Review and SOA Architecture Review	<ul style="list-style-type: none">• Provides guidance on verifying that code meets the requirements in the repository• Provides a checkpoint that the solution uses the interChange Business Services Framework SOA Architecture• Provides standardization review of Business Services and Technical Services• Provides standardization review of workflow and business rules architecture
Test Plan Review	<ul style="list-style-type: none">• Provides guidance for assessing adequacy and completeness of verification and validation methods defined in the test plan• Helps determine adequacy of test coordination and products (such as scripts, conditions, and scenarios) to begin testing activities
Post milestone project review (PMPR)	<ul style="list-style-type: none">• Held at defined milestones and after the project to assess development activities on project and to provide recommendations for appropriate actions

	<ul style="list-style-type: none"> Where applicable, includes lessons learned while building the new system
Project health check	<ul style="list-style-type: none"> Provides project managers and leadership with means to determine effectiveness of project management practices on their projects Includes templates to audit project to measure process maturity and strength of practices being applied
Operational readiness review (ORR)	<ul style="list-style-type: none"> Provides guidance for assessing project's readiness to leave Test Phase and enter Implementation Phase Includes project leads providing status on teams' readiness to support solution going live. Uses deployment checklist to verify completion of deployment activities

The reviews and monitoring provided by the Quality Management Plan verify the following:

- The software life cycle processes comply with the contract and adhere to the plans
- The internal software engineering practices, development environment, test environment, and libraries comply with the contract and internal processes
- Applicable prime contract requirements are passed down to each subcontractor, and that the subcontractor's software products satisfy applicable prime contract requirements
- The acquirer and other parties are provided the required support and cooperation in accordance with the contract, negotiations, and plans
- Deliverables are in accordance with established standards and procedures
- The staff members assigned have the skills and knowledge needed to meet the requirements of the project and receive necessary training

Continual Quality Improvement

The Gainwell Quality Manager will work with FSSA to apply continuous, collaborative quality improvement. Gainwell's methodology supports tools tailored to MMIS applications and functions, reduces defects and variation, and optimizes and controls process capability. The following table summarizes quality management techniques that Gainwell can use on the Indiana MMIS.

Table 7. Quality Techniques Available to Indiana MMIS

Technique Type	Technique	Purpose
Generating ideas	Brainstorming	Generates multiple ideas about a problem or topic
	Cause-and-effect diagrams	Graphically helps determine causes of a particular effect
Analyzing problems and causes	Performance measures and metrics	Uses metrics and supporting measures to monitor trends and determine improvement areas

Cause-and-effect diagram	Graphically helps determine causes of a particular effect
Data analysis Performance measures and metrics	Graphical and statistical, evaluates results from metrics Uses metrics and supporting measures to monitor trends and determine improvement areas
Root cause analysis Data analysis	Approach for conducting causal analysis Graphical and statistical, evaluates results from metrics
Root cause analysis	Approach for conducting causal analysis

Gainwell analyzes defect statistics to determine areas for improvement. If necessary, we adjust processes, standards, or procedures to maximize testing effectiveness. After a defect or problem area is selected for further investigation, the quality managers work with FSSA and project managers to identify causes for each defect or problem and recommend corrective action based on highest-priority causes. Additional investigation occurs to explore defect leakage and develop possible preventive measures. Our approach to leakage assessment uses the Defect Reduction Efficiency (DRE) scoring from development to implementation as a quality metric for defect logging, reporting, root cause analysis, correction, and prevention. In addition, Gainwell is adding three additional testing environments to improve quality, avoid delayed releases due to coding dependencies, and reduce the chance of introducing defects into the production environment.

As a standard for production issues not related to post implementation review (PIR), the Gainwell team uses root cause analysis (RCA) to clearly define the issue, impact, resolution, and corrective actions. The written RCA will be provided to the State within ten (10) calendar days of the resolution of the situation addressed by the RCA. Gainwell uses these artifacts to gain lessons learned to improve processes.

Quality Improvement Tools

As part of the project quality monitoring and improvement process, we will continually review the schedule's progress and make adjustments to mitigate potential problems. One key aspect of our PMO approach is the implementation of a centralized project management tool that provides FSSA and the Gainwell Team with the information and processes needed to monitor and manage the many complex activities. Jira provides the following capabilities using a centralized tool.

- Managing MMIS development and its array of changes
- Tracking, monitoring, and managing undergoing system development changes
- Tracking enterprise-wide project artifacts
- Providing a comprehensive view of project management
- Providing comprehensive reporting of contractor resources

Jira supports a comprehensive set of integrated project management processes used to plan, monitor, manage, and execute each of the phases in the overall system development life cycle. Jira also enables each decision-maker to have greater visibility into the “big picture” — a consolidated view of the requests, issues, risks, and work streams that are affecting the project.

The Jira and DevOps tools serve as our central repository for reporting and auditing Indiana MMIS performance standards. We will use Jira to house and manage the configuration management process and workflow. We will use Jira, DevOps, and our project management methodology to implement and enforce the configuration management process. By following this controlled process, changes are defined, documented, approved, baselined, monitored, managed, and reported consistently.

Jira automates the system development life cycle (SDLC) workflow to enable users to track complete information and provide unified access to project data needed to support business decisions. Additionally, our Quality Management (QM) reviews require verification of artifacts and deliverables in Confluence that supports the SDLC workflow enabled in Jira. The result is enhanced quality standards included in the SDLC and managed through an integrated tool that increases FSSA oversight, control, and decision-making ability.

DevOps is the requirements repository and maintains bidirectional traceability among high-level business requirements, the detailed product functional requirements and the various analyses, and design, build, and test components throughout the stages of a project. This tool provides a framework for managing a project’s end-to-end requirements traceability and provides critical functions that are integral to the success of a project, such as offering visibility and traceability between business processes, requirements, development, testing, and defects across releases and cycles.

While the Gainwell QM team monitors and reports on program performance, our centralized PMO promotes standardized, consistent quality processes across MMIS operations. Working together, the Gainwell QM and PMO teams will instill a common approach and language that increases program quality, provides early issue identification and definition, and drives successful issue resolution.

With these tools, the PMO will track and monitor the following items highlighted in the project status reports and status meetings:

- Major SDLC tasks
- Deliverables
- Milestones
- Resources
- Dependencies
- Critical tasks
- Major issues with action plans
- Major risks with mitigation plans

Scope verification activity is closely associated with the Gainwell QM and controls. It is a major component of the phase reviews and serves as a quality-control checkpoint, where quality of execution is the focus. Effective phase reviews are central to the success of a fast-paced software development project. These reviews serve as the Notice to Proceed and provide the path forward for the next stage of the process along with the resource commitments.

6.1.6 Quality Planning

Gainwell agrees to meet FSSA’s quality planning requirements described in RFP Attachment K, 6.1 Project Management, including the Required Services table. Our

current set of management plans include Project, Resource, Scope, Cost, Quality, Communications, Risks, Issues, Change, Configuration, Business Continuity, Training, Capacity, Testing, and Disaster Recovery. The Quality Management Team has developed assessments to review the processes and products of every management plan, so they adhere to the processes and deliverable quality of each. The Quality Management Team will continue to review these plans and/or other plans identified under this RFP. These reviews are continuous so that any changes arising from process improvement initiatives are adequately and correctly captured within each and disseminated across the appropriate teams and training materials.

6.1.7 Quality Assurance

Gainwell agrees to meet FSSA's quality assurance requirements described in RFP Attachment K, 6.1 Project Management, including the Required Services table. The Quality Management Team has developed a CMMI Measurement and Analysis Plan (M&A) to identify the key performance measurements (KPMs) and thresholds stipulated by the contract for business areas with the reporting artifact used to report compliance. These reporting artifacts are reviewed for continued compliance and potential improvements in reporting as well as applied to projects including major modification projects. Additionally, the KPM monthly performance review presents the opportunity to identify the root cause of each variance and determine corrective and preventive measures to improve future performance.

6.1.8 Quality Control

Gainwell agrees to meet FSSA's quality control requirements described in RFP Attachment K, 6.1 Project Management, including the Required Services table. The Quality Management Team uses the Shewhart Cycle for KPM variances that occur. With the root cause and analysis performed for each variance, a correction and prevention plan are formalized into an RCA-CAP. This plan is developed, tested, and implemented and then checked in a subsequent measurement cycle to validate its effectiveness. If the plan under an RCA-CAP is found ineffective, the process is repeated, and the plan is reformulated.

The Quality Management Team encourages using right-size sampling using the Taro Yamane formula, so samples are statistically valid for the population being examined. Right-sized sampling provides a sufficient sample size for quality control reviews in a cost-effective manner.

The QA team will engage with the Compliance team on findings resulting from quality reviews. The compliance officer, in close coordination with other key staff, has primary responsibility for ensuring all contractor functions comply with the terms of the contract. At Gainwell, effective compliance must:

- Articulate and demonstrate an organization's commitment to legal and ethical conduct
- Provide guidance on how to handle compliance questions and concerns
- Provide guidance on how to identify and report compliance violations

During the transition phase the Compliance team will create the policies and procedures, training, and rollout to foster a culture of compliance. The team will

engage with Gainwell's corporate compliance team where we can further share policies and procedures best practices.

6.1.9 Communication Management

Gainwell agrees to meet FSSA's communication management requirements described in RFP Attachment K, 6.1 Project Management, including the Required Services table. Gainwell's current Communications Plan, a component of the Project Management Plan, details the FSSA-approved communications process. We will work closely with FSSA to make needed changes to the Communication Plan to accommodate the implementation phase of this contract. These plans will be stored on the State's electronic project library.

Gainwell's communication management approach is based on methods that align with PMBOK. Coupling the methods and processes with the Jira and Confluence tools, Gainwell provides FSSA with a high degree of flexibility for communication management and facilitates a focus on areas of specific interest.

Throughout our team organization, we emphasize frequent and effective communication —defined as that which is clear, understandable, and appropriately focused on each level of management. Communication planning occurs early during the Implementation Phase, but it is an imperative priority from day one of Contract Start Up through ongoing operations. During Contract Start Up, we will develop a project-specific communications matrix that identifies the communication vehicles, target audiences, purposes, frequencies, communication owners, and distribution methods for the project. The following table provides a sample communications matrix.

Table 8. Sample Communications Matrix

Communication s Vehicle	Target Audience	Description/ Purpose	Frequency	Owner	Distributio n Vehicle
Indiana MMIS Executive Status Meeting	Gainwell Project Sponsor, FSSA Executive Sponsor, Joint PMO (FSSA, Gainwell)	Review Weekly Executive Status Report for project status and planned activities. Discuss escalated risks, mitigation strategies, and issues	Biweekly	Gainwel l	Meeting

Regular Executive Status Report	Gainwell Project Sponsor, FSSA Executive Sponsor, FSSA PMO, Gainwell PMO, external entities	Provides project status and planned activities: escalated items, accomplishments, deliverables, requirements, design and change order status, WBS items, milestones, schedule metrics, risk/issues, test metrics, invoices	Regular	Gainwell	Report
Indiana MMIS Joint PMO Status Meeting	FSSA PMO, Gainwell PMO, and external stakeholders as applicable	Review Gainwell Weekly Status Report to discuss project status and planned activities. Discuss risks and mitigation strategies, issues, issue resolution, and changes	Weekly	Gainwell	Meeting
Change Control Board (CCB)	FSSA Project Sponsor, FSSA PMO, FSSA Business, Gainwell PMO	Review list of change requests and make decisions regarding requests for changes	As needed	Gainwell	Meeting
Project Work Plan/Schedule	FSSA PMO, Gainwell PMO, and Gainwell Project Managers	Supplies timeline for deliverables, milestones, various project tasks	Biweekly	Gainwell	Report
Requirement Design Specification Document Review Sessions	FSSA Decision Makers and Gainwell Team Members	Review and approve requirements and design	As needed	Gainwell	Meeting: deliverable review
Quality Management Reporting	FSSA and Gainwell Quality Managers	Review Quality metrics and findings. Lessons learned	As needed: key learnings	Gainwell	Report

Kickoff Meeting	All FSSA and Gainwell project stakeholders	Overview presentation of the key project information	One time at beginning of project	Gainwell	Meeting
Gainwell Contact List	All FSSA and Gainwell project stakeholders	Lists Gainwell project staff, including leadership	As needed	Gainwell	Report
Quarterly Team Meeting	All project participants	Provides an update on accomplishments and next steps	Quarterly	FSSA	Meeting, PowerPoint

When we customize the Communication Matrix for this project, we will focus on defining the project communications audiences and the communications they need. We will identify internal and external stakeholders to determine appropriate target audiences and communication content. Internal project stakeholders are groups that communicate project-specific information frequently during the project.

Communication with the external project stakeholders takes place as needed. These project stakeholders may not be directly involved in the Indiana MMIS Project(s), but they interface with, provide oversight of, or are affected by the CoreMMIS system. Gainwell will coordinate with FSSA on external communications.

The Communication Plan defines the communication methods to be followed between the State and Gainwell. Gainwell will work with FSSA to determine the preferred methods of communication — such as emails, memos, transmittals, or phone calls — and their frequency for this project.

The Communication Plan identifies the protocols for timely and appropriate generation, collection, dissemination, storage, and ultimate disposition of project information as well as escalation and resolution. The Communication Plan also addresses formal meeting and status reporting protocols and defines how decisions are coordinated and communicated across system and operational areas and applicable stakeholders. Because of the importance of external communication associated with the project, the Communication Plan identifies other deliverables associated with communication among other entities, such as banners or bulletins.

6.1.10 Issue Management

Gainwell agrees to meet FSSA's issue management requirements described in RFP Attachment K, 6.1 Project Management, including the Required Services table. Although we are writing on a general approach level, the organization, tools, and processes referenced will satisfy RFP requirements for Issue Management.

The Issue Management Plan is a component of the Project Management Plan. We understand and support the State's interest in issue management. Successful issue management relies on quickly and efficiently identifying, assigning, and escalating

issues and tracking them to resolution. Our issue management process focuses on early identification, followed by structured issue tracking, and — most important — prompt resolution procedures to reinforce the closed-loop structure. Using Jira to document and track issues enables us to implement an appropriate issue workflow based on leading issue management practices. As soon as an issue is identified, the issue identifier documents the concern in Jira.

Using Jira, the PMO and work group will actively track or monitor issues and any associated resolution to confirm that the issue management process is operating according to the Issue Management Plan. The PMO and workgroups will facilitate dialogue with FSSA's project manager/sponsor and key stakeholders to manage their expectations around the issue decision and action items.

An initial reviewing team analyzes and assigns the issue. Weekly issue reviews occur during work group meetings. As additional information about an issue becomes known, we document it in Jira. With FSSA, the PMO will define and use priority categories of critical, high, medium, or low. The more the issue affects the project, the higher the priority for resolution.

The work group may escalate an issue. Issue escalation occurs throughout the issue management process based on the need for approvals or urgency of the issue. The PMO escalates critical issues to FSSA within one business day. Critical issues are those meeting the following criteria: stops the work stream progress; has a past-due resolution date; could affect production or FSSA; or is unresolved and requires escalation to the next level of management.

The work group will approve the issue resolution and action items for issues within their scope. For escalated issues, the person to whom the issue is escalated will review and approve the resolution. If the entity approves the issue resolution, the issue owner will document the selected resolution, associated action items, and rationale for the decision in Jira. The PMO will use Jira to log risks associated with the chosen resolution.

If the issue resolution involves a change to approved project scope, schedule, cost, or configured item, the PMO will execute the process outlined in the Change Management Plan. If the issue has a low impact on the project, the work group or board may choose to defer this issue until a predetermined time. If issues are deferred, the work group or board will document when the issue will be reviewed again in Jira.

The PMO manages the process for closing issues using Jira. The Gainwell Project Manager will report issues, issue decisions, and issue metrics in the Weekly Project Status Report and the weekly project status meetings. Additionally, the dashboards in Jira allow users visibility into the issues.

6.1.11 Risk Management

Gainwell agrees to meet FSSA's risk management requirements described in RFP Attachment K, 6.1 Project Management, including the Required Services table. We have in place the organization, tools, and processes referenced that will satisfy the RFP requirements for Risk Management

Risk management is the process of identifying, analyzing, and responding to project challenges that may impact project schedule, cost, or scope. The Risk Management

Plan is a component of the Project Management Plan. Gainwell couples a standardized, repeatable risk-management process with a sophisticated risk tracking and reporting tool to identify risks consistently across the portfolio of projects. Gainwell proactively approaches risk management by focusing on collaboration between the project teams and FSSA to quickly identify, assign, analyze (qualify and quantify), and mitigate those risks. Our methodology identifies corrective actions early when they have the greatest benefit.

Our risk-management approach is a rigorous, repeatable process based on industry-standard guidelines from the CMMI, the PMBOK Guide, and our SDLC. We have used our risk-management process in many projects, and incorporated process knowledge and lessons learned from previous implementations into our proposed approach.

Coupling the methods and processes with Jira provides FSSA with flexibility and the opportunity to focus on areas of greatest interest. Our risk-management process centers on early identification, structured risk tracking, and prompt mitigation to minimize the effect on the project. Our project management and systems experience enable the project team to proactively identify risks, evaluate them, and plan effective mitigation strategies.

The following paragraphs describe the key components of our approach to Risk Management as well as of the Risk Management Plan.

Early Identification of Risks at Any Level of the Organization

To identify risks effectively, we systematically study internal and external circumstances that could affect our ability to meet project objectives. Anyone involved with the project — from FSSA staff members to the PMO team to users and interface agencies — can bring forward a risk for consideration. Risk identification is a standing agenda item for workgroups.

Risks are documented in Jira when stakeholders identify them. If a stakeholder has no access to the tool, the appropriate work group lead or the PMO will log the risk, noting the stakeholder. The PMO will then track, manage, and communicate the risk according to the risk-management plan.

Assignment of Probability, Severity, and Prioritization of Risks for Mitigation

As part of risk analysis, risks are assessed for probability and impact to determine exposure so they can be ranked.

Establishing Accountability for Risk Mitigation

An owner is assigned to determine the strategy for responding to an identified risk. The risk owner evaluates the risk's potential effect on contract/project objectives and chooses the most appropriate strategy. Responding to risk entails four typical strategies:

- **Avoid** — Change the Project Management Plan to eliminate the threat entirely
- **Transfer** — Shift some or all the negative effects of a threat, along with ownership of the response, to a third party
- **Mitigate** — Reduce the probability or effect of an adverse risk event to an acceptable threshold

- **Accept** — Maintain the existing Project Management Plan without change because the risk is considered remote, the effect is insignificant, or alternative courses of action are not available

A Risk-Mitigation Plan includes information about actions the risk owner will take to lessen the risk as well as the costs of implementing the mitigation, describing these actions in terms of resources, timing, and tasks. A mitigation plan is necessary for any risk that has a medium (yellow) or high (red) priority.

Through Jira, information remains continually available about risks and mitigations. A powerful benefit of Jira is that individuals can monitor any identified risk, not just the risks assigned or escalated to them.

Using Jira, the PMO and workgroups will actively monitor risks, triggers, and associated actions to verify that the risk management process is operating according to the Risk Management Plan. The PMO and workgroups will maintain a dialogue with FSSA and key stakeholders to manage expectations about the risk decision and action items. Approved users can monitor risks directly in the tool. This transparency lets users know exactly where a risk is in the process, who has been assigned to address the risk, and what steps have been taken toward resolution.

The PMO will use Jira to manage the process of retiring risks at every level of the contract. When the risk-mitigation steps are complete and risk exposure has been lowered sufficiently, the risk manager will close and retire the risk incident. The risk manager is responsible for the decision to retire a risk. If necessary, a risk can be reactivated.

Risk Mitigation Progress Reporting

The PMO will include risk reporting in the Weekly Status Report, project status meetings, and directly within Jira. With FSSA approval, the PMO also will communicate with stakeholders affected by the risk through the communication channels specified in the Organizational Change and Communication Management Plan. Approved users will have continual access to risk information in Jira. Users also can export data from their risk dashboards as needed.

6.1.12 Procurement Management

Gainwell agrees to meet FSSA's procurement management requirements described in RFP Attachment K, 6.1 Project Management, including the Required Services table. Gainwell will continue to use the approach and processes in use today. We will promote procurements for services or products that are planned, executed in a timely fashion, and adhere to legally binding requirements to reduce legal expenses. The Procurement Management Plan details how the procurement management processes will be managed for the project. This may include:

- The types of contracts that will be used
- The standard documents that are available and where to find them
- How responsibility is divided between the team and the purchasing department
- What system will be used for selecting vendors

The project manager establishes commitments with the supplier for the work to be performed, coordinates activities, and tracks and reviews their performance.

We will provide overall performance monitoring and account oversight, including timeliness, quality assurance, and communication structures with our subcontractors/vendors work. Gainwell expects quality performance, therefore we will apply the same measures to them as we do to our work. As part of our project management plan during the implementation phase, operations, and turnover, FSSA will have a clear understanding of the requirements and delivery dates.

Procurement Management Procedure

Procurement management encompasses the activities required to acquire goods and services from outside the performing organization that are necessary to accomplish the MMIS stated value and defined scope. The purpose is to provide the information and tools required to manage and oversee the contractual requirements of the project including subcontracts, capital and non-capital resources, facilities, and equipment acquisitions. The work involved in administering procurement management is the responsibility of the PMO, the project manager, and the project leaders. The procedure includes the processes listed in the following table.

Table 9. Procurement Management Processes

Procurement Process	Procurement Activity
Identify and Document Project Procurement Needs	<p>Identify project procurement requirements:</p> <ul style="list-style-type: none"> • Review MMIS project charter and scope statements • Review customer contract and other documentation as appropriate • Document the procurement needs in a Bill of Materials (BOM) or a staffing requirement document • Determine estimates and costing information, if available • Develop a procurement package consisting of a BOM, a staffing request form, or the acquisition/reallocation plan. The package should include estimated effort, costs, and timing for the individual line items.
Submit Procurement Requests to Program	<ul style="list-style-type: none"> • If the cost of the purchase request is more than the agreed-on project threshold or the procurement strategy indicates that the program manages the project procurements then the procurement package is submitted to the PMO • If any issue in cross-project synergies is identified, the procurement package is submitted to the PMO
Assess Procurement Requests	<ul style="list-style-type: none"> • The PMO reviews incoming procurement requests and determines proper course of action with the program manager based on the procurement strategy • Determine if the procurement request is accepted, rejected, or returned to the project manager with further action requested
Escalate Procurement Requests to the	<ul style="list-style-type: none"> • If the cost of the purchase request is more than the agreed -on program threshold or if there may be cross-

Program Steering Committee or Executive Leadership	<p>program buying synergies, escalate the procurement package to the program steering committee</p> <ul style="list-style-type: none">• Submittal approach — the program manager should forward the procurement package by email or present the package at the regularly scheduled steering committee meeting(s)
Communicate Procurement Decisions	<ul style="list-style-type: none">• Inform impacted individuals of approved, rejected, or on-hold procurement requests according to the communication plan
Monitor Procurement	<ul style="list-style-type: none">• Periodically monitor progress to prevent schedule slippage• Alert the executive leadership of any possible delays
Maintain Ongoing Communication	<ul style="list-style-type: none">• Hold kickoff meetings with vendors• Establish regular meetings to monitor quality, control scope, and resolve problems• Maintain visibility to project status• Fulfill obligations to perform contract as agreed• Provide formal notices when necessary

Performance Standard		Meets/Exceeds
1	100% of weekly reports are submitted as outlined in the schedule required by the Project Management Plan and its component plans and deliverables, including but not necessarily limited to milestone and deliverable progress reports, change status, issues, and risks.	Meets
2	Document and notify the State of 100% of issues within one (1) calendar day of discovery in the issue tracking system.	Meets
3	Notify any invite authorized State staff and any impacted partner or vendor stakeholders no later than two (2) business days prior to requirements gathering, design, and testing walk-through meetings.	Meets
4	Implement 100% of changes on or before the date approved by the State Sponsor and Medicaid Systems Manager.	Meets
5	Provide the State completed Post Implementation Review and Lessons Learned Deliverables within 60 days of implementation with no related defects of any severity remaining open or incomplete.	Meets
6	Satisfy 100% of State requests to provide, contribute to, or participate in integration management change control analysis, development, testing, reporting, and recommend best practice improvements all within defined timelines.	Meets

7	Submit a defect list for any identified deficiency within three (3) business days or within a timeframe defined by the State. Large defect changes should be submitted through the change control process defined by the State (in Section 6.2) to monitor resources (e.g., time).	Meets
8	Correct 100% of all Severity 1 (Critical) defects as originally categorized by the Contractor or recategorized at the sole discretion of the State in production no later than 2 days following discovery.	Meets
9	Correct 100% of all Severity 2 (Major – no workaround) defects as originally categorized by the Contractor or recategorized at the sole discretion of the State in production no later than 10 business days following discovery.	Meets
10	Correct 100% of all Severity 3 (Major – with workaround approved by State) defects as originally categorized by the Contractor or recategorized at the sole discretion of the State in production no later than 40 business days following discovery.	Meets
11	Correct 100% of all Severity 4 (Minor) defects as originally categorized by the Contractor or recategorized at the sole discretion of the State in production no later than 60 business days following discovery.	Meets
12	Correct 100% of all Severity 5 (Cosmetic) defects as originally categorized by the Contractor or recategorized at the sole discretion of the State in production no later than 120 business days following discovery.	Meets
13	Provide information for, recommendations to, or review of documentation under development for 100% of State requests within 14 days of receipt of the request.	Meets
14	Provide a response to all State communications, requests for data, requests for documentation, or other State inquiries under this Contract, within one (1) business day of receipt of the request, unless otherwise approved by the State	Meets
15	Remove from the project and replace any Contractor or subcontractor employee found unacceptable to the State within two (2) weeks of its request, or sooner if requested by the State. Reasons for unacceptability include, but are not limited to, the inability of the individual to carry out work assignments or unsatisfactory job performance as determined by the State.	Meets
16	Provide to OMPP a meeting agenda and materials for all pre-scheduled meetings under this Contract, at a minimum of one (1) business day in advance	Meets
17	Notify the State within one (1) hour of any downtime outside of standard and agreed upon maintenance windows	Meets

18	Report any Contractor provided web service failure to the Service Desk within two (2) minutes	Meets
19	Report, to the State, web deficiencies that interrupt proper and timely transactions with regular updates (hourly) during normal business hours until resolution and every three hours outside of normal business hours.	Meets
20	Escalate the issue per the business continuity plan within fifteen (15) minutes after a web Portal failure is discovered	Meets

6.2 Overview of Organizational Leadership

Gainwell agrees to meet FSSA's staffing management requirements described in RFP Attachment K, 6.1 Project Management, including the Required Services table. In this subsection, we provide an overview of our corporate leadership who will oversee this Contract at the highest levels in our organization. We also provide an overview of our Staffing Management plans.

Corporate Leadership Team Overview

The Gainwell Corporate Leadership Team is led by President and Chief Executive Officer (CEO) Paul Saleh. He leads an experienced team of people who are dedicated to empowering clients through technology to deliver health and human services programs that enable successful outcomes for members nationwide. In addition to executive roles with Gainwell's predecessor, DXC Technology, Paul's 35+ years of corporate finance and operational experience also includes executive roles at leading companies such as CSC, Gannett Co., Sprint Nextel, and Walt Disney International.

The Figure 7, Appendix 1 - Supporting Graphics, Technical Proposal Appendix presents a high-level view of our corporate leadership team. The Gainwell Corporate Leadership Team organization chart also shows the leadership of functions that will provide corporate level support for the new contract, including operations, technology, finance, legal, and human resources.

Reporting to CEO Paul Saleh, David Hadsell is the senior vice president of sales and account management. He leads account performance and business development activities for all clients at Gainwell. David brings more than 30 years of experience supporting public sector and healthcare clients to Gainwell. Expertise gained throughout his career includes leading global transformation programs, client innovation and growth initiatives, and holding a variety of operations and sales leadership positions. David will provide executive oversight of the Indiana Medicaid Management Information System (MMIS) Maintenance and Operations (M&O) and Medicaid Business Operations (BPO) contract.

Reporting to David Hadsell, Joe Fraser serves as the Senior Vice President, Indiana Account Sector Lead, and the Contract's Chief Executive Officer. Joe has more than 30 years of experience working in the information technology and health and human services industry. He possesses strong Medicaid and commercial healthcare knowledge with a focus on innovation in analytics and payment programs. In this role,

Joe has responsibility for operational performance of the MMIS M&O and Medicaid Business Process contract as well as State satisfaction with Gainwell's performance. (See Proposal Section 6.3 for more information on Joe Fraser and other key staff who will support this Contract).

Staffing Management

Gainwell agrees to assign staff of the type and numbers necessary to achieve compliance with contractual requirements and performance metrics. We affirm that our staffing plan includes the positions key staff and project personnel described in the RFP and Scope of Work. We further affirm the individuals assigned to these positions will meet and exceed the minimum requirements for education, professional credentials, work experience, membership in professional or community associations, and other qualifications described in the Scope of Work.

In the remainder of this subsection, we describe our approach to meeting the RFP requirements for the staffing plan and location of staff. In the next two subsections, we address the Scope of Work requirements for Key Staff and Resumes and Project Personnel.

Staffing Plan

Proactive planning and management of team resources means hiring and training is planned and appropriate for the project phase, resulting in effective and right-sized staffing. Gainwell will deliver a project Staffing Plan within 90 calendar days of notice of contract award. Our staffing plan will include project roles and responsibilities, staffing requirements (number, type, and categories of staff), staff minimum qualifications, staff work location, and how Gainwell will handle changes in the staff throughout the term of the Contract. We will also include the resume of each key staff member. We acknowledge that FSSA will approve or disapprove of all initial and replacement key staff prior to their assignment. Refer to Proposal Section 6.3.2 for additional information on removal and/or replacement of key staff.

In developing the initial staffing needs for this Contract, our team carefully analyzed the requirements of the RFP, assessed the scope of work for new or modified requirements, and applied our own front-line experience to validate we will have an effective and efficient organization with the right mix of skills, position types, and staff numbers. As the current Contractor, we have a substantial team of highly qualified administrative and clinical staff already in place together with the organizational components to comply with program requirements and standards. We have identified and included adjustments to staffing to meet new and modified Scope of Work requirements. We recognize that staffing is likely to change over the term of the contract so we will update and maintain the Staffing Plan as changes occur.

Gainwell has established procedures in place to address and minimize staff turnover including, but not limited to, cross training, using temporary staff and consultants, and temporary reassignment of other Gainwell staff. We perform annual staff surveys and solicit feedback that is reviewed by the leadership team to help develop improvements in the work environment. We will maintain contract performance levels and data reporting capabilities regardless of staff vacancies or turnover.

Staff Location

Gainwell currently has a physical office in Indiana; however, we are planning a move to a new facility in Indiana in 2024 when our current lease expires. The site in Indiana will be where the majority of Gainwell's operations for the contract will take place. Our key staff and most operations staff will carry out their daily duties and responsibilities from this location. Proposal Section 6.4.2 includes a breakdown of staff planned for location in our Indiana facility. Gainwell understands the costs related to securing and maintaining the facility for interim start-up support and the subsequent operational facility will entirely be Gainwell's responsibility. This facility will include a back-up power system to support operations if a power failure occurs.

Gainwell anticipates there will be a few staff who will perform work on the contract who will be located outside the State of Indiana. Gainwell affirms there will be no adverse impact on delivery of integrated services resulting from work performed outside the State. Further, we affirm the experiences of State staff, members, and providers will not be any different because of work performed out-of-state. Staff functions conducted outside of the State of Indiana will always be reportable to the State, including during unannounced State site visits, so that such locations do not hinder the State's ability to monitor Gainwell's performance and compliance with contract requirements.

6.3 Key Staff and Resumes

Gainwell agrees to meet FSSA's key staff requirements described in RFP Attachment K, 6.1 Project Management, including the Required Services table. In this subsection, we identify, by name and position title, each key staff member. With more than 31 years of Indiana-specific experience, our people understand Indiana's Medicaid and other State-sponsored programs.

6.3.1 Indiana MMIS Key Staff Overview

We are pleased to offer an exceptionally experienced team for the Indiana MMIS M&O and Medicaid Business Operations Program. Gainwell's proposed organizational structure for the Indiana MMIS M&O and Medicaid Business Operations contract identifies eight individuals in key management positions:

- Joe Fraser, Chief Executive Officer
- Julie Sloma, Account Manager
- Joni LaFata, Chief Financial Officer
- Margaret Graves, Compliance Officer
- Greg Hersberger, MMIS Project Manager
- John Griffiths, Quality Assurance Manager
- Joyce Lee, Member Services Manager
- Shantel Silnes, Provider Services Manager (Replacement of equivalent skills and experience TBD)

Our proposed management team is invested in continuing to help Indiana modernize, control costs, and improve health outcomes. Figure 8, Appendix 1 - Supporting Graphics, Technical Proposal Appendix, Proposed Key Staff and Project Personnel Organization, identifies the key staff and project personnel, and the lines of authority

between and among units that will perform work on the Indiana MMIS M&O and Medicaid Business Operations contract. This organization chart shows the leadership, key staff, and primary functional areas, as applicable. The Staffing Plan we will submit within 90 calendar days of notice of contract award will include more detailed organizational information including all positions by business area.

Joe Fraser, Chief Executive Officer. Gainwell's Indiana MMIS M&O and Medicaid Business Operations Leadership Team will be led by the Chief Executive Officer Joe Fraser. He has more than 30 years of experience working in the information technology and health and human services industry. He currently serves as Gainwell's Central Region Senior Vice President and Sector Lead for the States of Indiana, Illinois, Kansas, Ohio, and Tennessee. The Central Region leadership meets on a weekly basis to share ideas and support from a regional level. Additionally, Joe attends weekly meetings with Gainwell executive leadership so that he can communicate and identify successes or opportunities to share ideas or support other states as needed. In his role on this contract, Joe will have full and final responsibility for plan management and compliance with all provisions of the contract.

In addition to the designated key staff identified in this section, Joe has identified other leaders to support the account that follows the model for the Central Region:

- **Fiscal Agent Lead.** Each Central Region account has a Fiscal Agent leader who will work with the business units to verify requirements are met and look for opportunities for continual improvement in business processing and procedures. James Burden will continue to fill this role, as he does today.
- **Build Develop Lead.** The Build Develop Lead role supports the delivery of projects for the State. The Build Develop role is, and will continue to be, filled by Vanessa Ransom. She monitors and supports the delivery team (business analysts, developers, architect, testers, and technical support) through systems management of the modification and maintenance change requests.
- **Run Manager.** The remaining Central Region role supporting Indiana is the Run Manager. This role is, and will continue to be, filled by Greg Zimmerer. In this role, Greg and his technical support team basically keeps the lights on and the systems running operationally to meet the demands of the State and its stakeholders and other vendors. The team looks for run-time improvements for system cycles and/or file processing. Additionally, the print operations supporting mailings and ID cards are maintained in this area.

Julie Sloma, Account Manager. Reporting to the Contract's Chief Executive Officer, Julie Sloma will serve as the account manager. She will be dedicated full-time to the project and located in our facility in the Indianapolis Metro area. Julie brings more than 30 years of experience in Medicaid, far exceeding the RFP requirement of five years of management experience in government or private sector health care. She holds a Bachelor of Science degree in Mathematics from Ball State University. She also has extensive industry training, and she earned the Project Management Professional (PMP) designation in 2006. She has previous experience with Medicaid, MMIS development, and management of projects of similar size and complexity. She was the project manager for the *CoreMMIS* DDI and has been the account manager on the current Indiana MMIS contract since 2018. In this contract, Julie's primary responsibilities will include:

- Serve as FSSA's primary point of contact for contract business and the liaison to Gainwell executive staff, establishes and maintains a positive customer relationship
- Manage project deliverables, schedules, and resources; verifies maintenance of adequate staffing levels to meet FSSA requirements and deliverables
- Manage communication and correspondence with FSSA, provides regular contract status reports to FSSA, and delivers timely and informed responses to operational and administrative inquiries
- Direct implementation of quality assurance activities and reviews to verify contract compliance and fulfillment of performance objectives
- Oversee issue and dispute resolution, and personnel issues with Gainwell staff members
- Attends on request, meetings and hearings of legislative committees and interested governmental bodies, agencies, and officers

Joni LaFata, Chief Financial Officer. Joni brings 23 years of relevant experience to this role, which she fills today. Joni holds a Bachelor of Arts degree in Finance from Susquehanna University and a Master of Business Administration from Butler University in Indiana. In her financial role, she works closely with the State finance team to meet the financial performance and reporting requirements. She will work with the State's finance team to identify any additional needs; otherwise, she will continue to deliver the same strong performance as she does today. In this contract, Joni will oversee Gainwell's budget and accounting systems in support of the contract. She will also monitor compliance with the State's requirements for financial performance and reporting.

Margaret Graves, Compliance Officer. Margaret Graves will lead a team of compliance analysts, the data compliance manager, and the Privacy and Security office. In addition to her Bachelor of Arts degree in Political Science and Economics from Purdue University, Margaret earned a Juris Doctorate degree from Indiana University McKinney School of Law and has remained in good standing with the Indiana State Bar. She will be dedicated full-time to compliance activities and accountable to the Gainwell's executive leadership. As Compliance Officer, Margaret will fulfill the following responsibilities:

- Serve as the primary liaison for the State (or its designees) to facilitate communications between OMPP, the State's contractors and Gainwell's executive leadership and staff
- Maintain current knowledge of federal and State legislation and legislative initiatives and regulations that may impact the Healthy Indiana Plan (HIP) program
- Coordinate reporting to the State as defined in Section 8.7 and review the timeliness, accuracy, and completeness of reports and data submissions to the State
- Verify Gainwell contract functions comply with the terms of the contract
- Meet with the OMPP Surveillance and Utilization Review Unit (SUR) quarterly
- Provide guidance and support to FSSA and the FSSA vendors regarding compliance

Joyce Lee, Member Services Manager. As the Member Services Manager, Joyce will continue to work with the various stakeholders for Member and Managed Care Services to solidly meet the needs of the member population. Members moving into the managed care or fee for service programs begin with Member management. Joyce, who recently moved into this position, will be dedicated full-time to the member services functions. Joyce holds a Bachelor of Science degree in Criminal Justice from Indiana University and a Master of Business Administration, Finance from Indiana Wesleyan University. Joyce will continue to fulfill the following responsibilities:

- Manage day-to-day operations of the Member Services functions including member helpline telephone performance, member e-mail communications, member education, member website, member outreach programs, and development, approval, and distribution of member materials
- Oversee the interface with the Enrollment Broker regarding member enrollment and disenrollment issues, member eligibility, and newborn enrollment activities
- Manage staff, determine staffing needs, hire, coach, and evaluate staff performance; provide orientation and ongoing training for member services representatives
- Monitor and verify Gainwell's member services operations comply with the contract
- Communicate and cooperate with FSSA and the Gainwell management team on program goals, quality initiatives, and issue resolution

Shantel Silnes, Provider Services Manager (Replacement of equivalent skills and experience TBD). With more than 15 years of extensive Medicaid experience and knowledge, Shantel Silnes is a motivated and driven professional with a strong and successful background in management, provider relations, communications, systems integration, business analysis, and claims processing. In this role, her replacement will perform the following tasks:

- Manage provider services helpline performance, provider recruitment, contracting and credentialing, facilitating the provider claims dispute process, developing, and distributing the provider manual and education materials and developing outreach programs
- Oversee the process of providing information to the State fiscal agent regarding the provider network, including PMPs, via Provider Healthcare Portal (Portal)
- Manage staff, determine staffing needs, hire, coach and evaluate staff performance; provide orientation and ongoing training for provider services staff
- Monitor and verify Gainwell's provider services operations comply with the terms of the contract
- Communicate and cooperate with FSSA and the Gainwell management team on program goals, quality initiatives, and issue resolution

Greg Hershberger, MMIS Project Manager. Greg will lead the Project Management Office (PMO). In addition to certification as a Project Management Professional (PMP), Greg holds a Bachelor of Science degree in Physics from Indiana University and has extensive professional training in information technology. He will be dedicated full-time to the project and is already located in the Indianapolis Metro area. He leads

the PMO today and is fully aware that State will introduce changes to the various processes as part of the new contract. In this role, Greg will perform the following:

- Manage all technical aspects of the contract and serves as the primary point of contact with State staff for system maintenance and modification
- Establish the project management infrastructure, including development of project plans, resource requirements, and schedules; maintain online project repository to collect, store, and disseminate project information, status reports, and official communications
- Coordinate and report on maintenance and modification activities; coordinate personnel resources for maintenance and modification tasks; facilitate implementation of system modifications
- Manage overall project performance; analyze project data from collected status information against baseline assumptions; conduct post-project reviews and performance reviews
- Oversee validation that projects remain in compliance with project standards and FSSA-approved goals and objectives
- Maintain communications including communication lines, gateways, routers, and associated equipment

John Griffiths, Quality Assurance Manager. The Quality Assurance Manager is currently filled by John Griffiths, and he will continue in the role in the next Contract. John has more than 13 years of experience in QA management. In addition to professional education in management information systems, John holds an Associate of Science degree in Computer Science/Management Information Systems and a Bachelor of Science degree in Marketing and Personnel Management, both from Purdue University. His primary responsibilities include the following:

- Direct quality assurance activities and develop Quality Assurance project work plan for the Contract
- Manage the Operations Management Quality Assurance organizational unit
- Oversee quality assurance functions and responsibilities including deliverable review, accuracy of reports, system enhancement documentation, and review of test results
- Validate that contract requirements related to quality management activities are met; initiate and monitor corrective actions as necessary
- Review quality reports to assess current operations performance and recommend process improvements to meet quality objectives

The above roles meet the key positions of the RFP. Gainwell's key staff have the necessary experience, education, and certifications to perform their roles on the project. A detailed description of each named key staff member's experience and qualifications for the Indiana MMIS M&O and Medicaid Business Operations Program is presented in Appendix 2 Key Staff Resumes, Technical Proposal Appendix. Although not designated as a key staff position in the RFP, we are also including a resume for our proposed Data Compliance Manager, Darryl Wells.

The individuals designated as key staff will actively participate in regularly scheduled and ad hoc meetings. Our staff look forward to these opportunities to communicate and coordinate with the State and any relevant stakeholders to make certain of the smooth maintenance and operation of the MMIS and Medicaid Business Operations.

Gainwell has carefully selected the individuals to fulfill the key staff positions and we are confident in their ability to meet and exceed the needs of the project. However, should the need arise during the term of the contract, Gainwell will identify, report, and resolve performance issues for our key staff including but not limited to employees and subcontractors. If Gainwell identifies serious performance concerns that may adversely impact the project, Gainwell will notify the State as soon as reasonably possible to discuss and jointly determine the approach for resolution. If the State discovers performance problems with any Contractor staff, Gainwell expects the State to notify our Account Manager Julie Sloma or Chief Executive Officer Joe Fraser as soon as is reasonably possible. Depending on the nature and details of the issue, resolution may include corrective action up to and including removal of the individual from the project.

6.3.2 Key Staff Replacement

Life circumstances, career change and growth, and occasionally performance issues may result in open key staff positions that we need to fill with qualified and capable replacements. When this occurs, Gainwell will notify the State and provide an interim plan to cover the departing key staff member's responsibilities until the position is filled. To prepare for such occasions, Gainwell develops a succession plan to build a list of key personnel whose ability and qualifications meet State requirements. Gainwell understands the State may approve or deny an individual proposed to fill key staff positions.

Succession planning greatly improves our ability to propose qualified key position replacements with minimal disruption to day-to-day operations. If a planned vacancy occurs — for example, retirements and promotions — we prepare a backup to take over full responsibility. This approach also provides for coverage for unplanned vacancies as well as short- to long-term leaves of absence.

Gainwell takes the following steps to maintain clear and timely communication with the State throughout the key personnel replacement process:

- Gainwell provides the State written notice of key staff vacancies within five business days of receiving the key staff's notice to terminate or five business days before the vacancy occurs.
- Gainwell proposes a key staff replacement that meets State approval.
- Gainwell notifies the State when a candidate accepts a key staff position within five business days of acceptance or five business days before the candidate's start date, whichever occurs first.

Gainwell acknowledges the State may require a change in key staff as part of a corrective action plan should performance concerns be identified.

6.4 Project Personnel

Gainwell agrees to meet FSSA's project personnel requirements described in RFP Attachment K, 6.1 Project Management, including the Required Services table. Our proposed organization will provide the necessary management and staff resources to perform required activities under the new Contract. With more than 31 years of Indiana-specific experience, our people understand Indiana's Medicaid and other State-sponsored programs. More than 270 Gainwell account personnel call Indiana home and are dedicated to supporting Indiana's healthcare programs.

Gainwell's organization chart in Figure 8, Appendix 1 - Supporting Graphics, Technical Proposal Appendix identifies project personnel who will be supporting the functional requirements of the contract. Key staff and individuals with a primary, managerial, or supervisory role are named on the organization chart.

The full-time-equivalent (FTE) staff positions that Gainwell plans to assign to this contract are listed by position title in the chart located in section 6.4.2 (Staff FTE Breakdown). Gainwell will assign staff of the type and in the numbers needed for timely and accurate completion of contract responsibilities including, but not limited to, mailroom and data entry staff, claims processors, compliance staff, member representatives, provider representatives, quality management staff, testing staff, website support staff, and technical support services staff. The number of staff may be adjusted up or down, positions may be added, combined, or eliminated based on workload and future modernization efforts.

In the remainder of this section, Gainwell presents our response to the follow project personnel components described in Attachment K, Section 6.1:

- 6.d.1 Staff Experience and Training
- 6.d.2 Staff FTE Breakdown

6.4.1 Staff Experience and Training

Gainwell agrees to meet FSSA's staff experience and training requirements described in RFP Attachment K, 6.1 Project Management, including the Required Services table. Gainwell establishes minimum education and experience individuals must meet prior to being assigned to a position supporting the contract. As described in Proposal Section 6.2, our Staffing Plan will include the staff minimum qualifications for each position assigned to the contract. A detailed description of each named key staff member's experience is presented in Appendix 2, Key Staff Resumes, Technical Proposal Appendix.

Staff Training

The key to successful training is identifying what information needs to be transferred and to whom. Existing Indiana Gainwell staff members will combine their historical program knowledge with the knowledge learned during the implementation phase to carry out their daily operational job roles. All Gainwell staff receive Gainwell-specific orientation and company-mandated training. This orientation covers:

- Corporate policies and ethics
- Code of conduct

- Privacy and security
- Fraud prevention and awareness
- Cultural sensitivity and diversity in the workplace
- Safety training
- Account organization
- Systems use
- Indiana's health coverage programs

On an ongoing basis, Gainwell provides mandatory annual training on essential topics such as privacy, security, fraud and abuse, and the False Claims Act. This annual training covers, HIPAA, HI-TECH, and other important laws and regulations. Periodically, and as appropriate for each role, Gainwell provides informational training on program updates, clinical protocols, policies and procedures compliance, management information systems, and other topics.

Training materials will be available for State staff and partners, including general orientation and new user training. Upon request, Gainwell will provide live training sessions for State and other designated staff.

6.4.2 Staff FTE Breakdown

The following table lists the position title, the number of FTEs, the percent of time dedicated to the project, and if the position is located within the State of Indiana.

Position Title	Number of FTEs	Percent of Time Dedicated	Located in Indiana?
Executive and Project Leadership Staff			
Chief Executive Officer	1	.25%	No
Account Manager	1	100%	Yes
Fiscal Agent Lead	1	100%	Yes
Fiscal Agent Support	6	100%	Yes
Finance Staff			
Chief Financial Officer	1	100%	Yes
Finance Support Team	11	100%	Yes
Member Services Staff			
Member Services Manager	1	100%	Yes
Member Services Representatives	15	100%	Yes
Member Services Representatives	1	100%	No
Provider Services Staff			
Provider Services Manager	1	100%	Yes
Provider Services Representatives	41	100%	Yes
Provider Services Representatives	1	100%	No
Call Center Support	41	100%	Yes
Call Center Support	1	100%	No
Credentialing Team	16	100%	Yes
Cost Avoidance Staff			
Cost Avoidance Account Manager	1	100%	Yes
TPL Analysts	13	100%	Yes

TPL Analysts	1	100%	No
Claims Processing Staff			
Claims Manager	1	100%	Yes
Claims Processors	23	100%	Yes
Claims Processors	2	100%	No
Mailroom/Data Entry Staff	11	100%	Yes
Quality Management Staff			
Quality Assurance Manager	1	100%	Yes
Quality Management Staff	10	100%	Yes
Compliance Staff			
Compliance Officer/Manager	1	100%	Yes
Compliance Staff	3	100%	Yes
MMIS PMO Staff			
MMIS Project Manager	1	100%	Yes
PMO/PM Staff	8	100%	Yes
PMO/PM Staff	1	100%	No
BA Staff	10	100%	Yes
MMIS Technical Support Services Staff			
Build Dev Lead (Manager Technical Delivery)	1	100%	Yes
Data Compliance Manager	1	100%	Yes
Website Staff	2	100%	Yes
Website Staff	1	100%	No
Testing Staff	12	100%	Yes
Testing Staff	2	100%	No
Run Lead (Manager Systems Operations)	1	100%	Yes
Technical Support Service Staff	25	100%	Yes
Technical Support Service Staff	14	100%	No
Computer Ops and Print	6	100%	Yes

6.5 MMIS CMS Certification

Gainwell agrees to meet FSSA's MMIS CMS certification requirements described in RFP Attachment K, 6.3 MMIS CMS Certification, including the Required Services table. Since 2010, Gainwell has achieved CMS-certified in 17 states — more than all other vendors have achieved within the same period. We assisted FSSA through the CMS certification of the current CoreMMIS and the Electronic Visit Verification project, receiving certification in January 2022. Gainwell understands the need to work with CMS on any new solutions to support additional certification needs for changes made to the system.

Gainwell also has experience certifying modular components. Gainwell will leverage our industry knowledge and best practices to assist FSSA in working with CMS to determine if any of the Transformation Project components require CMS certification and support them through the certification process.

6.6 Change Control and Change Management

Gainwell agrees to meet FSSA's change control and change management requirements described in RFP Attachment K, 6.2 Change Control and Change Management, including the Required Services table. We recognize the significant changes identified under Section 6.2 of the SOW, requirements 12, 13, and 15 and we will meet those requirements. Additionally, we will meet the contracted performance metrics and submit timely and accurate deliverables as listed in the requirements. Gainwell understands and will deliver the required Change Control and Change Management (CM) services in a manner that meets or exceeds requirements.

Gainwell will continue to be responsible for the enhancement, configuration, maintenance, and management of the current system and new functionality for the term of the contract. Our Change Management process, a component of the Project Management Plan, has been enhanced in close collaboration with FSSA over the life of the current contract to improve overall process and reporting. Improvements identified were quickly implemented using the Jira/Confluence tool set in early 2021. These introduced improved and more efficient governance and deliverable workflows, cost management, integrated lessons learned, risk and issue management, and an integrated project documentation repository for greater CM visibility and reporting.

The CM process tracks a change from identification through request creation, review, initiation, project startup, requirements and approval, business design and approval, technical design, construction, unit testing, systems integration testing and approvals, vendor testing, implementation, post implementation review and approval, and lessons learned.

All system changes identified, whether software configuration or complex new programs, require a Change Request (CR) or a Defect. Elements of the lifecycle can be addressed in smaller Change Requests and must be approved by the FSSA Systems Manager for FSSA enhancements and maintenance requests, and the Gainwell PMO Manager for Gainwell maintenance requests.

Gainwell maintains highly experienced subject-matter experts (SMEs) for each functional area, within the business units and technical groups. These SMEs work with their counterparts within FSSA to identify changes in State and federal rules, regulations, policies, and mandates that may impact Medicaid systems or processes. The resulting analysis may result in the need for a modification, and FSSA and Gainwell will work together to create an associated Charter and/or CR.

Gainwell reviews Charters and CRs weekly. SMEs are involved to initially understand impacts, scope, and estimate effort. The Gainwell Change Control Board (CCB) meets weekly to then review these requests, identify further questions if needed, confirm scope and effort, identify key stakeholders, priority, and other key components. If the request comes from FSSA, it is approved within the meeting. If this is a CR that was created at the request of FSSA, or a CR for needed maintenance, it is sent to FSSA to be review and feedback or approval by FSSA's Change Review Board (CRB).

Defects, another classification of change, may be identified as a result of Gainwell's ongoing due diligence focused on quality. This includes mandatory post implementation reviews following a CR implementation, and ongoing quality

assessments executed within the business units. Defects may also be identified by FSSA or externally. Defects that require more involved analysis and design are converted to a Gainwell maintenance request. Those defects that are less complicated follow a different lifecycle, defined in the CM Plan, however, they still require the same level of testing and verification.

Gainwell SMEs are involved in the entire lifecycle of a change, consulting and guiding the change through the lifecycle, and are critical for delivery of a quality product that meets scope, time, and cost requirements. CRs may involve business process creation or updates so that the change is fully operationalized. These are identified within the project and follow the same process — analysis, design, develop, implement — and are reflected in the Operation Procedure Manuals (OPMs).

Gainwell will continue the several meetings in place today to review CRs and defects, at both the executive level and with systems and business leadership. A Gainwell Weekly Reports group is in place also, including open and implemented CRs, defects, issues, risks, and an executive summary. These can be modified on request at the direction of FSSA.

The updated Project Management Plan with the Change Management Plan will detail the above and will be delivered early during the Implementation Phase contract period. Additionally, Gainwell maintains a deeper level of detail in subsidiary process documentation.

Performance Standards		Meets/Exceeds
1	Analyze 100% of change requests and respond within five (5) business days of receipt to include estimates for effort, resources, cost and impacts to system	Meets
2	Submit 100% of change requests within three (3) business days or within a timeframe defined by the State.	Meets
3	100% of monthly and quarterly reports are produced in a timely manner (per the Change Management Plan) and detail the burndown of all change requests and Modification Pool, hours, defects, and progress of completion.	Meets

SECTION 7 – ~~Technical~~ Systems M&O

- a. Describe how you plan to fulfill your MMIS M&O responsibilities. Be sure to address all components described in Section 7 of the SOW. Specifically, make sure to cover the following:
 - i. Your approach to hosting the MMIS system.
 - ii. Please share how you would operate within the application architecture standards for all new application developments and solutions.
 - iii. How will you ensure that the MMIS systems operates efficiently within State and Federal laws to mitigate risk? Address the following:
 - iv. Disaster recovery
 1. Medicaid Information Technology Architecture and Certification
 2. Privacy and Security Standards
 3. Transaction Management

- v. Describe how your company will perform maintenance upgrades, software upgrades and functional changes to the system and databases as needed to keep pace with program and industry demands.
- vi. Provide a summary of how you will conduct document and content management.
- vii. How will your company maintain integrity of data between systems and workflows?
- viii. If you currently provide Web Management Services, please describe how you would address the following:
 - 1. Provider Healthcare Portal
 - 2. State Medicaid Website
 - 3. MMIS Web Interface
 - 4. Vendor Documentation Repository
- ix. Provide an overview of your ability to provide the environments described in Section 7 to facilitate all requirements identified in the Scope of Work.
- x. Describe your ability to provide Reference and Benefit Plan Administration Management (BPA) Services.
- xi. Describe your commitment to providing a 90-day warranty for all Modifications made to MMIS System components.
- xii. Provide an outline of your Phase-In Transition Plan, including how you plan to execute an efficient technical transition of the MMIS hardware and software systems.

7.0 Systems Maintenance and Operations

Gainwell implemented the current CoreMMIS in 2017 and has supported it operationally for the past five years. We provide ongoing monitoring to meet required performance standards and user requirements. Working with the State using our Change and Change Control Management processes, we implement into Production system modifications, maintenance changes, reference changes, software upgrades, and other needed updates. Gainwell's Change and Change Control Management processes comply with all requirements in Attachment K, Scope of Work, Section 6.2, Change Control and Change Management.

We have carefully reviewed the ordering of information instructions in Attachment F, Section 7 for items i. through xii. and correlated each of these distinct items to their corresponding Scope of Work (SOW) requirements as laid out in Attachment K, Section 7, Technical M&O.

To provide a clear vision of how the following response aligns to the SOW requirements, we provide the following cross reference matrix.

Table 10. Cross Walk -Template Section 7 Response to SOW Requirements

Attachment F, Technical Proposal Template Information Requirements		Scope of Work Section Number and Subject		Placement of Correlated Attachment K, Scope of Work Section	
i.	Your approach to hosting the MMIS system.	N/A		7A	Approach to Hosting the MMIS System
ii.	Please share how you would operate within the application architecture standards for all new application developments and solutions.	7.1	Application Architecture Standards	7.1	Application Architecture Standards
	N/A	7.2	Infrastructure Architecture Standards	7.2	Infrastructure Architecture Standards
iii.	How will you ensure that the MMIS systems operates efficiently within State and federal laws to mitigate risk?	N/A		7C	Risk Mitigation
iv.	Disaster recovery 1. Medicaid Information Technology Architecture and Certification 2. Privacy and Security Standards 3. Transaction Management	7.3	Disaster Recovery	7.3	Disaster Recovery
	N/A	7.4	Medicaid Information Technology	7.4	Medicaid Information Technology

		Architecture and Certification	Architecture and Certification
N/A		7.5 Privacy and Security Standards	7.5 Privacy and Security Standards
v. Describe how your company will perform maintenance upgrades, software upgrades and functional changes to the system and databases as needed to keep pace with program and industry demands.		7.6 System Maintenance	7.6 System Maintenance
N/A		7.7 Transaction Management	7.7 Transaction Management
vi. Provide a summary of how you will conduct document and content management.		7.8 Document and Content Management	7.8 Document and Content Management
vii. How will your company maintain integrity of data between systems and workflows?		7.9 Workflow Management	7.9 Workflow Management
viii. If you currently provide Web Management Services, please describe how you would address the following: 1. Provider Healthcare Portal; 2. State Medicaid Website ; 3. MMIS Web Interface ; 4. Vendor Documentation Repository		7.10 Web Management	7.10 Web Management
ix. Provide an overview of your ability to provide the environments described in Section 7 to facilitate all requirements identified in the Scope of Work.		7.11 Environments	7.11 Environments
x. Describe your ability to provide Reference and Benefit Plan Administration Management (BPA) Services.		7.12 Reference and BPA Services	7.12 Reference and BPA Services
xi. Describe your commitment to providing a 90-day warranty for all Modifications made to		7.13 Warranty	7.13 Warranty

MMIS System components.

xii.	Provide an outline of your Phase-In Transition Plan, including how you plan to execute an efficient technical transition of the MMIS hardware and software systems.	7.14 Phase-In Transition Plan	7.14 Phase-In Transition Plan
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7A Approach to Hosting the MMIS System

Gainwell implemented the *Core*MMIS in 2017 and has hosted it since before that time during Design Development and Implementation which initiated in 2013. Our team takes pride not only in keeping the system running, but in enhancing it along the way. Our experience gives us the ability to keep things running smoothly. The experience comes not from simply hosting the Indiana MMIS, but the systems and business operations of other states as well. This knowledge is shared to the benefit of everyone. This experience and knowledge sharing will be critical to the success of moving the Indiana MMIS to cloud hosting. Meetings are held weekly to exchange information about best practices, application-specific hosting solutions, and problem solving across various state accounts. These shared lessons learned and best practices will allow a smooth transition for the Indiana *Core*MMIS.

Gainwell's current mode of operations hosts the *Core*MMIS and its peripheral systems in the Orlando Data Center, where we meet or exceed the requirements. The Gainwell Tier 3 data center provides a leveraged infrastructure for hosting the Indiana *Core*MMIS. The data center features secure internet access to vendor-supported systems, virtual private networks (VPNs), approved connections to the State of Indiana's network, and secure remote-access services. The data center also shares server virtualization for the environments.

Gainwell provides a network infrastructure solution that is self-contained and in its own security perimeter. Our multilayered approach secures highly distributed enterprise networks and minimizes the risk of security breaches through firewall, VPN, intrusion detection systems, intrusion prevention, remote access controls, and proxy control as follows:

- Traffic that requires access to the State of Indiana systems passes through a dedicated virtual compartment firewall specific to the State of Indiana. Access requires specific firewall rules that are established as default access is denied.
- Network traffic will follow a multilayered configuration, verifying separation between the presentation, application, and information processing layers. This promotes greater application segregation with an increased security profile.
- Gainwell provides load balancing to validate sufficient capacity and availability for user access.

- Trading partners connect to the Helion Managed Virtual Private Cloud (VPC) for Public Sector (U.S.) compartment through Secured VPN Tunnel (IPsec) over LIS (site to site tunnel).
- FSSA and Gainwell users access their compartment in the VPC. The Healthcare Network Cloud (HNC) is presented to the VPC, and proper firewall rules have been in accordance with current practices.
- Providers can access the Provider Web Portal using the internet through secure encrypted communication paths.

FSSA accesses the MMIS primarily through a VPN connection to the Orlando Data Center (ODC). This design is required to meet the MMIS' need and provide continual connectivity for the providers, trading partners, FSSA staff members, Gainwell staff members, and State of Indiana members who are served by the modernized MMIS solution.

Gainwell's future mode of operations will include a transition from the ODC on-premise data center to the AWS cloud environment.

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[illegible]

[illegible]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

7A.4 Business Continuity and Disaster Recovery

[REDACTED]

Disaster Recovery (DR) describes the plans, activities, and testing measures required for continuity and recovery of the Indiana MMIS business operations during periods of system malfunction or a disaster event. Expected BC/DR activities include:

- Creation and maintenance of a Business Continuity Plan (BCP) and a Disaster Recovery Plan (DRP) in accordance with FSSA requirements, which adhere to applicable State and federal laws, rules, regulations, guidelines, and industry best practices
- Annual review and maintenance of the BCPs and DRPs

- Establishment and maintenance of a hierarchy of critical services and infrastructure to determine the order in which services will be restored
- Execution of a Business Impact Analysis (BIA) process to establish recovery standards, Recovery Time Objective (RTO), and Recovery Point Objective (RPO) based on business need
- Establishment of a disaster recovery environment including backup network connectivity to both the primary production and DR environments
- DR drills as required by FSSA

Gainwell offers first-hand experience to effectively meet FSSA requirements for BC and DR. As part of our overall solution, Gainwell provides effective BC and DR procedures that result in uninterrupted support for business operations during a system malfunction or disaster event. In addition, we create and maintain relevant documented policies and procedures to implement a timely recovery, if needed. As a provider of BC and DR services for MMISs in 29 states and territories, including 23 where we serve as the fiscal agent, we offer an experienced professional staff of subject-matter experts that are well prepared to support FSSA.

We are well prepared to meet FSSA's requirements to prepare for, respond to, and recover from disasters. Our AWS cloud solution enables us to efficiently deliver a broad suite of services in support of the Indiana MMIS. AWS provides redundancy and fault tolerance using availability zones (AZs), which are one or more discrete data centers with redundant power, networking, and connectivity in an AWS region.

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

FSSA will receive a BCP and a DRP that identifies the core business processes involved in the Indiana MMIS in accordance with the State's requirements. Gainwell offers extensive experience identifying the unique needs of our state healthcare customers and develops plans based on their specific business processes and requirements. With our AWS-based solution, FSSA will be protected against hardware and software failures, human error, natural disasters, and other emergencies that could interrupt services. Our established BC/DR processes and procedures address the recovery of business functions, business units, business processes, human resources, and the technology infrastructure. [REDACTED]

[REDACTED]

Section 7.3 Disaster Recovery and Business Continuity provides more details regarding Gainwell's BC and DR plans, our approach to maintaining and testing these plans, and how we handle communications during a DR event for rapid restoration of operations.

7A.5 Bringing Value to FSSA

Successful cloud migrations require a trusted ally with intimate knowledge of your systems along with proven experience in migrating to the cloud. Gainwell is uniquely qualified to help FSSA achieve your objectives, and our solution approach offers the following benefits:

- **AWS expertise:** Gainwell's Advisory, Consulting, and Transformation service identifies workloads that are best suited to AWS and makes sure AWS is properly architected so the State derives maximum return on investment from AWS, with minimal risks.
- **End-to-end services:** Gainwell is the leading vendor that delivers the full life cycle of cloud services for Medicaid programs, tightly following the Medicaid Information Technology Architecture (MITA) framework.
- **Proactive security:** Gainwell has architected security that protects every layer of the cloud to attain compliance and reduce risk.
- **CMS funding approval:** CMS has already reviewed and approved the Gainwell MMIS migration model for numerous states.
- **Tailored services:** The Gainwell model provides managed service bundles suited to meet the State's IT objectives. We can scale and align to meet those needs.
- **Disaster recovery:** Gainwell provides an interconnected cloud that provides business continuity with effective disaster recovery of production systems.
- **Reduced cost and risk:** Gainwell provides experienced advisors who can evaluate the State's applications for suitability for cloud. Gainwell's tools, processes, and services are used for risk mitigation, security, and regulatory compliance.

- **SSAE compliance:** The AWS cloud solution produces an SSAE 18 SOC 1 report, plus AWS FedRAMP reports, which provide the equivalent to an SSAE 18 SOC 2 report. Reports can be made available to the State after contract signing.

Production and nonproduction environments supporting the solution will operate in AWS with sovereignty. Our experienced support team is trained in HIPAA and other privacy and security requirements necessary in handling sensitive data.

7.1 Application Architecture Standards

Gainwell has reviewed and will meet the requirements for SOW 7.1, Application Architecture Standard. Under the new contract, Gainwell will continue to document and submit requests for any planned deviations from the preferred application architecture standards, and document and submit software architecture, deployment environment, and architectural patterns as deliverables. We also will continue to document applications services to expected inputs, data types expected, possible alternate flows, and outputs.

7.1.1 Indiana *Core*MMIS Application Component Overview

Figure 19, Appendix 1 - Supporting Graphics, Technical Proposal Appendix provides an overview of the major components of the Indiana *Core*MMIS application architecture. As the figure shows, at its heart, the *Core*MMIS maps directly to the Medicaid Information Technology Architecture (MITA) architecture framework, which takes advantage of commercial off-the-shelf (COTS) products throughout the MMIS enterprise. The application architecture diagram also illustrates how the Gainwell MMIS Business Services Framework spans the solution and provides the Service Oriented Architecture (SOA) enabling integration of the Gainwell MMIS application with the various service-enabled COTS packages. Finally, the diagram also depicts how the interChange Connections EDI/ESB capability opens the MMIS to interoperability, a cornerstone of effective MMIS of the future.

7.1.2 *Core*MMIS Business and Technical Services

The final application integration components we want to highlight are the technical and business services provided within the Indiana *Core*MMIS solution. We have selected Microsoft Active Directory for the technical security services. Through the configuration of this COTS suite for the *Core*MMIS, the security services such as user authentication and authorization are performed. Besides the technical services, the MITA Application Architecture provides the collection of software services that implement a business process or capabilities. The application architecture for the Indiana *Core*MMIS is a carefully thought-out solution that provides loose coupling within a service-oriented architecture (SOA) framework. The solution includes a highly robust SOA software stack and the definition of business services that leverage architecture and best-in-class, SOA-enabled COTS packages.

The *CoreMMIS* is a fully integrated solution approach. Using best-in-class, COTS tools delivers value-add business features throughout the various MMIS business areas. The following figure provides a cross-reference of the shared services we reuse across the defined Medicaid Information Technology Architecture (MITA) business areas. Figure 20, Appendix 1 - Supporting Graphics, Technical Proposal Appendix, provides a clear picture of how services are integrated and reused throughout the overall *CoreMMIS* solution.

7.1.3 Accurate Data and Interfaces

Gainwell's fully integrated MMIS links transactions — such as claims, adjustments, payments, receivables, cash receipts, recoupments, and voids — to related records in the database. The *CoreMMIS* also provides prompt and accurate claims processing along with proven flexible and robust system controls for accurate financial reporting and forecasting of budget expenditures.

The interChange Connections solution simplifies data exchange and integration with external agencies trading allies and programs. The interfaces and services are fully documented in the Gainwell rLink system. This includes inputs, outputs, and their frequencies, data content, descriptions, and layouts.

During the implementation phase, Gainwell will submit the current starting point software architecture, deployment environment, and architectural patterns. The architecture of the Indiana *CoreMMIS* was originally developed with MITA goals in mind. These goals fit well with the architecture goals for the State of Indiana MMIS since implementation. When there is a need for architectural changes, Gainwell uses the High Level Solution Design to document the options and chosen solution. We will use this documentation to review any necessary architecture changes with OMPP and appropriate stakeholders.

Gainwell understands the application architecture we because we have designed and implemented it in states across the US. The application architects share knowledge, tips, and experience across the states so that we are always leveraging the best knowledge. This also allows us to implement common solutions and patches most efficiently. Indiana benefits from this through the implementation of tested and reliable solutions as well as efficiency of development. Indiana also benefits as we consider new offerings and develop solutions the State needs.

7.1.3.1 Infrastructure Architecture Standards

Gainwell currently negotiates hardware and software licenses that do not exceed the State's negotiated Quantity Purchase Agreement (QPA) rates. We will continue to negotiate rates in the next contract term. We maintain the current approved fault tolerance system and backups to restore data. Configurations can be restored and replicated to the disaster recovery (DR) site. Gainwell will report on a test of backup tapes yearly and suggests pulling a sample to reduce the cost of testing the entire library backups. The backups process verifies the data on the tape before it is marked as successful. Gainwell conducts monitoring and has an established, efficient process to resolve failed backups.

Gainwell performs regular maintenance and patching during the maintenance window. We use several tools to assist in the deployment of patches, such as Ivanti, Yum

Update, and software install. Additionally, we employ various techniques for network equipment. The current schedule is on the second Thursday of the month for non-production maintenance and the fourth Sunday of the month for patches.

Gainwell provides 24x7 support for the MMIS infrastructure and is monitored to notify the appropriate leaders for escalation using ServiceNow. We provide capacity planning and server performance reports by using the reporting features of Solar Winds. An annual report will be developed and made available to the State to understand the caseload impact on infrastructure.

Gainwell will continue to supply secure virtual private network (VPN) connections to the State users and supply access at no cost as required to approved vendors. We maintain servers that use Active Directory, McAfee anti-virus, and intrusion detection. Microsoft Outlook provides anti-spam, file, email, print, web servers, and necessary infrastructure to support the MMIS system.

Gainwell maintains switches, routers, and network monitoring tools as required to provide connectivity with the facility, connectivity between the data center, the facility, and other required State networks, systems necessary to support the MMIS, and secure, wireless connections at the Gainwell office for State users. We will transfer software licenses to the State and implement an architecture review board (ARB) during the implementation phase.

Preliminary Design of System Environments

The National Medicaid EHI Healthcare (NMEH) work group recently concluded in its *Value of MITA* report that Medicaid programs are in an unprecedented season of change. SOA and MITA are revolutionary approaches to system design that enable this change and support Medicaid agencies in their ongoing mission to provide better healthcare delivery while reducing the cost of healthcare management.

The Gainwell Indiana interChange *CoreMMIS* solution delivers new technologies to FSSA through the most proven next-generation MMIS available in the market. The *CoreMMIS* delivers stronger visibility into enterprise information and quickly adapts to changing business processes and regulatory requirements (thus lowering the long-term cost of ownership).

In this section, Gainwell responds to the System Environments and their respective architectures. We will explain our use of reusable assets, standard processes, and extensive national and global experience included in our approach to SOA and MITA. The *CoreMMIS* architecture will deliver the improved accessibility and flexibility required for today's healthcare programs. Our proposed replacement solution, the interChange *CoreMMIS*, is a powerful combination of a certified base, technical architecture, and an infrastructure that supports the State goals to continue MITA business maturity growth through the life of the contract. Highlights of the *CoreMMIS* solution include the following:

- The most CMS-certified and proven transfer MMIS available in the market
- Alignment to CMS' Standards and Conditions framework that optimally positions FSSA for efficiencies today and flexibility for tomorrow

- A MITA SOA architecture delivered at the MMIS DNA level, driving business process consistency and maturity for interoperability, adaptability, and flexibility over time
- A focus on advanced healthcare portal technologies that emphasizes self-service healthcare management for providers and members
- Industry “top-quadrant” COTS tools that delivers advanced business features
- Integrated Workflow, Rules, Correspondence, and Document Management business services
- A private cloud infrastructure designed for efficient and flexible provisioning of high-performance computing, storage, and network capacity
- Robust security including Multi-Protocol Label Switching (MPLS) wide area network (WAN) supported by high-performance HP and Cisco network routers, switches, firewalls, and intrusion prevention systems (IPS)
- A solution that defines MMIS SOA standards for interoperability, adaptability, and flexibility making it the best long-term value available
- Inherent scalability and comprehensive solution security required to serve the members, providers, trading allies, and the State

The *CoreMMIS* completely matches the architectural vision established within the State. The following table summarizes the tight association between the state technical architectural guidelines and our solution.

Table 12. CoreMMIS Architecture Alignment

Indiana Architectural Standards	Indiana CoreMMIS Architecture Alignment
The State and the Indiana Office of Technology (IOT) have a strong preference for Indiana Architectural Standards for solutions that are based on SOA	The <i>CoreMMIS</i> is based on a SOA that facilitates using components through services to support plug-and-play capabilities. The <i>CoreMMIS</i> best architecture alignment positions FSSA to meet the business challenges for today and tomorrow by being able to adapt across time using services adoption and reuse.
Use commercial-off-the-shelf (COTS) products integrated through an Enterprise Service Bus (ESB) platform	The <i>CoreMMIS</i> uses Microsoft BizTalk ESB for the integration of best-in-class enterprise-capable COTS tools such as OnDemand (document management), K2 blackpearl (workflow), and Corticon (rules engine).
This architecture vision involves a SOA framework comprising business and technical services with the intent of promoting SOA in the organization to build loosely coupled services that improve interoperability and support a “plug-and- play” design.	The solution includes the <i>CoreMMIS</i> Business Services Framework, which provides the SOA integration definition and structure enabling the promotion of loosely coupled services across the solution and opening up interoperability to the broader Indiana healthcare environments.

7.2 Infrastructure Architecture Standards

Gainwell understands and agrees to comply with the 25 required services associated with Infrastructure Architecture Standards during the new contract term.

During the new contract term, Gainwell will continue to negotiate hardware and software licenses that do not exceed the State's negotiated Quantity Purchase Agreement (QPA) rates.

Gainwell maintains the current secure fault tolerance system and maintains backups to restore data. Configurations can be restored and replicated to the DR site. The backups process verifies the data on the tape before it is marked as successful. Gainwell monitors backups daily. Tickets are generated and assigned to the appropriate team to address backup failures. Gainwell will report on a test of sample backup tapes yearly. Pulling a sample will reduce the cost to the State of Indiana. Infrastructure is monitored 24x7 to support Indiana and when an issue arises the ticket is created in ServiceNow and is automatically escalated to the appropriate staff and leaders for action.

Gainwell performs regular maintenance and patching during schedule maintenance. Ivanti is the tool used for Windows servers, software install is for UNIX servers, Yum Update for LINUX, and various techniques are used for network equipment. The current schedule is the second Thursday of the month after Microsoft publishes on the second Tuesday for non-prod and the fourth Sunday of the month for patches.

Gainwell provides capacity planning and server performance reports by using the reporting features of Solar Winds. An annual report will be developed and made available to the State to understand the caseload impact on infrastructure during the implementation phase.

Gainwell will provide and continue to supply secure VPN connections to the State users, approved Vendors, and others as requested by the State for connectivity to the CoreMMIS.

Gainwell maintains servers for Active Directory, McAfee anti-virus, and intrusion detection. We employ various software and processes to provide a secure infrastructure in support of the MMIS system.

Gainwell maintains the necessary network hardware such as switches, routers, and network monitoring tools as required to provide connectivity with the facility, connectivity between the data center and facility, as well as with other required State networks and systems necessary to support the MMIS as well as a secure wireless connection at the Gainwell office for State users.

Gainwell will work with the State to implement an architecture review board (ARB) during the implementation phase.

As shown in the Figure 21 and Figure 22, Appendix 1 Supporting Graphics, Gainwell maintains application and infrastructure architecture plans.

Design of System Environments

The National Medicaid EHI Healthcare (NMEH) work group recently concluded in its *Value of MITA* report that Medicaid programs are in an unprecedented season of change. SOA and MITA are revolutionary approaches to system design that enable this change and support Medicaid agencies in their ongoing mission to provide better healthcare delivery while reducing the cost of healthcare management.

The Gainwell Indiana interChange *CoreMMIS* solution delivers new technologies to FSSA through the most proven next-generation MMIS available in the market. The *CoreMMIS* delivers stronger visibility into enterprise information and quickly adapts to changing business processes and regulatory requirements (thus lowering the long-term cost of ownership).

In this section, Gainwell responds to the System Environments and their respective architectures. We will explain our use of reusable assets, standard processes, and extensive national and global experience included in our approach to SOA and MITA. The *CoreMMIS* architecture will deliver the improved accessibility and flexibility required for today's healthcare programs. Our proposed replacement solution, the interChange *CoreMMIS*, is a powerful combination of a certified base, technical architecture, and an infrastructure that supports the State goals to continue MITA business maturity growth through the life of the contract. Highlights of the *CoreMMIS* solution include the following:

- The most CMS-certified and proven transfer MMIS available in the market
- Alignment to CMS' Seven Standards and Conditions (7SC) framework that optimally positions FSSA for efficiencies today and flexibility for tomorrow
- A MITA SOA architecture delivered at the MMIS DNA level, driving business process consistency and maturity for interoperability, adaptability, and flexibility over time
- A focus on advanced healthcare portal technologies that emphasizes self-service healthcare management for providers and members
- Industry "top-quadrant" COTS tools that deliver advanced business features
- Integrated Workflow, Rules, Correspondence, and Document Management business services
- A private cloud infrastructure designed for efficient and flexible provisioning of high-performance computing, storage, and network capacity
- Robust security including Multi-Protocol Label Switching (MPLS) wide area network (WAN) supported by high-performance HP and Cisco network routers, switches, firewalls, and intrusion prevention systems (IPS)
- A solution that defines MMIS SOA standards for interoperability, adaptability, and flexibility making it the best long-term value available
- Inherent scalability and comprehensive solution security required to serve the members, providers, trading allies, and the State

The *CoreMMIS* completely matches the architectural vision established within the State. The following table summarizes the tight association between the state technical architectural guidelines and our solution.

Table 13. CoreMMIS Architecture Alignment

Indiana Architectural Standards	Indiana CoreMMIS Architecture Alignment
The State and the Indiana Office of Technology (IOT) have a strong preference for solutions that are based on SOA.	The CoreMMIS is based on a SOA that facilitates using components through services to support plug-and-play capabilities. The CoreMMIS best positions FSSA to meet the business challenges for today and tomorrow by being able to adapt across time using services adoption and reuse.
Use commercial-off-the-shelf (COTS) products integrated through an Enterprise Service Bus (ESB) platform	The CoreMMIS uses Microsoft BizTalk ESB for the integration of best-in-class, enterprise-capable COTS tools such as OnDemand (document management), K2 blackpearl (workflow), and Corticon (rules engine).
This architecture vision involves a SOA framework comprising business and technical services with the intent of promoting SOA in the organization to build loosely coupled services that improve interoperability and support a “plug-and- play” design.	The solution includes the CoreMMIS Business Services Framework, which provides the SOA integration definition and structure enabling the promotion of loosely coupled services across the solution and opening up interoperability to the broader Indiana healthcare environments.

7.C Risk Mitigation

As a trusted partner, Gainwell lowers risks as we know the people, systems, and processes. We will continue to operate and maintain the MMIS, which meets State, federal, and Division requirements and is Centers for Medicare & Medicaid Services (CMS) certified.

Gainwell' s PMO manages the M&O project plans in partnership with FSSA to manage Federal and State law changes, functional changes to the systems, correct system defects or issues, resolve performance issues to efficiently maintain MMIS systems operations to be able to meet the KPMs.

Please see section 6.1.11 Risk Management for a detailed narrative on Gainwell's Risk Management and our risk-management approach.

7.3 Disaster Recovery and Business Continuity

7.3.1 Description of BC and DR Plans

Disasters can occur anytime, anywhere, without warning, and can produce catastrophic results. An unfortunate reality of disasters is loss of homes and businesses; however, being unable to conduct business is not an option for FSSA, nor is being unavailable to Indiana residents and the provider community for an extended

length of time. While the effect of an emergency cannot be predicted, planning for operations under emergency conditions can mitigate its effect on FSSA's Medicaid Program and mission.

Gainwell has successfully performed annual disaster recovery (DR) drills for FSSA with prepositioned hardware and replicated data in our Colorado Springs, Colorado data center. This cost-effective solution to the requirements outlined in the RFP lets us resume business operations in minimal time with little or no loss of data.

Gainwell understands the critical nature of DR and business continuity (BC) for FSSA. Our approach provides a sound solution to FSSA for the system and operations with flexibility, geographic diversity, and proven infrastructure. We work with recovery of current operations while taking the appropriate steps toward system backup. In our DR planning, we provide for the continuance or recovery of system operations when confronted with service disruptions such as natural disasters. In our BC planning, we address the continuance or recovery of business operations, including services to members, when confronted with unforeseen adverse events.

Backup Plan and Procedures

The *CoreMMIS* DR site is in Colorado Springs, just east of the Rampart mountain range, in a stable, protected area free from most natural disturbances that can affect business. This secure site is separate from our main production center in Orlando, Florida. The recovery center is a Tier 3—equivalent data center as defined by the Uptime Institute, with more than 20,000 square feet of total space. The facility offers backup uninterruptible power supply (UPS) and generator with redundant site power fed from two power grids, redundant cooling with generator backup, temperature and humidity control, central monitoring, dedicated full-time security personnel, video monitoring, keycard access, full on-site DR rehearsal areas, and centrally monitored independent fire control with five zones of smoke detectors and gas fire suppression under a raised floor.

Our DR environment is a replicated version of the production environment with similar hardware for the production and recovery data centers. Gainwell uses a dedicated backup data center with dedicated backup equipment. Recovery will start immediately after authorized personnel declare a disaster.

Failover Environment

The Gainwell solution includes numerous capabilities that enable failover at our primary and backup data centers. A dedicated failover environment at our backup data center in Colorado Springs provides the ultimate recovery to promote continuous flow of operations so business is not affected by natural disaster or random events such as loss of power at the primary site. The Gainwell solution also includes high-availability features such as Tier 3—equivalent data centers, multipath network links, redundant compute and storage components, application clustering, and virtualization. The primary and backup data centers are linked with redundant, high-speed multiprotocol label switching (MPLS) network circuits that enable continuous replication of data using storage area network (SAN) and application-based replication technologies. For example, Gainwell uses Oracle Data Guard to keep both data centers' databases synchronized. This allows for a near real-time, asynchronous update of transactions to the backup data center's failover environment.

Backup and Recovery Features

Our solution is a high-speed, high-capacity approach with enterprise-class, industry-leading components and products. The recovery center will host the DR environment in a dedicated warm site model. We will provide a warm site at Colorado Springs with data continually replicated to keep both environments in sync and resume system operations after declaration of a primary site data center failure.

Through our experience supporting many state MMIS operations, we have refined our backup and recovery processes, incorporating best practices from real experience. We will perform daily or checkpoint backups and include data changes that occurred the same day. Gainwell also will perform a full backup weekly. Backup tapes and disks will receive equal protection using offsite storage. We use tape encryption for data stored on tapes onsite and offsite and apply appropriate rotation and retention periods.

IT recovery processes work with the DR and BC processes, and we acknowledge our responsibility to maintain adequate backups to provide continued automated and manual processing. We will perform automated incremental and full-system backups for each of our environments. We will also keep multiple copies in multiple places to make recovery possible regardless of the type of disaster, as detailed in the following sections.

Disk Storage and Redundancy

We use HP StorageWorks storage area network (SAN) disk arrays — large enterprise-class storage systems designed for organizations that cannot afford downtime or tolerate data loss. The HP SAN mitigates business downtime risk with a rigorous platform of complete hardware redundancies, hot-swappable components, and nondisruptive online upgrades. The HP SAN storage array features Business Copy, a storage-based hardware solution for duplicating logical disk volumes nearly instantaneously, reducing the time necessary to provide a point-in-time backup. Nondisruptive business copy operations allow the primary (main) disk volume to remain online to hosts for read and write input/output (I/O) operations while the secondary (snapshot) disk volume is being created or used for making backups.

Daily Backups

For daily backups, we use our HP SAN to create and hold snapshots of our primary storage — residing on high-end Fibre Channel disks — on secondary storage, comprising high-capacity Serial Advanced Technology Attachment (SATA) drives for Tier III storage used in the Disk to Disk to Tape (D2D2T) process. We make encrypted backup copies daily to Linear Tape Open (LTO) tape media of data stored on the HP SAN to guard against unintended deletion of this data, using the same snapshot technology used for point-in-time recovery of our databases. We will keep these backups on tape in our tape library to make them available for immediate recovery. We maintain the snapshot until the next snapshot has been created to facilitate a fast recovery using disk instead of tape.

Restore

If a restore is required, the database would first be restored from the previous successful backup — a checkpoint backup — from disk or tape. Archive logs would then be applied to bring the database back to a current state before the issue occurred. The Oracle database's archive logging ability and Oracle Data Guard are important aspects of the comprehensive DR and BC service for the *CoreMMIS* solution, allowing for full or point-in-time database recovery and restart of the database. The point-in-time snapshot technology makes an instant copy of the environment, enabling point-in-time recovery of the database up to the last completed transaction.

Online Replication

The backup process is separate from, and supports the continuous online replication of, the *CoreMMIS* data to the XP24000 storage environment at the DR facility using redundant high-speed WAN links.

Data replication between multiple XP24000s at the primary site (local failover), data replication to the backup site, tightly integrated clustering solutions, and DR support enable a multisite disaster-tolerant design to achieve complete recoverability. With enhanced data protection and security features, this decreases exposure to data loss.

Weekly Backups

Weekly, we create an encrypted backup copy on a different (offsite) set of LTO tapes that we ship to our offsite storage provider, Iron Mountain. These offsite sets of LTO tapes are for use as a backup copy of our onsite LTO tapes and for DR purposes at our DR site.

Business Continuity

Our proposal response contains our business processes, methodology, and procedures for backup and recovery that form the basis for our subsequent DR and BC plan. Our plan will include detailed and complete information necessary to organize efforts and reconstruct the *CoreMMIS* if a disaster occurs. By maintaining an aggressive system backup schedule, storage of backup information offsite, backup sites, readied staff members, and comprehensive DR and BC plan, we can provide FSSA with full system recovery capabilities should circumstances create such a need.

Call Center Operations

Effective communication between the healthcare community and FSSA is essential to call center activities. Disruption to these lines of communication would affect FSSA and the provider and member communities. Gainwell understands the critical need to plan for continued call center operations in an emergency. Our experienced team knows the business processes for recovery and will establish plans and processes that document our recovery, needed resources, critical applications, and equipment in case the telephone system or other components of the call center become inoperable.

This plan to restore operations includes the following steps:

- Initiate communication to FSSA and Gainwell for Indiana support groups
- Reroute call traffic to our backup sites or systems

- If needed, obtain critical applications, hardware, and equipment from identified corporate resources and vendors
- Redirect call center agents to temporary locations (potentially at backup sites), including connectivity to systems required to competently answer and assist callers

Print and Mail Services

Gainwell will transfer mail processing to an alternative existing site and set up connection to it immediately, eliminating the need for redundant, large printer equipment onsite in the DR center.

We would use this alternative site should our primary office become unusable. This site also will back up the primary site if an outage occurs in the Indiana account location. Pennsylvania prints for several state MMIS projects and would have capacity for a night shift to print for Indiana should the need arise.

Data Entry

If the primary data entry site is decommissioned within 24 hours of a declared disaster, Gainwell will activate alternative data entry arrangements by securing temporary space: renting a large hotel conference room and installing data entry terminals to be used by our Indiana data entry staff at that location. This arrangement would use a day shift and night shift to handle the large volumes. For data entry, we would obtain PCs and have our data entry staff key the claims at the hotel conference room location. Because we have local Indiana account data entry staff members, we can operate efficiently in our alternative site until the primary facility is back in operation. If the disaster continues for a long duration, Gainwell also can request help from some of our other Medicaid accounts. In addition, Gainwell can use the WebKey data entry tool for staff to remotely enter claims using a PC or laptop. This tool was implemented at the onset of COVID-19.

With various mechanisms designed to maximize the safety and reliability of the systems and data under its control, our CoreMMIS will provide FSSA with a feature that goes beyond the technical details — the peace of mind that comes with knowing we can protect FSSA's data. We have highlighted our experience, capabilities, and infrastructure. By combining these important elements with our DR and BC intervention processes, we achieve a methodology comprising processes designed to work together if a disruption or disaster occurs.

7.3.2 Approach to Maintaining and Testing the Plans

Maintaining the Plan. Gainwell makes ongoing improvements to the plans as we have the past four years. Gainwell reviews the DR plan quarterly with each system release cycle to make sure we include the documentation for new systems and changes. We also conduct annual plan reviews and testing. We will coordinate changes to the plan through FSSA and, when it is revised, submit the new plan for review and approval.

Testing the Plan. Gainwell understands the critical nature of DR and BC for the Medicaid program. Our approach provides a sound solution to the business for the

system and operations with flexibility, geographic diversity, and proven infrastructure. We provide the steadiness and continuity of the current operations while taking the appropriate steps toward providing a failsafe recovery solution for the *CoreMMIS*. We use a two-level methodology to test the DR/BCP plans. A “sand table” exercise will be conducted annually to keep BC plans current and provide the necessary functional capability for relocating our services.

Actual DR/BCP exercises are conducted annually and meet National Institute of Standards and Technology (NIST) standards. Gainwell will coordinate or simulate working with vendors such as Indiana Eligibility Determination Services System (IEDSS) and the Enrollment Broker if they are not able to participate in the testing. The following conditions and services will be tested as part of this exercise: network availability, systems integrity, system functions, data integrity, data availability, and business operations.

7.3.3 Approach to Communications During DR

The rapid restoration of operations after a disaster depends on efficient communication. DR and BCP functions, whether actual or through drills and exercises, will provide continuing communications through email updates and telephone communications. Additionally, ongoing telephone bridges will be set up for continual updates and status reports on the recovery efforts. We will continue these communication methods in place already at Gainwell’s Indiana account.

To meet DR requirements, the Orlando Data Center DR site will be in Colorado Springs. Gainwell uses the Colorado DR facility in support of the current Indiana MMIS contract. This facility will continue to play a key role in the recovery of our Indiana fiscal agent operations and is detailed in our DR and BC plans. This Tier 3 recovery facility (as rated by the Uptime Institute) has more than 20,000 square feet of space. It has the features identified above for the Orlando Data Center and the following features:

- Redundant cooling with generator backup
- Backup UPS and generator with redundant site power fed from two power grids
- Temperature and humidity control and central monitoring
- Dedicated full-time security personnel
- Video monitoring
- Full on-site DR rehearsal areas
- Centrally monitored independent fire control
- Key card security access
- Indiana *CoreMMIS* successfully tested DR site

Our data, print, and DR centers are next-generation facilities that will work closely together to promote business continuity during this contract. These facilities protect the business with resilient operations and optimize the use of energy, floor space, and cooling infrastructures. They capitalize on the latest hardware and automate many technology operations with common tools and processes. The result is superior quality of service and business continuity.

7.4 Medicaid Information Technology Architecture and Certification

These words from the FSSA website underscore the importance of Medicaid and other public healthcare programs to Indiana citizens. In the era of Interoperability and MITA, the Enterprise Medicaid System (EMS) is increasingly important to support future growth and information exchanges.

Gainwell details how we will work with the Family and Social Services Administration (FSSA) and the Office of Medicaid Policy and Planning (OMPP) to implement a flexible, scalable *CoreMMIS* with proven ability to streamline business processes. We are excited to offer the Gainwell Indiana *interChange CoreMMIS* solution that provides extensive configuration and enables future program changes without costly system modifications. Gainwell's solution supports Indiana in meeting its overall goals and objectives for the EMS, shown in the following table.

Table 14. EMS Goals and Objectives

Goal	Gainwell Solution
Use Medicaid MMIS funding to integrate FSSA's processes and systems	Provides true multi-payer functions to support multiple agencies and integrates commercial off-the-shelf (COTS) tools that can be shared across FSSA
Increase the maturity of business processes and supporting systems pursuant to the Medicaid Information Technology Architecture (MITA)	Provides integrated workflow tools to streamline and standardize operational business processes. MITA Business Process Steps are available online through the MMIS user interface
Maximize efficiency in operational costs with simplified processes and systems	Reduces costs through automated workflows and user configurability. Advanced workflow reporting provides operational insight to transform process efficiency.
Create member and provider interactions that are clear and concise	Provides member and provider self-service options to improve overall program satisfaction
Implement enterprise-level data exchange, data cleansing, data store, and professional data rendering capability	Provides a proven data model and business exchange framework to support seamless data exchanges. Data Validation services support data cleansing and semantic consistency

7.4.1 Indiana Medicaid Program and MITA

The traditional MMIS offers vast functions and a single point of contact and integration; but states recognize that niche vendors often provide specific capabilities (such as pharmacy benefit management and business intelligence) that enhance traditional functions. The core MMIS must provide the connective tissue between traditional and niche components. Indiana is procuring and combining pharmacy

benefit management, business intelligence, case management, and core MMIS functions into the comprehensive EMS solution.

The primary function of the *CoreMMIS* is to adjudicate claims efficiently and accurately. At the same time, it sets the foundation for advances in MITA maturity to help the State meet changing industry standards. Our Gainwell Team — including key minority- and women-based vendors —and industry-leading technologies (as evaluated by Gartner) offer Indiana the following advantages:

- An advanced service-oriented-architecture (SOA)-enabled Medicaid system, recently enhanced to support states' efforts to meet the Centers for Medicare & Medicaid Services (CMS) Seven Standards and Conditions (7SC), including MITA 3.0
- Flexibility needed to keep pace with evolving budgetary, regulatory, and CMS requirements
- Functional capabilities that let Indiana take full advantage of current Health Information Technology (HIT) and the Health Information Exchange (HIE) to better serve members, stakeholders, and providers
- A CMS-certified MMIS, experienced staff members, and our implementation best-practice repository that are proven to deliver consistent results and on-time implementations

Moving toward a MITA-Oriented Medicaid Enterprise

Gainwell teams have embraced MITA principles when enhancing the interChange system —proactively enhancing our operational and technical architectures to align with the most recent MITA principles as they emerge. Now we are bringing CMS 7SC into focus, enhancing interChange to help states communicate with CMS about 7SC to obtain federal funding.

The foundation provided by Gainwell's Indiana *CoreMMIS* will enable Indiana to mature with the evolving MITA 3.0 principles during the federally required five-year plan. The following table shows some of the enhancements for the interChange system in response to 7SC.

Table 15. Proposed interChange Features and Corresponding CMS 7SC

Indiana CoreMMIS	CMS 7SC
User Interface (UI) enhancements — @neTouch functions significantly enhance staff members' productivity. Now the information is available literally at the touch of a button.	<ul style="list-style-type: none"> • Business Results Condition — System efficiency
EDI/ESB Application Integration — The interChange Connections Solution simplifies sharing standard transaction sets with trading partners through the enterprise service bus, file tracking system, HIPAA compliance validation, and monitoring framework.	<ul style="list-style-type: none"> • Interoperability Condition — Data sharing • Modularity Standard — SOA, loose integration

<p>Workflow Management — interChange workflow standardizes business processes and enhances efficiency, optimizes outcomes, and brings greater maturity to the MMIS concept of operations.</p>	<ul style="list-style-type: none"> • MITA Condition — Concept of operations, workflow • Business Results Condition — Automation and standardization of business processing
<p>Correspondence Management — HP Exstream uses open application program interfaces (APIs) and can be deployed as a cloud-based software as a service to generate correspondence.</p>	<ul style="list-style-type: none"> • Shared Condition — Cloud, Commercially available components • Modularity Standard — Open APIs
<p>Care Management — This module enables automated decision- making for service authorization. It also exposes standardized APIs for plan of care, service authorization, claims, member, and provider data integration.</p>	<ul style="list-style-type: none"> • Modularity Standard — Loose coupling, Modular components, rules, open APIs • Industry Standards Condition — Standard transactions
<p>Performance Reporting — Indiana CoreMMIS inSight module for advanced dashboard style reporting for system, business process, and program metrics.</p>	<ul style="list-style-type: none"> • Reporting Standard — Performance standard reporting
<p>API, Modularity, SOA — Clearly defined APIs connect interChange components. Atlantes, Healthcare Portal, HP Exstream, OnDemand, and BusinessObjects operational dashboards expose and use these APIs to perform their features as part of a SOA.</p>	<ul style="list-style-type: none"> • Modularity Standard — SOA, open APIs, modular components
<p>interChange functions align to the business areas recognized by MITA. We built our processing platform on a true SOA, supported by web and business services. Through data translation adaptors, we can readily transform data from one format to another, allowing a more interoperable data exchange. A successful MMIS solution will enable FSSA to keep its commitments to Hoosiers: delivering user-friendly service to providers and members; focusing on providing preventive care; maintaining accountability of resource usage; and making sure that members have access to appropriate, high-quality, medically necessary healthcare.</p>	
<h2>7.4.1.1 Providing Certification Assistance</h2> <p>In this response, we detail our unmatched record of success with CMS certification. The Wisconsin MMIS was the first state to be CMS-certified under the new MITA guidelines. CMS reviewers deemed the way Wisconsin approached and executed certification of the new CMS checklist, “an industry best practice.” CMS reviewed and certified more than 1,200 validation items — back to day one of Operations. We subsequently repeated this same successful approach for the certification in Georgia. One of our most critical success factors is that certification begins with the implementation phase and emphasizes training of state staff members so users are confident and excited to demonstrate the system’s capability to meet the certification requirements. In Georgia, our approach was so effective that our Georgia customer</p>	

requested its CMS certification review nine months after cutover, and the CMS visit occurred just four months later.

We use a three-pronged approach to the certification process. First, we commence certification activities as soon as our contract is signed. Using our work plan, with its embedded implementation phase activities, creates a stable implementation road map that allows our technical and operational staff members to focus on what it takes to go live. Second, we promptly identify defects and system issues, assign a risk score, and deal with the potential issues to verify no last-minute surprises. Finally, our approach to system documentation fully opens the MMIS to CMS reviewers so the review team can see every test we undertake to “prove” every checklist item. The following table illustrates how our approach promotes meeting certification milestones, deliverables, and mandatory requirements, and how our process supports FSSA throughout the CMS review.

Table 16. Certification Activities

Certification Activity	Approximate Time frame
Identify activities to support Medicaid Enterprise Certification Toolkit and checklists	Start of implementation phase process
Hold certification readiness planning meetings and update readiness plan as needed	Before go live and after operations begin
Gather operational validation use cases and build CMS certification documentation and operational examples	Beginning with first operational processing cycle
Create shared electronic documentation storage for certification artifacts	By end of implementation phase
System remediation and/or certification corrective action plan (if needed)	During system validation and following certification review as needed
Internal quality assurance reviews and preparation of FSSA summary report of system readiness	During implementation phase
FSSA notification to CMS of readiness to begin certification process	At least two months after operations begin
Preparation of schedules, required certification manuals, reports, documentation, and presentation materials for the CMS team	In advance of CMS on-site review
MILESTONE: CMS’ on-site review of certification materials using interviews, demonstrations, and electronic repository	At least six months after operations begin
MILESTONE: FSSA’s receipt of CMS certification approval letter	At least 30 days after on-site review
Gainwell’s internal debrief on certification processes and results	Within three months of certification approval

Gainwell is ready to assist FSSA staff throughout the certification process and help the State obtain full certification back to “day one” of operations. While FSSA is ultimately responsible for CMS certification, Gainwell works collaboratively with our customers to meet this objective. Earning federal MMIS certification is a joint effort between FSSA and Gainwell, and we are committed to that joint effort. Our interChange system has been CMS-certified successfully for each of our state Medicaid customers and those experiences will be used for FSSA in Indiana.

MITA Condition

This CMS 7SC condition sets the direction to align to and advance MITA maturity for business, architecture, and data. It includes state self-assessments, road maps, concept of operations, and business process models. Gainwell understands that business requirements drive technical solutions. Our teams take the MITA principles to heart when enhancing the interChange solution — aligning and advancing business, architecture, and data in MITA maturity. The new interChange MMIS user interface closely aligns with MITA business processes, presenting the most common MITA Business Process functions performed through a specific business screen.

Understanding that any growing structure or program can only advance when its foundation is sound, Gainwell continues to refine the interChange MMIS solution across years of implementations to deliver a solid solution for our customers. FSSA will have this solid foundation — a proven, certified MMIS on which they can move forward and build a growing and evolving enterprise solution.

State Self-Assessments and Roadmaps

If desired, Gainwell will provide support to FSSA to complete an updated SS-A in the period prescribed by the MITA 3-0 guidance. The *CoreMMIS* solution that Gainwell proposes for Indiana is designed to meet the guidance of the CMS 7SC both in the near-term with its SOA architecture, modular components, integrated COTS packages and open standards, and in the long term with its flexibility and adaptability to changing healthcare concerns. As the architectural foundation of the Indiana Healthcare Ecosystem, the *CoreMMIS* provides the strong yet flexible infrastructure to support the CMS 7SC road map of increased processing maturity and capability.

Concept of Operations and Business Process Models

The Indiana *CoreMMIS* workflow standardizes business processes and enhances efficiency, optimizes outcomes, and brings greater maturity to the MMIS concept of operations. Business owners have complete control in the generation and update of MITA process documentation available through the *CoreMMIS*’ user interface. This enables process updates to go from idea to implementation across the entire business community in less time. Through the *CoreMMIS* workflow, the user can also configure:

- Where the workflow starting triggers are logically located throughout the user interface
- The quality management workflow step for the selection of when to send workflow processes for quality review allowing for configurable quality management
- The workflow escalation rules so that FSSA and Gainwell leadership receive timely notification of processes that exceed defined thresholds

As a secure, regulations-compliant platform, the Indiana Healthcare Portal sets the foundation for a self-service healthcare model, 24x7 except for maintenance windows.

Indiana's user community will find several levels of support while completing tasks such as submitting a claim, inquiring on eligibility, or enrolling as a provider. This self-service support comes in the form of guided self-validating forms, online contextual help, and published guides.

The Indiana *CoreMMIS*, following the CMS 7SC and the MITA Technical Architecture vision, best positions FSSA for effective interoperability of healthcare programs during the life of the system. The streamlined, n-tiered architecture of the Indiana *CoreMMIS* makes adaptation across time easier to achieve, as shown in Figure 23, Appendix 1 Supporting Graphics.

Application Architecture

The explanation of the application architecture is segmented into two sections. First, the overview of the components delineating which are Gainwell configurable components and which are COTS integrated components. The second section is included to illustrate that the Indiana *CoreMMIS* is a service- oriented solution in line with the MITA technical architecture.

Indiana *CoreMMIS* Application Component Overview

The following figure provides an overview of the major components of the Indiana *CoreMMIS* application architecture. COTS packages are indicated in grey, while base MMIS modules are indicated in green and our shared healthcare capabilities for portal and service applications are indicated in purple.

This application architecture graphic illustrates our approach to integrating top-rated COTS packages with our market-leading MMIS configurable application.

As Figure 24, Appendix 1 Supporting Graphics shows, at its heart, the *CoreMMIS* maps directly to the Medicaid Information Technology Architecture (MITA) architecture framework, which takes advantage of COTS products throughout the MMIS enterprise. The application architecture diagram also illustrates how the Gainwell MMIS Business Services Framework spans the solution and provides the Service Oriented Architecture (SOA) enabling integration of the Gainwell MMIS application with the various service enabled COTS packages. Finally, the diagram also depicts how the interChange Connections EDI/ESB capability opens the MMIS to interoperability, a cornerstone of the effective MMIS of the future

Indiana *CoreMMIS* Business and Technical Services

The final application integration components we want to highlight are the technical and business services provided within the Indiana *CoreMMIS* solution. We have selected Microsoft Active Directory for the technical security services. Through the configuration of this COTS suite for the *CoreMMIS*, the security services such as user authentication and authorization are performed. Besides the technical services, the MITA Application Architecture provides the collection of software services that implement a business process or capabilities. The application architecture for the Indiana *CoreMMIS* is a carefully thought out solution that provides loose coupling within a SOA framework. The solution includes a highly robust SOA software stack and the definition of business services that leverage architecture and best-in-class, SOA-enabled COTS packages to fulfill the vision of FSSA for a next generation MMIS.

To support the State's vision for the goal of MITA maturity advancement, where appropriate the Testing team will align along MITA business areas for the testing

functions. Each business area will have a lead tester who will guide the individual testers and business analysts in their daily efforts. Finally, the test teams will have additional support to answer specific questions and provide their knowledge from specific MITA-area subject-matter experts (SMEs), including operational-area BAs, development resources, and State SMEs.

Participate in Regular Reviews of the Indiana SS-A

We understand the revolutionary nature of MITA and the role of the SS-A in establishing and reviewing the State's strategic goals and objectives, through the measurement of the maturity of the business, information, and technical capabilities. The SS-A is a dynamic document aligning with changing healthcare requirements. Gainwell will participate in regular reviews of the Indiana MITA SS-A, assessing the As-Is and To-Be status, to make sure the Indiana SS-A aligns with current operations. The CoreMMIS best positions Indiana for future SS-A success. The proposed solution is organized per the MITA architecture, including the organization of the User Interface and detailed MITA Business Process Step help documentation mapped to MITA 3.0.

CMS' MITA 3.0 SS-A guidelines have three important components:

- Perform a new SS-A within 12 months of the final MITA 3.0 guidelines issuance
- Layout a five year plan and make updates to this plan every year
- Submit the SS-A each time the state requests funding from CMS

Development of the Indiana interChange will continue FSSA's move to MITA 3.0 maturity. Additionally, Gainwell brings years of experience to help FSSA with planning and implementation including, Advance Planning Document (APD) development, to assist FSSA in securing the 90/10 enhanced federal match funding.

Our understanding of these expanding requirements comes from years of work in healthcare IT and from being in the mix of policy discussion through our work in the Private Sector Technology Group-Technical Architecture Committee (PSTG-TAC) with CMS. We collaborated with CMS and the PSTG-TAC in MITA development. Gainwell healthcare solution architects played a key role providing a peer review of this latest draft version of the CMS MITA framework.

Recommended Updates to the Indiana SS-A

The Indiana CoreMMIS meets the ever-changing business needs of state healthcare programs. Our solution remains adaptable to architectural standards such as the CMS 7SC, the ARRA HITECH Act, the Affordable Care Act (ACA), and other health mandates. As CMS continues to refine, update, and expand the 7SC guidance, Gainwell continues to drive our Medicaid Enterprise solutions and offerings forward — providing recommended system updates, and helping customers qualify for enhanced federal funding of their projects.

The As-is through the To-be evolution is a process of program maturity that does not have a firm finish line, as the following figure shows. The guiding principle of the CMS 7SC and the MITA architectures influence each decision for change along with the corresponding desired outcome. With technical and operational standards in constant motion from shifting government and legislative mandates along with advancing technology innovations, Gainwell will be at the table, involved in this process with FSSA. We will provide guidance and support to FSSA, its stakeholders, and the SS-A designees. We will bring in the necessary operational people to help move the desired

changes through our change management process in an orderly fashion with repeatable processes for sound results enabling a higher level of MITA maturity.

The *CoreMMIS* best positions FSSA for improved business processes and continual improvement throughout the operational life of the contract — enabling higher level of MITA maturity through this continual feedback loop. Gainwell will participate in this process as the change agent to work with FSSA to expand the *CoreMMIS* to an enterprisewide system in alignment with CMS 7SC and MITA, as Figure 25, Appendix 1 Supporting Graphics shows.

Summary

MITA represents a paradigm shift in the way states do business and future system development. Gainwell has embraced replacement of the subsystem view of an MMIS, enabling standards-based interoperability at a more mature enterprise level. MITA infuses the proposed *CoreMMIS* at its DNA level. Through interoperability, workflow, and rules integrated using our Business Services Framework, we optimize the foundation for continual process maturity. To advance Indiana along MITA Maturity, and meet CMS' 7SC for enhanced federal funding, Gainwell looks forward to continuing our relationship — evolving the *CoreMMIS* through consultation, collaboration, and using the changes made in the other State Medicaid accounts we support.

Healthcare is changing. So is Gainwell. We stay ahead of the curve and help our customers evolve their healthcare capabilities. We help FSSA meet the goals of your first SS-A, and help you evolve Indiana's healthcare processing capabilities supporting future SS-A's.

7.5 Privacy and Security Standards

Gainwell has carefully reviewed the Privacy and Security Standards information provided with the RFP, including Section 7.5, Privacy and Security Standards of the Scope Work. As the current Contractor, we can confirm the Indiana *CoreMMIS* and related privacy and security processes comply with State and CMS criteria, policy, and regulations. Gainwell will continue to operate the Indiana *CoreMMIS* in accordance with RFP requirements into the new contract term.

7.5.1 Privacy

Gainwell understands the importance of protecting the privacy of member and provider information and takes a proactive approach to maintaining strict Health Insurance Portability and Accountability Act (HIPAA) privacy standards for our customers. We understand that the security, privacy, and confidentiality requirements of the Indiana MMIS are critical to its success.

The *CoreMMIS* will be built on the proven security baseline established by our privacy and security experts for Medicaid and other healthcare systems nationwide, mitigating threats to data managed within the system. Because security risks constantly change, Gainwell will work with FSSA regularly to evolve the system and data security plans to accommodate advances in technology. We will meet current mandatory and applicable federal privacy and security standards identified in the HIPAA and Health Information Technology for Economic and Clinical Health (HITECH) statutes, and will

keep current with new rules and regulations, in accordance with the change control process. Figure 26, Appendix 1 Supporting Graphics shows a portion of the Gainwell privacy and security work plan for Indiana Medicaid. We use this plan to document and track activities to maintain compliance with privacy and security standards.

Gainwell will continue to use our best practice procedures to prevent unauthorized exposure of Protected Health Information (PHI), Personally Identifiable Information (PII), or other sensitive information. Whether the request for information is electronic or paper, Gainwell complies with the regulations and requirements for handling PHI, PII, or other sensitive information. Having safeguarded the operation and integrity of Medicaid data for more than 50 years, Gainwell is skilled at applying state-of-the-art security technologies, systems access restrictions, and procedures that protect the integrity and the data of the *CoreMMIS*.

The privacy and security team on the Indiana account has been proactive in their approach to the protection of PHI. Using the principle of least privilege and strong encryption for using and storing sensitive data, this team has created and enforced account policies for the protection of both paper and electronic PHI. The policies include rules that PHI is kept in locked cabinets — not unattended on desks or printers — and that computer stations are locked when not in use by an authorized user.

The privacy and security teams meet monthly with their counterparts at FSSA and review a detailed work plan that tracks HIPAA privacy and security activities. The work plan tracks several Gainwell self-audit activities initiated to check privacy or security concerns. These activities include desktop audits to check for unattended PHI or unlocked computers, facilities audits, random workstation audits (such as monitor compliance with encryption requirements, antivirus software, and screen saver lock), and badge access reviews.

FSSA can count on the Gainwell Privacy team to be aware of Indiana-specific statutes and regulations that provide additional restrictions or requirements on the release of PHI and PII. These needs include the prohibition about the release of Social Security numbers and the limitations surrounding the release of mental health records and teen contraceptive medical records.

Incident Reporting

Each employee at the Indiana account is aware of the requirement under HIPAA and HITECH to prevent and report privacy and security incidents. The account privacy staff reviews known incidents and promptly reports privacy incidents to FSSA's Privacy Office. Our policy is to report customer data breaches to our customers and law enforcement officials based on the requirements in the customer contract and relevant security breach laws and regulations.

Our post-breach review procedure includes analyzing systems and procedures to validate that we are taking appropriate remediation and performing source analysis. Gainwell has a proven record of transparency and responsiveness in privacy incident reporting and complete follow-up investigation, mitigation, and remediation. It will be clear to the stakeholders what has occurred and where that item is in research, process, or remediation, alleviating the pressure for State stakeholders to monitor and track the outcomes.

Additional Privacy and Security Responsibilities

The Indiana XIX privacy staff will continue to be responsible for the following additional duties:

- Conducting facility audits, responding to audit requests, and conducting assessments with an outside auditor to verify HIPAA compliance
- Responding to requests requiring the release of PHI within the periods provided by the contract or the HIPAA privacy rule, whichever is shorter
- Responding to requests for alternate communication, delegation of healthcare surrogate, and requests for accounting of disclosures
- Supervising the approved release of member data and maintaining a comprehensive process to log, track, and report on PHI activities including individual requests and responses
- Verifying that PHI is available for amendment, incorporating amendments to PHI in accordance with 45 CFR 164.526, and recording medical record amendments or corrections
- Maintaining PHI disclosure and sanction information for a period of six years from the date of incident and returning or destroying the PHI received or created under the contract, at the termination of the contract
- Preparing and sending Notice of Privacy Practices to members as required by HIPAA and FSSA policy, maintaining work plans, and updating Operating Procedure manuals
- Validating Gainwell business associates have executed HIPAA Privacy and Security/Subcontractor Agreements (business associate agreements) before releasing PHI
- Submitting change requests related to the security of electronic PHI or the privacy rule and reviewing change requests to assess risks associated with the privacy rule
- Establishing an audit trail for trading ally transactions
- Monitoring staff and visitor access and key card controls
- Maintaining role-based security with unique logon IDs, passwords, and security profiles

7.5.2 Security

Gainwell understands security of program information is paramount, and that drives our approach to protecting and maintaining data entrusted to our care. We use role-based security access using the principle of least privilege for processes and policies, identity and access management, and audit logs documenting data access information. We update and track user security profiles, implement security processes and policies with the security administrator, and work to meet future State-specific data security requirements. We maintain report access by the individual user security profile, which we can manage at the report level. This approach lets users access data required to perform their job while restricting access to only those authorized.

Security is crucial to enterprises exchanging private information and this is especially true for an MMIS. interChange Connections uses two basic types of security when securely exchanging messages. Messages can be encrypted using an agreed-on public key, or they can be digitally signed using a private key certificate. These two methods are industry standards for securely protecting the State's data.

Our commitment to HIPAA compliance and information protection starts at the top and is ingrained in our corporate culture. FSSA will benefit from the security expertise provided by Gainwell's team of security and privacy subject-matter experts backed by Enterprise Security Services, the Global Security Group, the Gainwell Privacy Office, and the Indiana Title XIX Privacy and Security Steering Committee.

These teams work to develop information security directives and monitor compliance with the HIPAA privacy and security rules and HITECH. The Gainwell corporate-mandated Privacy and Security Officer (PSO) is responsible for HIPAA compliance and information protection on the Indiana account. The PSO will coordinate initial and periodic information security risk assessments and conduct related ongoing compliance monitoring. Additionally, the PSO will verify that FSSA or FSSA designees are granted the appropriate access to systems, facilities, data, and documentation using the principle of least privilege.

Data Privacy, Security, and Integrity with Access Limited by Staff Role

An integrated security framework manages access and exchange of information deployed across the applications to help support privacy, control data integrity, and manage role-based access and authentication to the proper applications, panels, and data. The *CoreMMIS* provides role-based security access across the MMIS solution. We grant access on a defined needs basis, with business groups having profiles established within the security solution. As we add *CoreMMIS* users, we authenticate and authorize them according to their defined and assigned profile. This role-based approach limits access to the specific business areas, the specific online user panels, and the specific features — add, update, or inquire — of the user panels, as needed, to maintain proper security.

Infrastructure Security and Integrity with Industry-Leading COTS

Industry-leading applications are used to protect the system. Gainwell uses tools identified in the following table to provide security at each level of the infrastructure and within applications.

Table 17. Gainwell's Selected COTS Tools Provide Security

Function	Purpose	Vendor	Tool Name
Network Intrusion Prevention/Detection	A NIPS solution provides protection of the data network from abnormal network traffic patterns and potential intrusions.	McAfee	MVISION Endpoint Security

Host Intrusion Prevention/Detection	A COTS solution protects system servers and hardware from denial of services or other external attacks.	CrowdStrike	CrowdStrike Falcon
Network and Data Encryption	Encryption protects the integrity and vulnerability of data-in-motion across the networks.	HP	3Com Network Components
Role-Based Data Access	Access to data is managed and restricted based on the user's role within the organization and their need to access that data.	HP	interChange Function
Server Anti-Virus Solution	Anti-virus software protects system servers from infection of malware or other viruses.	McAfee	McAfee Anti-VirusSolution
Firewall Technology	Firewall technology provides perimeter network security, barring access from unauthorized users and applications.	Cisco	Cisco ASA
Network Address Translation (NAT)	The use of NAT technology hides actual system IP numbers from transmission across the networks.	HP	3Com Components

Securing Workspace and Meeting Facility Requirements

Our Global Security Group (GSG) is accountable for the development and implementation of Gainwell security strategies. The GSG team works with our business units and global functions to provide security programs that deliver optimum value to Gainwell and our customers. We will use our corporate security strategies for our proposed facility. Security and safeguarding Gainwell assets and dedicated and secure State areas will be a top priority and protected through keycard access at entrances and sensitive areas within the facilities and surveillance cameras at appropriate points within the facilities.

Besides the physical security provided, we will implement Gainwell security policies and train employees annually on proper security procedures, HIPAA Privacy and Security, and safeguarding assets.

Physical security and the daily execution of our corporate security procedures will provide maximum protection in each area of MMIS operations.

Because security risks constantly change, Gainwell will regularly work with FSSA to evolve the system and data security plans in response to advances in technology. We will meet federal regulations regarding standards for privacy, security, and individually identifiable health information as identified in HIPAA and Public Law 104-191, titled Administrative Simplification.

Role-Based Security

The role-based security feature allows providers to create delegates and give those delegates access to specific functions based on that user's role in the provider's practice or organization. For example, if the provider has a role in their organization for validating member eligibility, the provider can create a delegate for that user, granting access to only member eligibility inquiry but not give access to other areas such as financial information.

Approach to Establishing and Maintaining Mailroom Security

Gainwell Global Security Group (GSG) is accountable for developing and implementing Gainwell security strategies to minimize risk to Gainwell assets — people, property, product, brand, and information. The GSG team works with Gainwell business units and global functions to provide security programs that deliver optimum value to our customers. Security safeguards will extend to dedicated State areas, which will be a number one priority and protected through the following procedures:

- Keycard access at entrances and sensitive areas within the facilities
- Nighttime and weekend security patrols
- Surveillance cameras at appropriate points within the facilities
- Secure check vaults including separate badge access and surveillance cameras

Besides the physical security provided, we will implement Gainwell-wide security policies and train employees on proper security procedures and safeguarding of assets annually. Physical security and daily execution of our corporate procedures will provide maximum protection in each area of Indiana MMIS operations.

Gainwell bases our security features on national security standards for security levels and privacy markings. Security guides and declassification rules can be set in accordance with Chapter 3 of Department of Defense (DoD) standard 5015.2 v3.

Support for Continual Data Security and Encryption

Additionally, electronic PHI data is protected by electronic security measures and HIPAA-compliant business processes. We understand data of this nature and prevent the data from being altered during transmission by enforcing secure delivery and limiting the role-based access to the data. Data at rest or stored on servers within the Gainwell network is encrypted in the Gainwell storage area network (SAN).

Desktops and laptops is data encrypted with McAfee Endpoint Encryption. Additionally, data in motion is encrypted with Gainwell network appliances and will traverse the wide area network (WAN) inside IPSEC encryption tunnels. Access points to send or retrieve data in the *CoreMMIS* will be guarded using IPS/IDS devices and firewalls. Also, Gainwell uses tape encryption for the data stored on tapes on-site and off-site and applies appropriate rotation and retention periods.

Gainwell understands security of program information is paramount, and that drives our approach to protecting and maintaining data entrusted to our care. We use a role-

based security approach for processes and policies and audit logs documenting data access information. We update and track user security profiles, implement security processes and policies with the security administrator, and work to meet future State-specific data security requirements. We maintain report access by the individual user security profile, which we can manage at the report level. This approach lets users access data required to perform their job while restricting access to only those authorized.

7.5.3 HIPAA Compliance

Gainwell's Center of HIPAA expertise was established when the landmark legislation took effect in 1996. It has remained on the forefront of HIPAA developments and is recognized as a leading authority in the industry. Gainwell created multiple offerings such as education, assessments, consulting, and implementation services. Gainwell evaluated our existing healthcare offerings and determined which offerings to change for HIPAA compliance or create for healthcare-covered entities to become HIPAA compliant and subsequently market to the industry. Gainwell also realized that it was equally important to continue our participation and leadership positions in standard-setting organizations — such as ASC X12 and HL7 International— and healthcare industry organizations such as Workgroup for Electronic Data Interchange (WEDI) and Healthcare Information and Management Systems Society (HIMSS). Gainwell also has commented on the numerous proposed HIPAA rules and testified on HIPAA to the National Committee of Vital Health and Statistics. Gainwell has continued to invest dollars and resources to actively participate and lead regulatory/standards efforts and to make sure our offerings (including the Gainwell CoreMMIS solution), remain HIPAA compliant, allowing our customers to focus on their core business.

Gainwell's approach to HIPAA compliance begins with our participation and leadership in the regulatory and standards development areas. This participation allows us to provide input on the direction of the standards and provides an avenue for our customers to have their changes incorporated. Additionally, this participation provides insight into the timeliness of when the next version will be mandated and which version will be named. Gainwell uses this information to educate our customers and develop a product upgrade timeline that will allow customers to meet or exceed the required mandated date.

7.5.4 Privacy and Security of Facilities

Gainwell will continue to provide business facilities that foster a healthy, safe, and productive work environment. Having Gainwell facilities in Indianapolis for core operational business functions facilitates face-to-face collaboration between State staff and local Gainwell staff. Our facilities will continue to provide measures for safety of people, equipment, and information security. Security is role based. Employees with the appropriate role are granted access to the server room through keycard access at each entrance and surveillance cameras are installed at appropriate points within the facilities. Gainwell bases our security features on national security standards for security levels and privacy markings. Security guides and declassification rules can be set in accordance with Chapter 3 of Department of Defense (DoD) standard 5015.2 v3.

7.5.5 Data Architecture, Quality Management, Reporting, and Third-Party Liability

SOC 1 Report (#1)

Gainwell understands the SSAE 18 SOC1 and SOC2 audits and participates in such audits regularly with all of our accounts. We use an independent auditing firm to conduct these audits annually on each of our Medicaid-based accounts. We are proud of our track record with the SSAE audits with no findings in most states each year. Gainwell's past two SSAE 18 SOC 1 Type 2 audits of the existing Indiana MMIS returned from the independent auditor with no deficiencies noted.

Data Architecture Plan (#2)

Gainwell's Data Architecture Plan is described in section 7.1, Application Architecture Standards, above.

Quality Management, Reporting (#3)

For information on Gainwell's Quality Management methodology, please see section 6.1.5, Quality Management.

Electronic Data Interchange Agreements (#4)

Gainwell requires healthcare organizations that exchange HIPAA transaction data electronically with Indiana Health Coverage Programs (IHCP) to establish an EDI relationship. Trading Partner Agreements are required for any entity exchanging data directly with IHCP. Trading Partner Agreements must be renewed every four years from the date the agreement was executed and may be renewed in 4-year increments.

Validate Third-Party Liability Data (#5)

The Gainwell Indiana account receives Third-Party Liability (TPL) data using interface files from Gainwell, from the IHCP Provider Portal, and by phone from members and providers. Interface files are uploaded to the secure file transfer protocol site. This site requires an authorized role type as well as a user ID and password for access. Files are submitted to this site and moved using File Transfer Service (FTS) for processing by the batch system and data updates in the *CoreMMIS* Oracle database. Gainwell validates that TPL data is transmitted and received in compliance with HIPAA privacy and security standards. Gainwell Call Center staff also receive TPL data from phone calls from members and providers. All Gainwell staff must take annual HIPAA training and successfully pass the annual training exam. Data received by phone is keyed into the *CoreMMIS* by TPL analysts who have the appropriate job role and security access.

Gainwell (legacy HMS) is Health Information Technology for Economic and Clinical Health (HITRUST)-certified, with solutions that leverage this framework effectively.

Also, we adopted HITECH to help make certain we handle issues relating to PHI in conformance with the HIPAA Privacy Rule, as well as the HIPAA provisions in American Recovery and Reinvestment Act (ARRA). Recognized by numerous national professional associations, our data security measures are based on proven, tested methodologies designed to safeguard our clients' data and protect the vulnerability of the clients each program serves.

Annual Operations Management Report (#6)

At the end of every year Gainwell prepares the *Annual Business Report Indiana Health Coverage Programs*. This report is currently due by the end of January of the new year. This report contains the key accomplishments for the account and each functional area for the year being reported. Gainwell also reports statistics related to the operational metrics and key performance measures throughout the past year. Goals for the coming year are developed for each functional area and the PMO prepares a projected forecast of upcoming projects. Ideas for innovation and efficiency are included in the report for cost and time saving, improved reporting methods, and error reduction to better serve Indiana and its members. Gainwell will continue to provide this report and will work with the State to develop the format and delivery schedule.

7.6 System Maintenance

For 31 years, Gainwell has been successfully operating the system for the State of Indiana. During the M&O, we will maintain the tool set, architecture, make recommendations, notify the State of defects and issues, and maintain licenses in non-prod and production environments. Gainwell monitors the production system solutions with various tools so that we meet the requirements of this RFP. Gainwell conducts maintenance upgrades, software upgrades, and functional changes to the system and databases as needed to keep pace with the program and industry demands for FSSA. Gainwell understands the need to plan and communicate to FSSA to maintain peak efficiency and operational uptime. Gainwell's plan for software upgrades is to minimize risk to the operations and implement one version below the latest release (n-1 version), a strategy proven to minimize outages. We first test patches in the non-Prod environments before installing the patch in the Production environment .

We perform database, operating systems, and network upgrades during the agreed-on maintenance window of Sunday from 7:00 p.m. to 10:00 p.m. Eastern. We suggest adding a one-hour window for production promotions so that applications are using the latest approved functionality with no impact to users.

Gainwell monitors system uptime, response time, web usage, and network availability to adjust so system users are not adversely affected. ServiceNow tracks, records, and reports on incidents to the systems and ITO teams that escalate to the leadership team for resolution. The team uses information in the tickets as the basis for maintenance projects working under the guidance of the Change Control Board and the Project Management Office (PMO).

Gainwell' s PMO manages the M&O project work plan in partnership with FSSA to manage functional changes to the systems, correct system defects or issues, resolve performance issues, and notify the State as required in this RFP. We will

communicate plans for upgrade and product roadmaps using the PMO project process. Gainwell has in the past and will continue to make recommendations on architecture or software/infrastructure to minimize operational risk. Gainwell will work with the State to develop performance testing if requested.

7.7 Transaction Management

The business function of transaction management is based on the fundamentals of HIPAA. The act requires the Secretary of the Department of Health and Human Services to adopt standards that covered entities — such as health plans, healthcare clearinghouses, and certain healthcare providers — must use when electronically submitting or receiving certain healthcare administrative transactions such as the processing claims, remittance advices, eligibility, and claims status requests and responses. The Indiana CoreMMIS fully supports the successful activity of transaction management.

7.7.1 Understanding All Aspects of Transaction Management

Gainwell has implemented the solution for accepting and processing HIPAA transactions throughout the contract and maintains compliance with HIPAA transaction and code set regulation. Our team fully understands the requirements set forth in the RFP, and Gainwell brings a scalable, production-proven solution and knowledgeable staff. Gainwell will continue to create a monthly review process of all transactions and code sets to make certain of compliance with State requirements and State and federal mandates in the implementation phase. Gainwell processes electronic healthcare data including electronic data interchange (EDI) and data exchange infrastructure among multiple trading partners and providers accepting multiple transaction files both batch and real-time containing transactions from multiple data suppliers simultaneously (clearinghouse) and concurrently. We monitor the transactions using several methods that notify appropriate staff to take action immediately.

Gainwell processes EDI transactions today as defined by the State, through State approved edits/audits, as applicable, returning acknowledgements of transaction receipt to the sender, and transactions are rejected based on State policies. Gainwell enrolls providers and managed care entities (MCEs) into the system for FSSA as EDI trading partners along with their certification and necessary information. Gainwell works with trading partners to develop a test plan for testing EDI transactions and their responses with those trading partners to assist in troubleshooting. In addition, we provide FAQs for multiple versions of Indiana Medicaid EDI Companion Guides in the implementation phase. Gainwell Technical Assistance Center (TAC) from the Service Desk assist new managed care entities (MCEs) with file transfers.

Gainwell works with FSSA to develop and support Office of the National Coordinator for Health IT (ONC) Interoperability, Information Blocking, Health IT rules, and ACA operating rules and compliance with CMS Interoperability rules, and exchange data as defined by the State with interoperability solution(s) in the implementation phase.

Gainwell's File Tracking System method captures transaction information with error information from receipt through final disposition, including date and time stamping for

both EDI and electronic transactions. We develop operations management reports that provide detailed analysis for both EDI trading partners and all other entities sending data in a format acceptable to the State in the implementation phase. This effort may be avoided if the State agrees the current solution meets this requirement in the File Tracking Systems reports panel.

Gainwell supports the following ASC X12N HIPAA electronic transactions:

- 270 Eligibility Inquiry
- 271 Eligibility Response
- 276 Claim Status Inquiry
- 277 Claim Status Response
- 278 Authorization Request/Response
- 834 Benefit Enrollment and Maintenance
- 820 Health Plan Premium Payment
- 835 Healthcare Payment and Remittance Advice
- 837P Professional Claim
- 837I Institutional Claim
- 837D Dental Claim

7.8 Document and Content Management

The Indiana MMIS handles hundreds of thousands of electronic and paper documents a month. Our Document Management solution scales as necessary to handle the volume and integration with other systems within the Gainwell Indiana *CoreMMIS*. The solution supports each individual document as it goes through a complex life cycle that includes imaging, indexing for speed, processing, correspondence generation and management, and archiving. A secure centralized mailroom with experienced and trained staff currently exists to scan and manage mail and documents for insertion into the electronic document management system (EDMS). Our approach for Indiana is to continue with IBM OnDemand. Additionally, the solution will continue to make use of the web and SOA capabilities. Figure 27, Appendix 1 Supporting Graphics summarizes our Document Management solution.

Our Document Management solution comprises the following technology to prepare, capture, index, and process electronic, faxed, and mailed submissions:

- Fax servers and scanning — Fax servers receive faxed documents while the mailroom processes paper documents using the OPEX AS7200i scanner.
- Optical character recognition (OCR) — OCR extracts the data from imaged or faxed documents. Data analysts quickly review and correct documents and can enter data into applications directly from OCR images — greatly accelerating the work.
- interChange Connections and Business Services Framework — Prepared documents go through interChange Connections and the Business Services Framework where workflow and business rules will route them into the Electronic Document Management System (EDMS) and other systems of the *CoreMMIS*.

- EDMS — The EDMS indexes and stores documents electronically so that the content is accessible to multiple systems, although the actual paper document is handled only once.

Content Integrator (ICI) provides a Simple Object Access Protocol Application Programming Interface (SOAP API), allowing industry standard programmable data communication between Content Manager OnDemand (CMOD) and the Web Portal with the BizTalk middleware application. This provides a Web API that we use to develop our Web Portal solution for accepting electronic documents into OnDemand. This SOAP API can be further developed and documented to allow third parties and the State to develop their own applications for sending and accessing documents in our OnDemand Document Management System. Gainwell's Notification system sends email and SMS alerts for certain programmable events such as documents loading or processing failure. The Notification System can be further developed and documented to meet the Messaging Application Programming Interface (MAPI) requirements where applicable.

There is currently no single Standard Operating Procedures (SOP) manual for the EDMS. SharePoint currently fills this need by providing a central document repository that is well organized into sections for the various systems. We will work with the State to create a single clear and comprehensive SOP document from the manual, designs, and other documents on SharePoint in the implementation phase.

Gainwell uses tools to compare the numbers of each type of letter we print each day (to mail) to what we store in OnDemand. This tool compares the Letter Generated database with the OnDemand database and produces a list that flags discrepancies. It is manually inspected monthly and discrepancies are manually remedied. There is also a process for scanned paper claims, but it does not extend to other types of incoming paper documents such as enrollment forms and reimbursement requests. The reconciliation process for claims involves comparing the results of a query run on the OnDemand to a report generated by Formworks. Weekly, these two documents are manually compared, and steps are taken to remedy discrepancies. For paper document types on the scanning side for which nothing like this currently exists, it can be developed to specifications agreed on with the State in the implementation phase.

7.9 Workflow Management

We understand the full potential of workflow and have designed our solution to be holistic and integrated into the interChange user interface (UI) and the Business Services framework. This solution focuses on using commercial off-the-shelf (COTS) integration into the interChange system to create one integrated view that poses high value and efficiency to the user and increases configuration in the feedback loop. Standard application workflows will not suffice for the type of transformation FSSA requires and as such, we have focused on integrating high-quadrant, enterprise-capable COTS tools to achieve the goals. The framework streamlines business processes, provides visibility into detailed metrics, and facilitates consistent quality and productivity to promote optimal performance. Our Gainwell Workflow Management solution will standardize appropriate practices into processes supported by a COTS workflow engine.

Workflow provides visibility into the status and issues of business processes allowing supervisors to identify, resolve, and prevent bottlenecks to produce higher-quality business outcomes.

Why Workflow Management from Gainwell Is the Best Solution for Indiana

FSSA benefits from the Gainwell Workflow Management solution:

- Workflow efficiency is evident through detailed online reporting of the process metrics, their individual steps, and the analyst efficiency at each step.

Simplifies healthcare administration in the following ways:

- Workflow processes are standardized, raising quality.
- Workflow integrates within the *CoreMMIS* for high efficiency.
 - Detailed metric reporting supports insightful analysis and decision-making.
 - Workflow transactions are registered as they occur, making them auditable.
- Through integrated security, role management, and control consoles, supervisors can adjust workloads, schedule vacations, and monitor exceptions and escalations.

CMS 7SC

Our Gainwell Workflow Management solution helps FSSA meet many of CMS' 7SC, including:

- **Modularity standard.** Built on a SOA, interChange Business Services and Connections extends workflow capabilities across business units through the enterprise service bus (ESB). The use of open standards of web services — including Extensible Markup Language (XML), Simple Object Access Protocol (SOAP), Hypertext Transfer Protocol (HTTP), Web Services Description Language (WSDL), Business Process Execution Language (BPEL), and Universal Description Discovery and Integration (UDDI) — offers the greatest degree of modularity, flexibility, interoperability, and reuse.
- **Business results condition.** Supported by business rules, each workflow represents a business result condition achieved through standardized steps and supported by rules. Our workflow solution enables configurable quality assurance (QA) checks as part of a total quality business results approach.
- **MITA condition.** Aligning and advancing MITA maturity by using SOA-compliant technology in the Gainwell Healthcare solution delivers efficient and predictable business services regardless of the underlying technology.

Simple, Integrated, and Flexible Workflow Framework

Our approach to workflow management transforms the work experience. Our solution makes it easier to learn and apply the standard, repeatable business processes needed to provide support of the member and provider communities.

Workflow and the interChange Services Framework also makes business processes easier and measurable. Managers can manage processes at the granularity of a single instance or review the metrics aggregated across months. Through the CoreMMIS services framework, integration with the correspondence management, document management, content management, and business rules engine is seamless. The ability to generate a letter, store an attachment, or escalate tasks is built into the Gainwell CoreMMIS workflow solution through integration.

The following sections review the workflow components of the interChange Business Services Framework in Workflow Services, Workflow Scenarios, and Management Console and Reporting. They describe how the workflow components complete the transformation of the work experience.

Workflow Services

Because the Core is based on a business service framework, many MMIS tasks such as attaching supporting documents, creating and tracking correspondence, and analyzing detailed business process metrics to drive efficiencies flow together naturally in a universal approach.

In this section, we will detail the systematic process by which the business services of the MMIS interact to support users. By walking through what is occurring behind the scenes, we will show how the Indiana Core Business Service Framework provides the optimal means of delivering effective workflow solutions.

A business event — such as receiving a provider enrollment application — will trigger a call to a web service that will start a new workflow process. The engine generates work items and assigns them into appropriate workers' work lists tailored to reflect departments, business areas, or even individual task specialization. The Business Services Framework integrated security services associate user IDs to groups by their profiles to manage access to data, screens, or applications and work lists.

Based on predefined actions or data, the engine will traverse the appropriate set of tasks to complete the workflow. As tasks are completed, they are removed from the work list. A single workflow may have multiple paths, include escalation for issues, and involve multiple users drawing tasks from different work lists. The transferring or escalating tasks can be between participants from multiple organizations, such as Gainwell staff members and FSSA staff members. Additionally, the interChange Business Services Workflow engine can make web service calls to kick off external processes or request data through the ESB as necessary in the process.

Provider Enrollment

The workflow engine logs information and transfers data to the Indiana MMIS database. Managers can view the progress of this particular instance and view the

workflow statistics for this workflow process in aggregate. The previous sections detailed the vision of transforming a business process such as Provider Enrollment and the service-oriented approach used in the Gainwell workflow solution. The following illustrates the integrated approach the *CoreMMIS* takes to workflow, and why this approach sets the bar for MMIS solutions and highly effective business processes.

Work List

The primary user interface (UI) for workflow participants is the Work List screen. This primary interface simplifies navigation, facilitates data access, and increases the productivity of staff members. The following figure depicts the Work List window within the *CoreMMIS*.

Workflow automatically assigns tasks and delivers them to individual or group task lists. Notifications are automatically distributed to inform users that they have work to be performed. The tasks remain in the work list until they are completed — they cannot be lost, ignored, or deleted.

The Work List web page presents the user with a list of assigned tasks. By being able to dynamically change the organization of the work list data, users can configure the list to optimize their work efforts. Each list item represents the next workflow step to be completed. Tasks are assigned to users based on that specific user's group memberships, which can be tailored to reflect departments, business areas, or even individual task specialization.

MMIS staff members can view and update workflow tasks in the familiar environment of the *CoreMMIS*. Additionally, FSSA also can receive notifications and participate in workflow review and approval as desired. Figure 28, Appendix 1 Supporting Graphics shows an example of an interchange Work list Window.

Coordinated Workflow Processing

Accepting and opening the workflow task will open the Work Task Detail window, detailed in the figure above. The data entered is available along with notes and attachments. Data collected to support a workflow — for example, the provider application and enrollment data — is held with the specific workflow instance in a workflow database until the workflow is completed. Then the data is persisted into the *CoreMMIS* database. This approach allows the data to be reviewed, updated, and approved before it is written into the production database.

At the top of this window is a bar with a menu of actions that the investigator can select while working through this workflow. The workflow engine dynamically presents the available actions appropriate for the current workflow step. The system guides users through the process so they apply consistent business processes in their work. Additionally, our workflow solution accelerates new user training because the system restricts choices to the logical next steps and provides a graphical road map of the process in the ViewFlow screen as seen in the Figure 29, Appendix 1 Supporting Graphics.

ViewFlow

A key feature of the *CoreMMIS* Core workflow solution is the process flow view of workflows in progress. As depicted in the figure above, users can view workflows that

are in progress, see what steps have been completed, and determine what steps remain. This interface is available within the workflow window through the ViewFlow action button on the menu bar. This is helpful to allow a participant with a task in the middle of the flow to see what has happened in previous steps.

The CoreMMIS workflow solution transforms workflow from an abstract concept to a user-centric, high-business-value capability. ViewFlow mode provides the “big picture,” showing what has been completed and what will occur next.

The ViewFlow is available for in-process and historical workflows, allowing reviewers to determine exactly what path a given instance of a workflow followed, even months later. Processing data is archived and retained for every work instance. This archived record supports research or dispute resolution should the need arise.

Management Console and Reporting

The interChange Business Services Management Console allows supervisors or other authorized users to configure the routing, escalation, and notification policies of workflow tasks. Using this web page, authorized users can view work lists and reassign tasks when an analyst is unavailable. For example, authorized users also can make ad hoc detour assignments — such as, “Jane Doe needs to look at this before I finish my part” — or initiate workflow reassignments in exception situations.

At the managerial level, K2 blackpearl provides in-depth reports that provide information about staff workload and productivity at an enterprise level. Such data will help managers identify bottlenecks in processes. Managers can drill down to the individual level to determine productivity measures or compliance to service-level agreements (SLAs).

At predetermined steps along the way, logging points built into the workflow services collect and store information. This allows the dashboard to graphically present the Key Process Indicators and SLA categories related to timeliness, throughput, approval, and denial percentages for workflow-enabled business processes. The CoreMMIS workflow drives efficiencies by presenting real-time or historical metrics in the form of graphs, pie charts, and more. It also provides the key inputs to improve workflow processes based on that information. Analysis of these reports can help identify exactly where business processes can be improved, enabling evidence-based enhancements in the business process.

One of the most powerful features of our workflow solution is the ability to visually analyze workflow information in real time. This will allow Indiana to adapt business processes in response to data gathered from the field.

Activity and User Performance statistics reports display the productivity statistics associated with an individual step in a workflow process or a user. Managers can use this information to determine easily which workflow steps may be a roadblock in business processes and update steps to increase efficiency. Managers also can identify individuals who may need additional training or support to complete certain workflow steps. The following are used in the workflow process.

- **K2 blackpearl.** Workflow engine facilitates the build, deployment, and maintenance of workflows without developer intervention.
- **Corticon BRE.** This will be used to define the rules for complex decisions.

The interface into the workflow framework is through web service calls. Web services are invoked to start a workflow or update work list tasks. Workflow web service calls are invoked from many different areas of the *CoreMMIS*. One of the main advantages of the Service Oriented Architecture (SOA) is that it allows for sharing and reusing service-based processing logic from the MMIS business areas such as Third Party Liability (TPL). For instance, if a workflow initiates from multiple system areas, each can make a standard web service call to the workflow, rather than writing custom integrations.

Business Process Management Workflow

K2 blackpearl is a leading product that places workflow management in the hands of business users. K2 provides a graphical user interface (GUI) that guides users through the development of simple linear workflows from simple linear processions to complex business processes with multiple decision branches. Through the GUI, users can connect workflow steps to multiple databases, invoke manual and automated processes, and enable complex decisions with limited developer support.

K2 developed blackpearl on the .NET architecture, which facilitates its integration into the interChange MMIS UI, significantly reduces technical implementation challenges, and takes advantage of the multitiered architecture. K2 provides users with a visual representation of individual workflows showing which steps have been completed.

Managers can quickly identify and resolve workflow processes that have failed or are in suspension. Additionally, built-in reports provide charts displaying the progress of various workflow processes and an individual's workload statistics. This data facilitates the identification of bottlenecks whether they are process or people oriented.

Approach to Analyzing, Documenting, Monitoring, and Improving MMIS Workflows

Our approach combines expertise in the Indiana MMIS with the Gainwell Healthcare organization's experience in MMIS workflows across our customers. We analyze, document, monitor, and improve workflows by focusing on achieving a business goal.

This approach aligns with MITA initiatives with which we are actively involved. Gainwell helped define the architecture and approaches that will allow MITA to be more than just a framework. We apply this experience to our evolving interChange system to create the Indiana MMIS. In the following sections, we outline our approach to analyzing, documenting, monitoring, and improving MMIS workflows.

Approach to Building Workflows

In Indiana, we have account subject-matter experts (SMEs) actively building workflow steps specifically configured for the Indiana *CoreMMIS*. Unlike other vendors, we will not need to retrofit or construct new workflows from scratch. We analyze the business processes as they stand today and work with State stakeholder and business operations staff to design the future state automated workflow we want. Our team then uses the powerful tools described above to create workflows that integrate well with our systems to use the existing MMIS features and get processes under control and automated, where possible.

Characteristics of our workflow solution include the standardized exception-handling configuration, quality assurance measurement, and the ability to share workflows with the State. During our Analysis and Design phases, we will identify the workflow notifications, reviews, and steps that the State wants to receive through interChange Connections or the State Enterprise Services Bus (ESB). The following summarizes the steps we take in implementing and maintaining a workflow solution.

Analyzing and Documenting

- **Step 1: Identify.** Business processes are excellent candidates for improvement through workflow integration. The Gainwell Team uses our best-practice criteria to identify processes across the entire MMIS application.
- **Step 2: Analyze.** Using our Indiana business SMEs, we perform analysis of what each workflow is to accomplish and what is the most efficient way to accomplish that goal.
- **Step 3: Document.** Using modeling techniques, our business analysts design the configuration of the workflow and its interaction with the other MMIS business functions such as letter generation and document storage.

Monitoring and Improving

- **Step 4: Configuration.** The team builds out the workflow using the visual flow perspective to verify that the workflow meets the documented requirements.
- **Step 5: Monitor.** Through the Gainwell-integrated quality assurance workflow stage of the process, each workflow will be configured with the best of the process for evaluation.
- **Step 6: Evaluation.** Through the advanced built-in reporting capabilities business owners can perform detailed analysis of the efficiency of each step of a workflow and the efficiency of the staff's accomplishments within the workflow.
- **Step 7: Optimization.** Using the facts gathered through the evaluation, the team can then fine tune the workflow process to optimize each step and process to deliver maximum performance and quality of the workflow processes.

Workflow Between the State and Gainwell. These seven steps are circular in nature, providing continual feedback on the Indiana *CoreMMIS* workflows and improving their efficiency. The processes and steps described in this section apply to any stakeholders using the *CoreMMIS* workflow, including Gainwell operational staff and the corresponding interactions with State staff. For example, a step could require review and approval by FSSA as one of the steps in the overall workflow that is in use. Depending on the given workflow, State staff might be required for one or more of the actions required by the workflow. When this happens, the workflow will send the note to the appropriate State staff. In this way, the design of the workflow will manage the interaction between the State and Gainwell.

Workflow Management Roles

To aid in full understanding of our approach to workflow development, the following list identifies the major tasks assigned to the MMIS Business Process Management

enterprise architect, Gainwell analyst, the FSSA Management team, and the Gainwell PMO.

MMIS Business Process Management Enterprise Architect

- Oversees activities related to the workflow service
- Supports the smooth integration of the Business Service Framework with other COTS packages
- Guides the development, prototyping, and testing of human and automated steps in workflow processes

Gainwell Analyst

- Identifies start and completion conditions, rules for navigation, and tasks to be undertaken by FSSA/Gainwell staff members
- Determines escalation, exception and alerting criteria, and conditions for each workflow process
- Identifies additional required Business Activity Monitoring (BAM), metrics, and key process indicators related to the workflow
- Identifies security and user role considerations to be incorporated in this workflow
- Incorporates internal, subject matter, and quality reviewers' feedback
- Incorporates FSSA feedback to deliverables
- Reviews workflow deliverables for adherence to established quality standards
- Conducts walkthrough of deliverables with FSSA
- Provides updates to the status of deliverables in the HP PPM tool
- Obtains approval from authorized FSSA staff members

FSSA Management

- Reviews and provides feedback on requirements
- Approves, conditionally approves, or rejects final workflow documentation deliverables
- Attends Gainwell internal review
- Provides a review of workflow deliverables

PMO

- Facilitates the deliverable quality assurance process
- Creates deliverable status report
- Closes deliverable and posts the final status to HP PPM
- Creates deliverable exception report

Analyzing and Documenting

At the beginning of the design process, Gainwell business and technical leads educate design participants in the activities of the system design stage of the project, the inputs to the process, and the design artifact outputs. The primary inputs in the following list, combined with additional knowledge gained during analysis working sessions, are used to create the business area overview artifact:

- Base MMIS documentation
- Identified high-value areas for extending to the enterprise
- Finalized requirements
- Functional base system

Our team will work with the State to transform today's processes using tomorrow's technology. Through interactive reviews and by addressing specific steps in each process, we can transform today's operational opportunities into tomorrow's achievements. During these sessions, required changes are documented immediately so that the SME can see the input immediately. This approach saves iterations of communication and makes the State and Gainwell more effective.

We use our requirements traceability process to track system solution components back to the original requirements. We chose this tool for its industry-leading features and Gainwell's experience with the tool. Updates to the requirements traceability matrix are made throughout the process by the Gainwell Technical team.

We will document specific high-value workflows that allow us to drill down on steps of the business workflow to see the associated subprocesses or business rules that comprise the specifications. Some initial recommendations for high-value areas to be addressed through workflow are based on our knowledge of Indiana business processes such as the following:

- Managed Care Member Inquiry
- Provider Maintenance Requests
- RBMC Retroactive Disenrollment Request
- Content review and approval processing
- Provider Enrollment and Re-enrollment Workflow

The output of these sessions help to define and document the general framework for the *CoreMMIS* to allow for more detailed decisions to be made by the development team so the application can be produced and configured to meet the business requirement for Indiana.

Configuration, Monitoring, and Improving

Workflow is a dynamic tool to manage Indiana's business processes. We chose K2 blackpearl, specifically because it facilitates the process of creating, reviewing, and testing workflows. The visual configuration tools facilitate understanding, conversation, and collaboration.

We will monitor workflows to identify bottlenecks and opportunities for improvement. Improvement may require new steps, decision rules, training, or staffing assignments. Throughout the development cycle, our approach is to maximize opportunities for success by using the following principles:

- Aggressively pursue the implementation of the latest Gainwell-proven Medicaid production architecture and business solutions to quickly allow interoperability with the State's other enterprise initiatives
- Promote project success by aligning with the MITA business process areas
- Provide extensive business knowledge and experience of FSSA's business needs and the technical expertise needed to interoperate with the State's enterprise architecture
- Identify areas that provide high value to the business by extending them to use new architectural components
- Identify areas that would create the most value to the enterprise by exposing them through interoperability with the State's SOA toolset
- Platform monitoring of the system tracks the utilization of the workflow system to identify any issues. The workflow management team monitors system performance daily to make certain of system availability.
- The auditing function of K2 Blackpearl stores all relevant tracking information for workflow instances including activities created and completed, who completed them (user or system), and what action was taken on each activity. We create daily/weekly/monthly reports from this data for internal and State use to track and audit workflow activity. These reports allow the business unit to analyze their team's past performance as well as efficiently make assignments in the future. Data extracts are also produced and distributed for use with the workforce management (WFM) tool and the State's dashboard.
- Audit data provides the ability to review individual workflow as well as summarize the data for dashboards and reporting that gives an overall view of the work.

Monitoring and improving workflows is an ongoing mission for our team. Our approach and philosophy enables FSSA to be more agile in adapting to change and addressing new initiatives as they arise.

Why Gainwell

Designing and supporting a workflow effectively requires intimate knowledge not only of the technology, but the experience to understand how things need to be done and how they can be done better. Our combination of technical and business staff have both the knowledge and desire to improve our processes wherever possible. Our workflow team is prepared to do that wherever desired by the State and to make recommendations for improvements.

Performance Standards		Meets/Exceeds
1	100% of documents are stored and maintained electronically on aSharePoint or similar State acceptable collaboration software product as specified by the State	Meets
2	Maintain 100% workflow management system uptime 24 hours a day, 7 days a week, 365 days a year, not including State Holidays or previously agreed upon maintenance windows	Meets

3	100% of tasks are assigned to active agents, ensuring that no task associated with active workflow(s) is assigned to no one or to inactive agents	Meets
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7.10 Web Management

Gainwell has reviewed and understands fully the Web Management requirements outlined in Attachment K, Scope of Work, Section 7.10. The Web Management function within the Gainwell interChange CoreMMIS solution for Indiana meets all HIPAA security and privacy requirements. We perform security audits on a periodic basis as we have for many years. Those security requirements and audits are detailed in Proposal Section 7.5, Privacy and Security Standard. Gainwell works closely with State security and privacy staff so that we are in compliance with State security practices.

Gainwell takes accessibility seriously. As we develop web changes, in consultation with OMPP, we evaluate them against Section 508 standards and implement any necessary modifications. We perform these scans using automated tools to make certain of thorough testing. Changes are only allowed to proceed when the accessibility findings have been properly addressed.

We have designed our web portals for easy navigation by our users, whether they are providers serving our members or business staff keeping Medicaid running smoothly. During development and implementation, any applicable site maps were developed and shared. Requested versions can be provided. Online help, available in both our MMIS web interface and provider portal, is an easily available reference for any questions users might have. Our service desk is also ready to step in and lend a hand to our users, should they have questions that require a personal touch.

Periodically, Gainwell is required to provide web analytic and log information. Our web applications collect information, including IP addresses, user names, functions performed, data accessed and more, depending on the function. Based on State requirements, this data is extracted or summarized, as necessary. Gainwell works with the State to define web analytic requirements and provide the appropriate data.

The standard maintenance schedule is agreed on by Gainwell and the State to provide the opportunity for patching, system upgrades, and other necessary maintenance. As part of Web Management, Gainwell will comply with the agreed on schedule for the Web-specific portion of any maintenance.

Gainwell has supported many state websites over the years. We have experience contributing content to the state hosted IN.gov portal as well as integrating our interactive provider search, fee schedule, and other functions. We operate the interactive Provider Portal, which processes hundreds of thousands of transactions per day to accept claim submissions, eligibility inquires, and other transactions. We know how to keep things running smoothly so that providers can care for members and get paid for their service. It is important to all of us to make that process quick and reliable.

Performance Standards		Meets/Exceeds
1	Web content must be available 24/7/365 and capable of handling the volumes determined to be appropriate during requirements confirmation and as modified by any	Meets

	subsequent agreed upon changes ninety-nine-point ninety-nine (99.99%) percent of the time, except for State approved scheduled downtime for maintenance. Exceptions for content posted on state-hosted solutions may apply.	
2	Post notification to hosted websites of unscheduled downtime that is expected to exceed three (3) hours duration	Meets
3	100% of web maintenance notifications must occur at least three (3) days prior to the web maintenance schedule.	Meets
4	Provide agreed upon standard MMIS web analytics and State-requested analytics within 24 hours of submitted requests	Meets

7.10.1 Provider Healthcare Portal

Gainwell recognizes Indiana FSSA has a strong commitment to providing web functions to providers. Our solution provides a platform for future growth by implementing and integrating the Healthcare Portal solution, a SOA-based enterprise web portal suite for provision of secure provider access to personal healthcare information. The provider portal empowers providers through a self-service model that supports them in completing tasks including claim submission and inquiry, member eligibility inquiry, provider enrollment submission and inquiry, and service authorization submission and inquiry. Additionally, the provider portal offers access to provider documentation and information, supports provider communications, and includes online help.

Claim Submission and Inquiry

The provider portal supports online submission and viewing of claims, remittances, and payment information. The claim submission capability offers the following benefits:

- Meets HIPAA, UB04, CMS 1500, and ADA standards for data capture
- Prepopulates claim with billing provider (submitter) information
- Walks the portal user through the multiple steps of entering a claim using a wizard with data entry features such as radio buttons, check boxes, and text fields to facilitate data capture; enables the user to go back to previous steps if necessary; and header information remains visible as the user progresses through the entry steps
- Provides a predictive search feature on many fields as characters keyed by the user narrow the list of choices
- Applies rules to validate information in fields before submission and notifies the submitter when validation requirements are not met
- Accommodates full and valid entry of applicable claim types

To provide efficiency when inquiring on claims, providers can request claims information based on claim identifier, member information, service, or date range.

Providers can view a list of claims matching the request criteria, with the capability to view summary or details about the claim.

Another view of claims and payment information is available through the Payment History feature of the portal. This feature offers the following benefits:

- Providers can view historical payment information.
- Providers can “drill” into the payment and view the specific claims associated with a payment. The same level of claim detail available to the provider through the claims inquiry function is available through the Payment History view.
- Providers can print the remittance advice that accompanied the payment.
- Providers can access payment or remittance advice information from the payment perspective or from a specific claim.

Member Eligibility Inquiry

The provider portal allows secure access for providers to easily request member eligibility to verify the member’s eligibility status and scope of coverage and coverage type. The provider portal provides a user-friendly display of information returned within the HIPAA 271 transaction data content.

Information, including covered services; coverage limitations; service usage; spend-down information; Right Choices Program information; primary care physician; managed care assignment; long-term-care (LTC) information; early and periodic screening, diagnosis, and treatment (EPSDT) information; service periods; and other insurance information, may be displayed using configurable options. In conjunction with Member Eligibility Inquiry, appropriate providers are given the opportunity to submit applications for the Presumptive Eligibility programs of the State of Indiana.

Member-Focused View

The Member-Focused View feature meets the RFP requirements and enables providers and their delegates to view, navigate, and perform actions in the provider portal with a focus on a single specific member. From the Member-Focused View, the provider can select links to submit new claims or authorizations and view summarized details such as member demographics, coverage, claims, and authorizations. They also can select an individual claim or authorization and review details. We will prefill subsequent panels that need member search criteria with the details for the member in focus.

Provider Enrollment

The provider portal offers a secure and easy-to-use enrollment wizard that provides options to support enrollment, re-enrollment, disenrollment, and updates to enrollment information. The portal captures enrollment information from initiation through to disclosures and online submission, replacing paper-intensive, manually driven processes. While entering enrollment information, the provider can save and resume an enrollment application later and check on the status of a submitted enrollment application. The online enrollment process is simple, secure, highly efficient, and consistent with the State’s goals for MITA maturity.

Authorization Submission and Inquiry

The provider portal provides the capability for online submission of the service authorization request form including supporting documentation and real-time inquiry. Similar to the claims submission feature of the portal described earlier in this section, the authorization entry process meets HIPAA standards. It conveniently walks the portal user through the multiple steps of entering an authorization using a wizard, prepopulates the requesting provider information into the authorization, and employs the same predictive search feature as is found in many fields throughout the portal.

When inquiring on authorization requests, providers can access a “dashboard” view, which immediately presents them with a list of their most recent authorization requests and the at-a-glance status. The portal also provides a search feature that allows a provider to request authorization information based on authorization ID or tracking number, authorization type, member information, servicing or referring provider, or date range. Providers can view a list of authorizations matching the request criteria and drill down and view details about the authorization.

Provider Documentation and Information

The provider portal makes Indiana Medicaid-specified provider content, provider information updates, and other information for Indiana Medicaid stakeholders available. Sample types of provider documentation that the provider portal can make available may include policy information, program information, State information, provider bulletins, banners, provider manuals, forms, fee schedules, formulary information, and training materials. We will follow the web content management process to manage changes to content on the provider portal.

The provider portal also allows providers to view and update their respective information, such as service location addresses, telephone and fax numbers, enrollment data, and other contact and demographic characteristics. Information enabled for update is part of the configurable options within the provider portal.

Provider Communication

The provider portal allows Indiana Medicaid to electronically communicate with providers using various methods. We can manage date-sensitive broadcast messages in the provider portal to notify providers immediately of upcoming changes or important announcements. Providers can indicate their interest in specific distributions or publications and their preferred method of communication.

Additionally, enrolled providers can generate secure electronic messaging through the portal to provider services staff members or to the provider call center. The provider portal also provides Contact Us access on every page where the provider can easily access contact mail addresses, telephone numbers, and email addresses or submit an inquiry directly through the portal.

Online Help

Online help is available in the provider portal, including standard help menus and contextualized help for the page providers are viewing or the feature they are using. Additionally, configurable mouse-over text is available for each entry field that allows for additional immediate assistance in interpreting next steps. Instructional text is part of the ADA compliancy.

The provider portal also provides the Virtual Assistant, which allows portal users to enter questions to get answers to frequently asked questions or to help guide them to the correct place within the portal to complete self-service. The content can be updated dynamically so as transcripts are reviewed, new questions can be added at any time. This allows the Virtual Assistant to continually learn over time. The goal is to reduce the number of calls into the help desk because of an increased use of self-service within the portal.

Role-Based Security

The role-based security feature allows providers to create delegates and give those delegates access to specific functions based on that user's role in the provider's practice or organization. For example, if the provider has a role in their organization for validating member eligibility, the provider can create a delegate for that user, granting access to only member eligibility inquiry but not give access to other areas such as financial information. The portal security was designed in coordination with the State and any configuration changes would be made through appropriate change management processes. Gainwell will work with the State stakeholders to accurately size the application based on any expected change in function or number of users.

Provider Portal Change Management

While the portal has been implemented for some time, Gainwell develops modifications ongoing as directed by the State. When changes are requested, the proper State and Gainwell stakeholders are identified and contribute to the project. Changes to software or infrastructure related to the Provider Portal are reviewed with the State stakeholders as part of the standard System Development Life Cycle (SDLC) processes. Consistency and adherence to standards is important as enhancements are made to the Provider Portal. The look and feel is achieved using cascading style sheets (CSS) to enforce design consistency throughout the portal. The design guidelines enforced through these methods will be provided in the web design guideline document. The Portal is designed to work with multiple browsers and changes are tested using multiple browsers as agreed on with the State. Any content posted to the Portal is approved by the State to meet appropriate FSSA styles and design. As changes are implemented, web training for providers and state users is created and maintained by the Gainwell training team.

Portal Architecture and Hosting

The Provider Portal is hosted at the Orlando Data Center using the indianamedicaid.com domain name registered by Gainwell on behalf of the State. This multi-tier application is also load balanced to handle appropriate user traffic, as it has for years. The standard toolset in use at Gainwell provides monitoring of the underlying infrastructure components. These tools provide automated notification and ticket creation for any issues detected. This allows Gainwell to appropriately respond in a timely manner to keep the Provider Portal functioning. The portal was developed using Microsoft's ASP.Net framework, which is provided as part of the Windows operating system without further cost. The Provider Portal application is maintained in each appropriate environment, such as Production, User Acceptance Testing (UAT), and the System Integrated Testing (SIT) environment. This makes certain of availability for all appropriate phases of testing, such as integration and user acceptance. The Provider Portal is a critical touchpoint for providers to provide services to our Indiana Medicaid members.

Performance Standards		Meets/Exceeds
1	100% of Portal failures must be resolved within twenty-four (24) hours from initial failure notification	Meets
2	Monitor web network and system availability and performance (e.g., hitting the portal via the internet) every thirty (30) seconds	Meets
3	Store information, including but not limited to names, addresses, phone numbers, and other PII/PHI in a HIPAA compliant, FedRamp certified (for cloud-based solutions) fashion with 100% compliance	Meets
4	Maintain 100% compliance with CMS, IOT, and FSSA web requirements	Meets
5	Process requests for access to the portal within 24 hours of submission and support all authorized users to access the portal	Meets
6	Ensure that Portal applications provided to the State satisfy 100% compliance with Priority 2 Checkpoints from the Web Content Accessibility Guidelines 2.1 developed by the World Wide Web	Meets
7	Allow users to retrieve information, execute queries, and produce reports with little, if any, delay – four (4) seconds – from the submission of the request. Examples of transactions: <ul style="list-style-type: none"> • Password Reset Requests • Claims submission • Claims status inquiries • Payment inquiries • PA inquiries • Eligibility inquiries • Provider enrollment • Presumptive Eligibility application response 	Meets
8	Generate a log of 100% of all web activity for all authorized users including, but not limited to tracking information such as logged in UserID, IP address, domain, device type, and otherwise all information necessary to remain compliant with Federal and State regulations	Meets

7.10.2 State Medicaid Website

Gainwell recognizes FSSA must efficiently and effectively manage hundreds of pages of content such as provider manuals, policy publications, and forms. Content management is the set of processes and technologies that support the collection, management, and publishing of information in any form or medium.

The Gainwell Indiana Publications team has more than 30 years' experience to lend to the creation, review, and publication of bulletins, banner pages, provider modules, web-updates, and other State-requested communications. Automated emails alert

stakeholders to the newest information posted on FSSA's website. The Provider Publications staff develops and maintains provider support materials for FSSA. Support materials include, billing guides, provider modules/manuals, and online help.

Provider publications follows a State-approved publication process that includes development, review, submission, approval, and posting of all provider communications. All publications are written in AP Style guide formatting as direct by the State.

All publications are received by the State through the State's Salesforce tool for tracking and receive final approval. All approved publications are posted within 72 hours of State approval, unless otherwise requested by the State.

The process allows concise distribution of content to multiple production applications, including banners, bulletins, CMO question-and-answer pages, email notifications, explanation of benefits, fee schedules, managed care surveys, MCE question-and-answer pages, secure member profiles, newsletters, prior authorization attachment addresses, per diem, provider codes, provider enrollment, provider search, provider site survey, State plan, and workshop registration.

Content comes from multiple sources, including business teams, project deliverables, FSSA, and other State contractors. The content management solution stores and organizes content. Content will move through a workflow for creation, editing, proofreading, review, and approval. When approved, we move the content to the staging server for the website. The staging server allows authorized website approvers to preview what the content will look like before we publish it externally. After FSSA reviews and approves the preview of the web content, Gainwell promotes the content to production.

Gainwell will work with Indiana Medicaid to verify that we implement a smooth working process for web content management. We can propose ongoing enhancements, bringing best practices and innovations around content and usage to promote clarity and quality delivery of information and services.

Performance Standards		Meets/Exceeds
1	Maintain 100% compliance with CMS, IOT, and FSSA web content requirements	Meets
2	Routinely review web content to ensure quality concerning accuracy, clarity, and relevance, as directed by the State. Contractor shall collaborate with the State to address web content errors and communicate updates to the appropriate State staff within one (1) business day of identification	Meets

7.10.3 MMIS Web Interface

Overview

The MMIS Web Interface puts a highly efficient User Interface layer on top of the CoreMMIS system. It was designed for ease of use by those who maintain the business of Medicaid on a daily basis.

Design

The design of the interface helps users perform their jobs efficiently while providing access to the necessary information within the MMIS. This is achieved through using a configurable set of web pages and panels using standard web design widgets, such as radio buttons and tables of information. The use of a common framework, development standards, and CSS makes certain of a common look and feel, as well as functional consistency, across the business functions enabled within the UI. Data is validated as it is entered, to make certain of data quality within the MMIS. Users are given the opportunity to search for data using multiple criteria, as agreed on during design. This includes quick searches in the left navigation. Online help is available at all times and is kept up-to-date as system changes are implemented.

Functions

The MMIS Web Interface allows access to view and maintain data across many business areas, such as claims, finance, eligibility, managed care and authorizations. For example, authorized users can access claim information and related attachments to support business functions.

Some individuals who have income in excess of the Traditional Medicaid threshold and who are approved for HCBS waiver services are enrolled in Traditional Medicaid under the HCBS waiver liability provision. Waiver liability also known as spenddown is similar to a deductible. Medicaid provider responsibilities to members enrolled under the waiver liability provision are published in *Indiana Administrative Code 405 IAC 1-1-3.1*.

Members with waiver liability must incur medical expenses in the amount of their excess income each month before becoming eligible for Traditional Medicaid. It is the member's responsibility to provide nonclaim verification of incurred medical expenses to the Division of Family Resources (DFR). The member becomes eligible at the beginning of the month, but payments are subject to reduction based on the amount of waiver liability remaining for the month.

The waiver liability or spenddown data is sent to MMIS from IEDSS through an interface, the member liability amount is applied and viewable in MMIS. In addition to updating the member's liability from the IEDSS interface MMIS also allows the State to add/edit liability directly in MMIS.

Authorized users can access flexible, parameter-based financial reports in the *CoreMMIS* for accounts receivable setups, accounts receivable dispositions, expenditures, cash receipts, outstanding accounts receivable balances, payment inquiries, and expenditures. The flexibility allows the user the capability to research quickly and perform routine tasks efficiently.

Security

Maintaining proper security is critical to protect PHI within the MMIS. To that end, the MMIS Web Interface uses a flexible security architecture. Because the authentication and group structure is kept within Microsoft Active Directory, it is secure and easy to maintain. This allows users to be placed within roles that can be restricted down to the field level within the User Interface. This allows Gainwell, at the state's direction, to give users the proper access efficiently and securely. New roles can be created with any combination of access as requested by the State. Gainwell will work with the State

to determine the potential number of MMIS Web interface users. As requested by the State, Gainwell can use our extensive logs to provide web analytics.

Periodic audits, as discussed elsewhere in this proposal, are performed so proper compliance with appropriate standards is maintained.

Architecture and Foundation

The MMIS Web Interface was developed using Microsoft ASP.Net, which is available as part of the Windows operating system at no additional cost. It functions within multiple browsers and changes are tested in more than one browser for ongoing compliance. The physical hosting infrastructure of the system is contained within the Orlando Data Center. There, the infrastructure is monitored for notification and ticketing of any issues detected. The multi-tier application is load balanced for appropriate responsiveness. The Web Interface is available in multiple non-production environments to enable integration, regression, user acceptances, and other applicable forms of testing, as necessary.

The Gainwell team developed the MMIS Web Interface for ease of use. Indiana was one of the first states to implement our usability enhancements known as OneTouch. Our team has the experience to keep the user interface running smoothly, and to enhance the interface at the direction of the State. We also have the ability to work with other Gainwell states to leverage knowledge and code to apply changes without always working from scratch. We also benefit from that relationship when performing upgrades to underlying framework software, as account teams can share knowledge of changes necessary. That makes changes more efficient and higher quality.

Performance Standards		Meets/Exceeds
1	Store information including but not limited to names, addresses, phone numbers, and other PII/PHI in a HIPAA compliant, FedRamp certified (for cloud-based solutions) fashion with 100% Compliance	Meets
2	Validate 100% compliance with CMS, IOT, and FSSA web requirements	Meets
3	Process requests for access to the MMIS within 24 hours of submission and support all authorized users to access the MMIS	Meets
4	Ensure that MMIS web interfaces provided to the State satisfy 100% compliance with Priority 2 Checkpoints from the Web Content Accessibility Guidelines 2.1 developed by the World Wide Web	Meets
5	Allow users to retrieve information, execute queries or inquiries, and produce reports with little, if any, delay – four (4) seconds – from the submission of the request.	Meets
6	Generate a log of 100% of all MMIS activity for all authorized users including, but not limited to tracking information such as logged in UserID, IP address, domain, device type, and otherwise all information necessary to remain compliant with Federal and State regulations	Meets

7.10.4 Vendor Documentation Repository

Gainwell supports Microsoft SharePoint and Teams for collaboration with State stakeholders. Our SharePoint site at <https://csp.indianamedicaid.com> has been configured specifically to share information with appropriate users on the State and Gainwell sides. It is compatible with all popular browsers, such as Microsoft Edge, Chrome, and Firefox. Help and How To information is available from the main page of our site. Our business and publications teams regularly create and update documentation that is then be made available on the SharePoint site.

Our Vendor Documentation Repository allows users to create content in any application and upload it into a document workspace. For example, a provider manager can create a new enrollment form or template in Microsoft Word and upload the document into SharePoint through standard built-in functions. The system can track modification dates and the modifiers' user IDs as audit trails for the documents.

Content of virtually any type desired by the State or Gainwell can be stored on the SharePoint site. One good example of the value of the repository is the ability to make available the operating procedure manuals for review and reference as seen in Figure 30, Appendix 1 Supporting Graphics. The Gainwell publications team works closely with State reviewers so that documentation is up to Indiana standards in both format and content.

Version Control and Retention Schedules

In addition to the strong content management capabilities, the system allows users to set the number of versions allowed for an individual content type or keep an unlimited

set. To maintain control of the document and document versions, the system can enforce a formal check out of documents before they can be edited and creates a new version of content after it has been formally checked in. For content that requires a retention schedule but is not a legal record, Gainwell can create a custom retention workflow for the document. The retention workflow would inform users when a record requirement has been satisfied. Retention policies can have multiple stages, allowing the user to specify the entire document life cycle as one policy — for example, review Contracts every year, and delete after seven years.

User Configuration and Role-Based Security

Administrators can add users and groups at the site, library, and task level. This follows our standard security request practices, in cooperation with the State security team. Role-based security verifies that authorized users can read, check in, check out, delete, and perform other file actions.

With the increasing use of Microsoft Teams, we have new abilities to collaborate on projects both within Gainwell and with our clients. Teams leverages the benefits of SharePoint, but adds online meetings, messaging, and other apps to make collaboration easier. We use this for specific projects, content management, meetings, and many other initiatives. Both SharePoint and Teams also have robust search features, allowing us to find information quickly and easily.

There is no content that needs to be migrated, as Gainwell already supports this environment. However, as we proceed with the phase in transition for this contract, the State and Gainwell can both propose new content and uses for both Teams and SharePoint that will allow us to better collaborate.

While it is standard practice to support a SharePoint site, Gainwell has developed content and processes through years of collaboration with State stakeholders to make reviews efficient and information readily available. With the increased use of Teams and the State's Jira instance, Gainwell is prepared to use the best tools available to support the MMIS collaboratively.

Performance Standards		Meets/Exceeds
1	Validate 100% compliance with CMS, IOT, and FSSA web content requirements	Meets
2	Post new web information within two (2) business days, and update web with revised information within four (4) business days after the information has been generated, or earlier if directed by the State	Meets
3	Contractor shall collaborate with the State to address web content errors and communicate updates to the appropriate State staff within 1 business day	Meets

7.11 Environments

Gainwell maintains development environments for the Indiana MMIS and as the incumbent so the Conversion area is not needed. We will continue and maintain these environments with security, use established work patterns developed, and continue to provide technical, infrastructure, and training documentation as well as the hardware and staff required to support Indiana Medicaid. Gainwell will provide the State, its

designees, and vendors access to the appropriate environments to support testing, cycles, and other needs.

Throughout development, Gainwell uses established software version control procedures. Most of the *CoreMMIS* business services applications run on the UNIX platform. The VCTL process controls version control and configuration management of application artifacts. This provides enhanced security and control of application source code. VCTL produces an audit trail, allowing Gainwell to monitor the promotion of source code. The source code audit trail captures the user ID, version number, and date.

Microsoft Team Foundation Server (TFS) is the source code repository used for the *CoreMMIS* online system and EDI services. TFS contains the files and documentation, regardless of file type, related to projects and source code. The file, documents, and project data are stored in a relational database. Because the TFS repository is easily accessible, sharing and reusing data and code can be done quickly and efficiently. The TFS database is backed up regularly. When adding a file to TFS, the file is stored in the database and becomes available to other people and projects. The files or project data that is stored in the database is versioned, allowing Gainwell to recover previous versions of the data. Authorized team members can see the latest version of any file, make updates, and save a new version to the TFS database. The following figure shows the change management flow of the code repositories. The TFS branches are organized by technical area — such as Portal, UI, Batch, and allow standardization and automation of builds and commits of code. Gainwell has scheduled releases on the last Wednesday of the month and exceptions on Wednesday as needed.

Our team maintains these environments with security applied at the individual environment level. Gainwell will use established work patterns currently in use for the Indiana MMIS. See Figure 31, Appendix 1 Supporting Graphics for the environments in use today to achieve FSSA goals and an explanation of the environments follows.

- **Individual development** — This environment is used by developers to experiment, develop, and unit test solutions. The individual developers, per the developer's guide, set the standards for batch, online, and service integration to support the environment.
- **Integration development** — This environment is used to initiate the integration of the separate MMIS components from developers and support the opportunity to test module changes as they relate to the MMIS application as a whole.
- **Business system testing** — This environment provides end-to-end testing. Within this environment, testers will review the major scenarios of the MMIS. The number of testers increases compared to the integration level testing that is more focused to specific testing to implemented changes.
- **User acceptance testing** — The environment is used by the state to validate the business features to meet the finalized requirements. This environment also allows vendors to submit test transactions. This is the final quality assurance stop before application migration to the production environment.
- **Production** — This is final stage of change management release housing the components that together support the members, providers, and support user

personnel of the interChange MMIS (Note: Performance testing will be performed in the production environment during the Implementation Phase).

- **Production DRA (Staging)** — This is a production-like environment used to support MMIS disaster recovery business needs.
- **Validation** — This environment emulates the production environment for system performance testing. Automated testing tools such as HP LoadRunner for performance testing augment this kind of testing.
- **User training** — This environment provides users with the latest copy of the application for user training of the features that are ready for implementation. The environment is rebuilt as needed to support the user community training needs.
- **Support training** — This environment provides support personnel a location to understand solution relationships when investigating hardware and software setup issues.
- **Off the shelf** — This environment contains the original application for source analysis research.
- **Gold** — This environment is the source location from which other environments will be built. This environment has the latest version of the MMIS application.
- **Orchestration management** — This environment provides user support for requirements management; issue, incident, and process management; version control; testing management; testing; build management; and release management.

Performance Standards		Meets/Exceeds
1	100% of requests for access to identified environment(s) are satisfied within 24 hours	Meets
2	Required Technical documentation is provided for 100% of environments and CI/CD needs supporting any aspect of this RFP	Meets

7.12 Reference and BPA Services

Gainwell is deeply experienced at maintaining reference data in MMIS systems. These changes encompass a variety of updates ranging from simple single-rate updates, to large, complex updates as mandated by state and federal regulations. Gainwell is sensitive to state-specific needs, and our knowledge and experience equip us to accommodate a variety of special circumstances such as budget drills, legislative bills, and immediate changes to legislation while maintaining current reference data for accurate claims processing. Gainwell understands that reference file maintenance and support consist of complex collections of data from various areas of the system that work together to both support Indiana programs and enforce State policy and procedures as defined by regulation.

When policy changes occur, interChange gives us the tools to respond to the change rapidly so FSSA can immediately reap the benefits. The reference subsystem windows will allow users to key the updates directly into the MMIS, where they will

update the database and be recognized by claims processing. Gainwell also has expertise in the numerous data sources used as inputs to the reference subsystem.

interChange can perform online and mass updates to the reference files. With years of experience in working with MMIS reference files, Gainwell has the expertise to perform mass updates from multiple sources to the reference files using industry-proven update procedures. Whether FSSA has specified a large or small volume of updates to the reference files, Gainwell has a developed process to handle these requests through systematic or manual updates. The Gainwell team will follow these proven procedures when accepting and processing mass updates to the reference files. After each Reference File update, Gainwell will review the system generated reports for quality control in each MMIS environment. Manual changes are quality checked by the business unit in each MMIS environment as well. Individual change request not related to the Annual or Quarterly update are loaded into the *CoreMMIS* model environment and sent to OMPP for review and approval prior to loading into the production environment.

7.12.1 Designate Approved Services

The table-driven *CoreMMIS* reference business function provides users with flexibility in the configuration of policy and program management. The function provides authorized users with the tools required to configure the rules that drive the *CoreMMIS* and determines the processing outcome of claims submitted for payment. The following are easily configurable using the user-friendly, online MMIS web pages:

- Benefit plan criteria
- Edit and audit disposition rules
- PA requirements
- Procedure, diagnosis, and revenue code rules and restrictions
- Pricing rates and methodologies
- EOB codes

Capture new codes necessary for claim billing, pricing and reimbursement from any code sets

When the Annual/Quarterly/Weekly update files are published, they are downloaded from the source and the *CoreMMIS* reference jobs are run. These jobs update the code set tables and produce reports that are stored in the report/imaging interface OnDemand to be analyzed and used for policy configuration.

ICD Annual Job Reports

- Annual ICD Diagnosis and Procedure Code Update Report
- Annual ICD Diagnosis and Procedure Code Error Report

HCPCS Annual Job Reports

Center for Medicare & Medicaid Services (CMS) Annual HCPCS Update – Added Procedure Codes

- CMS Annual HCPCS Update – Discontinued Procedure Codes
- CMS Annual HCPCS Update – Changed Procedure Codes
- CMS Annual HCPCS Update – Added Modifier Codes
- CMS Annual HCPCS Update – Discontinued Modifier Codes

- CMS Annual HCPCS Update – Changed Modifier Codes
- CMS Annual HCPCS Update – Error Report
- CMS Annual HCPCS Update – Summary Report
- CMS Annual HCPCS Update – Reactivated Codes

FDB Weekly Job Reports

- Weekly FDB Drug Update Activity Report
- Weekly FDB Drug Update Summary Report
- Weekly FDB Drug Update Error Report
- FDB Weekly Drug Pricing Update Detail
- FDB Weekly Drug Pricing Update Summary
- FDB Weekly Drug Pricing Update Error
- Weekly FDB Drug Update Generic Code Number (GCN) Sequence Number Update Report
- Weekly FDB Drug Update GCN Sequence Number Error Report
- State Maximum Allowable Charge/Cost (SMAC) Update Activity Report
- SMAC Error Report

Noridian Monthly Job Reports

- Monthly Noridian Update Activity Report
- Monthly Noridian Error Report Drug Rebate Quarterly Job Report
- Drug Rebate Address Update Report

NCCI Quarterly Job Reports

- Quarterly Durable Medical Equipment (DME) MUE Activity Report
- Quarterly Durable Medical Equipment MUE Error Report
- Quarterly Outpatient Hospital MUE Activity Report
- Quarterly Outpatient Hospital MUE Error Report
- Quarterly Practitioner Services MUE Activity Report
- Quarterly Practitioner Services MUE Error Report
- Quarterly Outpatient Hospital NCCI Edits Activity Report
- Quarterly Outpatient Hospital NCCI Edits Error Report
- Quarterly Practitioner Services NCCI Edits Activity Report
- Quarterly Practitioner Services NCCI Edits Error Report
- Quarterly DME NCCI Edits Activity Report
- Quarterly DME NCCI Edits Error Report

WPC Quarterly Job Reports

- HIPAA Adjustment Reason Code Update Report
- HIPAA Adjustment Reason Code Error Report
- HIPAA Adjustment Reason Code Explanation of Benefits (EOB) Report
- HIPAA Remark Code Update Report
- HIPAA Remark Code Error Report
- HIPAA Remark Code EOB Report
- HIPAA Status Category and Status Code Update Report
- HIPAA Status Category and Status Code Error Report

Implement code set updates to include additions, revisions and deletions prior to the effective date of the code change with method to determine fiscal impacts

and medical appropriateness for the inclusion or exclusion of new or changed codes

The Gainwell Team receives code set updates routinely. *CoreMMIS* has a broad set of loading processes operational. Before the effective date or upon release of the code set change, the *CoreMMIS* uses batch processes to load code set data after capturing the code set data from the authorized code source and business rules are updated.

Using this process minimizes manual effort and reduces the length of time to implement new codes and policies.

Code sets are available in *CoreMMIS* within the BPA sub-system, as an example:

- Diagnosis
- DRG
- Drug
- Modifier
- Procedure
- Revenue

In addition to the above individually identified code sets within *CoreMMIS* additional information is available within related data, such as admission data, NCCI, and Revenue/HCPCS procedure crosswalk.

Medical appropriateness is determined by OMPP and is submitted to Gainwell in the annual/quarterly or individual change requests submitted to Gainwell for implementation.

Capture a master drug file of all available NDC-, UPC-, and HRI-coded products

Gainwell loads the weekly FDB files.

Provide authorized users a method to define coverage criteria and establish any limitations or authorization requirements for approved codes

Clear, concise development of business rules is critical to accurate claims processing. The development of business rules begins after FSSA designates a new service or makes changes in existing policy. Within the *CoreMMIS*, various business rules will govern each claim processed — billing rules from policy and contracts, coverage rules from benefit plans, and reimbursement rules that determine how to price and pay the claim. We use rules to define and manage how services are covered, delivered, and processed — supporting healthcare services management through the *CoreMMIS* easily and effectively.

Recommend changes to system tables on a quarterly bases as a result of updates to code sets

As Gainwell reviews tables and processes for efficiencies, recommendations will be made to FSSA to streamline, update, or create new tables.

Provide reference code set criteria to enforce all cost avoidance and TPL rules specified in State or Federal regulations

Many members have other insurance, called third-party liability (TPL) insurance, in addition to their Medicaid benefits. Insurance may be a commercial group plan through the member's employer, an individually purchased plan, Medicare, or insurance available because of an accident or injury. Medicaid supplements other

available coverage and is primarily responsible for paying only the medical expenses that other insurance does not cover. To make certain that Medicaid does not pay expenses covered by other sources, federal regulation establishes Medicaid as the payer of last resort. If a member has any other resource available to help pay for the cost of his or her medical care, the other insurance resource must be used before Medicaid. When a provider determines that a member has an available TPL resource, the provider is required to bill this resource before billing Medicaid. If the IHCP eligibility indicates there is a TPL resource for the member on the claim date of service and the provider submits a claim without documentation that the third-party resource was billed, the claim is denied. This process is known as cost avoidance.

CoreMMIS has several coverage codes identifying TPL:

- A-Hospitalization or hospital/surgical
- B-Medical
- Q-Medical and Hospitalization
- D-Dental
- E-Pharmacy
- F-Cancer
- G-Long Term Care
- H-Home Health
- I-Vision
- K-Mental Health
- L-Indemnity
- M-Medicare Part D
- AX-Medicare A
- BX-Medicare B
- MA-Medicare Advantage Plan
- MS-Medicare Supplemental Plan

Different criteria exists for each coverage code type that can be managed/updated through the BPA other insurance rules.

Assist the State in performing online “what if” testing and analysis of reference changes in a production like environment and provide analysis of service decisions

Gainwell will work with FSSA to simulate the effect of reference changes through the Model environment, providing a production-like situation to analyze potential system and program changes to assist the State in performing “what if” testing and validating result of updates to make sure that the outcome is as expected.

Provide integration with communication management to send and maintain communication related to the designated approved services business process including but not limited to communications regarding program and benefit changes

Gainwell sends and maintains updated information about approved member services for program stakeholders, such as the provider community. When we make changes to the CoreMMIS or processing requirements, documentation is updated to reflect any changes. Users have online access to the most current documentation. Our

publications staff will work with FSSA to post program changes on the provider web portal, including FAQs.

The CoreMMIS provides online access to user manuals giving FSSA and Gainwell account staff a single source of information, removing the chance of using different versions for claim adjudication decisions or provider education. Our provider and member call centers have the latest information available to them to respond to benefit plan information using this updated information, providing accurate and timely information to inquiries.

Report on designated code decision information as specified by the State

Gainwell makes updates based on decisions and approvals from FSSA. Annual/Quarterly updates are made based on documentation provided by OMPP. Individual change requests are completed with model screen shots being sent for review to OMPP. Upon approval from OMPP the updates are implemented into production.

Produce notification and crosswalk of impact to HCPCS codes when new revenue code set updates occur on a quarterly basis

Gainwell will provide notification to OMPP that the quarterly file has been loaded and the OnDemand reports are available.

Performance Standards		Meets/Exceeds
1	International Classification of Diseases (ICD) procedure and diagnosis codes, HCPCS/CPT code sets and all other code sets are updated within five (5) business days of receipt from the State	Meets
2	100% of applicable documentation related to this business process is updated within three (3) business days after decisions are finalized, including but not limited to, procedure and resolution manuals and website FAQs	Meets

7.12.2 Develop and Maintain Benefit Package

Define coverage requirements, including but not limited to, scope of coverage and eligibility criteria, subject to approval by the State

Gainwell, using the decisions provided by FSSA, develops and maintains the business rules necessary to reflect new or revised government regulations, policy changes, court decisions, or medical services. From early decision to program stakeholder notification, we work with FSSA to determine the necessary system changes and the accompanying business process changes, and then notify the provider communities of the resulting impacts. Gainwell maintains the initial documentation supporting the BPA modification for future reference along with the changes made to the CoreMMIS.

Implement new and modified benefit packages, including system Modifications and updating of applicable benefit and service tables as specified by the State

Implementing new or modified benefit package guidelines and changes to the Indiana CoreMMIS is a streamlined process that transforms new policies into BPA business

rules. Gainwell will work with FSSA to define each aspect of the update such as the member population, coverage, and reimbursement.

Establish and Maintain Benefit Plans

Gainwell offers FSSA superior reference data management capabilities. The BPA team will provide authorized users with direct online inquiry and update capabilities to reference file information stored within the MMIS.

The BPA/reference business area uses program information, coverage, and billing requirements to maintain the reference sub-system of *CoreMMIS*. This process also uses rate files for rate setting for claims processing to reimburse providers appropriately.

The reference sub-system maintains a set of edits/audits used in claim processing so that claims are billed and adjudicated appropriately. Edit and audits are configured to be flexible and the disposition, approved by the State, controls whether the service is paid, denied, or suspended for further review.

Claim pricing is based on reimbursement rules that are linked to the coverage. Reimbursement rules define the pricing methodology for each service. The pricing methodologies examples include:

- Max fee
- RBRVS
- ASC
- Percentage of billed
- Manual
- DRG
- Revenue flat fee
- UCC
- Long term care

BPA/reference in *CoreMMIS* maintains copayment business rules used in claim processing to apply member co-payment to certain services such as transportation. The copayment business rules are configurable based on modifications requested by FSSA.

In *CoreMMIS* the prior authorization requirements are configured in the billing rules. This allows for ease in updating prior authorization (PA) requirements as specified by FSSA.

The *CoreMMIS* hierarchy allows for a member to be enrolled in multiple benefit plans concurrently, for example, a member has Medicaid Rehabilitation Option (MRO) and Aged & Disability (A&D) waiver. When this occurs and the services overlap, there is a benefit plan hierarchy in place for the order of which plans process first, second, and so forth.

The Benefit Plan Hierarchy is shown in Figure 32, Appendix 1 Supporting Graphics.

Provide technology to add new lines of business through configuration to the greatest extent practicable, with minimal application coding changes

Benefit plan data identifies a group of covered services (benefits) granted to a member deemed eligible for the services the benefit plan represents. Benefit plan configuration includes the following:

- Coverage rules detailing restrictions for services within a benefit plan
- Reimbursement rules for selecting a payment method to reimburse a provider for services provided to an eligible enrollee
- Billing rules classifying services a provider can bill within a contract

For example, Gainwell can configure copay and several other variables managed today as a rules-based feature through the online web pages. The BPA supports review, modification, and approval of recommended benefit packages and coverage criteria. The interChange UI allows significant control presenting, grouping, and filtering the rules within a rule sheet. The rule sheet holds the rules and their relationships for this rule type and rule set across code sets, such as Procedure, NDC, or DRG. The systems team will be engaged as needed.

Ensure coordination required to manage system edits and audits to meet Business area, State, and Federal specifications

BPA/reference system in *CoreMMIS* maintains edits/audits used in claim processing to assure appropriate claim adjudication. New edits/audits are created based on FSSA requests.

Provide integration with communication management to send and maintain communication related to the develop and maintain benefit package business process

Gainwell sends and maintains updated information about approved member services for program stakeholders, such as the provider community. When we make changes to the *CoreMMIS* or processing requirements, documentation is updated to reflect any changes. Users have online access to the most current documentation. Our publications staff will work with FSSA to post program changes on the provider web portal, including FAQs.

The *CoreMMIS* provides online access to user manuals giving FSSA and Gainwell account staff a single source of information, removing the chance of using different versions for claim adjudication decisions or provider education. Our provider and member call centers have the latest information available to them to respond to benefit plan information using this updated information, providing accurate and timely information to inquiries.

Develop and implement a quality assurance (QA) process to ensure integrity of the Reference files, including but not limited to correctly priced claims, edits and audits

The Gainwell BPA/reference Team applies a quality assurance process to system changes throughout the update process. Changes are quality checked in each environment (model, config, and production) by either using a system generated report or by a quality verification process within the BPA team. Additionally changes,

with the exception of Annual and Quarterly updates, are sent to OMPP to review and approve prior to a change request continuing through the process.

Performance Standards		Meets/Exceeds
1	100% of applicable documentation related to this business process is updated within three (3) business days after decisions are finalized including, but not limited to procedure and resolution manuals and website FAQs	Meets with staffing
2	Post reference file updates according to specifications notifying the State within three (3) business days should quality assurance process find problem with Reference files	Meets with staffing
3	Conduct analysis of coverage requirements and/or recommendations identifying new or modified Federal statutes and/or benefit regulations, State law, organizational policies, requests from external parties including but not limited to quality review organizations, changes resulting from court decisions, or medical procedures or processes, within the timeframes specified by the State	Meets

7.12.3 Develop and Maintain Benefit Reference Information

Provide and maintain seven (7) years of reference code set data

Gainwell will maintain reference code set data in coordination with State retention requirements.

Support enterprise-wide use of reference codes, validating them for accuracy, providing methods for multiple FSSA divisions and programs to share same procedure codes and/or diagnosis codes, maintaining each program's use of reference codes, and ensuring accurate adjudication including but not limited to edits/audits, pricing, and each program's use of reference codes

The Indiana *CoreMMIS* provides:

- The ability to maintain this information for current and past date of service processing
- The ability to maintain this information enterprise wide across FSSA
- The ability to use the appropriate business rules to correctly adjudicate the service for the specific program according to the member's hierarchy of plans
- The ability to view BPA/reference changes through an audit trail
- The ability for authorized users to view the code and data files

The capabilities of Indiana *CoreMMIS* apply to the reference codes for each program and FSSA division to provide the single source of accurate and current information for the Indiana healthcare programs enterprise.

Support processing policies for multiple FSSA divisions and programs with a single reference solution and data without the need for unique or work-around billing requirements to support these policies

No matter what program or FSSA division the reference information is supporting, the Indiana *CoreMMIS* Benefit Administration asks these four basic questions during claim processing:

- Is the benefit covered?
- Is the provider permitted to bill for or perform the benefit?
- How is the *CoreMMIS* supposed to handle payment of the benefit?
- Is the benefit covered by other insurance?

When the claim processes through the system, the BPA/Reference files provide the answers to these questions. One of the key points to the *CoreMMIS* is its ability to accommodate changing needs from federal requirement, State regulations, program changes, or population growth.

Provide flexibility in reference table design to ensure that the MMIS can accommodate future changes while maintaining a file maintenance process to ensure integrity of the database tables and files, with the capability of having additional data elements added to it in addition to those provided by the original data source

The flexible, rules-driven design of *CoreMMIS* allows authorized users to affect how policy execution within the system by making online changes without requiring a developer to make software changes. For example, authorized users can specify the pricing methodology by program and procedure code through the online web pages. We maintain BPA information in the Indiana *CoreMMIS* to promote proper transaction processing no matter the date of service or submitted procedure code. Because Indiana *CoreMMIS* processes the transactions according to the date of service, it will pull the appropriate code sets and rates for that date of service from its table of information.

Capture code and rate updates, data changes, and reference file data and updates from the designated approved services business process or external sources in a specified electronic format to support automatically loading data without manual entry or reentry of the data

When the Annual/Quarterly/Weekly update files are published, they are downloaded from the source and the update jobs are run. Jobs produce reports that are stored in the report/imaging interface OnDemand to be analyzed and used for policy configuration.

Rate updates can be made manually, one rate segment at a time, or systematically to a group of rates at the same time. Standard templates allow requisite information to be gathered based on the specific rate update. This flow adds a new rate segment to a service while end dating the previous rate segment, if a previous rate segment exists. Rate updates can also be updated systematically from other FSSA vendors through a file update process, such as nursing home rates or FQHC/RHC rates.

Automatically load data that is replicated to other environments including but not limited to reference file data, rates to the repository without manual entry or reentry of the data

Copy jobs exist within the *CoreMMIS* environments so data does not have to be entered multiple times.

Provide reference files which contain all elements that are critical to claims processing

The BPA/reference Team will receive code set additions or adjustments of codes and rates necessary for claim adjudication. These code sets and rates include:

- ICD procedure and diagnosis codes
- CPT and HCPCS procedure codes
- ADA dental procedure codes
- DRG codes
- Pricing for DRGs and level of care
- Medicare fee schedules (RBRVS), DME, lab, ASC
- HCPCS, CPT, NDC
- Error code information, remittance advice text, and EOBs

Maintain any and all tables and reference data required for the reference subsystem, including future changes as required for Medicaid processing, required to comply with Business area, State, and Federal laws, rules, and policies, and as directed by the State

The BPA/Reference process provides a reliable, configurable, and flexible means to maintain information required by FSSA for claims adjudication and transaction processing.

The flexible, rules-driven design of *CoreMMIS* enables authorized users to maintain policy changes within the system based on required FSSA changes by making online changes without requiring a developer to make software changes.

Maintain reference files provided by a State approved source with Contractor provided updates being received and implemented by the Contractor on a frequency as directed by the State

CoreMMIS maintains reference files from State approved contractors such as Myers & Stauffer and 3M.

Maintain an audit trail of all changes made for any field in a Reference table including coding and pricing information for historical reference

Reference change requests are assigned a reference change request number. When changes are being made in the *CoreMMIS* an authorization code must be created. This authorization code is the CR number and a description is added to identify the change and the user ID is assigned along with a receipt date.

The authorization codes are used in the audit trail to tie the specific data change made to the business source that drove the change. This functionality allows historical research on why the changes were made to the data. When using the panels to make changes, all reference changes require entering an authorization code before making the change to the database.

Apply and maintain effective and end dates for all reference code sets for use in all applicable processes

Gainwell maintains effective and end dates for reference code sets loaded from FSSA approved sources or as part of an individual reference change from OMPP.

Process reference file updates as received by the State, or its designees as specified by Business area, State, or Federal policies and coordinate updates with other companion business processes to ensure that all impacts resulting from these updates are addressed prior to implementation

BPA coordinates updates as necessary with other business processes such as provider enrollment, prior authorization, and eligibility. BPA change requests are discussed weekly during the Change Control Board meetings.

Support both online and automated creation, change and update of reference table data due to policy or program changes including update to codes and rates in accordance with Business area, State, and Federal specifications

The BPA/reference system in *CoreMMIS* supports online and automated creation, change and update of reference table data.

Provide online reference file data update capability with web portal to allow authorized users access to code and data files and retrieve immediately upon request

Gainwell posts Fee Schedule updates, code sets, and provider modules to the web portal either through a job or through the Gainwell publications team.

Support batch update processing of reference file data on a schedule determined by the State

The Gainwell system includes batch processes to load specific reference code sets — such as International Classification of Diseases (ICD-10) procedure and diagnosis, Healthcare Common Procedure Coding System (HCPCS) and Current Procedural Terminology (CPT), and Clinical Laboratory Improvement Amendments (CLIA). Each batch process creates a report detailing the number of adds, deletes, changes, and error reports for verification, system analysis, and maintaining data integrity. Each update is date sensitive.

Manually update reference file data by authorized users, as approved through the change management process

The *CoreMMIS* allows for manual updates to the system. The BPA analyst can make manual updates as needed to items such as codes and rules based on the CR being worked, each update must be completed with an authorization code for auditing purposes.

Provide screenshots of reference changes in a model-based environment and seek approval from the State prior to promoting to production

As part of the BPA reference change process the Gainwell BPA team makes updates in the model environment. The screen shots are then emailed to the change request sponsor in OMPP for review and approval. The changes cannot be promoted to the production environment until approval is received from the sponsor.

Establish and maintain a procedure code data set that ensures the acceptance by the claims processing system of all HCPCS modifiers

HCPCS/CPT codes are updated on an annual/quarterly or as released basis.

Modifiers are loaded to the *CoreMMIS* with the modifier code category, modifier type, description, and effective and end dates.

Procedure code/modifier combinations can be set up to impact certain coverage and/or pricing. Coverage is configured in the billing rules and pricing is in the reimbursement rules or rate tables such as max fee.

Maintain DRG software as directed by the State and update the DRG Grouper to the State's designated Grouper version on a timeline agreed to with the State

Indiana uses the 3M All-Patient Refined Diagnosis-Related Group (APR-DRG), version 36, as the grouper for the inpatient DRG assignment.

Capture DRG information, including but not limited to base rates, capital, medical education, weights, average length of stay and outliers

DRG rates, capital cost, and medical education along with length of stay and outlier information is maintained in the BPA sub-system.

Figure 33, Appendix 1 Supporting Graphics shows the DRG rate panel in *CoreMMIS*.

Capture rates including but not limited to nursing facility, ICF/MR, hospice, anesthesia RVUs and any other rates provided by the State or its designees, in accordance with Business area, State, and Federal specifications and in a predefined electronic format without manual intervention

The *CoreMMIS* captures provider specific rates for nursing facilities, ICF/IID. Hospice rates are provided by OMPP and updated annually. Anesthesia RVUs and any other rates are updated as requested.

Provide to the State and maintain a full inventory of claim related messaging and any associated codes, including a full inventory of EOB codes and associated narrative

A full listing of codes and descriptions, such as EOB, edits, and audits maintained in the BPA sub-system can be provided to FSSA.

Collaborate with the State and the PBM vendor to capture pharmacy/drug code set information including data for NDC, UPC, and HRI additions and updates

Gainwell loads the weekly FDB file data.

Maintain a crosswalk of NDC codes to corresponding diagnosis codes, for the purpose of validity determinations and a NDC to Procedure Code crosswalk that only allows applicable drugs to pay

The *CoreMMIS* system maintains the NDC codes to procedure codes crosswalk.

Maintain links between code sets including but not limited to Revenue Code to HCPCS/CPT code to support code compatibility editing (e.g., UB04 Revenue codes should only be billed with designated HCPCS/CPT codes) and to identify

codes that have been replaced by new codes being able to provide crosswalk alternatives of selected code sets as directed by the State

CoreMMIS maintains linkages between code sets such as revenue code to procedure code are maintained in the BPA sub-system. The Revenue code to HCPCS Procedure Code linkages are shown in Figure 34, Appendix 1 Supporting Graphics.

Maintain crosswalk alternatives for procedure codes, taxonomy, modifiers, level-of- care, and other HIPAA required elements, and update claim edits/audits, and business rules as directed by the State

The flexible, table-driven, rules-based Indiana CoreMMIS has the capability to maintain links between code sets. We can maintain these relationships through benefit plan rules or crosswalk tables such as the J-code to NDC table. The NDC to HCPCS Procedure code linkages are shown in Figure 35, Appendix 1 Supporting Graphics.

Maintain all other external reference and subsystem data sets that may be necessary to operate System/Service, including but not limited to NCPDP, NDC, CDT (Dental codes), county codes, zip codes, aid categories

The BPA/reference system uses jobs for NCPDP, NDC, and CDT code updates. The Aid Category Panel in CoreMMIS is shown in Figure 36, Appendix 1 Supporting Graphics.

Develop documentation to provide definitions for code sets including how the system processes the code sets and update all applicable documentation including, but not limited to procedure and resolution manuals and website FAQs

Gainwell publishes code set information on the IHCP web page and maintains Operating Procedure Manuals for internal use. Figure 37, Appendix 1 Supporting Graphics shows the BPA/Reference inputs/outputs.

Performance Standards		Meets/Exceeds
1	Responses for reference file updates are provided no later than three (3) business days after notification is received from the State	Meets
2	100% of necessary analyses are performed to identify any gaps in understanding the reference request and submit any questions or clarifications to the State within two (2) business days following initial response to the State	Meets with staff
3	100% of reference data sets in the MMIS_production environment are updated within two (2) business days of approval from the State	Meets with staff and publications
4	100% of applicable documentation related to this business process is updated within three (3) business days after decisions are finalized	Meets with staff
5	100% of monthly status reports to the State are submitted, describing changes made to the Reference tables and what prompted the change, identifying newly discovered maintenance items requiring update, the date of file	Meets with staff

	correction and work plans for future reference file update activities	
6	Reference file change requests are implemented with 100% accuracy in timeframe determined by the State	Meets with staff
7	Retrieve archived code and data files when requested by authorized users within two (2) weeks	Meets with staff

7.12.4 Manage Rate Information

Gainwell receives assessment rates when the per diem rates are established by the rate-setting contractor for FSSA. Rate files are received each business day. Gainwell collects monthly assessments by systematically establishing A/Rs using the most current rate on file. During the review, the rate-setting contractor may retroactively increase or decrease a per diem rate for the facility and the assessment for the period must also be adjusted. Rate changes are received electronically daily. New rate changes are reconciled monthly to determine if the provider or FSSA are due additional monies. After a rate increase or decrease occurs, an A/R or expenditure to collect or pay the provider is created.

Provide integration with communication management to send and maintain communication related to the manage rate changes business process (SOP)

Gainwell sends and maintains updated information about approved member services for program stakeholders, such as the provider community. When we make changes to the CoreMMIS or processing requirements, documentation is updated to reflect any changes. Users have online access to the most current documentation. Our publications staff will work with FSSA to post program changes on the provider web portal, including FAQs.

The CoreMMIS provides online access to user manuals giving FSSA and Gainwell account staff a single source of information, removing the chance of using different versions for claim adjudication decisions or provider education. Our provider and member call centers have the latest information available to them to respond to benefit plan information using this updated information, providing accurate and timely information to inquiries.

Provide report of changes when requested by the State

Reports can be created as requested by the State.

Assist the State in performing online “what if” testing and analysis of rate changes in a production like environment (testing environment)

Gainwell will work with FSSA to simulate the effect of the rate change through the Model environment, providing a production-like situation to analyze potential system changes to assist the State in performing “what if” testing and validating the updates and processing operate properly.

Update all applicable documentation including, but not limited to procedure and resolution manuals and website FAQs on mutually agreed timeline.

Gainwell publishes code set information on the IHCP web page and maintains Operating Procedure Manuals for internal use.

Provide coding and pricing information to support claims processing for all approved claim types and pricing methodologies

The CoreMMIS BPA/reference sub-system provides coding and pricing information to support claims processing for approved claim types.

Update rates received from an external source such as a State contracted actuarial firm and rate setting contractor(s)

CoreMMIS receives rate files from State approved contractors such as Myers & Stauffer and loads for claim adjudication, as Figure 38, Appendix 1 Supporting Graphics shows.

Performance Standards		Meets/Exceeds
1	The State is notified, in writing, of the date of the completion of a requested rate update within one (1) business day of completion of the request	Meets
2	Rates/changes are updated with a 100% accuracy	Meets with staffing
3	100% audit history on rate updates and modifications	Meets
4	Reporting is provided upon request within the timeframe stipulated by the State	Meets
5	Fee schedule is updated on a weekly basis and ensure fee schedule data is 100% correct	Meets
6	Services and rates are properly transmitted to the EDW for State and federal reporting 100% of the time	Meets
7	Capitation forecast development and distribution is provided to FSSA finance and MCEs within the timeframe stipulated by the State 100% of the time	Meets
8	All applicable documentation related to this business process are updated within three (3) business days after decisions are finalized	Meets with staffing

7.13 Warranty

Gainwell agrees to fix, at no additional cost to the State, any post production defects during the 90-day warranty period or any defects discovered during the 90-warranty period that arise in a previously working component. We agree the definition of "Defect" is defined as any material deviation from approved System and business specifications and requirements, including without limitation failure of System code to perform substantially as described in design requirements documents, errors in reference data, or any requirements of the scope. The hours required for the fixes will not count against the Modification Pool hours.

7.14 Phase-In Transition Plan

Gainwell is the current MMIS Vendor for the State of Indiana and has been for more than 30 years. As a company we have vast experience with implementing and transitioning systems. Gainwell has identified new scope or modified scope in the

RFP. As per what was noted in section 12.2.1 Credentialing Program Design and Implementation, Gainwell will include these new and modified scope efforts in the Phase-In Transition Period. Staffing and effort to meet these changes will be included in a project plan. As the incumbent, various tasks for Phase-In section 7.14 Phase-In Transition Activities would not be applicable and/or considered met since hardware, software, network, telecom, and so forth are already in place. Gainwell will include the various RFP new and modified scope efforts into a Phase-In Transition Work Plan that would start 30 days prior to the start of the Phase-In Transition Period based on contract signing allowing for this. It is our understanding that Transition efforts is to be live prior to July 1, 2023; therefore, the contract signature date would need to allow for this timing.

Gainwell would perform the various phase-in transition tasks following the approved plan using our business and technical project management services during the transition time frame. Some business processes and reports may be implemented as soon as approved by the State. There would be updates to business operational procedures including the compliance and quality procedures identified in the RFP. We would review reporting changes with the State and gain appropriate approvals with the State for these various work products. Following our PM methodology we would provide status updates, hold project meetings, and provide check off procedures of the phase-in activities to make certain critical milestones are met. Credentialing would be an example where it will be critical to stay on task to meet the State's goal of implementation. We understand for the Credentialing project that the actual project timeline will be prepared for design and implementation 30 days after the State, managed care entities (MCEs), and other stakeholders meet to discuss credentialing after the contract is signed.

We have included project coordinators to verify meeting minutes and action items are actively tracked and completed during this process. This has been a lesson learned we have applied for coverage.

If the contract should be awarded to another vendor, Gainwell will comply with the transition requirements in the current contract to assist transition phase-in for the newly selected vendor.

Performance Standards		Meets/Exceeds
1	A Phase-In Transition Plan is provided to the State for review and approval thirty (30) days prior to the start of the Phase-in Transition Period	Meets
2	Fully implement all necessary transition activities as defined by the State prior to July 1, 2023	Meets

SECTION 108 – Data Management

- a. Describe how you will ensure appropriate management of MMIS data, including receiving, updating (and documentation of changes), exchanging with the EMS Data Warehouse, and monitoring. Be sure to address all components described in Section 108 of the SOW, including but not limited to:
 - i. Information Management
 - ii. Data Governance
 - iii. Data Architecture
 - iv. Data Sharing Architecture
 - v. Logical Data Model

- vi. Data Quality and Standards
 - vii. Reporting
- b. Describe your strategy for accurate and timely reporting as outlined in Section ~~40~~⁸ of the SOW, including how you will optimize communication with OMPP and comply with State and Federal reporting guidelines.

8.0 Data Management

As the industry leader in Medicaid Management Information Systems (MMIS), Gainwell knows that appropriate management of the *CoreMMIS* data is essential for timely and accurate exchange of information with the State's Enterprise Medicaid System (EMS) Data Warehouse. From performing highly efficient transactions using the *CoreMMIS* data stores to the delivery of data to the State's Data Warehouse, Gainwell has the data management approach that best meets the State's needs.

Gainwell has carefully reviewed the data management responsibilities for managing claims, member, provider, third-party liability, and other information described in the RFP and Attachment K – Scope of Work (SOW), 8. Data Management. The approach Gainwell describes in this proposal section meets the requirements identified in the RFP, including the Scope of Work. This section is organized into the following subsections:

- **8.1 Data Management Approach.** This section provides our response to the requirements described in Attachment K, Sections 8.1 through 8.6.
- **8.2 Reporting.** This section provides our response to the requirements described in Attachment K, Section 8.7.

8.1 Data Management Approach

Gainwell understands the data-management aspects of the Indiana *CoreMMIS* and Medicaid Business Operations. We have carefully read the RFP and agree to meet the requirements described in RFP Attachment K, 8. Data Management, including the Required Services table. We have demonstrated our expertise in managing Indiana's data over the last 30 years and in implementing CMS-certified solutions in Indiana and other states. We have hands-on experience with maintaining Indiana's *CoreMMIS* data, and we know how to manage the data according to business area, State, and federal requirements.

Gainwell implemented the Indiana *CoreMMIS* in 2017, powered by our *interChange* solution and configured based on Indiana specific business rules. The communication between the *CoreMMIS* and its stakeholders — such as members, providers, Family and Social Services Administration (FSSA), and other state agencies — are controlled through our proven standardized data exchange process using enterprise service bus (ESB) connections. We are well-versed in receiving, updating, documenting changes, monitoring, and exchanging critical data with the State's EMS Data Warehouse and other authorized vendors, maintaining alignment with governance structures. Gainwell's solution meets the applicable standards and guidelines for data management. This capability is a fundamental reason the Indiana *CoreMMIS* has been CMS-certified in every previous implementation.

Gainwell implemented the *CoreMMIS*-to-Data Warehouse data exchange with our MMIS during the *CoreMMIS* Implementation Phase, and we have now been coordinating data exchanges with Optum for more than five years. Gainwell's team meets with Optum every week to discuss issues and upcoming needs. We track all their project and data inquiries and we have logged and addressed hundreds of Optum inquiries to date, including T-MSIS. Gainwell continues to work with Optum to address any issues and improve data integrity in the Data Warehouse. For example,

Gainwell worked with Optum to establish a file folder structure on File Exchange that allows the Data Warehouse to collect data files efficiently. The folders separate claims, member (recipient), and provider data files. Subfolders further organize the files into daily, weekly, and monthly.

Gainwell has established, maintained, implemented, and managed software tools that support data management, Operational Data Store, Data Mart(s), development databases, and the extract, transform and load (ETL) procedures, as necessary. Gainwell proposes various software tools to support data management of the CoreMMIS. Indiana already uses several of these software tools, reducing the time and training associated with implementing a new tool. We identify these tools in the following table.

Table 18. Benefits of Software Tools for Data Management

COTS Software Tool	Data Management Support Role	Benefits of Data Management Software Tool
CA Technologies Erwin	Data modeling	Provides the ability to model data across the MMIS enterprise into a series of data stores and data marts. The data marts form the basis for the management online reporting and the key performance metric (KPM) dashboard solution.
Microsoft BizTalk	ESB	This product is a market leader designed to connect, mediate, and manage interactions among heterogeneous services and multiple ESB instances across an enterprise-wide service network.
Oracle Enterprise Manager	Data diagnosis and tuning	Offers a comprehensive set of automatic performance diagnostics and monitoring features built into a core database engine and Oracle Enterprise Manager. Automates the entire application-tuning process. Achieves enhancements of SQL performance through real-time monitoring and SQL advisors that are integrated with the Oracle Enterprise Manager.
Oracle RDBMS	Data repository	Gainwell has a history of success using the Oracle relational database for Indiana Medicaid. We will continue using this database model that directly maps to the architectural principles of scalability and security for the Indiana CoreMMIS.

Why Data Management from Gainwell is the Best Solution for Indiana

Gainwell's proposed solution offers the following benefits:

- The data architecture has already demonstrated its ability to meet the evolving data, reporting, and analysis requirements.

- The architecture is configured to provide secure transfer of Provider, Member, claims, and other related information to the EMS Data Warehouse according to industry standard ETL processes.
- The logical and physical transactional data structures have been normalized to reduce the redundancy of data, keeping data management tight and making long-term data management easier and more accurate.
- The data marts are specifically designed to facilitate interactive online management reporting of key performance metrics (KPMs).
- The ad hoc data store provides the ability for fast MMIS ad hoc reporting of the most common data attributes used to manage the business.
- Our solution currently provides accurate and timely data to the State's EMS Data Warehouse using data transfers to the ESB providing a quality audit trail of the data management activities. Our team works with FSSA's Data Management Analysis Review team in meeting FSSA's data and information needs and requirements.
- Gainwell simplifies data management for providers and trading partners through interoperability with the CoreMMIS.

Gainwell will develop training content and frequently asked questions (FAQs) based on data analysis results and/or as requested by the State. When results or output are not as expected, we will assess root causes, and recommend and implement solutions to any identified data management or reporting issues and/or errors.

In the remainder of this section, Gainwell presents our response to the individual data management components described in Attachment K, Section 8:

- 8.1.1 Information Management
- 8.1.2 Data Governance
- 8.1.3 Data Architecture
- 8.1.4 Data Sharing Architecture
- 8.1.5 Logical Data Model
- 8.1.6 Data Quality and Standards
- 8.1.7 Reporting

8.1.1 Information Management

As the current Contractor, Gainwell offers a data management solution that adheres to FSSA, State, and federal regulations; policies; and standards for information management related requirements. Gainwell has read the RFP, and we agree to meet the requirements described in RFP Attachment K, 8.1 Information Management, including the Required Services table. Our solution effectively manages the data and provides timely MMIS ad hoc reporting and supports data extraction to the State's Data Warehouse. It provides the established logical and physical data models, data governance, and overall data architecture that maximize transaction processing for the Medicaid Enterprise.

Support for data standards and interoperability is included in our approach through the interChange Connections ESB and electronic data interchange (EDI) capabilities for incoming and outgoing data. These tools simplify data exchange and integration with external agencies, trading allies, and programs. The interfaces and services are fully

documented including inputs, outputs, and their frequencies, data content, descriptions, and layouts.

The following table summarizes how Gainwell's solution solidly addresses the requirements.

Table 19. Gainwell's Data Management Solution Advantages

Data Management Requirements	Gainwell Data Management Solution for Indiana CoreMMIS
Data Governance	Our system development life cycle (SDLC) methodology and complementary change management tools precisely control the approved data changes within each environment. This governance provides the foundation for defining and modifying the data exchange standards across time.
Data Architecture	Gainwell's data architecture features online transaction processing (OLTP) architecture for operational transaction processing and online analytical processing (OLAP) architecture data marts for high-speed ad hoc support. A tuned relational database configured at a third of the regular level optimizes data access versus data redundancy.
Data Sharing Architecture	Access to data is strictly controlled through data access objects and data factories. This control protects data from unsecure access and enforces a pure n-tier architecture layering. It also provides a framework for secure data exchanges across the ESB by providing an additional layer of control and security to data access activities.
Conceptual Data Model	Optimized for healthcare, related data is grouped into business areas that map to Medicaid Information Technology Architecture (MITA) through standardized naming conventions.
Logical Data Model	Highly optimized commercial off-the-shelf (COTS) data modeling tools render the logical data model into the physical data model for precise change management control.
Data Standards	Tools fully support industry-standard HIPAA transaction sets.
Manage Information	Advanced interoperability is available through the interChange Connections ESB.
Reporting Data Marts and Ad Hoc	Specialized management and dashboard data marts and MMIS ad hoc support included.
Data Warehouse Support	Supports efficient MMIS data extraction to the State's EMS Data Warehouse.
MITA Alignment for Change	Gainwell's solution is designed to implement information management requirements, including changes, updates, and modifications, in alignment with CMS' MITA framework for ease in integration with MMIS modules and components.

8.1.2 Data Governance

Data governance is about managing data and processes so data can be used in an organized, reliable, and secure manner. Gainwell knows that adherence to data governance is fundamental for data management success. Our data governance processes support the Gainwell team's maintenance and operations functions throughout the project lifecycle, meeting both internal and external requirements, such

as financial reporting, regulatory compliance, and privacy policies. Gainwell has read the RFP and agrees to meet the requirements described in RFP Attachment K, 8.3 Data Governance including the Required Services table.

Our solution meets the State's need for an enterprise-level data management strategy that includes a data governance plan, data quality strategy, data retention standards, and privacy and data security standards to align with State and federal standards. To meet the data management requirements specified by FSSA, Gainwell uses best practices learned through our support of 23 Medicaid programs and guidance from industry experts. Our accumulated experience has led to a data governance framework that includes a mature data governance structure, efficient and mature data exchanges, and proven tools and processes. It provides guidelines to define interactions for project stakeholders and to manage communications, the decision-making approval processes, and the expectations of system users.

Gainwell supports the *CoreMMIS* with data exchange, data cleansing, data store, and professional data-rendering capability. Our governance plan, processes, and procedures provide the foundation for defining and modifying the data exchange standards across time. Our SDLC and complementary change management tools precisely control the approved data changes within each environment.

The quality, availability, integrity, security, and usability of *CoreMMIS* data is of utmost importance. FSSA requires a minimum of 10 years of individual claims history, along with member lifetime supporting data, made available to the Data Warehouse. This vast amount of data represents valuable knowledge when collected and managed for use by the decision support system. We will continue to work with the State and the Data Warehouse vendor to refine and support the appropriate data governance structures and data exchanges. We currently perform the secure transfer of provider, member, claims, and other related information to the Data Warehouse according to industry standard ETL processes. This process is scalable to support large data volumes and meet enterprise needs regarding security and performance. Using ETL processes to receive data and to transfer data to other stakeholders, such as the data warehouse vendor, supports a MITA-aligned logical data model. These activities are performed in collaboration with the State and other stakeholders through execution of data use agreements and memorandums of understanding.

8.1.3 Data Architecture

Gainwell has read the RFP, and we agree to meet the requirements described in RFP Attachment K, 8.3 Data Architecture, including the Required Services table. We will continue to establish (as appropriate), maintain, manage, and implement changes to the data architecture and data model. Gainwell uses the enterprise edition of Oracle Relational Database Management System (RDBMS) and several Oracle add-on products to enhance our data management capabilities. These additional products include, but are not limited to, Oracle Tuning, Diagnostics, Provisioning, and Partitioning. Gainwell uses best-in-class analysis tools: Computer Associates' ERwin for data modeling. These tools, along with market-leading database products, allow Gainwell to create a data infrastructure that is easily configurable and role-based, with 24x7 access to data, excluding scheduled system maintenance time.

To explain the makeup of the Indiana *CoreMMIS* data architecture, we present the solution by breaking it down into the following Data Structures and Data Flow Management subsections. This approach to explaining the data architecture details

how the MMIS stores data, how the MMIS moves data, and how the MMIS metadata extends to the broader State healthcare enterprise.

Data Structures

The data layer and the application layer of the MMIS are separated layers in the *CoreMMIS* architecture framework, as illustrated in Figure 39, Appendix 1 - Supporting Graphics, Technical Proposal Appendix — Indiana *CoreMMIS* Application Architecture Overview.

By any measure, an MMIS is a large solution comprising technical, application, network, and data architectures. The Indiana *CoreMMIS* contains a proven multi-payer data model, offering data structures that have demonstrated their flexibility. The table structures, relationships, naming conventions, and change management procedures are well-established for Indiana. This includes the online transaction processing (OLTP) data model for high-performance transactional processing, as well as online analytical processing (OLAP) data model for effective MMIS management and KPM dashboard reporting.

Although we understand the State has procured a separate data warehouse solution, our experience shows that high-quality reporting directly from the MMIS will be valuable for operational needs. The interChange online reporting capabilities are useful for FSSA and the operational staff as they actively manage the business operations. Our solution segments the management and dashboard reporting architecture from the transactional processing architecture based on a best practice approach refined through 13 successful MMIS and reporting solution implementations. While the separate EMS Data Warehouse will support ad hoc requests, the focused MMIS analytical reporting structure will provide immediate access to the most common data attributes for our support teams. This reduces our team's dependence on external vendors and assists in fulfilling the operational research requests as they arise.

Data Flow Management

Gainwell's Connections ESB/EDI capabilities offer readily available channels for HIPAA transactions. The HIPAA-compliant system is based on a three-tier architecture, which separates external communication, application, and data layers. Reliability and performance are the foundation of SOA, strengthened by clustered infrastructure built to deliver high-availability, fault-tolerant, and highly secure EDI services. Another significant advantage of the interChange data management solution is our file tracking system that provides a single conduit for the MMIS support team to manage the file exchanges with MMIS stakeholders.

Gainwell provides data architecture that is flexible, scalable, and allows for rapid turnaround. It supports numerous communication protocols, file types, and integration capabilities. It can quickly integrate, manage, and automate dynamic business processes by exchanging business documents among applications, within or across organizational boundaries.

Figure 40, Appendix 1 - Supporting Graphics, Technical Proposal Appendix presents a visual representation of the conceptual relationships between the Indiana *CoreMMIS* operational data stores, the reporting data marts, and the data management features enabling the highly effective distribution of data to the State's Data Warehouse.

8.1.4 Data Sharing Architecture

Gainwell agrees to meet each of the requirements described in RFP Attachment K, 8.4 Data Sharing Architecture, including the Required Services table. We will continue to exchange data and information using the data sharing architecture currently in place and as modified throughout the term of the contract. Gainwell acknowledges this includes exchange of data with other sources, as needed and approved by the State. In addition to providing member, provider, claims, and other data to the EMS Data Warehouse, we also leverage the data sharing architecture to provide HIPAA-compliant 834 records, primary medical provider (PMP) assignments, and supplemental files for the various managed care entities (MCEs).

MITA mandates that each state is “responsible for knowing and understanding its environment — data, applications, and infrastructure — in order to map its data to information-sharing requirements.” This includes the conceptual and logical mechanisms such as data hubs, repositories, and registries used for data sharing with Indiana’s Medicaid Enterprise stakeholders. The data management architecture Gainwell built for the Indiana *CoreMMIS* addresses standardized data definitions, data semantics, data harmonization strategies, and data-sharing schemas. It incorporates a centralized dictionary, directory, and environmental standards (for data, applications, and infrastructure). It also considers shared-data ownership, security and privacy implications of shared data, and the quality of shared data, in line with the MITA vision.

Gainwell’s interChange Connections solution simplifies sharing standard transaction sets with trading partners and the enterprise data warehouse through an integrated ESB, file tracking system (FTS), and service monitoring framework. This service framework communicates with the other modular components of the Medicaid Enterprise using real-time web services to share data to the end user or update information within the Indiana *CoreMMIS*, as needed. The service delivery components receive, translate, process, and track transactions and batch files. We transfer data through files, services, and events for external modules predefined to share program data. Scheduled processes can run at State-defined times through configuration of the batch scheduler.

Data consumers — such as the various Medicaid Enterprise vendors — are supported by specific parts of the solution. For example, the data management solution includes a best-in-class ETL tool for selecting and formatting data from the MMIS operational data stores for delivery to external entities. After the data is extracted, the interChange Connections ESB/EDI solution simplifies data exchange and integration with stakeholders securely and reliably. This model is extensible, so that additional value-added services can be transparently integrated.

Well-defined service interface standards support and control authorized access to data from external and internal stakeholders. This vital component of our SOA solution orchestrates the activities enabling flexible and secure data exchanges. Access to data is strictly controlled through data access objects and data factories. This control protects data from unsecure access and enforces a pure n-tier architectural layering. It also provides a framework for secure data exchanges across the ESB by providing an additional layer of control and security to data access activities. Encryption is provided for data at rest and secure FTP is used for data in transition.

Performance Standards		Meets
1	Correct inaccurate data within two (2) business days of problem identification	Meets

8.1.5 Logical Data Model

Gainwell has reviewed the RFP, and we agree to meet each of the requirements described in RFP Attachment K, 8.4 Logical Data Model, including the Required Services table. Gainwell established and currently maintains the business, logical, and physical data models, the standards, and the data model entity-relationships for the Indiana *CoreMMIS*. If selected as the next contractor, we will continue to apply the same strict principals to data model definition and management through documented procedures. We use an Oracle Data Modeling (ODM) tool to develop and maintain comprehensive structural models for data processed by, stored in, or delivered for consumption through the Indiana *CoreMMIS*. Our data models include the documentation and illustration of data elements, structures, and their relationships.

We produce the following artifacts fundamental to best practices for managing data models:

Conceptual Data Model. The Conceptual Data Model (CDM) provides a high-level description of the principal entities and relationships across the Medicaid Enterprise. Entities and relationships are defined as abstract concepts, stated in business terms relevant to business users familiar with MITA. Gainwell maintains a baseline set of CDMs that cover the MITA 3.0 Business Areas.

Logical Data Model. The Logical Data Model (LDM) consists of a series of business-driven, entity-relationship diagrams that identify the entities, relationships, definitions, domains, and related standards. These diagrams introduce the business user to the logical structure and detailed attributes derived from the CDMs.

Physical Data Model. The Physical Data Model (PDM) contains the contents of the LDM together with details of the physical table structures within the database. Highly optimized COTS data modeling tools render the logical data model into the physical data model for precise change management control.

Policies and procedures for the establishment and maintenance of the physical data model, the business model, and the reengineering of business processes are derived from the LDM. These procedures guide data element naming conventions, association to the appropriate logical and physical data models, valid values, and/or validation algorithms. This approach reduces data redundancy and allows better change management.

8.1.6 Data Quality and Standards

Gainwell has reviewed the RFP, and we agree to meet each of the requirements described in RFP Attachment K, 8.5 Data Quality and Standards, including the Required Services table. We understand how important it is that our solution reflects the most updated industry guidelines for data quality that can be applied to the Indiana *CoreMMIS* data. Gainwell applies strict principals in the data information definition and management. Database administrators (DBAs) and architects manage the data model following documented procedures. These procedures guide the end-to-end process

including data element naming conventions, association to the appropriate logical and physical data models, valid values, or validation algorithms. To achieve the greatest reuse and consistency, the same data element is associated with multiple data models. In this way, we can standardize the definition of the billing provider, making it the same in the various business areas, such as provider, claims, or care management. This approach reduces data redundancy and allows better change management across time. Our data management process also establishes and manages the metadata related to the data including objectives, sources, types, references, and relationship to standards. The data element dictionary is defined and maintained in ERwin and accessible online by authorized users. Our solution effectively manages the data and provides excellent support for transaction processing, internal reporting, and data extraction and transmission to the Data Warehouse. Our solution provides timely MMIS ad hoc reporting and meets required reporting needs as specified by the State.

Data Standards

The Gainwell team regularly reviews national standards for data transaction, privacy, and security standards for technical solutions. As the largest government healthcare processor in the nation, Gainwell fully supports and is actively involved in the development and implementation of the accepted healthcare standards, including Health Insurance Portability and Accountability Act (HIPAA). We bring these standards into our development processes and customer communications to verify that our systems continually evolve to support changes in these standards as they occur.

Included within our approach is support of data standards. The use of data standards promotes data consistency across the State healthcare enterprise, including the Medicaid Enterprise Data Warehouse. Data standards provide a syntactic and semantic understanding of Indiana's Medicaid data and information. These data standards include metadata management, structure data standards (specify how data should be formatted or structured), and vocabulary data standards (specify what the meaning of the data is). The data standards were initially developed during the Implementation Phase of interChange for the Indiana *CoreMMIS* and include all the elements described in Attachment K, Section 8.6.

Besides the requirements set forth by MITA, our proven solution for Indiana is adaptable to support various government mandates such as the American Recovery and Reinvestment Act (ARRA), Health for Economic and Clinical Health Act (HITECH), and the Affordable Care Act (ACA). Through the progression of interChange MMIS development, Gainwell adapts to changing industry data standards — such as new International Classification of Diseases (ICD) code sets and the ACA Operating Rules — demonstrating the ability to develop and update technology to meet maturing business needs.

Data Quality

Data is generally considered to be of sufficient quality when it is correct and usable. In building the data model for the Indiana *CoreMMIS*, Gainwell worked with FSSA to establish a data management strategy/framework, data governance plan, data architecture, and data models (conceptual data model and logical data model) — all of which are necessary to support data quality. We have reviewed the data requirements with FSSA and identified and documented the key data elements and relevant data

rules. We have established methods for timely and efficient data management processes, including potential data quality issues and ongoing data quality improvement. Our use of efficient automation, workflows, and data management will enable end users to focus on reporting and analytics instead of data acquisition and quality.

One of Gainwell's most important responsibilities is to capture and validate data and information received from multiple sources. We follow industry best practices and State and federal requirements related to the receipt, storage, retention, retrieval, management, and transmission of data from the various sources. We designed the Indiana *CoreMMIS* to perform field-level editing during data capture and changes/updates made through the user interface to prevent erroneous data entering the system. The *CoreMMIS* tracks updates to data through batch, real-time external interfaces, or web panels, constructing a complete auditable record. The audit trail records the action performed (insert, update, or delete), date of the change, the source of the change (electronic file or staff ID making the change), and what information changed because of the update.

Gainwell takes a proactive approach designed to maximize data quality and minimize preventable issues. We use automated assessment processes to perform data quality checks to make sure data received and submitted is valid, consistent, and accurate. Data quality is evaluated based on standard and customized guidelines and data rules in concurrence with FSSA. These assessments can include customized benchmarks as defined by FSSA to identify potential data quality concerns. Collaboration between FSSA, Gainwell, and other stakeholders is important to establish the data quality processes and feedback loops.

As modifications are made to the system, Gainwell will assess and review the data requirements with FSSA. We will identify new data elements and changes to existing data elements and evaluate issues related to potential data quality deficiencies. We will use the data modeling tool, ERwin, to maintain the definition of the Oracle database table structures and table relationships. Our change control processes, described later in this document, will compare differences between the data models and the Oracle databases and generate accurate results to promote table changes to the Oracle databases, allowing new data elements to be added to the system with minimal effort.

Our data quality management activities will also encompass the following processes:

Data Quality Framework. Building on the data quality framework already established for the current Indiana *CoreMMIS*, Gainwell will review, identify, and adopt appropriate changes. We will adhere to the data quality framework that will include data quality metrics, performance thresholds, and processes for continuous data quality improvement within the MMIS enterprise.

MMIS Data Catalog. Gainwell will implement an Indiana *CoreMMIS* data catalog in conjunction with FSSA's Enterprise Data Catalog. We will maintain the *CoreMMIS* data catalog and associated metadata within FSSA's Enterprise Data Catalog. We will review and update data quality metadata, business definitions, data catalog, data stewardship, and related items on a regular basis so they are current and complete.

Data Quality Metrics. Gainwell will work with the State to identify a well-defined set of metrics to establish data benchmarks that verify the data provided is complete and accurate. We will use historical data to identify trends and patterns to guide

development of measurable standards for data completeness and accuracy and to establish a baseline for understanding the levels of data quality. We will measure and monitor the defined data quality performance metrics on a regular basis. The metrics become central to the ongoing data quality process, enabling data managers to track progress and quickly identify problem areas that need to be addressed.

Data Quality Monitoring. We use data balancing and reconciliation procedures to make sure data is loaded correctly. Reports that provide metrics and balancing information are used to confirm data and information validation was successful, as specified by State, federal, and business area. We will review quality issues with data received and suggest areas where the supplier or source could make process or system improvements.

Data Quality Assessment and Improvement. Gainwell will participate in data quality assessment and improvement activities, providing an analytic “lens” to evaluate the data as it will be used by stakeholders. Should poor data quality performance metrics occur, Gainwell will identify the root causes and recommend solutions to identified data quality concerns from root cause analyses. With State approval, Gainwell will implement recommended solutions to improve *CoreMMIS* enterprise data quality. We will monitor and track progress toward data quality improvement.

Data Quality Reporting. Gainwell will create data quality dashboards and a standardized monthly progress report to visually display how data quality metrics compare to established benchmarks. We will develop reports that are clear, color-coded, and presented in an easy-to-understand format. The dashboard and reports will provide information on data quality measures for consistency, completeness, timeliness, and accuracy. These tools will be used to identify, track, and resolve potential data quality issues.

Data Model and Database Change Control

Gainwell has established methods for timely and efficient data model and database change control designed to maintain data integrity and data quality in conformance with documented data standards. Database Change Control is the process used to promote changes from the data model into a physical database and to migrate database changes throughout the various database environments, ultimately ending in the production environment.

All database changes originate from the data model, which is the source for the Indiana *CoreMMIS* database structures and input for the database change control process. If a database change is needed, Gainwell developers will initiate the database change by working with designated technical staff and leadership to design the proposed database change. The proposed change will be documented using Gainwell’s internal Database Change Request form.

To initiate a data model change, the Database Change Request form will be filled out and attached to a corresponding change packet. The change packet includes the change order or change request, the data model change request forms, and an impact analysis of the change. A technical walkthrough will be held to review all the documentation within the change packet.

Once a database change has been approved by the walkthrough participants, the change will be reviewed by the Data Model Review Board. All functional areas have a representative on the Data Model Review Board to facilitate communication of cross-

team impacts and database change approvals. When the database change has been approved by the Data Model Review Board, the corresponding data model diagram will be updated by a Data Modeler. Once the data model has been updated, the change will be reflected in the database compare reports for development database environments. Approved changes from the compare reports are then implemented in the Development Integration database environments using the database change control migration process.

After the change has been successfully tested in the Development Integration environment, any related database changes can be promoted to the Business Systems Testing environment where model office testing is performed. Once a change order has been successfully tested in the Business System Testing environment, any related database changes can be promoted to the User Acceptance Test environment where user acceptance testing is performed, and so on. The process used to promote database changes from one environment to subsequent environments follows established migration procedures as illustrated in Figure 41, Appendix 1 - Supporting Graphics, Technical Proposal Appendix. controlled process makes sure that no databases changes occur in the production environment without successfully completing testing in each predecessor environment and receiving required Gainwell and State approvals.

Managing Multiple Types of Medicaid Enterprise Data

The Gainwell Indiana *CoreMMIS* solution maintains data sets approved by the State that are required for program operations and reporting, including provider, member, claims, encounters, capitation, and reference data. Our solution supports comprehensive reporting functionality for a variety of data sources. In the following paragraphs, Gainwell addresses our approach to managing member, provider, payment, and program data and information for the Indiana *CoreMMIS*.

Manage Member Information

Maintaining current and valid member data is critical for accurate eligibility and claims processing. The Member Management component of the *CoreMMIS* is flexible and adaptable to suit Indiana's business needs and to serving Hoosiers. Gainwell offers a robust solution for receiving and maintaining accurate member demographics, eligibility and enrollment history, cost share details, and other member-related information. It is highly customizable to meet the needs of Indiana's array of healthcare programs.

The *CoreMMIS* receives member eligibility data from the Indiana Eligibility Determination Services System (IEDSS) each day. The member data is validated against a set of approved validation edits before being loaded into the *CoreMMIS*. Gainwell currently reconciles the member data in the *CoreMMIS* against the member data in IEDSS to identify and resolve any data mismatches. The timely and accurate maintenance of the member data enables providers to quickly determine eligibility and covered services, enabling the provider to focus more on the care of the individual and not the billing processes.

Member Demographics

Our solution supports a comprehensive set of member data that contains data elements required by CMS for certification. The *CoreMMIS* captures and maintains an individual member's current and historical information required to support Medicaid and other specified medical assistance and public health programs, as well as other benefits information for transaction processing. We capture the demographic data required by the Indiana Medicaid Program, including but not limited to the following:

- | | | | |
|----------------------------|---------------------------------|-----------------------------------|---------------------------------------|
| • Mailing Address | • Home Telephone | • Sex | • Date of Death |
| • Residential Address | • Cell Telephone | • Race(s) | • Application Date |
| • ZIP+4 | • Work Telephone | • Ethnicity | • Disposition Date |
| • Email Address | • Fax Number | • Tribal Designation | • Pregnancy Status |
| • Date of Birth | • Telephone Owner | • Foster Care | • Date of Delivery |
| • Multiple Birth Indicator | • Head or Member of Household | • Foster Care for EPSDT mailing | • Primary Language for Correspondence |
| • Region/County Code | • Health Insurance Claim Number | • Guardian/Other Name and Address | • Primary Language Spoken |

Resolving Duplicate Records

Gainwell developed system logic to identify possible duplicate members — two member records that may represent a single member — and notifies appropriate staff members for reconciliation through a daily Potential Duplicate report. After review of the records, if a duplicate is confirmed, a batch process performs a member link process that automatically updates the applicable system tables. The link process also updates member data used in other parts of the system so other functions such as claims, prior authorization, and financials are not adversely affected by an update to a member ID.

Manage Provider Information

Gainwell captures current and historical provider data for use in provider enrollment/re-enrollment, claims processing, the provider search function, and reporting. We maintain and manage the provider information in the database where only authorized users are allowed to access, view, and make appropriate updates. Provider key demographic and primary specialty information are stored and readily available to users. Provider demographic information also includes email addresses, contacts, physical address, service location, and license information.

Gainwell currently reconciles the provider information by the provider, completing the required provider revalidation process every 3 to 5 years, based on the provider type and specialty as designed by federal and State guidelines. Any changes to provider data are captured in an audit trail that shows what data was changed, the date and time the change was made, and who made the change.

Manage Payment Information

The financial management business process area captures, stores, and reports on data related to financial activities that:

- Make sure that accounts payable (AP) and accounts receivable (AR) transactions are recognized and posted in accordance with State and federal regulations
- Confirm financial transactions related to program delivery are processed in compliance with State and federal regulations
- Support management of program funds

Gainwell's interChange solution for the Indiana CoreMMIS stores required financial information and applies it to payment processing and reporting. The CoreMMIS manages the payment records and payment details in the operation data store. It maintains paid claims, denied claims, and capitation payments for a retention period determined by the State. This payment information is used to generate ad hoc and scheduled operational reports through the CoreMMIS. Users can view financial transactions related to a given payee and drill down to view details underlying the report.

The Indiana CoreMMIS stores required financial information in relational databases so checks, electronic funds transfers (EFTs), Internal Revenue Service (IRS) Form 1099 reports, and other transactions can be generated and any applicable adjustments applied. The payment information provides metrics and balancing information to validate remittance advice activity and financial transaction (non-claim adjustments, AP and AR transactions, and cash receipts) processing is synchronized, auditable, and balanced.

Manage Program Information

Gainwell maintains and manages the Medicaid program information in the Oracle relational database where only authorized users are allowed access to provide the necessary management reporting, policy development, and administration of Indiana Medicaid using ad hoc reporting. Gainwell supports the State's Data Warehouse and sends financial data extracts within one business day after the financial cycle completes. On a schedule determined by the State, Gainwell send extracts to the Data Warehouse to support administration, decision support, policy development, and analysis routinely.

Performance Standards		Meets/Exceeds
1	Required data is provided within one (1) business day after each financial cycle	Exceeds

8.1.7 Reporting

Gainwell addresses our approach to meeting contract reporting requirements in Section 8.2, including management, federal, and State reporting.

8.2 Reporting

Gainwell has read the RFP, and we agree to meet each of the requirements described in RFP Attachment K, 8.7 Reporting, including the Required Services table. Gainwell knows accurate and timely reporting is essential to successful decision making. Our data management approach provides direct support for fast *CoreMMIS* reporting through specialized data marts and high-quality data extraction for the Enterprise Data Warehouse. The data architecture Gainwell built for the Indiana *CoreMMIS* has demonstrated its capability to meet the evolving requirements in data, reporting, and analysis requirements. Our solution includes a robust operational data store (ODS) mart with sophisticated analytics capabilities. Established table structures, relationships, naming conventions, and change management procedures create a strong and flexible reporting foundation in the Indiana *CoreMMIS*. This includes the OLTP data model for high performance transactional processing, as well as OLAP data model for effective reporting. Separating the reporting architecture from transactional processing architecture means that business processing is not affected by report generation, and the report generation process is easier. Additionally, Indiana's data retention requirements for reports and the supporting data will be easily met with this solution.

Gainwell's proposed solution provides extensive management, State, and federal reporting capabilities, including applied analytics and pre-aggregated reporting, metrics, computations, analytics, and ad hoc query capabilities. Our reporting solution enables standard report generation at specified intervals, ad hoc reporting, and dashboard reporting of key performance measures (KPMs). In addition to our standard management reports and dashboards, authorized users can run reports, modify filters, and export data. Gainwell's data and business engagement specialists will continue to support operations and State staff in understanding and interpretation of reporting and data output, as they do today.

Stakeholder Data Reporting

Managing data to improve stakeholder objectives is a priority that Gainwell always keeps in mind when implementing a solution and continues throughout ongoing operations. Our solution is designed with key stakeholders in mind, including State agencies such as OMPP, CMS, managed care entities (MCEs), and the Data Warehouse vendor. Today, numerous extracts are generated individually for Data Management Review team, Fraud Unit, Office of the Inspector General, and the Attorney General's office. Financial and claim extracts are sent to the Data Warehouse within 24 hours after the weekly financial cycle has completed to make certain up-to-date information is available for reporting purposes.

Report Security

Gainwell understands security of program information is paramount, and that drives our approach to protecting and maintaining data entrusted to our care. We use a role-based security approach for processes and policies and audit logs documenting data access information. We update and track user security profiles, implement security processes and policies with the security administrator, and work to meet future State-specific data security requirements. We maintain report access by the individual user security profile, which we can manage at the report level. This approach lets users access data required to perform their job while restricting access to only those authorized.

Performance Standards		Meets/Exceeds
1	Required data is provided within one (1) business day after each financial cycle.	Meets
2	Accurate and timely delivery of management reporting, Federal and State reporting on a schedule as determined by the State	Meets
3	Accurate and timely delivery of ad hoc reporting and data analysis as directed by the State	Meets

8.2.1 Management Reporting

Gainwell has read the RFP, and we agree to meet the requirements described in RFP Attachment K, 8.7.1 Management Reporting, including the Required Services table. Gainwell designed the Indiana *CoreMMIS* operational data stores to capture and maintain the data and information necessary to support timely and accurate reporting including program, provider, member, payment, utilization, management, and business intelligence reporting.

Gainwell recognizes that the State's separate Data Warehouse is the centerpiece for Medicaid data reporting for the State and external stakeholders, and it also supports ad hoc requests. Our experience has shown us that high-quality reporting directly from the MMIS is also valuable for management and operational needs. For day-to-day operational and management needs, the focused MMIS analytical reporting structure will provide immediate access for our operations teams to the most common data attributes. This reduces our team's dependence on external vendors and assists in conducting the operational research requests as they arise.

Operational Reporting

Gainwell produces numerous reports available in an online repository (OnDemand):

- Claims
- Financial
- Managed Care
- Member
- Provider
- Provider Enrollment

Gainwell has in place a methodology for development and maintenance of operating, reconciliation, and balancing reports. We will continue to produce, deliver, and manage timely and accurate production reports and ad hoc reports to meet business area, federal, State, and legislative needs. OnDemand reports, as well as the ongoing, designated MMIS business, financial, and performance reports, are generated to meet FSSA's reporting requirements. Our reports meet FSSA's specifications and are delivered at the agreed-on frequency.

Gainwell has incorporated multiple aspects of Medicaid reporting in its interChange product. Numerous online reports are available to users to run on an ad hoc basis with specified criteria if their security profiles match the business need.

Reports can be produced on a defined schedule (daily, weekly, monthly, annually) and are available to users with security access to designated subsystems. Reports will be

reviewed on a schedule determined by the State to determine if they are still appropriate and/or if new reporting is needed.

Dashboard Reporting

The Gainwell solution has the capability to display summary-level performance information in a dashboard format — for KPMs that are critical for monitoring performance of the system and the program. Dashboard capabilities will include applying overlays, filtering data contents, and drag-and-drop exploration. The Gainwell Dashboard will provide instant access to a wide range of *CoreMMIS* system and operations metrics with user-enabled alerts.

The dashboard will support the generation of certain claims, provider, and member ad hoc reporting. The advanced search capabilities in the reporting repository are robust. The search lets users restrict or expand the search to various folders and search by content types or report fields such as title, description, and owner.

Ad Hoc Report Requests

Ad hoc reporting and data analysis on program operations will be available to the State. Gainwell uses Microsoft SQL Server Reporting Services (SSRS), a fully integrated standard reporting tool within our solution, to produce operational and ad hoc reports. Capabilities of this tool enable standard report generation at specified intervals to produce management and State-required reports.

The State can submit a request for ad hoc reports on any program data captured within the Indiana MMIS. Gainwell will work with the State to assess the request to determine if it can be handled through the Service Request process, determine priority, and assign the request to a specialist to generate the report. Requests that are more complex will be assigned through the Change Request process. Gainwell's data and business engagement specialist staff will support Gainwell and the State in defining ad hoc report requests and understanding and interpreting the results.

Report Documentation

Gainwell will establish and maintain comprehensive procedures documenting how reports are prepared and detailing the procedures used to validate the accuracy of the report information. Report documentation will be available online for access by authorized users.

8.2.2 Federal and State Reporting

Gainwell has read the RFP, and we agree to meet the requirements described in RFP Attachment K, 8.7.2 Federal and State Reporting, including the Required Services table. The Gainwell team is familiar with State and federal reporting requirements and will deliver our MITA-aligned solution using the structured data stores within the Indiana *CoreMMIS*. With decades of Medicaid experience, we understand how important it is for the State to have accurate and timely access to critical program information. Gainwell designed the Indiana *CoreMMIS* data layer to meet State reporting needs, including data the State's Data Warehouse requires to generate federally mandated reports.

Examples of how we will continue to support the State and federal reporting requirements include:

- Timely and accurate information will be transmitted to the Data Warehouse to support federal and State reporting requirements such as:
 - Federal budget and expenditure reporting (CMS-21, CMS-36, CMS-64)
 - Transformed Medicaid Statistical Information System (T-MSIS) reports
 - Management and Administrative Reporting Subsystems (MARS) reports
 - Surveillance and Utilization Review (SUR) reports
 - Payment Error Rate Measurement (PERM)
- Ad hoc reporting and analysis on program data will be available to the State, as described previously in Management Reporting
- Charge, expenditure, program, recipient eligibility, and utilization data captured within the Indiana *CoreMMIS* will be available to support State and federal budget forecasts, tracking, and modeling

Support for Federal Reports

The ability to generate data for federally required reports is an important activity and necessary for FSSA. Among other uses, it directly impacts the amount of federal funding the State receives. Although Gainwell will not generate the federally mandated reports, the Indiana *CoreMMIS* captures and maintains the data and information necessary to support State and federal reporting requirements. We designed the robust operational data store (ODS) mart for the Indiana *CoreMMIS* to include the data fields, data sets, and codes necessary for the Data Warehouse to generate the federal reports. For example, each claim, at the detail line level, includes the fund code and category of service code. This allows us to provide accurate data to the Data Warehouse to support the federal reporting requirements. The secure delivery of this extracted data is managed and reported through our interChange Connections EDI/ESB providing assured delivery and auditing support.

Proposed Annual Review of Reports

Following contract award, Gainwell will submit a proposal to the State for conducting an ongoing periodic review of existing reports for usability, relevance, and accuracy. This effort will be led by our Quality Management team with participants from each business area. Based on results of the annual review, we will provide recommendations to the State for changes that may include modifying reports, combining similar reports, or ceasing production of reports that have become obsolete.

SECTION 89 - Reimbursement and Claims Processing

- a. Describe how you plan to conduct Reimbursement and Claims Processing activities, including how you will ensure claims process appropriately and are adjudicated timely,

- and that providers are reimbursed the correct amount. Be sure to address all components described in Section 89 of the SOW. Specifically, make sure to cover the following:
- viii. Describe how you observe best practices for accurately processing and adjudicating claims and encounters in accordance with Section 89.1 and 89.2.
 - ix. How will you meet the criteria and expectations outlined in Section 89.3 of the SOW to facilitate the successful completion of all facets of Third-Party Liability (TPL) related activities?

9.0 Scope of Work – Reimbursement and Claims Processing

Gainwell has carefully reviewed the Claims Processing information provided with the Indiana Family and Social Services Administration (FSSA) RFP. As FSSA's current Contractor, we can confirm that the Indiana *CoreMMIS* and established claims processing functions adhere to current State and federal criteria, policy, and regulations. Claims (including Encounters) are processed according to State and federal rules and regulations, as well as Indiana Medicaid policy, and are processed within established service level agreements (SLAs). We are fully committed to meeting and exceeding the FSSA claims processing requirements in the new contract.

Gainwell implemented the new, modernized Indiana MMIS in February 2017, powered by our interChange solution and configured to Indiana-specific business rules. The Indiana MMIS currently provides the flexibility, functionality, stability, and power needed for claims processing.

By selecting Gainwell for the next contract period, the FSSA will benefit from:

- No disruption to the Indiana Medicaid provider community
- No disruption for Indiana Medicaid members
- No disruption to operations and support of critical claims processing functions

The Claims Processing business function includes the processes that support claims control and entry, claims adjudication and process, and claims reporting. The claims function provides for the entry of the claims into the system in electronic format, batching and controlling those claims throughout the system, editing, adjudication, and pricing of claims along with generation of claims processing reports.

CoreMMIS uses a nationally recognized, standardized method of processing claims using logic based on Current Procedural Terminology (CPT), Healthcare Common Procedure Coding System (HCPCS), International Classification of Diseases (ICD), and Current Dental Terminology (CDT). The claim editor results in consistent claims adjudication for providers and increased claims payment turnaround time. The edits/audits in place work with the claims processing system to detect billing errors and verify accurate payment.

Gainwell understands the importance of claims processing and its essential role within the Indiana Medicaid program. Processing claims efficiently and accurately goes beyond the Indiana *CoreMMIS*. Efficient processing also depends on effective fiscal agent services as well as staff supporting both the system and operation functions. For three decades, we have provided quality services to FSSA and have demonstrated our ability and our flexibility to accommodate changes and set the pace for a continued innovative partnership.

Gainwell's Indiana *CoreMMIS* offers the following key benefits:

- A rules-driven claims engine that supports authorized users in configuring rule changes, reducing the reliance on technical staff members for process and policy change requests

- Real-time adjudication of claims enabling accurate, earlier settlement with providers to help improve satisfaction and increase participation
- Adjudication of encounters, enabling accurate, earlier insight into services provided to 90% of members, providing a full picture of healthcare services
- Quick rollout of policy changes, supporting rapid activation of healthcare reform initiatives
- Multifaceted security features, allowing broader control of more components of the system and thus giving the right people access to the right data so they can make necessary updates quickly and efficiently

Figure 42, Appendix 1 - Supporting Graphics, Technical Proposal Appendix summarizes the major components of the Indiana *CoreMMIS* for Claims Management and its benefits to the State.

Gainwell has carefully reviewed the reimbursement claims processing responsibilities described in the RFP and Attachment K – Scope of Work (SOW), Section 9, Reimbursement and Claims Processing. The general approach Gainwell describes in this proposal section conforms with and supports these requirements and is organized into the following sections:

- 9.1 Reimbursement and Claims Processing
 - 9.1.1 Claims Adjudication and Encounters
 - 9.1.1.1 Claims Adjudication
 - 9.1.1.2 Encounter Claims and Reporting
 - 9.1.2 Third Party Liability (TPL) Activities
 - 9.1.2.1 Cost Avoidance
 - 9.1.2.2 Resource Identification
 - 9.1.2.3 Health Insurance Premium Pay Program (HIPP)
 - 9.1.2.4 Casualty Cases

9.1 Reimbursement and Claims Processing

9.1.1 Claims Adjudication and Encounters

The Gainwell *CoreMMIS* solution has been operational since February 13, 2017. The *CoreMMIS* allows full functionality, flexibility, and has a powerful claim engine. For Claims Management, the Gainwell Indiana interChange *CoreMMIS* solution meets or exceeds the functions defined in the Scope of Work. Gainwell's claims processing service encompasses the following from receipt through final adjudication:

- Unique identification of claims
- Editing and auditing
- Suspended claim resolution based on FSSA-approved criteria
- Manual and systematic pricing

- Reporting for each transaction as it processes through each step of the adjudication process

While interdependent with other functional areas, claims processing is a core function at the center of the Indiana *CoreMMIS* that offers the following key benefits:

- A rules-driven claims engine that supports authorized users in configuring rule changes to support policy updates
- Real-time adjudication of claims, enabling accurate and earlier settlement with providers, which increases provider satisfaction
- Acceptance of encounter claims, enabling accurate, earlier insight into services provided to Indiana Medicaid Managed Care Entity (MCE) members; providing a full picture and additional insight into program healthcare services rendered
- Quick rollout of policy changes, supporting rapid activation of healthcare reform activities
- Multi-faceted, allowing broader control of more components of the system; giving the right people access to the right data so they can interact appropriately with the system
- Allowance for manual intervention and exceptions to policy as permitted and/or requested by FSSA

Gainwell has demonstrated a long-standing history of meeting or exceeding both state and federal standards for claims processing timeliness. We understand the fundamental responsibility of processing claims efficiently and accurately, and that stellar performance can be achieved only through:

- Methodical, streamlined processes
- Well-configured systems
- Knowledgeable, professional, forward-thinking, and culturally competent staff
- Continued process review and improvement

Gainwell adjudicates MCE encounters submitted in a Health Insurance Portability and Accountability Act (HIPAA)-compliant 837 file format. MCEs receive a 999 or TA1 acknowledgement to their 837 files after submission. Encounters are adjudicated in the *CoreMMIS* based on existing claim edits and audits specific to encounters and the MCE receives a HIPAA-compliant 835 and could also receive a 277U transaction based on claim disposition for encounter completion status.

9.1.1.1 Claims Adjudication

Processing claims according to federal and state policies and procedures is the goal of any MMIS. Gainwell brings years of experience setting up, taking over, and maintaining Medicaid operations. We understand the adjudication needs of Medicaid claims and the interrelationships and dependencies of recipient and provider eligibility, how managed care recipients differ, and the essential data required and used to appropriately process the claim. We accept electronic, Provider Healthcare Portal, and paper claims, along with adjustments and voids in the same manner.

When Indiana *CoreMMIS* receives a claim, the system logic evaluates the claim using the business rules engine to promote compliance with FSSA defined service, policy, and payment parameters. FSSA can configure these parameters through the

Reference or Benefit Plan Administration (BPA) functions for benefit plan, provider contract coverage, audits, edits, and prior authorization (PA).

This information includes age and gender restrictions, diagnosis requirements and limitations, when from/through billing is appropriate, and the requirements surrounding stale date billing. In addition, we make sure the prior authorization requirements are met and that limitations are applied, duplicates are identified, and payment prevented where appropriate. All facets of the claim must be validated for appropriate adjudication.

Claims submitted are subject to automated edits and audits to validate the claim data is complete, correct, and appropriate and that the claim complies with FSSA policies. Following application of the system edits and audits, the claim status is set to Pay, Deny, or Suspend. Suspended claims are monitored and tracked through the resolution process to adjudication.

Suspended claims are routed to the appropriate Resolution Team member for manual review and processing. The Indiana *CoreMMIS* provides approved online, real-time, and user-friendly claims resolution tools for suspended claims.

The Indiana *CoreMMIS* uses a first-in-first-out (FIFO) processing approach in which the date of receipt establishes processing priority. Similarly, automated processes use the date of receipt to track and report on aging of claims. Claims that do not auto-adjudicate in the Indiana *CoreMMIS* will suspend where they are reviewed by claims analysts on a FIFO basis. Reporting mechanisms are used to measure our performance daily, weekly, and monthly. In addition, we continuously monitor claims processing times and other key performance metrics.

Claims Management understands the fluctuations in claims receipts that occur based on days of the week, weeks of the month, and seasons. Our management approach and staffing plan take these critical factors into account. We make immediate adjustments to assignments, workloads, and/or other aspects of Claims Processing as needed to make sure key performance metrics (KPMs) are met or exceeded.

Inventory reports are generated by the system and reviewed daily to maintain prompt movement of claims through the stages of processing. Because Internal Control Numbers (ICNs) (including the Julian date of receipt) are maintained for the life of the claim — and reports and other monitoring tools use the identifier for tracking purposes — it is apparent to claims management if claims are at risk of falling outside timely processing performance standards. Immediate adjustments are made to workloads or other aspects of processing when we detect the earliest sign of performance decline.

Claims Management

Gainwell makes sure Indiana Code (IC) requirements regarding claim processing are met in the *CoreMMIS*. Gainwell understands the necessity of meeting IC requirements and is committed to making certain the claim processing operations meet that need.

To assist providers with electronic, Provider Healthcare Portal, and paper claim submissions, Gainwell maintains provider documentation accessible on the FSSA website for claim submission and processing requirements, this includes how to submit claims on the Provider Healthcare Portal and companion guides to use in conjunction with HIPAA implementation guides. Trading partners submitting claims using a HIPAA-compliant transaction are given a HIPAA-compliant return transaction.

Paper claims submitted without all of the required information will be returned to the provider for completion. When this occurs the provider's claim will be returned along with a return to provider (RTP) letter stating the reason for return.

Billing requirement changes or changes to the claim processing system are completed through the State-approved change request process for either system or reference changes. This process includes an approval from the State that must be completed prior to making any production changes in the claims processing system. Updates related to billing requirement changes are documented in existing provider modules to assist with appropriate claim submission for providers.

The *CoreMMIS* includes robust editing, including member edits, to make certain that the member was enrolled on the date of service and eligible for the service provided. This is completed by using the member information in the *CoreMMIS*. When members are found to not be eligible on the date of service, the claim is denied for this edit and the claim status is communicated to the provider of service. In addition, edit dispositioning can direct claims to Medical Review based on FSSA approved criteria for a clinical review and approval.

As part of the claim adjudication process, the *CoreMMIS* applies any cost-share that is due. This information is accessed in the member sub-system to determine the correct cost-share amount to be used on a claim. The Indiana *CoreMMIS* supports the use and application of several types of recipient cost-share including:

- Copayment
- HCBS Waiver Liability/Spend-down
- Coinsurance
- Patient liability
- Deductible

The appropriate cost-share amount is withheld from the claim payment. The cost-share applied to the claim is stored with the claim data so users who look up the claim later can view the amount. Claims received with third-party liability (TPL) not currently in the system are processed and reported to the TPL department for update of TPL files. The Indiana *CoreMMIS* updates the PA records based on claims and claim adjustments and voids. The system decrements the number of units or dollars used during the claims processing cycle, and the PA History, viewable online and using the Provider Healthcare Portal, reflects the number of units and dollars remaining.

Claim adjustments can also be submitted through a HIPAA-compliant transaction using a frequency code indicating if a claim is a replacement or void. Providers can also submit claim adjustments using the Provider Healthcare Portal and on paper claims. In addition, providers can submit a non-check-related adjustment where the provider completes the appropriate adjustment request form, a copy of the originally submitted claim form, a copy of the FSSA RA that indicates how the claim was previously paid, and a copy of documentation to support the need for an adjustment to a completed TPL attachment form, if applicable. A check related adjustment can also be submitted where a provider sends a check in the amount of the excess payment with the adjustment form and appropriate attachments. In this case, the Finance team will create a cash control number and the claim adjudication analyst will disposition the claim against the check that was submitted.

MCEs can also submit encounter replacements through a HIPAA -compliant 837 transaction, using a frequency code indicating whether a claim is a replacement or void.

Replacements and voids are tied to the original ICNs and can be found in the adjustment mother/daughter panel in *CoreMMIS*.

Gainwell supports the submission of claim documentation. Documents can be submitted using paper through the Gainwell mailroom where the documentation is scanned and linked to the appropriate ICN. In the Provider Healthcare Portal, providers can upload documents or when submitting a claim, they can indicate that documents are being submitted by mail.

ICNs are assigned to each claim. This unique identifier includes the Julian date of receipt and is maintained for the life of the claim. Included in the ICN is the region code, identified with the first two digits of the ICN, that indicates the claim submission method and if the claim has attachments. Specific region codes are also used for claim adjustments, check- and non-check-related, as well as mass adjustments and reprocessing. Claims that require a special batch for completion are also identified with a specific region code.

The *CoreMMIS* is a role-based system and users receive access based on their specific role, which might include the ability to disposition an edit or audit in the system, or access could be limited to read only. In this case, a user could view all of the claims data but could not make a claim update. Gainwell produces claims reports that are available in OnDemand, which is accessible through *CoreMMIS*. Reports are produced at approved intervals. The Indiana *CoreMMIS* claims processing functional capability generates numerous standard reports to assist in the overall oversight and management of program operations.

Throughout a claim's lifetime, the State's *CoreMMIS* maintains a complete audit trail of each claim. The audit trail for claims includes data updates, claim location, and rule decisions. The claim record also maintains a history of errors encountered. This information is available for ongoing and ad hoc reporting as well as online inquiry for authorized users.

Gainwell has an established claims quality review process in place that is completed monthly based on an FSSA approved sample and data pull. Identified claims are reviewed for system processing accuracy and if the claim has been adjusted or suspended for manual review and completion. The results of the monthly audit are submitted to Office of Medicaid Policy and Planning (OMPP) for review. The monthly audit findings are additionally reviewed by Operational Verification and Validation (OV&V) for compliance. Audit results are reviewed each month in the Monthly Claims Client Meeting.

Gainwell can provide reporting by member and providers as requested by FSSA.

Performance Standards		Meet/ Exceed
1	Clean electronically submitted claims are adjudicated within fourteen (14) calendar days of receipt	Meets
2	Clean paper claims are adjudicated within thirty (30) calendar days of receipt	Meets

3	100% of claims (clean and unclean) are adjudicated within ninety (90) calendar days of receipt	Meets
4	Based on statistically valid sampling techniques, claim adjudication and pricing are at least 98% accurate	Meets
5	Acknowledge the request for claim/encounter submission information as specified by the State within one (1) day of request	Meets
6	100% of claims history reports by member and/or provider are provided as requested by the State within one (1) business day of receipt of the request	Meets
7	100% of hard-copy original claims, adjustments, attachments, non-claim transaction documents, and HIPAA electronic transmission files for 100% of transactions processed are provided upon the State's request within one (1) business day	Meets
8	For claims with manually entered data, monthly quality-assurance reviews are conducted by random sampling techniques to ensure data entry quality is at least 98% accurate (free of typos and keying errors)	Meets
9	Claim is returned to a provider if it cannot be successfully entered within five (5) business days of system rejection	Meets
10	Attachment data set or attachment information report is provided in accordance with Business area, State, and Federal policies within five (5) business days	Meets

Preparing Remittance Advices and Explanation of Benefits

Accurate and timely posting of claim and financial information reduces calls to the call center and allows for timely resubmission of claims, if necessary. The *CoreMMIS* provides the capability to improve communication of remittance advice (RA) information through enhanced messaging features that are provider-specific, easy to maintain, and simple to change.

Providers can access and view copies (print images of their RA) through the Provider Healthcare Portal. The provider can download the RA through the File Exchange Download Files web page or view the RA print images accessed from Search Payment History, View Payment Details, View Claim Details, or Search Claims options.

The RA produced in the *CoreMMIS* contains activity on a provider's account, including ad hoc payments, claims advances, newly submitted claims, claim adjustments, and if the payment is positive or negative. The RA is available in paper format, HIPAA 835 format, or through the web portal. The RAs display ad-hoc payments, claim advances, and claim payment or denial activity for the week with the appropriate explanation for claim adjudication and financial transactions, including recoupments on that financial cycle. The Indiana *CoreMMIS* reports error codes at the detail level to inform providers of needed corrections for claim resubmissions. If necessary, the system can suspend actual payments through check or electronic fund transfer with the RA still generated for notification purposes. The *CoreMMIS* supports the production of electronic and

paper RA reports, giving providers access to payment details to manage their business.

Figure 43, Appendix 1 - Supporting Graphics, Technical Proposal Appendix illustrates the flow of information in the prepare RA business process. The process starts with prepare RA inputs, shows the processes and databases that support the processes, and leads to the outputs of the prepare RA business process.

The Prepare RA process uses the *CoreMMIS* claims, provider, member, reference, and financial files to compile data during the reporting period related to claim and financial activity.

Gainwell will work with the State to develop specific roles and responsibilities for the prepare RA function. At a minimum, the State will retain overall responsibility for monitoring Gainwell through review of claims processing and financial cycle balancing and control reports.

Gainwell will use existing monitoring reports to confirm RAs are created and available for providers to view or print within one day after the financial cycle is complete.

Gainwell will receive system-generated notifications when financial and claims cycles complete. These notifications confirm the processes completed successfully or can alert the team to a potential processing issue. Gainwell will use the escalation process and initiate issue identification and resolution according to our Project and Portfolio Management (PPM) methodology.

The RA is available to the provider in paper format, on request; HIPAA 835 format; or through the Healthcare Portal. Our integration framework, *interChange Connections*, is used to transport the RA image to the Healthcare Portal or to the provider on the EDI X12 835 transaction. The FTS within *interChange Connections* framework will pick up the RA file and transport it to the portal where the provider can access it. The FTS will keep track of the date or time of receipt and storage of the RA.

When the *CoreMMIS* creates the RA, it is stored in the *OnDemand Document Management System*. This allows a verified user to view a copy of the actual RA sent to the provider for better auditability. *OnDemand* is connected to the *CoreMMIS* through *interChange Connections*, retaining loose coupling between the *CoreMMIS* and the document management system.

Random Sample Methodology

Gainwell randomly selects members who receive services through FSSA and generates an EOB notice to them to verify that they received the services indicated. This is completed on a monthly basis.

The *CoreMMIS* solution delivers the functions required by the State.

Performance Standards		Meet/ Exceed
1	Reports on remittance advice information are provided as specified by the State within one (1) business day	Meets
2	Remittance advice is generated with federally required reason codes to explain claims adjudication and adjustment results and transmit to the correct providers within five (5) business days and	Meets

	that displays the information according to Business area, State and Federal defined requirements	
3	100% of Prepare Remittance Advice Processes are complete within one (1) day	Meets
4	100% of EOB notices and/or notification letters are distributed within two (2) business days after the last payment cycle for every calendar month	Meets

Apply Adjustment

The *CoreMMIS* solution supports claims adjustments and voids to previously adjudicated claims. The system is configurable to allow authorized staff members to initiate single claim adjustments or to initiate mass adjustments. The *CoreMMIS* solution mass claims adjustment function provides an interface to process mass adjustment requests. The *CoreMMIS* bases mass claim adjustment selections on user-selected claim criteria and are submitted only by authorized users.

The *CoreMMIS* solution brings flexibility to the provider community, enabling them to submit their own electronic adjustments or voids. Providers can submit a single electronic adjustment online through the claims screens in the Healthcare Portal. The *CoreMMIS* solution allows for real-time claim adjustment or void retrieval and data correction for individual claim adjustments as needed, providing quick turnaround for the provider community. Gainwell specialists directly enter paper adjustments or voids received into the *CoreMMIS* through user-friendly adjustment web panels.

Providers can submit requests for non-check, individual, and multiple claim adjustments on paper. The mailroom receives these adjustments and uses the OPEX solution to scan and control them when accepted in the *CoreMMIS*, an Gainwell adjustment analyst reviews the request for validity and initiates the adjustment.

The *CoreMMIS* processes checks received in the Indiana mailroom according to specific financial guidelines. The Finance department controls the checks, and the Finance team forwards copies of the checks with associated information to the Indiana mailroom to scan prior to routing to the claims adjustment analyst for review and processing of the check-related adjustment.

The mass adjustment process can be utilized within *CoreMMIS* to select paid, finalized claims for adjustment based on several parameters such as claim type, provider type, and procedure code. The authorized user can review the claims selected for adjustment to determine which claims should continue with the adjustment process. The authorized user can choose to verify the claims before or after the claims engine processes them.

Mass adjustment/reprocessing and voids can also be completed through an existing job where defined claim data is submitted for completion. This process generates completion reports to identify claims that have paid, denied, or suspended for additional review. This report also lists previous and current dollar impacts along with the previous and newly created adjustment/reprocessed ICN.

Mass adjustments/reprocessing and voids are reviewed in the monthly claim client meeting.

Gainwell has an automated process to apply retroactive rate changes for long-term care providers through an automated job process. In addition, Gainwell has an

automated process in place where claims are adjusted when a date of death is entered for a member and they have paid claims for a date of service after the date of death.

Gainwell submits monthly files for claims to be adjusted based on their TPL findings and provider responses. Additionally, Gainwell is establishing a process with OMPP's Program Integrity unit to complete adjustments for audit entities.

Apply Adjustment Business Process Flow

The *CoreMMIS* provides an effective and efficient solution for claims adjustments related to payment or recoupment of overpayments or underpayments. The system accepts claim and nonclaim-specific adjustments, automated adjustments from accounts receivable and TPL case tracking, recoupments because of audit findings, mass adjustments, and cash transaction adjustments. During adjustment processing, the system links related transactions to track the latest adjustment back to the original claim.

The *CoreMMIS* accurately reflects adjustments processed in the files that the system accesses during the reversal and reprocessing of a claim, including the provider master, the member maintenance, the PA, and the financial tables.

The Apply Adjustment process supports retroactive rate adjustments, patient/HCBS waiver liability adjustments, adjustments for system modifications or error correction, and single and mass adjustments, and the process interfaces with the *CoreMMIS* claims, provider, member, reference, and financial files.

Figure 44, Appendix 1 - Supporting Graphics, Technical Proposal Appendix illustrates the flow of information in the apply adjustment business process. The process starts with apply adjustment inputs, shows the processes and databases that support the processes, and leads to the outputs of the apply adjustment business process.

Functions and Features of Components

The Apply Adjustment business process occurs similarly as Claims Entry. Providers can submit adjustments in the following ways:

- **Paper claim adjustments** are preprocessed using the OPEX AS7200i scanner and CertainScan Capture software. The clerk uses this hardware/software combination to confirm the scan is readable and complete. When identified as complete, OPEX sends the image to SunGard FormWorks, which extracts data from the scanned image and allows clerks to view and correct the output so required fields are populated. The resulting output is an XML file ready for the *CoreMMIS* claims processing service. OPEX sends the scanned claim adjustment images to the document management repository OnDemand.
- **Interactive adjustments** are submitted through the Healthcare Portal. The portal validates the claims for required format and inclusion of the required information on the web page. The portal generates output in the required XML format for the *CoreMMIS* adjustment processing service. The XML file travels on interChange Connections so that file transfer service (FTS) monitors and manages the transport.
- **Electronic Adjustments** are submitted on a standard HIPAA 837 input. Edifecs preprocesses the electronic adjustments, translates them to a standard XML for

CoreMMIS, and transports them to the CoreMMIS triggering the Claims Processing Service.

Performance Standards		Meet/ Exceed
1	<p>Conduct the following claim adjustment processes within ten (10) business days of receipt of request from the State or its designee, receipt of adjustment notice, or on the schedule agreed to by the State:</p> <ol style="list-style-type: none">1. Adjust claims including but not limited to individual or mass claim adjustments, liens, and non-claim specific returns2. Execute retroactive adjustment processing within ten (10) business days of receipt of the request from the State or its designee. Mass adjustments will be reprocessed on an agreed upon schedule and provider notification will occur as needed prior to reprocessing.3. Pay or deny claim adjustments	Meets

Apply Claim Attachment

Moving along the Medicaid Information Technology Architecture (MITA) maturity path for Apply Claim Attachment includes associating an attachment to an electronic or paper claim at the time of claim receipt or later. The CoreMMIS can receive attachments by mail or through the Healthcare Portal upload. The CoreMMIS uses these attachments within processing and can present them within the resolution workflow to claims reviewers exactly when they need it through services connected to OnDemand.

Gainwell brings a proven approach to business process change for providers and other stakeholders affected by the claims attachment transaction. While the Gainwell CoreMMIS readily accepts attachments on paper, we recommend and encourage providers take advantage of the automation and transition to submitting these items electronically. This minimizes manual effort for the providers and improves provider cash flow as the Healthcare Portal automates the process.

Apply Claim Business Process Flow

The Healthcare Portal provides the capability for a provider to upload an attachment file. The portal allows upload of various attachment formats — PDF, Microsoft Word, and RTF — and enables one or more attachments to be processed for a claim at the same time. The FTS within interChange Connections framework will pick up the file and transport it to SunGard for conversion to an XML data file. The FTS will keep track of the date/time of receipt and storage of the claim attachment. The CoreMMIS assigns the attachment control number (ACN) to the corresponding ICN. The optical character recognition (OCR) system captures the online submission of attachments. The claims examiner can view the claim attachment, in OnDemand, at the time the claim is processed. The scanned image is stored in the OnDemand content management system to allow the resolution clerk to recall it later.

Providers also may submit paper attachments to accompany electronic claims and electronic claim adjustments. As is today, they are required to indicate an ACN for

paper attachments submitted with electronic claims. Providers may submit attachments with a completed Claim Form Attachment Cover Page, indicating the corresponding ACN. This enables Gainwell to match the paper attachments to the correct electronic claim. Providers note the ACN in the claim EDI, which they assign themselves to note the identification of the attachment that belongs with specific claims. The provider then submits the paper attachment to Gainwell. Gainwell mailroom clerks scan paper claim attachments sent by mail or faxed on the OPEX scanner. OPEX sends the output of the scan to SunGard for OCR conversion and review. This creates the same XML output as was created in the Healthcare Portal process and the business process completes on the same path.

We process the paper attachments for electronic claims as follows:

- Received into the Gainwell Indiana account mailroom
- Opened, scanned, and married to the claim through the OPEX scanner solution
- Loaded into OnDemand for online access and viewing

Providers also may submit paper claims with attachments. The mailroom clerk scans the attachment and maintains it with the claim. The attachment contains the same ICN as the corresponding claim. The claim and the attachments are available to the claims analyst through OnDemand when the analyst is processing the claim. The apply attachment function supports accurate claims submission and claims processing.

Figure 45, Appendix 1 - Supporting Graphics, Technical Proposal Appendix illustrates the flow of information in the apply claim attachment business process. The process starts with apply claim attachment inputs, shows the processes and databases that support the processes, and leads to the outputs of the apply claim attachment business process.

The Apply Claim Attachment function interfaces with providers, the Healthcare Portal, the OPEX scanning solution, Edifecs, and the IBM OnDemand Document Management Product. Gainwell will work with the State to develop specific roles and responsibilities in support of the Apply Claim Attachment function. At a minimum, the State will retain overall responsibility for active involvement in the review and approval of apply attachment procedures and guidelines.

CoreMMIS suspends claims submitted for 45 days when providers indicate they will be sending an attachment. Once the attachment has been received, CoreMMIS will continue moving claims through the adjudication process. Claims will be denied after 45 days if the attachment has not been received.

The Indiana Gainwell Claims team has extensive experience managing and processing attachments submitted with paper claims and paper attachments submitted for electronic claims. The OPEX solution enhances the controls for these attachments. It minimizes manual document handling and attachments are available more quickly for processing.

Performance Standards		Meet/ Exceed
1	Provide attachment data set or attachment information report in accordance with Business area, State, and Federal policies within five (5) business days	Meets
2	Provide integration with document management functions to maximize the automated association of non-electronic submitted	Meets

claim attachments and supporting documents to the original claim with 100% accuracy

Price Claim/Encounter

Gainwell understands the importance of pricing claims and encounters, and payment rates are at the core of MMIS claims processing. The *CoreMMIS* solution has a robust claims pricing system that is driven by user-updateable tables, such as fee schedules, provider-specific rate tables, or member cost-sharing tables — for example, patient liability, copayment, and TPL tables. These tables provide the *CoreMMIS* solution with the data necessary for calculating the appropriate claim or detail payment for each service according to FSSA rules and limitations applicable to each claim type, category of service, and type of provider. For example, pricing of inpatient hospital claims uses revenue code and diagnosis related groups (DRG) tables.

The *CoreMMIS* solution's rules management enables trained authorized users to identify, create, refine, and maintain business rules that effectively capture and enforce medical policy. Within the *CoreMMIS* solution, various business rules govern each claim processed — billing rules from policy and contracts, coverage rules from benefit plans, and reimbursement rules that determine how to price and pay the claim. The disposition of edits associated with business rules determine whether to pay, suspend, or deny claims according to FSSA policy on how to adjudicate each service.

Gainwell's *CoreMMIS* solution enhances user control by incorporating additional pricing reference tables. The *CoreMMIS* can price claims according to multiple distinct methodologies for different member populations. We maintain multiple pricing and reimbursement methodologies to appropriately price claims according to the required specifications, such as the following:

- Inpatient DRG
- Level-of-care per diem
- Federally Qualified Health Center (FQHC) and Rural Health Center (RHC)
- FFS payment schedules
- Crossover pricing

Additional information that affects pricing may include modifiers, provider type and specialty, claim type, and member age. FSSA benefits from the flexibility offered by the *CoreMMIS* in applying these differing payment methodologies as authorized users introduce changes through table and reimbursement agreement updates.

The sheer volume of data within the reference files and the constant change in healthcare necessitates a data maintenance approach that can accept online and batch updates. Gainwell understands that FSSA and its rate-setting contractor will submit rate updates for the *CoreMMIS* to process. The *CoreMMIS* accepts online and batch updates to reference rate files. Authorized users perform updates in a web-based, real-time environment. The system accepts and processes batch rate updates when the volume of updates warrants it.

Gainwell maintains claim pricing as part of the reimbursement rules in BPA/reference process. When the Indiana MMIS receives a claim for processing, the system logic evaluates the claim using the rules engine to promote compliance with FSSA defined policies regarding payment parameters, benefits plan, payment type, rates, edits, audit provider contract coverage, and PA.

Criteria determining the pricing methodology includes and is not limited to:

- Claim type
- Provider contract
- Pricing indicator
- Rate type
- Dates of service
- Modifiers

The claim pricing process calculates the Medicaid-allowed amount for claims based on claim type and defined pricing methodologies. The process uses the claim's ICN to select the claim type from the claim header table. The claim type calls the appropriate function for further processing. The claim system processing code directs the claim to the appropriate pricing methodology.

For every procedure code, revenue code, and Diagnosis-Related Group (DRG) code, there is a pricing indicator (PI) and rate type (RT). The PI and RT tell the *CoreMMIS* user how the code is priced. Codes may also have a benefit adjustment factor (BAF) that adds a further pricing adjustment. By definition, a BAF alters a service rate by a fixed-dollar amount, percentage, or series of percentages to increase or decrease the allowed amount.

Reimbursement rules identify modifiers that affect reimbursement in some way. Some modifiers involve complex calculations in the claims processing. These modifiers are not present on the reimbursement rule and instead are coded in the systems logic to process appropriately.

Non-physician practitioners that receive reduced reimbursement are reduced in a variety of ways:

- Provider specialty reduction
- Modifier
- Benefit adjustment factor
- Inherent in the rate

The FSSA reimburses covered services for Medicare and Medicare Replacement Plan crossover claims only when the Medicaid-allowed amount exceeds the amount paid by Medicare. When the Medicare-paid amount exceeds the Medicaid-allowed amount, claims are processed with a paid claim status with a zero reimbursed amount. If the Medicaid-allowed amount exceeds the Medicare-paid amount, the FSSA reimburses using the lesser of the Medicare coinsurance or copayment plus deductibles, or the difference between the Medicaid-allowed amount and the Medicare-paid amount. The reimbursement also reflects any other TPL payments and Medicaid waiver and patient liability amount.

The *CoreMMIS* uses an APR-DRG Grouper pricing methodology for inpatient claims. The version of the group is updated based on approval from the FSSA. The APR-DRG mapper is included in the 3M software the Gainwell uses under the State 3M contract.

The total payment to a hospital for an inpatient stay under the DRG payment methodology is the sum of the DRG rate and the component adjustments:

DRG rate + outlier adjustment (if applicable) + capital adjustment (if applicable) + medical education adjustment (if applicable)

Effective July 1, 2021, Gainwell implemented, based on a request from the FSSA, FQHC/RHC wrap payments for encounters. In this process the MCEs submit FQHC/RHC claim to Gainwell that they have processed for these providers along with their paid amounts. Gainwell will then apply FQHC/RHC specific editing to the claims and if the claims have been appropriate billed and submitted Gainwell will pay the FQHC/RHC provider their wrap payment. In this process, Gainwell looks at the provider-specific UCC rate on file for the date of service and deducts from this payment the MCE and any other TPL paid amounts and will reimburse the provider the difference so they are made whole for their existing uncompensated care cost (UCC) rate. These payments are on the providers RA for account balancing.

Recipient Cost Sharing

Besides fee-for-service rates, member cost sharing also is critical to accurate claims pricing. Tables within the reference and eligibility subsystems maintain data specifying how to deduct member copayment, patient liability, and spenddown during claims processing. The benefit plan design allows for easy application of member cost-sharing policies and restrictions specific to each healthcare program. This design provides FSSA with the ability to alter the particulars of how the CoreMMIS uses cost sharing, from exclusions to defining the specific criteria used to deduct member cost sharing amounts from claims payment.

Manual Pricing

The CoreMMIS solution allows for online entry of manual pricing for claims as appropriate. Based on the service billed and using FSSA-defined applicable pricing policy, the Resolutions team manually enters a price on the claim. The CoreMMIS retains user-entered manual prices and has a pricing indicator of "MANUAL" when it assigns a manual price.

Actions taken while processing a claim within CoreMMIS have an audit trail that can be reviewed to determine items such as when was an edit worked, the user ID that completed the action, and the time the action took place.

Gainwell is committed to making certain that claims price appropriately and completes "what-if" testing in the CoreMMIS model environment as requested by the FSSA. Gainwell has an established claims quality review process in place that is completed monthly based on an FSSA-approved sample and data pull. Identified claims are reviewed for system processing accuracy as well as claims that have been adjusted or suspended for manual review and completion or adjusted. The results of the monthly audit are submitted to OMPP for review. The monthly audit findings are additionally reviewed by OV&V for compliance. Audit results are reviewed each month in the Monthly Claims Client Meeting.

Providers receive a remittance advice of all claim activity after each financial cycle; this gives the provider information on their submitted claims showing paid amounts, including any patient liability, TPL deductions, and any claim adjustments.

Edits are in place to identify claims with FSSA approved high dollar for review by the Claims Manager for appropriate payment of claims.

Gainwell will work with the State to develop specific roles and responsibilities in support of the price claim/encounter. At a minimum, the State will retain overall responsibility for the following:

- Approval of adjudication procedures and processes, including the requirements and policies for manual pricing of claims
- Approval of policies, guidelines, documentation, and provider manuals drafted by Gainwell
- Maintain rate setting vendor agreements

Performance Standards		Meet/ Exceed
1	Mutually agreed upon thresholds are met for accuracy of claims payments, including but not limited reviews of high dollar claims and outliers.	Meets

Edit and Audit Claim/Encounter

The Indiana MMIS is a highly efficient system that accepts electronic claims transactions in HIPAA-mandated formats, through direct entry into the Provider Healthcare Portal or on an approved paper claim form.

Every claim submitted through the *CoreMMIS* is subject to the verification and validation that enforces the defined FSSA service, policy, and payment parameters. Authorized Gainwell Team analysts can change the configurable, table-driven edit capabilities of the *CoreMMIS* solution as directed by FSSA.

The *CoreMMIS* applies system edits to claims to verify that they comply with FSSA Medicaid policies and medical criteria. The system edits claims against the provider, member, and reference data files as part of the claims processing function. Besides editing individual fields for valid formats, such as accurate dates or numeric-only data, the claims processing system accesses various files to validate the claims data

Our experienced Indiana team will continue to review and process claims that the system suspends for the edits or audits as determined by FSSA. The automation of claims adjudication supports the MITA maturity vision and is one of the key benefits of a rules-driven Indiana *CoreMMIS*. When a claim does not pass editing, it suspends for review. After a claim resolution analyst applies an update to the claim, they release it back to the *CoreMMIS* where it is automatically re-edited and, if necessary, returned to suspense. This feature dramatically improves adjudication times for claims that suspend and allows the provider to view the claim's status updates throughout the day.

The *CoreMMIS* contains powerful features to manage workflow and enhance the quality of claims processing. One of these features is the work scheduler used to control the processing of suspended claims. This tool controls the number and type of claims that a claims resolution analyst processes. The work scheduler process automatically creates items on a staff member's "to do" list.

Gainwell can configure edits to suspend claims that require a medical necessity review. Claims requiring a clinical review are suspended to the PAUM clinical team for completion.

When a paper claim form is received for processing, specific form fields are reviewed and validated for completion. If it is determined that the fields are completed incorrectly or blank, the claim form and any attachments are returned to the provider, which prevents processing of the claim. The provider should review the reasons the

claim was returned, make the appropriate corrections, and then resubmit the claim for processing consideration.

Claims are subject to automated edits and audits to validate the claim data is complete, correct, and appropriate and that the claim complies with FSSA policies and criteria. Following application of the system edits and audits, the claim status is set to Pay, Deny, or Suspend. Suspended claims are monitored and tracked through the resolution process to adjudication.

Edit, Audit, and Price Claim/Encounter Business Process Flow

As the claims are processed through the system, they touch each of these areas where editing is performed. If a claim does not pass the edits, it sets specific error codes to be processed by one of our experienced claims resolution analysts. They will review the claim and make sure the data is accurate, then take the appropriate adjudication action based on the approved policy driven instructions to complete the claim processing.

Claim editing/auditing can be completed at the header or detail level of a claim, this is identified in the base information panel in the MMIS. Editing and auditing can also be completed at the benefit plan level making certain that only FSSA-approved services are covered for members enrolled in that plan.

Editing can be based on a multitude of factors, including procedure code coverage, procedure and modifier combinations, revenue code coverage, timely filing, member eligibility, including date of death, along with provider enrollment and National Provider Identification (NPI) requirements.

The Indiana MMIS editing process includes duplicate checks. This includes edits for previously rendered, previously authorized, or previously adjudicated services, including the same services during the same time frame by different providers. These edits avoid duplicate payments and make sure that services performed are consistent with the member's service history.

Limitation audits can be applied as an example to a member for lifetime limitations based on established, approved FSSA criteria. Codes with this limitation are listed in existing audits and as claims are submitted the MMIS looks at historical claims to determine if this service has already been completed. The Provider Healthcare Portal displays this information based on FSSA approval for provider awareness.

The MMIS provides for editing for providers who have been placed on Pre-Payment Review. The identification of a provider to be placed on pre-payment review is based on the FSSA or FSSA vendor of that provider and any specific criteria for review prior to claim completion. When a claim is identified to meet this criteria, the claim is suspended for the pre-payment vendor to review and determine if a claim should be paid or denied.

During processing, edits and audits sets are associated with the claim. If the claim takes multiple cycles to adjudicate, edits and audits sets from previous cycles are stored as historical edits. Using the online screens, authorized users can easily view the current edits and historical edits on the claim. Gainwell maintains a complete edit/audit report that is produced quarterly and available for review.

Gainwell maintains edits for National Correct Coding Initiative (NCCI) as well as all FSSA enhanced code auditing rules directly through claim-processing rules. Providers will see Explanation of Benefit (EOB) codes related to these services on their RA. Information regarding NCCI is available to providers in the National Correct Coding Initiative Modules available on the Indiana Medicaid website.

National Uniform Billing Committee (NUBC) information is also utilized in claims processing, such as patient status or type of Bill. This data is integrated in the MMIS with appropriate editing and auditing applied using this criteria.

The Indiana MMIS contains an edit/audit disposition status indicator. The status can be set to pay, deny, or suspend based on direction from the FSSA. This status indicator can be specific to the claim type, claim location, region code, dates of service, or date of receipt. Claim edits can be overridden with approval from FSSA. The approval will be linked to the claim.

Claims that suspend are routed to the appropriate resolution analysts for manual review and processing. The Indiana MMIS provides approved online, real-time, user-friendly claims resolution documents for suspended claims.

The Indiana MMIS allows FFS payment to providers for services delivered to members enrolled in the FFS program as well as those carved out of the MCE benefit package. When the system receives the claim, the system will first look to see if the service is in the benefit package or carved out. If the service is a carve-out, the process will continue to the FFS payment methodology.

The Indiana MMIS claims pricing system is driven by user-updateable tables, such as fee schedules, provider-specific rate tables, recipient cost-sharing tables, and TPL tables. Authorized users have point-and-click access to review these reference tables.

FSSA recipient cost-share information is accessed during claims processing to determine the correct patient liability amount to be used on a claim. The Indiana MMIS supports the use and application of several types of recipient cost-share including:

- Copayment
- HCBC Waiver Liability/Spend-down
- Coinsurance
- Patient liability
- Deductible

The appropriate cost-share amount is withheld from the claim payment. The cost-share applied to the claim is stored with the claim data so users who look up the claim later can view the amount. Claims received with TPL not currently in the system are processed and reported to the TPL department for update of TPL files. The Indiana MMIS updates the PA records based on claims and claim adjustments and voids. The system decrements the number of units and dollars used during the claims processing cycle, and the PA history, viewable online, reflects the number of units and dollars remaining.

Federal law requires that, for a legend or non-legend drug to be covered by state Medicaid programs, the manufacturer must have a drug rebate agreement in effect with CMS. Each calendar quarter, an invoice is produced by the State and sent to each rebating manufacturer, detailing the utilization for each NDC and the amount due the state in the form of a rebate. Currently, this function is completed by the FSSA FFS PBM.

The Gainwell drug database is maintained on a weekly basis that loads information from FDB regarding drug manufacturer labeler status. This file also has the Physician Administered Drugs (PAD) drugs covered that are billed through an FFS claim. Gainwell follows up with providers on reported rebate disputes to verify the accuracy of the units billed. Provider responses and supporting documentation is forwarded to FSSA for final review and determination.

Claim edits and audits are routinely reviewed to determine if any process improvement can be completed. Upon review of any identified suggestions, the resolution and benefits are submitted to the FSSA for review and approval.

Testing can be completed in the Indiana Gainwell business system testing environment on any claim edits/audits to see the processing results based on a request from the FSSA to determine “what if” scenarios.

On completion of the claims processing cycle, the Indiana MMIS generates an EOB/RA for providers, accessible using the Provider Healthcare Portal. Gainwell has an established claims quality review process in place that is completed monthly based on an FSSA-approved sample and data pull. Identified claims are reviewed for system processing accuracy as well as claim that have been adjusted or suspended for manual review and completion. The results of the monthly audit are submitted to OMPP for review. The monthly audit findings are additionally reviewed by OV&V for compliance. Audit results are reviewed each month in the Monthly Claims Client Meeting.

Edits are in place to identify claims with FSSA approved high dollars amounts and are reviewed by the Claims Manager for appropriate payment of claims. In addition to our standard quality review process, we have implemented an enhanced daily quality review process that includes identifying manually processed claims that are paying more than billed charges, where an amount was omitted during analyst review, and a review of a claim that was special batched for manual process that denied or paid a zero-dollar amount to make certain of appropriate adjudication.

Audit findings from manually completed claims are reviewed with the claim analyst for education and training. Systematic issues would be addressed in a change request either through the systematic or reference change control process.

As illustrated in Figure 46, Appendix 1 - Supporting Graphics, Technical Proposal Appendix, the primary purpose of the *CoreMMIS* edit process is to validate data elements on the claim for required presence, format, consistency, reasonability, and allowable values. Examples of edits the *CoreMMIS* performs include the following:

- Dates edited so that they are valid dates and do not represent future dates
- Service codes edited for validity
- The number of services performed edited against the span of time being billed to confirm that they agree
- Service codes are edited so they are payable in accordance with FSSA guidelines and policies — for example, prior authorization (PA)

Gainwell will work with IEDSS to develop a file transfer process to communicate when claim data is received regarding a member date of death.

At a minimum, the State will retain overall responsibility for the following edit claim/encounter processes:

- Approval of adjudication procedures and processes, including the requirements and FSSA policies
- Approval of policies, guidelines, documentation, and provider manuals drafted by Gainwell

The following table shows samples of interChange MMIS Reports for Claims Processing.

Table 20. Sample Claims Processing Reports

Report Name	Description
Manually Priced Claim Report	Paid dollars greater than billed dollars and claims that the allowed amount is zero (0)
Non-Check Adjustment Collection for 30/45-Day Claim Compliance	Monthly report for non-check-related adjustments
Edit/Audit Override Analysis	Weekly report of edit/audit override adjustments
Audit Listing	Quarterly report of audits
Edit Listing	Quarterly report of edits
Claim Processing Summaries	Weekly and monthly reports showing by claim type the percentage approved for payment, denial, and suspense
Monthly Claim Submission Statistics	Claim statistics by claim type and region, received, suspended, approved to pay, claims to deny
Suspended Claim Counts	Claims suspended by Julian Date
Specially Handled Claims	Claims that have been special batched for completion
Services Denied by Analyst	Claims for which an analyst denied an edit/audit
Services Paid by Analyst	Claim for which an analyst forced an edit/audit to pay
Age of Claims Processes to Final Status	Lists ages of claims when they were adjudicated for payment or denial

Performance Standards		Meet/Exceed
1	Provider quarterly reports of updates to NCCI edits with crosswalk to impacted procedure codes by the last day of the first month of the quarter.	Meets
2	Generate the master set of audits and all edits on a quarterly report by the 10 th day of the first month of the quarter.	Meets

3	Maintain audit trail of all decisions and actions taken during the manual claim/encounter process and provide report upon State request	Meets
4	Provide monthly report of top 10 most common audit and edit denials by the 15 th of each month	Meets
6	Conduct research on claim payment problems, as directed by the State, within a mutually agreed upon timeframe between the State and the Contractor, then provide reports that include but are not limited to an accurate diagnosis of the problem, a description of how it will be fixed, and a time estimate for fixing the problem	Meets

9.1.1.2 Encounter Claims and Reporting

Gainwell understands how the State uses encounter data to collect member-specific claim data for utilization analysis, quality control, program cost analysis, and capitation rate setting and adjustments. Therefore, we know how critical accurate information and reporting is to the process. The *CoreMMIS* provides claims data with other information such as member age, sex, and county, that forms the foundation for the State's analysis of managed care versus fee-for-service use patterns and development of subsequent capitation rate levels. Gainwell has extensive experience with the State's encounter process and has developed a good working relationship with the MCEs, confirming they accurately submit encounter claims data for the *CoreMMIS* to collect and process. All claim and encounter data is reported to the EDW on a weekly basis.

Encounter Claims and Reporting Business Process Flow

The *CoreMMIS* receives electronic files containing encounter transactions and separates them for processing according to FSSA's guidelines for encounter transactions. The *CoreMMIS* receives and processes encounter data and provide the MCEs with a status of their submission in an electronic report format.

The *CoreMMIS* acknowledges each encounter submitted by the MCE. This acknowledgment includes a 999 or TA1 transaction, an electronic RA, and the 835 Remittance Advice transaction. The 999 or TA1 transactions show claims accepted in the *CoreMMIS* for processing and claim or file rejections.

The *CoreMMIS* generates the 835 electronic RA for encounters accepted and adjudicated. Because received encounter data adjudicates with a paid or a denied disposition, the RA for these claims indicates the disposition, and the EOB error code, if applicable. The system posts the 835 after completing the financial cycle on the weekend, acknowledging the encounters processed during the previous week's claim cycle. It is then available on interChange Connections. The cut-off time for claims to be included in the weekly financial cycle is Wednesday at 4 p.m. Gainwell supplies the MCEs a weekly 835 supplemental file that provides detail descriptions of the back-end edits that were applied to the adjudicated MCEs paid and denied encounters.

Encounter Data Corrections and Resubmission. MCEs should have a procedure in place to review the biller summary reports and RA files previously described to identify

claims denied in the pre-cycle or adjudication processes. The MCE may resubmit the corrected claim in the next batch submission.

MCEs may completely resubmit CMS-1500 claims containing paid and denied details or resubmit only denied details. Resubmitted details on claims that adjudicated with a paid status deny as duplicates on the resubmission. The *CoreMMIS* does not adjudicate inpatient UB-04 claims at the detail level, so MCEs must correct denied elements and resubmit the entire claim.

Encounter Data Top 10 Error Report. The Managed Care Unit compiles and analyzes encounter data for each MCE and region including the ten most frequent reasons for denials and the number of each claim type-physician, or UB-04-submitted, accepted, and denied.

Figure 47, Appendix 1 - Supporting Graphics, Technical Proposal Appendix illustrates the flow of information in the prepare encounter report business process. The process starts with prepare encounter report inputs, shows the processes and databases that support the processes, and leads to the outputs of the prepare RA business process.

The *CoreMMIS* supports real-time adjudication of encounters that enable accurate and earlier insight into services provided to 90% of members, providing a full picture of healthcare services. Gainwell provides a monthly report to validate a MCEs encounter processing results for compliance to the MCE Encounter Transaction standards. We also calculate submittal error rates and report on them as directed by FSSA.

As noted previously, the Prepare Encounter Reports process uses the adjudicated encounter claims file to collect relevant data and produce the specified encounter reports. The *CoreMMIS* then distributes reports to stakeholders and stores them in OnDemand.

Gainwell will work with the State to develop specific roles and responsibilities for the Prepare Encounter Report process. At a minimum, the State will retain overall responsibility for approval of criteria, format, and frequency of encounter reports.

Encounter Management Controls and Monitoring

To support the management controls and monitoring of encounters, Gainwell generates encounter reports to confirm receipt of encounter files that the MCE submits to Gainwell for processing. We generate and transmit the encounter reports to the correct entities and maintain the encounter report data in the electronic data management system (EDMS) for web access by authorized users. A key component of encounter reporting comprises reporting on adjustment activities and providing encounter report data in accordance with State and federal policies.

The Gainwell Managed Care and EDI teams have well established quality review processes for the managed care reporting areas. We enhance the current monitoring and balancing processes for timeliness and accuracy. The validation steps include:

- Monitor OnDemand to confirm that reports are loaded timely
- Compare current managed care reports to previous reports for unusual variances
- Research and document variance explanations
- Review results in bimonthly quality improvement meetings

Performance Standards		Meet/Exceed
1	Provide a reporting strategy for MCE encounter processing results for MCO Encounter Transaction standards and calculate submittal error rates on a monthly basis at minimum	Meets
2	100% correct encounter data is provided to correct providers, verified by monthly audits.	Meets (with staffing)

9.1.2 Third-Party Liability Activities

In 2021, Gainwell acquired HMS, bringing added value to our Gainwell TPL service offerings. Since 1985, HMS has been an industry leader in performing TPL identification via its National Eligibility Data Platform (NEDP) and post-payment recovery services supporting compliance with federal TPL mandates. Making certain that the Indiana Medicaid Program is the payer of last resort is the objective of all Gainwell TPL activities.

Federal and state statutes and regulations mandate cost-containment measures for state healthcare programs and this requirement is achieved through both cost avoidance and cost recovery procedures. When third-party resources exist, cost avoidance prevents claim payment or results in a payment of only the portion remaining after the other resources are applied. Cost recovery bills the responsible third party after initially paying the claim.

TPL cost avoidance and recovery starts with claim submission into the *CoreMMIS* system for processing. During claim adjudication, *CoreMMIS* system edits and business processes focus on making sure the Indiana FSSA is the last payer for a member's medical care — verifying that we have identified and exhausted all other sources of medical coverage before making a Medicaid payment. Gainwell recognizes that effective TPL procedures require a robust TPL resource data matching process to achieve maximum up-front cost savings. It is critical to have timely and accurate TPL enrollment data in *CoreMMIS* prior to claims processing. When a liable third party is identified that has not been billed by the provider, the claim will be returned to the provider with a notation that there is a third-party resource believed to be legally responsible for paying the claim. The provider will receive an EOB indicating that the claim has been rejected due to the provider's failure to first bill the TPL carrier.

Gainwell will identify third-party resources for all Indiana Health Coverage Program (IHCP) members and will work with all stakeholders, including the IEDSS, the MCEs, providers, and members, to maintain complete and accurate TPL data in the *CoreMMIS*. Gainwell will match all IHCP members against its NEDP, which contains eligibility data from approximately 1,270 commercial insurance payers and will provide daily updates to the Indiana account. All verified third-party insurance information will be available to providers through the FSSA Eligibility Verification System and the IHCP Provider Portal.

For Cost Recovery, Gainwell will identify claims paid and pursue multi-faceted, back-end recovery procedures from any liable third party. Cost recovery efforts will include direct Medicaid reclamation billing to commercial carriers, working with providers for Medicare and commercial insurance disallowance recoveries, provider credit balance self-audits, and pursuing Medicaid lien payments in casualty cases. Gainwell will also

administer the HIPP program, determining cost-effectiveness and arranging for premium payments, which will lead to additional cost savings for the State.

Gainwell's TPL solution offers unmatched technology and the deep experience and expertise of the Gainwell team; this team is at the core of our successful TPL cost savings in Indiana. The Gainwell staff bring more than 100 Indiana-specific years of TPL experience to the day-in, day-out operations — no other vendor can make this claim. Our TPL program offers the reliability, flexibility, and teamwork Indiana requires maximizing cost avoidance and recovery.

Performance Standards		Meet/ Exceed
1	Conduct analysis of HIPP program eligibility on a monthly and annual basis to ensure enrollment is cost effective. Submit associated monthly and annual analysis reports to the State. Monthly, by the 5 th business day of the following month for the prior month, and annually by the 30 th business day of year-end	Meets
2	Achieve an accuracy standard of 99% on monthly audit of verified TPL review criteria, provided alongside a monthly electronic report of verified TPL cost avoidance information for each recipient that includes but is not limited to (a) Previously unknown TPL information was identified; (b) Previously unknown TPL information was discovered to be terminated within the past year; (c) Previously known TPL information was discovered to be terminated; and (d) Previously known TPL was discovered to have changed coverage or dates of coverage.	Meets
3	Achieve an accuracy standard of 99% on monthly audits of TPL data and provide reports detailing the analysis of associated record activity by the 15th day of the following month for the previous month. (analysis = TPL resource data have the correct effective and end dates, correct coverage types are assigned, duplicate records are remediated)	Meets
4	Achieve 100% accuracy on audit of associated claims for validation of appropriate recoveries and cost avoidance related activities. Provide detailed supporting documentation with the submission of TPL related invoices.	Meets
5	Review 90% of all potential and established casualty/liability cases within 30 calendar days of identification. Review the remaining ten (10%) percent of all potential and established casualty/liability case reviews within the month following the originally scheduled review month. Achieve 100% timeliness standard on active casualty case reviews.	Meets
6	Produce 100% of written TPL related correspondence to attorneys, providers, carriers, and other parties as needed within five (5) business days from the date the need is identified	Meets
7	Seek recovery of reimbursement from a third-party payer within 30 days 100% of the time after identification of verified coverage and follow up on a scheduled agreed upon by the State until response is received	Meets

9.1.2.1 Cost Avoidance

The Gainwell Indiana Team is sensitive to the need for accurate cost avoidance as part of FSSA's cost containment efforts. Cost avoidance prevents payment of claims when a third party is liable for medical expenses. Diligence in tracking TPL and systematically denying claims when the member has another health plan coverage can save FSSA millions of benefit dollars. FSSA can divert those savings back into Indiana healthcare programs. Cost avoidance includes using claim edits, Health Insurance Premium Payment (HIPP), and Buy-In. We discuss HIPP later in this at Section 9.1.2.3 and Buy-In is addressed in Section 11.2.3.

Cost avoidance, a key component of the Indiana *CoreMMIS* claims processing, verifies the system accesses primary payer information during transaction processing. Primary payer examples include private and group health insurance, labor union plans, self-insured plans, trust funds established for payment of medical expenses, and court-ordered medical coverage. Cost avoidance begins when a member enrolls in the Indiana Medicaid Program. Gainwell, IEDSS, MCEs, members, providers, and the *CoreMMIS* are all involved in the cost avoidance process. Gainwell understands the importance of cost avoidance — more than 1.3 million claims hit TPL edits during 2021. These were claims FSSA did not pay due to the member's private health insurance being on file in the *CoreMMIS*.

Cost avoidance is determined through stringent verification of a member's TPL coverage that updates the *CoreMMIS* for proper claims adjudication. The reference file/Benefit Policy Administration (BPA) function of the *CoreMMIS* plays a key role in the business function of cost avoidance by identifying third-party covered services at a granular level. Gainwell works diligently in identifying member TPL resources as the first step in cost avoidance.

The ability to configure the reference/BPA rules regarding other insurance helps process claims accurately and efficiently, minimizing provider and member frustration. The desired outputs are accurate claim adjudication by denying claims for TPL, when appropriate; confirming accurate identification of TPL resources on the member's record; and strict financial reporting to identify dollars avoided.

When submitting claims, eligibility inquiries, or PA requests for processing, it is the role of the *CoreMMIS* to adjudicate the transaction with the information available in the system and in compliance with the rules established by FSSA. Reference file/BPA contains detailed edits that check the member eligibility file to determine the plans and benefit packages for which the member is eligible and if any applicable third-party coverage exists. These edits verify Medicaid or other plans in the multi-payer environment exhaust other insurance coverage before issuing payment.

A powerful, flexible rules engine in the *CoreMMIS* manages edits, audits, cost avoidance, and pricing rules with minimal technical intervention. Every claim submitted through the *CoreMMIS* is subject to the verification and validation, enforcing the policy and procedures reflected in the Indiana policies, statutes, and regulations. *CoreMMIS* configures services allowed by many commercial insurance policies and applies business rules to deny only those services covered by other insurance. This ability reduces provider frustration. It also cuts down on the unnecessary billing to an insurance carrier simply to receive a denial of service, which is then included on the rebilled Medicaid claim.

At times, FSSA may choose not to subject certain claims to cost avoidance editing, including State or federal requirement compliance. For example, FSSA may decide not to subject crisis intervention services to cost avoidance because this is typically not a covered service under private insurance plans. By having the ability to exempt crisis intervention services from cost avoidance, we provide prompt payment of the claim and eliminate improper denials. This capability ultimately leads to streamlined operations for providers. The user controls exemptions from cost avoidance through updateable web pages. After making the update, claims process immediately, using the new exception list. The *CoreMMIS* is easily configurable to change these rules by reference business function such as the Other Insurance Coverage web panels.

The use of updateable web tabs in the *CoreMMIS* allows full and immediate access to cost avoidance exemption criteria. With years of Indiana-specific experience and our TPL knowledge, the Gainwell Team will review the TPL edit logic annually to help maintain its effectiveness and consistency with industry standards, along with recommending edit logic changes for State approval. We will work with our fellow Medicaid accounts across the country to share information and bring the best ideas back to FSSA for consideration.

9.1.2.2 Resource Identification

TPL Identification

The key to accomplishing effective cost avoidance and cost recovery is possessing the most accurate and current information regarding other possible payment resources for eligible members. Gainwell has been an industry leader in performing TPL identification and post-payment recovery services supporting compliance with federal TPL mandates.

The NEDP represents one of the largest commercial data sets in the United States for identifying other third-party health coverage for Medicaid members. This has been determined through market analyses, close examination of other contractor proposals, and the more than 30 years of experience in building the NEDP. This highly accurate and continuously updated database houses more than 2.08 billion insurance carrier eligibility records from approximately 1,270 payers across the United States, containing 95% of all covered lives in the U.S.

The NEDP contains a variety of data sources, including major medical and specialty carriers, TPAs, health plans, Medicare, employers, and unions. Receiving data from major medical carriers, PBMs, and specialty carriers ensures the timely delivery of major-to-minor policy combinations to ensure that FSSA achieves the maximum possible results in its recovery and cost avoidance efforts.

Gainwell receives eligibility files from carriers every month to keep the NEDP as up to date as possible. Our success in identifying the availability of other coverage for FSSA lies in our ability to obtain eligibility information from our vast data-sharing network, built through data sharing agreements with payers that specifically allow us to use the information we compile to match against our Medicaid client eligibility files. By digging deeper into the coverage network and adding data sharing partners, including those with a smaller footprint in a state, we can maximize TPL identification and recovery for FSSA. Because we receive regional and national data, our database

includes out-of-state policyholders (such as a noncustodial parent), which for many states can represent more than 25% of other health insurance coverage.

The foundation of Gainwell's' unmatched success in TPL-related cost containment is our data match process, as seen in Figure 48, Appendix 1 - Supporting Graphics, Technical Proposal Appendix. This proven, in-place process accurately and consistently matches third-party enrollment and coverage data from a multitude of sources to Medicaid members to identify recovery opportunities and maximize cost avoidance savings for State Medicaid programs. We have the unique ability to engage third-party payers, compile their coverage data, match FSSA data to this resource, and identify both exact and near matches using proprietary logic.

The NEDB database is used by Gainwell to match against the IHCP member eligibility file to identify and update coverages for all IHCP members. A daily eligibility file of new members received from IEDSS will be matched against the NEDP to provide real time results to update the CoreMMIS TPL resource file. Updates to the TPL data in CoreMMIS include new policies, modified policies, and deleted or end dated policies. All TPL updates files are reviewed for accuracy and duplicated, or otherwise unnecessary information is excluded prior to loading the data to the Core MMIS. Gainwell will also search for IHCP member third party insurance coverage via the Department of Defense's Enrollment Eligibility Reporting System (DEERS) as available.

Once the NEDP policies are matched to IHCP members, 100% of the matches are reverified directly with the commercial health insurance carriers. Approximately 20% of the matched policies are verified manually by calling the carriers or verifying on the carriers' online portals. The remaining policies are verified with the carriers via flat files or an automated 270/271 process.

Gainwell has successfully used the 270/271 electronic transaction verification technique to confirm the accuracy of policy information and support cost avoidance initiatives. We are well versed in the benefits and limitations surrounding the use of 270/271. The benefits of using 270/271 transactions as a verification tool include the following:

- The 270 request transaction and the 271 response transaction rely on a standard format accepted industry wide, which helps make scripting possible when mapping information back to the format requested.
- Scripting and automation in the verifications process helps Gainwell reduce or eliminate the human error component, an unfortunate byproduct of direct data entry alternatives.
- Real-time and batch eligibility verification transactions enable Gainwell to vary the number of records verified in each transaction sent to a payer, which in turn increases the speed with which the information is verified.
- Standardized tracking protocols allow Gainwell to reconcile data easily, whether using synchronous or asynchronous delivery and retrieval methods.
- The receipt and warehousing of 271 responses enables Gainwell to maintain written eligibility histories from payers that are not always available through other direct data entry methods.

- 270/271 data interchange can potentially meet minimum data-sharing requirements for payers who might otherwise be reluctant to send full eligibility files.

Gainwell will also identify TPL coverage through daily files received from IEDSS and loaded to the *CoreMMIS* TPL resource file and monthly update files received from and provided to the MCEs.

Medicare Identification

The *CoreMMIS* will process the Medicare Modernization Act (MMA) file daily. This daily process decreases the lapse of time between MMA File transmissions identifying dual Medicare/Medicaid eligible members. Dual eligibility determination appropriately shifts the primary payer responsibility role to CMS from FSSA in a timelier manner. No longer will FSSA need to wait for month-end updates for a change occurring a few weeks earlier. IEDSS receives the updated Medicare information more frequently and enables a more efficient data congruency across systems. We will update the member information for Medicare coverage, in the *CoreMMIS*, within one business day of receipt.

Maintain and Update TPL Information

CoreMMIS will maintain TPL resource information through systematic updates from Gainwell NEDP matches, from IEDSS, from data files received from the MCEs, and through manual updates after verification by Gainwell staff. At enrollment or when a change is made to a member's insurance coverage, the caseworker enters available TPL information into IEDSS. Nightly, the *CoreMMIS* sends an update file to IEDSS to coordinate and validate the shared information. Daily, Gainwell will provide the Indiana account with an updated TPL file for Indiana IHCP members after coverage is identified via the NEDP and is verified.

Continual maintenance, review, and update of the *CoreMMIS* TPL data is vital to effective cost avoidance. From this vantage point, the Gainwell Indiana Team researches and verifies TPL leads that come from provider, members, and claims editing. Providers can submit TPL update requests through the IHCP Provider Portal, and those requests are transmitted to the TPL business team through the *CoreMMIS* Contact Tracking Management System (CTMS). These requests are converted to Contact Tracking Number (CTNs) within the CTMS system, which the TPL business team work in order received. Additionally, requests from members who call the Call Center to have TPL information updated are also entered into the CTMS system by Call Center staff. This allows the TPL business unit to prioritize the requests and work them as efficiently as possible. Urgent and expedited requests are prioritized.

Use of the CTMS system integrates the necessary steps in identifying TPL resources by human intervention, standardizes processes, and makes sure accurate and timely TPL information is entered into the *CoreMMIS*. Supported by business rules, each process represents a business result condition achieved through standardized steps and supported by rules.

In addition to CTMS, Gainwell receives provider and member TPL update requests via U.S. Mail, email, and fax. Each TPL update received by Gainwell staff is reviewed and verified with the TPL commercial carrier prior to any updates or changes being made to TPL data in the *CoreMMIS* TPL Resource file. Gainwell staff contacts the commercial carriers for verification via online validation resources or by directly calling

the carriers. Gainwell also discovers IHCP member TPL data through TPL reported on claims when there is no matching TPL resource on file. When this occurs, the *CoreMMIS* system generates a TPL inquiry letter to the provider who submitted the claim, requesting the provider report the complete policy information to the TPL unit. These letters are submitted weekly, and a report of all letters sent to providers is generated in OnDemand. Upon receipt of the TPL update information from the providers, the TPL unit verifies the coverage information with the carriers and immediately updates *CoreMMIS*. Additionally, the Claims department reports claims containing TPL information not found on the TPL resource file to the TPL unit for research. The Gainwell TPL staff also verifies these policies and updates *CoreMMIS*.

Gainwell will further provide and implement processes, acceptable to the State, for verification of policy information received to remove incorrect, duplicated, or otherwise unnecessary information to ensure quality of resource identification and data matching. Gainwell will implement appropriate controls to assure that health insurance coverage information does not duplicate previously provided information for a member and will provide these controls to the State on request. Additionally, Gainwell will also send and receive appropriate TPL data to approved/authorized entities as requested by the State.

In 2021, Gainwell applied more than 602,311 TPL updates to the Indiana *CoreMMIS*, 464,489 of these updates were identified by Gainwell. With this large number of updates, FSSA needs an experienced team and a strong technical support system—the Gainwell Indiana Team combined with *CoreMMIS* and the NEDP. Additionally, with this volume of member information changes, FSSA needs to know what entity is making the change, what the change is, and when the change is created. The *CoreMMIS* supports a full online audit trail that provides authorized users with access to information regarding transactions related to commercial insurances. The *CoreMMIS* tracks each online or batch update to commercial insurance data for audit and reporting purposes. The audit trail records the change date, the change source, and the information changed because of the update. The online Document Management solution, OnDemand, also provides the ability to capture TPL resource information giving users easy, online access to information at their fingertips.

TPL Identification Business Process

Figure 49, Appendix 1 - Supporting Graphics, Technical Proposal Appendix illustrates the flow of information in the TPL identification business process. The process starts with TPL identification inputs, shows the processes and databases that support the processes, and leads to the outputs of the TPL identification business process.

Provide and Report TPL Information

Gainwell uses proven processes to help make sure each TPL record we provide to FSSA is a verified record. As a result, FSSA can confidently avoid paying future claims based on the information we provide and will achieve savings worth many times the value of payments recovered retroactively. The stakeholder community avoids unnecessary administrative burden because of the consistently high quality of the verified TPL segments we deliver.

Gainwell will create and document policies and procedures for the timely, efficient, and accurate performance of TPL, cost avoidance, and casualty case-related activities consistent with State and federal regulations. Gainwell will create and document

policies and procedures for the timely and accurate performance and management of recovery from third parties for paid claims when a third party is retrospectively identified, unless the administrative cost to the State to recover the dollars is substantially greater than the available recovery. Gainwell will also provide and execute a process for investigating claims paid with Other Insurance amount below a State-approved threshold, such as \$.01 or \$.02. Gainwell will additionally schedule and facilitate TPL meetings with the State at designated intervals and attend and participate in CMS TPL and Coordination of Benefits Agreement (COBA)-related meeting and provide impact assessment feedback to the State with implementation recommendations.

Daily reports are generated identifying the verified TPL cost-avoidance information provided by the Gainwell Team and uploaded to the *CoreMMIS* system. This report contains the number of new policies or updates added and the number of termination segments provided broken out by previously known or unknown TPL information as part of the Indiana Medicaid TPL master resource file. Further, the report provides a listing of each added policy, including all relevant data points.

Monthly, Gainwell provides reports to the State showing the following data for a rolling 12-month period:

- Monthly TPL cost avoidance, TPL cost recovery, and Medicare cost recovery amounts
- Number of fee-for-service (FFS) members with TPL and managed care members with TPL
- Number of TPL segments added by either Gainwell, IEDSS or the local account
- Number of monthly insurance updates for the members, FFS members, and managed care member
- Submit a monthly Executive Report to include detail level information on TPL related recoveries on 12-month rolling calendar basis.

9.1.2.3 Health Insurance Premium Pay Program

The Gainwell Indiana Team is committed to providing the most cost-effective solution to the Health Insurance Premium Payment (HIPP) Program within the *CoreMMIS* by paying private health coverage premiums for members when it is cost-effective. By purchasing health insurance coverage for members, the Indiana Medicaid program transfers the cost for medical care to private health insurance carriers or private health plans.

We look forward to working with FSSA in growing the HIPP Program in Indiana and to include more members with access to employer-based group health insurance in the program.

Identify and Monitor HIPP Cases

HIPP starts with the identification of potential eligibility for the program. Gainwell's staff receives a State Form 3510 from an FSSA caseworker initiating the HIPP case. Gainwell staff then investigates the member's commercial insurance information and initiate the HIPP case in *CoreMMIS*.

TPL staff members gather information from the employer or member, which includes the following activities:

- Validating the employer offers group coverage
- Verifying the member (employee) is eligible for coverage
- Determining if the member has dependents who may also qualify for coverage
- Gathering the costs associated with procuring coverage

CoreMMIS calculates the cost comparison and the TPL staff decides whether the case is cost-effective. If the case is determined to be cost-effective, the member will be included in the HIPP program, and the State will begin paying the member's share of the premium cost.

CoreMMIS will generate member notifications and premium payments on a predetermined schedule. This expenditure process will allow for payment of premiums to multiple payees for a single member, will be able to adjust premium payments as needed, and will accommodate prospective and retrospective premium payments. Additionally, Gainwell will store premium assistance payment tracking details such as check numbers and expenditure information in *CoreMMIS* and *OnDemand*.

In conducting the HIPP program, Gainwell will create and document policies and procedures for the timely, efficient, and accurate performance of HIPP-related activities consistent with State and federal regulations. Analysis of a member's HIPP program eligibility will be completed on a monthly basis and again on an annual basis to ensure that enrollment is cost effective. In doing so, Gainwell will employ a user-configurable process to identify potential high-cost members for participation in the HIPP program.

On a monthly basis, Gainwell will submit cost analysis reports to the State by the 5th business day of the following month. An annual report of HIPP cost effectiveness will also be submitted to the State by the 30th business day of year-end. All reporting regarding the HIPP premium assistance program and related correspondence will be also available in the *CoreMMIS* and *OnDemand*.

Growth of HIPP Program

We can jointly establish additional criteria for creating HIPP cases based on the overall goal of FSSA. Creating HIPP cases aimed at finding employer-sponsored health insurance have different criteria than creating cases aimed at finding health insurance coverage for members with high-cost medical needs.

The *CoreMMIS* supports a process that computes the average expenditure for the member based on the previous year's fee-for-service claims data for the member's eligibility grouping and type of coverage provided by the insurance policy. The system then compares the average expenditure for the member against the cost of purchasing the insurance coverage. If the cost of the annual premium payments is less than the average expenditure, then the system deems the HIPP case cost-effective.

Additionally, the system considers the status of the associated other health coverage before creating the HIPP case. The system could automatically create HIPP cases for members who have verified other health coverage that is accurately captured in the system and who have associated employer information.

The *CoreMMIS* supports the ability to identify members for whom insurance premiums are to be paid and the amount of the premium payment. The system calculates premium information for each member based on the information entered in the online web pages. The system generates prospective premium payments regularly — for example, weekly or monthly — to employers, insurance carriers, members, or policyholders (if someone other than the member) based on individual policy information, including premium due dates, to determine when a check must be issued. The *CoreMMIS* generates a financial transaction for the amount due. In the weekly financial cycle, the *CoreMMIS* generates a premium payment for the appropriate party, depending on the frequency of the premium payment.

Systematic generation of premium payments provides for timely payment and continuing coverage by the employer. Checks for HIPP premiums are systematically calculated and validated according to user-configured periods to support ongoing HIPP coverage.

Report HIPP Case Activity

Within the HIPP Payment Setup web page for each case, the system requires the user to establish the frequency and method of making premium payments before the case is set to a “premium payment” status. One of the required dates within the web page is the HIPP Review Date, which establishes the review frequency of the HIPP case for its cost-effectiveness. The user can configure this date to conform to the desired annual reassessment of the HIPP.

HIPP cases that are due for reassessment display in the HIPP Cost-Effectiveness Report to alert the TPL Unit to upcoming cases. This process supports a methodology for reassessing HIPP cases are on a regular, recurring basis and that the cost-effective ratio in total medical care costs is re-calculated in an effort to maximize cost savings for the State.

The Gainwell Team prepares and provides the HIPP annual report for the State with members served and estimated cost savings, along with recommendations for ongoing program improvement.

Figure 50, Appendix 1 - Supporting Graphics, Technical Proposal Appendix illustrates the flow of information in the HIPP business process. The process starts with HIPP inputs, shows the processes and databases that support the processes, and leads to the outputs of the HIPP business process.

The Gainwell staff members take the information and use the capabilities of the *CoreMMIS* to make HIPP eligibility determination. The Gainwell staff members also make the annual determination, working closely with FSSA, to verify HIPP is the best arrangement for the member.

The *CoreMMIS* provides the systematic calculation, along with member notice and premium payment. With the expansion of the Indiana Medicaid Program, like other states, across the next couple of years, FSSA will continue to identify ways to cut unnecessary costs in the program’s administration to use the limited dollars for member services. One of the ways to help reduce program costs is for FSSA to purchase, when available and cost-effective, employer-based group health insurance for covered members. Even though the program is small in participant numbers now,

the enhanced capabilities of the *CoreMMIS*, with our experienced staff members, will help FSSA grow this program.

9.1.2.4 Recoveries

Cost recovery is the process of identifying claims paid by FSSA and seeking reimbursement from the liable third party or the provider, including pay-and-chase and casualty recoveries. The TPL recovery process recoups program money when a primary payer is located; the new information also makes its way back into the *CoreMMIS* for future claim adjudication and cost avoidance. The Gainwell TPL Team enters newly identified TPL information into the *CoreMMIS* daily.

The full-spectrum TPL recovery process includes identification of new TPL resources and initiation of recovery; casualty and Medicaid lien recoveries functions; and reporting of post payment recovery information. The Gainwell TPL solution provides each of these functions.

Identify and Initiate TPL Claim Recovery/Subrogation

Gainwell identifies FSSA-paid claims and potential third-party resources through data supplied by the *CoreMMIS* and the NEDP, using its proprietary TPL recovery system. Monthly, the EDW sends the following files from the *CoreMMIS* to Gainwell: paid claims, Member eligibility, provider enrollment, and TPL resources. Gainwell identifies Medicaid payments made for members with other coverage by matching the paid claims file against the commercial insurance eligibility files housed in the NEDP, identifying members who have applicable coverage on the date of service. The resulting Medicaid reclamation claims go through a series of edits to verify accuracy and to validate that they meet the established criteria for post payment recovery. Pharmacy claims and encounters are included in these commercial insurance billings in accordance with the applicable business rules and state and federal requirements.

Gainwell will then submit Medicaid reclamation claims to TPL carriers for post payment recovery for identified TPL coverage. The Gainwell A/R system tracks claims billed to the TPL carriers, either electronically or on paper. Gainwell tracks recoveries and denials received from the TPL carriers. Gainwell provides this information to the Gainwell Indiana account through a posting file submitted monthly. Gainwell performs retroactive recovery billing on claims for which a provider of service makes a good-faith effort to collect from a known third-party carrier before billing FSSA and does not receive payment from the carrier. Gainwell continues to identify paid claims and issue reclamation claims to the third-party carrier within thirty (30) business days of the identification of confirmed TPL. Gainwell generates and distributes the TPL retro billing invoices on a monthly basis. For encounter claims, the Contractor shall pursue TPL after two years from the date of service, allowing the MCE the opportunity to collect first.

Gainwell securely stores recovery related documentation, including copies of billings and billing support data, and we maintain comprehensive records documenting recovery efforts related to Indiana Medicaid reclamation claims activities. Gainwell follows billing protocols to prepare and submit Medicaid TPL claims to liable third parties in accordance with federal and state regulations. Figure 51, Appendix 1 - Supporting Graphics, Technical Proposal Appendix illustrates Gainwell's billing process.

For TPL resources that are either denied or below a State established percentage of the billed amount, Gainwell will continue to work with in identifying, investigating, and reporting these resources through the established yield management process. This rigorous follow-up program helps to expedite payment on claims submitted to commercial carriers and other third parties.

Yield management is a unique process through which Gainwell monitors and follows up on billed claims. Gainwell will follow up on reclamation claims submitted to a TPL carrier on a schedule agreed on by the State until response is received. Gainwell will also review any claims that are rejected by the carrier and provide protocols for reviewing rejected claims to determine if the rejection is appropriate.

The yield management staff of claim recovery specialists continually monitors unpaid, partially paid, plus denied claims to provide proper resolution and payment to the State. Gainwell actively monitors the adjudication of claims that they submit, including verifying initial claim receipt, and regularly updating the TPL coverage database and A/R system with recovery and adjudication data received.

Subsequent analysis by the recovery specialists yields reports showing claim status and adjudication results for more than 20 key indicators and perspectives. These indicators and perspectives help Gainwell identify claim populations that merit additional follow-up, including improper denials or payments below acceptable thresholds as established by FSSA. When appropriate, Gainwell will correct claims and rebill them to the third-party carriers.

Medicare and Commercial Insurance Disallowance Projects

Gainwell will also identify paid Indiana Medicaid claims for members who had applicable Medicare coverage on the date of service. After a thorough claim review and selection process to identify only those claims relating to dual-eligible members, Gainwell compiles the claims listings for each provider. The claims listings contain the information a provider needs to re-bill the claims to Medicare or the appropriate third party.

Detailed instructions accompany the claims listings, outlining how to respond to Gainwell and how to adjust the claims in the *CoreMMIS*. The instructions notify providers that Gainwell recovers funds for claims identified unless the provider submits proper documentation to refute the recovery. The documentation must reflect that the provider billed the appropriate payer and was denied payment, or the member did not have the other third-party coverage on the date of service. The provider has a 60-day response period for submitting proper documentation.

During the response period, Gainwell's provider relations representatives answer provider questions, provide supplemental data, and manage provider correspondence quickly. At the end of this cycle, Gainwell uploads the claims data to their A/R system that generates a final list of claims requiring recoupments that the providers have not acted on by the providers. After the internal QA review, the reversal file (mass adjustment file) is submitted to the Gainwell Indiana team. This file is processed by the Gainwell Claims Unit. This disallowance process is also used for limited commercial insurance claims.

Provider Self-Audit and Refunds

Providers are required to report credit balances for claims that were initially paid by Indiana Medicaid and for which they subsequently receive a payment from a third party. It is the provider's responsibility to report the third-party payment and adjust the claim. One method a provider may utilize to report credit balance is the Credit Balance Worksheet available on the Indiana Medicaid website.

Additionally, Gainwell will further develop a State-approved process for the management of refunds received by the contractor, such as those received through the provider self-audit/credit balance process, and other refunds.

Report Post Payment Recovery Information

Gainwell will submit a monthly report to FSSA including but not limited to a summary of the TPL recovery activities performed, collections received, and retro billing information, including but not limited to, a summary of the retro billing, total collected, and outstanding accounts receivable balance.

Figure 52, Appendix 1 - Supporting Graphics, Technical Proposal Appendix illustrates the flow of information in the TPL recovery business process. The process starts with TPL recovery inputs, shows the processes and databases that support the processes, and leads to the outputs of the TPL recovery business process.

Through system and manual processes, we support the information to process, track, report, and close TPL recovery. We document this work through monthly reports to FSSA and strict financial tracking through the *CoreMMIS* for reconciliation. The Gainwell Team receives system-generated notifications when interfaces, scheduled data loads, and other TPL system cycles process. These notifications confirm the process completed successfully or alerts the team to potential processing issues. We use incident management tools and processes to track, resolve, and report incidents from occurrence to final resolution. We then perform source analysis followed by implementing permanent corrective measures.

We use various methods to measure the performance of our activities. Our MMIS monitoring tools generate a robust set of reports designed to identify system and process issues, which could cause data discrepancy reports. We create these error reports and monitor them daily with actions taken to correct the discrepancy or notify another stakeholder of actions required on their part. We continue to take advantage of, and enhance as needed, the current processes and inbound and outbound data transfers from IEDSS. Quality control reviews remain an important process. We continue to routinely perform quality checks of the data loads through random sampling of critical data elements. Also, we continue to review any ad hoc or manual requests by the State by having a second resource review reports for accuracy, completeness, and relevance. Additionally, we report and monitor the trends by cost avoidance and cost recovery services, by provider and carrier, and proactively provide potential improvement opportunities to the State to enhance the fiscal operations of the cost avoidance business processes.

9.1.2.5 Casualty Cases

In addition to Gainwell's pay and chase billing efforts, the Gainwell Indiana Team pursues reimbursement of paid Medicaid claims when a Member has suffered an

injury or illness and there is a third party potentially at fault. Casualty and liability cases can include premises liability claims, automobile accidents, medical malpractice cases, workers' compensation cases, product liability cases, and mass torts.

The identification of potential existing TPL casualty cases can occur through many sources. We typically receive notification of these cases from members, attorneys, providers, and insurance carriers. Gainwell also identifies these cases based on Member claim history. When a member has an accident-related Medicaid claim submitted by a provider, *CoreMMIS* generates an accident trauma letter and questionnaire and sends them to the member to determine potential third-party involvement.

Another source of potential casualty cases is the State Police data match process. Gainwell receives the State Police motor vehicle accident (MVA) file monthly and matches it against the *CoreMMIS* eligibility file. The resulting IHCP members who are identified and have accident-related claims, are sent an accident trauma letter and questionnaire.

Both the Accident Trauma letter and questionnaire and the State Police data match letter and questionnaire are produced and mailed on the first of each month. The results are sent to an OnDemand report that is also available on the first of each month.

When the completed questionnaire is returned, the Gainwell TPL Casualty unit creates a casualty case in *CoreMMIS* and places the case in open status. The TPL Casualty questionnaires and all other documentation is scanned and stored in OnDemand. All scanned documentation and correspondence can be searched and viewed in *CoreMMIS*. Gainwell will also look for potential casualty cases via the Indiana's Patient Compensation Fund medical malpractice website.

Figure 53, Appendix 1 - Supporting Graphics, Technical Proposal Appendix provides an example of an open casualty case in *CoreMMIS*. The Case Tracking Base Information panel provides immediate information regarding a casualty case including: the member information, the date of the accident, the origin of the case, the type of case, the total lien amount, and the date the lien was filed. This panel also allows the analyst to track when the case was last reviewed and schedule it for the next review.

Figure 54, Appendix 1 - Supporting Graphics, Technical Proposal Appendix shows the available subpanels for casualty cases. *CoreMMIS* allows for the recording of other significant information about the casualty case, including maintaining chronological notes for the case, listing the attorney contact information, the insurance carrier information, and the tortfeasor's (at-fault party) information.

Casualty analysts search for claims related to the case and associate them using the Case Tracking Claim panel in the *CoreMMIS*. It provides for a process to select accident-related claims to add to the case. There is an option for a printable claims summary to share with the member's or tortfeasor's attorneys or insurance carriers. Case-related letters can also be produced and tracked in *CoreMMIS*.

For any case that has paid medical expenses related to a casualty claim, Gainwell establishes and maintains a Medicaid lien on behalf of FSSA pursuant to Ind. Code 12-15-8, which is filed with the Marion County Circuit Court. As the existing lien increases or decreases, Gainwell prepares and files an amended lien, and provides

an itemized claim summary to the third party once an appropriate authorization has been received.

Gainwell tracks the casualty case to resolution, communicates with attorneys and insurance carriers, and collects the lien amount at the time the member settles his or her third-party claim. Gainwell will produce 100% of written TPL-related correspondence to attorneys, providers, carriers, and other parties as needed within 5 business days from the date the need is identified as required.

Additionally, casualty case reviews are performed by Gainwell Casualty staff on a rotating six-month schedule. Gainwell will continue to exceed the requirement to review 90% of potential and established casualty case reviews within the calendar month in which the case review is scheduled and to review the remaining 10% within the month following the originally scheduled review month.

Within the Casualty function, Gainwell will continue to provide legal support in coordination with FSSA Legal staff for subrogation and litigation activities. The Gainwell TPL attorney will help resolve casualty cases as needed and requested by the State and produce written TPL-related correspondence.

Quality and Accuracy

Gainwell will achieve an accuracy standard of 99% on monthly audit of verified TPL review criteria, provided alongside a monthly electronic report of verified TPL cost avoidance information for each recipient that includes but is not limited to (a) Previously unknown TPL information was identified; (b) Previously unknown TPL information was discovered to be terminated within the past year; (c) Previously known TPL information was discovered to be terminated; and (d) Previously known TPL was discovered to have changed coverage or dates of coverage.

Gainwell will also achieve an accuracy standard of 99% on monthly audits of TPL data and provide reports detailing the analysis of associated record activity by the 15th day of the following month for the previous month. In the analysis, Gainwell will review the TPL resource data to check that correct effective and end dates are present, correct coverage types are assigned, and duplicate records are remediated. Gainwell will achieve 100% accuracy on audit of associated claims for validation of appropriate recoveries and cost avoidance related activities. Gainwell will provide detailed supporting documentation with the submission of TPL-related invoices.

SECTION 910 – Fiscal Agent and Financial Accounting Responsibilities

- a. Describe your management plan for fulfilling the Fiscal Agent and Accounting Responsibilities. Be sure to address all components described in Section 910 of the SOW, including but not limited to:
 - x. Provider Payments/1099's/Expenditures
 - xi. Prepare and Pay Capitation
 - xii. Prepare and Pay Premiums
 - xiii. Power Account Reconciliations
- b. Please share if you are planning on working with a subcontractor to fulfill the Fiscal Agent and Accounting responsibilities.

10.0 Fiscal Agent/Financial Accounting Responsibilities

Gainwell has supported Indiana's Family and Social Services Administration (FSSA) CoreMMIS and fiscal agent services since 1991. With more than 46 years of overall fiscal agent experience, we signed our first contract in this capacity in October 1976 for the State of Texas. Fiscal agent services, MMIS development, implementation, and operations are foundational business competencies for Gainwell. Since signing our first Medicaid client in the mid-1960s, Gainwell has provided a broad range of information technology (IT) services to Medicaid programs in 46 states and U.S Territories.

Typically, fiscal agent services represent the operations side of Medicaid program functions. Today, as the contracted fiscal agent in 23 states, we provide services to many of the operational functions with our claims examiners, provider representatives, and clinicians, including those in the following list. At our accounts, we have more than 125 licensed professional clinicians, including physicians, registered and licensed practical nurses, dental hygienists, and pharmacists. Typical fiscal agent services include the following:

- Contract management
- Federal requirement compliance
- State requirement compliance
- Claims, encounters, and adjustments
- Financial reporting
- Professional clinical review
- Client eligibility
- Reference
- Provider
- Quality management
- Systems
- Mailroom

Gainwell has carefully reviewed the fiscal agent and financial accounting responsibilities for information described in the RFP and Attachment K – Scope of Work (SOW), Section 10. The approach Gainwell describes in this proposal section meets the requirements identified in the RFP, including the Scope of Work. This section is organized into the following subsections:

- 10 Fiscal Agent/Financial Accounting Responsibilities
- 10.1 Fiscal Agent/Accounting Responsibilities
- 10.1.1 Provider Payments/1099s/Expenditures
- 10.1.2 Prepare and Pay Capitation
- 10.1.3 Prepare and Pay Premiums
- 10.1.4 Power Account Reconciliations
- 10.1.5 Fiscal Agent/Accounting Performance Standards
- 10.2 Use of Subcontractors for Fiscal Agent and Accounting

10.1 Fiscal Agent/Financial Accounting Responsibilities

To assist providers with claims submission, Gainwell maintains provider documentation accessible on the FSSA website for claim submission and processing requirements. This information includes how to submit claims on the Provider Healthcare Portal and companion guides to use in conjunction with Health Insurance Portability and Accountability Act (HIPAA) implementation guides. Trading partners submitting claims using a HIPAA-compliant transaction are given a HIPAA-compliant return transaction. Paper claims submitted without the required information will be returned to the provider for completion; when this occurs, the provider's claim will be returned along with a return to provider (RTP) letter stating the reason for return.

Billing requirement changes or changes to the claim processing system are completed through the State-approved change request process for either system or reference changes. This process includes an approval from the State that must be completed prior to making any production changes in the claims processing system. Updates related to billing requirement changes are documented in existing provider modules to assist with appropriate claim submission for providers.

As part of the claim adjudication process, the MMIS applies any cost-share that is due. This information is accessed in the member sub-system to determine the correct cost-share amount to be used on a claim. The Indiana MMIS supports using an application of several types of recipient cost-share including:

- Co-payment
- Spend down
- Coinsurance
- Patient liability
- Deductible

The appropriate cost-share amount is withheld from the claim payment. The cost-share applied to the claim is stored within the claim data so users who look up the claim later can view the amount. Claims received with third-party liability (TPL) not currently in the system are processed and reported to the TPL vendor for update of TPL files. The Indiana MMIS updates the prior authorization (PA) records based on claims and claim adjustments and voids. The system decrements the number of units and/or dollars used during the claims processing cycle, and the PA history, viewable online and using the Provider Healthcare Portal, reflects the number of units and dollars remaining.

Claim adjustments can also be submitted through a HIPAA-compliant transaction using a frequency code indicating if a claim is an adjustment or void. Providers can also submit claim adjustments using the Provider Healthcare Portal and on paper claims. In addition, providers can submit a non-check related adjustment where the provider completes the appropriate adjustment request form, a copy of the originally submitted claim form, and a copy of the FSSA remittance advice (RA) that indicated how the claim was previously paid a copy of documentation to support the need for an adjustment of a completed TPL attachment form if applicable. A check-related adjustment can also be submitted where a provider sends a check in the amount of

the excess payment with the adjustment form and appropriate attachments. In this case, the finance team will create a cash control number and the claim adjudication analyst will disposition the claim against the check that was submitted.

Managed Care Entities (MCEs) can also submit encounter adjustments through a HIPAA-compliant 837 transaction using a frequency code indicating if a claim is an adjustment or void.

Submitted adjustments are tied to the original internal control number (ICN) and can be found in the adjustment mother/daughter panel in *CoreMMIS*.

Gainwell has an established claims quality review process in place that is completed monthly based on an FSSA approved sample and data pull. Identified claims are reviewed for system processing accuracy as well as claims that have been adjusted or suspended for manual review and completion. The results of the monthly audit are submitted to the Office of Medicaid Policy and Planning (OMPP) for review. The monthly audit findings are additionally reviewed by Operational Verification and Validation (OV&V) Services for compliance. Audit results are reviewed each month in the Monthly Claims Client Meeting.

Gainwell can provide reporting by member and providers, as requested by FSSA.

Gainwell can configure edits to suspend claims that require a medical necessity review. Claims requiring a clinical review are suspended to the PAUM clinical team for completion.

Internal Control Numbers (ICNs) are assigned to each claim. This unique identifier includes the Julian date of receipt and is maintained for the life of the claim. Included in the ICN is the region code, identified with the first two digits of the ICN and indicates the claim submission method as well as whether the claim has attachments. Specific region codes are also utilized for claim adjustments, check and non-check related as well as mass adjustments and reprocessing. Claims that require a special batch for completion are also identified with a specific region code.

Claim and encounter editing is in place to make certain a member is eligible for the date of service and the procedure being billed.

Claims are accepted in a HIPAA-compliant 837 transaction, using the Provider Healthcare Portal or on approved paper claim forms. Paper claims submitted without all required information will be returned to the provider for completion. When this occurs the provider's claim will be returned along with a RTP letter stating the reason for return. The *CoreMMIS* acknowledges each encounter submitted by the MCE. This acknowledgment includes a 999 or TA1 transaction, an electronic RA, and the 835 Remittance Advice transaction.

The 999 or TA1 transactions show claims accepted in the *CoreMMIS* for processing and claim or file rejections.

Finance Overview

The operation of Indiana Medicaid financial management has been Gainwell's responsibility since 1991. The Gainwell team providing fiscal agent services and using the *CoreMMIS* solution results in an enhanced financial management business system. The *CoreMMIS* solution also includes a flexible financial management business system easily supporting system enhancements, meeting the changing

needs of the dynamic Indiana Medicaid program, and the changing and demanding needs of Centers for Medicare & Medicaid Services (CMS).

Gainwell fully supports the State's direction to have a single source of credible financial information securely available to stakeholders across the Medicaid enterprise. The *CoreMMIS* solution is a full-function set of tools that supports the various standards required for the State's MMIS environment. Our *CoreMMIS* solution is compliant with Generally Accepted Accounting Principles (GAAP) as promulgated by the Government Accounting Standards Board (GASB), federal and State rules and regulations, and provides the internal controls necessary for continued Sarbanes-Oxley compliance. Our integrated solution provides the flexibility to track and report Indiana Health Coverage Programs transactions across the multitude of formats and structures needed to effectively manage and report the financial operations of every health program administered by the State.

Gainwell understands the security of program information is paramount, and that drives our approach to protecting and maintaining data entrusted to our care. We use a role-based security approach for processes and policies and audit logs documenting data access information. We update and track user security profiles, implement security processes and policies with the security administrator, and work to meet future State-specific data security requirements. We maintain report access by the individual user security profile, which we can manage at the report level. This approach lets users access data required to perform their job while restricting access to only those authorized.

Figure 55, Appendix 1 - Supporting Graphics, Technical Proposal Appendix provides an overview of the support services in the Gainwell Financial Management Support solution.

Perform Accounting Functions

Our proposed financial management solution provides the State with an integrated and flexible financial processing platform for performing and tracking the business information necessary to facilitate FSSA's success. Our solution provides stakeholders with secure access to online, real-time data to support their accounting information needs with easy-to-use interfaces. Our solution contains user-focused menus for navigating, viewing, and entry into the financial functional area of the *CoreMMIS*.

The *CoreMMIS* provides prompt and accurate transaction processing with proven flexible and robust controls for accurate reporting of actual expenditures. The financial controls effectively support various Medicaid programs that function interdependently and independently. This addition of new services and programs, within Medicaid and within other State divisions, requires an MMIS that can differentiate among programs and apply program policy and changes quickly, easily, and accurately. For example, in 2018, Gainwell modified *CoreMMIS* to add a new program, Non-Emergency Medical Transportation (NEMT). The program included a new fund code, aid category, and report modifications to allow the managed care entity to receive monthly capitation payments. Our solution brings a proven CMS-certified MMIS that provides control in each aspect of financial transaction processing that carries through to the final processing.

Gainwell supplies the State with a team of qualified, knowledgeable personnel who support the business, technical, and operational aspects of the various FSSA programs. We have a thoroughly documented training plan for the employees supporting each finance function. Additionally, we provide ad hoc training through a mentoring program available to new staff members. Gainwell maintains a core base of employees with a depth of specific knowledge learned through years of Indiana Medicaid experience and supplements this team with personnel who possess a broad understanding of Medicaid and the healthcare industry.

The fully integrated *CoreMMIS* links transaction detail — such as claims, adjustments, payments, receivables, cash receipts, recoupments, and voids — to related records and the various levels of detailed reporting the State requires. The MMIS is flexible with the requisite internal controls to enable accurate financial reporting. The following table shows the entities tied to the financial subsection of the *CoreMMIS* for performing accounting functions.

Gainwell is familiar with the need to produce data in different formats to meet the needs of the various stakeholders and vendors supporting the Indiana State Medicaid programs. Gainwell produces an extensive portfolio of extracts to meet the needs of the various Medicaid members.

In addition to direct file transfers to various entities, Gainwell provides interfaces of detailed transactions to the Enterprise Data Warehouse (EDW).

Table 21. Entities Linked to Perform Accounting Functions

Managed care entities	Myers and Stauffer	IRS	Milliman
Providers	IEDSS	OMPP	Fifth Third
FSSA	ATG (MFCU)	CMS	

Today, Gainwell provides the following level of detail to reports by specific assignments of data categories to each transaction processed by the MMIS:

- **Program alignment.** We identify each financial transaction detail to a specific program, grant, waiver, or State program as needed to meet the internal reporting objectives of the State agencies. Fund codes are used to determine the program.

New enhancements will be made to the *CoreMMIS* to allow interaction and balancing to occur with the State's PeopleSoft system.

- **State Category of Service (SCOS).** We will tag each transaction with the appropriate level of SCOS for use in proper reporting to CMS.
- **Fiscal string.** We will stamp each transaction with a fiscal string. We will base each fiscal string on the agency, project, fund, and other data needed to record the detailed transactions in the State PeopleSoft system accurately.

Gainwell has extensive experience providing extracts to EDW. We provide appropriate business-area extracts to the EDW in a specified format to enable the EDW vendor to consume the data. The MMIS will generate standard reports and send them to OnDemand, our report storage and retrieval tool. Our predefined MMIS online reports provide flexibility for the user to view report data and then print only what is necessary,

reducing costs related to paper and printing. Whatever the choice, our role is to help determine if the report works best for Indiana Medicaid.

Gainwell's solution provides the following features as part of an encompassing system support to the finance environment for the State:

- Maintains provider accounts receivable (AR) and deducts appropriate amounts from payments due the provider
- Generates electronic and hard-copy media RAs for providers
- Maintains sufficient controls to track each financial transaction, balance batches, and maintains appropriate audit trails on the claim history file
- Creates an interface with FSSA or the State budget agency to transmit financial data
- Tracks financial transactions by source, including fraud and abuse recoveries and provider payments

The *CoreMMIS* has a fully functioning accounts payable system easily receiving and processing payment requests on a special request basis, at any time during the payment cycle. The *CoreMMIS* allows for tracking and payment of specific transactions with detailed remittance requirements, such as claims, positive adjustments, capitation transactions, and generic transactions such as lump-sum payouts. Claims are not processed after a two-year original date of service unless approved and directed by FSSA. The MMIS financial cycles results in the generation of payments to providers for payable balances. The *CoreMMIS* allows entry of non-claim-specific financial transactions received from the State. Additionally, we maintain the accounts payable business function for entering and processing several non-claim-related financial transactions such as emergency provider payments, liens, and recoupments with unparalleled expertise. We continue to maintain a comprehensive operating procedure manual to promote standardized processes.

The *CoreMMIS* solution meets the accounting function requirements through the financial component, which delivers the following MMIS reporting capabilities:

- Ad hoc access to MMIS financial data, including payments made, overpayment tracking, and program data for programs
- Reporting of key performance indicators (KPI)
- Operational reporting, including online, parameter-driven, flexible reports throughout the financial transaction reporting process

The solution supports the established and future reconciliation processes by enabling research and resolution of data discrepancies. As with balancing a checkbook, the Financial Operations team uses experienced staff members and various financial reports to account for issued items and validate the book balance to the bank balance after every payment cycle. Our current daily, weekly, and monthly balancing processes will be expanded to include detailed balancing between the State's system of record, PeopleSoft, to improve the data integrity across the Medicaid enterprise. In addition, the federal fiscal year will be added to claim adjustments for enhanced reporting.

The *CoreMMIS* balances the weekly financial cycle by comparing payments due with payments issued to providers to verify accuracy. At the end of each month, we

perform a complete reconciliation of incoming and outgoing transactions. This reconciliation includes detailed accounting for payments issued to providers through checks or electronic fund transfers (EFTs), deposits from providers, manual checks issued, and reissued checks. Reconciliation accounts for monies with a zero-dollar discrepancy. Gainwell thoroughly documents reconciliation, so the State and Gainwell Finance are prepared for audits.

The *CoreMMIS* solution provides extensive online audit trail capability. During the financial processing cycles, the MMIS establishes an audit trail to reflect:

- Transaction flow through the process
- Code sets
- Adjustments and/or corrections
- Dates changes were made

If data is changed, this audit trail also shows the originally entered data and the data that was changed. From the time a transaction enters the financial processing system, the *CoreMMIS* tracks it as it moves through final resolution.

Throughout the term of Gainwell's performance of fiscal agent support to Indiana, we have continually improved financial management processes, establishing positive relationships with program stakeholders and State financial management. Each customer has unique needs and varying levels of experience with the program. Besides working with the State, we regularly interact with CMS, providers, and other Medicaid vendors. This includes the following responsibilities:

- Adherence to Generally Accepted Accounting Principles (GAAP)
- Appropriate disbursement of funds
- Accurate and timely provider payments, remittance advices, and financial reporting
- Processing non-claim-specific financial transactions
- Expedited collection of money due to FSSA

Processes, Inputs/Outputs, and Interfaces

The *CoreMMIS* solution supports an integrated set of accounting activities to manage, track, and report financial activities in accordance with the State objectives for the Medicaid programs. Processes include accounting-related functions such as cash disbursements, cash receipts, lien, and overpayment processing. Inputs include requests for payments, including claims, expenditures, and special processing, and outputs include detailed transactional data encoded with financial reason codes to allow for tracking and reporting.

The accounting transactions within the *CoreMMIS* have specific interfaces with the State EDW. Additionally, we have interfaces to key supporting systems provided by outside stakeholders, including program banking allies, rate-setting entities, and other State entities — such as Indiana State Department of Health (ISDH) and Medicaid Fraud Control Unit (MFCU) — relying on the financial data residing within the MMIS. Gainwell will also be establishing a new interface with FSSA to exchange financial data to load to PeopleSoft.

Meeting Performance Standards

Gainwell employs various quality and performance measures and has them in place as we manage and perform processes. Our balancing activities identify discrepancies

and allow for continuous monitoring and improvement activities. As fiscal agent, we make our systems subject to the vigorous internal and external audit activities by CMS, the State Board of Accounts (SBOA), and various other oversight bodies.

Management Controls and Monitoring

The *CoreMMIS* includes monitoring processes for operation and oversights. We have automated monitoring for critical processes that alert operational personnel to job statuses. System-generated emails notify the technical financial lead when potential processing errors arise within the scheduled system processing who escalates to the chief financial officer (CFO) as needed. The Gainwell Financial team notifies affected external stakeholders of issues and provides status updates until resolution.

The Gainwell Financial team has well-established quality review processes for financial processing areas. We enhance the current monitoring and balancing processes for timeliness and accuracy. The financial business unit makes certain of financial balancing upon completion of the weekly financial cycle. The validation steps include:

- Compare financial reporting by program, type, and business area to validate balancing overall payments
- Make certain of financial balancing between the EDW and *CoreMMIS*

Enhancements with the new contract will be to:

- Compare the *CoreMMIS* transaction reporting to the State ledgers to validate balancing and accurate reporting of funds

The Gainwell Financial team receives system-generated notifications when financial cycles complete. These notifications confirm the process completed successfully or can alert the team to a potential processing issue. The Gainwell Financial team uses the escalation process and creates a ServiceNow incident ticket to track the issue to resolution.

10.1.1 Provider Payments/1099s/Expenditures

As a fiscal intermediary for many state Medicaid programs, Gainwell has a wealth of experience in Federal Form 1099 processing, including issuance to providers, submission of data to federal and State tax authorities, and issuance of special forms such as “B” notices to providers for purposes of correcting mismatched employer identification numbers (EINs).

Using a secure file transfer protocol, we transmit 1099 files to the IRS in their required format and prepare a master report of 1099s produced. Because creation of 1099s is system-defined, we can make accurate earnings estimates at any time during the calendar year. This comprehensive 1099 financial process verifies sound program management.

As we have in Indiana for the past 20 years, Gainwell processes Federal Form 1099s efficiently, accurately, and promptly. Processing includes issuance to providers, submission of 1099 data to federal tax authority, and issuance of special forms, such as a “B” notice that corrects mismatched EINs. Gainwell institutes back-up withholding

as required until a corrected W9 is received per IRS regulation as well. By following established Gainwell processes and employing sound business rules, the *CoreMMIS* processes 1099 data and mails 1099 MISC forms to providers meeting the IRS-established criteria by January 31 of each year for the previous calendar year. We report payments as medical and healthcare on the Federal Form 1099 MISC. We report earnings by tax ID to the IRS as required.

Business Process Description

The *CoreMMIS* solution captures payments made to each provider — by provider identifier, National Provider Identifier (NPI), and tax identification number (TIN). Gainwell follows established IRS rules and guidelines to enroll providers with the appropriate tax structure. The *CoreMMIS* accumulates payments made to each provider TIN and summarizes the payments made on a calendar basis.

The system prepares tax-related reports and Gainwell uses Taxport software to complete the required form 1099s in the IRS-standard formats. The 1099s are printed, reviewed, and mailed to each provider with payments during the preceding calendar year. The annual provider 1099 includes the total paid fee-for-service claims and non-claim specific payouts minus recoupments or credits. Gainwell 1099s do not include encounter payments; these payments are paid by MCEs and would be reported on their 1099s to providers.

The *CoreMMIS* also uses this file to perform the electronic transmission of payment data to the IRS by the last day of March for payments made in the preceding calendar year. Our quality review process includes a balancing of the 1099 total payments to the total expenditures made through the *CoreMMIS*.

We designed the inputs, process steps, and outputs for the financial environment to preserve the integrity of the *CoreMMIS* financial databases. Inputs for the 1099 process include the provider payments, including adjustments and recoupment, for the previous calendar year. Processes for the annual 1099 production include accumulation, summarization, and reporting of provider payments by TIN. Outputs comprise the IRS Form 1099 and electronic file for IRS submission.

Recoupment

The *CoreMMIS* solution has a fully functioning recoupment system allowing authorized users to set up and track a recoupment case using the web-based user interface (UI) and review regularly scheduled reports. An associated panel enables users to log comments about the recoupment transactions. The system audit trail function tracks when users make a change and the ID of the user who entered the change. Gainwell provides the recoupment process in our many fully certified MMISs, according to the individual state's business rules, promoting a flexible solution. The *CoreMMIS* provides the capability to set up the recoupment to take back all or a portion of the money owed by the provider across a defined flexible period. We can establish the recoupment as a set dollar amount or a set percentage each week, thereby lessening the effect on the provider cash flow yet validating we have fully recouped the identified overpayment.

The *CoreMMIS* and our experienced Gainwell Financial team continually monitor the status and aging of each AR and report weekly, monthly, and quarterly to the State in aggregate or individual accounts using the State SharePoint, OnDemand, or the

Monthly Status Report. The CoreMMIS provides reports of open accounts receivable (ARs) and delivers the ability to obtain search results from AR panels. The CoreMMIS solution provides a comprehensive online financial inquiry capability, providing current week, month-to-date, and calendar year-to-date summary information. This information is available to authorized users through the secure browser-based page, incorporating pull-down menus and point-and-click navigation.

The CoreMMIS automatically establishes a provider AR when the net reimbursement of an adjustment transaction is less than zero. When the system creates an AR, we collect funds due from providers through cash payments, claim offsets, or non-claim specific expenditure payments due to the providers. The CoreMMIS can assess interest on providers by creating a receivable with a specific reason code. AR setup and collection will continue if a claim adjustment is made after a member's date of date resulting in an overpayment.

The Accounts Receivable (AR) module of the MMIS will capture and track provider recoupments, which are incorporated into the weekly financial (payment) cycle to offset provider payments resulting from claims adjudication and non-claim relate payouts. Recoupment processing will meet Indiana requirements, including the ability to:

- Update recoupment data automatically as the result of weekly claims run or inputs from other vendors
- Allow for manual adjustment of recoupment balances
- Manage the cash receipt process of posting funds and depositing the cash, including assigning a unique cash control number to track check payment to final disposition; cash receipts are assigned in a workflow to the appropriate unit for disposition, and the team member is alerted when new work is ready for processing
- Suspend collection on a specific provider's ARs when notified by FSSA
- Provide an audit trail of transaction data applied to the recoupment account, such as:
 - Date of transaction
 - Dollar value of transaction
 - Reason for transaction
 - Claim number for claim-related adjustments
 - Expenditure number for overpayments refunded
 - Person/process authorizing the transaction

The MMIS AR function tracks activity using reason codes. System fund codes will be linked to accounting codes to allow for interfacing with the State's PeopleSoft system. The MMIS AR solution provides UI panels and reports that show the status of each AR individually and in aggregate. Each provider's individual ARs and credit balance will be reported using the new interface between Gainwell and the State's PeopleSoft system.

The Gainwell processes continue to be performed in accordance with the provisions of the Code of Federal Regulations, Title 42 - Public Health, Part 433 — State Fiscal Administration, and Subpart F — Refunding of Federal Share of Medicaid Overpayment to Providers. Gainwell continues to monitor collections and bankruptcy filings of providers and remains responsible for preparation and processing of the

proof of claim and reporting compliance with pre- and post-petition debt restrictions. We maintain this data in a view-only online database available to authorized users.

Business Process Description

In each financial cycle, the *CoreMMIS* checks for outstanding provider ARs and deducts the appropriate amounts from the scheduled provider payment. The *CoreMMIS* maintains AR — gross-level and claim-generated transactions — and processes payments against the AR according to State-approved procedures. The *CoreMMIS* fully supports this function with its integrated AR process, detailed in Figure 56, Appendix 1 - Supporting Graphics, Technical Proposal Appendix.

The system automatically establishes a provider AR when the net reimbursement of an adjustment transaction is less than zero. Additionally, we will manually establish AR records through the AR Setup/Maintenance web page for providers, members, and other entities as needed. The *CoreMMIS* allows the establishment of parameters necessary to tell the system how we should collect money owed the State, including the following:

- Whether through manual or automatic recoupment
- Maximum dollar or percentage to be recouped from the provider each payment cycle
- Applicable payer and fund codes

The *CoreMMIS* automatically reduces AR balances when it applies cash receipts or recoups claims or non-claim related expenditure payments. It is a fully integrated system that automatically links transactions — such as claims, adjustments, payments, receivables, cash receipts, recoupments, and voids — to related records in the database. The *CoreMMIS* allows for manual and automatic recoupment of funds using the AR Information and Maintenance functions, which display and maintain the information for AR in the system.

Recoupments in the *CoreMMIS* can be in the form of a flat dollar amount or a set percentage of the provider's payment for each financial cycle. Recoupment frequency is flexible and can be adjusted per the State's request for a specific provider in the *CoreMMIS*. Deductions are weekly, monthly, quarterly, or annually during every financial cycle until the AR is fully satisfied. Recoupments reduce the dollar amount distributed to providers for payments made from such transactions as claims and positive adjustments paid in the particular financial cycle. The *CoreMMIS* will be modified to track this information by the State accounting codes, allowing production interfaces summarized at the level the State requires.

The *CoreMMIS* accepts claim- and non-claim related adjustments, automated adjustments from AR and third-party liability (TPL) case tracking, no-history adjustments, recoupments, mass adjustments, and cash transactions (refunds). The *CoreMMIS* accepts retroactive adjustments to accounts for retroactive changes to member spenddown, TPL, and patient liability changes, and retroactive changes to medical coverage codes (groups). The *MMIS* accepts program integrity adjustments processed by the Gainwell Claims team.

The *CoreMMIS* allows for manual and automatic recoupment of funds using the AR Information and Maintenance functions that display and maintain the information for AR. Using the AR Setup and Maintenance function, the authorized user enters the parameters for the recoupment, including the effective date. Authorized users have

access to terminate recoupments through the UI panels. The *CoreMMIS* provides reports on open ARs and the ability to obtain search results from AR MMIS panels.

The *CoreMMIS* financial business process automatically updates and maintains payment dates and dollar amounts on the provider tables as payments and other financial activities occur — such as recoupments and adjustments — and the totals for these types of transactions are reflected within the current calendar year. The *CoreMMIS* tracks and provides accurate and current AR reporting to the provider and State through closure of the outstanding AR.

The *CoreMMIS* allows the adjustment of claims history to reflect a partial recovery of payment because of TPL. During the claim adjustment process, the system applies the refund amount to the claim and systematically adjusts the original claim to zero. The system then creates an AR for the provider, where the TPL payment is applied. The net payment to the provider is zero. We accomplish this action similar to internal adjustments and log the transaction information in the claim history. The *CoreMMIS* also enables the State to track aged recovery inventories and automatically trigger notices to providers to collect outstanding balances of principal and interest owed based on predefined duration thresholds.

The *CoreMMIS* includes a process to withhold or recoup a fixed dollar amount or a percentage of payments from current payments. The MMIS maintains lien and assignment information and uses the information to direct or split payments to the provider or lien holder. We can recoup the money for liens by a percentage of the payment amount or a set payment rate. The *CoreMMIS* processes liens against providers, including splitting provider checks where necessary. Liens are typically received from the State, court order garnishments, or the IRS.

The *CoreMMIS* financial business process automatically updates and maintains payment dates and dollar amounts on the provider tables. Gainwell follows and monitors compliance with written procedures to meet State and federal guidelines for collecting outstanding AR. The *CoreMMIS* promotes a standard and consistent application method for collecting outstanding AR consistent with Indiana policies, rules, and procedures.

Additionally, mass adjustments occasionally result in significant AR balances that present a financial challenge for a provider to repay. If a provider asks for an AR repayment agreement, Gainwell sends a request form to the provider to complete. We review the provider's payment history, determine a reasonable payment schedule, and discuss it with the provider. After the provider has completed and signed the repayment agreement form with the proposed schedule indicated and remitted all the required documentation, Gainwell submits the request to FSSA for review and approval. We use this process infrequently because it is the State's goal to recover overpayments as quickly as possible, and providers have alternate means of financial assistance, such as bank loans.

Recoupment Process Flow

Inputs for the recoupment process include the following:

- Provider claim data and payments
- Adjusted claim information and related payment adjustments

Processes for the recoupment process include the following:

- Offset of overpayments against future provider payments
- Monitoring and collection of past-due overpayments from providers

Outputs of the recoupment process include the following:

- Satisfaction of provider overpayments due to the State
- Reporting of financial activity related to recoupments

Activities in the recoupment process include identification, tracking, collections, and reporting of provider overpayments. We continue to maintain comprehensive operating procedure manuals to promote standardized processes. FSSA and Gainwell review these manuals no less than semiannually. The State is responsible for notification of overpayments identified outside *CoreMMIS* transaction processing.

Meeting Performance Standards

Gainwell's solution will meet the following performance standards related to the lien and recoupment processes:

- Process court order liens and garnishments within three (3) business days of receipt or in accordance with the court documents, whichever is earlier
- Generate demand notice and account transfer letters to providers with aged accounts receivables greater than fifteen (15) business days based on criteria and a schedule agreed on by the State
- Distribute demand notices and account transfer letters to providers with aged accounts receivables within three (3) business days of generation
- Contact providers within five (5) business days of the return of certified mail receipt if provider has not responded to the demand notice or account transfer letter
- Complete all good faith collection efforts within 60 calendar days from the date of discovery or in accordance with a State-approved repayment agreement. Today, Gainwell and OMPP understand collections may exceed 60 calendar days if the provider is experiencing billing issues or working with a field consultant/accounts receivable representative to resolve the outstanding account. If the provider is actively working to resolve the balance, the account is not referred for collections at the 60-day mark, but the Finance team continues to pursue the recovery for the State.
- Refer uncollectible accounts to the Attorney General's office for further action no later than ninety (90) days following the establishment of the accounts receivable. Today, Gainwell coordinates uncollectable accounts to OMPP who facilitates referral to the Attorney General's Office for additional collections efforts. Again, the 90-day time frame may be exceeded if the provider was previously working with Gainwell to resolve outstanding debt but then ceased communication, went out of business, and so forth.
- Communicate referrals to the Attorney General's office following the establishment of accounts receivable for those providers that have not satisfied any portion of the accounts receivable within ninety (90) days of the establishment of the accounts receivable. Today, all communication to the Attorney General's office is coordinated through OMPP. Gainwell submits all accounts receivable activity uncollectable to OMPP for communication and coordination with the Attorney

General's office. The 90-day time frame may be exceeded if the provider is working to resolve the debt and is engaged in active communication with Gainwell. The goal being to recovery the most monies for the State.

- Complete a bankruptcy proof of claim form (B10) for submission to FSSA within three (3) business days of receipt, or sooner if the filing date expires before the end of the three (3) day completion period

The Financial team has well-established quality review processes for financial processing areas. We enhance the current monitoring and balancing processes for timeliness and accuracy. The Financial Support unit actively provides the State with the results of the validation processes on completion. The validation steps include tracking, monitoring, reporting, and collecting aged receivables due to the State.

Cost Settlement

Gainwell generates paid claim listing reports for providers or FSSA contractors to support Cost Settlement functions as requested.

The *CoreMMIS* supports cost reports and settlements processing through the accounting and financial reporting function, which provides rapid data access through user-friendly, browser-based interfaces. The cost reports and settlements processing adjust and settles final payments that are accurate and complete by generating additional payments or establishing AR transactions for the applicable providers. These adjustments verify the provider's final payments are accurate and complete in accordance with applicable statutes and rules.

We document cost settlement transactions with audit trails as required to maintain internal control systems.

Business Process Description

On notice from FSSA or State contractor, our staff members run impact queries and send to the contractor for their review and approval, once approved an adjustment request is submitted for completion. When adjustments are completed, the contractor is notified. Claim offsets or payouts will generate in the next check-write.

Interfaces

The accounting transactions within the *CoreMMIS* have specific interfaces with the State decision support system (DSS) and the enterprise service bus (ESB) for daily data transfers. Additionally, we have interfaces to key supporting systems provided by outside stakeholders including program banking allies, rate-setting entities, and other State entities — such as Indiana Department of Child Services (DCS), Indiana State Department of Health (ISDH), and Indiana Medicaid Fraud Unit (MFCU) — relying on the financial data residing within the *CoreMMIS*.

Management Controls and Monitoring

The Financial team has well-established quality review processes for financial processing areas. We enhance the current monitoring and balancing processes for timeliness and accuracy. The Financial Support unit actively provides the State with

the results of the validation processes on completion. The validation steps include comparing funding reporting by program, type, and business area.

Prepare and Pay Provider EFT/Check

Gainwell understands the financial constraints the State faces in administering FSSA programs. Through our development and maintenance of the *CoreMMIS*, we provide the State with financial processing cycles to calculate provider earnings for each cycle. The *CoreMMIS* pays Indiana providers accurately and consistently every cycle. The *CoreMMIS* fully supports the generation of the required payments (check and EFT), RAs, and financial reports. Providers who participate in the EFT program have their payments electronically transferred to their banks.

Gainwell recognizes the importance of offering providers a choice in methods for receiving their claim payments from FSSA. Providers can receive paper checks or electronic funds transfer (EFT) payments. The *CoreMMIS* fully supports both methods. We actively promote EFT payment methods during various provider contact opportunities, including provider enrollment and in AR collection processes. The Gainwell Finance team works with the provider services unit to encourage use of the EFT option.

Gainwell recognizes the cost of handling payments decreases for the State with electronic transactions rather than printed and mailed. EFT payments benefit providers as follows:

- Eliminating lost, misplaced, voided, and stale-dated checks
- Improving the time frame in which monies are received and eliminates the hassle of depositing checks
- Providing a cost-effective means of enhancing practice management AR
- Provides security and traceability of the payment

If the EFT payment fails to deposit because of a closed account or incorrect banking number, Fifth Third Bank generates a report daily that the Finance team monitors. The provider's EFT segments are immediately end-dated stopping all future EFT payments being sent to the invalid account. The payment that has failed is reissued with a paper check and a corresponding letter is sent to the provider indicating updated payment information is needed to continue with EFT payments. Paper checks will continue until the provider updates EFT information.

Business Process Description

The *CoreMMIS* fully supports processing check voids, check reissues, stale-dating checks, returned checks, stop payments on checks, manual checks, cash receipts, repayments, AR, non-claim-related system payments, and recoupments. The *CoreMMIS* conducts a financial cycle at State-agreed intervals based on program needs. We configure the financial cycle to process specific payment types by day, week, or month. The *CoreMMIS* allows a flexible means for the State to manage outgoing payments to meet program requirements. If necessary, Gainwell can submit a check pull request to the Operations Unit so a payment may be expedited by FedEx or another service for overnight delivery.

The financial cycle processing includes related transactions — such as claims, expenditure, liens, or garnishments — for a particular business process and performs the required adjudication, calculations, and appropriate offsets for each transaction processed. The *CoreMMIS* processes State requests for provider payouts (manual checks) with the capability to set a start date for recoupment and a rate of recoupment — for example, total, specified amount per payment cycle, or specified percentage per payment cycle — to recover the paid amount. The system has the capability to advance pay a provider through an expenditure (payout). When the system generates a payout, an AR also is set up to recover the advance per the recovery agreement terms.

The *CoreMMIS* makes payments to the billing provider as defined within the provider enrollment module of the MMIS. Per State direction, we can make special payments to other entities by using the TIN of the entity paid. Gainwell works with the payee to attain the appropriate W-9 information in compliance with IRS regulations.

The *CoreMMIS* solution administers payment requests from other business areas to support the payment of capitation expenditures to the MCEs. The system processes payment for notification of pregnancy (NOP) and has the capability to process supplemental payments — such as risk-based managed care (RBMC), Upper Payment Limit (UPL), disproportionate share hospital (DSH), and physician access to care — as the State requests.

The MMIS financial cycle creates the financial reports for balancing and validating payment file accuracy, pursuant to FSSA policy and guidelines. The Gainwell CFO receives notification the next business morning that the financial cycle runs successfully, and the reports are available for review and balancing. Reports include check register detail, summary financial reports by claim type, and balancing reports. We produce outbound payment files to Fifth Third Bank that are posted no later than 8 a.m. the next business day.

Additionally, the *CoreMMIS* solution provides the capability for continued operation and tracking of the intermediate care facilities for individuals with intellectual disabilities (ICF/IIDMR), quality assurance fee (QAF), and health assessment form (HAF) assessment processes for eligible providers. The *CoreMMIS* solution is capable of processing and reporting payments for programs not administered within the MMIS. Standard file transfer formats are available to allow for payment of non-Medicaid-related expenditures to Medicaid enrolled providers.

Prepare and Pay Provider Information Flow

The following are the inputs and outputs to Prepare and Pay a Provider by EFT/Check.

Inputs for creating provider payments include:

- Adjudicated claim payment information
- Supplemental payment requests
- Non-claim–related payments
- Provider portal access for maintaining and updating EFT account information

Processes for creating provider payment include:

- Payment cycles and financial processing of related transactions

- File transfer to banking partner — such as positive pay

Outputs of the payment process include:

- File transfer to banking partner — such as positive pay and cleared check reporting
- Payment to providers and related entities as the State directs
- Detailed payment registers for EFT and check payments by provider number
- Financial cycle reports in OnDemand used for balancing
- Payment Inquiry Panel and related transactions panels, including claims, accounts receivable, and expenditures updated with payment information in *CoreMMIS*

Monthly assessment activity reports including:

- Provider assessments made during the month
- Adjustments made to prior month's activities
- Outstanding balances due on assessments partially withheld

Interfaces

The payment process requires several interfaces to be in place and maintained:

- Interface with banking partner for payment or clearing transactions
- Interface with State DSS for proper reporting of program expenditures
- Data transfer capability to generation of the EDI transactions (835) for provider RAs

Meeting Performance Standards

Gainwell employs various performance measures and has them in place as we manage and perform processes. Our payment review and balancing activities identify discrepancies and allow for continuous monitoring and improvement activities.

Performance standards include:

- Submit a daily request for funding to the State on the schedule mandated by the State (currently by 10 a.m. each business day)
- Provide an estimate of checks to the State on the schedule mandated by the State (10 a.m. of the business morning preceding a State holiday)
- Provide monthly bank reconciliations to FSSA no later than 30 days from the end of the previous month
- Make certain that the reconciliation results, including copies of bank statements and any other substantiating documents as required by the State, are sent to the State designee of FSSA and copied to the designated State contact within 30 calendar days after the end of each quarter; respond to inquiries concerning federal or State reports within three business days of the request
- Identify and address 100% of any errors or discrepancies in financial data or reports
- Conduct regular reconciliations between MMIS and PeopleSoft on a schedule defined by FSSA, at a minimum monthly

- Resolve 100% of unreconciled items between MMIS and PeopleSoft on a schedule determined by the FSSA, at a minimum monthly
- Generate detailed monthly financial reports containing monthly assessment activity, including but not limited to provider assessments made during the month, adjustments made to prior months' activities, and outstanding balances due on assessments partially withheld; reports to be made available to the State within five days of the end of the previous month; reporting accuracy threshold will be no less than 98%
- Maintain accounting and financial records pertaining to the contract for a minimum of seven years, in accordance with business area, State, and federal retention rules and policies
- Provide immediately on go-live seven years of claim and financial information

The Gainwell Financial team has well-established quality review process for financial transactions to ensure timeliness and accuracy. We will enhance the current balancing processes by adding PeopleSoft reconciliations between *CoreMMIS* and the State.

10.1.2 Prepare and Pay Capitation

Indiana has diverse managed care arrangements that require a flexible, easily adaptable capitation payment system to handle program variances for Hoosier Healthwise (HHW), Healthy Indiana Plan (HIP), Hoosier Care Connect (HCC), Program All-Inclusive Managed Care (PACE) and Non-Emergency Transportation (NEMT). The State needs a system flexible enough to handle new program variations as they arise. The system and related business processes must verify that payments are timely and accurate.

HHW, HIP, HCC, PACE, and NEMT administrative program payments are administered through *CoreMMIS*. *CoreMMIS* provides flexible, table-driven capabilities to support Indiana's managed care and care managed program payment requirements. It maintains online, detailed payment history information linking members to their respective MCE or care management organization (CMO) records, provides a robust adjustment process, and offers required State and federal reporting.

Gainwell understands capitation and program payment nuances required for each Indiana managed care and care managed programs. We know timely and accurate payments are critical to the success of the MCE/CMO(s). It is similarly critical for providers to receive timely payment from the plans. *CoreMMIS* is configured to meet the State's capitation and program payment schedules as directed. It processes per-member per-month (PMPM) capitation payment based on State-defined rate factors such as age, sex, category of eligibility, health status, and geographic location. *CoreMMIS* identifies members who have terminated enrollment, disenrolled, or are deceased, and excludes those individuals from the monthly MCE capitation payment.

CoreMMIS features a monthly capitation auto-adjustment cycle that identifies retroactive payments and recoupments based on changes to member eligibility and demographics received after the prior capitation cycle. *CoreMMIS* capitation payments are reported on the HIPAA-compliant 820 MCE Capitation Payment Transaction to the MCE/CMOs. Another flexible feature of the capitation system is that *CoreMMIS* can calculate capitation payments on a prorated basis based on the member's number of

actual days enrolled with a plan within a given month. The system is configured to use both full-month and half-month logic when determining payment amounts.

Business Process Description

The MCE/CMO(s) receive a PMPM fee for managing care for members actively enrolled in their organization. Various system functions and business processes support capitation requirements. In the following sections, we provide an overview Gainwell's capitation support:

- Capitation Rate Cell Management
- Capitation Processing
- Capitation Adjustments
- Creation of 820 Files, Payments, and Reporting
- Payment Issue Communication and Resolution

Capitation Rate Cell Management

The Prepare and Pay Capitation Payment business process begins with establishing payment rates and a payment timetable. MCE/CMO receive a PMPM fee for managing care for members actively enrolled in their organizations. MCEs receive this fee whether the members receive healthcare services or not. The State determines capitation rates and CMS approves the rates. After CMS has approved and finalized the rates and the State signs contracts with the MCE/CMOs, FSSA sends formal capitation rate documentation to the fiscal intermediary. Capitation rates vary by aid category, type of capitation, and by program. *CoreMMIS* allows as many as five alphanumeric characters for capitation rate cells.

Capitation rates can be entered into the system through an electronic mass update process or individually by the Care Programs team member. *CoreMMIS* maintains rates and generates capitation payments on a schedule determined by the State. Gainwell maintains our current rigorous quality review program for verifying that capitation rates are loaded correctly and making capitation payments correctly in accordance with State guidelines. Gainwell performs quality reviews on 100% of the capitation rate entries for accuracy. FSSA approves the release of the rates after it verifies the rates have been loaded according to formal documentation.

Capitation Processing

Indiana's managed care/care managed programs vary in how their capitation and other program payments are processed. HIP, HHW, HCC, and PACE programs pays half or full per member per month capitation monthly to MCEs based on the member's eligibility, gender, age, and medical status on the first day of month. The NEMT program pays half or full per member per month capitation monthly to the NEMT based on the member's eligibility status on the first day of the month. Full Capitation Payments is paid if the member has 18 days or more of an assignment. Half Capitation Payments is paid if the member has 17 days or less of an assignment. To prevent multiple half-month or duplicate capitation payments to an MCE, *CoreMMIS* does not require the number of days a member is assigned in a month to be consecutive.

The MCE(s) use inpatient delivery claims to submit delivery records to *CoreMMIS*. *CoreMMIS* makes delivery capitation payments based on the delivery records

received from the MCEs. Delivery capitation is paid monthly. *CoreMMIS* also makes Notice of Pregnancy (NOP) capitation payments to an MCE when the MCE submits an NOP record to *CoreMMIS*. NOP capitation is paid monthly.

The *CoreMMIS* capitation cycle begins the third Wednesday of each month, producing 820 detail reports on the following Saturday. *CoreMMIS* transfers funds through EFT to the MCE/CMO the week after producing 820 transactions.

Capitation Adjustments

CoreMMIS processes capitation rate changes, member retro eligibility, changes in a member's eligibility, gender, age, or medical status as capitation adjustments. Capitation adjustments are processed during the *CoreMMIS* capitation reconciliation cycle. The capitation reconciliation process determines prior payments affected and creates a capitation recoupment adjustment record. *CoreMMIS* also creates the corresponding payment adjustment. The system notes recoupment and payment adjustments by reason codes that distinguish adjustment details from regular per member per month details in the 820 transactions.

Creation of 820 files, Payments, and Reporting

The business process ends with sending the payment data to the appropriate business process and tracking the action in the appropriate repository. Various online reports are available for capitation, including weekly and monthly capitation payment listings, capitation errors, capitation summary by fund code, capitation summary by rate cell, capitation summary by program, payment reconciliation, potential duplicates, and delivery capitation payments.

Payment Issue Communication and Resolution

The Care Program Team immediately notifies designated State and health plan stakeholders when issues arise with capitation payments. We document an issue in ServiceNow. We regularly report and inform affected stakeholders until the issue has been resolved.

Prepare and Pay Process Flow

The process starts with prepare and pay capitation payment inputs, shows the processes and databases that support the processes, and leads to the outputs of the prepare and pay capitation payment business process. *CoreMMIS*' flexible capitation system supports different business rules for different programs. The capitation interfaces with the eligibility data set to determine which capitation process and rate to use for each managed care member, whether it is to determine the current month's payment or a retroactive adjustment. The system supports paying capitation in a current month or can pay prospectively and interfaces with other data to determine when to make supplemental payments, such as delivery capitation or NOP payments. Capitation payment and program payment information is available to users online by program, managed care entity, and member. The prepare and pay capitation process is shown in Figure 57, Appendix 1 - Supporting Graphics, Technical Proposal Appendix.

Activities Supported

Gainwell's capitation system is flexible and supports different business rules for different programs. The capitation interfaces with the eligibility data set to determine which capitation process and rate to use for each managed care member, whether it is to determine the current month's payment or a retroactive adjustment. The system supports paying capitation in a current month or can pay prospectively and interfaces with other data to determine when to make supplemental payments, such as delivery capitation, POWER Account transfers, or NOP payments. Capitation payment and program payment information is available to users online by program, managed care entity, and member.

Interfaces

The capitation system interfaces with multiple other systems to process program payments. Capitation interfaces include the State's eligibility system (IEDSS), internal systems within CoreMMIS (eligibility, supplemental, and finance), NOP files generated by providers, and NOP files from the MCEs. IEDSS transmits files to CoreMMIS daily that contain member data such as age, date of birth, date of death, aid category, MCE selection, and POWER Account information (for HIP only). IEDSS data is loaded to CoreMMIS eligibility tables, and the eligibility data ultimately determines what program to assign a member, to which MCE, and into which capitation category they belong. During the capitation process, CoreMMIS checks eligibility data to determine whether to generate a delivery kick payment. The capitation system also checks for NOP file data to determine whether NOP payments are due. After the capitation cycle runs, it interfaces with the weekly financial cycle to generate the program payments.

Expectations of State

The State expects Gainwell to make capitation and other program payments to MCEs timely and accurately and for the transactions to be HIPAA-compliant. To support this, the State provides Gainwell:

- CMS-approved capitation rates on a schedule to be determined by the State
- Capitation data using Excel spreadsheet to facilitate automated uploading of the data
- Formal approval of capitation rate changes after they are completed by Gainwell

FSSA support requirements for capitation are minimal because the Gainwell capitation system is well documented, designed, managed, and runs smoothly.

Gainwell has well-developed monitoring processes for both system functions and operations. We have automated monitoring for critical processes that alert Gainwell production support personnel if the jobs are late or behind schedule. System-generated emails also notify the business team if critical job failures occur. The Care Programs business team notifies affected external stakeholders of any issues and provides updates until the issues are resolved.

The Gainwell business team has an established quality review process for managed care program payments. We monitor and validate capitation and other program payments for timeliness and accuracy. The validation steps include:

- Comparing financial and capitation reports to confirm balancing of overall payments
- Generating random samples of individual payments by member and validating that the eligibility and capitation rate data in the *CoreMMIS* support the payment amount
- Reviewing Capitation Error Report to identify and resolve eligibility issues or missing demographic records.

Controls and monitoring are in place for adjustments. After receipt and entry of mass rate adjustments, but before the monthly capitation cycle, the Care Programs analyst entering the adjustments and another team member review the appropriate *CoreMMIS* window for correctness of entries. An analyst performs a post-cycle validation by reviewing the Capitation Payment Listing and by reviewing sample member capitation records from *CoreMMIS*. The same process applies to individually entered adjustments. An extra step performed is the verification between Gainwell and the MCE when either entity has identified the need for an adjustment.

Quality reviews are an important process for any function. Gainwell has a vigorous quality review process for capitation reporting. A second analyst reviews any report created through our ad hoc reporting capability by our Care Programs analyst to verify that the report is accurate and complete. Gainwell also, through our experience with the Indiana Medicaid program, can provide insightful capitation data and trend analysis.

The Prepare and Pay Capitation Payment process combines COTS products and transferred components. Gainwell's ServiceNow system is used to track issues associated with Managed Care payments. This provides for end-to-end tracking of any system changes necessary to address payment issues.

The Prepare and Pay Capitation Payment function of Financial Management demonstrates the key characteristics identified by the State for *CoreMMIS*:

- *CoreMMIS* features a monthly capitation auto adjustment cycle identifying retroactive payments and recoupments based on member eligibility changes received in the past month. Additionally, FSSA can choose the timing of capitation payment calculations and pay on a prorated, daily basis.
- The table-driven capabilities support capitation payment variances necessary for different programs across the enterprise. As FSSA develops its managed care strategy, we can add or remove groups to capitation payment processing without requiring additional hardware or system modification.
- Automated capitation rate loading allows large numbers of rate transactions to be applied quickly and reduces possible manual entry error.
- Flexible capitation rate-setting ability for implementing short-term changes meeting emerging business needs supports 'special condition' situations that may arise.

10.1.3 Prepare and Pay Premiums

Medicaid members who are entitled to receive Medicare benefits often qualify to have their Medicare premiums paid by the State. This is the Medicare Buy-In Program. The Family and Social Services Administration (FSSA) is responsible for adding member Medicare coverage into the IEDSS. Based on the information entered by the FSSA,

Gainwell initiates Medicare Buy-In for eligible members. Gainwell coordinates Medicare Buy-In resolution with the Social Security Administration (SSA) and CMS.

The Medicare Buy-In Program allows states to pay Medicare premiums for dually eligible (Medicare and Medicaid) members, thereby facilitating Medicare enrollment. Because Medicare is usually the primary payer, payment of the Medicare premiums, coinsurance, and deductibles is more cost effective than paying the entire cost of a member's medical care. The State receives federal financial participation (FFP) for premiums paid for members eligible as qualified Medicare beneficiaries (QMBs), qualified disabled working individuals (QDwIs), specified low-income Medicare beneficiaries (SLMBs), Money Grant members, and qualified individuals (QI-1s).

The primary goal of the Prepare and Pay Premium Payment process is to optimize cost avoidance by making appropriate Buy-In payments for eligible members.

The *CoreMMIS* Buy-In system complies with State and federal policy and regulations and uses a combination of daily and monthly processes to enroll dual eligible.

Several processes comprise the Buy-In cycle. The receiving process accepts the incoming Billing/Response records from CMS. Eligibility validation decides the accretions and planned deletion records based on current member data. Accretions and planned deletions are stored in the Buy-In tables waiting for the subsequent process. The sending process concludes the Buy-In cycle and creates the Buy-In premium request records (accretions, deletions, and changes) that the *CoreMMIS* sends to CMS. Throughout the month, the state and Gainwell Buy-In analysts complete manual activities to resolve mismatches and exception responses from CMS. The Gainwell Buy-In analyst applies updates on the user- friendly Buy-In user panels. Each of the primary Buy-In processes updates the *CoreMMIS* member tables and creates activity and audit trail reports.

The *CoreMMIS* Buy-In system provides data exchanges, reports, and panels that support a variety of functions, including the following:

- Sending and receiving Medicare Part A, Part B, and Part D billing and response file
- Validating eligibility, co-insurance, and deductible payments
- Processing and maintaining data

Business Process Description

For Prepare and Pay Premium, we use the following process:

- Resolve data exchange issues
- Initiate manual adjustments to resolve problems preventing member buy in
- Reconcile transaction errors
- Pay premiums and obtain refunds

The Prepare and Pay Premium Payment business and automated processes are comprised of exchanging data, verifying coverage, resolving issues and mismatches, paying and refunding premiums, reporting data, and recruiting Medicare B members.

Exchanging Data. Timely and accurate data exchanges are critical to the Buy-In process. The *CoreMMIS* uses daily processing of files from IEDSS, SSA, and CMS. In particular, daily processing of the CMS Territorial Based Query (TBQ) system data (which allows states to retrieve the Medicare Master Beneficiary Data) and daily BENDEX data enable Gainwell to enroll members in Buy-In within days rather than

months. The same Medicare Modernization Act (MMA) file layout used by Part D enrollment exchanges the TBQ data.

Validating Eligibility and Coverage. Several resources are available for identifying potential Medicare Buy-In members. During the receiving batch process, the system attempts to locate and match CMS member record to the *CoreMMIS* member record with two criteria. If the *CoreMMIS* locates and matches the member, the CMS record is a “match.” If the *CoreMMIS* does not locate and match the member, it processes the CMS record as a “mismatch.” CMS match records update specific *CoreMMIS* tables and users view them on user interface panels. The Medicare Buy-In Part A records update tables and display on panels specific to Part A. The Part B records update tables and display on panels specific to Part B. CMS mismatch records update specific tables and display on user panels. During the validating process, Gainwell analysts identify members to “accrete” (add) and delete. The *CoreMMIS* fully supports member accretion and deletion.

The Buy-In process updates member Medicare data for Part A, Part B, and Part D when received from CMS. The daily exchange of data provides tighter controls on inappropriate payments. The Buy-In analysts monitor reports for Medicare member date of death to prevent payment of Buy-In premiums for periods after the date of death. However, this step is a formality because if CMS shows a date of death on file, it will not accept a premium payment billing transaction. If CMS updates a date of death retroactively to its file and the State has paid premiums after the fact, CMS refunds inappropriately made premiums with a code 16 transaction. If the *CoreMMIS* shows a date of death on file and CMS is billing for premiums, the *CoreMMIS* generates a code 53 transaction to stop Buy-In.

Resolving Issues and Mismatches. Medicare member-related information is stored in the system. The system maintains audit tables and log files of files received through the various data exchanges. The member information is available in both user-friendly panels and reports. The online information and reports facilitate quick issue resolution for Buy-In-related issues, including resolving mismatches and other Buy-In errors.

Premium Payments and Refunds. The State pays Medicare Part A premiums for FSSA members who have fewer than 40 work quarters based on SSA history and must pay a premium for Part A coverage. This member must qualify for QMB. The State also pays for QDWI, as these Medicaid members have lost their Part A benefits because of their return to work. A Medicare member who is eligible for Part A also is eligible for Medicare Part B. When members qualify for Medicaid, the State can pay the Part B premiums. CMS automatically generates refunds to the State when the data exchange identifies overpayments.

Reporting Data. The *CoreMMIS* offers a suite of reports used for detailed financial accounting, analysis, and member issue resolution. The system generates various Buy-In reports, such as the Buy-In Mismatch report and Buy-In Error report, in OnDemand for the Buy-In analysts’ use. Gainwell will work with the State during the implementation phase to determine which reports to write out the detailed data, besides the formatted report. This enhancement enables users to download the detailed data from OnDemand and use a tool such as Microsoft Excel to perform analysis.

Recruiting Medicare B Members. Each month, the system identifies members who are within six months of their 65th birthday. Gainwell generates letters every month and sends to these members as a first notice to contact their local SSA offices and

apply for Medicare benefits. Members receive second notices within three months if FSSA records do not indicate Medicare enrollment. CMS has instructed the State to make every effort to enroll eligible FSSA members in the Medicare Part B program with guidelines in the *Medicaid State Manual*.

HIPP. Gainwell's solution includes support for the HIPP Program. We provide content related to HIPP in the 3.09 Reimbursement/Claims Processing section of the Technical Response.

Process Flow

Figure 58, Appendix 1 - Supporting Graphics, Technical Proposal Appendix illustrates the flow of information in the prepare and pay premium payment business process. The process starts with prepare and pay premium payment inputs, shows the processes and databases that support the processes, and leads to the outputs of the prepare and pay premium payment business process.

Activities Supported

Gainwell is responsible for resolving problems related to Medicare Buy-In, including investigating duplicate records and data unmatched from CMS. Gainwell can enter or change Medicare information related to the Medicare Buy-In using Indiana *CoreMMIS*. The Family and Social Services Administration, which makes updates to IEDSS for transmission to the *CoreMMIS*, coordinates other updates. The *CoreMMIS* produces system-generated Medicare Buy-In reports and researches potential Medicare Buy-In cases identified by claims processing, FSSA, SSA inquiries, and other outside inquiries.

As previously stated, the Receiving process involves receiving CMS Part A and Part B billing/response files. CMS performs data matches and transmits billing data to the EDB through the Data Mover. The State transmits CMS billing information to the *CoreMMIS*. Data from these files is loaded into *CoreMMIS* (member) tables through the Buy-In receiving batch process. This process includes simple validation, member matching, table updates, and reports. Updates show on the user interface panels. The *CoreMMIS* also receives data from State caseworkers through daily IEDSS transmissions. This data is loaded to the *CoreMMIS* as well. The Sending process involves extracting data from the Buy-In tables, running the Buy-In batch sending process, generating Buy-In reports, and sending Part A and Part B request files to CMS.

Interfaces

The Buy-In system interfaces with the State's IEDSS eligibility system and internal systems within the *CoreMMIS* (eligibility, CMS, and the SSA).

Federal. The *CoreMMIS* exchanges data with both the SSA and CMS as part of the Prepare and Pay Premium process.

CMS. CMS is a division of the U.S. Department of Health and Human Services (HHS). CMS regulates and oversees Medicare, SSA, and state Medicaid programs. TBQ is the CMS database of Medicare entitlement.

The MMA is a file that shows the Medicare status and related information of Indiana members. The MMA file identifies Indiana members entitled to Medicare and includes

members' demographic statistics, address, enrollment dates, third-party Buy-In status, and Medicare managed care carriers.

Social Security Administration. The SSA determines which individuals are eligible for Medicare and completes the application for Medicare. BENDEX is the SSA database of Social Security financial information and Medicare coverage; it processes updates daily. The CoreMMIS process stores financial information for research purposes. The SSA's Beneficiary Earnings Exchange Record (BEER) also is used. It contains detailed financial information about the member. The CoreMMIS uses financial information to compare against the member's Medicaid application for accuracy. The BENDEX process automatically requests BEER records. The BEER record is stored and updated as changes come from SSA; no other updates occur in the CoreMMIS from the BEER process.

State. Gainwell interacts and shares data with the State's FSSA agency.

FSSA. FSSA oversees Medicare Buy-In. The State Accounts and Audits Division receives the premium billing and generates payments to CMS. The State transfers billing data to Gainwell. Gainwell proposes making the payments directly to CMS. Using data supplied by Gainwell, FSSA also is responsible for generating payment to CMS and for CMS reporting, which facilitates the FFP reimbursement.

Division of Family Resources (DFR). The Indiana DFR oversees medical and social services for the aged, disabled, and children. The DFR caseworkers or FSSA/DFR Service Center initiates the Medicare Buy-In process by entering the Medicare Buy-In data into IEDSS. However, CMS or the Gainwell Buy-In analyst also can initiate the Medicare Buy-In process. ICES transmits the data to the CoreMMIS. The Medicare Buy-In effective date is determined after receiving the eligibility information from IEDSS during the daily eligibility cycle. The Buy-In effective date occurs when the member turns 65 or starts receiving SSA and Medicare benefits because of disability or end-stage renal disease. The DFR staff and Gainwell staff have well-established relationships and work together daily to resolve Buy-In issues.

Gainwell. Data associated with FSSA member eligibility, Medicare eligibility related to the FSSA, and Medicare Buy-In information is available in the CoreMMIS. Gainwell maintains the CoreMMIS and coordinates a daily data exchange with IEDSS, SSA, and CMS.

When the CoreMMIS processes and pays a crossover claim, it searches for information populated for members to confirm their Medicare coverage. If no Medicare information is in the system, the Possible Medicare Eligibility report displays the data. Gainwell Buy-In analysts follow up on the potential Medicare cases.

Expectations of State

The primary objective of the Prepare and Pay Premium function is to optimize Medicare cost avoidance. As with capitation, the Prepare and Pay Premium system and operations requires minimum involvement by FSSA staff to run successfully. There will be few demands on the State's time and resources. The primary expectation of the State's support in this function is to provide policy input and system capability review during the implementation phase. After it is operational, FSSA may need to provide updated policy input and the occasional collaborative support between Gainwell and FSSA should Medicare eligibility issues arise.

Management Controls and Monitoring

The *CoreMMIS* uses a suite of reports to confirm the systems and business processes are producing results as expected. The reports assist with a variety of functions and help Gainwell meet standards such as resolving Buy-In data exchanges within one business day following the exchange, notifying the state within two business days of problems with data accuracy, and reconciling Buy-In accrete and delete transactions.

Reconciling Data. The Gainwell process can quickly reconcile the differences between Social Security, CMS, IEDSS, and the *CoreMMIS*. We have thorough, accurate documentation for determining the appropriate procedures, verifying member data, and resolving discrepancies between stakeholders

Recruitment Letter Tracking. The Buy-In analyst receives an automated email reporting mailed letters, along with a count of letters the system issued.

Benefits of Prepare and Pay Premium Payment Process

Gainwell's Prepare and Pay Premium Payment process combines COTS products and transferred components. This function of Financial Management provides the following advantages:

- By replacing the CMS EDB process with the CMS TBQ data, we can improve the timeliness and accuracy of data exchanges for the Buy-in process.
- The *CoreMMIS* supports payments for small to large programs.
- The *CoreMMIS* provides user-friendly online information and reports to facilitate quick resolution to Medicare member mismatches and other Buy-in errors.
- Daily processing of files from ICES, SSA, and CMS leads to more accurate and reliable information.

New Application Functions

We will change the *CoreMMIS* to add the following features:

- Use cross-over claims to find potential Buy-In members
- Generate Medicare recruitment letters

Member Premium Collection

The member premium collection business process comprises premium billing, collection, reporting, and providing customer service support for individuals eligible for specific Medicaid programs. Gainwell has provided member premium collection to the State of Indiana since 2004. We provide these services for members enrolled in Package C — Children's Health Insurance Program (CHIP) — and Medicaid for Employees with Disabilities (M.E.D. Works) programs. We collect information from the State eligibility system including payor identification number, covered member(s) identification number, effective date, and premium amount and use this information to manage and administer CHIP and M.E.D. Works premium requirements.

Gainwell has been and will continue to be responsible for the business process and financial aspects of the member premium collection, including:

- Accounts receivable and refunds
- Banking
- Wire transfers
- Reporting
- Bank reconciliations
- State and Federal required reporting

Our approach provides the framework to effectively manage and administer the premium billing and collection program. By selecting Gainwell, FSSA uses the FSSA Core Medicaid delivery structure and uses the existing relationships between FSSA and Gainwell.

By selecting Gainwell, FSSA also aligns with a service provider that brings an integrated solution for benefits administration, billing, and collections. This is important because, as you introduce new healthcare programs to address your uninsured population, the integrated architecture supports reliability in process, data, and customer service, treating each member group consistently and with dignity. Our solution is both scalable and flexible, allowing FSSA a range of choices in structuring future programs. The *CoreMMIS* automated and operational processes maintain HIPAA-compliant transactions, meet established healthcare industry standards, and meet State and federal Medicaid policies and guidelines.

Our service meets the following requirements listed in the RFP:

- **Data exchange.** The *CoreMMIS* performs daily, weekly, and monthly data exchanges with State applications for eligibility, aid categories, and premium administration; exchanges average more than 55,000 records per month.
- **Billing and Collecting.** The *CoreMMIS* Premium Billing system maintains member data, automates monthly billing, and processes payments. Payers have a variety of no-cost options to make payments, including EFT and the Biller Direct web portal application.
- **Reporting.** The *CoreMMIS* provides daily, weekly, and monthly reports of financial activity and customer service statistics.
- **Customer service.** We provide dedicated call center agents expertly skilled in the CHIP and M.E.D. Works programs.

The Member Premium Payment process begins with the interface between the IEDSS and the *CoreMMIS*. Data integrity and accuracy is critical the program's success. The FSSA, through IEDSS, provides the invoicing schedule as well as member data required for the premium payment process. Data sent to the *CoreMMIS* includes payer information, premium amount, account members, member status, terminations, and more. The process ends with active members who can access medical services.

Processing IEDSS Records

The *CoreMMIS* receives daily transactions from IEDSS that include records for conditional members and newly opened members. These transactions meet State-specified time frames.

Creating and Delivering Vouchers and Notices

The CoreMMIS produces three types of vouchers to handle different invoicing scenarios. The system uses the initial voucher for billing individuals or families in a conditional enrollment status. After receiving an initial payment for a conditional member, the system adds that member to the database and generates a monthly premium voucher. The CoreMMIS generates a monthly voucher for individuals or families in an open enrollment status. The payment change voucher invoices individuals or families who are in a conditional enrollment status and the monthly premium has increased since the last voucher creation. The CoreMMIS generates and delivers both the initial voucher and payment change voucher within 24 hours of notification from IEDSS. Monthly vouchers are created and delivered within 24 hours of the monthly adverse action cycle date as determined by IEDSS.

The CoreMMIS' premium voucher is specific to the CHIP and M.E.D. Works programs. It contains the RFP-required information in a user-friendly, easy-to-read format. If modifications are needed, Gainwell will work with FSSA to develop new vouchers to achieve the appropriate reading level.

The CoreMMIS produces vouchers with a detachable payment coupon for the member to return with payment. The system generates statements based on payer identification number for each member of the household and produces them in Spanish when designated as the primary language.

Occasionally, FSSA requires that we send additional program information to payers. During the current contract, Gainwell has developed, printed, and mailed inserts about premium increases as requested by the CHIP office. The Gainwell Team coordinates the insert development, including writing, editing, and formatting. Our print operations facility understands that these notices must be printed and distributed with quality-centered, customer-driven standards. Protecting Protected Health Information (PHI) is of utmost importance. Gainwell has an extensive history and knowledge in creating flash forms and printing large volumes of custom mass mailings. Our solution is flexible, configurable, and can easily add other voucher mailings as needed.

Collecting Premium Payments

We accept premium payments using existing lockboxes per RFP requirements. We expanded premium collection using enhanced collection services around debit card-based, web-based, and ACH transactions. Gainwell incorporates strict internal accounting controls, system audit trails, automatic system balancing, precise accounting, and reporting functions for the CHIP and M.E.D. Works programs, which provides accurate financial management and reporting. The bank account for each program maintains a minimum balance of \$3,000 to support program activity. Our experience as the Indiana fiscal agent for more than 20 years brings FSSA a financial management system that can handle the complexities of federal and State regulations.

The process of collecting premium payments occurs both automatically and manually. The following are the primary methods for collecting premium payments:

- **Lockbox.** When the system sends premium invoices to the members, they can send the payments to the address specified on the invoice statement. Members detach and mail payment coupons in the business reply envelopes provided with

their statements. Gainwell maintains separate lock boxes for each program as required. The bank has a branch located in the Indianapolis area. We process lockbox receipts in accordance with Gainwell and State specifications. We deposit payments into the lockbox account and the bank then sends a daily electronic feed to Gainwell. We upload the transactions into our cash receipts process and subsequently disposition them to the premium records.

- **Biller Direct.** Biller Direct is a secure suite of electronic pay-by-telephone and pay-by-Internet alternatives for the members. Biller Direct provides a highly flexible outsourced payment service. This service enables CHIP and M.E.D. Works members to initiate payments using credit/debit cards or electronic check (automated clearinghouse, or ACH) also called EFT. Members can make payments one time, recurring, or scheduled at a future date.
- **Direct pay.** Sometimes Gainwell receives direct payments. Gainwell receives these payments and manually posts them to the members account for the appropriate benefit month.

Gainwell can accept cash but this is an exception process because of the risk of potential mishandling. A customer service representative contacts members who remit cash to request that member mail checks or money orders in the future to make sure their payment is appropriately accounted for.

Gainwell deposits premium payments, regardless of how received, into the State's designated account no later than one business day following the receipt of funds.

Nonsufficient funds (NSF) processing is part of the premium payment process. If the bank reports an EFT debit request or a check as NSF, an automated process reverses related cash receipt dispositions associated with that payment. The CoreMMIS sends a letter to the member to report the NSF. If the benefit month premium remains unpaid at the time of the no-payment cycle run, then we update the member's record and report it as no-payment. This includes stop payments, closed account, refer to maker, and frozen or blocked account.

Managing Payment Account

Strict internal accounting controls, system audit trails, automatic system balancing, precise accounting, and reporting functions provide accurate payment management. Gainwell uses its data exchange with IEDSS to maintain the most current premium payment information. The system maintains a history of premium vouchers, late notices, refunds, and NSF notices for each family unit.

Regardless of type or amount of payment, Gainwell assigns a unique cash control number (CCN) to each receipt. The CoreMMIS uses the CCN to monitor the cash receipt from entry to full disposition. After assigning a CCN to a payment, the nightly posting application applies a full or partial payment to the oldest outstanding voucher. Payment files are received daily from Fifth Third Bank for all lockbox payments and Biller Direct deposits lessening the risk of human error.

Gainwell generates conditional vouchers within one business day of receiving a conditional record. After receiving payment, Gainwell posts the payment and sends a paid record to IEDSS. IEDSS, in turn, sends Gainwell an "open" record. If a conditional member fails to pay an invoice within 60 days, IEDSS sends Gainwell a denied record and closes the member's conditional record in the CoreMMIS.

Gainwell prepares and sends monthly files to IEDSS containing payment and nonpayment information for open members. When Gainwell sends IEDSS a no-pay record, the State's system sends a termination record.

Gainwell stops sending vouchers to this member and the member is no longer eligible for FSSA benefits. When a terminated member sends payment, such as in the case of debt, Gainwell continues to accept outstanding payments.

Additionally, Gainwell refunds monies to members terminated from the program who have made overpayments. If a member is current and overpays, the system applies the overpayment to future balances and adjusts vouchers accordingly.

Customer Service/Call Center

Providing consistent customer service is a high priority to FSSA. We provide a trained customer service center for call monitoring, recording, and real-time call center performance management. As part of Gainwell's overall Member Services solution, our service desk receives and responds within FSSA-specified time frames to member premium collection inquiries regarding billing and payments, account status, and other calls. Our Member Services solution can adapt to and accommodate workload fluctuations.

Data Sharing and Financial Reporting

Gainwell uses wire transfer procedures to transfer premium payments electronically received to the State's designated account each business day. Wire transfers are submitted by 10:30 a.m. Reports documenting the transfer of these funds are available to FSSA electronically. Gainwell monitors bank activity through automated bank reconciliation. We perform and forward bank balance reconciliation to FSSA monthly. FSSA has online access to Gainwell's bank to validate account details, including lockbox deposits, presentment totals, open available account balance, closing ledger balance, and wire transfer history.

Figure 59, Appendix 1 - Supporting Graphics, Technical Proposal Appendix illustrates the flow of information in the member premium collection business process, starting with member premium collection inputs, then showing the processes and databases that support the processes, and leading to the outputs of the member premium collection business process.

Interfaces

The following interfaces are available through the system:

- **IEDSS.** As the current FSSA fiscal agent, Gainwell interfaces daily with IEDSS. We know firsthand that member eligibility information is the cornerstone of access to care and claims processing. Likewise, current information is critical to the accurate processing of the member premiums. Receiving transmissions, balancing, accurately applying updates and additions, and coordinating with external agencies such as local county offices are a few of the vital processes that the interface with the IEDSS entails.

- **FSSA.** Daily Gainwell requests wire transfers from the State to fund the CHIP and M.E.D. Works bank accounts. Gainwell provides monthly premium collection data to FSSA Finance for CMS-64 reporting.
- **Milliman.** We provide monthly data to Milliman for use in preparing financial reviews.
- **Bank.** Gainwell interfaces daily with our bank. The bank sends Gainwell a download of premium receipts for entering into the system. The bank provides scanned images of monies and vouchers. When we cannot process a receipt from the bank electronically, staff members manually enter the payment information.

Meeting Performance Standards

The key performance measures for Member Premium Collection include:

- Distribute premium vouchers to new enrollees after receiving enrollee information on the daily file no later than 24 hours, excluding non-business days, after receiving enrollee information on the file
- Distribute premium vouchers to new enrollees after receiving enrollee information on the monthly file no later than 48 hours, excluding non-business days, after receiving enrollee information on the file
- Transmit premium collection receipt electronically to the State of Indiana within 24 hours of receipt

Our experienced Gainwell Team will continue to meet these standards for the State.

Member Activity and Financial Reports

The *CoreMMIS* generates a daily email notification to the cash control analysts, listing accounts that had a premium reduction. The cash control analyst credits the accounts identified by applying a CCN for the difference between the amount billed for the month and the new premium amount. This fosters accurate member account balances. Gainwell notifies members of payments returned because of insufficient funds. Notifications include a detachable coupon to return with payment.

Member refunds are processed and mailed weekly. Members whose eligibility has terminated can request refunds by contacting the toll-free member line for CHIP or M.E.D. Works. The *CoreMMIS* processes a refund after verifying the coverage period. A systematic report identifies accounts that are in a closed or denied status and have a balance that has aged 45 days. At 45 days, the cash control analyst submits an expenditure request for approval to return the overpayment to the members.

The *CoreMMIS* tracks vouchers by month and year of program coverage. Details include type of voucher, date mailed, and status of voucher (paid, unpaid, or closed). The *CoreMMIS* generates two summary reports and stores them in OnDemand. The daily report details the total number of initial and premium change vouchers produced in English and Spanish for each program, including total amount past due for each category. The monthly report totals the number of vouchers produced in Spanish and English for each program and reports the total amount past due invoiced.

The *CoreMMIS* produces financial reports in accordance with RFP specifications. Gainwell obtains report details from our bank, OnDemand, and the *CoreMMIS*. For

convenience, authorized FSSA personnel have access to these tools. To facilitate daily financial administration of CHIP and M.E.D. Works, Gainwell provides FSSA with a daily financial summary for each program by email. Gainwell emails FSSA weekly financial status reports that detail by program the total number of deposits and dollar amount, as well as the total number of refund checks issued to members and dollar amount. We retrieve lockbox detail from our bank, while we obtain refund data from OnDemand reports for check issuances.

We generate biweekly reports in OnDemand regarding disenrollee refunds for CHIP and M.E.D. Works. Gainwell produces monthly detailed bank reconciliations for both programs. We base both bank reconciliations on the data in the CoreMMIS bank reconciliation reports, bank statements, and OnDemand reports. Items reviewed each month also include deposits, check issuances, stop payments, check voids, open available balance by day, and wires submitted to the State.

Gainwell provides FSSA complete access to the member premium payment windows to view the data in real time, including member payments. We provide a daily voucher summary report summarizing:

- Number of vouchers printed daily by voucher type and language (English and Spanish)
- Total premium by voucher type and summary total
- Past due amount by voucher type and summary total
- Overpayments by voucher type and summary

10.1.4 Power Account Reconciliations

The managed care entity (MCE) provides all HIP members with a High Deductible Health Plan (HDHP) paired with the Personal Wellness and Responsibility (POWER) Account, which operates similar to a Health Savings Account (HSA) and is used to fund a \$2,500 deductible. All HIP-eligible individuals are responsible for making financial contributions toward the cost of their healthcare coverage whether it is through POWER Account contributions (PAC) for those enrolled in HIP Plus or through copayments assessed at the point of service for those enrolled in HIP Basic. The MCE is responsible for billing, collecting, and applying these member payments.

At the end of each HIP Calendar year, the MCE are required to submit a POWER Reconciliation file (PRF) that reconciles each Member's accounts to MMIS by the following types of transactions:

- Transfers
- Terminations
- Redeterminations (rollovers)

The MCEs are allowed to void off a previously submitted PRF record if they find errors in the original submission. Voids are processed under the PRF Void program. Gainwell updates MMIS according to the transaction type (plan change, termination, or redetermination) and information approved by the State. Recoupment and payment records are reported on the 820-transaction file sent to the HIP MCEs.

Gainwell has dedicated team members that support PRF. Those team members will continue to be dedicated and provide the following support:

- Continue to provide updates to all PRF documentation

- Continue to reconcile all POWER Account Capitation following the end of the benefit period
- Make certain that MMIS PRF is functioning 100% of the time
- Have 100% of all PAC reconciled no later than two years following the end of the benefit period
- Acknowledge receipt of any OMPP phone calls and emails no later than two business days from receipt
- Provide a full response to any OMPP request and/or issues no later than one month from the date of receipt
- Acknowledge receipt of any OMPP approved POWER Account (PRF) void requests and open a service ticket within two business days of receipt of approved void request
- Notify the State immediately upon identifying any internal issues or delays that will impact the POWER Account reconciliation process
- Have 99% of the State Contribution (SC) reconciliations completed by the end of the calendar year benefit period for which the MCEs are reconciling

The CoreMMIS receives POWER Account data for HIP members through a daily ICES transaction. POWER Account data includes the amount a member owes plus the amount that the State pays for a member. The HIP plans receive the State's portion of a member's total POWER Account through the 820 transaction.

Activities Supported

Gainwell's capitation system is flexible and supports different business rules for different programs, Figure 60, Appendix 1 - Supporting Graphics, Technical Proposal Appendix shows. The capitation interfaces with the eligibility data set to determine which capitation process and rate to use for each managed care member, whether it is to determine the current month's payment or a retroactive adjustment. The system supports paying capitation in a current month or can pay prospectively and interfaces with other data (POWER Account data from IEDSS and the MCEs) to determine when to make delivery capitation, POWER Account transfers, or NOP payments. Capitation payment and program payment information is available to users online by program, managed care entity, and member.

Interfaces

The capitation system interfaces with multiple other systems to process program payments. Capitation interfaces include the State's eligibility system (IEDSS), internal systems within the CoreMMIS (eligibility, finance, and claims), NOP files generated by providers, and NOP files from the MCEs.

The IEDSS transmits files to the CoreMMIS daily which contain member data such as age, date of birth, date of death, aid category, MCE selection, and POWER Account information (for HIP only). The IEDSS data is loaded to CoreMMIS eligibility tables and the eligibility data ultimately determines what program to assign a member, to which MCE or CMO, and into which capitation category they belong.

The capitation system also checks for NOP file data to determine whether NOP payments are due. After the capitation cycle runs, it interfaces with the weekly financial cycle to generate the program payments.

The *CoreMMIS* provides the MCEs and MCOs with several transactions related to program payments. The ASC X12N 820 is the HIPAA-mandated transaction for sending proof of payments to MCEs. Plans receive program payments by electronic funds transfer.

Expectations of State

The State expects Gainwell to make capitation and other program payments to MCEs timely and accurately and for the transactions to be HIPAA-compliant. To support this, the State provides Gainwell:

- CMS-approved capitation rates on a schedule to be determined by the State
- Capitation data using an Excel spreadsheet to facilitate automated uploading of the data
- Formal approval of capitation rate changes after they are completed by Gainwell
- Policy input to Gainwell regarding inpatient and outpatient delivery codes that triggers delivery capitation “kick” payments

FSSA support requirements for capitation are minimal because the Gainwell capitation system is well documented, designed, managed, and runs smoothly.

Management Controls and Monitoring

Gainwell has well-developed monitoring processes for both system functions and operations. We have automated monitoring for critical processes that alert Gainwell production support personnel if the jobs are late or behind schedule. System-generated emails also notify the business team if critical job failures occur. The managed care business team notifies affected external stakeholders of any issues and provides updates until the issues are resolved.

The Gainwell business team has an established quality review process for managed care program payments. We monitor and validate capitation and other program payments for timeliness and accuracy. We compare financial and capitation reports to confirm balancing of overall payments, generate random samples of individual payments by member, and validate that the eligibility and capitation rate data in the *CoreMMIS* support the payment amount.

Controls and monitoring are in place for adjustments. After receipt and entry of mass rate adjustments, but before the monthly administration fee/capitation cycle, the Gainwell analyst enters the adjustments and another team member reviews the appropriate *CoreMMIS* window for correctness of entries. An analyst performs a post cycle validation by reviewing the Capitation Payment Listing and by reviewing sample member capitation records from the *CoreMMIS*. The same process applies to individually entered adjustments. An extra step performed is the verification between Gainwell and the MCE when either entity has identified the need for an adjustment.

Quality reviews are an important process for any function. Gainwell has a vigorous quality review process for capitation reporting. A second analyst reviews any report

created through our ad hoc reporting capability by our Care Programs analyst to verify that the report is accurate and complete. Gainwell also, through our experience with the Indiana Medicaid program, can provide insightful capitation data and trend analysis.

10.1.5 Fiscal Agent/Accounting Performance Standards

Gainwell has carefully reviewed the performance standards detailed in Attachment K, Scope of Work, Section 10.5, Fiscal Agent/Accounting Performance Standards. We understand these requirements and have included extensive information regarding how we will meet or exceed all performance standards throughout this section of our response.

10.2 Use of Subcontractors for Fiscal Agent and Accounting

Gainwell provides information about our proposed subcontractors in subsection 2.3.10 of the Technical Proposal in the Overview section of the Business Proposal. Gainwell does not plan to outsource any financial services to subcontractors. While our MBE/WBE business partners may provide co-resourcing in the finance department, Gainwell will manage and oversee all work performed. Fifth Third bank performs banking services for the MMIS contract; however, this is considered a service contract and not a subcontractor agreement.

SECTION 11 – Member Services

- b. Describe how you plan to fulfill your Member Service responsibilities. Be sure to address all components described in Section 11 of the SOW.
- c. Provide an overview of how you plan to maintain member eligibility data and complete enrollment activities for select programs and populations. Be sure to address all requirements described in Section 11.1 of the SOW.
- d. Describe how you will coordinate eligibility activities for special populations in accordance with Section 11.2 of the SOW. Describe your approach to maintaining the following:
 - i. Presumptive Eligibility Tool
 - ii. 590 Program
 - iii. Medicare Buy-In/Duals Program
- e. Provide an overview of how you plan to guarantee each member ends up with the correct MCE assignment according to the State's MCE Auto Assignment Hierarchy.
- f. Describe your approach to member communications and outreach in accordance with the points described in Section 11.4 of the SOW.
- g. Describe your commitment to working with the State to support demonstration projects.

11.0 Member Services

The Gainwell Team will be responsible for managing member services, including proper maintenance and display of member information from the Indiana Eligibility Determination Services System (IEDSS) and distribution of member information to State-approved vendor partners and eligibility verification systems. We will update member eligibility information as approved by the State and process enrollment information for special populations, including non-Medicaid eligibility programs and Medicare buy-in programs. In addition, Gainwell will support the State with various activities associated with member communications, appeals, and grievances. We will support the State in developing and maintaining programs approved under demonstration projects as approved by the Centers for Medicare and Medicaid services.

Gainwell has carefully reviewed the member services responsibilities described in the RFP and Attachment K – Scope of Work (SOW), section 11. Our solution for FSSA's Member Services business area meets or exceeds the functional capability defined in the Scope of Work and consistently meets the key performance measures. The approach Gainwell describes in this proposal section meets the requirements identified in the RFP, including the Scope of Work. This section is organized into the following subsections:

- 11.1 Eligibility
- 11.2 Special Populations
- 11.4 Member Communications
- 11.5 Demonstration Projects

11.1 Eligibility

Gainwell has reviewed and understands fully the eligibility requirements outlined in Attachment K, Scope of Work, Section 11.1. Maintaining accurate and complete member eligibility data is a critical function for tracking and reporting member enrollment and disenrollment. Member eligibility data plays an essential role in accurate claims processing. Accordingly, this data informs providers about the program or managed care entity (MCE), in which the member is enrolled and the benefits for which a member is eligible at any point in time. Our proposed approach to meeting these requirements is outlined in the following paragraphs.

11.1.1 Maintain Accurate Member Eligibility

The Member Services component of the *CoreMMIS* is flexible and adaptable to suit Indiana's business needs in serving Hoosiers. Gainwell offers a robust solution for receiving and maintaining accurate member demographics, eligibility and enrollment history, cost share details, and other member-related information. It is highly customizable to meet the needs of Indiana's array of healthcare programs.

Maintaining current and valid member data is critical for accurate eligibility and claims processing. The *CoreMMIS* receives member eligibility data on the Combined Daily Eligibility Extract (CDEE) nightly file from the IEDSS each day. Each member record

includes start and stop dates that define eligibility segments. The member data is validated against a set of approved validation edits, before being loaded into the *CoreMMIS*. Gainwell currently reconciles the member data in the *CoreMMIS* against the member data in IEDSS to identify and resolve any data mismatches. The timely and accurate maintenance of the member data enables providers to quickly determine eligibility and covered services, enabling the provider to focus more on the care of the individual and not the billing processes.

Member Demographics

Our solution supports a comprehensive set of member data that contains data elements required by CMS for certification. The *CoreMMIS* captures and maintains an individual member's current and historical information required to support Medicaid and other specified medical assistance and public health programs as well as other benefits information for transaction processing. We capture the demographic data required by the Indiana Medicaid Program, including but not limited to the following:

- Mailing Address
- Residential Address
- ZIP+4
- Email Address
- Date of Birth
- Multiple Birth Indicator
- Region/County Code
- Home Telephone
- Cell Telephone
- Work Telephone
- Fax Number
- Telephone Owner
- Head or Member of Household
- Health Insurance Claim Number
- Sex
- Race(s)
- Ethnicity
- Tribal Designation
- Foster Care
- Foster Care for EPSDT mailing
- Guardian/Other Name and Address
- Date of Death
- Application Date
- Disposition Date
- Pregnancy Status
- Date of Delivery
- Primary Language for Correspondence
- Primary Language Spoken

Resolving Duplicate Records

Gainwell developed system logic to identify possible duplicate members — two member records that may represent a single member — and resolve with IEDSS. The system notifies appropriate staff members of suspected duplicate Member IDs and duplicated Social Security Numbers for reconciliation through a daily Potential Duplicate report. After review of the records, and criteria approved by the State (using combinations of matching information), if a duplicate is confirmed, a batch process performs a member link process that automatically updates the applicable system tables.

Gainwell reconciles duplicate member IDs and accurately links the alias (inactive) Member IDs with the primary (active) Member ID as determined by FSSA and communicated on the CDEE. We reconcile member information between the duplicated/linked records, such as updating member benefit plan, managed care assignment plans, and so forth, using a process approved by the State. The link process also updates member data used in other parts of the system so other functions such as claims, prior authorization, and financials are not adversely affected by an update to a member ID.

CoreMMIS Flexible Features

The *CoreMMIS* is significantly more flexible than prior MMIS systems. Its member services features include:

- **Configurable Capitation Payments.** The *CoreMMIS* features a weekly capitation auto adjustment cycle identifying retroactive payments and recoupments based on member eligibility changes received in the past week. Additionally, FSSA can choose the timing of capitation payment calculations and pay on a prorated, daily basis.
- **Medicare Buy-In Support.** Data associated with FSSA member eligibility, Medicare eligibility related to the FSSA, and Medicare Buy-In information is available in the *CoreMMIS*. Gainwell maintains the *CoreMMIS* and coordinates a daily data exchange with IEDSS, SSA, and CMS.
- **IEDSS Interface.** As the current FSSA fiscal agent, Gainwell interfaces daily with IEDSS. We know firsthand that member eligibility information is the cornerstone of access to care and claims processing. Likewise, current information is critical to the accurate processing of the member premiums. Receiving transmissions, balancing, accurately applying updates and additions, and coordinating with external agencies such as local county offices are a few of the vital processes of the Enroll Member function. The *CoreMMIS* receives, accepts, and sends member eligibility transactions from and to external interfaces and maintains member information as described in this section. We do not address the functions that the Enrollment Broker will carry out in our response but have included discussion of how Gainwell works with the State's enrollment broker and the Managed Care Entities (MCEs) to support enrollment activities.
- **Transaction Failures.** Gainwell uses the *CoreMMIS* data and functions to analyze eligibility interface transaction failures and processing errors. We review the circumstances that caused the failure, diagnose the problem, and implement procedures to manage failures and update eligibility as needed.

Overview of Vendor Solution for this Business Process

The *CoreMMIS* continues the current process of capturing, editing, updating, and reporting member eligibility based on data from the IEDSS. Additionally, the *CoreMMIS* supports the activities of the Enrollment Broker, receiving information on member plan choices and reporting member assignment into Medicaid benefit packages and managed care programs. Our Enroll Member capability not only captures data from IEDSS, but also supports automated data exchanges of Medicare Buy-In enrollment and the use of Member enrollment information during claims processing.

Gainwell continues to work with the Department of Mental Health (DMH) to collect the data necessary to enroll, discharge, and transfer Aid Category 590 cases based on applicable State and federal policy. The enhanced user interface allows Gainwell staff to enter data more easily into the Member application and attach documents as needed. Additionally, the flexibility of the *CoreMMIS* to change rules and add new workflows provides an opportunity to automate some of the current manual processes.

The Member Services component accommodates routine electronic interface updates from external sources as well as the manual entry of member-related data, enabling the system to capture member data not received through interfaces. Regardless of the

data source for the member eligibility information, standard validation and data integrity checks are inherent within our *CoreMMIS*. We maintain member information with the same stringent security and privacy requirements as member data received through the routine interfaces.

The *CoreMMIS* web-based interface expedites manual entry of member-related data. We track the entry transactions — electronic or manual — for each update to member and eligibility data, allowing a complete audit and reporting process. The audit trail records the date of the change, the source of the change (electronic file or staff ID making the change), and what information changed because of the update, providing a clear view of the data.

Gainwell supports processing member data for purposes of enrollment by:

- Automated workflow
- Rules engine technology for application of policy
- An SOA approach that supports data sharing across multiple entities in both real-time and batch
- A Healthcare Portal that provides members access to general and specific information
- Correspondence solution that reduces paper, provides secure transmission of information, and meets requirements for timely notice to members

Given the importance of establishing and maintaining an accurate MMIS member record, collaboration and clear definition of roles and responsibilities of Gainwell, the FSSA eligibility determination program, the State's enrollment broker, and the MCEs are critical success factors. The data in a member's record begins with accurate information from the eligibility determination system and the State's enrollment broker and other entities such as the Division of Mental Health and Addiction (DMHA) and the MCEs. The quality of this data can affect cost and timeliness of delivery of healthcare services. For example, failure to validate eligibility can result in delivering benefits to ineligible individuals. To reduce risk and avoid confusion on "who is responsible" it is important to define key roles and responsibilities upfront and maintain open communication and collaborative problem solving.

Update member eligibility information without edit failure within one business day. We will continue to receive updated eligibility information electronically from IEDSS daily. As is the process today, we apply updates immediately — typically within minutes of receipt. If an edit failure occurs, the *CoreMMIS* creates an error report, and we resolve it within three days, as defined in the previous requirement.

The *CoreMMIS* will continue the current process of capturing, editing, updating, and reporting member eligibility from IEDSS. Additionally, the *CoreMMIS* will support the activities of the Enrollment Broker, receiving information on member plan choices and reporting member assignment into Medicaid benefit packages and managed care programs.

Based on current successful operations, Gainwell maintains the equipment to support this process as well as provide experienced staff members who are already familiar with Indiana's needs. Gainwell has state-of-the-art equipment and software capable of continuing to support FSSA needs. Gainwell staffs the print center with computer operators that are cross trained to design and create member eligibility identification

(ID) cards including addition of magnetic stripe to store member data. If the state needs to do a mass update of member ID cards, our staff can handle this project efficiently and accurately.

Our response starts with a triage point for members calling in. Our Customer Service Representatives (CSRs) are highly skilled and knowledgeable to provide an enhanced customer service experience. The *CoreMMIS* supports CSRs with automated workflows to make certain that we get the inquiry to the right person. Our CSRs will perform the following duties:

- Respond to member eligibility and benefit package inquiries from members
- Contact Tier II and Tier III support, when necessary, to resolve complex inquiries and complaints
- Log member-related inquiries into ServiceNow, which tracks interactions with members, including telephone calls, email, letters, and faxes and potentially inquiries received online through the Healthcare Portal

Gainwell offers a comprehensive provider communication management component that improves productivity, makes processes more efficient and effective, and provides faster access to accurate data down to the individual provider level — which ultimately improves provider satisfaction and participation. Our local and regionally based Provider Services unit has well-educated representatives who have access to online resources, correspondence analysts, and the Provider Services leadership team. Our Provider Services unit has the depth of knowledge to work with providers in resolving concerns and inquiries about various topics, including electronic funds transfer, member eligibility and benefit packages, prior authorization, and claims processing.

Member Eligibility Verification System

Gainwell understands that accurate and current member eligibility information is critical to FSSA and the provider community for delivery of services program members. The *CoreMMIS* supports member eligibility verification and information requests from authorized users. We provide secure access to the latest member information using Council for Affordable Quality Healthcare. (CAQH) CORE operating rules as approved by Health and Human Services (HHS), regardless of how the request arrives to the Member Eligibility Verification System (MEVS). These access channels include interactive transactions from the Healthcare Portal, IVRS telephone calls, standard X12 270/271— compliant interactive or batch EDI transaction requests, POS, and provider call center telephone calls.

We transfer a fully functional, CMS-certified MMIS, operating in production today, as our base system for the *CoreMMIS* solution. *CoreMMIS* supports HIPAA v5010-compliant 270 Healthcare Eligibility Inquiry/271 Healthcare Eligibility Response transactions in real-time and batch modes and handles high volumes of eligibility transactions in a true interactive environment. Gainwell has used proven change control procedures for the past several decades and works with FSSA to implement the current and future federal and State regulations and standards.

Availability of Latest Member Eligibility Updates

The *CoreMMIS* updates eligibility information with the most recent data received from IEDSS. This updated information is available for claim processing, eligibility verification, and report generation. Because the Indiana *CoreMMIS* medical/dental

member eligibility data is stored within the same database, member data is accessed from a single source, eliminating the need to reconcile and synchronize information for accuracy.

Provide Role-Based Access

Gainwell provides role-based access for authorized stakeholders to access member eligibility through the following readily accessible channels in the Member Eligibility Verification System (MEVS):

- **Healthcare web portal.** Providers receive a PIN to create an account on the Healthcare Portal. After creating an account, they are doing business as one service location at a time. As the portal administrator for that service location, they can create clerks and assign roles for that service location, such as the enrollment role. Portal administrators have access to the enrollment verification screen as well as clerks assigned to the enrollment role. Users who do not have the correct role cannot access the enrollment verification screen.
- **Call center.** Our call center representatives are assigned roles so that they only have access to the information needed to perform their responsibilities. We verify caller identity on the telephone based on the security requirements FSSA defines.
- **IVRS.** Applications are customized according to FSSA security requirements to identify a caller before giving eligibility information. We work with FSSA and make recommendations on security levels based on experience with other states.
- **EDI transmission.** Electronic 270 transactions requests require the provider identifying information and active contract information for the eligibility in accordance with HIPAA Privacy and Security regulations.
- **Indiana CoreMMIS.** Using our web-based solution, authorized FSSA staff members, designated external agencies, and Gainwell staff members can access member information as needed.

Access MEVS

We can customize MEVS applications according to FSSA security requirements to identify a caller before giving eligibility information. We base provider access verification on National Provider Identification (NPI) or Medicaid ID. The MEVS allows eligibility verification by various ASC X12-defined criteria including member's Medicaid ID, date of birth, last and first names, and gender. We work with FSSA to define member and provider verification criteria.

MEVS Response

MEVS reports member eligibility inquiry, including the following information:

- **Program or plan information.** Indiana CoreMMIS supports multiple programs such as Medicaid, Children's Health Insurance Program (CHIP), HoosierRX, and other FSSA State programs. Payer or program-level security is enforced. For a specific payer's EVS request, member benefit plan information for that specific payer is made available if the member is enrolled in more than one payer's benefit plan in the given time period.
- **Range of eligibility dates.** Indiana CoreMMIS maintains member enrollment segments within the CoreMMIS database and uses it to send an EVS response for

the selected date or range of dates. We return eligibility for current or retroactive date spans as requested. The eligibility response conforms to the CAQH CORE operating rules as required by HHS.

- **Managed care.** Indiana *CoreMMIS* maintains the current and previous enrollment periods and PMP assignment in managed care programs such as Risk-Based Managed Care and Hoosier Care Connect.
- **Other insurance information.** This is the third-party liability (TPL) carrier and coverage information for commercial insurance or Medicare eligibility for the queried period.

The Healthcare Portal eligibility response gives the provider a summary of member information in one web page, eliminating the need to go to multiple sources for accurate and current member program eligibility information. Additionally, call center staff members log their MEV calls into the HP SM contact tracking system.

Activities Supported

Gainwell is well positioned to provide scalable solutions for provider inquiries. We understand and support handling the three subprocesses with provider inquiry:

- **Member eligibility inquiry.** The solution supports start-to-finish eligibility inquiries from authorized providers, programs, and stakeholders through paper, telephone, fax, IVR, and portal requests.
- **Provider eligibility inquiry.** The solution supports start-to-finish provider enrollment inquiries from authorized providers, programs, and stakeholders through paper, telephone, fax, and portal requests.
- **Provider payment inquiry.** The solution supports payment inquiries from authorized providers, programs, and stakeholders through paper, telephone, fax, IVR, and portal requests.

Functions and Features of Components

Providers have multiple means of receiving customer service. Whether they have billing questions, want to check member eligibility, or want to update personal records, our solution provides the capability to access support 24x7. The preferred option for support is for providers to use the Gainwell Healthcare Portal. The Gainwell Healthcare Portal provides secure access for providers to request information such as member eligibility, view remittance advices (RAs), and read bulletin and manual updates. Gainwell also adds the ability for interactive chat so that providers can ask real-time questions and get real-time responses without having to make a telephone call.

For those providers that prefer to make a telephone call, multiple tools are in place to support customer service representatives and automated systems for around the clock support. Provider calls to the call center can be received 24x7 through our hosted IVRS, the Genesys Voice Platform commercial off-the-shelf (COTS) product. This product is used for call routing, automated call distribution, IVR, contact tracking and recording, reporting, and quality assurance. The Genesys system runs remotely from the Orlando Data Center (ODC) and Colorado Springs Data Center, service management centers and is integrated with the CXone telephone system. Using a

shared, hosted solution allows the State to control the infrastructure necessary to achieve 99.99% uptime.

Providers also can verify Member Eligibility through an X12 270/271 request/response. Portal and EDI submissions are sent to the CoreMMIS through interChange Connections, an integration framework created by Gainwell to manage communications into and out of the CoreMMIS. This framework includes BizTalk as the Enterprise Service Bus to transform and transport messages to the receiving system and orchestrate the order in which the services are triggered. It also includes the Gainwell-developed File Tracking System that monitors, manages, and provides insight into the movement and successful receipt of files or transmission being transported into and out of the CoreMMIS. The use of the BizTalk ESB maintains a loose coupling between components. The use of the File Tracking System provides visibility and file tracking moving between systems for better audit capability.

When submitting claims, eligibility inquiries, or prior authorization requests for processing, it is the role of the CoreMMIS to adjudicate the transaction with the member information available in the system and in compliance with the rules established by FSSA. The system contains detailed edits that check the member eligibility file to determine the plans and benefit packages for which the member is eligible and if any applicable third-party coverage exists. The system may suspend, pay, or deny the claim based on the disposition of these edits and the payer/benefit plan-specific cost avoidance parameters established through web-based pages. These edits verify Medicaid or other plans in the multi-payer environment exhaust other insurance coverage before issuing payment.

Performance Standards		Meets/Exceeds
1	Maintain 99.99% match, as measured via a once-monthly reconciliation with an IEDSS source file, with eligibility categories and start/stop dates for all members	Meets
2	Resolve any mismatch, eligibility category, and/or start stop dates found during monthly reconciliation by 1 week prior to the next monthly recon run	Meets
3	100% of potential duplicate RIDs are to be reviewed and resolved within a timeframe mutually agreed upon by the Contractor and the State	Meets

11.2 Special Populations

11.2.1 Presumptive Eligibility

The Presumptive Eligibility (PE) process allows qualified providers (QPs) to make determinations for certain eligibility groups to receive temporary health coverage under the Indiana Health Coverage Programs (IHCP) until official IHCP eligibility is determined in the MMIS Provider Portal. IHCP providers, including organizations and individual practitioners within designated specialties, can become certified as QPs.

During this period of PE, the individual will be able to receive coverage for treatment from the QP as well as from other IHCP-enrolled providers under a Presumptive Eligible Member ID. PE coverage is different from “pending” Medicaid; under PE,

providers are eligible for reimbursement at the time services are rendered, versus waiting for Medicaid coverage (including retroactive coverage, if applicable).

The individual must complete an Indiana Application for Health Coverage during the PE period to gain continued coverage through the IHCP. If an individual does not complete this application, he or she will lose coverage after the PE period ends. An individual is allowed only one PE coverage period per rolling 12-month period or per pregnancy.

Gainwell understands the importance of maintaining member enrollment and presumptive eligibility. We process Presumptive Eligible Applications quickly based on the Presumptive Eligibility approval criteria defined by the State. As members are approved for Medicaid, the CoreMMIS updates the Member Presumptive ID to reflect the Medicaid Member ID as well as update the member benefits to reflect the approved Medicaid Benefit. In addition, if the member Medicaid Application is denied, MMIS auto closes the member Presumptive Eligibility record.

Gainwell will continue the following Presumptive Eligibility processes:

- Monitor all open Presumptive Eligibility Member to ensure that the PE benefits are auto closing and/or auto extending as outlined by the State
- Manually update Presumptive Eligibility when required

Performance Standards		Meets/Exceeds
1	Manage and maintain eligibility for the members on the PE program with 100% accuracy	Meets
2	Maintain the portal for Qualified Providers to be able to apply for the program 24 hours a day, except for state-approved downtime for maintenance	Meets
3	Update changes requested by the State in the MMIS system within 2 days for the program. Changes may include, but are not limited to, correcting applicant information, closing duplicate applications, adding or removing PE segments that conflict with full Medicaid.	Meets
4	Ensure the presumptive eligibility period ends within the state-approved timeframe and zero (0) new presumptive eligibility requests are approved within the timeframe set forth by the State.	Meets

11.2.2 590 Program

Gainwell understands the importance of the 590 Program. The 590 Program, under the direction of the FSSA Division of Mental Health and Addiction (DMHA) and the Indiana State Department of Health (ISDH), provides care for individuals between the ages of 21 through 64 who reside in State-owned facilities, such as State hospitals. Individuals who are residents of a 590 Program facility are in the Traditional Medicaid (fee-for-service) delivery system. These State-owned facilities are enrolled as 590 Program providers. Claims for each 590 member is submitted by an approved 590 Program provider. The 590 Program differs from other Indiana programs in the following ways:

- Claims for billed amounts equal to or less than \$150 are paid by the facility.
- Claims for billed amounts of more than \$150 are submitted to Gainwell for payment.
- Services for billed amounts of \$500 or more require prior authorization.
- Only providers enrolled in the 590 Program can render services to 590 Program members.
- 590 Program claims are subject to the same criteria as other claims, including the one-year filing limit.
- Identification cards are not issued to 590 Program members.

Approach

Gainwell designed the Indiana MMIS to allow Team members to enroll members in the 590 Program when instructed to do so by an approved 590 facility. MMIS has a real-time interface with IEDSS that generates Medicaid IDs for 590 members, if those members do not have an existing Medicaid ID. Members are enrolled in the 590 Program within 1 business day of request. They are assigned a specific Aid Category and Benefit Plan. This information is immediately communicated to the State, when completed. The Gainwell team also tracks and monitors all 590 Program enrollments to ensure that any pending Medicaid Benefits are closed. Gainwell will continue to complete the following:

- Ensure that for all members under the 590 Program, data accurately reflects the eligibility category as 590, and start and stop 590 segments, based on the members admission and discharge date, is received from the 590 facilities
- Process 590 enrollment, discharges, and transfers received from the State Operated Facilities (SOF)
- Communicate with and assist the SOF on enrollment status and any additional steps that the SOP may need to be taken by the SOF (such as contacting the Department of Family Resources on suspending Medicaid coverage)
- If a 590 Benefit segment is active for a member, ensure that no other Benefits are active

Performance Standards		Meets/Exceeds
1	Contact OMPP within 5 days if a member requires a Medicaid ID	Meets
2	Process 100% of 590 admissions and discharges (start/stop dates) within 10 days of notification	Meet
3	Process transfers between 590 facilities within 10 days of notification	Meets

11.2.3 Medicare Buy-In/Duals Program

Medicaid beneficiaries entitled to receive Medicare benefits may have their Medicare premiums paid by the State. This is known as Medicare Buy-In. Gainwell has carefully reviewed the Buy-In information provided with the RFP. Indiana current Buy-In processes comply with State and CMS criteria, policy, and regulations. If selected for

the new contract, we will continue to support and assist with Buy-In–related issues and provide technical assistance to the State as needed. We are fully committed to responding to State requests within two business days.

Gainwell understands the importance of the Medicare Buy-In program. This state-regulated, federally funded program enables states to pay Medicare premiums and other out-of-pocket medical costs for people with limited income and resources, thereby securing their enrollment in Medicare. The program provides significant savings to states for members who qualify for both Medicare and Medicaid. Payment of Medicare premiums, coinsurance, and deductibles usually costs the State less than paying the entire cost of a member’s medical care because Medicare typically pays first, leaving a much smaller balance to be paid from Medicaid funds. In addition, states receive Federal Financial Participation (FFP) funding for premiums paid on behalf of members eligible as Qualified Medicare Beneficiary (QMB), Qualified Disabled Working Individual (QDWI), Specified Low Income Medicare Beneficiary (SLMB), and Supplemental Security Income (SSI).

Approach

Gainwell designed the Indiana MMIS Medicare Buy-In functional area to consolidate the Medicare interfaces and data maintenance activities. It supports Medicaid cost avoidance by identifying, tracking, and facilitating buy-in to Medicare plans for eligible members. It is a highly automated function with few manual processes. Automated data exchanges between Gainwell and CMS are conducted to identify, update, resolve differences, and monitor new and ongoing Medicare Buy-In cases. Gainwell accepts Medicare Buy-In information from CMS and performs edits to validate and resolve inconsistencies between the federal and State eligibility information. Gainwell supports FSSA in coordinating Medicare Buy-In resolution with CMS as needed.

Through the process of Buy-In Part A/B Automatic Accretion and Deletion, beneficiaries are automatically enrolled (accretion) and dis-enrolled (deletion) from the Buy-In program. A beneficiary is enrolled by one of two methods: FSSA determines the beneficiary is eligible and generates the enrollment transaction or CMS determines that a Medicare member should be entitled to Buy-In and notifies the State. Once enrollment is completed, CMS sends a billing record to the State monthly, which the Indiana MMIS loads into the database for further analysis. A member is dis-enrolled if they lose Medicaid eligibility for Buy-In, or FSSA updates the death date on the eligibility file. When this happens, the Indiana MMIS automatically generates the deletion transaction and sends it to CMS, removing the member from future bills.

The 2005 Medicare Modernization Act (MMA) started the process of improving the availability and reliability of Medicare information. Included in this act was the provision to create Medicare Part D, the Medicare drug coverage program. CMS mandated that state Medicaid agencies enroll their dual-eligible Medicaid clients into Part D. The pharmacy benefits are administered by outside third-party companies. Members receiving Medicare and state benefits other than QMB, SLMB, or Medically Necessary aid codes incur a chargeback (“claw back”) to the State for each month of dual coverage.

Prepare and Pay Premium Payment

Medicaid members who are entitled to receive Medicare benefits often qualify to have their Medicare premiums paid by the State. This is the Medicare Buy-In Program. The Family and Social Services Administration (FSSA) is responsible for adding member

Medicare coverage into the ICES. Based on the information entered by the DFR, Gainwell initiates Medicare Buy-In for eligible members. Gainwell coordinates Medicare Buy-In resolution with the Social Security Administration (SSA) and CMS.

The Medicare Buy-In Program allows states to pay Medicare premiums for dually eligible (Medicare and Medicaid) members, thereby facilitating Medicare enrollment. Because Medicare is usually the primary payer, payment of the Medicare premiums, coinsurance, and deductibles is more cost-effective than paying the entire cost of a member's medical care. The State receives federal financial participation (FFP) for premiums paid for members eligible as qualified Medicare beneficiaries (QMBs), qualified disabled working individuals (QDWIs), specified low-income Medicare beneficiaries (SLMBs), Money Grant members, and qualified individuals (QI-1s). The primary goal of the Prepare and Pay Premium Payment process is to optimize cost avoidance by making appropriate Buy-In payments for eligible members.

Overview of Vendor Solution for This Business Process

The CoreMMIS Buy-In system complies with State and federal policy and regulations and uses a combination of daily and monthly processes to enroll dual eligible members as quickly as possible. Several processes comprise the Buy-In cycle. The receiving process accepts the incoming Billing/Response records from CMS. Eligibility validation decides the accretions and planned deletion records based on current member data. Accretions and planned deletions are stored in the Buy-In tables where they wait for the subsequent process. The sending process concludes the Buy-In cycle and creates the Buy-In premium request records (accretions, deletions, and changes) that the CoreMMIS sends to CMS. The State makes Buy-In premium payments today, and Gainwell will continue to support the State in this process as we do today.

Throughout the month, the State and Gainwell Buy-In analysts complete manual activities to resolve mismatches and exception responses from CMS. The Gainwell Buy-In analyst applies updates on the user-friendly Buy-In user panels. Each of the primary Buy-In processes updates the CoreMMIS member tables and creates activity and audit trail reports. The CoreMMIS Buy-In system provides data exchanges, reports, and panels that support a variety of functions including the following:

- Sending and receiving Medicare Part A, Part B, and Part D billing and response file
- Validating eligibility, co-insurance, and deductible payments
- Processing and maintaining data
- Paying premiums and obtaining refunds
- Reconciling transaction errors
- Initiating manual adjustments to resolve problems preventing member buy in
- Resolving data exchange issues

Business Process Description

The Prepare and Pay Premium Payment business and automated processes comprise exchanging data, verifying coverage, resolving issues and mismatches, paying, and refunding premiums, reporting data, and recruiting Medicare B members.

Exchanging Data. Timely and accurate data exchanges are critical to the Buy-In process. The CoreMMIS uses daily processing of files from IEDSS, SSA, and CMS. Daily processing of the CMS Territorial Based Query (TBQ) system data (which allows states to retrieve the Medicare Master Beneficiary Data), and daily BENDEX data

enable Gainwell to enroll members in Buy-In within days rather than months. The same Medicare Modernization Act (MMA) file layout used by Part D enrollment exchanges the Territory & States Beneficiary Query (TBQ) data. In other states, Gainwell is replacing the Enrollment Database (EDB) process with TBQ because of the wealth of data provided. We propose this same approach for Indiana. CMS strongly encourages states to use TBQ. This can significantly increase a state's cost avoidance.

Validating Eligibility and Coverage. Several resources are available for identifying potential Medicare Buy-In members. During the receiving batch process, the system attempts to locate and match CMS member record to the *CoreMMIS* member record with two criterions. If the *CoreMMIS* locates and matches the member, the CMS record is a "match." If the *CoreMMIS* does not locate and match the member, it processes the CMS record as a "mismatch." CMS match records update specific *CoreMMIS* tables and users view them on user interface panels. The Medicare Buy-In Part A records update tables and display on panels specific to Part A. The Part B records update tables and display on panels specific to Part B. CMS mismatch records update specific tables and display on user panels. During the validating process, Gainwell analysts identify members to "accrete" (add) and delete. The *CoreMMIS* fully supports member accretion and deletion.

The Buy-In process updates member Medicare data for Part A, Part B, and Part D when received from CMS and SSA. The daily exchange of data providers tighter controls on inappropriate payments. The Buy-In analysts monitor reports for Medicare member date of death to prevent payment of Buy-In premiums for periods after the date of death. However, this step is a formality because if CMS shows a date of death on file, it will not accept a premium payment billing transaction. If CMS updates a date of death retroactively to its file and the State has paid premiums after the fact, CMS refunds inappropriately made premiums with a code 16 transaction. If the *CoreMMIS* shows a date of death on file and CMS is billing for premiums, the *CoreMMIS* generates a code 53 transaction to stop Buy-In.

Resolving Issues and Mismatches. Medicare member-related information is stored in the system. The system maintains audit tables and log files of files received through the various data exchanges. The member information is available in both user-friendly panels and reports. The online information and reports facilitate quick issue resolution for Buy-In-related issues, including resolving mismatches and other Buy-In errors.

Premium Payments and Refunds. The State pays Medicare Part A premiums for FSSA members who have fewer than 40 work quarters based on SSA history and must pay a premium for Part A coverage. This member must qualify for Qualified Medicare Beneficiary (QMB). The State also pays for Qualified Disabled and Working Individuals (QDWIs), as these Medicaid members have lost their Part A benefits because of their return to work. A Medicare member who is eligible for Part A also is eligible for Medicare Part B. When members qualify for Medicaid, the State can pay the Part B premiums. CMS automatically generates refunds to the State when the data exchange identifies overpayments.

Reporting Data. The *CoreMMIS* offers a suite of reports used for detailed financial accounting, analysis, and member issue resolution. Quarterly, we report federally required data regarding Buy-In on the CMS 64. The system generates various Buy-In reports, such as the Buy-In Mismatch report and Buy-In Error report, in OnDemand for the Buy-In analysts' use. Gainwell will work with the State during the implementation

phase to determine which reports to write out the detailed data, besides the formatted report. This enhancement enables users to download the detailed data from OnDemand and use a tool such as Microsoft Excel to perform analysis.

Recruiting Medicare B Members. Each month, the system identifies members who are within three months of their 65th birthday. Gainwell generates letters every month and sends to these members as a first notice to contact their local SSA offices and apply for Medicare benefits. Members receive second notices within three months if FSSA records do not indicate Medicare enrollment. CMS has instructed the State to make every effort to enroll eligible FSSA members in the Medicare Part B program with guidelines in the Medicaid State Manual.

Figure 61, Appendix 1 - Supporting Graphics, Technical Proposal Appendix shows the inputs, fundamental process steps, and the output used for premium payments.

Inputs, Processes, and Outputs

The above referenced figure illustrates the flow of information in the prepare and pay premium payment business process. The process starts with prepare and pay premium payment inputs, shows the processes and databases that support the processes, and leads to the outputs of the prepare and pay premium payment business process.

Activities Supported

Gainwell is responsible for resolving problems related to Medicare Buy-In, including investigating duplicate records and data unmatched from CMS. Gainwell can enter or change Medicare information related to the Medicare Buy-In using Indiana *CoreMMIS*. The Family and Social Services Administration, which makes updates to IEDSS for transmission to the *CoreMMIS*, coordinates other updates. The *CoreMMIS* produces system-generated Medicare Buy-In reports and staff research potential Medicare Buy-In cases identified by claims processing, DFR, SSA inquiries, and other outside inquiries.

As previously stated, the Receiving process involves receiving CMS Part A and Part B billing/response files. CMS performs data matches and transmits billing data to the EDB through the Data Mover. The State transmits CMS billing information to the *CoreMMIS*. Data from these files is loaded into *CoreMMIS* (member) tables through the Buy-In receiving batch process. This process includes simple validation, member matching, table updates, and reports. Updates show on the user interface panels. The *CoreMMIS* also receives data from State caseworkers through daily IEDSS transmissions. This data is loaded to the *CoreMMIS* as well. The Sending process involves extracting data from the Buy-In tables, running the Buy-In batch sending process, generating Buy-In reports, and sending Part A and Part B request files to CMS.

Interfaces

The Buy-In system interfaces with the State's IEDSS eligibility system, internal systems within the *CoreMMIS* (eligibility and crossover claims), the CMS, and the SSA.

Federal. The *CoreMMIS* exchanges data with both the SSA and CMS as part of the Prepare and PayPremium process.

CMS. CMS is a division of the U.S. Department of Health and Human Services (HHS). CMS regulates and oversees Medicare, SSA, and state Medicaid programs. TBQ is the CMS database of Medicare entitlement.

The MMA is a file that shows the Medicare status and related information of Indiana members. The MMA file identifies Indiana members entitled to Medicare and includes members' demographic statistics, address, enrollment dates, third-party Buy-In status, and Medicare managed care carriers.

Social Security Administration. The SSA determines which individuals are eligible for Medicare and completes the application for Medicare. BENDEX is the SSA database of Social Security financial information and Medicare coverage; it processes updates daily. The *CoreMMIS* process stores financial information for research purposes. The SSA's Beneficiary Earnings Record (BEER) also is used. It contains detailed financial information about the member. The *CoreMMIS* uses financial information to compare against the member's Medicaid application for accuracy and veracity. The BENDEX process automatically requests BEER records. The BEER record is stored and updated as changes come from SSA; no other updates occur in the *CoreMMIS* from the BEER process.

State. Gainwell interacts and shares data with the State's FSSA and DFR agencies.

FSSA. FSSA oversees Medicare Buy-In. The State Accounts and Audits Division receives the premium billing and generates payments to CMS. The State transfers billing data to Gainwell. Gainwell proposes making the payments directly to CMS. Using data supplied by Gainwell, FSSA also is responsible for generating payment to CMS and for CMS reporting, which facilitates the FFP reimbursement.

Division of Family Resources (DFR). The Indiana DFR oversees medical and social services for the aged, disabled, and children. The DFR caseworkers or FSSA/DFR Service Center initiates the Medicare Buy-In process by entering the Medicare Buy-In data into IEDSS. However, CMS or the Gainwell Buy-In analyst also can initiate the Medicare Buy-In process. IEDSS transmits the data to the *CoreMMIS*. The Medicare Buy-In effective date is determined after receiving the eligibility information from IEDSS during the daily eligibility cycle. The Buy-In effective date occurs when the member turns 65 or starts receiving SSA and Medicare benefits because of disability or end-stage renal disease. DFR staff and Gainwell staff have well-established relationships and work together daily to resolve Buy-In issues.

Gainwell. Data associated with FSSA member eligibility, Medicare eligibility related to the FSSA, and Medicare Buy-In information is available in the *CoreMMIS*. Gainwell maintains the *CoreMMIS* and coordinates daily data exchanges with IEDSS, SSA, and CMS.

The *CoreMMIS* uses crossover claims to identify potential Buy-In members. When the *CoreMMIS* processes and pays a crossover claim, it searches for information populated for members to confirm their Medicare coverage. If no Medicare information is in the system, the Possible Medicare Eligibility report displays the data. Gainwell Buy-In analysts follow up on the potential Medicare cases.

Expectations of State

The primary objective of the Prepare and Pay Premium function is to optimize Medicare cost avoidance. As with capitation, the Prepare and Pay Premium system and operations requires minimum involvement by FSSA staff to run successfully.

There will be few demands on the State's time and resources. The primary expectation of the State's support in this function is to provide policy input and system capability review during the implementation phase. After it is operational, FSSA may need to provide updated policy input and the occasional collaborative support between Gainwell and the FSSA should Medicare eligibility issues arise.

Key Performance Measures

The scope of work for this business process does not identify key performance indicators (KPIs). However, please note that trained and knowledgeable personnel monitor this process for consistent, accurate performance. For a description of the management controls and monitoring that support performance, please refer to the next subsection.

Management Controls and Monitoring

The *CoreMMIS* uses a suite of reports to confirm the systems and business processes are producing results as expected. The reports assist with a variety of functions and help Gainwell meet standards such as resolving Buy-In data exchanges within one business day following the exchange, notifying the state within two business days of problems with data accuracy, and reconciling Buy-In accrete and delete transactions.

Reconciling Data. The Gainwell process can quickly reconcile the differences between Social Security, CMS, IEDSS, and the *CoreMMIS*. We have thorough, accurate documentation for determining the appropriate procedures verifying member data and resolving discrepancies between stakeholders.

Recruitment Letter Tracking. The Buy-In analyst receives an automated email reporting mailed letters, along with a tally of how many letters the system issued. We generate an email notification for the second notice and mail it quarterly.

Configurable, Scalable, Streamlined, Adaptable Solution

The Prepare and Pay Premium Payment function of Financial Management demonstrates the key characteristics identified by the state for the new *CoreMMIS*:

- **Configurable.** By replacing the CMS EDB process with the CMS TBQ data, we can improve the timeliness and accuracy of data exchanges for the Buy-in process.
- **Scalable.** The *CoreMMIS* can support payments for small to large programs.
- **Streamlined.** The *CoreMMIS* provides user-friendly online information and reports to facilitate quick resolution to Medicare member mismatches and other Buy-in errors.
- **Adaptable.** Daily processing of files from IEDSS, SSA, and CMS leads to more accurate and reliable information.

Our responses to requirements 10 to 13 provide further detail about the configurable, scalable, streamlined, adaptable Prepare and Pay Premium Payment function.

COTS Products or Transferred/Shared Components

The following table outlines Gainwell's COTs products used in support of the State.

Table 22. Prepare/Pay Premium COTS Products

Product	Use
interChange Connections	The architecture to facilitate ESB and FTS transactions for integration into and out of the <i>CoreMMIS</i>
Microsoft BizTalk (COTS)	ESB to orchestrate services, transform and transport data files between integrating systems
Gainwell FTS	File tracking, monitoring, and management to verify end-to-end management and visibility of files moving into and out of the integrating systems
IBM OnDemand (COTS)	Document management system to store electronic image of letters sent to providers, members, and other insurance carriers.

Performance Standards		Meets/Exceeds
1	100% of Medicare and buy-in information shall be accurately updated from both the eligibility system as well as CMS files	Meets
2	Maintain 100% accuracy on Medicare entitlement data when sending fee-for service pharmacy benefit manager (PBM)	Meets
3	Analyze Buy-In data exchange to ensure the accuracy of Part A, Part B and Part D Buy-In processing within one (1) business day following the exchange	Meets
4	Notify the State within two (2) business days of problems with the accuracy of Part A, Part B and Part D Buy-In data exchange and processing	Meets
5	Resolve Buy-In data exchange to ensure the accuracy of Part A, Part B and Part D Buy-In processing within one (1) business day following the exchange	Meets
6	Produce balancing, auditing, and maintenance reports from the Buy-In data exchange process by noon on the business day following the exchange	Meets
7	Transmit Medicare Part A, Part B, and Part D billing files to CMS no later than the twenty-fifth (25th) of the month in accordance with State, Federal, and Business area specifications	Meets

11.3 Auto Assignments

There are three primary ways in which a member is assigned to an MCE:

- The member can select an MCE on their Medicaid application.
- The member can call the Enrollment Broker to request an MCE.

- If the member does not select an MCE, they will be assigned to an MCE through the *CoreMMIS* auto-assignment process.

When a member selects an MCE, the Enrolment Broker submits the member MCE assignment to *CoreMMIS* through the EB MCE Assignment Input file. If a member has not selected an MCE or called the Enrollment Broker to get assigned to an MCE, their eligibility record is processed through the *CoreMMIS* Auto Assignment program.

Healthy Indiana Plan (HIP), Hoosier Healthwise (HHW), and Hoosier Care Connect (HCC) members without a self-selected MCE are auto assigned to an MCE under the MMIS auto assignment logic. Auto Assignment criteria is defined by the State. The logic determines how members are assigned to an MCE under each MCE program. Three of the main assignment criteria includes the following based on the MCE program:

- Right Choice Program Lock-In (RCP)
- Member's prior MCE assignment under any of the MCE programs
- Prior Case MCE assignment

Gainwell will continue to perform the following to assign members to an MCE:

- Execute the *CoreMMIS* processes to enroll and support enrollment broker enrolling a member into the appropriate health plan according to a State-approved Auto Assignment Hierarchy
- Support the process of enrolling members in the correct health plans when manual processes are required
- Manage member requests for MCE changes according to business area, State, and federal policies
- Ensure that all member requests for MCE changes are according to Business area, State, and federal policies

A primary goal of Indiana's managed care programs is to establish a medical home for its participants, and a key component of establishing a medical home is assigning members to a Primary Medical Provider (PMP). MCEs are responsible for assigning their members to PMPs enrolled with their plans. MCEs then report their PMP assignments to *CoreMMIS* using the MCE PMP Assignment Input File.

Performance Standards		Meets/Exceeds
1	Ensure the manual requests for MCE changes from the State are completed within one (1) business day	Meets
2	Ensure all members are initially assigned or changed (during Open Enrollment periods) to the correct MCE according to the State's Auto Assignment Hierarchy within MCE-assignment timeframes	Meets

11.4 Member Communications

Gainwell has reviewed and understands fully the Member Communications requirements outlined in Attachment K, Scope of Work, Section 11.4. The following paragraphs provide our response for how we propose to meet these requirements.

11.4.1 Written Communications

The Gainwell Team will:

- Validate member or authorized representative identity and authorization to release information over the phone or in writing, in accordance with security standards
- Accept and store authorized representative agreements
- Make certain written communication is at an appropriate reading level for the intended audience
- Acquire OMPP approval prior to changing notification templates or sending new notifications
- Make certain member cards are mailed to new Medicaid members who are eligible to receive a card
- Make certain Notice of Action letters are sent to members and requesting providers upon prior authorization decisions
- Generate communications for members under the direction of the State and manage the communications approval and distribution process
- Provide translation of oral and written material provided to members in Spanish; Gainwell will also provide translation of oral and written material in other languages, as necessary and defined by the State
- Send Notices of Privacy Practices (NPP) to all members upon completion of the eligibility process and once every three years after

The Privacy Rule requires the Gainwell Team, as a business associate of the IHCP, to follow certain rules about what type of protected health information (PHI) can be disclosed to the caller, the situations when the PHI can be disclosed to the caller, and the situations when no PHI can be disclosed to the caller.

When a member is requesting information over the phone, specific authentication measures must be met. The member must respond correctly to three of the below options for authentication:

- Members Medicaid ID number
- Social Security number
- Date of Birth
- Address that is on file within *CoreMMIS* in the Member subsystem

If a request for disclosure of PHI for an adult IHCP member is received from someone other than the member, verbal permission must be obtained from the member, in addition to member authentication prior to speaking to the member's representative or an IHCP Personal Representative Authorization form must be on file with the IHCP Privacy Office. IHCP Personal Representative forms are processed through the IHCP Privacy Office and are stored in *CoreMMIS* in the Member subsystem under HIPAA Privacy Personal Representative.

Written member communication adheres to the Indiana Academic Standards for age-appropriate reading levels based on the intended audience. The Gainwell Team has the capability to translate member oral and written communications in the Spanish

language as well as a variety of other languages as necessary or requested by the State.

Written communications, as well as templates, are drafted, updated, written, and published or prepared for mailing in accordance with State review and approval processes to include OMPP approval. Communications must be reviewed by a Gainwell Team SME panel. Once completed, it is reviewed by a State SME panel before it is submitted to the State for review and final approval. Systematic template changes will be updated using the change control board process.

The CoreMMIS Member subsystem is supported by rules-based technology and enhanced data sharing strengthens our capability to provide ID cards. The CoreMMIS application will continue to maintain the most current and historical data required to produce and distribute member ID cards.

Notice of Action letters are mailed within 5 days of transmission of data to the CoreMMIS from CaMSS. The Gainwell Print Operations work to print and prepare letters to be mailed out to providers.

Gainwell, under the direction of the IHCP, is responsible for issuing a Notice of Privacy Practice (NPP) to IHCP members. The NPP provides notice of the uses and disclosures of PHI that may be made by the IHCP and of the member's rights and the IHCP's legal duties with respect to PHI. The NPP contains all information required by the Privacy Rule that is applicable to the IHCP. All new members receive the NPP mailing.

The IHCP provides a revised Notice of Privacy Practices document to members within 60 days of a material revision to the notice, if applicable. Also, no less frequently than once every three years, the IHCP mails members an updated Notice of Privacy Practices to remind members of their privacy rights. This schedule is based on the initial mailing of the Notice of Privacy Practices during the implementation of the Privacy Rule in April 2003.

Performance Standards		Meets/Exceeds
1	100% of enrollment letters are sent within 5 business days	Exceeds
2	100% of disenrollment letters are sent within 5 business days	Exceeds
3	100% of newly eligible members on traditional Medicaid have members cards sent within 5 business days	Exceeds
4	100% of Notice of Action letters include administrative and appeal instruction	Meets
5	Provide one-call resolution for 100% of member inquiries regarding effective dates, coverage level, claims, waiver or patient liability amounts and function up to and including the HCBS waiver summary liability notices, Buy-In status, Medicaid/Medicare coordination of benefits, premium and copayment levels, and 5% quarterly cost-sharing limitations; for reported issues which the Contractor cannot resolve, they will be appropriately escalated to OMPP	Meets

11.4.2 ID Cards

FSSA and the Gainwell Team will continue to work together to produce new and replacement member ID cards for Indiana members. Gainwell recognizes and clearly understands the requirements as documented in Attachment K SOW Reference: 11.4.2 ID Cards, pg. 107. Gainwell has well-established and proven internal control procedures for timely production and distribution of ID cards. Our solution meets the specifications and standards to conform to the American National Standards Institute (ANSI) and Uniform Health Card ID standards.

The member ID card process is a fully automated process within the *CoreMMIS* that facilitates the production of the actual member ID card based on IEDSS eligibility transaction updates. The process begins with a file from IEDSS indicating a member needs new member ID card. If the data changes (such as name change) on receipt of the IEDSS transaction, a new card is automatically generated. We handle replacement cards similarly. FSSA approves receipt of a replacement card and updates the IEDSS file. When the *CoreMMIS* processes the IEDSS transaction file, it also automatically initiates the process to create and send a new card. ID cards are mailed daily during business days to meet FSSA requirements. Figure 62, Appendix 1 - Supporting Graphics, Technical Proposal Appendix shows the ID card content.

The Gainwell Team prints the information identified by FSSA, which today includes the RID, name, gender, and birth date. The above example shows additional services members or providers may need for quick reference. We design and test the color of the card to make certain that the card is conducive to photocopying and is easily readable when copied. Gainwell applies current proven industry standards in producing ID cards. The technical architecture of the flexible table-driven member data allows for enhancement of the process to meet future capabilities and modification requests.

We maintain audit trails that allow users to identify specific historical changes and updates to the member ID card transactions. Users can choose the criteria from the audit history to see the audit trail identifying historical requests stored in the *CoreMMIS*.

The Gainwell Team provides reports that break down the number of new ID cards and replacement cards generated, reason for replacement cards, and a list by county. We have state-of-the-art equipment and software capable of continuing to support FSSA needs. Based on current successful operations, the Gainwell Team maintains the equipment to support this process as well as provide experienced staff members who are already familiar with Indiana's needs. We staff the print center with computer operators that are cross trained to design and create member ID cards, including addition of magnetic strip to store member data. In the event, the State needs to do a mass update of member ID cards, our staff can handle this project efficiently and accurately.

Performance Standards		Meets/Exceeds
1	100% of member identification cards to are mailed to the mailing address contained in the member data files within three (3) business days after receipt of the replacement card request	Exceeds

11.5 Demonstration Projects

Gainwell has read the RFP and agrees to meet FSSA's demonstration project requirements described in RFP Attachment K, 11.5, including the Required Services table. Gainwell performs these services today and will continue to meet or exceed these requirements under the new contract, including:

- Assisting the State with drafting and developing business and technical requirements, using processes outlined in this scope of work
- Implementing and executing any technical or business requirements as needed to support the project
- Assisting the State in identifying reporting needs and criteria and implementing reports as needed
- Participating in meetings as requested by the State

Gainwell's Care Programs team has a deep level of expertise with subject-matter experts that help with requests. If the request results in the need for a deeper dive, a project is created to ensure the standards identified in the project management plan are followed to ensure a quality result. These are executed with collaboration between the Member Services group and the Gainwell PMO to achieve the needs of FSSA.

If a proposed demonstration project results in an increased scope based on mutually agreed-on criteria and backed by reasonable data, Gainwell will provide a contract amendment proposal. Gainwell understands the State reserves the right to implement additional performance standards as part of any contract amendment.

SECTION 12 – Provider Services

- a. Describe your proposed solution to execute all Provider Service components outlined in Section 12 of the SOW.
- b. Describe your plan to manage provider enrollment and disenrollment as described in section 12.1 of the SOW. Include the following:
 - i. Provider Enrollment Rules and Regulations
 - ii. Provider Enrollment Quality Assurance
 - iii. Provider Enrollment and Deactivation Activities
 - iv. Provider Enrollment Timeliness
 - v. Provider Enrollment-Provider Recruitment
- c. Provide an overview of how you plan to perform provider credentialing responsibilities as outlined in Section 12.2 for both the MCE and FFS Programs.
- d. Describe your commitment to collaborating with the State, the MCEs, and any other stakeholders identified by the State to design a common Credentialing process for use across all IHCP Providers during the Phase-In Transition period.
- e. Describe how you will ensure successful management of the provider relation responsibilities as outlined in section 12.3 of the SOW.
- f. Describe how you plan to produce high quality and accuracy publications and other communication efforts as outlined in section 12.34 of the SOW.

12.0 Provider Services

Gainwell is investing heavily in its technology and systems to continue bringing value to Medicaid programs through the automation and modernization of MMISs. While we have been a trusted partner to Indiana for 31 years, we have been invested in Medicaid for 50 years. We are actively deploying technology to take not only Indiana's modernization forward, but Medicaid forward.

We will collaborate to enhance and simplify provider management activities. Gainwell's approach to meeting provider requirements is built on the following:

- Collaborative relationship built on transparency, open communication, and an accountability partnership with the agency
- Knowledgeable, experienced, and professional provider staff who receive ongoing training to be effective and culturally competent provider specialists
- Dynamic systems that meet federal, State, and agency requirements to drive better user experiences; integration of programs such as Robotic Process Automation (RPA), with the agreement of the State, to automate tasks that improve speed and quality outcomes; and innovations such as Gainwell Intelligence Operations (GIO), to drive service orchestration into our software and intelligent automation frameworks for provider services
- Setting ambitious, best-in-class standards, processes, and measurements for the provider functions to meet State expectations now and in the future

Gainwell has carefully reviewed the project management responsibilities described in the RFP and Attachment K – Scope of Work (SOW), Section 6, Project Management. The general approach Gainwell describes in this proposal section conforms with and supports these project management requirements, and is organized into the following sections:

- 12.1 Provider Services
- 12.2 Enrollment and Disenrollment
- 12.3 Credentials Verification Organization
- 12.4 Program Design and Implementation
- 12.5 Provider Relations
- 12.6 Communications and Services
- 12.7 Program Integrity

12.1 Provider Services

Gainwell has carefully reviewed the requirements of Attachment K, Scope of Work, Section 12, Provider Services. We understand these requirements and provide our proposed solution to execute the Provider Services outlined in Section 12 of the SOW as detailed below.

Gainwell Provider Services includes multiple professional business units. Provider Services assists the Indiana Provider Community to make the Indiana Health Coverage Programs (IHCP) as successful as possible. Provider Services offers the following areas of professional experience:

- **Provider Enrollment.** Including enrollment and disenrollment as well as Quality
- **Provider Recruitment.** To increase provider participation in the IHCP Program
- **Provider Relations.** Provider education, training, outreach, and research
- **Administrative Review and Grievance.** Providers can contact Gainwell for written explanations to multiple types of inquiries
- **Publications and Communications.** Access to changes within the program and IHCP resources available on the public-facing website

Additional services to assist providers will be the development and implementation of the Credential Verification Organization (CVO). This will enhance the provider experience as they enroll and remove the burden of multiple applications and extended wait times.

Flexibility and Configurability

Flexibility and configurability are a core capability for the business users without the need for technical assistance. Figures 63 and 64, Appendix 1 - Supporting Graphics, Technical Proposal Appendix show how business users can personalize their user experience to match their work patterns and needs. Users can quickly hover over the drop-down menu to get the chosen submenus.

12.2 Enrollment and Disenrollment

Gainwell has carefully reviewed the requirements of Attachment K, Scope of Work, Section 12, Provider Services. We understand these requirements and provide our proposed solution to execute Enrollment and Disenrollment outlined in Section 12.1 of the SOW as detailed below.

Enroll Provider

The Provider Enrollment business area includes the receipt and processing of provider enrollment applications according to State and federal requirements.

The CoreMMIS and inherent operational process improvements Gainwell brings to FSSA make a provider's first contact with Medicaid efficient, quick, and clearly understood. We have performed the same type of implementation for many of our state customers. Recently, our Wisconsin MMIS team was complimented on its "command of the process and controls in place" for providers. We bring this wealth and depth of experience to Indiana. We understand the importance of positive relations with the provider community and continue to nurture these relationships. Figure 65, Appendix 1 - Supporting Graphics, Technical Proposal Appendix is a summary of the Provider Services features and benefits.

Medicaid Information Technology Architecture (MITA) structures have been used as a road map for our recent MMIS enhancements, and our flexible solution incorporates automation from beginning to end with our enrollment process. Our goal is to help our customers achieve web-based enrollment rates of 95% or better. At the same time, using configurable imaging and workflow tools, we continue to streamline the paper application process.

The *CoreMMIS* can enroll and maintain data for Indiana provider types and permits the enrollment of nonparticipating providers, such as out-of-state hospitals. It enables the enrollment of nonbilling and nonpayable entities that have a financial or trading ally arrangement with FSSA, such as supervising pharmacists, municipalities, health plans, networks, service bureaus, and State agencies.

Enrollment business logic is extremely configurable and scalable, and we work with FSSA to create State-specific enrollment edits and rules for the Indiana Medicaid provider types.

To complement this streamlined provider enrollment process, Gainwell uses a sophisticated workflow solution through the interChange Business Service Framework powered by K2 blackpearl. Employing the workflow capabilities of the Business Service Framework and the State-defined business rules, provider enrollment becomes a more standardized, metrics-driven process. State and Gainwell staff members have desktop, real-time access to provider enrollment work queues and work volumes. This leads to faster, more accurate processing of provider enrollment applications.

Along with initial provider enrollment, this solution offers streamlined, configurable processes for provider recertifications. Our web-based recertification solution enables enrolled providers to recertify enrollment quickly.

Providers in other Gainwell states have readily adapted and embraced web-based provider enrollment and recertification. This field-proven technology enables Indiana Medicaid to see the positive enrollment results of this implementation quickly.

We understand the importance of credential verification for new provider applicants. We use LexisNexis to verify provider data against its national database of public and proprietary records. We will develop systematic queries to the database, which lessens manual intervention by Gainwell staff members and increases efficiency in enrollment.

Business Process Description

The provider enrollment process relies heavily on automation, employing web-based tools and workflow processes. The processes described in this section are completely scalable and configurable to meet State requirements and business processes.

Provider Enrollment Application

Providers can enroll through two methods: a web portal or a paper application. Both enrollment options are handled through the workflow solution, described in the Functions and Features of Components subsection.

Portal Enrollment

To evolve FSSA's provider management system to MITA Level 3 specifications, we have made application through the portal a simple, secure, and highly efficient process. Indiana providers, like providers in other states, use the portal enrollment process almost exclusively. Portal usage greatly reduces basic clerical errors providers often make when completing paper applications and sends the data directly

into workflow, eliminating manual data entry. Portal applications greatly reduce returned provider applications.

Providers initially access the portal application tool from the public area of the portal. However, the data is captured in a secure environment to facilitate safety of Personal Identifying Information (PII). We have used this method in other states with great success. It is a streamlined method of enrollment that does not require that a provider establish a portal account before application. This process makes enrollment faster and just as secure. The initial acknowledgment is delivered to the email address supplied by the provider. Additional communications and updates are accessed through the application tracking number (ATN).

The applicant is presented with general information regarding enrollment in Indiana Medicaid and then is prompted to begin the application process. As the provider works through the enrollment screens, the information is customized for the provider type. The data needed for the provider type is completely configurable, based on State direction.

When the application is complete, the provider electronically signs the application and submits it for processing. The applicant can print a PDF copy of the application for their records. The provider also receives an ATN. The applicant can then check the status of the application in the public area of the portal using the ATN. The portal is configured with State-approved response messages, as shown in Figure 66, Appendix 1 - Supporting Graphics, Technical Proposal Appendix.

Paper Enrollment

With the implementation of the *CoreMMIS*, providers can submit enrollment applications and supporting documentation via the Provider Portal. This is the preferred submission approach because it allows faster receipt of information than if sent using standard mail, and the portal guides the provider through the application process and prompts the provider for required information that may easily be forgotten when filling out a paper application, thus delaying the enrollment process. Gainwell implemented several tools that make the process much more efficient and traceable. Our automated tools make sure business processes are consistently executed, well managed, and made auditable. Consistent application of business rules and processes also improves the quality of provider data.

We realize there may be a few providers that are unable to submit applications via an automated process; for those providers who want to submit a paper enrollment application, the enrollment forms are on the public area of the portal. The provider can download a copy of the applicable forms to complete and mail to Gainwell for processing.

Processing the Provider Enrollment Application

From the portal or the SunGard digitizing process, the *CoreMMIS* accepts a new record and passes it to the Business Service Framework workflow, simultaneously adding the enrollment to the work list for the Provider Enrollment Team.

The workflow tool is completely configurable and scalable to State requirements. Work queues may be broken out by provider types, application types, or other definable

parameters. The following table describes the workflow process for provider enrollments.

Table 23. Workflow Process for Provider Enrollments

Provider Enrollment	
Description	<p>This business process is to accept, process, and enroll provider applicants in Indiana Medicaid. Providers apply using the provider portal or by paper. Portal applications are sent to the Business Service Framework workflow for processing and OnDemand for image repository. Paper applications come to the mailroom, are imaged, have optical character recognition (OCR) performed, and are indexed in OnDemand.</p> <p>Provider Enrollment clerks access their work queues in the interChange UI. The clerks follow State-approved adjudication guidelines to process the application, check credentials in LexisNexis, and enter or validate data in the CoreMMIS.</p>
Outcomes	<p>If the provider meets the enrollment criteria, they are added to the CoreMMIS provider file, assigned an effective date, and sent welcome materials.</p> <p>If the application requires additional information, provider enrollment generates a Return to Provider (RTP) letter detailing the missing information.</p> <p>If the application is rejected because of critical errors, Provider Enrollment sends a letter to the provider.</p>
Benefit	<p>Portal submission and associated online editing/validation allow for fewer application returns. Paper applications are scanned and have OCR performed, decreasing enrollment time. Workflow processing allows for consistent, rules-driven application processing. Workflow provides better workload balancing between clerks and consistent adherence to enrollment procedures.</p>
KPM	<p>If the Provider Enrollment decision is successful (initial and updated enrollments), information is entered into MMIS after the documents are received and imaged within 15 business days.</p> <p>If the Provider Enrollment decision is successful, information is entered into CoreMMIS for PCCM Primary Medical Provider (PMP) (new enrollments and enrollment/program changes between RBMC and PCCM), after the documents are received/imaged within 5 business days. Complete processing for paper applications is within 20 business days.</p>

The CoreMMIS is designed to readily accept changes in provider information requirements, as established by the State. These changes may include the revisions to specific provider type enrollment requirements or may be an entirely new provider type. The provider enrollment data is maintained in the CoreMMIS provider file. No application data — approved, denied, or resubmitted — is ever deleted. The CoreMMIS keeps enrolled provider data indefinitely in the production database or in archive based on FSSA policy, and the data always can be retrieved.

The State expects that the provider enrollment and disenrollment processes are as efficient as possible for providers, Gainwell operations, and the State while promoting program integrity, continued MITA maturity, and CMS compliance. This solution meets these expectations and enables the State to concentrate on other program priorities.

Key Performance Measures

Through streamlined portal and workflow processes, Gainwell will meet the following KPMs for Provider Enrollment:

- Successful Provider Enrollment decision (initial and updated enrollments) and entry of information into CoreMMIS after the documents are received and imaged within 10 business days
- Successful Provider Enrollment decision (new enrollments and enrollment or program changes between RBMC and PCCM) and entry of information into MMIS for PCCM Primary Medical Provider (PMP) after the documents are received/imaged within 5 business days

Management Controls and Monitoring

Management has multiple adaptable tools at its disposal to monitor and manage work in progress. We use these tools to confirm provider enrollments are processed accurately and timely. The workflow system gives the Provider Enrollment supervisor real-time access to staff work queues. The supervisor can monitor individual and team workloads, by provider types, timeliness of work queues, and other metrics. Additionally, the supervisor can manage the entire team's, or the individual staff member's, workload. The supervisor can reassign work folders or individual items to verify that KPMs are met.

The CoreMMIS also allows for monitoring of provider enrollment data. Appropriate staff members with access to reporting can produce reports on enrollment totals, recertification totals, and other defined metrics. These metrics also are available through the dashboard.

Configurable, Scalable, Streamlined, Adaptable Solution

The Enroll Provider function of Provider Services demonstrates the key characteristics identified by the State for the CoreMMIS:

- **Configurable.** The CoreMMIS provides the ability to configure provider enrollment screens for provider types.
- **Scalable.** The workflow can be adjusted to correspond to the complexity of the provider type.
- **Streamlined.** Following the provider-type-specific workflows speeds enrollment.
- **Adaptable.** The CoreMMIS supports provider enrollment through the portal and on paper.

The following table explains the use of commercial off-the-shelf (COTS) products or transferred/shared components.

Commercial Off-the-Shelf (COTS) Products or Transferred/Shared Components

Table 24. Enroll Provider COTS Products or Transferred/Shared Components

Product	Use
interChange Connections	The architecture to facilitate Enterprise Service Bus (ESB) and File Tracking System (FTS) transactions for integration into and out of the CoreMMIS
Microsoft BizTalk (COTS)	ESB to orchestrate services, transform and transport data files between integrating systems
Gainwell FTS	File tracking, monitoring, and management to verify end-to-end management and visibility of files moving into and out of the integrating systems
K2 blackpearl (COTS)	Workflow management for integration, management, and reporting of workflow tasks performed within the MMIS UI
Corticon (COTS)	Rules engine for the configuration of rules within the MMIS application
Gainwell Healthcare Portal	Internet-accessible website that enables providers to enroll, recertify, submit claims and encounters, and gives the provider immediate feedback on the payment or denial of the claim
SunGard FormWorks (COTS)	The OCR document scanning or data entry validation solution is used to convert the digital image into an XML fielded file
IBM OnDemand (COTS)	Document management system to store electronic image of scanned paper enrollment applications

Functions and Features of Components

The Enroll Provider process uses a blend of COTS products and transferred components that have been used and highly regarded in other state Medicaid systems. The COTS products and transferred components are choreographed to automate and integrate business processes that historically have been manually intensive and disjointed. The Gainwell Healthcare Portal gives providers a way to enroll and recertify in a secure, electronic medium. The portal verifies that mandated information is populated, which results in fewer applications that must be returned to providers and streamlines the entire process.

Portal submissions are sent to the CoreMMIS through interChange Connections, an integration framework created by Gainwell to manage communications into and out of the CoreMMIS. This framework includes BizTalk as the Enterprise Service Bus (ESB) to transform and transport messages to the receiving system and orchestrate the order in which the services are triggered. It also includes the Gainwell-developed FTS to monitor, manage, and provide insight into the movement and successful receipt of files being transported through the CoreMMIS. The BizTalk ESB maintains a loose coupling between components, while the FTS provides visibility of files moving between systems for better audit capability.

After the enrollment or recertification is received from the Healthcare Portal, the portal triggers the enrollment or recertification service in the CoreMMIS and initiates a workflow process. Workflow processes are managed by interChange Service Framework Workflow, which is the blending of interChange UI, K2 blackpearl workflow

COTS product, and Corticon business rules engine COTS product. Workflow services have been designed for provider enrollment and recertification.

The workflow UI guides the Provider Enrollment clerk through the business process as defined by the workflow and business rules. These flow-managed process steps inform users when a manual step is required, placing the application and related data in their work queue. Predefined rules determine the path the application takes. As the application and related data move through the step, the information is recorded, and managers can view statistics of the business processes to identify and remedy bottlenecks. They also have immediate view into a specific enrollment application for visibility of its current step, steps completed, and next steps.

One step in the enrollment and recertification processes is to verify credentials through LexisNexis. The data service between LexisNexis and the *CoreMMIS* reuses the interChange Connections framework, providing consistency of the integration processes.

The State and Gainwell encourage providers to enroll and recertify using the Healthcare Portal, but some inevitably submit using paper. The system converts the paper applications to electronic format by scanning and extracting the information using SunGard Formworks OCR. SunGard creates an XML output file and triggers the same enrollment or recertification workflow service used by the Gainwell Healthcare Portal. By using the same service, fewer components require managing.

An image of the paper application is also stored in the OnDemand Document Management System. If Provider Services needs to access the original application, it is available and virtually attached to the electronic version of the application. Integration to OnDemand is performed through interChange Connections providing the same benefits of reusability and loose coupling.

If a paper application must be returned to a provider requesting more information or denying their application, the *CoreMMIS* creates the content for the RTP letter. Using a predefined template, the content is populated from the *CoreMMIS* to create and generate the letter. Integration is performed through interChange Connections.

Software Changes and Configuration Activities

Provider Enrollment and Recertification have prebuilt workflow processes, but these process flows and business rules governing the process flows can be configured to meet FSSA's specific needs. Gainwell works with FSSA to identify unique process steps or business rules that must be enabled. RTP letter templates must be configured when the process calls for Gainwell to reply to a provider.

Software Market Status for COTS Product

The following COTS tools, listed with their industry recognition, support the Enroll Provider inquiry business function:

- Microsoft Biz Talk: Gartner Magic Quadrant
- IBM OnDemand: Gartner Magic Quadrant
- K2 blackpearl: Gartner Magic Quadrant
- Corticon: Forrester Wave

Many of the COTS products used in the Gainwell solution are leaders in their respective fields, and some solutions are specialized and have no industry independent recognition. However, their reuse in multiple successful healthcare implementations provides the basis to identify them as industry leaders. SunGard FormWorks is an example. SunGard is one of the world's leading software and technology services companies.

New Application Functions

The CoreMMIS provider enrollment process makes use of new technology including workflow, services, rules, and service-enabled correspondence management to streamline and standardize the provider enrollment submission and evaluation process.

Disenroll Provider

Overview of Vendor Solution for This Business Process

Gainwell accepts disenrollments through multiple channels. The disenrollment process manages related attachments and request verifications, tracks the status of requests, and carries out the various system updates and alerts that are necessary when a provider is disenrolled. This solution handles provider-initiated requests, State-initiated requests, or other State-defined request methods.

We understand that only providers meeting the State's guidelines serve Indiana members and bill the program. Gainwell takes disenrollment seriously. Disenrollments, whether State or provider-initiated, are acted on quickly with the aid of Workflow and the CoreMMIS. As with the enrollment solution, the disenrollment process and systems are adaptable to the State's needs. As with provider enrollment, document imaging and indexing through the OnDemand system and the Services Framework workflow handle routing and associated tasks with disenrollment.

Business Process Description

The provider enrollment process relies heavily on automation, employing web-based tools and workflow processes. The processes described in this section, however, are completely scalable and configurable to meet State requirements and business processes. The following table provides the Provider Disenrollment Workflow.

Table 25. Disenrollment Workflow

Provider Disenrollment	
Description	<p>This business process is to accept provider disenrollments from Indiana Medicaid. Providers begin the disenrollment process by submitting a request in writing or by fax. Paper disenrollment requests come to the mailroom, are imaged, have OCR performed, and are indexed in OnDemand.</p> <p>Provider Enrollment clerks access their work queues in the CoreMMIS UI using the Business Services Framework. The clerks follow State-approved adjudication guidelines to process the disenrollment request and enter/validate data in the CoreMMIS.</p>

Outcomes	The provider is disenrolled based on the date requested and State-approved criteria. The provider's file is end-dated in the <i>CoreMMIS</i> . The provider is sent a disenrollment confirmation.
Benefit	Paper disenrollment requests are scanned and OCR is performed, which decreases lag time for disenrollment. Workflow allows for consistent, rules-driven disenrollment processing. Workflow provides better workload balancing between clerks.
SLA/KPI	Successful provider disenrollment (after disenrollment decision is made) is completed within 1 business day.

Disenroll Provider Business Process (State-Initiated)

At the State's direction, Gainwell can disenroll a provider or group of providers who are routed through the Workflow system to the correct clerk work queue. If the requests are high priority, they are routed to the team supervisor for completion. We can update the *CoreMMIS* with a certification end date as directed by the State.

Disenroll Provider Business Process (System-Generated)

Gainwell's fully configurable system-generated disenrollment is an efficient way for the State to maintain the integrity of its provider network. The *CoreMMIS* conducts a check for claims submissions within a State-defined period. Providers with no claims activity after the cutoff date are put into the disenrollment workflow. Unless a user override occurs, the system automatically changes these providers' enrollment status to disenrolled or inactive. The provider receives a Gainwell system-generated communication based on the provider's communication preference, explaining that the provider is disenrolled within a specified number of calendar days unless they contact the Provider Support unit and formally request to remain active.

Disenroll Provider Business Process (Returned Mail)

When a hard copy of the provider correspondence is returned as undeliverable, Gainwell disenrolls the provider based on State-approved processes. This can include attempting to reach the provider through alternative addresses, by email, or by telephone. Based on State-approved processes, the *CoreMMIS* does not allow Gainwell to send communication to the provider until the postal or email addresses have been verified.

Activities Supported

Our configurable and scalable solution allows receipt of provider disenrollment requests through a variety of methods. We support disenrollment for a specific program or multiple programs. The solution handles the processing, validation, and disenrollment decisions based on State-approved processes. The *CoreMMIS* supports disenrollment of an individual provider, institution, or agency, including disenrollment of a managed care entity (MCE) at the State's request.

The system produces notification to the affected business processes and stakeholders, authorized stakeholders, and affiliated business processes. Figure 67, Appendix 1 - Supporting Graphics, Technical Proposal Appendix shows the flow of information in the disenroll provider business process.

Interfaces

Table 26. Provider Disenrollment Interfaces

Interface	Interface Sending	Sent Back to Interface
Provider	Disenrollment request	Confirmation of disenrollment
SunGard	Scanned and indexed documents	Verification of indexing and scanning
Workflow	Provider application data placed in work queues	Verification that work step has been completed
Gainwell	Disenrollment request	Disenrollment notices in various formats

Expectations of State

The State expects that providers will be disenrolled from the program as a top priority to prevent inappropriate payment. The technologies and process solutions we bring to Indiana allow for a highly automated disenrollment process. This allows the State to concentrate on its core businesses as streamlined, rules-based systems handle daily operations.

Key Performance Measures

Through streamlined portal and workflow processes, Gainwell meets the following KPMs for Provider Disenrollment:

- Successful Provider Disenrollment (after disenrollment decision is made) completed within 1 business day
- Management Controls and Monitoring

Management has multiple adaptable tools at its disposal to monitor and manage staff work. We use these tools to confirm provider disenrollments are processed accurately and promptly. As described for enrollments, we monitor workflow queues in real time and enter disenrollments within a top-priority queue. The supervisor can reassign work folders or individual items to verify that the KPMs are met. The *CoreMMIS* also allows for monitoring of provider disenrollment data and can produce reporting on disenrollment totals.

Configurable, Scalable, Streamlined, and Adaptable Solution

The Disenroll Provider function of Provider Services demonstrates the key characteristics identified by the State for the *CoreMMIS*.

- **Configurable.** Workflows are adjustable as provider types or programs change.
- **Scalable.** Using the same function, disenrollment can occur for one or more programs and for an individual provider, institution, or agency such as a managed care entity.
- **Streamlined.** Standardized processes in the disenrollment workflow direct human decision making to improve quality outcomes

- **Adaptable.** The *CoreMMIS* supports provider disenrollment through the portal and on paper.

Commercial Off-the-Shelf Products or Transferred/Shared Components

The COTS products used for Disenroll Provider are the same as those discussed in Functions and Features of Components. The following table shows Enroll Provider COTS or Transferred/Shared Components.

Table 27. Enroll Provider COTS Products or Transferred/Shared Components

Product	Use
interChange Connections	The architecture to facilitate ESB and FTS transactions for integration into and out of the <i>CoreMMIS</i>
Microsoft BizTalk (COTS)	ESB to orchestrate services, transform and transport data files between integrating systems
Gainwell FTS	File tracking, monitoring and management to verify end-to-end management and visibility of files moving into and out of the integrating systems
K2 blackpearl (COTS)	Workflow management for integration, management, and reporting of workflow tasks performed within the MMIS UI
Corticon (COTS)	Rules Engine for the configuration of rules within the MMIS application
Gainwell Healthcare Portal	Internet-accessible website that enables providers to enroll, recertify, submit claims and encounters, and gives the provider immediate feedback on the payment or denial of the claim
SunGard FormWorks (COTS)	The OCR document scanning or data entry validation solution used to convert the digital image into an XML fielded file
Gainwell	Correspondence management to send letters to providers
IBM OnDemand (COTS)	Document management system to store electronic image of scanned paper enrollment applications

Functions and Features of Components

The Enroll Provider process uses a blend of COTS products and transferred components that have been used and highly regarded in other states' Medicaid systems. The COTS products and transferred components are choreographed to automate and integrate business processes that historically are manually intensive and disjointed. The Gainwell Healthcare Portal gives providers a way to enroll and recertify in a secure, electronic medium. The portal verifies that mandated information is populated, requiring less returns and streamlining the entire process.

Portal submissions are sent to the *CoreMMIS* through interChange Connections, an integration framework created by Gainwell to manage communications into and out of the *CoreMMIS*. This framework includes BizTalk as the Enterprise Service Bus to transform and transport messages to the receiving system and orchestrate the order in which the services are triggered. It also includes the Gainwell-developed FTS to

monitor, manage, and provide insight into the movement and successful receipt of files being transported through the *CoreMMIS*. The BizTalk ESB maintains a loose coupling between components, while the FTS provides visibility of files moving between systems for better audit capability.

After the enrollment or recertification is received from the Healthcare Portal, the portal triggers the enrollment or recertification service in the *CoreMMIS* and initiates a workflow process. Workflow processes are managed by interChange Service Framework Workflow, which is the blending of interChange UI, K2 blackpearl workflow COTS product, and Corticon business rules engine COTS product. Workflow services have been designed for provider enrollment and recertification.

The workflow user interface guides the provider enrollment clerk through the business process as defined by the workflow and business rules. These flow-managed process steps inform users when a manual step is required, placing the application and related data in their work queue. Predefined rules determine the path the application takes. As the application and related data moves through the steps, the information is recorded, and managers can view statistics of the business processes to identify and remedy bottlenecks. They also have an immediate view of a specific enrollment application for visibility of its current step, steps completed, and next steps.

One step in the enrollment and recertification processes is to Verify Credentials through LexisNexis. The data service between LexisNexis and the *CoreMMIS* reuses the interChange Connections framework providing consistency of the integration processes.

The State and Gainwell encourages providers to enroll and recertify using the Healthcare Portal, but some inevitably submit using paper. The system converts the paper applications in electronic format by scanning and extracting the information using SunGard Formworks OCR. SunGard creates an XML output file and triggers the same enrollment or recertification workflow service used by the Gainwell Healthcare Portal. By using the same service, fewer components are available to manage.

An image of the paper application also is stored in the OnDemand Document Management System. If Provider Services needs to access the original application, it is available and virtually attached to the electronic version of the application. Integration to OnDemand is performed through interChange Connections providing the same benefits of re-usability and loose coupling.

If a paper application needs to be returned to a provider requesting more information or denying their application, the *CoreMMIS* creates the content for the RTP letter and calls Gainwell. Gainwell uses a predefined template, populates the content from the *CoreMMIS*, and creates the letter. Integration is performed through interChange Connections.

Software Changes and Configuration Activities

Provider Enrollment and Recertification have prebuilt workflow processes, but these process flows and business rules governing the process flows can be configured to meet specific needs of FSSA. Gainwell works with FSSA to identify unique process steps or business rules that need to be enabled. RTP letter templates need to be configured for when the process calls Gainwell to reply to a provider.

Software Market Status for COTS Product

The following COTS tools, listed with their industry recognition, support the Enroll Provider inquiry business function:

- Microsoft Biz Talk: Gartner Magic Quadrant
- IBM OnDemand: Gartner Magic Quadrant
- K2 blackpearl: Gartner Magic Quadrant
- Corticon: Forrester Wave

The Disenroll Provider process is similar to the Enroll Provider process using a blend of COTS products and transferred to support the necessary workflow that reduces the manual effort. Provider-initiated disenrollments are submitted on paper. Gainwell converts the paper request into electronic format by scanning and fielding the information using SunGard Formworks OCR. SunGard creates an XML output file and triggers the disenrollment workflow service. Like enrollment, the disenrollment workflow process is managed by interChange Workflow. interChange Workflow is the blending of interChange UI, K2 blackpearl workflow COTS product, and Corticon business rules engine COTS product.

The user interface guides the provider enrollment clerk through the disenrollment business process as defined by the workflow and business rules. The workflow moves the process through the steps informing the users when a manual step is required and putting the application in their work queue. The predefined rules determine the path the application takes. As the process moves along through the step, the information is recorded, and managers can view statistics of the business processes to identify and remedy bottlenecks. They also have an immediate view of a specific enrollment application for complete visibility of the steps.

An image of the paper request is stored in the OnDemand Document Management System. If Provider Services needs to access the original request, it is available and virtually attached to the electronic version of the request. Integration to OnDemand is performed through services providing the benefit of reuse and loose coupling. Responses sent to the provider are generated and sent to Gainwell for formatting in the predefined template. Integration is performed through interChange Connections.

Software Changes and Configuration Activities

Provider Disenrollment has a prebuilt workflow process, but the process flow and business rules governing the process flow can be configured to meet specific needs of FSSA. Gainwell works with FSSA to identify unique process steps or business rules that need to be enabled. Disenrollment letter templates need to be configured when the process calls Gainwell to communicate with a provider.

12.2.1 Provider Enrollment Rules and Regulations

Gainwell has carefully reviewed the requirements of Attachment K, Scope of Work, Section 12, Provider Services. We understand these requirements and provide our proposed solution to execute Provider Enrollment Rules and Regulations outlined in Section 12.1 of the SOW as detailed below.

Gainwell works with the State to identify the rules and regulations for provider enrollment, which are documented in the operations procedure manuals. Gainwell and the State business partners work together to develop provider communication to educate providers on the changes, updates, and/or new rules and regulations related to the provider enrollment process.

Figure 68, Appendix 1 - Supporting Graphics, Technical Proposal Appendix illustrates the NPI Reporting Requirements Process.

Gainwell will develop a process to utilize the Health Resources & Services Administration (HRSA) approved 340B providers to support the identification during the provider enrollment process.

12.2.2 Provider Enrollment Quality Assurance

Gainwell has carefully reviewed the requirements of Attachment K, Scope of Work, Section 12, Provider Services. We understand these requirements and provide our proposed solution to execute Provider Enrollment Quality Assurance outlined in Section 12.1 of the SOW as detailed below.

The Gainwell provider enrollment quality sampling process is calculated by utilizing the Taro Yamane methodology. This process will allow a valid sample size based on the amount of applications processed each month. Gainwell will work with the State to review and identify process improvements, as well as educate providers about the application processing.

Gainwell will work with the State to refine the monthly QA reporting mechanism as needed.

12.2.3 Provider Enrollment and Deactivation Activities

Gainwell has carefully reviewed the requirements of Attachment K, Scope of Work, Section 12, Provider Services. We understand these requirements and provide our proposed solution to execute Provider Enrollment and Deactivation Activities outlined in Section 12.1 of the SOW as detailed below.

Gainwell works with the State to review and determine required disenrollments based on State and federal policies. Gainwell and the State business partners work together to communicate appropriately, as required, for providers who require disenrollment from the program. Gainwell's defined processes and policies for provider disenrollment are documented in the operations procedure manuals.

12.2.4 Provider Enrollment Timeliness

Gainwell has carefully reviewed the requirements of Attachment K, Scope of Work, Section 12, Provider Services. We understand these requirements and provide our proposed solution to execute Provider Enrollment Timeliness outlined in Section 12.1 of the SOW as detailed below.

Provider Enrollment Timeliness

Gainwell is committed to providing quality and timely enrollments for our provider community and state partners. Reports are generated to identify and assist in making sure we review, identify, update, or complete the task within the required time frames. In addition to the reports, letters are generated for provider notification on completion of application, profile updates, and revalidation requirements. Monthly reports are generated and supplied to the State to support these requirements

12.2.5 Provider Enrollment-Provider Recruitment

Gainwell has carefully reviewed the requirements of Attachment K, Scope of Work, Section 12, Provider Services. We understand these requirements and provide our proposed solution to execute Provider Enrollment – Provider Recruitment outlined in Section 12.1 of the SOW as detailed below.

Performance Standards		Meets/Exceeds
1	Initial action on provider enrollment requests completed 100% within 20 business days for paper requests and 100% within 15 business days for portal requests	Meets
2	Ensure 90% full completion of brand-new enrollment applications, changes of ownership, or requests to add additional service locations within 30 business days	Meets
3	Using the quality assurance process, ensure 97% accuracy rating on processed enrollment applications	Meets
4	Using the quality assurance process, ensure fewer than five (5) fatal errors of per month in review of processed enrollment applications per month to guarantee fewer than five (5) fatal errors monthly (as defined by the State)	Meets
5	Meet recruitment performance targets as dictated in the annual recruitment strategy	Meets

Provider Recruitment

Provider Relations is dedicated to increasing access to care through a thoughtful schema of recruitment activities, the goal of which is to enroll new providers in FSSA. Provider Relations employs the following strategy to reach out to unenrolled providers:

- Analyze the provider-to-population report to prioritize the geographic areas to be targeted
- Analyze the NPI unenrolled provider reports to determine which specialties are under-represented in the selected geographic region
- Identify underserved areas to enhance recruitment efforts in area or in surrounding areas to increase provider participation

- Identify obstacles unenrolled providers may experience and work with State to resolve obstacles if possible
- Present the IHCP and its successes to Medical and Dental School Graduates in May
- Continue to focus on dental, mental health, and home health providers as a subject of outreach, irrespective of the results of the statistical data
- Contact the providers by telephone or through onsite visit; during the visit, staff members review key billing and policy items as appropriate for the provider.
- Distribute recruitment brochures to prospective providers containing general information
- Provide robust recruitment presentation to assist the prospective provider on the ease of enrolling into the program

Gainwell delivers a tailored recruitment plan at the beginning of the calendar year with the past years' data to support the counties and provider types in the most underserved areas in the state of Indiana. This recruitment report provides the most up-to-date information and geomapping to allow Gainwell Provider Relations to make recommendations on the appropriate recruiting approach for recruitment efforts during that year.

Gainwell works with the State to use the most effective methods of provider outreach and education to provide better access to care for the member population.

12.3 Credentials Verification Organization

Gainwell has reviewed and accepts the requirements of Attachment K, Scope of Work, Section 12, Provider Services. We understand these requirements and provide our proposed solution to execute Credentials Verification Organization outlined in Section 12.2 of the SOW as detailed below.

Accelerated Results / Unparalleled Advantage

For 31 years, Gainwell has accompanied Indiana on its transformation journey. By partnering with Gainwell, Indiana can achieve critical continuity and keep modernization in motion, moving forward with a stable, certified system. Rather than delaying progress during a transition year, Indiana can concentrate on innovation, enhancements, and increased automation for an unparalleled advantage.

As FSSA's trusted partner, Gainwell has supported FSSA through multiple MMIS implementations for 31 years. Through implementing and operating interchange and CoreMMIS, we have gained in-depth knowledge of the IHCP and the provider community. We know the FSSA rules, regulations, policies, and procedures in detail. We know the provider's personalities, processes, and issues well. We have developed long-term relationships with providers, provider associations, and other Program stakeholders.

We understand the importance of credential verification for new provider applicants. We will use the company Verisys as our partner to perform this service because they are the best fit for Indiana and hold NCQA CVO certification. Gainwell understands the responsibility we have for the management of our subcontractor team. While Gainwell

will be responsible for the deliverables required during the Transition phase, we will work with our subcontractors to include their responsibilities in our plans. Gainwell will address resource planning, quality assurance, and communication protocols with our subcontractors.

Creating a solution for this proposal involves choosing the right people and the right service contractors. That means we vetted current and potential vendors for specific service capabilities and reviewed their experience and ability to perform the work. Through this due diligence, Gainwell has chosen specific subcontractors as proven team members to provide professional services and meet selected requirements requested in the RFP.

We expect quality performance from our subcontractors. We will apply the same quality measures to their work as we do to our work. Through open and regularly scheduled communication, each subcontractor will have a clear understanding of the requirements and delivery dates. Our Project Work Plan has milestones, controls, and measurements to confirm our subcontractors meet our high-performance standards.

LexisNexis is used to meet the requirements of Rule 6028 of the Affordable Care Act (ACA) for provider credentialing and background checks. LexisNexis pulls information from a large database of public and proprietary records to give a detailed view of individuals or businesses and their history. This service aids in the investigation process by quickly identifying fraud and other incidents within the last 5 years that involve the owners, indirect owners, and managing employees.

LexisNexis compiles reports on companies and individuals associated with a Tax ID or Social Security number. These reports can include such information as civil judgments and liens, bankruptcies, court and regulatory rulings, negative news, and felony charges. LexisNexis also can validate and authenticate the identification credentials of potential providers.

Files regularly submitted to LexisNexis contain provider information and the names of individuals and entities listed on the disclosure forms, including managing allies and individuals with more than a State-defined percentage interest in the business. We work with the State to define processes for providers with negative information identified during screening and determine the frequency of file submissions to LexisNexis. LexisNexis will verify provider data against its national database of public and proprietary records. We anticipate development of systematic queries to the database, which lessens manual intervention by Gainwell staff members and increases efficiency in the enrollment process.

12.4 Program Design and Implementation

Gainwell has carefully reviewed and accepts the requirements of Attachment K, Scope of Work, Section 12, Provider Services. We understand these requirements and provide our proposed solution to execute Program Design and Implementation components outlined in Section 12.2.1 of the SOW as detailed below.

Gainwell has more than 30 years of experience working on large, enterprise projects with the State and its associated vendors. Working with the State and other partners, Gainwell has implemented many large-scale projects, including HIPAA 5010/NCPDP

D.0, ICD-10, Healthy Indiana Plan, and the *CoreMMIS* system. Using our proven project management processes, Gainwell will work with the State, the MCEs, and other stakeholders identified by the State to design and deliver a successful credentialing process for IHCP providers during the Phase-In Transition period.

In the following Business Proposal, Gainwell describes the primary qualifications we bring to the Indiana Family and Social Services Administration (FSSA):

- More than 30 years of experience with Indiana's providers, including enrolling, operating call centers, and training
- Major subcontractor is Verisys, a credential verification organization (CVO) with experience in operating a state-wide centralized CVO program; for more than 10 years, Verisys has provided centralized program design services, along with the ongoing administration of the CVO solution for numerous clients that include payer-, provider-, and state-organized alliances
- Experienced staff that consistently meet service level requirements
- Long-term commitment to State business, Medicaid, and other healthcare programs nationwide and in Indiana
- Strong team of Indiana M/W/VBE subcontractors (demonstrating our commitment to bringing the best in services and personnel to Indiana and to strengthening Indiana's woman, minority, and veteran owned businesses)

By leveraging the functionality of the State's new *CoreMMIS* while adding the CVO services of Verisys, the proposed robust and comprehensive solution meets the needs of FSSA. The Gainwell team looks forward to working with FSSA by providing the streamlined enrollment functions of Indiana's *CoreMMIS* supported by the proven credentialing services of Verisys.

Requirements Gathering describes FSSA's expectations for comprehensive application of the Requirements Elicitation Phase of the project management process. This phase will include project definition, planning, and parts of project launch or project execution. In response, Gainwell proposes an approach based on extensive experience — nationally and in Indiana — in applying the highest industry standards. The approach we describe in this section meets the RFP and vendor requirements for project management-based requirements gathering principles identified and is based solidly on approaches that have been proven to work with similarly complex implementations. The steps the Project Committee performs in this approach will include creating the following:

- A project plan
- A project charter or project scope
- An outline of the work to be performed
- A prioritization of the project tasks
- A determination of what resources are needed

The Project Committee will direct and grant approval for details of each of these project tasks. In the Requirements Gathering Phase, FSSA and Gainwell review the detailed requirements to map the required system objects. The requirements gathering and validation sessions are organized according to business process to frame and provide logical groups to the detailed requirements.

As we gather, validate, and clarify the requirements, we will update the detailed requirement status and clarification notes in our requirements repository. For each detailed requirement, a complete collection of information such as amendments and questions and answers will be stored electronically in a single location. Although everyone can view the requirements, role-based security enables only designated team members to perform updates. This promotes the proper security and control processes for this critical requirement repository.

Our Systems Development Life Cycle (SDLC) methodology will provide the processes necessary to provide clear, concise, and verifiable business requirements throughout the Indiana CVO project. The detailed requirements gathering and validation process provides the building blocks for the Design phase to begin. Products of the requirements gathering activity include the requirements specification document and an updated requirements traceability matrix.

Working with FSSA to initiate, manage, and monitor projects has enabled Gainwell to develop meaningful experience and understanding of the State's expectations for program and project management. Over the many years of our relationship, FSSA and Gainwell have collaborated and matured in our project management methodologies. Gainwell continues to strengthen project management discipline and has demonstrated these improvements in the recent successful completion of many complex MMIS enhancement implementations. Gainwell will continue to tailor project management methods and tools to support FSSA's governance model. Gainwell's project management office (PMO) focuses on monitoring and controlling program and project management services and capabilities.

Gainwell will collaborate with the Project Committee to determine the data elements necessary to complete a successful credentialing process. The recommendations from Gainwell will include a rollout schedule that meets FSSA's needs, including starting the schedule with the IHCP providers participating with the MCEs. The recommendations from Gainwell also will include a list of data elements and documentation that has proven to be successful in other Gainwell CVO program rollouts and standards set by National Committee for Quality Assurance (NCQA) and Utilization Review Accreditation commission (URAC).

12.4.1 Credentials Verification

Performance Standards		Meets/Exceeds
1	100% of provider credentialing applications (initial and renewal, in aggregate) shall be processed within thirty (30) calendar days of receipt of a complete application	Meets
2	If the Contractor delegates credentialing functions to a delegated credentialing agency, the Contractor shall ensure 100% of credentialed providers are loaded into the Contractor's provider files and claims system within twelve (12) business days of receipt from the delegated entity	Meets
3	95% of PSV files shall be accurate (error free) and complete (containing all required information)	Meets
4	The credentialing platform shall not be offline more than five percent (5%) of business hours	Meets

The Gainwell Healthcare Provider Portal provides a web-based platform where applicant-providers complete the information and attestations necessary to commence the credentialing process. Providers can walk through the enrollment wizard, answering questions customized to their provider type and specialty.

Gainwell has already begun implementation of Robotics Process Automation (RPA) to significantly improve the provider enrollment processes. Gainwell's solution is enabled by UiPath's robotics platform and associated tools and processes — including automation, robotics, and digital insights — to which we apply our process engineering capabilities. We automate provider enrollment business processes from end to end, providing high quality, repeatability, and better speed and throughput 24x7 for enhanced stakeholder support.

RPA performs repeatable transaction steps to save valuable time for client application decisions. It does not replace existing systems but works with existing applications to perform specific tasks it has been asked to complete. RPA completes rules-based and repetitive tasks, allowing staff to improve productivity and process efficiencies.

The rise of RPA, artificial intelligence (AI), and automaton streamlines high-volume, repetitive transactions. It is ideal for improving the efficiency and accuracy of healthcare business processes and reduces paperwork and manual labor for provider enrollment, claims, third-party liability (TPL), and eligibility. Specifically, RPA does the following:

- Improves efficiency and quality
- Enhances customer experience
- Increases throughput
- Helps achieve policy compliance and audit controls
- Runs 24x7

The Bot is a software program that executes commands, replies to messages, performs routine tasks, and automates provider enrollment (PE) tasks that are traditionally manually intensive. RPA triages applications at the beginning of the fiscal agent's workflow. RPA processes data using the State's business rules.

RPA improves provider experiences by eliminating multiple requests for missing information. The entire RPA workflow processes applications before generating a single comprehensive request for missing information.

RPA collects and verifies information from multiple websites (for example, professional licenses, CLIA, NPI) or third-party screening results and presents it to PE staff, eliminating manual effort and time. RPA captures online verification results and appends screenshots to the application to reduce time and support quality controls. Additionally, the Bot creates a log file for the automated decision and attaches it to the application for traceability and auditability.

The following are RPA benefits:

- Reduce Return to Provider Rate by eliminating multiple manual touch points and automating database searches to determine eligibility. By automating pre-screening, verification, and risk categories throughput can be increased by 30%.

- Increase Quality and Auditability using automation. Bots capture screenshots and attach results to the application, providing immediate insight and understanding of factors determining eligibility.
- Near-real-time dashboards measure, govern, and maintain bots and business outcomes across the BPA footprint.
- Reduce overall process cycle time by 70% for physician provider type.
- Bots consistently process 100% of applications and eliminate human errors.

By clicking on the Enrollment Application link, users will begin the enrollment process. They will be prompted to create a user account with a password and provide an email address. This will allow the user to save an application that is in process and return to complete it later if they need to gather additional information. We find this Resume Enrollment function especially helpful to enable providers to gather additional supporting information or electronic documentation such that it can be attached to the application for submission.

After the application is submitted, the user can return to check the status of the application. To view the application status, the user must enter the correct combination of the unique application tracking number and the Employer Identification Number or Taxpayer Identification Number (EIN/TIN) submitted on the application. Links to these features — including Enrollment Application, Resume Enrollment, and Enrollment Status — are in the portal's navigation bar that we illustrate in the accompanying Home-Provider Enrollment figure.

After a provider successfully submits a new application or revalidation application, our Provider Enrollment module will use the Indiana Medicaid business process flow to route the application for an initial review by the Gainwell Provider Enrollment team. During this initial review, the Provider Enrollment team reviews each electronic attachment uploaded by the provider to determine if the document is truly what it was referenced to be. For example, when providers upload a copy of their W-9, they will choose an attachment type of "W-9 Tax Form." The Provider Enrollment team will review the document to validate it is truly a W-9. After the documentation has been validated to be intact, the Provider Enrollment team will approve the application to proceed to the next step in the workflow process.

Providers must enter an email address when they submit an online application. This email address will be used as the primary communication method between Gainwell and the provider. When additional information is required from the provider, an email is generated to the provider specifically outlining the additional information required.

Continuing the W-9 example, the Provider Enrollment module will use the information the Provider Enrollment team enters to automatically generate an email to the provider that indicates why the W-9 information submitted by the provider did not meet program requirements. The provider will be given a period in which they need to provide the additional information, or the application will be denied.

Highly specific messages can be generated based on the type of documentation required or the reason the information did not meet Indiana Medicaid policy. Standard email content can be easily modified.

Prepopulate Data

The Gainwell Healthcare Provider Portal will prepopulate information about the provider-applicant — be it their first time or a renewal application — already maintained in the *CoreMMIS*. When a provider logs on, the portal gathers data from the *CoreMMIS* and returns prepopulated forms. The provider information is prepopulated based on the logged-on user. The provider will be prompted to navigate through each of the online panels to update or enter missing information.

Provider Update Capability

The Gainwell solution will allow providers with previously completed applications to continuously update their information. If users choose to stop their application before it is submitted, they are prompted to save the application and are provided a unique application identifier as a reference. They will be prompted to enter the application identifier, the TIN/EIN, and password used to create the application when they return to complete the application.

The Provider Portal also allows approved providers to view and update their respective information, such as service location addresses, telephone, enrollment data, and other contact and demographic characteristics such as languages spoken at a given location. The editable information in this tool is configurable at the State's discretion. Some updates can be configured to trigger a workflow task for an analyst to review and approve before updating the data store.

Provider Type–Specific Data Elements

The online enrollment application in the Gainwell Healthcare Provider Portal will only solicit data elements specific to the provider-applicant provider type. Providers can use the enrollment wizard, answering questions customized to their provider type and specialty.

Panel navigation and required fields are managed by provider type. This benefit to providers allows users to only be presented with panels and fields required for their type of provider. This promotes integrity of data and results in a provider-friendly tool. FSSA also benefits from this functional capability as it practically eliminates the possibility of a provider submitting an application that is incomplete and must be returned for more information. Supporting documentation required for revalidation also is managed by provider type.

Application Tracking

The Gainwell Healthcare Provider Portal assigns a unique application identifier to each new application and revalidation application request received by unique provider. This allows tracking of the application and the key events that occur throughout the provider enrollment business process specific to the application. Gainwell defines steps within the business process as events. For example, the initial review of supporting documentation by a provider enrollment clerk would be considered an event. The screening of an application against one of the required federal databases would be an additional event.

By tracking each of these steps as events, Gainwell can provide metrics for each provider application as they progress through screening, enrollment, or revalidation activities.

Track Application Status

The Gainwell Healthcare Provider Portal will track the status of each provider-applicant's application. The solution we deliver includes the ability for the provider to see the status of their application by accessing the secure area of the Indiana Provider Enrollment website. This flexibility grants the provider the option to check the status when it is convenient for them as opposed to needing to place a telephone call to provider enrollment.

Providers are issued a tracking number when they submit their application. To see the status of the application after it is submitted, providers need to correctly enter the tracking number unique to their application and the corresponding tax ID value included on the application.

The provider will receive a real-time status that is current up to approximately one minute from the last action that has occurred.

Viewable Status Information

The application status information will be viewable by the provider-applicant, Gainwell, the State, and the MCEs. The application status information is otherwise protected from viewing by other parties.

Gainwell and State users will have direct access through the State-secure view of the Provider Enrollment workflow to see screening, enrollment, and tracking information specific to a provider. Staff members only need to query on the provider to locate the corresponding application record such as the one we present in the following figure.

Providers and MCEs can view the application status through the Gainwell Healthcare Provider Portal.

Application Statuses

As applications progress through the enrollment process, the statuses in the CoreMMIS and Provider Enrollment Workflow will be used to designate the steps of the workflow:

- A—Approved
- C—Data Corrections Required
- D—Denied
- F—Completed
- I—Incomplete
- K—Ready for Review
- L—Under Review
- S—Resubmit Application
- W—Provider Corrections Required

These names are analogous statuses to the list FSSA provided. During the implementation of the CVO project, we will work with FSSA and stakeholders to add additional statuses specific for the credentialing process, such as the following:

- Not Started
- In Process
- Completed
- Pending

- Approved
- Denied
- Cancelled or Rejected
- More Info Needed

Using the work completed for reporting the status of Provider Enrollment applications in the CoreMMIS implementation and adding the statuses for credentialing will speed delivery of the CVO project.

We understand the importance of credential verification for new provider applicants. We use LexisNexis to verify provider data against its national database of public and proprietary records. We anticipate development of systematic queries to the database, which lessens manual intervention by Gainwell staff members and increasing efficiency in the enrollment process.

Credential Verification

As previously discussed in section 12.3, LexisNexis is used to meet the requirements of Rule 6028 of the Affordable Care Act (ACA) for provider credentialing and background checks. LexisNexis pulls information from a large database of public and proprietary records to give a detailed view of individuals or businesses and their history. This service aids in the investigation process by quickly identifying fraud and other incidents within the last 5 years that involve the owners, indirect owners, and managing employees.

LexisNexis compiles reports on companies and individuals associated with a Tax ID or Social Security number. These reports can include such information as civil judgments and liens, bankruptcies, court and regulatory rulings, negative news, and felony charges. LexisNexis also can validate and authenticate the identification credentials of potential providers.

Files regularly submitted to LexisNexis contain provider information and the names of individuals and entities listed on the disclosure forms, including managing allies and individuals with more than a State-defined percentage interest in the business. We work with the State to define processes for providers with negative information identified during screening and determine the frequency of file submissions to LexisNexis.

Gainwell recognizes that a key element to a high-quality centralized credentialing and provider enrollment process is to work with an experienced CVO. Along with Verisys, we hold the distinction of supporting the only statewide centralized CVO program. Verisys provides centralized program design services, along with the ongoing administration of the CVO solution for numerous customers including payer-organized alliances, provider-organized alliances, and state-organized alliances. That is why Gainwell previously teamed up with Verisys to provide centralized credentialing and provider enrollment in the State of Georgia and why Verisys is our ally for this proposal for Indiana.

During implementation, Gainwell and Verisys will take advantage of our unique experience and implement a process to centralize and de-duplicate the credentialing and provider enrollment process. We will bring our experience to Indiana to verify that the MCEs remain in compliance with regulatory organizations, that impact and

transition effort is minimized, and that providers have an enhanced and positive experience.

Primary Source Verification

Gainwell and Verisys will start with the base set of Primary Source Verification (PSV) data elements that align with NCQA or URAC standards. We will add documentation requirements and optional PSV data elements for Indiana-specific credentialing needs as part of the Implementation Phase.

Claims of doing PSV in this short of an amount of time is pre-credentialing of a much smaller subset of data elements that are readily available from online sources. This prescreening also will be part of our process so that a robust set of information will be transmitted to Verisys to begin the more intensive PSV as part of the centralized provider enrollment and credentialing process.

Verisys is adept at customizing the PSV elements and documentation requirements to each customer. For each customer, Verisys takes advantage of proven processes to meet or exceed the credentialing PSV and documentation requirements of NCQA and URAC.

Gainwell and Verisys will work with the State, MCEs, and provider stakeholders to ascertain the final complete list of PSV elements and documentation methods. We will be flexible throughout the relationship to adjust the PSV requirements and documentation methods as Indiana updates the needs and requirements of regulatory organizations.

During the Design Phase, Gainwell and Verisys will collaborate with FSSA and the MCEs to define the protocols for processing provider applications with missing information, supporting documentation, or inaccurate application details. Gainwell has the experience needed for this important task. As the incumbent, we understand the current processes and have the knowledge to expand these processes for the new paradigm in enrollment and credentialing. We know the Indiana provider community, including the most common reasons for returning applications to providers today. We can build on these issues before continuing to discuss other options about best practices regarding risk-sorting and credentialing issues.

Verisys delivers innovative primary source verification and credentialing solutions to some of the largest health plans in the country and directly performs or supports over 1 million credentialing events each year.

Verisys' experience includes performing CVO services for several health plans with providers in the State of Indiana. Verisys has best practices useful in Indiana for risk sorting for various applications of rules for missing information, incomplete supporting documentation, erroneous application details, PSV results, and findings.

12.5 Provider Relations

Gainwell has carefully reviewed and accepts the requirements of Attachment K, Scope of Work, Section 12, Provider Services. We understand these requirements and provide our proposed solution to execute Provider Relations outlined in Section 12.3 of the SOW as detailed below.

Provider Relations works closely with the provider community to address issues with provider enrollment, claim billing, understanding and reading remittance advices, as

well as navigation of the provider healthcare portal. Provider Relations works with providers in multiple mediums such as telephone calls, emails, virtual, and in-person visits. Training sessions also are developed and delivered by the Provider Relations groups as outlined by the State.

12.5.1 Resolve Provider Issues

Performance Standards		Meets/Exceeds
1	Acknowledge, in writing, all provider-initiated paper or electronic correspondence within two (2) State business days following receipt.	Meets
2	Acknowledge, via returned phone call, all provider relations phone calls and voicemails within two (2) State business days following receipt.	Meets
3	Follow up with provider within two (2) State business days following in-person or virtual outreach.	Meets
4	Completely and accurately document one hundred percent (100%) of all activities performed in pursuit of provider inquiry resolution in the Contact Management Solution, including phone call communications, incoming and outgoing emails, data and documentation, and onsite/outreach visits.	Meets
5	Report to the State any provider issues that remain unresolved after sixty (60) days of initial receipt, including summary, plan of action, and root cause analysis when appropriate.	Meets
6	Upon provider issue resolution and documented closure in the Contact Management System, submit OMPP-approved automated survey and maintain a monthly average satisfaction rating of ninety percent (90%) from all respondents.	Meets
8	Administer performance improvement plan for employees receiving automated survey scores below 90% for two consecutive months. Notify State of plan administration and completion.	Meets
9	Produce complete and accurately written, final resolution to 95% inquiries within fifteen (15) State business days of receipt of initial issue, excluding issues that fall into a mutually agreed upon set of criteria including issues that require Change Requests, policy changes, or State approval.	Meets
10	Maintain weekly contact with the provider/inquirer for provider inquiries requiring more than fifteen (15) days to reach final resolution.	Meets
11	Design and implement a general and mutually agreed upon plan for resolving issues extending beyond 15 State	Meets

	business days to ensure for the shortest possible timeframe to closure.	
12	Report suspected or newly discovered MMIS problems stemming from a provider-initiated inquiry to the State within two (2) business days.	Meets
13	Ensure one hundred percent (100%) of inquiries received that are related to a known MMIS problem are documented as such in the Contact Management System.	Meets
14	Ensure one hundred percent (100%) of inquiries received that are related to a known MMIS defect or Contractor error are reported to the State monthly.	Meets
15	Ensure 100% adherence to escalation process as documented in the provider relations tiered escalation support plan.	Meets

Gainwell is committed to providing excellence in customer service for our providers' experience with Indiana Medicaid. The Provider Relations staff is dedicated to assisting providers to meet their IHCP needs. Provider relations provides assistance and education on the aspects of the IHCP FFS program. No issue is too small, as Provider Relations values the provider community and the contributions they make to our program success.

When a provider contacts a member of the Provider Relations Team, the provider relations staff will advise the provide they have received the inquiry and will begin researching the inquiry. The provider relations staff will direct the research based on the type of inquiry, for a claims inquiry the provider relations staff will review the claim in the CoreMMIS system, look at edits and audits on the claim, cross check the members eligibility and benefits plan(s), look at prior authorization information, level of care, or hospice information if necessary. In many cases, provider profiles are also cross referenced to research the issue. Based on the nature of the inquiry, a provider relations staff member may have to review coding rules and Indiana Administrative Codes (IACs) to resolve the provider's inquiry.

Once resolution is completed, the provider relations staff member will communicate the resolution, including actions the provider may need to take to reach final resolution.

In some circumstances, inquiries will require review by other Gainwell business units. If necessary, the inquiry is transferred (CTMS or SNOW) to the appropriate unit for review and response or resolution. The information is returned to the Provider Relations staff for review.

Inquiries received are returned in the format they are received. However, in some cases, if the information is communicated by telephone call, the provider relations staff may also send a follow-up email to capture the information in writing. This holds true in the event email communication is complex and a follow-up telephone call adds clarification. The overall goal is to make certain the provider has received clear, accurate, and complete resolution to their concern.

Provider Relations returns voicemails and emails within 2 business days. If an inquiry does mature past the 2 business days, the provider relations staff will supply updates

to the provider on a regular basis not to exceed 15 calendar days. Within the 15 calendar days, if the provider relations staff member is unable to resolve the issue, they will escalate to the provider relations team lead for assistance. If the team lead is unable to provide resolution, the inquiry is escalated to the provider relations manager to assist with resolution.

Inquiries not resolved within 15 calendar days will be communicated to State business partners for trackability until fully resolved. This includes inquiries/issues that can develop into system changes, policy reviews, or require additional approval at the State level. Unresolved inquiries post 60 calendar days can be escalated to include a summary and plan of action. This action will be vetted with the State business partners to continue to work towards resolution. If necessary, root cause analysis will be completed based on findings.

Provider Relations field staff members are available to meet virtually or in-person with providers to resolve potential problems. Some common provider areas of concern are claims processing or understanding policy, completing a provider enrollment application, understanding a remittance advice, or other financial transaction. Once the visit is completed, the provider relations field staff will follow up with the provider within 2 business days to confirm the visit was successful or if additional questions or information is needed.

Gainwell documents and stores 100% of provider communication in the Contact Tracking Management System (CTMS) in the *CoreMMIS* system. This provides effective and accurate retention of the communication, as well as a date stamp of the date the communication occurred. Communications must be captured in CTMS the same day. Figure 69, Appendix 1 - Supporting Graphics, Technical Proposal Appendix shows a copy of a CTMS screen.

Monthly reports will be generated and supplied to the State to support the communications completed for provider relations the month prior. This report will be due to the State by the 10th day of the following month.

Upon completion of a CTMS ticket, an automated survey will be forwarded to the provider to provide feedback on their experience with the service they were provided. Survey information will be reviewed and analyzed to make sure a 90% satisfaction rating is sustained. If a provider relations staff member falls below 90% in a month, additional coaching and/or training will be provided. If a provider relations staff member falls below 90% for two consecutive months, a performance improvement plan will be developed and implemented. Performance improvement plans will be communicated with the State business partners, as well as when the performance improvement plan has successfully been completed. Survey reports will be available for State review monthly.

Provider reports of *CoreMMIS* or Provider Healthcare Portal issues are reported to the Gainwell Help Desk within 2 hours of notification, in many cases sooner. The Gainwell Help desk will notify leadership for proper escalation to the State. Figure 70, Appendix 1 - Supporting Graphics, Technical Proposal Appendix shows the Provider Grievance Appeal process steps.

12.5.2 Conduct Provider Research

Performance Standards		Meets/Exceeds
1	Complete 100% of OMPP requested research and provide results within ten (10) State business days of request receipt.	Meets
2	For research that results in identification of process or system improvement changes, develop and submit a plan for change implementation within a mutually agreed upon timeframe for each instance.	Meets

Provider relations has well-educated representatives who have access to online resources, internal reference materials, and the Provider Services leadership team. Our Provider Services team has the depth of knowledge to work with providers in resolving concerns and inquiries about various topics, including electronic funds transfer, member eligibility and benefit packages, prior authorization, and claims processing.

With collaboration from FSSA, Gainwell analyzes and determines the training needs that will be most beneficial for providers. With the self-help features available on the provider portal, we expect that most simple billing questions could disappear, which frees call center and provider support staff members for research and problem solving on complex issues and system processing questions. We also use web-based workshops and self-paced documentation aides to address complex issues, where staff members work with content specialists such as a claims analyst. Ongoing in-person training is a final method we use to address individual provider concerns.

In preparation for provider virtual and in-person training, Gainwell looks at the top five provider call types received in our Customer Assistance Center, the top five claims' denials, and the top five provider enrollments returned to provider reason codes. Also included in the analysis is data from written correspondence, administrative reviews, and surveys to identify areas that education is most needed. Based on the information, education will be developed to address the theses concerns. The desired outcome is a reduction in the areas identified, which will result in higher provider overall satisfaction with the program.

Analysis of educational opportunities and recommendations will be provided to the State business partners each quarter for review.

12.5.3 Conduct Provider Outreach and Education (One-on-One)

Performance Standards		Meets/Exceeds
1	Upon identification of a provider with billing problems and/or incorrect payment practices (as a result of proactive research or direct request by provider, etc.) the Contractor must submit an outreach plan for the individual provider to the State within five (5) State	Meets

	business days, including but not limited to a method of outreach and appropriate communication plan.	
2	Report outcomes of provider outreach to contacts that have little or no documented contact on a quarterly basis (relates to required service 11).	Meets
3	Document courtesy phone calls and any provider issues as a result of courtesy calls in the Contact Management System, within one (1) State business day.	Meets
4	Perform outreach to randomly sampled providers with a documented issue resolution within six (6) months to verify continued performance improvement and satisfaction.	Meets
5	Ensure supervisor contacts by phone any provider who submitted an automated survey satisfaction rating of lower than eighty percent (80%) within three (3) State working days.	Meets
6	Actively participate in one hundred percent (100%) of OMPP-identified association meetings and follow up on provider questions or inquiries within five (5) State business days.	Meets
7	Completely and accurately document one hundred percent (100%) of provider questions or inquiries identified in association meetings in the Contact Management Solution within one (1) State business day.	Meets
8	Contact the provider and schedule an on-site visit to occur within five (5) State business days, or at the time requested by the provider, when a provider or representative of a provider (e.g., billing agent or consultant) or OMPP requests a visit.	Meets
9	A printed and remotely submitted Contact Management Solution summary is given to the provider before leaving the outreach visit that has a timestamp and clearly documents work performed and actions pending for unresolved issues.	Meets

Provider Outreach Business Process

The provider outreach business processes confirms that attendees receive detailed trainings configurable to the audience, whether the audience is State staff members, Gainwell staff members, or Indiana providers.

Provider Training Business Process

Provider Relations will proactivity conduct analysis to determine providers that have high claims denial rates and do outreach to meet with the provider virtually or in-person with providers to resolve claims billing problems. Avenues of research will

include, but not be limited to, Management and Administrative Reporting (MAR) reports and claims denial reports to aid in identifying providers in need. If a provider of concern is identified, provider relations will develop an outreach plan that will document the method of outreach and the steps recommended for education. The Outreach plan will be shared with State business partners within 5 state business days of development.

Prior to the virtual or in-person visit, the Provider Relations staff will prepare information and claims samples to be reviewed with the provider to deliver a comprehensive plan during the education. This will make the overall provider experience more positive.

Once the visit has taken place, the Provider Relations staff will do a check point with the provider within 2 business days to confirm the success of the visit.

Performance satisfaction surveys will be auto generated and sent to providers after the visit is completed and detailed notes are captured in the CTMS system. Based on survey analysis, if the provider responds with unsatisfactory results, Gainwell will reach out to the provider to discuss in detail what was unsatisfactory and what Gainwell Provider Relations can do better moving forward. Survey results will be reported to the State business partners. Survey responses that have a lower than 80% satisfaction rating will be contacted by the Provider Relations leadership within 3 State business days.

Provider Relations actively participates in several committees and associations as a liaison for the FFS program to support the provider community. Two provider relations staff are assigned to each group to always confirm coverage. Provider Relations staff work with the committee or association to address pre-submitted questions in advance of the meeting, so the information is available to the group's participants. Questions proposed during the meetings that cannot be answered at that time are responded to by Gainwell within 5 to 10 business days, depending on the committee or association structure.

During in-person educational workshops or seminars, Gainwell does select facilities that meet the Americans with Disabilities Act (ADA) compliance for our provider population, which may require additional accommodations.

Provider Relations is always searching for opportunities to help providers be successful and efficient. One area of outreach is by written communications. If a trend has been identified, Provider Relations will convene to determine if a presentation, detailed written material, or reviewing and updating FAQs would be beneficial to providers. If it is deemed to be beneficial to the provider community, the Provider Relations staff will proceed with development of materials and work with State business partners for approval to publish or present.

Our provider outreach solution includes a Gainwell unit with provider management representatives based in the Indianapolis office and regionally based staff members. Our Mobile Office strategy assists our field staff in setting up and presenting training, accessing the Indiana CoreMMIS, quickly locating provider facilities, and creating and printing files and forms on request to facilitate quick responses while helping providers. With regionally based staff members who are part of the Indiana local community, we can work with the local provider community from a grassroots perspective.

We realize a primary goal for FSSA in implementing the *CoreMMIS* is for providers to make a smooth transition from the current system to the new MMIS. Early in the implementation period, we conduct overview sessions at key locations around the State and on the Internet. These sessions provide an overview of the transition timeline, training options and availability, the basic features of the *CoreMMIS* for providers, and other relevant information. Publications and quick reference cards are available for providers to view, download, or print from the web portal.

As implementation approaches (on a State-approved schedule), Indiana providers are educated about the *CoreMMIS* through workshops, onsite and remote training sessions, presentations at professional association meetings, and individual training, as needed or as required by FSSA. The local trainers conduct quarterly provider training seminars, provider association meeting workshops, in-house provider biweekly training sessions, and onsite provider training. The providers also can access web-based training (WBT) courses that cover the material presented at the onsite or ILT sessions.

The provider portal is a valuable knowledge and education source for providers. We publish educational resources on the portal covering items such as provider portal features, overviews of Medicaid, recordings of provider workshops, and claims submission information. Previous implementations have taught us that post-implementation provider training is critical to reinforce learning before implementation. We conduct post-implementation training with providers to review information covered in earlier training to confirm comprehension and provider success.

Ongoing Regional Training by Provider Representatives

Regional provider field representatives serve as the face of Indiana Medicaid. These representatives focus on delivering high-quality services conducted by a professional and knowledgeable staff. Training is conducted at the providers' offices or in a virtual environment and includes targeted training based on the providers' needs.

Regional provider field representatives provide training by telephone, using Gainwell Virtual Room, and in person to promote electronic claim submission, educate providers' office staff on correct Medicaid billing procedures, resolve complex billing problems, and build goodwill for FSSA.

Regional provider field representatives organize and develop presentation materials and conduct provider training workshops quarterly per calendar year. Provider training workshops are held in-person or virtually as approved by FSSA. FSSA and Gainwell staff members work to incorporate a formalized classroom training method at these workshops. When workshops are completed, a summary report is delivered to FSSA that includes a list of attendees by provider type with provider feedback and class evaluations.

The Provider Training Workshops have been well received by providers and use of the classroom training methods has proven an effective form of training. Since 2006, almost 10,000 providers have attended and participated in the provider training workshops. Indiana Gainwell provider field representatives have conducted more than 9,000 onsite visits with providers and their office staff. Our experienced team of provider field representatives has developed and fostered relationships with the

provider community to encourage increased access to healthcare for Indiana residents.

12.5.4 Conduct Provider Training (Group/Event)

Performance Standards		Meets/Exceeds
1	Upon identification of an outreach opportunity (as a result of research, survey results, direct request by provider, etc.) the Contractor must submit an outreach plan to the State within fifteen (15) State business days, including but not limited to a method of outreach, presentation materials, written materials, and appropriate communication plan.	Meets
2	Notify providers of all training offerings at least thirty (30) calendar days prior to the training date.	Meets
3	Develop and deliver 100% of required educational materials within required timeframes as outlined by the State.	Meets
4	Provide survey responses and insights to the State within ten (10) business days survey link closure.	Meets
5	Develop efficacy measures for provider educational trainings. Examples include pre- and post-training tests and feedback surveys. Report efficacy measurements to the State within fifteen (15) State business days after training is concluded.	Meets
6	Maintain 95% OMPP satisfaction when coordinating, administrating, planning, and producing provider training events based on OMPP-created scorecard provided to Contractor following IHCP Roadshow and IHCP Works Seminar. Measurement method to be determined by the State	Meets

Providers need to stay abreast of current and changing Medicaid policy. This is accomplished through clear communications and training that is available in a media that best suits the provider's needs. We envision State involvement in the review and approval of communications and training materials from initial approval to end result. By using workflow, State routing, review, and approval of these materials are streamlined and efficient. The configurable and scalable features of the Business Service Framework mean that State staff members are not reviewing documents unnecessarily. Gainwell continually monitors provider feedback through surveys, input at training events, and in-person visits and shares this data with the State to further develop communication and training with the provider community.

Our skilled trainers use Gainwell Virtual Room to present training to providers. Gainwell Virtual Room is an online meeting place for collaborating across the Internet. Gainwell Virtual Room allows the presenter to display PowerPoint, Adobe PDF, web pages, video, and other formats and share them with a wide, geographically dispersed

audience. It also includes white board and chat capabilities to facilitate collaboration and training. This medium is also used for virtual visits to make sure providers are given the same level of service they would have during an in-person visit.

Gainwell will be developing a more robust workshop tracking tool that will include the ability to have providers register more effectively and have the capability to send email reminders to providers days prior to the event. The enhanced tool will have reporting capability that will deliver the number of attendees per session without duplication if providers attend multiple sessions per day. The new workshop tool will be paired with a survey solution that will auto generate surveys to providers to get feedback on sessions attended to capture feedback in a reportable format. This information will be shared with the State business partners, as well as other stakeholders as deemed by the State.

Education sessions (roadshows/seminars) will be developed in connection with State business partners. Roadshows may be virtual or in-person, as directed by the State. Seminars are to take place during the second quarter of the year with one annual multi-day seminar in the third quarter. The direction of virtual or in-person shall be directed by the State. The in-person event spaces are negotiated by Gainwell.

12.5.5 Conduct Staff/Internal Training

Performance Standards		Meets/Exceeds
1	Implement a State approved* training plan that establishes a mandatory monthly training with all agents, analysts, supervisors, managers, and other provider and member-facing staff as appropriate to provide IHCP policy updates (e.g., Banner articles, Bulletins and Reference Modules), notify staff of systems changes, discuss trends and issues, and notify staff of periodic compliance requirements. *Plan must be submitted annually at least 45 days in advance for State approval.	Meets
2	Provide cultural competency plan describing how the contractor will ensure that services are provided in a culturally competent manner, including those with limited English proficiency. *Plan must be submitted annually at least 45 days in advance for State approval.	Meets
3	Provide mandatory trainings on cultural competence at least annually to agents, analysts, supervisors, managers, and other provider and member-facing staff.	Meets

Gainwell has an intensive training program for our customer service agents. Prior to answering the Member, Provider, or Premium Vendor Services (PVS) lines, each agent must successfully complete the Member Line, Provider Line, and PVS Line training programs with a score of 90% or higher. Diverse training delivery methods are used to confirm they are fully engaged in learning the complexities of the Indiana Health Coverage Programs (IHCP). In addition, the Gainwell Customer Assistance Training team developed a SharePoint site that serves as a knowledge management

tool for the CA agents. Through this site, agents can quickly and easily find answers to questions we receive from the Provider and Member community.

Calls are regularly monitored for quality. Gainwell leadership listen and conduct quality reviews on calls for each agent monthly to identify coaching or training needs and make sure that proper action is taken. At the beginning of the following month, a quality report is sent to the State business partner for their review.

Upon completion of a CTMS ticket, an automated survey is forwarded to the provider to obtain feedback on their experience with the services they were provided. Gainwell reviews and analyzes these surveys to make sure a 90% satisfaction rating is continuously sustained. If a staff member falls below 90% in a month, additional coaching and/or training is provided. If a staff member falls below 90% for two consecutive months, a performance improvement plan is developed and implemented. The performance improvement plan, as well as when the performance improvement plan has successfully been completed, is communicated to the State business partners. Survey reports are available for State review.

12.5.6 Manage Administrative Review and Grievances

Performance Standards		Meets/Exceeds
1	Accurately triage and escalate one hundred percent (100%) of inquiries to the most appropriate avenue for resolution, including but not limited to filing an Administrative Review that was submitted incorrectly through Secure or Written Correspondence.	Meets
2	Issue a written notice to provider of findings/conclusions for one hundred percent (100%) of all Administrative Reviews within 30 days of receipt.	Meets
3	Coordinate with appropriate business units and OMPP to implement seventy-five percent (75%) of recommendations to reduce the number of Administrative Reviews.	Meets
4	Produce appeal findings based upon OMPP policies, processes, and procedures, with ninety-seven (97%) accuracy.	Meets
5	Resolve 100% of Administrative Reviews within forty-five (45) calendar days of receipt of the Administrative Review	Meets

Gainwell works with the State to define processes and policies clearly for the review of provider grievances and appeals, and these are documented in the operations procedure manuals. Gainwell and State business partners jointly develop provider communications to verify providers clearly understand the methods for submitting grievance and appeal requests.

Gainwell understands the need for accurate controls and monitoring of the provider grievance and appeal process. Using Gainwell CTMS, account leadership closely

monitors reports on active requests, confirming that they are being triaged and reaching final disposition successfully.

Gainwell management confirms that appeals staff members follow the State-approved policies and procedures for initial provider inquiries and for Formal Administrative Review Requests.

The Gainwell Healthcare Portal gives providers self-service capability. Through the Gainwell Healthcare Portal, providers can submit a grievance or appeal and view the status of an existing request. After a grievance is submitted to the CoreMMIS, it triggers a workflow to guide the Gainwell and State representatives through the process. Workflow processes are managed by interChange Workflow.

interChange Workflow is the blending of interchange and UI. Workflow services have been designed for receipt, review, and resolution of provider grievance and appeal requests. The workflow moves the process through the steps informing the users when a manual step is required and putting the information in their work queue. The predefined rules determine the path the grievance takes. As the process moves along through the steps, additional information is recorded, and managers can view statistics of the business processes to identify and remedy bottlenecks. They also have immediate view into a specific grievance for visibility of its current step, steps completed, and next steps.

An image of scanned documents also is stored in the OnDemand Document Management System. If Provider Services has a need to access the original grievance, it is available and virtually attached to the electronic version of the grievance. Integration to OnDemand is performed through interChange connections, providing the same benefits of re-usability and loose coupling.

The workflow process is designed to use the Business Service Framework to accept grievance or appeal information from many access channels. We can then configure the exact business process steps to be followed at the tier of the administrative review process.

Appeals received from the Healthcare portal will be transferred to the appropriate State business partner once deemed it is a true appeal. Gainwell will do the research to make the determination prior to transferring to the State. If the appeal does not meet the criteria to be transferred to the State, Gainwell will respond to the provider with additional steps necessary to submit an appeal.

Grievances (Administrative Reviews) are researched and reviewed with resolution due to the provider within 15 business days. In some cases, grievances will require review by other Gainwell business units. If necessary, the inquiry is transferred (CTMS or SNOW) to the appropriate unit for review and response or resolution. Information is returned to the provider relations staff for review. 100% of grievances are resolved/communicated within 30 calendar days from receipt. If extenuating circumstances are probable cause for further delay, State business partners will be notified, and the final resolution will be within 45 calendar days or as deemed by the State.

Administrative review and grievances will have the State-approved appeal rights included in the response to the provider. In addition, the response will specify if the administrative or grievance was upheld or overturned. Based on research, this will provide a clear resolution status for the provider.

Quality measures have been put into place to make sure quality remains at a 97% accuracy rate. This will improve providers' overall experience with the administrative review and grievance program. Our skilled staff are cross trained with claims processing, provider enrollment, and financial information to build the foundation to research and address the grievances in the most effective matter to establish research protocol. This will solidify that clear, accurate, and informative responses will lead to a reduced number of submissions and greater provider satisfaction.

12.6 Communication and Services

Gainwell has carefully reviewed and accepts the requirements of Attachment K, Scope of Work, Section 12, Provider Services. We understand these requirements and provide our proposed solution to execute Communication and Services outlined in Section 12.4 of the SOW as detailed below.

12.6.1 Manage Provider Communication

The success of providers within the Indiana Medicaid program relies heavily on their access to clear provider communications and assistance through provider outreach activities — with the focus of educating providers. Providers with access to solid billing and policy information and the ability to find educational opportunities means fewer billing issues, happier providers, and more Indiana residents having their health needs met.

As the primary point of contact for providers with questions and issues, our provider consultants realize the importance of this role. We are often the face of FSSA — a role we take seriously. The ability to connect and work with the people we serve has made our Provider Relations business area a success in the Medicaid accounts we assist. Our team offers knowledgeable provider services staff members who provide essential expertise to support and deliver an outstanding provider services business function.

Gainwell brings technological advances to communications and training, including:

- Workflow systems for development, routing, and approval of communications
- Web-based communication
- Virtual instruction using Gainwell Virtual Room
- Recorded, web-based presentations
- Learning Management Systems for customer and internal training

Trusted partner and advisor

Trusted by 49 states and territories, we are your reliable partner for operational excellence and innovation. We know what is at stake for the Indiana State Medicaid Program and have the experience, scalability, and resources with the vision of the future to meet Indiana's current needs and future goals.

Communication Vehicles

The Gainwell Indiana Provider Relations team has more than 30 years of experience to lend to the creation, review, and publication of bulletins, banner pages, email/portal messaging, newsletters, and other State-requested communications. Automated emails alert stakeholders to the newest information posted on FSSA's website. The Provider Relations publications staff develops and maintains provider support

materials for FSSA. Support materials include training workbooks, presentations, instructions for electronic transaction testing, billing guides, provider manuals, and online help.

Portal as Repository for Communications

The CoreMMIS Portal Administrator manages support materials in the same manner as alerts and broadcast messages through the Administrative page in the Gainwell Healthcare Portal. Gainwell can target varying audiences for notifications by selecting provider distribution criteria from the CoreMMIS. Through a business rules-driven process, or a case-by-case basis, a message may be generated for distribution on the portal to certain selected providers. An alert message appears at the time a provider signs on to the portal, keying providers into critical and time-sensitive information. Providers can access previous alert messages through a searchable archive on the portal.

The portal reserves certain sections of the site to post alerts specifically targeted at providers. The Portal Administrator can easily post alerts and broadcast messages in these sections to keep providers abreast of changes during and following project implementations.

Communication Review and Development

Our solution includes a streamlined communications development and dissemination system that adapts to quickly changing policy and billing information, while confirming the appropriate State and subject-matter expert review and approval.

We have dedicated publications staff members reporting to the Provider Service Director. They work with the Provider Relations staff and FSSA on the creation, approval, and posting/distributing of public-facing printed and portal-based documents. Our communications approach delivers streamlined communication routing, review, and approval processes through the Business Services Framework that supports the interChange Workflow.

The Business Services Framework provides the necessary configuration to define and execute workflow approval processes for publication drafts, routing them to different business groups such as Policy, Legal, Compliance, and Quality Assurance for review and approval, based on State direction.

Provider Outreach Vehicles and Methodology

Gainwell offers a comprehensive provider communication management component that improves productivity, makes processes more efficient and effective, and provides faster access to accurate data down to the individual provider level, which ultimately improves provider satisfaction and participation. Our local and regionally based Provider Services unit has well-educated representatives who have access to online resources, correspondence analysts, and the Provider Services leadership team. Our Provider Services unit has the depth of knowledge to work with providers in resolving concerns and inquiries about various topics, including electronic funds transfer, member eligibility and benefit packages, prior authorization, and claims processing.

With collaboration from FSSA, Gainwell also determines the training needs for major stakeholders. With the self-help features available on the provider portal, we expect

that most simple billing questions disappear, which frees call center and provider support staff members for research and problem solving on complex issues and system processing questions. We also use web-based workshops and self-paced documentation aides to address complex issues, where staff members work with content specialists such as a claims analyst. Ongoing in-person claims billing training is a final method we use to address individual provider billing issues. We continue ongoing efforts to provide education on Provider Enrollment functions and their applicable forms.

For FSSA approval of new provider notifications, we include a workflow approval process between Gainwell and FSSA, with the availability of multitiered approving groups and approval levels and integrated email notification. The interChange Workflow manages the distribution, document tracking, and approval process. Microsoft SharePoint supports version control, storage, and retention responsibilities. The approval workflow includes key FSSA stakeholders responsible for reviewing and approving new provider notifications. FSSA approvals are tracked electronically in the workflow tool.

The integrated reporting capability within the Business Service Framework allows FSSA staff members to easily view the status of notifications, including changes, approvals, and production dates for requests in the web-based interface. Authorized FSSA and Gainwell users can track and access the drafts online. Table 6 shows the workflow for Provider Communications.

Table 28. Provider Communications Workflow

Provider Bulletin/Banner/Newsletter Review and Approval	
Description	<p>This business process tracks bulletins, banner pages, or newsletters through the review process: creation of the rough draft, Gainwell SME review, Gainwell Publications Team review, creation of final draft, FSSA Communication Team review and approval, and final publication.</p> <p>FSSA or Gainwell staff members request a publication. The publication is drafted and placed into an interChange workflow that interfaces with SharePoint. The writer creates a draft and uploads it to SharePoint for review, establishing the reviewers and review levels for the project in the workflow.</p> <p>Reviewers are notified by email that the draft is ready for review. Reviewers access the publication draft using the workflow and make their comments to the file. The writer makes revisions and posts a new draft into SharePoint, leaving previous versions in SharePoint for history. FSSA's Communications Team reviews and approves the final draft. Gainwell publishes the communication in appropriate media.</p>
Outcomes	<p>Communications are published to the Gainwell Healthcare Portal. Publications can be printed and mailed to providers at the request of FSSA. Historical records for the communication review (reviewer comments, historical versions) are available in SharePoint.</p>
Benefit	<p>Publication reviews occur in a standard, rules-driven workflow using interChange Workflow and SharePoint. Publication drafts have a central repository for reviewers to access in SharePoint.</p>
SLA/KPI	<p>Successful review and publication of provider communications.</p>

12.6.2 Provider Publications

Performance Standards		Meets/Exceeds
1	Complete monthly summary of all IHCP publications activity within ten (10) business days of the end of the previous month	Meets
2	Commit less than two (2) publications errors each month. Any error shall be corrected each month	Meets
3	Initial publication technical review completed within 72 hours of receipt of a publication from the State	Meets

The Gainwell Indiana Publications Team has more than 30 years of experience to lend to the creation, review, and publication of bulletins, banner pages, provider modules, web updates, and other State-requested communications. Automated emails alert stakeholders to the newest information posted on FSSA's website. The Provider Publications staff develops and maintains provider support materials for FSSA. Support materials include billing guides, provider modules/manuals, and online help.

Provider Publications follows a State-approved publication process that includes development, review, submission, approval, and posting of provider communications. Publications are written in *AP Stylebook* guide formatting as directed by the State.

Publications are received by the State through the State's Salesforce tool. This tool tracks the receipt and final approval from the State. Approved publications are posted within 72 hours of State approval, unless otherwise requested by the State.

Provider Publications meet with State business partners biweekly to discuss action items and current inventory. Meetings have a corresponding agenda and minutes delivered to the State within the requested period.

12.7 Program Integrity

Performance Standards		Meets/Exceeds
1	Notify the State of a potential fraud or abuse allegation within three (3) business days of identification	Meets
2	Provide the candidate case, including all applicable information, to the OMPP Program Integrity unit within five (5) business days of completion of determination of case	Meets
3	Respond to requests for information or data from the Indiana Medicaid Fraud Control Unit and the OMPP Program Integrity unit within seven (7) business days	Meets

The CoreMMIS provider restriction panel allows authorized users to add providers to pre-payment review for the State-contracted vendor to review claims prior to claims payment.

The restricted service panel shown in Figure 71, Appendix 1 - Supporting Graphics, Technical Proposal Appendix allows for an authorized user to identify a provider to place on prepayment review, based on effective and end dates, claim type, place of service, and whether codes are included or excluded. A code range and modifier can be entered to further restrict claims for prepayment review.

Gainwell will provide support in legal actions taken against providers as requested by the State.

SECTION 13 – Electronic Visit Verification

- a. Describe your approach to providing an EVV solution that addresses all components outlined in Section 13 of the SOW including how you will ensure patients receive home healthcare visits they need and prevents fraud, waste, and abuse through increased visibility into the States Home and Community-based Services programs.

13.0 Electronic Visit Verification (EVV)

Gainwell has reviewed the Electronic Visit Verification (EVV) information provided in RFP Attachment K, Scope of Work, Section 13. As the current contractor, we can confirm the FSSA MMIS complies with the State criteria and needs related to EVV. Gainwell will work with our proposed EVV subcontractor, HHAeXchange, to support the integrated solution, providing a reliable and accessible system that has minimum difficulty to use or comply with for providers, beneficiaries, and/or caregivers

13.1 EVV Solution

Gainwell has carefully reviewed the requirements of Attachment K, Scope of Work, Section 13, Electronic Visit Verification (EVV). We understand these requirements and provide our proposed solution to execute EVV Solution outlined in Section 13 of the SOW as detailed below.

13.2 Approach

Gainwell shares provider information from the MMIS with proposed EVV subcontractor HHAeXchange. Gainwell will complete a daily transaction for EVV claims and submit it to HHAeXchange to validate if the provider has an EVV record for the service and units rendered. This data is returned to Gainwell or the Managed Care Entities (MCEs) with proposed EVV subcontractor HHAeXchange, indicating if the provider has an EVV record for the service and units rendered for Gainwell or the MCE to complete claim processing. EVV claim information will be returned to the provider on an 835 RA file.

Gainwell accepts EVV claims submitted through the provider healthcare portal, an 837 transaction, or on paper. Claim adjustments may also be submitted using the same methods. MCE completed Home Health EVV claims will be transmitted to Gainwell through an 837 HIPAA compliant transaction.

Gainwell submits claim data for EVV services weekly to the EDW for FSSA reporting requirements. In addition, Gainwell:

- Assigns appropriate credentials for access to the EVV portal and aggregator
- Keeps accurate records, applicable start and end dates, associated credentials, and other information determined necessary for claims payment, audit, or tracking purposes

Training

Gainwell will provide in-person and virtual training to support the program. This will supply initial and ongoing education for the provider community that is affected by the EVV mandate and maintain the EVV training webpage with up-to-date training and resource materials as a resource for providers.

Customer Assistance Center

Gainwell will continue to provide Tier 1 support for EVV. The EVV subcontractor provides Tiers 2 and 3 support for more complex needs.

13.3 EVV Reports and Files

Gainwell sends one extract file daily from MMIS to HHAeXchange containing information for EVV-eligible services. Each extract adheres to the format and data requirements that HHAeXchange specifies.

HHAeXchange sends response files back to Gainwell indicating the processing status of each extract file they receive. If data needs to be resent, Gainwell will develop an HHAeXchange process to send a provider extract on demand without it needing to be triggered by a data change in MMIS.

Gainwell can usually respond to queries regarding data sent to HHAeXchange and other EVV questions within one business day. The State will be notified if additional research time is needed.

13.4 Report/File Issue Resolution

Files between Gainwell and HHAeXchange are exchanged using Secure File Transfer Protocol (SFTP). Issues identified with a file transfer will be reported to the State. Gainwell will coordinate with both the State and HHAeXchange to resolve issues expeditiously and implement corrective actions to prevent them from happening again, as needed. Gainwell will regularly report progress on unresolved issues as requested by the State.

13.5 Changes to Reports and Files

Updates related to EVV will follow the existing Change Management (CM) process. Gainwell will communicate staff assigned to project tasks and related project schedule information. General support is a leveraged service and will be provided at no additional cost to the State.

13.6 KPI Reporting

Gainwell will continue to send the EVV data to the EDW in the weekly extract files to report on the performance standards. Gainwell will also share reporting from HHAeXchange on KPI reporting.

Performance Standards		Meets/Exceeds
1	Ensure 95% of Tier 1 EVV Customer Care Concerns in a month are resolved within one (1) business day	Meets
2	Ensure 95% of Tier 2 EVV Customer Care Concerns in a month are resolved within fourteen (14) business days	Meets

3	Ensure 95% of Tier 3 EVV Customer Care Concerns in a month are resolved within thirty (30) business days	Meets
4	Ensure at least 80% of paid claims and encounters have complete EVV visit records	Meets – Once edits are active per FSSA approval
5	Ensure the EVV System remains available and accessible 100% of the time with the exception of prescheduled system downtime or maintenance	Meets
6	Ensure there are zero known, unmitigated vulnerabilities in high or very high-risk levels during each ongoing periodic risk analysis.	Meets

SECTION 14 – Call Center

- a. Describe the call center services you will provide to meet all components outlined in Section 14 of the SOW. Elaborate on whether you will have a single center or separate centers and describe the number of staff.

14.0 Call Center

Gainwell has carefully reviewed the requirements of Attachment K, Scope of Work, Section 14, Call Center. We understand these requirements and provide our proposed solution to execute Call Center Services as detailed below.

14.1 Gainwell's Proposed Modern Contact Call Center

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]



[illegible]

[REDACTED]	
[REDACTED]	
[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]
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[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]
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[REDACTED]	
[REDACTED]	
[REDACTED]	

Microsoft Dynamics provides a configurable and extensible platform. The platform will be configured to meet FSSA's specific functional needs while providing the flexibility to manage future changes to processes, requirements, and other operational needs. While standard functionality from Gainwell solutions for healthcare coordination meet or exceed many of the requirements outlined, the ability to configure the solution to address process requirements makes the Microsoft Dynamics platform a cost-effective and flexible system.

Microsoft Dynamics has an easy-to-use modern interface with mobile capabilities that speed user adoption. The stability of the Microsoft platform reduces risk of obsolescence and high maintenance costs. The architecture has been designed to provide nontechnical users with the power they need to configure each aspect of the system, a feature that significantly reduces the need for programming code.

Gainwell will use its CRM-based solutions for call center operations and customer engagement to address the bulk of FSSA's needs, which will speed deployment and reduce risk. These solutions for HHS management are built on the Microsoft Dynamics platform. The Gainwell solution is deeply integrated with Microsoft Office/Office 365, including Excel, Word, Outlook, and Microsoft Exchange (Active Directory), facilitating high user adoption and a user experience that is comfortable and familiar to both staff and management. Dozens of customizable reports and lookups are included that provide ready access to ad hoc information as well as more advanced analytics to track case outcomes.

Microsoft Dynamics uses Microsoft's familiar screen layout and functionality — for example, toolbars, output and input options, and navigation — as well as well-known application elements and formatting. The learning curve is minimal for users to adapt to Microsoft Dynamics. Figure 72, Appendix 1 - Supporting Graphics, Technical Proposal Appendix shows Microsoft Dynamics Functionality.

Effective and Efficient Delivery

A CRM tool is only as good as its ability to be used. As a premier, award-winning Microsoft Dynamics partner, Gainwell has the knowledge, experience, and expertise to implement Microsoft Dynamics. We understand the importance of completing a successful data migration of historical caller and user data, will make sure system training and support is available on-demand, and will collaborate with FSSA to configure reporting capabilities for performance measurement and continuous improvement.

The components of Microsoft Dynamics that enable us to provide service excellence are outlined in the following table.

Table 29. Dynamics 365 Features

Feature	FSSA Application
Automated workflow	Drives improved efficiency from automated end-to-end workflow from initial work assignment to closure of related tasks and ability to see status at any time
Dashboard for assignments	Highlights each staff member's open actions

Searchable knowledge management	Provides fast access to best practices, scripts, FAQs, and predefined emails or mail templates that respond to common questions
Communication management	Provides fast communication to providers on program changes or emerging trends based on provider preference
Performance reporting	Drives continuous optimization of operations and performance against SLAs
User access	Provides role-based access control (RBAC), remotely accessible search, ad hoc query, and navigation-based access for users
Knowledge management	Supports sharing best practices, scripts, and FAQs. These tools enable automated reporting, searches, and queries agents need to achieve FCR
360 View	Provides a detailed repository of contact information and historical data with reporting capabilities. Interactions are tracked with the associated case and customer contact record, which provides a complete 360-degree view for each customer in the system
Report wizard	Provides robust query tool with advanced business reporting features and tight integration with other products
Cloud-based design	Supports fast and easy increase or decrease in capacity without capital investment

The benefits of this solution for FSSA include improved FCR, improved operational efficiency, and optimized SLA performance. The solution also scales easily for new demand and provides future capability to expand multichannel communications.

Microsoft Dynamics will be used for case management purposes due in part to its efficient note and document attachment capabilities to support each request. Workflow notes and attachments required to substantiate each request can be added to the CRM to provide convenient visibility and one-stop access. The Gainwell CRM solution will facilitate consistent, targeted, and accurate communication with members and providers.

We have examined the requirements and performance standards in the RFP related to the CRM. We have designed our solution to meet or exceed each requirement.

Interfaces

The Gainwell solution interacts with various MMIS functions. To conduct these interactions, Gainwell will implement and maintain interfaces to the MMIS and ancillary systems as part of the CRM Service. Because Microsoft Dynamics was built on a platform of Service Oriented Architecture (SOA), Gainwell has a proven history of successfully interfacing with commercially available and proprietary applications and systems. This inherent interoperability facilitates quick, efficient, and powerful workflow configuration, which enables us to provide measurable, transparent, and responsive action for configuration and change requests.

Configuration Changes

Microsoft Dynamics will support a multitude of key business processes and service areas and will be a key factor in the efficiency and effectiveness of these services. The Gainwell solution has been designed to be responsive as configuration changes are needed. Microsoft Dynamics is easy to configure and use — most tasks required to configure a workflow consist of drag-and-drop actions. Gainwell's goal is to make sure the tasks around CRM workflow creation, modification, and maintenance are intuitive, powerful, and easy to use.

The proposed CRM solution will support workflow automation and performance reporting for business processes and service areas, as well as other functions for specific services, such as knowledge management, call center support, and provider and stakeholder communications.

SECTION 15 – Service Desk

- a. Describe your proposed solution to execute all Service Desk components outlined in Section 15 of the SOW. If you choose not to use the MMIS CTMS, please describe your proposed solution.

15.0 Service Desk

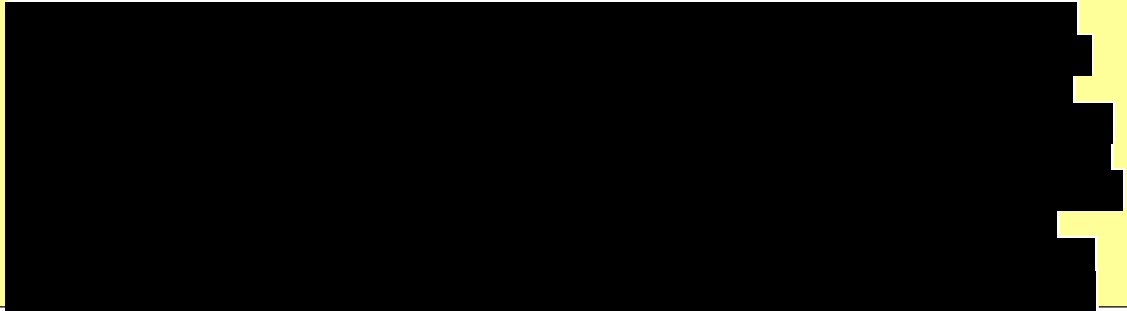
In Scope of Work Section 15, Service Desk, FSSA prescribes Service Desk operations to provide answers to technical and program questions from Indiana Medicaid members, healthcare providers, State staff and vendors, and other entities determined by the State. In response, Gainwell proposes a comprehensive approach to Service Desk Management in which staff use excellent technology with outstanding personal knowledge and customer-service skills to deliver accurate, efficient, satisfying call handling. The approach described in this section meets the RFP and Vendor Requirements for Service Desk Management identified in Section 15.

15.1 Service Desk

Gainwell has carefully reviewed the requirements of Attachment K, Scope of Work, Section 15, Service Desk. We understand these requirements and provide our proposed solution to execute Service Desk components outlined in Section 15 of the SOW as detailed below.

Service Desk Management is a key component of the customer service center and provides a triage point for stakeholders calling in for information or help from the service desk. Gainwell has set the tone by emphasizing the service desk's importance in providing information and service to providers, members, State staff members, and other Indiana MMIS stakeholders for more than 30 years. Our teams can directly use this local experience by bringing forward the effective service desk management policy and procedures that provide the approach framework for mature service delivery excellence. It is critical that we continue to provide effective solutions and accurate, prompt responses to callers and handle their inquiries with speed and accuracy. The service desk is the main resource for supporting callers and responding to issues affecting stakeholders.

Our proposed call center solution for Indiana is twofold: robust and proven technology along with a team comprising skilled and knowledgeable resources ready, able, and willing to deliver professional and respectful service to the provider community and other callers. We provide the telephone lines and other infrastructure so callers can reach us quickly and consistently. We offer an Interactive Voice Response System (IVRS) that allows inquiry for topics including eligibility verification, claims status, prior authorization (PA) request status, and check and electronic funds transfer (EFT) information. Callers also can speak with a contact center agent to resolve their questions on the first call. Our solution and services are designed so callers can get support in the most efficient manner.



[REDACTED]

Gainwell staff are customer focused in supporting the provider throughout the various stages of being a part of Indiana Medicaid. This ranges from assisting providers who have not yet enrolled with Indiana Medicaid, to assisting providers with billing questions, PA questions, member eligibility inquiries, and other requests. Our overall approach is to start supporting the provider even before they are enrolled and throughout their time being contracted with Indiana Medicaid. To support this, we ask questions for understanding, perform research as needed, and provide assistance and education to resolve the caller's reason for contacting Indiana Medicaid. Being a trusted advisor to the provider community removes barriers and enables providers to focus on rendering appropriate services to Medicaid recipients.

Gainwell uses a proven staffing model to make sure we are fully staffed to meet FSSA's expected outcomes, performance, behaviors, and timeliness. The Gainwell Team works with our national Resource Optimization Team, which has extensive analytical knowledge that provides forecasting of anticipated phone calls, agent adherence to schedules to make sure the daily and monthly service level agreements (SLAs) are met, and to make sure the call center is staffed to meet required service levels. In addition, staffing levels have been established to support other activities such as meetings, training, and development to continuously upskill the team.

Upon being hired, new contact center agents will be required to complete a robust training plan that will prepare them for success during daily interactions with providers. Training is broken down into segments to enable new agents to learn and absorb new information before taking phone calls. Call center staff are updated with the latest information as program changes occur, and there is continuous training for agents regardless of seniority. Training consists of many topics, including systems, Medicaid policy, Medicaid website navigation, soft skills, business etiquette, and more.

We maintain the tools to track and report on calls, wait times, call documentation, and key call center statistics. These reports and others provide key insights into trends.

[REDACTED]

[REDACTED]

[REDACTED]

Electronic Verification System (EVS) and Interactive Voice Response System (IVRS)

Gainwell's IVRS, described previously, allows inquiry for topics such as eligibility verification, claims status, prior authorization (PA) status request, check and electronic funds transfer (EFT) information, and more. The IVRS and EVS are available 24 hours per day, 7 days a week, 365 days a year, except for periods of scheduled maintenance. If either system is unavailable, a service ticket is opened, which triggers steps to resolve unexpected issues quickly to reduce the impact to providers.

Telephone Lines

We use data from our call management system to assess call volumes, peak periods, and key performance metrics to determine the appropriate number of telephone lines. We monitor the environment to make sure we have the right number of lines available during working hours so no more than 10% of calls hold for more than 120 seconds

and the phone abandonment rate is less than 5%. These efforts help support our first-contact resolution (FCR) goals of 95% when providers can quickly reach a resource to answer their inquiries without busy signals or long hold and wait times.

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

– [REDACTED]

– [REDACTED]

– [REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

Gainwell has in place standards, processes, and measures to assist call center agents in addressing callers' inquiries and providing a positive customer experience. A knowledgeable, well-trained staff that can answer questions quickly and accurately is essential to creating a positive experience for callers. Our call center agents receive training on policies and procedures for grievances as well as training on cultural competence.

Standards, Processes, and Measures for Calls

Gainwell will participate in the State's efforts to promote the delivery of services in a culturally competent, professional, and customer-friendly manner. Our company has an inclusion and diversity plan and role-models it through our Diversity and Inclusion Committee and various groups that employees participate in to embed the plan into our culture. Our staff are continually trained with our Code of Business Conduct learning modules, which contain several modules regarding diversity, nondiscrimination, and other social justice and equality topics. Gainwell also makes available training on topics such as inclusion, teamwork, and communication through Gainwell University. Indiana's team will make sure their employees are taking these training modules when onboarded and ongoing while the leaders support and role-model what is learned.

Initial and ongoing training sets expectations of what is required to be effective and culturally competent provider specialists. Review of processes, brainstorming sessions, and an open feedback loop helps us focus on continuous improvement.

Standards, Processes, and Measures

Gainwell's standards can be generally categorized as follows:

- Excellent customer service
- Accurate information provided
- Accurate documentation
- Quality assurance
- Attendance
- Response time

Gainwell draws on best-practice processes, procedures, and support tools to aid our call center agents in fulfilling their daily responsibilities. Examples of some key processes are as follows:

- **Training for Excellent Customer Service.** Our call center agents apply customer skills gained through training using a variety of media, including soft skills, system, and policy training. Training occurs through live instruction or hands-on and self-paced computer-based training (CBT) courses that include knowledge assessments.

- **Providing Accurate Information.** Agents are trained to gain knowledge of the program so they can disseminate information accurately to a provider and attain first call resolution (FCR). This reduces complaints and the need for providers to contact Indiana Medicaid frequently.
- **Thorough Documentation.** Agents are required to complete documentation through the CTMS for quality and reporting purposes. Thorough documentation includes notes on contact details and instructions provided.
- **Quality Assurance.** Monthly, call center leadership completes quality assurance (QA) reviews by selecting a predetermined number of calls. Call recordings are listened to and evaluated based on a quality scorecard.
- **Response Time.** Agents are trained that responses must be completed within 48 hours. Most calls are resolved within the first contact, and ticket tracking will be required to verify outreach was completed.
- **Assessing Our Performance Through Key Measures.** This is a critical part of our performance management framework.
- **Excellent Customer Service and QA.** Monthly QA scores consist of several components, such as the call opening and closing, complete and accurate information provided, interaction documentation, and other topics. Another key customer service measure comes through Click Dimensions, which will offer a survey feature that can be sent to a provider after interactions to gauge success of that specific contact. Agents will be provided their scorecard and survey results to make improvements, along with coaching and training if necessary. If the agent is consistently below 90%, a performance improvement plan may be required.
- **Accurate Information Provided and Accurate Documentation.** A Gainwell CTMS QA reviewer will review an interaction, including notes taken during the conversation, to see that information provided was accurate. If not, the agent will be assigned coaching and training. An agent who continues to deliver inaccurate information may be placed on a performance improvement plan.
- **Attendance.** Agent adherence is measured through worked hours and time-off hours. Time off may include preplanned time off, unplanned time off, late arrival, and early exit. Should the agent begin to fall outside the established standards, the agent may be placed on a performance improvement plan.



Response to Written Correspondence

Although most provider contacts occur by phone, Gainwell staff also receives written communication through the Secure Correspondence system. Dedicated staff monitor that channel regularly. When a provider submits an inquiry through Secure Correspondence, they receive a reference number that is generated in CTMS. This lets the agent know when a new communication has arrived and its response status. Secure Correspondence tracks when the original ticket was submitted and when the agent responded to the inquiry.

Microsoft Dynamics has dozens of customizable reports, and lookups are included that provide ready access to ad hoc information as well as more advanced analytics to track case outcomes. These reports can be viewed by FSSA without a request, or Gainwell can supply the requested reports to FSSA as requested.

Telephone Interactions

Gainwell staff will receive ongoing training on topics such as soft skills to make sure each interaction with a provider ends with a successful resolution. Agents must be culturally competent to understand their audience, tailor the conversation to the caller, and keep the interaction professional. Calls are recorded for quality and training purposes, and an agent who falls below established standards will receive additional coaching and training. The agent may be placed on a performance improvement plan.

Response Times

Gainwell staff will use Microsoft Dynamics to review open tickets assigned to them. When an interaction is created, a predetermined time will show the agent the goal for resolving the inquiry. This information is also in their task list. Provider callbacks are made within 48 hours, regardless of whether a resolution has been reached. If the original requestor is unavailable, a message may be left for the provider with a tracking number to contact Medicaid for their resolution to make sure the original requestor is informed of the outcome.

Provider Rights for Dispute Resolution

Gainwell continues to train our provider call center agents to inform providers of their right to pursue formal dispute resolution, even as the provider works with the agent to resolve their issue. The agents will document in CTMS their delivery of the scripted statement as well as the provider's response. We will provide the information to FSSA on request and at no additional cost. Gainwell proposes to include a similar message in the IVRS as well to best inform providers of their rights in resolving issues or disputes.

Call Documentation

Gainwell will use Microsoft Dynamics for staff to track interactions with providers that will include the reason for the call, details as to the conversation that took place including next steps or resolution information, the date the interaction took place, caller's first name and, at a minimum, the last initial of the caller's last name, and other relevant information as well as the title of the person contacting the call center, depending on the situation.

Gainwell's ServiceNow will track calls and requests from start to finish for the technical questions regarding EDI for trading partners, internal FSSA, and Gainwell staff. The tracking comprises every aspect of the request, the requestor information, the reason for the request, resolution, the responder, notes, and dates and times. The request comes from calls into the service desk or from the Indiana Healthcare service desk mailbox. Gainwell ServiceNow also will document escalations and status on the movement of the request to resolution.

A unique feature of our solution is our ability to create service desk escalation workflows that address proper handling of requests from State or federal legislators, the governor, the FSSA secretary, news media, or requests of a controversial nature. The response is coordinated with the State, documented, and tracked within Gainwell ServiceNow. Therefore, requests that come from high-ranking officials or news media are handled as expeditiously as possible, and we reduce the potential for having a caller passed from one area to another before reaching the appropriate respondent.

The four-tier process tracks receipt, allows troubleshooting, and facilitates the resolution of service requests and their responses:

- **Tier 1** provides basic functional area and business information.
- **Tier 2** provides support for requests that require more specific business or technical knowledge to resolve. A Tier 2 service request is usually an escalation of a Tier 1 call.

- **Tier 3** provides support on complex requests that may require further research by a specialist or more detailed response to the requester. These requests are typically an escalation of a Tier 2 call.
- **Tier 4** provides a deeper level of support and may require support from a third party. The MMIS vendor is responsible for providing the subject-matter expertise for this level of support.

Gainwell's ServiceNow also provides a knowledge base that tracks and offers a clear, direct answer to inquiries. Providing this service promotes a faster response, unifies the answers, accelerates response time, indicates where training is needed, or indicates a possibly larger issue that may need to be directed to a more technical department to resolve. If a larger-than-usual call volume is received for the service desk at any given time, we have other designated departments that are added to the service desk to meet the call volume demand. Training and access to tools by the service desk also applies to other departments assigned as overflow agents. This allows quick resolution to questions and reduces complaints to FSSA.

Grievance Process

Gainwell will implement a provider grievance and complaint policy for times when a provider has concerns with the interactions with Indiana Medicaid.

Grievance is defined as feedback from the provider community where an assertion is being made that an actual violation of process or policy has occurred and needs to be addressed. Grievances are typically more serious and require investigation into allegations. The providers will be required to submit these through the secure portal to allow attachments that could contain Protected Health Information (PHI) to be Health Insurance Portability and Accountability Act (HIPAA)–compliant.

Complaint is defined as feedback from the provider community that something may be wrong or dissatisfactory. These are typically minor issues that can typically be resolved by staff present at the time the concern is voiced. Complaints can be extremely important, as they can be early warnings that something may not be working correctly. These can be related to processes, people, tools, or policy.

Regardless of the reason for contacting Indiana Medicaid, the process and tools used will be the same. The provider will submit a complaint or grievance through the proper channel within Secure Correspondence from the secure web portal. Gainwell will use Microsoft Dynamics to manage the process behind the scenes.

We will provide information on how to submit a grievance or complaint on the public portal with instructions on how to submit the request through a secure portal. These directions will assist providers with submitting their requests with the information needed, including how to upload required attachments, for the subsequent review process. Our call center agents will be available if the provider requires assistance in completing these requests or to take a complaint over the phone. Through either channel, once the provider provides a complaint or grievance, a Contact Reference Number (CRN) will be provided for them to reference throughout the process as needed.

Telephone Interactions

Gainwell staff will receive ongoing training on topics such as soft skills to make sure each interaction with a provider ends with a successful resolution. Agents must be

culturally competent to understand their audience and tailor the conversation to the caller and keep the interaction professional. Calls are recorded for quality and training purposes, and an agent who falls below established standards will receive additional coaching and training. The agent may be placed on a performance improvement plan.

Response Times

Gainwell staff will use Microsoft Dynamics to review open tickets assigned to them. When an interaction is created, a predetermined time period will show the agent the goal for resolving the inquiry. This information is also located in their task list. Provider callbacks are made within 48 hours, regardless of whether a resolution has been reached. If the original requestor is unavailable, a message may be left for the provider with a tracking number, to contact Indiana Medicaid for their resolution to make sure the original requestor is informed of the outcome.

Although most provider contacts occur by phone, Gainwell staff also receive written communication through the Secure Correspondence system. Dedicated staff monitor that channel regularly. When a provider submits an inquiry through Secure Correspondence, they receive a reference number that is generated in CTMS. This allows the agent to know when a new communication has arrived and its response status. Secure Correspondence tracks when the original ticket was submitted and when the agent responded to the inquiry.

Microsoft Dynamics has dozens of customizable reports, and lookups are included that provide ready access to ad hoc information as well as more advanced analytics to track case outcomes. These reports can be viewed by FSSA without a request, or Gainwell can supply the requested reports to FSSA as requested.

Provider Rights for Dispute Resolution

Gainwell will train our provider call center agents to inform providers of their right to pursue formal dispute resolution, even as the provider works with the agent to resolve their issue. The agents will document in our CTMS tool their delivery of the scripted statement as well as the provider's response. We will provide the information to FSSA on request and at no additional cost. Gainwell proposes to include a similar message in the IVRS as well to best inform providers of their rights in resolving issues or disputes.

Call Documentation

Gainwell will use Microsoft Dynamics for staff to track interactions with providers that will include the reason for the call, details as to the conversation that took place including next steps or resolution information, the date the interaction took place, caller's first name and, at a minimum, the last initial of the caller's last name, and other relevant information as well as the title of the person contacting the call center, depending on the situation.

Performance Standards		Meets/Exceeds
1	The OMPP-approved automated survey following up on each inquiry maintains a monthly average satisfaction rating of ninety percent (90%) from all respondents.	Meets
2	Report all member and provider inquiries, including provider relations, initiated contacts and outreach, and	Meets

	issues in the Contact Management System within one (1) State business day of receipt or occurrence.		
3	Complete all IVR updates within five (5) State business day of request.	Meets	
4	Completely and accurately document one hundred percent (100%) of all activities performed in pursuit of member and provider inquiry resolution in the Contact Management Solution, including phone call communications, outgoing emails, issue summary, escalation status, and resources accessed.	Meets	
5	Provide written confirmation of receipt of all inquiries within two (2) State business days.	Meets	
6	One hundred percent (100%) of findings/conclusions are documented with a written notice to the provider in the same format as the original inquiry within (10) days of receipt. <i>Administrative Reviews are exempt from this standard. Escalated tiered support issues may be exempt upon State approval.</i>	Meets	

SECTION 16 – Billing and Invoicing

- a. Affirm your commitment to, understanding of, and acceptance of the responsibilities outlined in Section 16.
- b. Describe your best practices for ensuring cost savings.
- c. Provide your strategy for ensuring you meet or exceed the performance standards set forth in Section 16.89.
- d. Affirm your commitment to, understanding of, and acceptance of the Performance Standards and Performance Standard Payment Withhold mechanism stated in SOW Sections 16.89 and 16.910.

16.0 Billing and Invoicing

Gainwell will work with Indiana Family and Social Services Administration (FSSA) to determine the exact methodology and formatting for preparing and submitting accurate, detailed, and timely invoices that fully meet the State's needs.

Invoicing separate categories and payment withholds within a state contract are not new to Gainwell. We know the specific requirements and conditions for contract invoicing must be met before payment. Gainwell has reviewed RFP Attachment F and confirms our understanding of the State's overall billing and invoicing structure. We will adhere to the billing requirements so our invoices will include accurate calculations and necessary supporting documentation.

Many of our state government Health and Human Services (HHS) contracts include similar requirements, and we have developed the necessary detailed policies, procedures, and processes to maintain the integrity and accuracy of our invoicing records and reports. In this section, we speak to our billing and invoicing approach based on our reading of the RFP and our industry experience. Following contract award, we will work with the State to further detail the procedures and adjust our processes, so invoices are submitted in a manner that fully meets the State's expectations.

The general approach Gainwell describes in this proposal section conforms with and supports these project management requirements, and is organized into the following sections:

- 16.1 Billing and Invoicing
- 16.2 Cost Savings Best Practices
- 16.3 Performance Standards Strategy
- 16.4 Performance Standards and Performance Standard Payment Withhold Mechanism

16.1 Billing and Invoicing Responsibilities

Gainwell has carefully reviewed the requirements of Attachment K, Scope of Work, Section 16, Billing and Invoicing. We understand these requirements and provide our proposed solution to execute Billing and Invoicing Responsibilities outlined in Section 16.1 of the SOW as detailed below.

16.1.1 Phase-In Transition Period Costs

Gainwell reviewed the RFP and identified the gaps between the current RFP and the new RFP. The most significant change is the Provider Credentialing; however, other changes included are processing changes to meet the enhanced performance standards, quality reviews, reports, dashboards, and compliance that have been updated or added for the new contract period. The Phase-In costs are included in the Cost Proposal Section of our response. Gainwell proposes four payments based on milestones during the Transition Period. These will be included in the Phase-In

Transition Plan and depend on approved required deliverables. We understand Performance Withholds would not be paid out until the final payment and all activities are complete and implemented by July 1, 2023.

16.1.2 M&O Fixed Monthly Fee

Gainwell will bill the fixed price amounts listed for each billing component listed below for services rendered in accordance with the RFP.

- Technical M&O and Data Management
- Reimbursements and Claims
- Fiscal Agent and Accounting
- Member Services
- Provider Services
- Credentialing
- Call Center and Service Desk
- EVV

The M&O Fixed Monthly Fee price by billing component is included in the Cost Proposal Section of our response. Gainwell will provide a monthly report that shows the percentage of the total fixed price billing component spend each month of the State fiscal year for each billing component Total Annual Fixed Fee which is derived by taking the monthly fee by 12 (months).

16.1.3 Modification Pool

Modification Pool Rate Card

Gainwell will bill monthly for Modification (MOD) work completed in the previous month for projects that have been FSSA approved as MOD. The Gainwell PMO identifies MOD projects that have required FSSA approvals and Quality approvals per the Change Management Plan (CM) and creates a billing document for the FSSA Systems Manager to pre-approve billing prior to invoice submission to the State.

Modification Pool NTE Amounts

The Modification Pool NTE amount was developed by taking the fixed hours of 30,000 noted in the RFP times a blended rate per Attachment D-Cost proposal, Mod Pool tab.

16.1.4 TPL Recoveries

For Cost Recovery, Gainwell will bill the State a contingency fee of 5.5% of the total cost recoveries achieved by Gainwell for the Indiana Medicaid program for the invoiced month. TPL Cost recoveries include Medicaid reclamation claims paid by third-party insurance carriers, disallowance recoveries, and casualty recoveries collected from at-fault parties. Invoices will be submitted monthly with supporting documentation, including itemized data of paid Medicaid reclamation claims collected, disallowed claims, and casualty recoveries achieved during the invoiced month. Gainwell recognizes that cost recovery is a critical component of Third Party Liability

(TPL) cost saving efforts to make sure the Indiana Medicaid program is the payer of last resort.

16.1.5 Cost Avoidance

For Cost Avoidance, Gainwell will bill the State a set fee for each update made to the IHCP members' third-party insurance information stored in the CoreMMIS. Updates include new, modified, or terminated third-party health insurance policies. Invoices will be submitted monthly with supporting documentation, including itemized data of updates achieved during the invoiced month. Gainwell recognizes that cost avoidance is the primary method to make sure the Indiana Medicaid program is the payer of last resort, and maximum cost avoidance is achieved through access to up-to-date third-party health insurance information.

16.1.6 Postage

Billing Component	Annual NTE Total
Postage Contract Year 1	\$1,200,000
Postage Contract Year 2	\$1,200,000
Postage Contract Year 3	\$1,900,000
Postage Contract Year 4	\$1,200,000

Gainwell currently meets and will continue to meet FSSA's printing and postage requirements described in RFP Attachment K SOW Reference: 16.6 Postage, pp. 136–137. Postage expenses will be invoiced in accordance with the State's requirements. Project-related postage expenses will be clearly identified and defined during the specific modification pool project and approved by the State before expenses are incurred.

Gainwell has included the postage amounts specified in the RFP in our cost model. In the event postage expenses for a contract year exceed the annual NTE amount in the table above, a contract amendment will need to be executed to adjust the NTE amount for the State fiscal year to allow for Gainwell to continue incurring postage expenses. Postage expenses can increase for a variety of reasons such as, USPS postage price adjustments, increased member and provider populations, special projects, and new State programs. For example, the USPS has announced the next postage price adjustment is scheduled for July 2022. Beginning January 2023, postage price adjustments will occur twice a year, (for example, January 2023, July 2023, January 2024, July 2024, and so forth). These postage rate changes include First-Class Mail (FCM), USPS Marketing Mail, Periodicals, Package Services, and Special Services. Gainwell will provide the State with the remaining postal budget on a monthly basis.

Gainwell will continue to work with the State to identify and implement electronic processing and communications that will result in reduced postage expenses for the State and more timely and secure communication with providers. Hardship exceptions

will be offered to providers that do not have the ability to receive or send communications in an electronic format.

16.1.7 Spend Reporting

Currently, Gainwell reviews spend with the State monthly at the State executive meeting. This reporting is currently done for the volumetric budget lines because fixed-price line items are predictable for the State Fiscal Year (SFY) reporting period. Gainwell will continue this reporting but will update the format to the new contract billing components and performance withhold amounts. Figure 73, Appendix 1 - Supporting Graphics, Technical Proposal Appendix shows an example of spend reporting we share with the State today for the volumetric budgets. This reporting would show throughout the year where spend is with focus to when Annual NTE is less than 20% for budget line. This report will be shared with the OMPP Controller and State Project Manager by email identifying impacted actual cost items and estimated funds remaining.

16.1.8 Operations and Maintenance Not to Exceed (NTE) Goals

The Monthly NTE amounts reflect the typical monthly amount expected or at least the highest amount expected in a month unless indicated by N/A. For the postage, the State has identified by SFY how to budget. The Annual NTE amounts reflect the monthly amount times 12 (months). The NTE for most budget lines is fixed unless identified by the State that an amendment can be written to supply additional funds. Examples of this may be TPL recoveries, cost avoidance, and postage. If the State chooses not to add funds, it is understood that services can be discontinued until the following SFY.

- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]

16.3 Performance Standards Strategy

Gainwell has carefully reviewed the requirements of Attachment K, Scope of Work, Section 16, Billing and Invoicing. We understand these requirements and provide our proposed solution to execute Performance Standards Strategy outlined in Section 16.9 of the SOW as detailed below.

Gainwell reviewed the gaps in performance standards from today's RFP. We have identified additional reporting, dashboard tools, automation, and staffing to meet these needs. These changes will be part of the phase in transition plan.

Phase-In Transition Performance Standards

Phase-In Transition Performance Standards		
#	Metric	Meets/Exceeds
1	A Phase-In Transition Plan is provided to the State for review and approval thirty (30) days prior to the start of the Phase-in Transition Period (One-time Measure)	Meets
2	Fully implement all necessary transition activities as defined by the State prior to July 1, 2023 (One-time Measure)	Meets

Technical M&O/Data Management/General Performance Standards		
#	Metric	Meets/Exceeds

1	Ensure the MMIS is available and operational, meaning that the system and all associated dependencies are accessible and function as designed twenty-four hours per day seven days per week, 99.8% of the time, excluding planned outages. This includes all system functions under Contractor control, either directly or through a subcontractor and is measured on a monthly basis	Meets
2	Ensure overall Production System response times meets or exceeds the following standards: 98% of response times are less than 2 seconds, for all business operations during normal and peak load and notify the State within one (1) hour of any downtime outside of standard and agreed upon maintenance windows	Meets
3	Be available for and correctly process all volumes of EDI transactions 100% of the time 24 hours a day, 7 days a week, 365 days a year	Meets
4	Send and fully process receipt of 100% of all non-EDI transactions on or before the day, date, and time schedules documented agreed upon at the sole discretion of the State successfully, accurately, and completely.	Meets
5	Report any Contractor provided web service failure to the Service Desk within two (2) minutes	Meets
6	Analyze 100% of change requests and respond within five (5) business days of receipt to include estimates for effort, resources, cost and impacts to system	Meets
7	Correct 100% of all defects as originally categorized by the Contractor or recategorized at the sole discretion of the State in production no later than: a.2 days following discovery for Severity 1 (Critical) defects b.10 business days following discovery for Severity 2 (Major – no workaround) defects c.40 business days following discovery for Severity 3 (Major – with workaround approved by State) defects d.60 business days following discovery for Severity 4 (Minor) defects e.120 business days following discovery for Severity 5 (Cosmetic) defects	Meets
8	Provide annual penetration testing results to the State and remediate any security vulnerabilities detected within 30 calendar days of completion of the testing (Annual Measure)	Meets
9	Provide annual disaster recovery testing results and remediate any failures within 30 calendar days of completion of testing (Annual Measure)	Meets
10	Provide responses for reference file updates no later than 3 business days after notification received by State including any necessary questions or clarifications	Meets

	and implement reference file change requests with 100% accuracy in timeframe determined by the State	
11	100% of total measured inbound and outbound file exchange reports are accurate and completed on time	Meets
11	100% of total measured inbound and outbound file exchange reports are accurate and completed on time	Meets
12	100% of recurring reports (e.g., Contractor's operating reports, reconciliation and balancing reports, management reporting, Data Warehouse reporting, federal and State reporting) are delivered, in accordance with approved requirements, accurately and on time	Meets
Reimbursement and Claims Performance Standards		
#	Metric	Meets/Exceeds
1	Adjudicate claims within the processing standards outlined below: <ul style="list-style-type: none"> • 100% Clean electronic claims within 14 days • 100% Clean paper claims within 30 days • 100% Adjustments, including mass, liens, non-claims specific returns, within 10 business days of receipt of the request or schedule agreed to state. 	Meets
2	Based on statistically valid sampling techniques, claim adjudication and pricing will be at least 98% accurate	Meets
3	98% TPL record accuracy based on monthly audits of TPL identification and recovery accuracy.	Meets
Fiscal Agent/Financial Accounting Responsibilities Performance Standards		
#	Metric	Meets/Exceeds
1	Generate detailed monthly financial reports containing monthly assessment activity, including but not limited to provider assessments made during the month, adjustments made to prior months' activities, and outstanding balances due on assessments partially withheld. Reports to be made available to the State within 5 days of the end of the previous month. Reporting accuracy threshold shall be no less than 98%.	Meets
2	Provide monthly bank account reconciliations to the State designee of the MMIS accounting system no later than 30 days from the end of the previous month.	Meets
3	Identify and address 100% of any errors or discrepancies in financial data or reports.	Meets
4	Resolve 100% of unreconciled items between MMIS and the State's accounting system (current State accounting	Meets

	system is PeopleSoft), on a schedule to be determined by the State, but at a minimum monthly	
5	Have 99% of the State Contribution (SC) reconciliations completed by the end of the calendar year benefit period for which the MCEs are conducting reconciliations. This means that any \$1,300.00 SC payments for the previous calendar year that are due to an MCE are paid out and any overpayments made to MCEs are recouped. For example, the Contractor will reconcile the 2021 SC payments in 2022 and by the end of 2022 at least 99% of the SC payments will be reconciled. (Annual Measure)	Meets
Member Services Performance Standards		
#	Metric	Meets/Exceeds
1	Maintain 99.99% match, as measured via a once-monthly reconciliation with an IEDSS source file, with eligibility categories and start/stop dates for all members	Meets
2	Provide one-call resolution for 100% of member inquiries regarding effective dates, coverage level, claims, waiver or patient liability amounts and function up to and including the HCBS waiver summary liability notices, Buy-In status, Medicaid/Medicare coordination of benefits, premium and copayment levels, and 5% quarterly cost-sharing limitations; for reported issues which the Contractor cannot resolve, they will be appropriately escalated to OMPP	Meets
3	100% of Medicare and buy-in information shall be accurately updated from both the eligibility system as well as CMS files	Meets
4	Process 100% of 590 admissions and discharges (start/stop dates) within 10 days of notification.	Meets
5	Ensure all members are initially assigned or changed (during Open Enrollment periods) to the correct MCE according to the State's Auto Assignment Hierarchy within MCE-assignment timeframes.	Meets
Provider Services Performance Standards		
#	Metric	Meets/Exceeds
1	Using the quality assurance process, ensure 97% accuracy rating on processed enrollment applications	Meets
2	Using the quality assurance process, ensure fewer than five (5) fatal errors of processed enrollment applications per month (as defined by the State)	Meets
3	Accurately triage and escalate 100% of inquiries to the most appropriate avenue for resolution, including but not limited to filing an Administrative Review that was	Meets

	submitted incorrectly through Secure or Written Correspondence.	
4	Maintain 95% OMPP satisfaction when coordinating, administrating, planning, and producing provider training events based on OMPP-created scorecard provided to Contractor following IHCP Roadshow and IHCP Works Seminar. Measurement method to be determined by the State	Meets
5	Ensure less than two (2) publications errors are caused by the Contractor. Any error shall be corrected each month	Meets
6	100% of provider credentialing applications (initial and renewal, in aggregate) shall be processed within thirty (30) calendar days of receipt of a complete application	Meets
7	If the Contractor delegates credentialing functions to a delegated credentialing agency, the Contractor shall ensure 100% of credentialed providers are loaded into the Contractor's provider files and claims system within twelve (12) business days of receipt from the delegated entity	Meets
EVV Performance Standards		
#	Metric	Meets/Exceeds
1	Customer care resolution timeliness: 95% of Tier 1 EVV Customer Care Concerns in a month are resolved within one (1) business day 95% of Tier 2 EVV Customer Care Concerns in a month are resolved within fourteen (14) business days 95% of Tier 3 EVV Customer Care Concerns in a month are resolved within thirty (30) business days	Meets
2	Minimum 80% of paid claims and encounters have complete EVV visit records	Meets
3	EVV System remains available and accessible 100% of the time with the exception of prescheduled system downtime or maintenance	Meets
4	Zero known, unmitigated vulnerabilities in high or very high-risk levels during each ongoing periodic risk analysis.	Meets
Call Center and Service Desk Performance Standards		
#	Metric	Meets/Exceeds
1	Call Center: Maintain a monthly average provider wait or hold time (including answering calls) that does not exceed one hundred twenty (120) seconds.	Meets
2	Call Center: Maintain an average abandon rate of no more than five percent (5%) for all calls received monthly	Meets

3	Call Center: Ensure one hundred percent (100%) of calls resulting in escalation are successfully transferred via warm handoff to the next appropriate tier.	Meets
4	Call Center: Ensure one hundred percent (100%) of voice and data records are retained and immediately available to OMPP staff for reporting and review.	Meets
5	Service Desk: Report all inquiries and issues in the Contact Management System within one (1) State business day of receipt or occurrence.	Meets
6	Service Desk: Completely and accurately document one hundred percent (100%) of all activities performed in pursuit of member and provider inquiry resolution in the Contact Management Solution, including phone call communications, outgoing emails, issue summary, escalation status, and resources accessed.	Meets
7	Service Desk: Written notice is issued to the provider, using the same communication channel of the original inquiry to the provider, for one hundred percent (100%) of findings/conclusions (with the exception of Administrative Reviews) within (10) days of receipt.	Meets

Gainwell has carefully reviewed the above Performance Standards and those in each section of the RFP to identify gaps. We are aware that these are required to meet and be compliant. Gainwell will provide performance standard reporting by the 10th calendar day of the month for the prior month and will provide verifiable proof using supporting artifacts. This information will be maintained for historical purposes.

When a performance standard is not met, Gainwell will:

- Document the performance issue
- Assess the performance issue
- Complete a Root Cause Analysis (RCA) within six business days of the discovery of the performance issue
- Prepare a plan for remediation
- Submit the plan to the State for approval
- Execute the plan
- Assess the results of the plan

16.4 Performance Standards and Performance Standard Payment Withhold Mechanism

Gainwell has carefully reviewed the requirements of Attachment K, Scope of Work, Section 16, Billing and Invoicing. We understand these requirements and provide our proposed solution to execute Performance Standards and Performance Standard

Payment Withhold Mechanism outlined in Section 16.9 and 16.10 of the SOW as detailed below.

Gainwell understands the intent of meeting the performance requirements and will report monthly on each. For the Performance Standard Payment Withhold, we understand that for each associated budget line item, that 10% of the monthly payment will be withheld. We understand that the Credentialing and Provider Services billing components are summed and combined under the Provider Services line item. Gainwell will need to show for the month that the associated Performance Standards in Section 16.3 are met prior to receipt of the withhold amount. If one of the Performance Standards is missed, Gainwell understands that they must meet the following month, or they will lose the Withhold amount for the associated budget line item.

16.4.1 Performance Standards: Commitment, Understanding, and Acceptance

Gainwell has carefully reviewed the requirements of Attachment K, Scope of Work, Section 16, Billing and Invoicing. We understand these requirements and provide our proposed solution to execute Performance Standards: Commitment, Understanding, and Acceptance outlined in Section 16.9 of the SOW.

16.4.2 Performance Standard Payment Withholds: Commitment, Understanding, and Acceptance

Gainwell has carefully reviewed the requirements of Attachment K, Scope of Work, Section 16, Billing and Invoicing. We understand these requirements and provide our proposed solution to execute Performance Standard Payment Withholds: Commitment, Understanding, and Acceptance outlined in Section 16.10 of the SOW as detailed below.

Gainwell understands the performance standards as identified in the RFP and developed our response and associated costing as a commitment and acceptance to meet the standards as written. Gainwell has evaluated the performance standards against our current contract KPMs and industry standards and identified where the RFP performance standards require additional system automation and staffing from our current contract. Should the State be interested in discussing or negotiating select performance standards to more closely align with existing contract KPMs and or industry standards Gainwell would consider lowering our costing depending on the updated performance standards and the overall impact to our cost model.

Each month Gainwell will invoice for 90% of the total fixed fee components of the invoice. The remaining 10% of each fixed fee Billing Component for a given month, will be noted on the invoice but withheld (for example, not invoiced), until the State determines Gainwell has met that month's performance standards.

16.4.3 Additional Financial Damages

Gainwell has carefully reviewed the requirements of Attachment K, Scope of Work, Section 16, Billing and Invoicing. We understand these requirements and provide our proposed solution to execute Additional Financial Damages outlined in Section 16.11 of the SOW as detailed below.

Gainwell acknowledges we may be held accountable for external penalties incurred by the State (for example, penalties determined by the Office of General Counsel [OGC]), which result from non-compliance with the Scope of Work and will align with the Limitation of Liability language in the contract.

SECTION 17 – Corrective Action & Sanctions

- a. Describe your process for preparing Corrective Action Plans (CAPs) and how you will ensure they are effective in resolving any performance issues.

17.0 Corrective Action

Gainwell will deliver an updated comprehensive quality approach that focuses on continuous improvement. Our integrated quality approach sets the framework to oversee the complexities of successfully operating the Medicaid Management Information Systems (MMIS) program and for meeting RFP requirements.

17.1 Corrective Action

Gainwell has carefully reviewed the requirements of Attachment K, Scope of Work, Section 17, Corrective Action. We understand these requirements and provide our proposed solution to execute Corrective Action Responsibilities outlined in Section 17 of the SOW as detailed below.

Gainwell will use highly skilled resources and subcontractors to work with the FSSA to apply continuous, collaborative quality improvement. Gainwell acknowledges that failure to perform in a satisfactory manner may result in corrective action and result in payment withholds.

17.1.1 Corrective Actions Plans

We have built our reputation of unequalled expertise on delivering successful, advanced programs to meet states' goals. Gainwell provides fiscal agent services for 23 states — we understand mission-critical operations and know they simply *must* work. We make sure they do.

Gainwell will use the following processes for preparing Corrective Action Plans (CAPs) to help make sure we have an effective approach to resolve performance issues.

Techniques for Analyzing Issues and Preparing CAPs

Data and statistics are collected and analyzed to determine areas for improvement to address specific issues. If necessary, adjustments are made to processes, standards, systems, or procedures to maximize effectiveness.

CAPs and resolution are performed to accomplish the following:

- Analyze issues to determine the cause
- Determine and record causes
- Initiate corrective action to eliminate the causes and prevent future occurrence
- Monitor the effectiveness of the corrective action

After an issue has been identified for further investigation by our team, management facilitates the CAP process and validates issue correction and CAP closure. Team members use the applicable quality tools for analysis to determine the cause of the issue. Based on the selection of the highest-priority causes, the team preparing the CAP recommends one or more corrective actions and prioritizes actions. Corrective actions might include changes to the following:

- Process
- Training
- Tools
- Methods

- Communications
- Software work products

It is also important to evaluate a corrective action to determine its effectiveness in eliminating the associated issue. After a corrective action is implemented, the management team will review and evaluate the results, working with the systems, quality, and testing managers. There may be a variety of ways to evaluate the effectiveness of the change depending on the issue being addressed and if it is a business process — or system-related issue. Gainwell will capture information from CAPs as part of our lessons learned.

The CAP document will be shared with the State to summarize the issue, cause, and actions being taken to resolve the issue and mitigate future occurrences. CAPs often include recommendations that may need approval from the State and is a vehicle for both parties to submit, review, and approve proposed recommendations related to specific issues.

17.1.2 Corrective Action Payment Withholds

While Gainwell always strives to be compliant and meet the contract requirements and performance standards, we recognize there may be circumstances that result in a missed contract requirement or performance standard because of human error, an unplanned system outage, and so forth. Gainwell will work to mitigate these occurrences; however, we recognize the State's CAP framework, timelines, expectations, and associated withhold methodology as defined in the RFP. Gainwell will follow the CAP process described above to research and respond to CAPs and will work with the State to receive approval of our CAPs. Gainwell will seek the State's written release from the obligations of the CAP on successful completion of a CAP and correction of performance.

17.1.3 Contract Termination

While Gainwell would certainly prefer to continue its long-term relationship with the FSSA, we recognize the State has a right to terminate the MMIS contract in whole or in part should we fail to comply with the terms and conditions or fail to take corrective action to comply. Our goal is to continue to provide quality services, use industry best practices, and add additional quality and compliance oversight to our current business operations going into the new contract. While we do not foresee a situation where the State would terminate our contract, we will honor our commitment to provide the services within the RFP to the best of our ability for the life of the contract. Gainwell agrees to meet the RFP requirements for turnover activities.

SECTION 18 – End of Contract Turnover

- a. Describe how you plan to coordinate with the State and project successor to ensure a seamless transition and uninterrupted service, if applicable.

18.0 End of Contract Turnover

While Gainwell would certainly prefer to continue our long-term relationship with the State, we realize there may come a time when the State chooses to turn the MMIS contract over to a successor contractor. We take our responsibility as a contractor seriously, and part of that commitment is to make certain our obligations are met. In this case, Gainwell will be prepared to conduct a smooth transition in accordance with the State's requirements should that time arise.

By continuing our partnership, FSSA can eliminate the risk and cost of an untested vendor takeover, maintain program stabilization, avoid recertification of the MMIS, and prevent disruption to the entire stakeholder community.

Gainwell brings diverse experience to the planning, execution, monitoring, and control of a project turnover. We have assumed operational responsibility from incumbent contractors, and we have turned over that responsibility to states and successor contractors. That experience provides us with lessons learned and proven practices for turnover.

Client reassurance is the center of our approach to turnover. We know how important cooperation will be in achieving a smooth turnover and making the transition easy for users, stakeholders, and the State. We commit to producing a Turnover Plan per RFP requirements when instructed to do so, and we will continue to fully cooperate when implementing that plan and fulfilling our turnover obligations.

Whether turning over the MMIS to the State or a successor contractor, the Gainwell Team will provide an unmatched level of service excellence and thought leadership during the Turnover phase of the project. Our commitment to an effective MMIS solution will extend through the last stages of our contract. We will collaborate with the State and its vendors to accomplish a smooth and effective transition within the specified time frame.

18.1 End of Contract Turnover

Gainwell has carefully reviewed the requirements of Attachment K, Scope of Work, Section 18, End of Contract Turnover. We understand these requirements and provide our proposed solution to execute End of Contract Turnover Responsibilities outlined in Section 18 of the SOW as detailed below.

Up to the last day of operations, we will honor our commitment to the FSSA and provide the excellent level of service and commitment it has come to know and expect from Gainwell. With our delivery excellence, industry best practices, and proven plans, FSSA will have a well-documented, orderly, complete, and controlled transition to a new fiscal agent contract that will instill confidence in the State and our successor.

Approximately one year before the contract term ends, Gainwell will initiate transition planning (planning services may begin earlier, at FSSA's request). The State has the right, under the vendor scope of work, to initiate the transition process for the service. In this case, FSSA will provide written notice 30 days in advance. Transition activities and responsibilities will begin after receipt of the termination notice.

Description of Transition Plan

Our approach to transition activities will support continuous, uninterrupted delivery of services to providers, members, and the State. We understand the activities, time, and risks associated with the turnover of an MMIS — including the necessary deliverables and milestones. We have conducted successful transitions in other states, such as California, and we understand the intricacies of the tasks required. Key factors to the success in California included having a strong, committed, highly skilled project team, a staff transition plan to minimize disruption of existing operations, and a communications plan to keep staff current and engaged on the status of the turnover. This and other disengagement experiences give Gainwell a strong skill set to develop a plan comprising the steps necessary for a successful transition.

Using our previous successful plans as a framework, we will provide a draft transition plan at the onset of the contract with high-level tasks identified. At the State-specified time, we will submit a detailed transition plan for designated systems and services. Our transition plan will include our proposed approach, tasks and subtasks, schedule, and documentation updates of procedures used during turnover and a communication plan to make sure that following completion of each step, Gainwell provides the State with reports of the transition results.

Approach to Maintaining the Plan

Whether we are turning over systems and operations to FSSA or our successor, Gainwell will consistently follow a formal, documented approach. We will review and update our transition plan as needed to reflect current business and system operations. We will review the plan periodically during the transition period for completeness and accuracy. Maintenance of the plan will help the Gainwell Team provide the coordination necessary for transition activities. We will continue to meet our fiscal agent responsibilities while providing the required turnover services, as the RFP specifies.

Approach to Providing Resources and Meeting Requirements of Turnover

Gainwell will supply transition deliverables and meet milestones as described in the RFP. To facilitate a smooth and orderly transition to the successor, Gainwell will cooperate with the successor fiscal agent, other vendors, and FSSA. We will provide phase-in training for the successor on the project in maintenance, operation, and support activities of the *CoreMMIS*. We will conduct this training at least three months before the end of the contract or contract extension.

Gainwell will transfer to the State or its designee licenses, lease, telecommunications software, hardware, and other infrastructure-related documentation necessary for the continued successful operation of the *CoreMMIS* within 90 days of receipt of the State's request. Gainwell also will provide the State with the existing documents, data, files, and information essential for the successor to perform services. Gainwell will correct malfunctions or omissions that are critical to the transition period, as identified

by the State. The State may identify these issues throughout the transition period and up to 90 days following contract termination.

Organization and Staffing to Support Turnover

Gainwell understands the significance of phase-in training and staffing continuity for the success of FSSA and the healthcare of Indiana Medicaid members. The Gainwell transition process includes developing a staff transition plan documenting the staff members who will be available during the transition. We will provide an experienced and knowledgeable staff for the phase-in and phase-out periods. Personnel will maintain the services outlined in the contract at the required level. At least one member of management-level personnel will be onsite and responsible for the execution of the transition plan. This will provide full support and maintenance of the CoreMMIS services to serve Indiana Medicaid efficiently. Gainwell will provide the services of a systems analyst for 90 days after end of operations. This systems analyst will have had at least one year of experience with the hardware and software infrastructure.